IMPACT Registry™

V3.0 Data Collection Form

Cardiac Implantable Electronic Device

NCDR®

AMERICAN COLLEGE of CARDIOLOGY®

PACES

Last edit date: 9/30/2025

NCDR AMERICAN COLLEGE of CARDIOLOGY | PACES

Data Collection Form v3.0
Cardiac Implantable Electronic Device

IMPACT REGISTRY®

DEMOGRAPHICS

Last Name[2000]:	**First Name**[2010]:	**Middle Name**[2020]:
Birth Date[2050]: mm / dd / yyyy	**SSN**[2030]: - -	☐ SSN N/A[2031]
Patient ID[2040]: *(auto)*	**Other ID**[2045]:	
Sex[2060]: O Male O Female	**Patient Zip Code**[2065]: _____	☐ Zip Code N/A[2066]

Race: (Select all that apply)
☐ White[2070] ☐ Black/African American[2071] ☐ American Indian/Alaskan Native[2073]
☐ Asian[2072] ☐ Native Hawaiian/Pacific Islander[2074] ☐ Middle Eastern/North African[2075]

Hispanic or Latino Ethnicity[2076]: O No O Yes

EPISODE OF CARE

Arrival Date/Time[3001]: mm / dd / yyyy HH:MM

Health Insurance[3005]: O No O Yes

→ **If** Yes, **Payment Source**[3010]: (Select all that apply)
☐ Private health insurance ☐ State-specific plan (non-Medicaid)
☐ Medicare (Part A or B) ☐ Medicare Advantage (Part C) ☐ Medicaid
☐ Military health care ☐ Indian Health Service ☐ Non-US insurance

→ **If** any Medicare, **Medicare Beneficiary Identifier**[12846]: _____

Research Study[3020]: O No O Yes → **If Yes, Study Name**[3025] **, Patient ID**[3030] _____ , _____

IMPACT Pathway[15836]: (Select all that apply)
☐ Diagnostic or interventional catheterization ☐ Electrophysiology study with or without ablation
☐ Cardiovascular implantable electronic device (CIED)

Primary Diagnosis[15835]: Select from dynamic list

HISTORY AND RISK FACTORS

Genetic Condition[15113]: O No O Yes → **If** Yes, **Condition Name**[15048]: Select all that apply from list

PROCEDURE HISTORY[12905]	OCCURRENCE[15511]	→ IF YES AND WITHIN 30 DAYS
Cardiac catheterization	O No O Yes	**Procedure**[15038]: _____, _____ ☐ Procedure Not Documented[15856] (or beyond 30 days)
Cardiac surgery	O No O Yes	**Surgery**[15045]: _____, _____ ☐ Surgery Not Documented[15857] (or beyond 30 days)
CIED procedure	O No O Yes	

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY[12905/15511] IS PRIOR CIED PROCEDURE = YES)

Device Counter[16175]	**1**	**2**
Device Type[16176]:	O ILR O ICD generator O Pacemaker generator O Leads only	O ILR O ICD generator O Pacemaker generator O Leads only
	☐ Prior Device History Unknown[16174]	☐ Prior Device History Unknown[16174]
Implant Date[16178]	mm / dd / yyyy	mm / dd / yyyy

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY[12905/15511] IS PRIOR CIED PROCEDURE = YES)

