Comprehensive Sickle Cell Centers	Pulmonary Hypertension	Pulmonary CRF Page 3 of 3
Protocol # 2 Collaborative Data Project	Form Completed by PUL5:COMPINT	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had a cardiac echo demonstrating pulmonary hypertension during the report period? PUL5:EPISODE

Delete Event

Date of test: PUL6:TESTDA / PUL6:TESTMO /
PUL6:TESTYR (dd/mmm/yyyy)

Was this test done during steady state? ☐ (PUL6:TESTYN)Yes ☐ (PUL6:TESTYN)No

Echocardiography tricuspid regurgitant jet velocity: PUL6:ECHORES m/sec **OR** ☐ (PUL6:ECHOND)Not done

Pulmonary Arterial Pressure **OR** ☐ **(PUL6:PAPND)**Not done

Systolic PUL6:BPSYS mmHg
Diastolic PUL6:BPDIA mmHg
Mean PUL6:MEANPAP mmHg

Add Event

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