

**Bench to Bassinet**  
**Pediatric Cardiac Genomics Consortium: CHD GENES**

Form 106: Cardiac Diagnosis  
 Version: B - 09/09/2011

**SECTION A: ADMINISTRATIVE INFORMATION**

A1. Study Identification Number:

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

A3. Date Form Completed:  MM/DD/YYYY

**SECTION B: PRIMARY AND SECONDARY CARDIAC DIAGNOSES**

B1. Source: (check all that apply)

- a. Echocardiogram:
- b. Catheterization:
- c. MRI:
- d. Operation Note:
- e. Other Medical Record Note/Letter:
- f. Other:
- i. If Other, specify:

B2. Please indicate the availability of images below:

- a. Was neonatal imaging available?  Yes  
 No  
 Source Pending
- b. Was presurgical imaging available?  Yes  
 No  
 Source Pending

B3. Please specify any abnormalities below.

	Normal	Abnormal	Unknown	Source Pending
a. Abdominal Situs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cardiac Situs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Systemic Veins:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hepatic Veins:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pulmonary Veins:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Normal	Abnormal	Unknown	Source Pending
f. Right Atrium:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Atrial Septum:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Left Atrium:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Atrioventricular Junction:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Tricuspid Valve:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Normal	Abnormal	Unknown	Source Pending
k. Mitral Valve:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Right Ventricle:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ventricular Septum:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Left Ventricle:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Normal	Abnormal	Unknown	Source Pending
o. Ventriculoarterial Junction:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Pulmonary Valve:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Aortic Valve:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Coronary Arteries:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Pulmonary Arteries:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Aorta:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Aorta Caliber:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Arch Sidedness:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Arch Branching:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Click on the 'Load Argent™ Code-Picker' button to code the subject's primary and secondary cardiac diagnoses.

B4. Total Number of Diagnoses:  **Load Argent™ Code-Picker**

B5. Is coding complete?  Yes  
 No

**Save And Exit**