



CRITICAL LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION (LVOTO) STUDY

CHSS DATA CENTER REGISTRATION FORM

Date placed on Registry: _____ Enrolled by: _____

Study Number: _____

OVERALL GOALS & OBJECTIVES

- Assemble a multi-institutional inception cohort of infants with critical LVOTO undergoing all currently available & future treatment strategies
- Determine morphologic correlates of physiology prior to intervention in critical left ventricular outflow tract obstruction
- Identify risk factors that affect outcomes
- Determine the value of emerging management strategies
- Assess late outcomes including functional health status, quality of life, developmental outcomes & identification of electrophysiological and other complications

INCLUSION CRITERIA

Check as applicable:

- YES NO Age ≤ 30 days at admission to a CHSS institution
- YES NO Date of admission AFTER December 31, 2004
- YES NO AV & VA concordance whose LVOTO precludes an adequate systemic cardiac output through the aortic valve (include Critical LVOTO due to either aortic valve stenosis OR anatomically normal but hypoplastic left heart)

NOTE: Patients with a VSD will be included

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

EXCLUSION CRITERIA

Check as applicable:

- YES NO First intervention at a non-CHSS institution
- YES NO AV or VA discordance
- YES NO Atrioventricular Septal Defect

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

RECEIVED DOCUMENTS

Please check off all documents received:

- | | |
|---|--|
| <input type="checkbox"/> Copy of signed consent and authorization (as applicable) (otherwise explain: _____) | <input type="checkbox"/> Discharge summaries |
| <input type="checkbox"/> Admission slip or equivalent for demographic information | <input type="checkbox"/> ALL Cardiac catheterization reports |
| <input type="checkbox"/> Admission note | <input type="checkbox"/> ALL Cardiac clinic letters |
| <input type="checkbox"/> A copy of the most complete pre-initial intervention echo images on CD/DVD (DICOM FORMAT (NO TEEs)) | <input type="checkbox"/> Exercise tests (if completed) |
| <input type="checkbox"/> ALL CARDIAC operative reports (including sternal openings/closings and ECMO with perfusion sheets & anesthetic flow sheets) | <input type="checkbox"/> Autopsy report / Death report (if applicable) |
| <input type="checkbox"/> ALL Echo reports (including TEEs) (pre & post cardiac procedures) | |

Completed by: _____

Signature: _____

Date: _____



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