Device Counter[16175]	**1**	**2**
Complete for Device Type[16176] of ILR, ICD generator, Pacemaker generator		
Device ID [16205]	Select from device list	Select from device list
Complete below if any prior device → **Device Serial Number**[16177]	_____	_____
→ **Prior Device Status**[16179] (Initial device is the first instance of that Device Type[16176] being implanted)	O Initial device implant O Device change	O Initial device implant O Device change
→ **Prior Device In Situ**[16180]	O No (Explanted) O Yes	O No (Explanted) O Yes
→ **If** No, **Prior Explant Date**[16181]	mm / dd / yyyy	mm / dd / yyyy
→ **If** No, **Prior Explant Reason**[16182] (Select all that apply)	☐ Device relocation ☐ End of expected battery life ☐ Erosion ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision ☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other	☐ Device relocation ☐ End of expected battery life ☐ Erosion ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision ☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other
COMPLETE FOR PRIOR ILR (DEVICE TYPE[16176]= IMPLANTABLE LOOP RECORDER)		
Indication[16183] (Select all that apply)	☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement ☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other	☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement ☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other
Prior ILR Laterality[16184]:	O Right chest O Left chest	O Right chest O Left chest
Prior ILR Location[16185]:	O Parasternal O Intercostal O Axillary O Other	O Parasternal O Intercostal O Axillary O Other
COMPLETE FOR PRIOR PACEMAKER (DEVICE TYPE[16176]= PACEMAKER GENERATOR)		
Indication[16186] (Select all that apply)	☐ Sinus node dysfunction ☐ Junctional Rhythm ☐ 2nd degree or high grade block ☐ Complete heart block ☐ Ventricular dysfunction ☐ SVT treatment ☐ Other	☐ Sinus node dysfunction ☐ Junctional Rhythm ☐ 2nd degree or high grade block ☐ Complete heart block ☐ Ventricular dysfunction ☐ SVT treatment ☐ Other
→If 16179=Change, **Generator Upgrade**[16187]	O No O Yes	O No O Yes
→**If Yes, Upgrade Type**[16188]	O Single to dual chamber O Pacemaker to CRT-P O Pacemaker to conduction system pacing	O Single to dual chamber O Pacemaker to CRT-P O Pacemaker to conduction system pacing

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY[12905/15511] IS PRIOR CIED PROCEDURE = YES)

Device Counter[16175]	**1**	**2**
COMPLETE FOR PRIOR ICD GENERATOR (DEVICE TYPE[16176]= ICD GENERATOR)		
Prior ICD Type[16189]	O Single chamber O Dual chamber O CRT-D O SubQ ICD O EV-ICD	O Single chamber O Dual chamber O CRT-D O SubQ ICD O EV-ICD
Indication[16190]	O Primary Prevention O Secondary Prevention	O Primary Prevention O Secondary Prevention
→If 16179=Change, **Upgrade**[16191]	O No O Yes	O No O Yes
→If 16179=Change, **Change Type**[16192]	O Single to dual chamber O ICD to CRT-D O Pacemaker to ICD O S-ICD to transvenous ICD O Transvenous to S-ICD O ICD to pacemaker O Transvenous to EV-ICD O S-ICD to EV-ICD	O Single to dual chamber O ICD to CRT-D O Pacemaker to ICD O S-ICD to transvenous ICD O Transvenous to S-ICD O ICD to pacemaker O Transvenous to EV-ICD O S-ICD to EV-ICD
→If 16179=Change, **Specify Change**[16193]	Select all that apply from list	Select all that apply from list
Generator Shock History[16194]: (Select all that apply)	☐ Appropriate shock(s) (for VT/VF) ☐ Inappropriate shock(s) (from SVT) ☐ Inappropriate shock(s) from malfunctions ☐ No prior shock(s)	☐ Appropriate shock(s) (for VT/VF) ☐ Inappropriate shock(s) (from SVT) ☐ Inappropriate shock(s) from malfunctions ☐ No prior shock(s)
COMPLETE FOR PRIOR ICD GENERATOR OR PACEMAKER (DEVICE TYPE[16176]= ICD GENERATOR OR PACEMAKER GENERATOR)		
Prior Implant Location[16195]	O L axillary O L pre-pectoral O L sub-pectoral O R axillary O R pre-pectoral O R sub-pectoral O Intrathoracic O Subrectus O Other	O L axillary O L pre-pectoral O L sub-pectoral O R axillary O R pre-pectoral O R sub-pectoral O Intrathoracic O Subrectus O Other
Antibiotic Pouch Used At Time Of Implant[16196]	O No O Yes O Not documented	O No O Yes O Not documented
Complete for Prior Leads (DEVICE TYPE[16176]= ICD GENERATOR OR PACEMAKER GENERATOR OR LEADS ONLY)		
Prior Lead ID[16232]	Select from device list	Select from device list
Complete below if any prior lead		
→ **Prior Lead or Subcutaneous Component Type**[16197]	Select from list	Select from list
→ **Prior Lead Location**[16198]	O Transvenous/ Endocardial O Epicardial O Subcutaneous O Extravascular O Other	O Transvenous/ Endocardial O Epicardial O Subcutaneous O Extravascular O Other
→ **If Transvenous/Endocardial, Lead Location**[16199]	O Systemic venous atrium O Pulmonary venous atrium O Subpulmonary ventricle O Systemic ventricle O Coronary sinus O Fontan baffle O Other	O Systemic venous atrium O Pulmonary venous atrium O Subpulmonary ventricle O Systemic ventricle O Coronary sinus O Fontan baffle O Other
COMPLETE FOR PAST PROCEDURE COMPLICATIONS (COMPLETE FOR ALL PRIOR DEVICES)		
Prior Complications During Past CIED Surgery[16200]	O No O Yes	O No O Yes
→ If Yes, **Date of Last Complication**[16201]	mm / dd / yyyy	mm / dd / yyyy
→ If Yes, **CIED-related Complication**[16202]	Select all that apply from dynamic list	Select all that apply from dynamic list

