

A. DEMOGRAPHICS			
Last Name ²⁰⁰⁰ : ADAMS		First Name ²⁰¹⁰ : ARTHUR	
Middle Name ²⁰²⁰ : A		SSN ²⁰³⁰ : 222 - 22 - 2222 <input type="checkbox"/> SSN N/A ²⁰³¹	
Patient ID ²⁰⁴⁰ : 9000 (auto)		Other ID ²⁰⁴⁵ : 923A	
Birth Date ²⁰⁵⁰ : 01 / 01 / 1980		Sex ²⁰⁶⁰ : <input checked="" type="radio"/> Male <input type="radio"/> Female	
Patient Zip Code ²⁰⁶⁵ : <input checked="" type="checkbox"/> Zip Code N/A ²⁰⁶⁶		Race: <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³	
<input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶		<input checked="" type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input checked="" type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³	
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input checked="" type="radio"/> Yes		→ If Yes, Ethnicity Type: (check all that apply)	
<input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰		<input checked="" type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³	
B. EPISODE OF CARE (ADMISSION)			
Arrival Date ³⁰⁰⁰ : 03 / 31 / 2016		Reason for Admission ³⁰⁴⁰ : <input checked="" type="radio"/> Admitted for this procedure <input type="radio"/> Cardiac - Heart Failure <input type="radio"/> Other	
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes		→ If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private Health Insurance <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care	
<input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance		HIC # ³⁰¹⁵ : 1234567890-001	
Research Study ³⁰²⁰ : <input checked="" type="radio"/> No <input type="radio"/> Yes		→ If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : _____, _____ <input type="checkbox"/> Patient Restriction ³⁰³⁵	
C. HISTORY AND RISK FACTORS			
Heart Failure ⁴⁰⁰⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes		LVEF Assessed ⁴¹⁵⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input checked="" type="radio"/> Class IV		→ If Yes, Most Recent LVEF Date ⁴¹⁵⁵ : 12 / 01 / 2015	
		→ If Yes, Most Recent LVEF ⁴¹⁶⁰ : 19 %	
Syndromes w/Risk of Sudden Death ⁴¹⁶⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes		→ If Yes, Syndrome Type ⁴¹⁷⁰ : <input type="checkbox"/> Long QT syndrome <input type="checkbox"/> Short QT syndrome <input type="checkbox"/> Brugada syndrome	
<input type="checkbox"/> Catecholaminergic polymorphic VT <input type="checkbox"/> Idiopathic/Primary VT/VF		Familial Syndrome with Risk of Sudden Death ⁴¹⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Familial Hx of Non-Ischemic Cardiomyopathy ⁴¹⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes		Ischemic Cardiomyopathy ⁴¹⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Guideline Directed Medical Therapy Maximum Dose ⁴¹⁹⁵ : <input type="radio"/> Yes (for 3 mos) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete		→ If Yes, Timeframe ⁴¹⁹⁰ : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months	
Non-Ischemic Cardiomyopathy ⁴²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Timeframe ⁴²⁰⁵ : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months	
→ If Yes, Guideline Directed Medical Therapy Maximum Dose ⁴²¹⁰ : <input type="radio"/> Yes (for 3 mos) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete		On Inotropic Support ⁴²¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiac Arrest ⁴²²⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes		→ If Yes, Most Recent Arrest Date ⁴²²⁵ : 06 / 11 / 2014	
→ If Yes, VTach Arrest ⁴²³⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, VFib Arrest ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Bradycardia Arrest ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes		Ventricular Tachycardia ⁴²⁴⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Most Recent VT Date ⁴²⁵⁰ : 06 / 11 / 2014		→ If Yes, Reversible Cause ⁴²⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Occurred Post Cardiac Surgery ⁴²⁵⁵ : (w/in 48 hrs) <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Hemodynamic Instability ⁴²⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Bradycardia Dependent ⁴²⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, VT Type ⁴²⁷⁵ : <input type="radio"/> Non-sustained VT <input type="radio"/> Monomorphic VT <input type="radio"/> Polymorphic VT <input type="radio"/> Monomorphic and polymorphic VT	
Syncope ⁴²⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes		Prior MI ⁴²⁹⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
Coronary Artery Disease ⁴²⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Most Recent MI Date ⁴²⁹⁵ : 06 / 11 / 2014	

