

## Demographics

Study ID	_____
Echo 2d	<input type="radio"/> Yes <input type="radio"/> No
Echo 3d	<input type="radio"/> Yes <input type="radio"/> No
Date of echo	_____
Height at echo (cm)	_____
Weight at echo (kg)	_____
BSA (m2)	_____
Systolic BP (mmHg)	_____
Diastolic BP (mmHg)	_____
Date Echo Reviewed	_____
Assigned Echo Reviewer:	_____
Echo Reviewer:	_____

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### Inclusion Criteria

If you answer No to any of the following there is no need to continue completing the form.

Complete AVSD (unrestrictive VSD)	<input type="radio"/> Yes <input type="radio"/> No
AV concordance (except DORV)	<input type="radio"/> Yes <input type="radio"/> No
VA concordance (except DORV)	<input type="radio"/> Yes <input type="radio"/> No
Normal pulmonary venous connection	<input type="radio"/> Yes <input type="radio"/> No
Normal systemic venous connection (except LSVC)	<input type="radio"/> Yes <input type="radio"/> No

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### Requires Adjudication

Requires Adjudication	<input type="radio"/> Yes <input type="radio"/> No
If yes, why:	_____