



Participant Number:

## Quality Assurance Check of CTCA Scans

1. Were there any discrepancies or concerns identified in the reporting process?

Yes  No

If yes please define in which section of the report (tick all that apply):

- |                           |                              |                             |                         |                              |                             |
|---------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| a. Scan Quality           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e. Non-Cardiac findings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. DLP                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f. Treatment History    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Diameter Stenosis      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g. CTCA Interpretation  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Other Cardiac findings | Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Other                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Description of discrepancies/concerns:

2. Would you consider the discrepancies/concerns to be significant?

Yes  No

If you have immediate clinical concerns you should call the Chief Investigator on 07814 873684 or leave a message with the trials office 0131 537 3841.

3. What action do you recommend is taken?

- a. None  b. Feedback to site only   
c. Refer to trials team for further action

Completed by (PRINT)

Signature

Job Title

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>d</small>	<small>d</small>	<small>m</small>	<small>m</small>	<small>y</small>	<small>y</small>	<small>y</small>	<small>y</small>

Thank you for your help in completing this form for the RAPID-CTCA trial

### TRIAL OFFICE

Confirm what action was taken at site:

- a. Feedback to site only  b. Referred to TSC/DMEC   
c. Recruitment at site suspended  d. Recruitment at site stopped   
e. None

Description of action taken: