CRITICAL LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION (LVOTO) STUDY

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:

☐ YES  ☐ NO  Age ≤ 30 days at admission to a CHSS institution
☐ YES  ☐ NO  Date of admission AFTER December 31, 2004
☐ YES  ☐ 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 OR 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:

☐ YES  ☐ NO  First intervention at a non-CHSS institution
☐ YES  ☐ NO  AV or VA discordance
☐ YES  ☐ NO  Atrioventricular Septal Defect

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

REQUIRED DOCUMENTS

Please check off all documents attached:

☐ Copy of signed consent and authorization (as applicable) (otherwise explain:_______________________________)

☐ Admission slip or equivalent for demographic information
☐ Admission note
☐ A copy of the most complete pre-initial intervention echo images on CD/DVD (DICOM FORMAT) (NO TEE’s)
☐ ALL CARDIAC operative reports (including sternal openings/closings and ECMO) with perfusion sheets & anesthetic flow sheets
☐ ALL Echo reports (including TEE’s) (pre & post cardiac procedures)

☐ Discharge summaries
☐ ALL Cardiac catheterization reports
☐ ALL Cardiac clinic letters
☐ Exercise Tests (if completed)
☐ Autopsy report/ Death report (if applicable)

Completed by: ____________________________________________
Signature: ______________________________________________ Date: ____________________________________________

LVOTO Patient Enrollment Form  Version Date: 19 November 2018