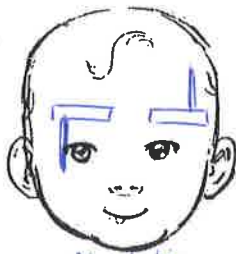



Patient ID: AUG082
 File Name: ALX082-102014
 Date: 10/20/14 10.20.14
 Iteration (s): _____

Instrument Used: 3λ
 Probe Used: custom 1
 Heart Defect: Ebstein's Anomaly

Checklist: Absolutes on check and calibration block Y / N
 4x on each side of the head for absolute measurements Y / N
 5-7 frames for BFI on each side of the head Y / N
 SvO₂ if intubated Y / N
 Set up Moberg of longitudinal vitals measurements Y / N
 "Mark Event" on Moberg: *absolutes*# Y / N
 Adverse Events? Y / N
 DCS/DOS performed Y / N (DCS) Y / N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
061635	cal 1	<div style="border: 1px solid black; padding: 5px; display: inline-block;">pre-anesthesia</div>
061656	✓ 1	
061718	cal 2	
061736	✓ 2	
061756	cal 3	- Dr. Montenegro is holding
061816	✓ 3	baby, initially baby was moving a lot
061952	L 1	- Lots of hair
063026	2	
063043	3	Anesthesia start @ 06:38
063132	4	
063149	5	
063220	R 1	 Absolutes
063326	2	
063423	3 (Ignore)	
063356	4	
063423	5	
1	➤ BFI - pre anesthesia (L)	 BFI
2		
3	➤ BFI - pre anesthesia (R)	
4		
063752	cal 4	
063814	✓ 4	
063903	cal 5 ✓ 4	
063946	cal 5	
064006		

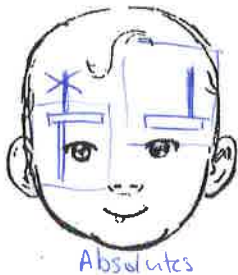
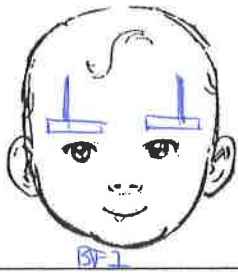
Initials Member 1: <u>TV</u>	Date: <u>10/20/14</u>	Initials Member 2: <u>[Signature]</u>	Date: _____
Initials Member 1: <u>JJN</u>	Date: <u>10/20/14</u>	Initials Member 2: _____	Date: _____

Patient ID: AUG082
 File Name: AUG082-102014
 Date: 10/20/14
 Iteration (s): _____

Instrument Used: 32
 Probe Used: Customprobe 1
 Heart Defect: Ebstein's Anomaly

Checklist:

- Absolutes on check and calibration block Y / N
- 4x on each side of the head for absolute measurements Y / N
- 5-7 frames for BFI on each side of the head Y / N
- SvO₂ if intubated Y / N
- Set up Moberg of longitudinal vitals measurements Y / N
- "Mark Event" on Moberg: absolutes# Y / N
- Adverse Events? Y / N
- DCS/DOS performed Y / N (DCS) Y / N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
06 4523	L1	Cooling pt @ 06:46
06 4654	2	
06 4739	3	
06 4754	4	
06 4810	5	
06 4833	R1 Medial Detector	
06 4946	2 Lateral Detector	
06 5012	3	
06 5039	4	
06 5055	5	
1	→ BFI - postanesthesia (L)	 <p>Absolutes</p>
2	→ Medial Detector	
3	→ BFI - postanesthesia (R)	
4	→ Lateral	
		 <p>BFI</p>

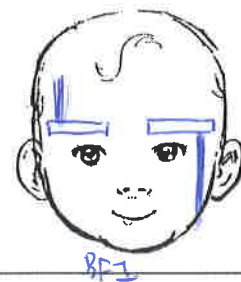
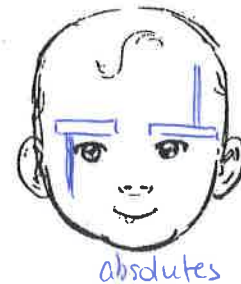
Initials Member 1: TR Date: 10/20/14 Initials Member 2: _____ Date: _____
 Initials Member 1: JTW Date: 10/20/14 Initials Member 2: _____ Date: _____

