



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 ONLY ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A GENERATOR IMPLANT OR CHANGE)

Heart Failure ⁴⁰⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Duration of Symptoms Since Initial Onset ⁴⁰⁰⁵ : <input type="radio"/> < 3 months <input type="radio"/> 3 to 9 months <input type="radio"/> > 9 months	
→ If Yes, Prior Heart Failure Hospitalization ⁴⁰¹⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Prior HF Hospital Timeframe ⁴⁰¹⁵ : <input type="radio"/> <= 6 months <input type="radio"/> > 6 months	
NYHA Functional Classification ⁴⁰²⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV			
Non-Ischemic Dilated Cardiomyopathy ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Timeframe ⁴⁰³⁰ : <input type="radio"/> < 3 months <input type="radio"/> 3 to 9 months <input type="radio"/> >9 months			
Prior Heart Transplant ⁴⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes		Syncope ⁴⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	
On Heart Transplant Waiting List ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes		Family History of Sudden Death ⁴⁰⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Atrial Fibrillation/Flutter ⁴⁰⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, AFib/Flutter Classification ⁴⁰⁶⁰ : <input type="radio"/> Paroxysmal <input type="radio"/> Persistent (> 7 days) <input type="radio"/> Permanent (> 1 year)	
		<input type="radio"/> Secondary (reversible cause) <input type="radio"/> Unknown	
Ventricular Tachycardia ⁴⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Hemodynamic Instability ⁴⁰⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
		→ If Yes, VT Type ⁴⁰⁷⁵ : <input type="radio"/> Non-sustained VT <input type="radio"/> Sustained monomorphic VT <input type="radio"/> Sustained polymorphic VT	
		<input type="radio"/> Sustained monomorphic and polymorphic VT <input type="radio"/> Unknown	
Cardiac Arrest ⁴⁰⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Most Recent Arrest Date ⁴⁰⁸⁵ : mm/dd/yyyy	
→ If Yes, VTach/VFib Arrest ⁴⁰⁹⁰ : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
→ If Yes, Bradycardia Arrest ⁴⁰⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
Syndromes w/Risk of Sudden Death ⁴¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Syndrome Type ⁴¹⁰⁵ : <input type="radio"/> Long QT syndrome <input type="radio"/> Short QT syndrome <input type="radio"/> Brugada syndrome	
		<input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF <input type="radio"/> Other	
Previous ICD ⁴¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Type ⁴¹¹⁵ : <input type="radio"/> Single chamber <input type="radio"/> Dual chamber <input type="radio"/> CRT-D	
		→ If Yes, Previous ICD Implant Site ⁴¹²⁰ : <input type="radio"/> Pectoral <input type="radio"/> Abdominal	
		→ If Yes, Previous ICD Date ⁴¹²⁵ : mm/dd/yyyy	
		→ If Yes, Previous ICD Reason ⁴¹³⁰ : <input type="radio"/> Primary prevention <input type="radio"/> Secondary prevention	
		→ If Primary Prevention, Implant Decision LVEF ⁴¹³⁵ : _____ % <input type="checkbox"/> LVEF Not Available ⁴¹³⁶	
		→ If Secondary Prevention, Reason(s) for Initial Implant : (check all that apply)	
<input type="checkbox"/> Cardiac Arrest/Arrhythmia-Etiology Unknown ⁴¹⁴⁰		<input type="checkbox"/> Spontaneous Sustained VT ⁴¹⁴¹ <input type="checkbox"/> Syncope with High Risk Characteristics ⁴¹⁴²	
<input type="checkbox"/> Syncope with Inducible VT ⁴¹⁴³		<input type="checkbox"/> Ventricular Fibrillation ⁴¹⁴⁴ <input type="checkbox"/> Not Documented ⁴¹⁴⁵	

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Permanent Pacemaker⁴¹⁵⁰: No Yes (Includes previously placed)
 → If Yes, **Pacemaker Type**⁴¹⁵⁵: Atrial chamber Ventricular chamber Dual chamber CRT

