

Baby hug Follow-up Study (BHFS)
ABDOMINAL SONOGRAM (ULTRASOUND) PERFORMANCE

Form 023
Revision 1

Tue Sep 22 10:28:18 EDT 2015

| | | |
|----------------------------|-------------------------------|-------------------------|
| Subject: SUBJECT_ID | Letter Code: LETTER_CD | Visit: VISIT_NBR |
|----------------------------|-------------------------------|-------------------------|

1. Visit Date: VISIT_DT

PART II: EQUIPMENT AND QUALITY

1. Equipment
2. Transducer
3. Quality of study
4. Film label

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|-----------------|
| ABDSEQPT |
| ABDSTRNS |
| STATUS45 |
| SONO_LBL |

PART III: Sonographer

1. Sonographer's name:
2. Signature:

| |
|--------------------|
| EXAMINER_NM |
| SIGNATURE |

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PART IV: COORDINATION

1. Checked for completeness and accuracy:

- A. Certification number:
- B. Signature
- C. General Comments

| |
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| CERT_NO |
| CERT_SIG |
| GEN_CMNT |