

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: 2. Current Clinic: SITE
3. Patient's Letter Code: INITS 4. Visit: M - sequence # SEQNO
5. Procedure Date: - - VIS_DT
- Month Day Year

PART II: EQUIPMENT AND QUALITY

1. Equipment ABDSEQPT
2. Transducer ABDSTRNS
3. Sonographer's last name RDR45
4. Quality of study STATUS45
- Adequate (1)
- Inadequate (2)
5. Film Label SONO_LBL

PART III: COORDINATION

1. Checked for completeness and accuracy:
- A. Certification number: - CERT_NO
- B. Signature: _____ CERT_SIG
- C. General Comments: GEN_CMNT