Completion log

Date Received __/__/__
Date Entry __/__/__
BR Sysid _____
Verification __/__/__
Cleaned __/__/__
Transfer __/__/__

ID → WISE ID:_____
→ Name Code ___ ___ ___ ___ ___

# WISE
# BRACHIAL ARTERY ULTRASOUND

**To be completed by Clinical Site**

1. Date of Test ____/____/____ BRDAT
   mm dd yy

2. Is this a reproducibility study? 1 ( ) Yes 0 ( ) No

3. WISE Study? 1 ( ) Yes 0 ( ) No

4. Medications taken within 24 hours of Brachial Artery Ultrasound:

| | Yes 1 | No 0 | Unknown 2 |
|---|---|---|---|
| 4.1 Beta Blockers BRBET | ( ) | ( ) | ( ) |
| 4.2 Calcium Antagonists BRCAL | ( ) | ( ) | ( ) |
| 4.3 Nitrates BRNIT | ( ) | ( ) | ( ) |
| 4.4 ACE Inhibitors BRACE | ( ) | ( ) | ( ) |
| 4.5 Other Antihypertensive BROTH | ( ) | ( ) | ( ) |
| 4.6 Digoxin BRDIG | ( ) | ( ) | ( ) |
| 4.7 Estrogen BREST | ( ) | ( ) | ( ) |
| 4.8 Progesterone BRPRO | ( ) | ( ) | ( ) |
| 4.9 Diuretics BRDIU | ( ) | ( ) | ( ) |

5.

| | HR (bpm) | Brachial Artery Diameter (mm) | Velocity (mm/sec) | Flow (ml/min) |
|---|---|---|---|---|
| Resting Baseline | | | | |
| Peak Hyperemia | | | | |
| Repeat Baseline | | | | |
| Nitroglycerin | | | | |

6. Person completing form_____

**SEND VCR Tapes monthly via FedEx to Core Lab c/o:**
Steven E. Reis, M.D.
University of Pittsburgh Medical Center
200 Lothrop Street
S-570 Scaife Hall
Pittsburgh, PA 15213

not entered