# TRICUSPID ATRESIA (TA) STUDY

## PATIENT ENROLLMENT FORM

Unique Subject Screening Number: _____

## OVERALL GOALS & OBJECTIVES

- To assemble a multi-institutional inception cohort of patients with Tricuspid Atresia and normally related great arteries
- To determine the impact of patient characteristics and management algorithms on outcomes for infants with Tricuspid Atresia and normally related great arteries
- To determine the overall Functional Health Status (FHS) and Quality of Life (QOL) of patients with Tricuspid Atresia and normally related great arteries

## INCLUSION CRITERIA

**Check as applicable:**

☐ YES ☐ NO Diagnosis of tricuspid atresia with normally related great arteries

☐ YES ☐ NO Age < 3 months at time of diagnosis

☐ YES ☐ NO Admitted to a CHSS institution on or after January 1, 1999; i.e. Date of Birth on or after October 1, 1998

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

## EXCLUSION CRITERIA

**Check as applicable:**

☐ YES ☐ NO Patients with atrioventricular (AV) or ventriculoarterial (VA) discordance

☐ YES ☐ NO First intervention at non-CHSS institution

☐ YES ☐ NO Age > 3 months at time of diagnosis; i.e. Date of Birth before October 1, 1998

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 Cath report(s) (diagnostic and/or interventional)

☐ ALL Echo report(s) (include any TEE)

☐ Any subsequent hospital admission (admit history and reports)

☐ ALL Cardiac operative report(s)

☐ ALL Discharge summaries

☐ ALL Cardiac clinic letters

☐ MRI (if performed)

☐ Holter, exercise test

☐ Nuclear Medicine (MUGA, lung perfusion scans)

☐ Autopsy report / Death report (if applicable)

Completed by: _____

Signature: _____ Date: _____

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Version Date: 10 December 2015