Ischemic Heart Disease⁴¹⁶⁰: No Yes
 → If Yes, **One Epicardial Artery >=70% Confirmed by Angiography**⁴¹⁶⁵: No Yes

Prior MI⁴¹⁷⁰: No Yes → If Yes, **Most Recent MI Timeframe**⁴¹⁷⁵: <= 40 days > 40 days

Prior PCI⁴¹⁸⁰: (Prior to arrival) No Yes → If Yes, **Most Recent PCI Date**⁴¹⁸⁵: mm/dd/yyyy

Prior CABG⁴¹⁹⁰: (Prior to arrival) No Yes → If Yes, **Most Recent CABG Date**⁴¹⁹⁵: mm/dd/yyyy

Primary Valvular Heart Disease⁴²⁰⁰: No Yes (Moderate to Severe)

Other Structural Abnormalities⁴²⁰⁵: No Yes
 → If Yes, **Structural Abnormality Type(s)**: (check all that apply)
 Amyloidosis⁴²¹⁰ Atrial Septal Defect⁴²¹¹ Chagas Disease⁴²¹² Common Ventricle⁴²¹³
 Ebstein's Anomaly⁴²¹⁴ Giant Cell Myocarditis⁴²¹⁵ Hypertrophic Cardiomyopathy (HCM)⁴²¹⁶
 Left Ventricular Aneurysm⁴²¹⁷ LV Non-compaction Syndrome⁴²¹⁸ Right Ventricular Dysplasia (ARVD)⁴²¹⁹ Sarcoidosis⁴²²⁰
 Transposition of Great Vessels⁴²²¹ Tetralogy of Fallot⁴²²² Ventricular Septal Defect⁴²²³ Other⁴²²⁴

OTHER RISK FACTORS

Height ⁴²²⁵ : _____ cm	Weight ⁴²³⁰ : _____ kg
Cerebrovascular Disease ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes	Chronic Lung Disease ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes
Diabetes Mellitus ⁴²⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	Sleep Apnea ⁴²⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not assessed
Currently on Dialysis ⁴²⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes	Hypertension ⁴²⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes
Patient Life Expectancy of >=1 Year ⁴²⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not documented (By physician estimate)	

D. DIAGNOSTIC STUDIES (COMPLETE ONLY ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A GENERATOR IMPLANT OR CHANGE.)

LVEF Assessed⁵⁰⁰⁰: No Yes
 → If Yes, **Most Recent LVEF**⁵⁰⁰⁵: _____ %
 → If Yes, **Most Recent LVEF Timeframe**⁵⁰¹⁰: <1 month ≥ 1 to ≤ 3 months > 3 to ≤ 6 months >6 months

Electrophysiology Study⁵⁰¹⁵: No Yes (Most recent EP Study)
 → If Yes, **EP Study Timeframe**⁵⁰²⁰: <1 month ≥ 1 to ≤ 3 months > 3 to ≤ 6 months >6 months
 → If Yes, **Ventricular Arrhythmias Induced**⁵⁰²⁵: No Yes Results Unattainable
 → If Yes, **VT Ablation Performed**⁵⁰³⁰: No Yes
 → If Yes, **EP Study Finding(s)**:
 Non-sustained VT⁵⁰³¹ Sustained Monomorphic VT⁵⁰³² Sustained Polymorphic VT⁵⁰³³
 Ventricular Flutter⁵⁰³⁴ Ventricular Fibrillation⁵⁰³⁵
 (check all that apply)

12 Lead ECG w/Automated Measurements⁵⁰⁴⁰: No Yes
 → If Yes, **ECG Date**⁵⁰⁴⁵: mm/dd/yyyy

PR Interval⁵⁰⁵⁵: _____ msec **PR Interval Not Obtainable**⁵⁰⁵⁶ (Exclude atrial fib, 2nd or 3rd° heart block, vent pacing)

QRS Duration (Non-Ventricular Paced Complex)⁵⁰⁶⁰: _____ msec **Only Ventricular Paced QRS Complexes Present**⁵⁰⁶¹
 (From surface ECG closest to first generator procedure)