Patient ID: AUG082
 File Name: AUG082-102014
 Date: 10/20/14
 Iteration (s): _____

Instrument Used: 37
 Probe Used: Custom probe 1
 Heart Defect: Ebstein's Anomaly

Checklist: Absolutes on check and calibration block
 4x on each side of the head for absolute measurements
 5-7 frames for BFI on each side of the head
 SvO₂ if intubated
 Set up Moberg of longitudinal vitals measurements
 "Mark Event" on Moberg: *absolutes*#
 Adverse Events?
 DCS/DOS performed Y / N (DCS) Y / N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
075839	Cal 1	Fiber
075900	✓ 1	Port Probe #
075918	Cal 2	1 → 1
075937	✓ 2	2 → 8
080002	Cal 3	3 → 4
080023	✓ 3	4 → 2
080044	Cal 4	5 → 6
080104	✓ 4	6 → 5
		7 → 7
081157	L1 Lateral Detector	8 → 3
081214	2	
081230	3	
081256	4	
081346	R1 Lateral	
081401	2	
081448	3	
081504	4	
(Ignore) 1	BFI - post MRI (L)	
2	Light leakage @ 1	
3		
4	BFI - post MRI (R)	
5		



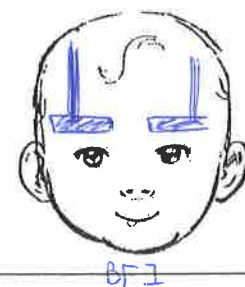
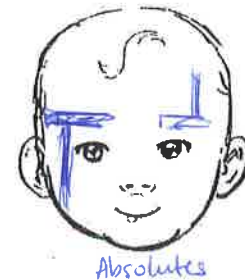
Initials Member 1: TK Date: 10/20/14 Initials Member 2: _____ Date: _____
 Initials Member 1: JW Date: 10/20/14 Initials Member 2: _____ Date: _____

Patient ID: AUG082
 File Name: AUG082-102014
 Date: 10/20/14
 Iteration (s): _____

Instrument Used: 32
 Probe Used: Customprobe 1
 Heart Defect: Ebstein's Anomaly

Checklist: Absolutes on check and calibration block
 4x on each side of the head for absolute measurements
 5-7 frames for BFI on each side of the head
 SvO₂ if intubated
 Set up Moberg of longitudinal vitals measurements
 "Mark Event" on Moberg: *absolutes#*
 Adverse Events?
 DCS/DOS performed Y / N (DCS) Y / N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
125307	Cal 1	
125325	✓ 1	
125345	Cal 2	
125403	✓ 2	
125422	cal 3	
125455	✓ 3	
132705	cal 4 (Ignore)	
132722	Cal 4	
132746	✓ 4	
132927	R1 Lateral Detector	
133027	2	
133049	3	
133106	4	
133252	L1 Lateral Detector	
133327	2	
133532	3	
133556	4	
133624	5	
1	→ BFI-1 (L)	
2	→	
3	→ BFI-1 (R)	
4	→	
5	→	
6	→ BFI-1 (R) Parietal	
7	→	
8 & 9	BFI-1 (L) Parietal	



Initials Member 1: <u>TK</u>	Date: <u>10/20/14</u>	Initials Member 2: _____	Date: _____
Initials Member 1: <u>JJW</u>	Date: <u>10/20/14</u>	Initials Member 2: _____	Date: _____

Instrument Used: 3A
Probe Used: custom probe 1
Heart Defect: Ebstein's Anomaly

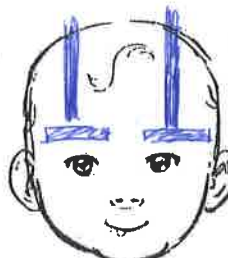
Mark/Time	Description of Event	Notes/Location of Probe
14 22 11	Cal 1	
14 22 46	✓ 1	
14 23 25	Cal 2	
14 23 58	✓ 2	
14 23 58 24 23	Cal 3	
14 24 28	✓ 3	
14 37 46	L1	
14 39 30	2	
14 41 04	3	
14 42 55	4	
14 43 45	R1	
14 44 29	2	
14 45 17	3	
14 45 46	4	
14 46 12	5	
1	Other - Ignore this one.	
2	BFI-2	
3		
4		
5		

Other - Ignore this one.

