

Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
 Form 100: Proband Eligibility Confirmation
 Version: C - 04/03/2012

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

A2. Study Visit: **Proband Subject Baseline Visit**

A3. Date Form Completed: MM/DD/YYYY

SECTION B: CONSENT/ASSENT

B1. Consent Language: English -> **SKIP TO B3**
 Spanish -> **SKIP TO B2**
 Other

a. If Other, specify:

	Yes	No	N/A - Coordinator fluent	Other
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B2. Was a translator used? -> **IF NO OR N/A, SKIP TO C1**

a. If Other, please specify:

	Yes	No	Not Applicable
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B3. For subjects of assent age, has an age appropriate assent been signed?

a. Date Assent Signed: MM/DD/YYYY

SECTION C: EXCLUSION CRITERIA

	Yes	No	
C1. Does the subject have isolated patent foramen ovale?	<input type="checkbox"/>	<input type="checkbox"/>	-> IF YES, SKIP TO D1
C2. Does the subject have isolated prematurity-associated patent ductus arteriosus?	<input type="checkbox"/>	<input type="checkbox"/>	-> IF YES, SKIP TO D1
C3. Does the subject have pulmonary stenosis secondary to twin-twin transfusion syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION D: ELIGIBILITY CONFIRMATION

D1. Does the subject meet all the eligibility criteria as documented on this form?

SECTION E: PRIMARY CARDIAC DIAGNOSIS

E1. What is the subject's primary cardiac diagnosis? Atrial septal defect
 Conotruncal abnormality
 Left-sided obstructive lesion
 Other

a. Specify:

E2. Does the subject have Heterotaxy Syndrome?

SECTION F: CONSENT FOR TISSUE SAMPLE AND PHOTOGRAPH

F1. Did the proband or parent/legal guardian provide consent for:

	Yes	No
a. Tissue Sample:	<input type="checkbox"/>	<input type="checkbox"/>
b. Photograph:	<input type="checkbox"/>	<input type="checkbox"/>