ATRIOVENTRICULAR SEPTAL DEFECT (AVSD) STUDY

PATIENT ENROLLMENT FORM

Unique Subject Screening Number: _____

OVERALL GOALS & OBJECTIVES

- Define the anatomic features of Unbalanced Atrioventricular Septal Defect (uAVSD)
- Determine patient and morphologic/physiologic factors that are associated with selection of surgical strategy and survival
- Determine relationships between patient and anatomic characteristics, selected surgical strategy, and outcome
- Develop and evaluate a clinically applicable prediction model to facilitate clinical decision making

INCLUSION CRITERIA

Check as applicable:

☐ YES ☐ NO Diagnosis of or referral with complete AVSD at a CHSS institution

☐ YES ☐ NO Admitted to a CHSS institution for surgery after January 1, 2012

☐ YES ☐ NO Age ≤ 365 days at admission for surgery

☐ YES ☐ NO Atrioventricular and Ventriculoarterial concordance (includes Tetralogy of Fallot and Double Outlet Right Ventricle)

Must **MEET** all inclusion criteria (must all be **YES**)

EXCLUSION CRITERIA

Check as applicable:

☐ YES ☐ NO Partial or Transitional AVSD (separate AV valve orifices, restrictive VSD or intact ventricular septum)

☐ YES ☐ NO Total or Partial Anomalous Pulmonary Venous Drainage (TAPVC or PAPVC)

☐ YES ☐ NO Aortic Atresia

☐ YES ☐ NO Heterotaxy

☐ YES ☐ NO First intervention at a non-CHSS institution

Must **NOT** meet any exclusion criteria (must all be **NO**)

REQUIRED DOCUMENTS

Please check off all documents attached:

☐ Copy of signed consent and authorization (as applicable) (otherwise explain:_____)

☐ Admission slip or equivalent for demographic information

☐ Admission history and physical (to include height, weight, oxygen saturation, signs and symptoms)

☐ ALL Cardiac Cath report(s) (diagnostic and/or interventional)

☐ A copy of initial echo CD (most complete pre-intervention echo (**TTE**) in **DICOM** format) with report

☐ Pre-discharge echo CD (post initial intervention (**TTE**) in **DICOM** format) with report

☐ Late post op echo CD (1 year up to 4 years post op (**TTE**) in **DICOM** format) with report

☐ CT Cardiac imaging and report (if performed)

☐ MRI cardiac imaging and report (if performed)

☐ Any subsequent hospital admission (admit history and reports)

☐ Anesthetic and perfusion records

☐ ALL Cardiac operative report(s) **AND** cardiac clinic note(s)

☐ ALL Echo reports (include any TEE)

☐ ALL Discharge summaries

☐ Autopsy report / Death report (if applicable)

Completed by: _____

Signature: _____ Date: _____

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Version Date: 17 February 2016