

# DUPLEX REPORT FORM

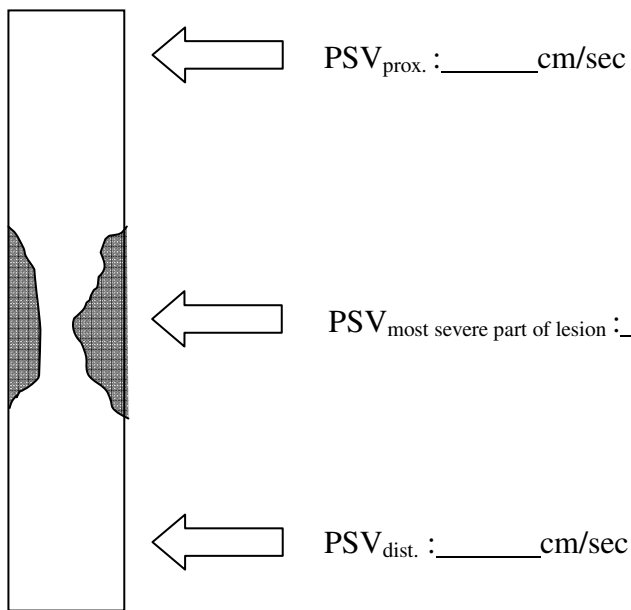
STUDY:	<b><u>ICE</u></b>
Patient ID No.:	
Patient Initials:	Center: _____
Date of Birth:	dd/MM/yyyy
Duplex Scan Date:	dd/MM/yyyy

**Study Visit:** Baseline Procedure (Screening)

**Target lesion site:**  Right  Left

common iliac  external iliac

If both are effected, take common iliac.



**Lesion evaluation:**

- none
- minimal
- mild
- severe
- degree of stenosis \_\_\_\_\_ %

**Target Lesion Characteristics (optional):**

<input type="checkbox"/> Non-calcified	<input type="checkbox"/> Calcified	
<input type="checkbox"/> Regular	<input type="checkbox"/> Non-regular	
<input type="checkbox"/> Hyper-echoic	<input type="checkbox"/> Hypo-echoic	<input type="checkbox"/> Mixed

**Comments:**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*initials dd/MMM/yyyy*

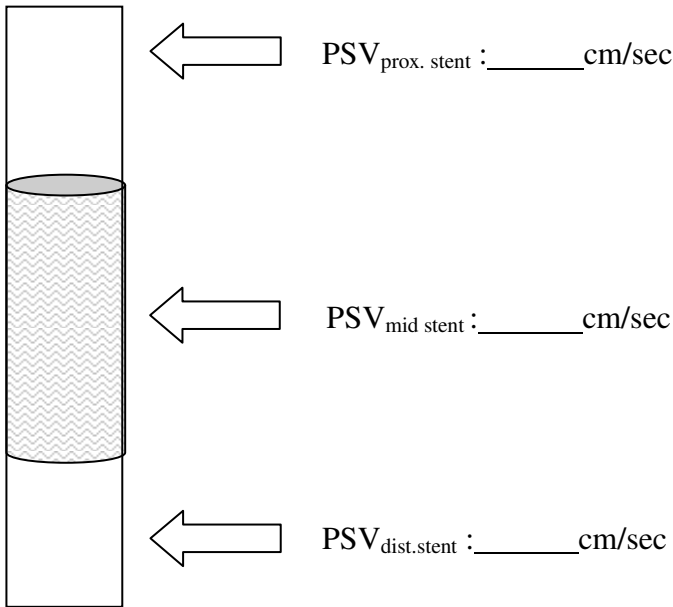
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*initials dd/MMM/yyyy*

# DUPLEX REPORT FORM

STUDY:	<b><u>ICE</u></b>
Patient ID No.:	
Patient Initials:	Center: _____
Date of Birth:	dd/MM/yyyy
Duplex Scan Date:	dd/MM/yyyy

**Study Visit:** follow up  6 month  12month

**Target lesion site:**  Right  Left |  common iliac  external iliac



### **Lesion evaluation:**

- none
- minimal
- mild
- severe
- degree of stenosis \_\_\_\_\_ %

### **Target Lesion Characteristics (optional):**

<input type="checkbox"/> Non-calcified	<input type="checkbox"/> Calcified	
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*initials* *dd/MMM/yyyy*

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