



# CRITICAL LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION (LVOTO) STUDY

## PATIENT ENROLLMENT FORM

Unique Subject Screening 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  $\leq$  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**)

### REQUIRED DOCUMENTS

**Please check off all documents attached:**

- |   |  |
|---|--|
| <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 ( <b>DICOM FORMAT</b> ) ( <b>NO TEEs</b> )              | <input type="checkbox"/> Exercise tests (if completed)                 |
| <input type="checkbox"/> ALL <b>CARDIAC</b> 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 ( <b>including TEEs</b> ) (pre & post cardiac procedures)   |  |

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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