



A. DEMOGRAPHICS			
Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :	
Middle Name ²⁰²⁰ :			
SSN ²⁰³⁰ : - - <input type="checkbox"/> SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : (auto)		Other ID ²⁰⁴⁵ :
Birth Date ²⁰⁵⁰ :	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes	
Race: (check all that apply)	<input type="checkbox"/> White ²⁰⁷⁰	<input type="checkbox"/> Black/African American ²⁰⁷¹	<input type="checkbox"/> Asian ²⁰⁷²
	<input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³	<input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴	
B. EPISODE OF CARE (ADMISSION)			
Arrival Date ³⁰⁰⁰ :		Patient Zip Code ³⁰⁰⁵ : <input type="checkbox"/> Zip Code NA ³⁰⁰⁶	
Reason for Admission ³⁰¹⁰ : <input type="radio"/> Admitted for this procedure <input type="radio"/> Cardiac - Heart Failure <input type="radio"/> Cardiac - Other <input type="radio"/> Non-Cardiac			
Insurance Payor(s): (check all that apply)	<input type="checkbox"/> Private Health Insurance ³⁰²⁰	<input type="checkbox"/> Medicare ³⁰²¹	<input type="checkbox"/> Medicaid ³⁰²² <input type="checkbox"/> Military Health Care ³⁰²³
	<input type="checkbox"/> State-Specific Plan (Non-Medicaid) ³⁰²⁴	<input type="checkbox"/> Indian Health Service ³⁰²⁵	<input type="checkbox"/> Non-US Insurance ³⁰²⁶ <input type="checkbox"/> None ³⁰²⁷
HIC ³⁰³⁰ :			
C. HISTORY AND RISK FACTORS (COMPLETE ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A LEAD ASSESSMENT AS THE ONLY PROCEDURE)			
Previous ICD ⁴¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, Previous ICD Date ⁴¹²⁵ : mm/dd/yyyy			
E. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)			
Procedure Date/Time ^{6000/6001} : mm/dd/yyyy hh:mm			
Procedure Type ⁶⁰⁰⁵ : <input type="radio"/> Initial generator implant <input type="radio"/> Generator change <input type="radio"/> Lead only			
Prophylactic Antibiotics w/in 1 Hr of Procedure Start Time ⁶⁰¹⁰ :			
<input type="radio"/> No – not given, medical reason documented <input type="radio"/> No – not given, reason unspecified <input type="radio"/> Yes			
Routine Warfarin (Coumadin) Therapy ⁶⁰¹⁵ : (w/in 1 month) <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, Held for Procedure ⁶⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, INR Drawn ⁶⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, INR ⁶⁰³⁰ : _____			
→ If Yes, INR Drawn Date ⁶⁰³⁵ : mm/dd/yyyy			
Premarket Clinical Trial ⁶⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, Clinical Trial Name ⁶⁰⁴⁵ :			



G. LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)

Operator's Name ^{7000,7005,7010} :	NPI ⁷⁰¹⁵ :	TIN ⁷⁰²⁰ :
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Lead Counter ⁷⁰²⁵ :	1	2	3
Identification ⁷⁰³⁰ :	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead
ID ⁷⁰³⁵ : OR→	Manufacturer ⁷⁰⁴⁰ :		
	Model Name ⁷⁰⁴⁵ :		
	Model Number ⁷⁰⁵⁰ :		
Serial Number ⁷⁰⁵⁵ :			
Lead Location ⁷⁰⁶⁰ :	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other

COMPLETE FOR EXISTING LEADS ONLY

Existing Lead Implant Date ⁷⁰⁶⁵ :			
Existing Lead Function ⁷⁰⁷⁰ :	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed
Manufacturer Advisory/Recall ⁷⁰⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Existing Lead Status ⁷⁰⁸⁰ :	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused → If Extracted, Returned To Manufacturer ⁷⁰⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused <input type="radio"/> No <input type="radio"/> Yes
Existing Lead Placement Issues ⁷⁰⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Dislodgement ⁷⁰⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Perforation ⁷¹⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Erosion ⁷¹⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Faulty Connector/Header ⁷¹¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Patient's Clinical Status ⁷¹¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Infection ⁷¹²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Documented Infection ⁷¹²⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