DIAGNOSTIC STUDIES

Ventricular Function Assessed[16084]: O No O Yes

→ **If** Yes, **EF**[16085]: _____ % □ Not Documented[16086]

→ **If** Yes, **Shortening Fraction**[16087]: _____ % □ Not Documented[16088]

→ **If** Yes, **Qualitative Assessment**[16089]: O Normal O Mild O Moderate O Severe O Not documented

Late Gadolinium Enhancement (noted on Cardiac MRI)[16092]: O No O Yes □ Cardiac MRI Not Performed[16134]

→ **If** Yes, **LGE Location**[16217]: O Right ventricle O Left ventricle O Both

→ **If** Yes, **Location of the LGE**[16093]: Select all that apply

→ **If** Yes, **Percentage of LGE**[16094]: (if Quantified) _____ % □ Not Documented[16095]

ECG Performed[5030]: O No O Yes

→ **If** Yes, **Date**[5035]: **mm / dd / yyyy**

→ **If** Yes, **ECG Rhythm Diagnosis**[16096]: Select all that apply from list □ Not Documented[16245]

Paced QRS[5045]: O No O Yes

→ **If** Yes, **Paced QRS Duration**[5050]: _____ msec

→ **If** Yes, **Paced QRS Morphology**[16097]: (Select all that apply) □ RBBB □ LBBB □ IVCD

→ **If** No, **Intrinsic QRS Duration**[5055]: _____ msec

→ **If** No, **Intrinsic QRS Morphology**[16098]: (Select all that apply) □ Normal □ LAFB □ LPFB □ LBBB □RBBB □ IVCD □ Alternating L/R BBB

LAB VISIT (COMPLETE FOR EACH LAB VISIT)

Procedures Performed[15081]: (Select all that apply) □ ICD generator □ Implantable loop recorder □ Leads only □ Pacemaker generator

Procedure Room Entry Date/Time[15694]: MM / DD / YYYY HH:MM	**Procedure Start Date/Time**[7000]: MM / DD / YYYY HH:MM
Procedure End Date/Time[7005]: MM / DD / YYYY HH:MM	**Procedure Room Exit Date/Time**[15695]: MM / DD / YYYY HH:MM

PRE-PROCEDURE (COMPLETE FOR EACH LAB VISIT)

Height[15020]: _____ O cm O in **Weight**[15021]: _____ O kg O g

PRE-PROCEDURE MEDICATIONS (WITHIN THE LAST TWO WEEKS)

MEDICATIONS[15032]	ADMINISTERED[6991]		→ IF YES
	NO	YES	
Antiarrhythmic (Any)	O	O	
Anticoagulant - DOAC/NOAC	O	O	**Stopped Prior To Procedure**[16104]: O No O Yes → **If Yes, Number Of Days Stopped For**[16105]: _____
Anticoagulant - Low Molecular Weight Heparin	O	O	**Stopped Prior To Procedure**[16107]: O No O Yes
Anticoagulant - Warfarin	O	O	**Stopped Prior To Procedure**[16102]: O No O Yes → **If Yes, Number Of Days Stopped For**[16103]: _____
Anticoagulant - Other	O	O	
Antiplatelet (Any)	O	O	**Stopped Prior To Procedure**[16100]: O No O Yes → **If Yes, Number Of Days Stopped For**[16101]: _____

