

PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
ANGIOGRAM - SIMPLE INTERPRETATION FORM

PIOPED Form 11
Rev. 0 01/02/85
1 Page

Clinic No.						
ID No.						
Form Type	A	I				

PART I: Identifying Information.

1. Patient's NAME CODE:

2. Date study performed:
Month Day Year
_____-_____-_____

3. Have the following films been provided for your review?

	Yes	No
A. Lung scan	(1)	(2)
B. Angiogram	(1)	(2)
C. Chest X ray	(1)	(2)

If NO to any of the above, call the Clinical Center's Coordinator at once to locate missing films.

4. Status of this interpretation:

Local reader	(1)
Second reader	(2)
Working Group	(3)

Record the form type in the appropriate boxes in upper right hand corner of this page. Code as:

Local reader	01
Second reader	02
Working Group	03

5. Study interpreted by:

A. Certification number:

F1115A

_____ F1125A

B. Signature:

PART II: Angiographic Interpretation.

6. Which side was interpreted first ("Side A")?

Right _____ (1) USED TO SET SIDE [
Left _____ (2) A/B TO THE □
RIGHT/LEFT.

7. Pulmonary embolism:

A. Side A:

Present	(1)	ANGRTL□ ANGLFL□ ANGRT2□ ANGIOL□ ANGIO2
Absent	(2)	
Uncertain	(3)	

B. Side B:

Present	(1)	ANGLF2
Absent	(2)	
Uncertain	(3)	
No side B films	(4)	

PART III: Coordination.

8. Checked for completeness and accuracy:

A. Certification number:

B. Signature:

C. Date:

Month Day Year
_____-_____-_____

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
Baltimore, Maryland 21210