



ATRIOVENTRICULAR SEPTAL DEFECT (AVSD) STUDY STUDY



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PATIENT ENROLLMENT FORM

Unique Subject Screening Number: _____

OVERALL GOALS & OBJECTIVES

- Define the anatomic features of Unbalanced Atrioventricular Septal Defect (uAVSD)
- Determine patient and morphologic/physiologic factors that are associated with selection of surgical strategy and survival
- Determine relationships between patient and anatomic characteristics, selected surgical strategy, and outcome
- Develop and evaluate a clinically applicable prediction model to facilitate clinical decision making

INCLUSION CRITERIA

Check as applicable:

- YES NO Diagnosis of or referral with complete AVSD at a CHSS institution
- YES NO Admitted to a CHSS institution for surgery after January 1, 2012
- YES NO Age ≤ 365 days at admission for surgery
- YES NO Atrioventricular and Ventriculoarterial concordance (includes Tetralogy of Fallot and Double Outlet Right Ventricle)

Must **MEET** all inclusion criteria (must all be **YES**)

EXCLUSION CRITERIA

Check as applicable:

- YES NO Partial or Transitional AVSD (separate AV valve orifices, restrictive VSD or intact ventricular septum)
- YES NO Total or Partial Anomalous Pulmonary Venous Drainage (TAPVC or PAPVC)
- YES NO Aortic Atresia
- YES NO Heterotaxy
- YES NO First intervention at a non-CHSS institution

Must **NOT** meet any exclusion criteria (must all be **NO**)

REQUIRED DOCUMENTS

Please check off all documents attached:

- | | |
|---|--|
| <input type="checkbox"/> Copy of signed consent and authorization (as applicable)
(otherwise explain: _____) | <input type="checkbox"/> CT Cardiac imaging and report (if performed) |
| <input type="checkbox"/> Admission slip or equivalent for demographic information | <input type="checkbox"/> MRI cardiac imaging and report (if performed) |
| <input type="checkbox"/> Admission history and physical
(to include height, weight, oxygen saturation, signs and symptoms) | <input type="checkbox"/> Any subsequent hospital admission (admit history and reports) |
| <input type="checkbox"/> ALL Cardiac Cath report(s) (diagnostic and/or interventional) | <input type="checkbox"/> Anesthetic and perfusion records |
| <input type="checkbox"/> A copy of initial echo CD (most complete pre-intervention echo (TTE) in DICOM format) with report | <input type="checkbox"/> ALL Cardiac operative report(s) AND cardiac clinic note(s) |
| <input type="checkbox"/> Pre-discharge echo CD (post initial intervention (TTE) in DICOM format) with report | <input type="checkbox"/> ALL Echo reports (include any TEE) |
| <input type="checkbox"/> Late post op echo CD (1 year up to 4 years post op (TTE) in DICOM format) with report | <input type="checkbox"/> ALL Discharge summaries |
| | <input type="checkbox"/> Autopsy report / Death report (if applicable) |

Completed by: _____

Signature: _____

Date: _____