



SITS OPEN DSA TRANSMITTAL SHEET

Instructions

- Complete the enrollment ID.
- Check the appropriate box to indicate the visit and type of exam.
- A transmittal form should accompany each CD.
- The form shall be signed by responsible radiologist/technologist.

Exam information

- Complete date and time of DSA using the alphanumeric date format: DD-MM-YYYY, xx:yy (24h clock) (groin puncture time).
- DSA: target arterial occlusion, proximal balloon catheter, distal access catheter, aspiration, no. of passes with stent-retriever. No. of runs, IA tPA, rescue therapy, complications.
- Sign and date the form after checking for completion and accuracy.
- Keep a copy in study records at the study centre.

Enrollment ID:

Target Artery Occlusion:	<input type="checkbox"/> ICA (terminal)	<input type="checkbox"/> MCA (M1)	<input type="checkbox"/> Basilar Artery
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<input type="checkbox"/> Prox balloon	<input type="checkbox"/> Distal access catheter	<input type="checkbox"/> Stent retriever	<input type="checkbox"/> Aspiration only
N of passes:	N of DSA runs:	<input type="checkbox"/> IA tPA	<input type="checkbox"/> Rescue Therapy

	Date (DD-MM-YYY)	Time (xx:yy)
Groin puncture		
Last DSA Run		

Date:

Signature/Stamp:

Printed name:

Print legibly and clearly.

Use blue or black ink. Make corrections according to Good Clinical Practice. Complete the study centre section of the form – missing information will slow the processing of subject data.