conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Echocardiogram/CT – INDEX PROCEDURE** ☐ Source ☐ Data Transfer Tool
	Site Number: _____Subject ID: _____

Was Echocardiogram/CT performed?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Are the required images for this visit available?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Was imaging uploaded into the Imaging Module?	☐ Yes ☐ No		
Date echocardiogram/CT completed	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)		
Imaging Type	☐ TTE – Transthoracic echocardiogram ☐ TEE – Transesophageal echocardiogram ☐ Cardiac CT ☐ Cardiac MRI ☐ Brain CT ☐ MRI		
Left atrial appendage visible	☐ Yes ☐ No ☐ Not Applicable	Left atrial appendage ostium > 40 mm	☐ Yes *(Review for I&E!)* ☐ No
		Left atrial appendage ostium < 10 mm	☐ Yes *(Review for I&E!)* ☐ No
If available, confirm if the following was noted on echo/CT:			
Dense spontaneous echo contrast consistent with thrombus?	☐ Yes *(Review for I&E!)* ☐ No ☐ Not Available		
Intra-cardiac thrombus	☐ Yes *(Review for I&E!)* ☐ No ☐ Not Available	If yes, confirm location	☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle ☐ Right atrium ☐ Right ventricle ☐ Other, specify: _____

Intra-cardiac vegetation	☐ Yes ☐ No ☐ Not Available	If yes, confirm location	☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle ☐ Right atrium ☐ Right ventricle ☐ Other, specify: _____
Patent foramen ovale?	☐ Yes ☐ No ☐ Not Available	If yes, is this a high risk PFO?	☐ Yes *(Review for I&E!)* ☐ No
Atrial septal defect?	☐ Yes ☐ No ☐ Not Available	If yes, specify	☐ Right to left shunt present ☐ Left to right shunt present ☐ Bidirectional shunt present ☐ Unable to determine
		If yes, does defect warrant closure?	☐ Yes ☐ No
Pericardial effusion present?	☐ Yes ☐ No ☐ Not Available	If yes, select type	☐ Circumferential ☐ Loculated
		If yes, select size	☐ Trivial ☐ Small (<1 cm) ☐ Moderate (1-2 cm) ☐ Large (>2 cm and <5cm) ☐ Large (> 5cm) *(Review for I&E!)*
		If yes, Do any of the following apply? *(Review for I&E!)*	☐ Symptomatic ☐ Sign or symptom of acute or chronic pericarditis ☐ Evidence of tamponade physiology

_____
Site Personnel Signature

__ __/ __ __ __/ __ __ __ __
Date (DD/MMM/YYYY)