



Transcatheter Tricuspid Valve Procedure – Repair/Replacement (TTVP) v3 Data Collection Form

STS/ACC
TVT Registry™

A. 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 : ☐ Male ☐ Female	Patient Zip Code ²⁰⁶⁵ : ☐ Zip Code N/A ²⁰⁶⁶
Race: ☐ White ²⁰⁷⁰ ☐ Black/African American ²⁰⁷¹ ☐ American Indian/Alaskan Native ²⁰⁷³ (check all that apply) ☐ Asian ²⁰⁷² ☐ Native Hawaiian/Pacific Islander ²⁰⁷⁴ ☐ Middle Eastern/North African ²⁰⁷⁵		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : ☐ No ☐ Yes → If Yes, Ethnicity Type: (check all that apply)		

B. EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm
Admitting Provider's Name, NPI ^{3050,3051,3052,3053} : Last Name, First Name, MI, NPI
Attending Provider's Name, NPI ^{3055,3056,3057,3058} : Last Name, First Name, MI, NPI, Last Name, First Name, MI, NPI
Health Insurance ³⁰⁰⁵ : ☐ No ☐ Yes → If Yes, Payment Source ³⁰¹⁰ : ☐ Private Health Insurance ☐ Medicare (Fee-For-Service) ☐ Medicare Advantage (Select all that apply) ☐ Medicaid ☐ Military Health Care ☐ State-Specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance
MBI # ¹²⁸⁴⁶ :
Residence ¹³⁸⁰³ : ☐ Home with No Health Aid ☐ Home with Health Aid ☐ Long Term Care ☐ Other ☐ Not Documented ¹³⁸⁰⁴

RESEARCH STUDY

Patient Enrolled in Research Study ³⁰²⁰ : ☐ No ☐ Yes → If Yes, Research Study Name ³⁰²⁵ , Research Study Patient ID ³⁰³⁰ : _____, _____	☐ Patient Restriction ³⁰³⁵
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TRANSCATHETER VALVE THERAPY (TVT) PATHWAY

TVT Pathway ¹³¹⁷¹ : ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure
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CATEGORY	MEDICATION CODE ¹²²⁹⁷	MED PRESCRIBED ¹³⁹⁰³	LOOP DIURETIC DOSE ¹⁴⁵⁷⁵
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐ No ☐ Yes	
Aldosterone Antagonist	Aldosterone Antagonist	☐ No ☐ Yes	
Angiotensin Receptor-Neprilysin Inhibitor	Angiotensin Receptor-Neprilysin Inhibitor	☐ No ☐ Yes	
Anticoagulant	Anticoagulant	☐ No ☐ Yes	
Antiplatelet	Aspirin	☐ No ☐ Yes	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐ No ☐ Yes	
Beta Blockers	Beta Blocker	☐ No ☐ Yes	
Diuretics	Diuretics Not Otherwise Specified	☐ No ☐ Yes	
	Loop Diuretics	☐ No ☐ Yes	_____ mg
	Thiazides	☐ No ☐ Yes	
P2Y12 Inhibitors	P2Y12 Antagonist	☐ No ☐ Yes	
Selective Sinus Node I/f Channel Inhibitor	Selective Sinus Node I/f Channel Inhibitor	☐ No ☐ Yes	



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CONDITION AND PROCEDURE HISTORY INFORMATION (PATIENT HISTORY AND RISK FACTORS UP TO THE PROCEDURE)