C. HISTORY AND RISK FACTORS (CONT.)

Coronary Angiography⁴³⁰⁰: No Yes
 → **If Yes, Performed after Most Recent Cardiac Arrest⁴³⁰⁵:** No Yes
 → **If Yes, Results of Angiography⁴³¹⁰:** No significant disease Significant disease
 Non-revascularizable significant disease
 → **If Significant Disease, Revascularization Performed⁴³¹⁵:** No Yes
 → **If Yes, Revascularization Outcome⁴³²⁰:** Complete revascularization Incomplete revascularization

Prior Cardiovascular Implantable Electronic Device⁴³²⁵: No Yes (Includes previously placed)

Indications for Permanent Pacemaker⁴³³⁰: No Yes
 → **If Yes, Class I or Class II Guideline Bradycardiac Pacemaker Indication Present⁴³³⁵:** No Yes
 → **If Yes, Pacing Type⁴³⁴⁰:** Atrial Ventricular Both
 → **If Yes, Reason Pacing Indicated⁴³⁴⁵:** Sick sinus syndrome Mobitz Type II Other
 Complete heart block 2:1 AV Block
 Chronotropic Incompetence Atrial lead implant for SVT discrimination
 → **If Yes, Anticipated Requirement of >40% RV pacing⁴³⁵⁰:** No Yes

On Heart Transplant Waiting List⁴³⁵⁵: No Yes **Candidate for LVAD⁴³⁶⁵:** No Yes

Candidate for Transplant⁴³⁶⁰: No Yes **Currently on LVAD⁴³⁷⁰:** No Yes

Atrial Fibrillation⁴³⁹⁹: No Yes
 → **If Yes, AFib Classification⁴⁴⁰⁰:** Paroxysmal (>= 2 episodes, terminating spontaneously w/in 7 days) Long standing persistent (>1 year)
 Persistent (>7 days or with electrical or pharmacological termination) Permanent
 → **If Yes, Plans for Cardioversion of AFib⁴⁴⁰⁵:** No Yes
Paroxysmal SVT History⁴⁴⁹⁰: No Yes

OTHER HISTORY

Prior PCI⁴⁴⁹⁵: No Yes
 → **If Yes, Most Recent PCI Date⁴⁵⁰⁰:** 12 / 01 / 2015 → **If Yes, Elective⁴⁵⁰⁵:** No Yes
 → **If Yes, Pre-existing Cardiomyopathy⁴⁵¹⁰:** No Yes

Prior CABG⁴⁵¹⁵: No Yes
 → **If Yes, Most Recent CABG Date⁴⁵²⁰:** 12 / 15 / 2015 → **If Yes, Elective⁴⁵²⁵:** No Yes
 → **If Yes, Pre-existing Cardiomyopathy⁴⁵³⁰:** No Yes

Primary Valvular Heart Disease⁴⁵³⁵: No Yes (Moderate to Severe)

Other Structural Abnormalities⁴⁵⁴⁰: No Yes
 → **If Yes, Structural Abnormality Type⁴⁵⁴⁵:** (Select all that apply)
 LV structural abnormality associated with risk for sudden cardiac arrest
 Hypertrophic cardiomyopathy (HCM) with high risk features
 Infiltrative
 Arrhythmogenic right ventricular cardiomyopathy (ARVC)
 Congenital heart disease associated with sudden cardiac arrest