PRE-PROCEDURE DIAGNOSIS

Fundamental Diagnosis[16138]: O Acquired Heart Disease O Cardiomyopathy O Congenital Heart Disease O Heart Block O Inherited arrhythmia, channelopathy O s/p Orthotopic Heart Transplant O Sinus node dysfunction (Non-CHD) O Unexplained cardiac arrest O Other

→ If Acquired Heart Disease, **Type**[16135]: (Select all that apply) ☐ Endocarditis ☐ Kawasaki disease ☐ Myocarditis ☐ Rheumatic heart disease ☐ Other

→ If Cardiomyopathy, **Cardiomyopathy Type**[16213]: (Select all that apply) ☐ Arrhythmogenic ☐ Dilated ☐ Hypertrophic ☐ Noncompaction ☐ Pacemaker induced ☐ Restrictive ☐ Tachycardia-induced ☐ Other

→ If Congenital Heart Disease, **Reason for Device**[16136]: (Select all that apply) ☐ Sinus node dysfunction ☐ Heart block

→ If Congenital Heart Disease, **Primary Congenital Defect Diagnosis**[16137]: Select primary from list

→ If Congenital Heart Disease, **Single Ventricle Physiology**[15028]: O No O Yes

→ **If Yes, Type**[16139]: O Right ventricle O Left Ventricle O Indeterminant

→ **If Yes, Current Ventricular Circulation**[16140]: O Single ventricle circulation O 1.5 ventricle circulation

→ **If Yes, Palliative Stage**[16141]: O Stage I O Stage II O Stage III

→ If Congenital Heart Disease, **Heterotaxy Syndrome**[16142]: O No O Yes O Indeterminant

→ If Heart Block, **Etiology**[16143]: (Select all that apply) ☐ Acquired (post-ablation) ☐ Acquired (post-infectious) ☐ Acquired (post-surgical) ☐ Congenital ☐ Idiopathic heart block/Other

PROCEDURE INFORMATION

Operator's Name, NPI[15073, 15074, 15072, 7115, 16237]: *Last, First, Middle, NPI* *Last, First, Middle, NPI* *Operator Role*

Fellow Operator Name, NPI, Fellowship training program[15431,15433,15434,15435,15436]: *Last, First, Middle, NPI*

Participating Providers[16121]: (Select all that apply) ☐ EP attending (implanter) ☐ Cardiac surgeon (implanter) ☐ Nurse practitioner ☐ Physician assistant ☐ Other

Visit Location[15855]: O Outpatient setting O Inpatient non critical care O Inpatient critical care

Procedure Performed Location[16122]: O Cath lab O OR O Hybrid OR O Outpatient office O ASC/Office based lab O Other

Anesthesia Type[15999]: O General anesthesia O Moderate sedation O Minimal sedation/anxiolysis/local only

→ **If** General anesthesia, **Anesthesia Time**[16165]: _____ Minutes ☐ Not Documented[16166]

IMAGING, RADIATION AND CONTRAST

Fluoroscopy Used[15837] O No O Yes

→ **If** Yes, **Fluoroscopy Time**[16233]: _____ minutes

→ **If** Yes, **Cumulative Air Kerma**[16234]: _____ O mGy O Gy (Reference Air Kerma, Cumulative Dose, Reference Point Dose)

→ **If** Yes, **Dose Area Product**[16235]: _____ O Gy·cm^2 O dGy·cm^2 O cGy·cm^2 O mGy·cm^2 O µGy·M^2

3D Electroanatomic Mapping Tools Used[16211]: O No O Yes

NEW CARDIOVASCULAR IMPLANTABLE ELECTRONIC DEVICE

NEW PACEMAKER OR ICD GENERATOR (PROCEDURE PERFORMED[15081] = PACEMAKER GENERATOR OR ICD GENERATOR)