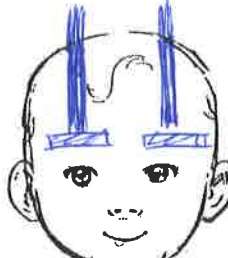
BFI-2

Start

End



Absolute



BFI

Initials Member 1: JN Date: 10/30/14 Initials Member 2: _____ Date: _____
Initials Member 1: SL Date: 10/20/14 Initials Member 2: _____ Date: _____

Patient ID: AUG082
 File Name: AUG082-102014
 Date: 10/20/14
 Iteration (s): _____

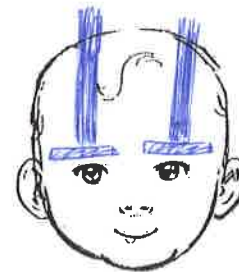
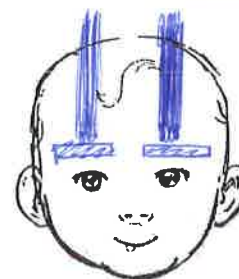
Instrument Used: 3A
 Probe Used: Customprobe 1
 Heart Defect: Obsteins Anomaly

Checklist: Absolutes on check and calibration block
 4x on each side of the head for absolute measurements
 5-7 frames for BFI on each side of the head
 SvO₂ if intubated
 Set up Moberg of longitudinal vitals measurements
 "Mark Event" on Moberg: *absolutes#*
 Adverse Events?
 DCS/DOS performed

(Y) / N (DCS)

(Y) / N
 (Y) / N
 (Y) / N
 Y / (N)
 Y / (N)
 (Y) / N
 Y / (N)
 (Y) / N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
155813	Cal 1	
155850	✓ 1	
155924	Cal 2	
155948	✓ 2	
160620	Cal 3	
160111	✓ 3	
162315	L1	
162407	2	
162529	3	
162611	4	
162636	L5	
163817	R1	
163843	2	
164019	3	
164046	4	
164234	5	
	BFI-3	
	1 L Start	
	2 L End	
	3 R Start	
	4 R End	
~1628 to 163		



Initials Member 1: SUL Date: 10/20/14 Initials Member 2: _____ Date: _____
 Initials Member 1: JJN Date: 10/20/14 Initials Member 2: _____ Date: _____

Patient ID: AD6082
 File Name: AD6082-102014
 Date: 10/20/14
 Iteration (s): _____

Instrument Used: 3A
 Probe Used: Customprobe1
 Heart Defect: Ebstein's Anomaly

Checklist: Absolutes on check and calibration block
 4x on each side of the head for absolute measurements
 5-7 frames for BFI on each side of the head
 SvO₂ if intubated
 Set up Moberg of longitudinal vitals measurements
 "Mark Event" on Moberg: *absolutes*#
 Adverse Events?
 DCS/DOS performed

Y/N (DCS)

Y/N
Y/N
Y/N
Y/N
Y/N
Y/N
Y/N
Y/N (DOS)

Mark/Time	Description of Event	Notes/Location of Probe
17 5913	Cal 1	
17 5944	✓ 1	
18 0009	Cal 2	
18 0040	✓ 2	
18 0112	Cal 3	
18 0138	✓ 3	
18 0433	R 1	
18 0451	2	
18 0547	3	
18 0605	4	
18 0624	5	
18 1425	L 1	
18 1442	2	
18 1458	3	
18 1514	4	
	5	
1	BF1 - 4 (R)	
2		
3	BF1 - 4 (L)	
4		



Initials Member 1: <u>MW</u>	Date: <u>10/20/14</u>	Initials Member 2: _____	Date: _____
Initials Member 1: <u>JW</u>	Date: <u>10/20/14</u>	Initials Member 2: _____	Date: _____

Patient ID: AUG082
 File Name: AUG082-102014
 Date: 10/20/14
 Iteration (s): _____

