S05r1 Transcranial Doppler_TCD_ Performance

Patient's Identification Number	
Visit Date (yyyy/mm/dd):	
Correction:	☐ Yes ☐ No
1. Has the site met TCD QA process? If No, complete CRF06.	☐ Yes ☐ No
2. Date of TCD (yyyy/mm/dd):	- <u></u> -
3. Time of start of study (24-hour clock):	- <u></u> -
4. Time of end of study (24-hour clock):	·
5. Study completed:	☐ Yes ☐ No
5A. If No, give reason:	
6. Transducer:	
7. Verify scan increment: 2mm	☐ Yes ☐ No
7A. If No, give increment:	
Give the lowest and highest values for right and left mic	Idle cerebral arteries.
8A. Time average maximum velocity TCD measurement - RIGHT - Lowest (xxx.x cm/sec):	
8B. Time average maximum velocity TCD measurement - RIGHT Highest (xxx.x cm/sec):	
9A. Time average maximum velocity TCD measurement - LEFT Lowest (xxx.x cm/sec):	
9B. Time average maximum velocity TCD measurement - LEFT Highest (xxx.x cm/sec):	
10. Additional comments:	
11A. TCD type - Imaging:	☐ Yes ☐ No
11B. TCD type - Non-imaging:	☐ Yes ☐ No

If this is Screening Visit S0 or S1, answer Item 12. If this is Visit 06, 12, or 24, go to signature.



12. TCD result: (answer one)	 Normal: TCD < = 179 cm/sec Conditional: For Screening Visit S0 - TCD >=180 and < =199 cm/sec. Patient is conditional and must have a repeat TCD within 3 months prior to randomization Abnormal: TCD >=200 cm/sec. Patient is ineligible Conditional: For Screening Visit S1 - TCD >=180 and < =199 cm/sec. Patient is still conditional. If the patient meets all other inclusion criteria, the patient may be randomized into the trial. If the patient is randomized to the observation arm, the patient must have a repeat TCD at 6, 12, and 24 months.
TCD Examiner's Code:	