Final Device Type[15794]**:** □ CRT-D □ Extravascular ICD □ ICD dual chamber □ ICD single chamber □ S-ICD (Sub Q)

(Select all that apply) □ Single chamber transvenous PPM □ Dual chamber transvenous PPM □ CRT-P □ Leadless single chamber PPM

□ Leadless dual chamber PPM □ His bundle PPM □ Left bundle PPM □ Leadless LVEP

→If Leadless single chamber PPM**, Leadless Type**[16203]**:** O Atrial O Ventricular

Device ID[7635]**:** _____, _____ →If any Device, **Serial Number**[7640]**:** _____, _____ UDI[7645]: (Future Use)

NEW PACEMAKER GENERATOR (FINAL DEVICE TYPE[15794] = SINGLE CHAMBER TRANSVENOUS PPM, DUAL CHAMBER TRANSVENOUS PPM, CRT-P, LEADLESS SINGLE CHAMBER PPM, LEADLESS DUAL CHAMBER PPM, HIS BUNDLE PPM, LEFT BUNDLE PPM, LEADLESS LVEP)

Indication[16117]**:** □ Sinus node dysfunction □ Junctional Rhythm □ 2nd degree block or high grade block □ Complete heart block

(Select all that apply) □ Ventricular dysfunction □ SVT treatment □ Other

Pacemaker Change[16118]**:** O No O Yes

→If Yes, Pacemaker Change Reason[7650]**:** ☐ Device relocation ☐ End of expected battery life ☐ Erosion

(Select all that apply) ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision

☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other

→**If** Replaced at time of upgrade**, Upgrade Type**[16119]**:** O Single to dual chamber O Pacemaker to CRT-P

O Pacemaker to conduction system pacing

Implant Location[16120]**:** O L axillary O L pre-pectoral O L sub-pectoral O R axillary O R pre-pectoral

O R sub-pectoral O Intrathoracic O Subrectus O Other

ICD GENERATOR (FINAL DEVICE TYPE[15794]=CRT-D, EXTRAVASCULAR ICD, ICD DUAL CHAMBER, ICD SINGLE CHAMBER, S-ICD)

ICD Indication[7015]**:** O Primary Prevention O Secondary Prevention

Generator Change[16108]**:** O No O Yes

→If Yes, ICD Generator Change Reason[16109]**:** (Select all that apply) ☐ Device relocation ☐ End of expected battery life ☐ Erosion

☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision

☐ Upgrade ☐ Under manufacturer advisory/recalled ☐ Other

→ If Yes, Change Type[16110]**:** Select from list

→ If Yes, Specify Change[16111]**:** Select from list

Implant Location[16112]**:** O L axillary O L pre-pectoral O L sub-pectoral O R axillary O R pre-pectoral

O R sub-pectoral O Intrathoracic O Subrectus O Other

Defibrillation Threshold Testing (DFT) Performed[16113]**:** O No O Yes – Successful O Yes – Unsuccessful

→If Unsuccessful, Reason[16114]**:** O Unable to induce VT/VF O Could not defibrillate O VT/VF not detected O Other

→If Unsuccessful, Changes To Make DFTs Successful At End Of Case[16115]**:** O No O Yes

→If Yes, Interventions That Led Successful DFTs[16116]**:** (Select all that apply) ☐ Programming change ☐ Hardware change ☐ Other

NEW IMPLANTABLE LOOP RECORDER (ILR) (PROCEDURE PERFORMED[15081] = IMPLANTABLE LOOP RECORDER)

Indication For New ILR[16078]: (Select all that apply)
☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement
☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other

Reimplantation[16079]: O No O Yes

→ **If yes, Reason For Reimplantation**[16080]: (Select all that apply)
☐ End of expected battery life ☐ Replaced at time of other surgery ☐ Infection
☐ Erosion ☐ Under manufacturer advisory/recalled ☐ Malfunction
☐ Device relocation ☐ Other

