Comprehensive Sickle Cell Centers	**Pulmonary Embolism**	**Pulmonary CRF** **Page 2 of 3**
Protocol # 2 **Collaborative Data Project**	Form Completed by PUL3:COMPINT	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had a pulmonary embolism during the report period? PUL3:EPISODE

Date of event: PUL4:EVENTDA / PUL4:EVENTMO / PUL4:EVENTYR   [Delete Event]
DD **MMM** **YYYY**

D-dimer value PUL4:DDIMER ng/mL **or** ☐ (PUL4:DIMERND) Not Done

| Ventilation/perfusion scan showing 2 or more segmental perfusion defects without corresponding ventilation defects? | ☐ (PUL4:PULQ3) Yes | ☐ (PUL4:PULQ3) No | ☐ (PUL4:PULQ3) Not Done |

| Angiography showing intraluminal filling defects? | ☐ (PUL4:PULQ4) Yes | ☐ (PUL4:PULQ4) No | ☐ (PUL4:PULQ4) Not Done |

| Computed tomography of the pulmonary artery showing intraluminal filling defects? | ☐ (PUL4:PULQ5) Yes | ☐ (PUL4:PULQ5) No | ☐ (PUL4:PULQ5) Not Done |

| In the physician's clinical opinion, did this event represent pulmonary embolism (rather than pulmonary infarction)? | ☐ (PUL4:PULQ6) Yes | ☐ (PUL4:PULQ6) No |

Bronchoalveolar lavage (BAL)   ☐ (PUL4:BALL)Positive for lipid laden macrophages
☐ (PUL4:BALL)Negative
☐ (PUL4:BALL)Not Done

Did the event result in death?   ☐ (PUL4:DEATH)Yes   ☐ (PUL4:DEATH)No

[Add Event]

[Submit Query]   [Cancel]   [Print]