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	
B2. Was a translator used?	○	○	○	○	**-> IF NO OR N/A, SKIP TO C1**

a. If Other, please specify:

	Yes	No	Not Applicable
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?	○	○	**-> IF YES, SKIP TO D1**
C2. Does the subject have **isolated** prematurity-associated patent ductus arteriosus?	○	○	**-> IF YES, SKIP TO D1**
C3. Does the subject have pulmonary stenosis secondary to twin-twin transfusion syndrome?	○	○	

SECTION D: ELIGIBILITY CONFIRMATION

	Yes	No
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:

	Yes	No
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:	○	○
b. Photograph:	○	○