**Echocardiogram Requisition**

<table>
<thead>
<tr>
<th>Height (ft/cm)</th>
<th>Weight (kg/lb)</th>
<th>Patient's Phone #</th>
</tr>
</thead>
</table>

**Please confirm prior to ordering:**
- Echocardiogram result will impact the treatment plan of the patient.
- Previous Echocardiogram? Where: __________________________ Date: ___________ EF __________% 

**Required Test:**
- Transthoracic Echocardiogram (TEE)
- Transesophageal Echocardiogram (TEE)
- Definity Contrast
- Intra-Op TEE

**Priority:**
- Outpatient
- Within < 1 month
- 3 - 6 months
- Within 24 hours (Call cardiologist on-call or Echo Dept.)
- Inpatient
- 4 - 7 days
- 1 - 3 days

**Indication for inpatient Echo:**__________________________ (per guidelines)

**What is the relevant medical history and question you wish to be answered by the Echocardiographic examination (i.e. how will the Echocardiogram impact the treatment plan of the patient?)**

**Patient History & Clinical Information**

- (Check all that apply)
  - Cardiomyopathy*
  - Diastolic Function
  - Diastolic Dilated
  - Systolic
  - Myocardial Infarction
  - Aortic*
  - Hypertrophic
  - Stenosis
  - Restrictive
  - Mitral*
  - Regurgitation
  - Bicuspid
  - Pulmonary Hypertension
  - Anterior
  - Regurgitation
  - Mitral	
  - Stenosis
  - Restrictive
  - Atrial Fibrillation
  - Pulmonary	
  - Tricuspid
  - Regurgitation
  - Tricuspid
  - Source of Embolus*

**Indications:**
- Trauma
- Chemotherapy
- CAD
- Pericardial disease
- Pregnant
- Aortic aneurysm
- Infective Endocarditis*
- Transplant: type? __________
- Pericardial effusion

**Symptoms:**
- Shortness of Breath
- Palpitations
- Lightheadedness/ Syncope*
- Chest pain
- Fatigue
- Other __________

**Prosthesis (check one):**
- Aortic
- Mitral
- Tricuspid

**Type/Manufacturer** __________________________

**Attending Physician** __________________________

**Signature** __________________________

**MSC#** __________________________

**Phone #** __________________________

**Office use only**

**FAX REFERRAL TO APPROPRIATE SITE: SEE PAGE 3**

**Scheduled Appointment Date** __________________________

**Time** __________________________

- Preliminary Report with Patient
*Guidelines for Ordering Transthoracic Echocardiograms (TTE)*

**Heart Failure**
- **Appropriate TEE:**
  - Initial evaluation of HF based on signs, symptoms or abnormal test results
  - Known HF with decompensation without a clear precipitant
  - To guide therapy i.e. candidacy for ICD, etc.
- **Inappropriate TEE:**
  - Known HF with decompensation due to a clear precipitant (i.e. dietary or medication noncompliance)
  - Routine surveillance of LV function in a patient who had a TTE within the past year

**Endocarditis**
1. **Diagnosis of endocarditis (either native or prosthetic valve)**
   - **Appropriate TEE:**
     - Fever and a positive blood culture or new murmur
   - **Inappropriate TEE:**
     - Transient fever with no bacteremia or new murmur
     - Transient bacteremia from a documented non-endovascular source or infection (i.e. urinary tract infection, skin abscess)
2. **Follow-up of known endocarditis**
   - **Appropriate TEE:**
     - Patient at high risk of developing a complication (i.e. abscess) or clinical status changes (i.e. heart failure, heart block)
   - **Inappropriate TEE:**
     - Routine surveillance of a vegetation when patient management will not change

**Lightheadedness/Syncope**

*Rule out cardiac cause of lightheadedness or syncope*
- **Appropriate TEE:**
  - Patient with actual syncope or with clinical symptoms and signs suggestive of a cardiac cause of lightheadedness (i.e. murmur or aortic stenosis or hypertrophic cardiomyopathy, or signs/symptoms of heart failure)
- **Inappropriate TEE:**
  - Patient did not have actual syncope (i.e. loss of consciousness) and has no other symptoms or signs of cardiac disease

**Murmur/Valve Disease**
- **Cardiac murmur or known valvular disease**
  - **Appropriate TEE:**
    - Reasonable suspicion of valvular disease on exam (i.e. diastolic murmur, murmur 3/6, other findings on exam)
    - Known valvar disease with a change in clinical status (i.e. HF, syncope) or cardiac exam
    - No change in cardiac exam or clinical status with known mild stenosis/regurgitation with a TTE within 3 years or moderate/severe stenosis/regurgitation with a TTE within past year
  - **Inappropriate TEE:**
    - No change in cardiac exam or clinical status, prior TTE did not reveal valvular disease
    - Known trace regurgitation, mild stenosis/regurgitation with TTE within 3 years or moderate/severe stenosis/regurgitation with a TTE within past year
    - No other symptoms or signs of valvular disease on exam (i.e. flow murmur)