Cerebrovascular Disease⁴⁵⁵⁰: No Yes **Currently on Dialysis⁴⁵⁶⁰:** No Yes

Diabetes Mellitus⁴⁵⁵⁵: No Yes **Chronic Lung Disease⁴⁵⁷⁵:** No Yes

D. DIAGNOSTIC STUDIES

Electrophysiology Study⁵⁰⁰⁰: No Yes
 → If Yes, **Most Recent Electrophysiology Study Date**⁵⁰⁰⁵: mm / dd / yyyy Date Unknown⁵⁰¹⁰
 → If Yes, **Clinically Relevant Ventricular Arrhythmias Induced**⁵⁰¹⁵: No Yes

ECG Performed⁵⁰³⁰: No Yes
 → If Yes, **ECG Date**⁵⁰³⁵: 12 / 01 / 2015
 → If Yes, **Was ECG Normal**⁵⁰⁴⁰: No Yes

Only Ventricular Paced QRS Complexes Present⁵⁰⁴⁵: No Yes
 → If Yes, **Ventricular Paced QRS Duration**⁵⁰⁵⁰: 55 msec
 → If No, **QRS Duration (Non-Ventricular Paced Complex)**⁵⁰⁵⁵: _____ msec

Abnormal Intraventricular Conduction⁵⁰⁶⁰: No Yes
 → If Yes, **Intraventricular Conduction Types**⁵⁰⁶⁵: (Select all that apply)
 Left Bundle Branch Block (LBBB) Delay, Nonspecific
 Right Bundle Branch Block (RBBB) Alternating RBBB and LBBB

Atrial Rhythm⁵¹⁰⁰: (Select all that apply) Sinus Afib Atrial tach Aflutter Sinus arrest Atrial paced Not Documented

Ventricular Paced⁵¹⁰⁵: No Yes

E. LABS

BUN⁶⁰²⁵: 10 mg/dL Not Drawn⁶⁰²⁶ **Sodium**⁶⁰³⁵: 300 mEq/L Not Drawn⁶⁰³⁶
Hemoglobin⁶⁰³⁰: 50.0 g/dL Not Drawn⁶⁰³¹

F. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Start Date/Time⁷⁰⁰⁰: 04 / 01 / 2016 / 13:00 **Procedure End Date/Time**⁷⁰⁰⁵: 04 / 01 / 2016 / 22:00
Procedure Type⁷⁰¹⁰: Initial generator implant Generator change Generator explant Lead only
ICD Indication⁷⁰¹⁵: Primary prevention Secondary prevention
Premarket Clinical Trial⁷⁰²⁰: No Yes

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

Operator Name^{7600,7605,7610}: ABRAHAM, LEWIS, B **Operator NPI**⁷⁶¹⁵: 1122334455
Device Implanted⁷⁶²⁰: No Yes
 → If Yes, **Final Device Type**⁷⁶²⁵: Single chamber Dual chamber CRT-D S-ICD (Sub Q)
 → If Yes, **CS/LV Lead**⁷⁶³⁰: No, attempt unsuccessful No, not attempted Yes Previously implanted

DEVICE INFORMATION FOR IMPLANTED DEVICES

→ If Yes, **Device ID**⁷⁶³⁵: 99 – Contak Renewal → If Yes, **Serial Number**⁷⁶⁴⁰: 1AS234G561 → If Yes, **UDI**⁷⁶⁴⁵: (future)

→ IF PROCEDURE TYPE⁶⁰¹⁰ = 'GENERATOR CHANGE' OR 'GENERATOR EXPLANT'

Reason(s) for Re-Implantation⁷⁶⁵⁰: (Select all that apply)
 End of expected battery life Replaced at time of lead revision Upgrade Infection
 Under manufacturer advisory/recalled Faulty Connector/Header Device relocation Malfunction
 → If Upgrade, **Reason for Upgrade**⁷⁶⁵⁵: Single ICD to Dual ICD ICD to CRT-D

Device Explanted⁷⁶⁶⁰: No Yes Previously explanted
 → If Previously Explanted, **Explant Date**⁷⁶⁶⁵: mm / dd / yyyy