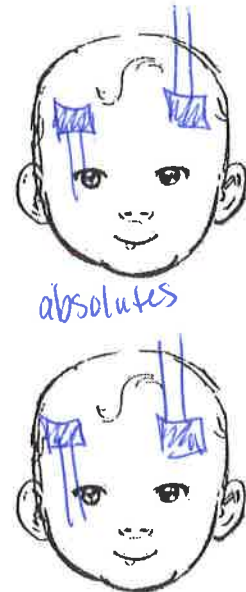
Instrument Used: 3L
 Probe Used: Custom probe 1
 Heart Defect: _____

Checklist:

Absolutes on check and calibration block	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
4x on each side of the head for absolute measurements	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
5-7 frames for BFI on each side of the head	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
SvO ₂ if intubated	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Set up Moberg of longitudinal vitals measurements	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N
"Mark Event" on Moberg: <i>absolutes#</i>	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
Adverse Events?	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N
DCS/DOS performed	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (DCS) <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (DOS)

new DCS

Mark/Time	Description of Event	Notes/Location of Probe
194649	cal 1	
194721	v1	
194749	cal 2	
194816	v2	
194845	cal 3	
194918	v3	
19 5704	L1	lateral dot
5722	2	
5739	3	
5757	4	
<i>mark</i> BFI-5 1	1959 Left	
2 2pm8		
3	Rym	
4		
200303	R1	
0636	R2	
0820	R3	
0838	R4	
0854	R5	



absolutes

Initials Member 1: _____	Date: _____	Initials Member 2: _____	Date: _____
Initials Member 1: _____	Date: _____	Initials Member 2: _____	Date: _____


Patient ID: ANG 082
 File Name: -102014
 Date: 141020
 Iteration (s): _____

Instrument Used: 31
 Probe Used: Custom 1
 Heart Defect: Ectopic anomaly

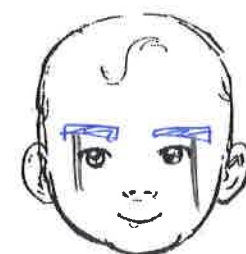
Checklist: Absolutes on check and calibration block ☒ Y / ☐ N
 4x on each side of the head for absolute measurements ☒ Y / ☐ N
 5-7 frames for BFI on each side of the head ☒ Y / ☐ N
 SvO₂ if intubated ☒ Y / ☐ N
 Set up Moberg of longitudinal vitals measurements ☒ Y / ☐ N
 "Mark Event" on Moberg: absolutes# ☒ Y / ☐ N
 Adverse Events? ☒ Y / ☐ N
 DCS/DOS performed ☒ Y / ☐ N (DCS) ☒ Y / ☐ N (DOS)

*Ang
DRC*

Mark/Time	Description of Event	Notes/Location of Probe
215553	Cal 1	
215619	✓ 1	
215646	Cal 2	
215703	✓ 2	
215724	Cal 3	
215744	✓ 3	
220613	R1 Lat dist	
220924		
221045		
221017		
BFI-6		
1	Right	
2		
3	Left	
4		
222118	Left	
222135		
222255		
222315		



Absolute



Initials Member 1: <u>JSN</u>	Date: <u>10/20/14</u>	Initials Member 2: <u>DRC</u>	Date: <u>141020</u>
Initials Member 1: _____	Date: _____	Initials Member 2: _____	Date: _____

Instrument Used: _____
 Probe Used: _____
 Heart Defect: _____

Checklist:	Absolutes on check and calibration block	Y / N
	4x on each side of the head for absolute measurements	Y / N
	5-7 frames for BFI on each side of the head	Y / N
	SvO ₂ if intubated	Y / N
	Set up Moberg of longitudinal vitals measurements	Y / N
	“Mark Event” on Moberg: <i>absolutes</i> #	Y / N
	Adverse Events?	Y / N
	DCS/DOS performed	Y / N (DCS) Y / N (DOS)

[illegible]

Initials Member 1: _____	Date: _____	Initials Member 2: _____	Date: _____
Initials Member 1: _____	Date: _____	Initials Member 2: _____	Date: _____