**Transient Ischemic Attack (TIA)/Stroke**
- **Appropriate TEE:**
  - Unexplained TIA/stroke without evidence of cerebrovascular disease and in whom a clinical therapeutic decision (i.e. anticoagulation or cardiac intervention) will depend on the results of echocardiography
  - TIA/stroke concurrent with a cardiac ischemic event or systemic embolic event
  - Suspected infective endocarditis or cardiac mass
- **Inappropriate TEE:**
  - A known cause of cardiac source already exists and TEE would not change management. This may include known cardiac arrhythmia (atrial fibrillation), low left ventricular ejection fraction, significant congestive heart failure, or known cardiac thrombus or valvular source of emboli

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*Intersocietal Accreditation Commission (IAC) Echocardiography Standards and Guidelines for Adult Echocardiography Accreditation (2018)*

BENCHMARK WAIT TIMES FOR ACCESSING ECHOCARDIOGRAPHY

<table>
<thead>
<tr>
<th>Urgency Category</th>
<th>Recommended wait time</th>
<th>Defined by: Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td>Within 24 hours</td>
<td>Hemodynamically unstable patients with suspected certain cardiovascular conditions (e.g. pericardial effusion with tamponade, mechanical complications, post myocardial infarction)</td>
</tr>
<tr>
<td>Urgent/Semi urgent</td>
<td>Within 7 days</td>
<td>Critically ill patients who do not meet the definition of emergent and patients with a condition that could deteriorate rapidly (e.g. symptomatic aortic stenosis)</td>
</tr>
<tr>
<td>Scheduled/Non urgent</td>
<td>Within 30 days</td>
<td>All patients who do not fall into the previous categories (e.g. assessment of murmurs in asymptomatic individuals, assessment of left ventricle mass)</td>
</tr>
</tbody>
</table>

Adapted from: 2008, CCS Wait time benchmarks: Treating the Right Patient at the Right Time: Access to Echocardiography in Canada

* INCOMPLETE REQUISITION FORMS WILL BE RETURNED *

<table>
<thead>
<tr>
<th>Site</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotsford Regional Hospital</td>
<td>Medical Imaging 32900 Marshall Road, Abbotsford, BC V2S 0C2</td>
<td>604-851-4868</td>
<td>604-870-7518</td>
</tr>
<tr>
<td>Burnaby Hospital</td>
<td>Medical Imaging 3935 Kincaid Street, Burnaby, BC V5G 2X6</td>
<td>604-412-6271</td>
<td>604-412-6181</td>
</tr>
<tr>
<td>Eagle Ridge Hospital</td>
<td>Medical Imaging 475 Guildford Way, Port Moody, BC V3H 3W9</td>
<td>604-469-3172</td>
<td>604-469-3209</td>
</tr>
<tr>
<td>Jim Pattison Outpatient Care and Surgery Centre</td>
<td>Medical Imaging 9750 - 140 Street, Surrey, BC V3T 0G9</td>
<td>604-582-4550</td>
<td>604-582-3766</td>
</tr>
<tr>
<td>Langley Memorial Hospital</td>
<td>Medical Imaging 22051 Fraser Highway, Langley, BC V3A 4H4</td>
<td>604-533-6405</td>
<td>604-533-6456</td>
</tr>
<tr>
<td>Ridge Meadows Hospital</td>
<td>Medical Imaging 11666 Laitly Street, Maple Ridge, BC V2X 5A3</td>
<td>604-463-1849</td>
<td>604-466-7939</td>
</tr>
<tr>
<td>Royal Columbian Hospital</td>
<td>Nuclear Medicine/Medical Imaging 330 E. Columbia Street, New Westminster, BC V3L 3W7</td>
<td>604-520-4244</td>
<td>604-520-4803</td>
</tr>
<tr>
<td>Surrey Memorial Hospital</td>
<td>Medical Imaging 13750 96th Avenue, Surrey, BC V3V 1Z2</td>
<td>604-582-4550</td>
<td>604-582-3766</td>
</tr>
</tbody>
</table>

IMPORTANT PATIENT INFORMATION

- Plan to arrive 15 minutes early to give yourself adequate time for parking.
- An interpreter must accompany patients who do not speak fluent English or exam may be cancelled.
- Children and other third parties are not permitted in the examination rooms. Please ensure that children under the age of 12 have someone to look after them during your exam or we will not be able to do your exam.

**Please bring your Care Card, WorkSafe BC or ICBC information and Photo Identification**