



CRITICAL LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION (LVOTO) STUDY



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PATIENT ENROLLMENT FORM

Unique Subject Screening Number: _____

OVERALL GOALS & OBJECTIVES

- Assemble a multi-institutional inception cohort of infants with critical LVOTO undergoing all currently available & future treatment strategies
- Determine morphologic correlates of physiology prior to intervention in critical left ventricular outflow tract obstruction
- Identify risk factors that affect outcomes
- Determine the value of emerging management strategies
- Assess late outcomes including functional health status, quality of life, developmental outcomes & identification of electrophysiological and other outcomes

INCLUSION CRITERIA

Check as applicable:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Age \leq 30 days at admission to a CHSS institution |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Date of admission <u>AFTER</u> December 31, 2004 |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | AV & VA concordance whose LVOTO precludes an adequate systemic cardiac output through the aortic valve (include Critical LVOTO due to either aortic valve stenosis <u>OR</u> anatomically normal but hypoplastic left heart) |

NOTE: Patients with a VSD will be included

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

EXCLUSION CRITERIA

Check as applicable:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | First intervention at a non-CHSS institution |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | AV or VA discordance |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Atrioventricular Septal Defect |

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"/> Discharge summaries |
| <input type="checkbox"/> Admission slip or equivalent for demographic information | <input type="checkbox"/> ALL Cardiac catheterization reports |
| <input type="checkbox"/> Admission note | <input type="checkbox"/> ALL Cardiac clinic letters |
| <input type="checkbox"/> A copy of the most complete pre-initial intervention echo images on CD/DVD (DICOM FORMAT) (NO TEE's) | <input type="checkbox"/> Exercise Tests (if completed) |
| <input type="checkbox"/> ALL CARDIAC operative reports (including sternal openings/closings and ECMO) with perfusion sheets & anesthetic flow sheets | <input type="checkbox"/> Autopsy report/ Death report (if applicable) |
| <input type="checkbox"/> ALL Echo reports (including TEE's) (pre & post cardiac procedures) | |

Completed by: _____

Signature: _____

Date: _____