# British Women's Heart and Health Study

Name:

Address:

Date of birth:

NHS Number:

Postcode:

Practice ID:

Please attach a photocopy of the hospital letter or discharge summary
**Or** fill in this whole form, for the event on this date

## Deep Vein Thrombosis Validation Form

1.1 Date of event ☐ «w1rr_source_derived_date_event»

1.2 Was a Duplex ultrasound scan carried out?
Yes ☐1
No ☐2
Uncertain ☐3

1.3 If yes, did the Duplex scan show evidence of DVT?
Yes ☐1
No ☐2

1.4 What was the D dimer result (if available)? _____

## Pulmonary Embolism Validation Form

2.1 Date of event ☐ «w1rr_source_derived_date_event»

2.2 Was a ventoli-perfusion (VQ) scan carried out?
Yes ☐1
No ☐2

2.3 If yes, did the scan show evidence of PE?
Yes ☐1
No ☐2

2.4 What was the D dimer result (if available)? _____

Reviewers Name: ……..Date: ..…../…..…/……..

For Office Use Only:
BWHHS Record Review Round 6
Version 1

Study ID:

Please return to:
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