

Peripheral Arterial Testing Section (Add On)

This form is to be used for add on examination sections for current laboratories only. If your laboratory is not currently accredited or in the review process, please contact the ICAVL office before filling out this form.

If this is a screening service applying for accreditation in medical screening (CAMS), please contact the ICAVL office before filling out this form.

Please answer all questions. Required attachments will be indicated by the ☐ symbol.

Name of institution (as listed in the Accreditation Agreement):

(This institution name will be tracked in the ICAVL database and will receive all ICAVL correspondence)

Department: _____
Street address 1: _____
Street address 2: _____
City: _____ State: _____ Zip code: _____

Location of vascular laboratory:

- Hospital
- Private office
- Free standing imaging center
- Independent laboratory
- Other (specify): _____

Which of the following are available to deal with medical emergencies?

- Oxygen/airway
- Emergency drugs
- Defibrillator
- Fully equipped crash cart
- Medical physician
- Registered nurse

In the initial evaluation for lower extremity peripheral arterial disease which of the following are routinely performed as your primary examination?

- Multi-level segmental pressures and multilevel waveforms
 - CW Doppler waveforms
 - PVR waveforms
 - Pulsed wave Doppler waveforms
- Ankle brachial index with multilevel waveforms
 - CW Doppler waveforms
 - PVR waveforms
 - Pulsed wave Doppler waveforms