COMPLETE IF "EXISTING LEAD FUNCTION⁷⁰⁷⁰" IS "ABNORMAL"

Pacing Issues ⁷¹³⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Oversensing ⁷¹³⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Undersensing ⁷¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Failure to Pace ⁷¹⁴⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Failure to Capture with Acceptable Safety Margin ⁷¹⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Extracardiac Stimulation ⁷¹⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Defibrillation Issues ⁷¹⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Oversensing w/Shock or ATP ⁷¹⁶⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Oversensing w/o Shock or ATP ⁷¹⁷⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Failure to Shock with Inadequate DFT Safety Margin ⁷¹⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Lead Integrity Issues ⁷¹⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Insulation Failure ⁷¹⁸⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Conductor Failure ⁷¹⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

H. INTRA OR POST PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)

Intra or Post Procedure Events Occurred⁸⁰⁰⁰: No Yes

→ If Yes, specify the Event(s):

Cardiac Arrest ⁸⁰⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Myocardial Infarction ⁸⁰⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Drug Reaction ⁸⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Pericardial Tamponade ⁸⁰⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Perforation ⁸⁰¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Peripheral Embolus ⁸⁰⁶⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Valve Injury ⁸⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Peripheral Nerve Injury ⁸⁰⁷⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Conduction Block ⁸⁰²⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Set Screw Problem ⁸⁰⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Coronary Venous Dissection ⁸⁰³⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Pneumothorax ⁸⁰⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Hematoma (Req re-op, evacuation or transfusion) ⁸⁰³⁵ :	<input type="radio"/> No <input type="radio"/> Yes	TIA or Stroke (CVA) ⁸⁰⁸⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Hemothorax ⁸⁰⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Urgent Cardiac Surgery ⁸⁰⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Infection Requiring Antibiotics ⁸⁰⁴⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Venous Obstruction ⁸⁰⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Lead Dislodgement ⁸⁰⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes		

I. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)

CABG⁹⁰⁰⁰: (During this admission) No Yes → If Yes, **CABG Date**⁹⁰⁰⁵:

PCI⁹⁰¹⁰: (During this admission) No Yes → If Yes, **PCI Date**⁹⁰¹⁵:

Discharge Date⁹⁰²⁰: mm/dd/yyyy

Discharge Status⁹⁰²⁵: Alive Deceased
 → If Deceased, **Cause of Death**⁹⁰³⁰: Cardiac Non-Cardiac
 → If Deceased, **Death During the Procedure**⁹⁰³⁵: No Yes
 → If Alive, **Discharged Against Medical Advice**⁹⁰⁴⁰: No Yes
 → If No, specify the **Discharge Medication(s) Prescribed**:

Medication		Prescribed				Medication		Prescribed			
		No	Yes	Con	Blinded			No	Yes	Con	Blinded
ACE Inhibitor (Any) ⁹⁰⁴⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Digoxin (Any) ⁹¹³⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Agents	Amiodarone ⁹⁰⁵⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diuretic (Any) ⁹¹³⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disopyramide ⁹⁰⁵⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hydralazine (Any) ⁹¹⁴⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dofetilide ⁹⁰⁶⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lipid Lowering Agents	Statin ⁹¹⁴⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Flecainide ⁹⁰⁶⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Non-Statin ⁹¹⁵⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other ⁹⁰⁷⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Long Acting Nitroglycerin ⁹¹⁵⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Procainamide ⁹⁰⁷⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Platelet Aggregation Inhibitors	Clopidogrel ⁹¹⁶⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Propafenone ⁹⁰⁸⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Prasugrel ⁹¹⁶⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mexiletine ⁹⁰⁸⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Ticlopidine ⁹¹⁷⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Quinidine ⁹⁰⁹⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Warfarin (Coumadin) ⁹¹⁷⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sotalol ⁹⁰⁹⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
ARB (Any) ⁹¹⁰⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
ASA (Any) ⁹¹⁰⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Beta Blocker (Any) ⁹¹¹⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Calcium Channel Blockers	Diltiazem ⁹¹¹⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Other ⁹¹²⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Verapamil ⁹¹²⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						