New ILR Device ID[16081]: Select from device list

New ILR Implant Location[16082]: O Right chest O Left chest

Implant Specific Location[16083]: O Parasternal O Intercostal O Axillary O Other

LEADS ONLY
DO NOT COMPLETE IF PROCEDURE PERFORMED[15081] = IMPLANTABLE LOOP RECORDER

Lead Counter[7710]:	**1**	**2**
Identification[7715]:	O New lead O Existing lead	O New lead O Existing lead
Lead ID[7720]:	_____	_____
Serial Number[7725]:	_____	_____
UDI[7730]: (Future use)	_____	_____

NEW LEAD (IDENTIFICATION[7715]=NEW LEAD)

Lead Type[16169]	Select from list	Select from list
Lead Location[16170]:	Select from list	Select from list
→**If** Transvenous/endocardial (right or left ventricle) or epicardial (right, left or single ventricle) lead location **Ventricle Location**[16171]	O Septum O Free wall	O Septum O Free wall
→**If** Transvenous/endocardial (right or left ventricle) or epicardial (right, left or single ventricle) lead location **Septum or Free Wall Location**[16172]	O Base O Mid-ventricle O Apex O Parahisian O Targeted Left Bundle Pacing	O Base O Mid-ventricle O Apex O Parahisian O Targeted Left Bundle Pacing

EXISTING LEAD (IDENTIFICATION[7715]=EXISTING LEAD)

Lead Status After Current CIED Procedure[16173]:	O Active O Abandoned O Explanted	O Active O Abandoned O Explanted

INTRA- AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)

EVENT(S)[15153]	EVENT(S) OCCURRED[15207]	IF YES
CARDIAC		
Cardiac arrest	O No O Yes	
Cardiac perforation	O No O Yes	**Requiring treatment**[16125]: O No O Yes → **If** Yes, **Treatment**[16126]: (Select all that apply) □ Pericardial or pleural drain □ Surgical procedure □ Mechanical ventricular support device □ Catheter based device
Cardiac tamponade	O No O Yes	
Coronary artery compression	O No O Yes	
Event requiring ECMO	O No O Yes	
Urgent cardiac surgery	O No O Yes	
Valvular regurgitation	O No O Yes	
DEVICE RELATED EVENT		
Device embolization (for leadless pacemakers) requiring device retrieval	O No O Yes	**Retrieval**[16127]: □ Retrieved via Catheterization □ Retrieved via Surgery Select all that apply
Device erosion	O No O Yes	
Lead dislodgement	O No O Yes	**Lead Location**[16128]: Select all that apply from list →**If** Transvenous/endocardial (right or left ventricle) or epicardial (right, left, or single ventricle) lead location, **Ventricle Location**[16123]: O Septum O Free wall →**If** Transvenous/endocardial (right or left ventricle) or epicardial (right, left, or single ventricle) lead location, **Septum or Free Wall Location**[16124]: O Base O Mid-ventricle O Apex O Parahisian O Targeted left bundle pacing
Set screw problem	O No O Yes	

EVENT(S)[15153]	EVENT(S) OCCURRED[15207]	EVENT(S)[15153]	EVENT(S) OCCURRED[15207]
GENERAL EVENT		**PULMONARY**	
Air embolus in systemic circulation	O No O Yes	Airway event req. escalation of care	O No O Yes
Air embolus in venous circulation	O No O Yes	Pneumothorax	O No O Yes
Bleeding event	O No O Yes	Pulmonary embolism	O No O Yes
Infection requiring antibiotics	O No O Yes	**VASCULAR**	
Peripheral nerve injury	O No O Yes	Deep vein thrombosis	O No O Yes
Radiation exposure injury	O No O Yes	Pocket hematoma req. intervention	O No O Yes
RBC transfusion	O No O Yes	Other vascular complication requiring treatment	O No O Yes
Neurologic			
Stroke	O No O Yes		
TIA	O No O Yes		
Phrenic nerve paralysis	O No O Yes		

DISCHARGE

Discharge Date/Time[10101] MM / DD / YYYY HH:MM

Discharge Status[10105]**:** O Alive O Deceased

→ **If** Deceased, **Death in Lab** [10120]**:** O No O Yes

→ **If** Deceased, **Cause of Death**[10125]**:** O Cardiac O Non-cardiac O Undetermined