BABY HUG FOLLOW-UP STUDY II

ABDOMINAL SONOGRAM (ULTRASOUND) PERFORMANCE

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: SUBJECT_ID ___ ___ ___ ___
2. Current Clinic: SITE_ID ___ ___
3. Patient's Letter Code: ___ ___ ___ LETTER_CD
4. Visit Date: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   VISIT_DT Month Day Year

PART II: EQUIPMENT AND QUALITY

1. Equipment: ABDSEQPT _____
2. Transducer: ABDSTRNS _____
3. Quality of Study: STATUS45 Adequate (1) Inadequate (2)
4. Film Label: SONO_LBL

PART III: SONOGRAPHER

1. Sonographer's Name: EXAMINER_NM _____
2. Signature: SIGNATURE _____

PART IV: COORDINATION

1. Checked for completeness and accuracy:

   A. Certification number: ___ ___ - ___ ___ CERT_NO

   B. Signature: CERT_SIG _____

   C. General Comments: GEN_CMNT _____

_____

ID Number				Visit			-	Seq	