Cardiac Rhythm(s):
 AFib/Flutter⁵⁰⁶⁵ Atrial Tachycardia⁵⁰⁶⁶ Idioventricular⁵⁰⁶⁷ Junctional⁵⁰⁶⁸
 Paced⁵⁰⁶⁹ Sinus Rhythm⁵⁰⁷⁰ Second Degree Heart Block⁵⁰⁷¹ Third Degree Heart Block⁵⁰⁷²
 → If Paced, **Underlying Atrial Rhythm**⁵⁰⁷⁵: Sinus rhythm Atrial fib/flutter Sinus arrest Unknown
 → If Paced, **Pacing Type**⁵⁰⁸⁰: Atrial pacing Ventricular pacing Both
 → If Ventricular pacing or Both, **Ventricular Paced QRS Duration**⁵⁰⁸⁵: _____ msec

Abnormal Intraventricular Conduction⁵⁰⁹⁰: No Yes → If Yes, **Intraventricular Conduction Type(s)**: (check all that apply)
 Left Anterior Fascicular Block⁵⁰⁹⁵ Left Posterior Fascicular Block⁵⁰⁹⁶ Left Bundle Branch Block (LBBB)⁵⁰⁹⁷
 Delay, Nonspecific⁵⁰⁹⁸ Right Bundle Branch Block (RBBB)⁵⁰⁹⁹ Ventricular Paced Rhythm⁵¹⁰⁰



Blood Pressure ^{5105/5110} : _____ / _____ mmHg	BUN ⁵¹¹⁵ : _____ mg/dL	<input type="checkbox"/> Not Drawn ⁵¹¹⁶
Hemoglobin ⁵¹²⁰ : _____ g/dL	<input type="checkbox"/> Not Drawn ⁵¹²¹	Sodium ⁵¹²⁵ : _____ mEq/L
<input type="checkbox"/> Not Drawn ⁵¹²¹	Potassium ⁵¹³⁵ : _____ mEq/L	<input type="checkbox"/> Not Drawn ⁵¹²⁶
Creatinine ⁵¹³⁰ : _____ mg/dL	<input type="checkbox"/> Not Drawn ⁵¹³¹	<input type="checkbox"/> Not Drawn ⁵¹³⁶
BNP ⁵¹⁴⁰ : _____ pg/mL	(OR) NT-proBNP ⁵¹⁴⁵ : _____ pg/mL	<input type="checkbox"/> Not Drawn ⁵¹⁴⁶ (Closest to procedure)

E. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Date/Time^{6000/6001}: mm/dd/yyyy hh:mm

Procedure Type⁶⁰⁰⁵: Initial generator implant Generator change Lead only

Prophylactic Antibiotics w/in 1 Hr of Procedure Start Time⁶⁰¹⁰:
 No – not given, medical reason documented No – not given, reason unspecified Yes

Routine Warfarin (Coumadin) Therapy⁶⁰¹⁵: (w/in 1 month) No Yes
 → If Yes, **Held for Procedure**⁶⁰²⁰: No Yes
 → If Yes, **INR Drawn**⁶⁰²⁵: No Yes
 → If Yes, **INR**⁶⁰³⁰: _____ → If Yes, **INR Drawn Date**⁶⁰³⁵: mm/dd/yyyy

Premarket Clinical Trial⁶⁰⁴⁰: No Yes → If Yes, **Clinical Trial Name**⁶⁰⁴⁵: _____

F. ICD IMPLANT / EXPLANT (COMPLETE FOR EACH LAB VISIT IN WHICH AN INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE WAS PERFORMED)

Operator's Name^{6100,6105,6110}: _____ **NPI**⁶¹¹⁵: _____ **TIN**⁶¹²⁰: _____

ICD Indication⁶¹²⁵: Primary prevention Secondary prevention

Planned Device Type⁶¹³⁰: Single chamber Dual chamber CRT-D

Device Implanted⁶¹³⁵: No Yes
 → If Yes, **Final Device Type**⁶¹⁴⁰: Single chamber Dual chamber CRT-D
 → If CRT-D, **CS/LV Lead Successful**⁶¹⁴⁵: Yes Not implanted Previously implanted
 → If Not Implanted, **Reason CS/LV Lead Not Implanted**⁶¹⁵⁰:
 Vascular access Coronary sinus access Tributary vein access
 CS dissection Unacceptable threshold Diaphragmatic stimulation

