

C-TRACT

Venous Reflux Examiner Worksheet

Completed worksheet must accompany all image submissions

Site #: _____ Subject #: _____ Exam Date: _____
DD / MMM / YYYY

Visit Baseline 6 month

RIGHT

LEFT

DEEP	Reflux
CFV	
FV	
PopV	

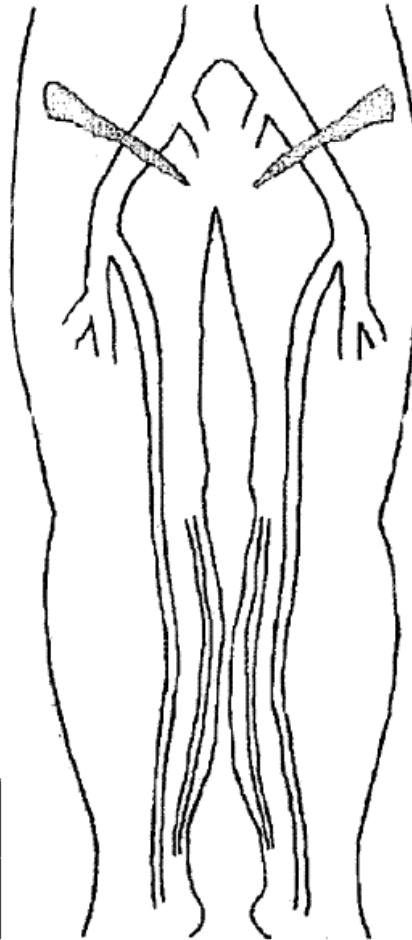
DEEP	Reflux
CFV	
FV	
PopV	

GSV	Reflux Y/N	VCT (sec)
SFJ	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Mid Thigh	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

GSV	Reflux Y/N	VCT (sec)
SFJ	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Mid Thigh	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

SSV	Reflux Y/N	VCT (sec)
SPJ	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

SSV	Reflux Y/N	VCT (sec)
SPJ	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	



Comments (note any technical difficulties or unusual findings)

.....

.....

.....

Examiner Name (please print): _____ Date: _____
DD / MMM / YYYY

Please retain a copy for your records.