DUPLEX REPORT FORM

STUDY: <u>ICE</u>	
Patient ID No.:	
Patient Initials:	Center:
Date of Birth:	dd/MM/yyyy
Duplex Scan Date:	dd/MM/yyyy
Study Visit: Baseline Procedure (Screening)	
Target lesion site: Right Left	common iliac external iliac
	If both are effected, take common iliac.
PSV _{prox.} :cm/sec	
	Lesion evaluation:
	none
	minimal minimal
PSV _{most severe part of lesion} :	cm/sec mild
	severe
	degree of stenosis %
PSV _{dist.} :cm/sec	
Target Lesion Characteristics (optional):	
Non-calcified Calcified	
Regular Non-regular	
Hyper-echoic Hypo-echoic	Mixed
<u>Comments:</u>	
Completed by: Date: dd/MMM/yyyy	Reviewed by:Date:

DUPLEX REPORT FORM

STUDY:	<u>CE</u>	
Patient ID No.:		
Patient Initials:	Center:	
Date of Birth:	dd/MM/yyyy	
Duplex Scan Date:	dd/MM/yyyy	
Study Visit:	follow up	
Target lesion site:	☐ Right ☐ Left ☐ common iliac ☐ external iliac	
	PSV _{prox. stent} :cm/sec	
	<u>Lesion evaluation:</u>	
	none	
	minimal minimal	
	PSV _{mid stent} :cm/sec	
	severe	
	degree of stenosis %	
	PSV _{dist.stent} :cm/sec	
Target Lesion Characteristics (optional):		
Non-calcified	Calcified	
Regular	Non-regular	
Hyper-echoic	Hypo-echoic Mixed	
Comments:		
Completed by:Date: Reviewed by:Date: initials dd/MMM/yyyy		