Cardiac Investigation Unit Salisbury NHS Foundation Trust

**Inpatient Transthoracic Echocardiogram Request**

Transoesophageal echo (TOE) is only to be requested directly through a cardiologist

**Patient Name:** Click to Type.

**Hospital number** Click to Type

**Date of Birth:** Click to Type.

**Ward:** Click To Type.

**Consultant:** Click to Type.

**Test reason / Clinical details:**

Click here to enter text.

**Infection / COVID status:** (fill in / highlight where applicable)

[ ] Low risk

[ ] NegativeDate 1st swab:Click here to enter a date. Date of 2nd swab:Click here to enter a date.

[ ] Suspected

[ ] Positive

*If 2nd COVID swab required, can the echo wait until after the result is back?* [ ]  *Yes* [ ]  *No*

**Requested by:** Click to type.

**Date Requested:** Click to type.

**To finish requesting the echo, attach this form to an email and send it to:** **sft.inpatientechocardiogram@nhs.net**

Email address monitored 8am-5pm Mon-Fri

Incomplete forms will be returned to sender