Explant Treatment Recommendation⁷⁶⁷⁰: No Re-implant Downgrade

DEVICE INFORMATION FOR CHANGED OR EXPLANTED DEVICES

Device ID⁷⁶⁷⁵: **Serial Number**⁷⁶⁸⁰: **UDI**⁷⁶⁸⁵: (future)

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

Operator Name ^{7690,7695,7700} : JOHNSON, MARK, L. Operator NPI ⁷⁷⁰⁵ : 0123456789			
Lead Counter ⁷⁷¹⁰ :	1	2	3
Identification ⁷⁷¹⁵ :	<input checked="" type="radio"/> New Lead <input type="radio"/> Existing Lead	<input checked="" type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead
Device ID ⁷⁷²⁰ :	17 – ENDOTAK C	18 – Subcutaneous Patch	
Serial Number ⁷⁷²⁵ :	12345AB	123456AB	
UDI ⁷⁷³⁰ :	1234567890-001-123	1234567890-002-123	(future)
Lead Location ⁷⁷³⁵ :	<input checked="" 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 (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input checked="" type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <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 (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other
COMPLETE FOR EXISTING LEADS ONLY			
Existing Lead Implant Date ⁷⁷⁴⁰ :	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy
Existing Lead Status ⁷⁷⁴⁵ :	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused

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

Cardiac Arrest ⁹⁰⁰⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	TIA ⁹¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Myocardial Infarction ⁹⁰⁰⁵ :	<input checked="" type="radio"/> No <input type="radio"/> Yes	Hematoma (Req re-op, evacuation or transfusion) ⁹¹⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Perforation ⁹⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Infection Requiring Antibiotics ⁹¹⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Coronary Venous Dissection ⁹⁰¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Hemothorax ⁹²⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Pericardial Tamponade ⁹⁰⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Pneumothorax ⁹²¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Stroke (CVA) ⁹¹³⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Urgent Cardiac Surgery ⁹²⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes
POST PROCEDURE EVENT(S)			
Set Screw Problem ⁹²⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
Lead Dislodgement ⁹²⁶⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes		
→ If Yes, Lead Location ⁹²⁶⁵ :	<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 (S-ICD)	<input type="radio"/> Subcutaneous array <input checked="" type="radio"/> Other

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

CABG¹⁰⁰⁰⁵: (During this admission) No Yes → If Yes, **CABG Date**¹⁰⁰¹⁰: **mm**04 / 02 / 2016

PCI¹⁰⁰¹⁵: (During this admission) No Yes → If Yes, **PCI Date**¹⁰⁰²⁰: **mm**04 / 03 / 2016

Discharge Date¹⁰¹⁰⁰: **04 / 10 / 2016**

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ If Alive, **Discharge Location**¹⁰¹¹⁰: Home Skilled Nursing facility
 Extended care/TCU/rehab Other
 Other acute care hospital Left against medical advice (AMA)

→ If Deceased, **Death During the Procedure**¹⁰¹²⁰: No Yes

→ If Deceased, **Cause of Death**¹⁰¹²⁵:

- | | | |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary | <input type="radio"/> Hemorrhage |
| <input type="radio"/> Sudden cardiac death | <input type="radio"/> Renal | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure | <input type="radio"/> Gastrointestinal | <input type="radio"/> Trauma |
| <input type="radio"/> Stroke | <input type="radio"/> Hepatobiliary | <input type="radio"/> Suicide |
| <input type="radio"/> Cardiovascular procedure | <input type="radio"/> Pancreatic | <input type="radio"/> Neurological |
| <input type="radio"/> Cardiovascular hemorrhage | <input type="radio"/> Infection | <input type="radio"/> Malignancy |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason |

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)

Medications prescribed at discharge are not required for patients who expired or discharged to "Other acute care Hospital," or "AMA".

MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
ACE-Inhibitor	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ARB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mineralocorticoid Receptor Antagonist	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipid Lowering Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Antiplatelet Agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>