conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Echocardiography/CT – FOLLOW UP** ☐ Source ☐ Data Transfer Tool
	Site Number: _____ Subject ID: _____

For use with Follow Up Visits as needed (45-Day, 12 Months, and Unscheduled).

Reminders:

- **At 45 Days and 12 Months**:
- TEE or CT is mandatory per protocol at 45 Days and 12 Months for Implanted Subjects
- If a CT is completed and shows findings (i.e., leak or thrombus), a TEE is required to confirm the finding as soon as possible

Was Echocardiogram/CT performed?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Are the required images for this visit available?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Were images uploaded into the Imaging Module?	☐ Yes ☐ No		
Time period of Imaging	☐ 45 Day ☐ 12 Months ☐ Unscheduled, specify: _____		
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 Available		
If available, confirm if the following was noted on echo/CT:			
Dense spontaneous echo contrast consistent with Thrombus?	☐ Yes ☐ No ☐ Not Available		
Intra-cardiac thrombus	☐ *Yes (Complete AE form)* ☐ 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 warranting closure?	☐ Yes ☐ No ☐ Not available	Is this a high risk PFO?	☐ Yes ☐ No
Atrial septal defect?	☐ Yes ☐ No ☐ Not available	If yes, specify	☐ Right to left shunt present ☐ Left to right shunt present ☐ Bidirectional shunt ☐ Unable to determine
		If yes, does defect warrant closure?	☐ Yes ☐ No
Left atrial appendage occlusion device position stable and position unchanged?	☐ Yes ☐ No ☐ Not available		
Peri-device leak present?	☐ Yes ☐ No ☐ Not available	If yes, specify (mm)	_____ mm
Pericardial effusion present?	☐ Yes *(Assess for AE)* ☐ No ☐ Not available		
	If yes, select type	☐ Circumferential ☐ Loculated	
	If yes, select size **AE is reportable for pericardial effusions Moderate or larger*	☐ Trivial ☐ Small (<1 cm) ☐ Moderate (1-2 cm) ☐ Large (>2 cm and <5cm) ☐ Large (> 5 cm)	
	If yes, do any of the following apply?	☐ Symptomatic ☐ Sign or symptom of acute or chronic pericarditis ☐ Evidence of tamponade physiology	

Device embolization?	☐ Yes *(Complete AE form)* ☐ No ☐ Not available

_____

Site Personnel Signature

__ __ / __ __ __ / __ __ __ __

Date (DD/MMM/YYYY)