→ If Yes, **ID**⁶¹⁵⁵: _____ OR **Manufacturer**⁶¹⁶⁰: _____ **Model Name**⁶¹⁶⁵: _____
 → If Yes, **Serial Number**⁶¹⁷⁵: _____ **Model Number**⁶¹⁷⁰: _____
 → If Yes, **Lowest Energy Tested (LET) that was Successful**⁶¹⁸⁰: _____ Joules LET Not Tested⁶¹⁸¹
 → If Yes, **Upper Limit of Vulnerability (ULV)**⁶¹⁸⁵: _____ Joules ULV Not Tested⁶¹⁸⁶

→ If Procedure Type⁶⁰⁰⁵ = Generator Change

Reason(s) for Re-implantation: (check all that apply)

End of expected battery life⁶¹⁹⁰ Replaced at time of lead revision⁶¹⁹¹ Upgrade⁶¹⁹² Infection⁶¹⁹³
 Under manufacturer advisory/recalled⁶¹⁹⁴ Faulty Connector/Header⁶¹⁹⁵ Device relocation⁶¹⁹⁶ Malfunction⁶¹⁹⁷
 → If Malfunction, **Reason for Malfunction**⁶²⁰⁰: Atrial pacing LV pacing RV pacing
 Defibrillation Premature battery depletion

ATP or Shock Therapy Delivered⁶²⁰⁵: No Yes
 → If Yes, **ATP or Shock Therapy Appropriate**⁶²¹⁰: No Yes
 → If Yes, **ATP Therapy Successful**⁶²¹⁵: No Yes
 → If Yes, **Shock Therapy Successful**⁶²²⁰: No Yes

Device Explanted⁶²²⁵: No Yes (Code 'Yes' even if prior to this procedure)

→ If Yes, **Explant Date**⁶²³⁰: mm/dd/yyyy

→ If Yes, **Device Returned To Manufacturer**⁶²³⁵: No Yes

→ If Yes, **Battery Voltage**⁶²⁴⁰: _____ Voltage Not Available⁶²⁴¹

→ If Yes, **ID**⁶²⁴⁵: _____ OR **Manufacturer**⁶¹⁶⁰: _____ **Model Name**⁶¹⁶⁵: _____
 → If Yes, **Serial Number**⁶²⁵⁰: _____ **Model Number**⁶¹⁷⁰: _____



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 :	
Lead Counter ⁷⁰²⁵ :		1		2	
Identification ⁷⁰³⁰ :		<input type="radio"/> New Lead <input type="radio"/> Existing Lead		<input type="radio"/> New Lead <input type="radio"/> Existing Lead	
ID ⁷⁰³⁵ :	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	
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	
Manufacturer Advisory/Recall ⁷⁰⁷⁵ :		<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	
Existing Lead Placement Issues ⁷⁰⁹⁰ :		<input type="radio"/> No <input type="radio"/> Yes → If Yes, Dislodgement ⁷⁰⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Perforation ⁷¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Erosion ⁷¹⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Faulty Connector/Header ⁷¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Patient's Clinical Status ⁷¹¹⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Infection ⁷¹²⁰ : <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 <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <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 FUNCTION"⁷⁰⁷⁰ IS "ABNORMAL"					
Pacing Issues ⁷¹³⁰ :		<input type="radio"/> No <input type="radio"/> Yes → If Yes, Oversensing ⁷¹³⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Undersensing ⁷¹⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Failure to Pace ⁷¹⁴⁵ : <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 → 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 <input type="radio"/> No <input type="radio"/> Yes <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 → If Yes, Oversensing w/Shock or ATP ⁷¹⁶⁵ : <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 → 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 <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 → If Yes, Insulation Failure ⁷¹⁸⁵ : <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 <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"/>						