



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

IMMEDIATE ALERT

RC/PI completes at time of clinic visit or receiving adverse local or central ECHO reading.

Completion of Immediate Alert CRF may require an EVENT investigation/confirmation and completion of EVENT CRF.

1. Date of Alert Event(s)

___/___/___
MM DD YYYY

Type of Alert Event(s):

2. **BP:**

a. Systolic Blood Pressure > 180 ₁ Yes ₀ No

b. Diastolic Blood Pressure >110 ₁ Yes ₀ No

3. **Acute Distress: (signs or symptoms constituting an emergency)**

a. Chest pain ₁ Yes ₀ No

b. Severe Respiratory Distress ₁ Yes ₀ No

c. Acute Neurological Symptoms ₁ Yes ₀ No

d. Other. **Specify:** _____ ₁ Yes ₀ No

4. **ECHO:**

a. Date of Reading; _____/_____/____ ₉₈ Not Done
MM DD YYYY

Skip to Question #5, if ECHO was not ordered.

b. Reading: ₁ Local ₂ Central

i. Severe aortic stenosis: ₁ Yes ₀ No ₂ False Positive

ii. Aortic dissection: ₁ Yes ₀ No ₂ False Positive

iii. Vegetation: ₁ Yes ₀ No ₂ False Positive

iv. Tumor: ₁ Yes ₀ No ₂ False Positive

v. Cardiac tamponade: ₁ Yes ₀ No ₂ False Positive

vi. LV thrombosis: ₁ Yes ₀ No ₂ False Positive

5. **Action Taken:**

a. Primary MD notified: ₁ Yes ₀ No

b. Report sent to primary MD: ₁ Yes ₀ No

c. Transferred to ER: ₁ Yes ₀ No

d. Admitted to hospital: ₁ Yes ₀ No

6. **Participant notified of outcome?** ₁ Yes ₀ No ₉₉ N/A