A. DEMOGRAPHICS

Last Name[2000]:   **First Name**[2010]:   **Middle Name**[2020]:

SSN[2030]:   -   -   ☐ SSN N/A[2031]   **Patient ID**[2040]:   *(auto)*   **Other ID**[2045]:

Birth Date[2050]: mm / dd / yyyy   **Sex**[2060]: O Male   O Female   **Patient Zip Code**[2065]:   ☐ **Zip Code NA**[2066]

Race:
(check all that apply)
☐ White[2070]   ☐ Black/African American[2071]   ☐ American Indian/Alaskan Native[2073]

☐ Asian[2072] ➔ If Yes, ☐ Asian Indian[2080] ☐ Chinese[2081] ☐ Filipino[2082] ☐ Japanese[2083] ☐ Korean[2084] ☐ Vietnamese[2085] ☐ Other[2086]

☐ Native Hawaiian/Pacific Islander[2074] ➔ If Yes, ☐ Native Hawaiian[2090] ☐ Guamanian or Chamorro[2091] ☐ Samoan[2092] ☐ Other Island[2093]

Hispanic or Latino Ethnicity[2076]: O No   O Yes   ➔ If Yes, Ethnicity Type: (check all that apply)

☐ Mexican, Mexican-American, Chicano[2100]   ☐ Puerto Rican[2101]   ☐ Cuban[2102]   ☐ Other Hispanic, Latino or Spanish Origin[2103]

B. EPISODE OF CARE (ADMISSION)

Arrival Date[3000]: mm / dd / yyyy   **Reason for Admission**[3040]: O Admitted for this procedure   O Heart Failure   O Other

Health Insurance[3005]: O No   O Yes

➔ If Yes, **Payment Source**[3010]: ☐ Private Health Insurance   ☐ Medicare   ☐ Medicaid   ☐ Military Health Care
(Select all that apply)   ☐ State-Specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance

HIC #[3015]:

Research Study[3020]: O No   O Yes   ➔ If Yes, **Study Name**[3025], **Patient ID**[3030]: _____, _____   ☐ **Patient Restriction**[3035]

C. HISTORY AND RISK FACTORS

Prior Cardiovascular Implantable Electronic Device[4325]:   O No   O Yes   *(Includes previously placed)*

F. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Start Date/Time[7000]: mm/dd/yyyy / hh:mm   **Procedure End Date/Time**[7005]: mm/dd/yyyy / hh:mm

Procedure Type[7010]: O Initial generator implant   O Generator change   O Generator explant   O Lead only

Premarket Clinical Trial[7020]: O No   O Yes

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

Operator Name[7690,7695,7700]:   **Operator NPI**[7705]:

Lead Counter[7710]:	**1**	**2**	**3**
Identification[7715]:	O New Lead O Existing Lead	O New Lead O Existing Lead	O New Lead O Existing Lead
Lead ID[7720]:			
Serial Number[7725]:			
UDI[7730]:	*(future)*	*(future)*	*(future)*
Lead Location[7735]:	O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous (S-ICD) O Subcutaneous array O Other	O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous (S-ICD) O Subcutaneous array O Other	O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous (S-ICD) O Subcutaneous array O Other

COMPLETE FOR EXISTING LEADS ONLY

Existing Lead Implant Date[7740]:	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy
Existing Lead Status[7745]:	O Extracted O Abandoned O Reused	O Extracted O Abandoned O Reused	O Extracted O Abandoned O Reused

I. Intra or Post-procedure Events (Complete for each Lab Visit)

Cardiac Arrest [9000]:	O No O Yes	**TIA**[9140]:	O No	O Yes
Myocardial Infarction[9005]:	O No O Yes	**Hematoma** (Req re-op, evacuation or transfusion)[9180]:	O No	O Yes
Cardiac Perforation[9010]:	O No O Yes	**Infection Requiring Antibiotics**[9195]:	O No	O Yes
Coronary Venous Dissection[9015]:	O No O Yes	**Hemothorax**[9205]:	O No	O Yes
Cardiac Tamponade[9055]:	O No O Yes	**Pneumothorax**[9215]:	O No	O Yes
Stroke[9120]:	O No O Yes	**Urgent Cardiac Surgery**[9250]:	O No	O Yes

Post-Procedure Event(s)

Set Screw Problem[9255]:   O No   O Yes

Lead Dislodgement[9260]:   O No   O Yes

→ If Yes, **Lead Location**[9265]: O RA endocardial   O SVC/subclavian   O Subcutaneous array
O LV epicardial   O LV via CVS   O Other
O RV endocardial   O Subcutaneous (S-ICD)

J. Discharge (Complete for each episode of care/Admission)

CABG[10005]:*(During this admission)*   O No   O Yes   → If Yes, **CABG Date**[10010]:   mm / dd / yyyy

PCI[10015]:   *(During this admission)*   O No   O Yes   → If Yes, **PCI Date**[10020]:   mm / dd / yyyy

Discharge Date[10100]:   mm / dd / yyyy

Discharge Status[10105]:   O Alive   O Deceased

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

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

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

O Acute myocardial infarction	O Pulmonary	O Hemorrhage
O Sudden cardiac death	O Renal	O Non-cardiovascular procedure or surgery
O Heart failure	O Gastrointestinal	O Trauma
O Stroke	O Hepatobiliary	O Suicide
O Cardiovascular procedure	O Pancreatic	O Neurological
O Cardiovascular hemorrhage	O Infection	O Malignancy
O Other cardiovascular reason	O Inflammatory/Immunologic	O Other non-cardiovascular reason

J. DISCHARGE (CONT.)

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
Aldosterone Antagonist	O	O	O	O
Antiarrhythmic Drug	O	O	O	O
Warfarin	O	O	O	O
Antiplatelet Agent	O	O	O	O
Aspirin	O	O	O	O
Apixaban	O	O	O	O
Dabigatran	O	O	O	O
Edoxaban	O	O	O	O
Rivaroxaban	O	O	O	O
ACE Inhibitor	O	O	O	O
ARB	O	O	O	O
Statin	O	O	O	O
Beta Blocker	O	O	O	O