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁴²⁶⁴		DATE ¹⁴²⁵¹	→ IF YES
	No	Yes		
Atrial Fibrillation	☐	☐		AFib Class ¹³¹⁷⁹ : ☐ Paroxysmal ☐ Persistent ☐ LS Persistent (w/in 30 days) ☐ Permanent ☐ None → If Parox or persis, Recent AF (w/in 30 days) ¹⁴²⁴⁴ : ☐ No ☐ Yes
Atrial Flutter	☐	☐		Recent Aflutter (w/in 30 days) ¹⁴²⁴⁵ : ☐ No ☐ Yes
Cardiomyopathy	☐	☐		CM Type ⁴⁵⁷⁰ : ☐ Ischemic ☐ Non-ischemic ☐ Other
Carotid Artery Stenosis	☐	☐		Current Carotid Artery Stenosis ¹⁴²⁶⁵ : ☐ No ☐ Yes Location ¹⁴²³⁰ : ☐ Right ☐ Left ☐ Bilateral ☐ Not Documented ¹⁴³²⁹
Cerebrovascular Accident (any)	☐	☐	mm/dd/yyyy	
Cerebrovascular Disease	☐	☐		
Chronic Lung Disease	☐	☐		Severity ¹³⁹⁰⁴ : ☐ Mild ☐ Moderate ☐ Severe ☐ Severity Not Documented ¹⁴⁴⁵⁹
COVID-19	☐	☐		
Conduction Defect	☐	☐		
Dementia - Moderate to Severe	☐	☐		
Diabetes Mellitus	☐	☐		Therapy ¹⁴²³¹ : ☐ None ☐ Diet ☐ Oral ☐ Insulin ☐ Other
Endocarditis	☐	☐		Type ¹⁴²³² : ☐ Treated ☐ Active
Heart Failure	☐	☐		
Hostile Chest	☐	☐		
Hypertension	☐	☐		
Liver Disease	☐	☐		MI Timeframe ¹³¹⁷⁴ : ☐ <30 days ☐ ≥30 days
Myocardial Infarction	☐	☐		
Peripheral Arterial Disease	☐	☐		
Porcelain Aorta	☐	☐		
Transient Ischemic Attack	☐	☐		



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PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		DATE ¹⁴²⁵²	→If YES
	No	YES		
Aortic Valve Procedure	☐	☐	mm/dd/yyyy	
Aortic Valve Repair Surgery	☐	☐		
Aortic Valve Replacement Surgery	☐	☐		
Aortic Valve Replacement - Transcatheter	☐	☐		
Coronary Artery Bypass Graft	☐	☐	mm/dd/yyyy	
Implantable Cardioverter Defibrillator	☐	☐		CRT-D ¹⁴²⁵⁹ : ☐ No ☐ Yes
Mitral Valve Procedure	☐	☐	mm/dd/yyyy	
Mitral Valve Annuloplasty Ring Surgery	☐	☐		
Mitral Valve Repair Surgery	☐	☐		
Mitral Valve Replacement Surgery	☐	☐		
Mitral Valve Transcatheter Intervention	☐	☐		
PCI	☐	☐	mm/dd/yyyy	
Permanent Pacemaker	☐	☐	mm/dd/yyyy	CRT ¹⁴²⁶⁰ : ☐ No ☐ Yes
Pulmonic Valve Procedure	☐	☐		
Tricuspid Valve Procedure	☐	☐	mm/dd/yyyy	
Tricuspid Valve Repair Surgery	☐	☐		TV Annuloplasty Ring ¹⁴²⁹⁹ : ☐ No ☐ Yes
Tricuspid Valve Replacement Surgery	☐	☐		Implant ID ¹⁴²⁹⁸ /Dia ¹⁴⁵¹⁶ : Refer to device list
Tricuspid Valve Replacement - Transcatheter	☐	☐		Implant ID ¹⁴³⁰¹ /Dia ¹⁴⁵¹⁷ : Refer to device list
Tricuspid Valve Transcatheter Intervention	☐	☐		TV Intervention Type ¹⁴³⁰⁰ : ☐ Annuloplasty Ring ☐ Other



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D. LAB VISIT (COMPLETE FOR EACH LAB VISIT)

Procedures¹⁴²⁷³: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Procedure Room Entry Date/Time¹³³²⁹: mm / dd / yyyy HH:MM **Procedure Start Date/Time**⁷⁰⁰⁰: mm / dd / yyyy HH:MM

Procedure End Date/Time⁷⁰⁰⁵: mm / dd / yyyy HH:MM **Procedure Room Exit Date/Time**¹³³³⁰: mm / dd / yyyy HH:MM

PRESENTATION AND EVALUATION

CAD Presentation¹²¹⁷⁷: ☐ No Symptoms, No Angina ☐ Symptoms Unlikely to be Ischemic ☐ Stable Angina
☐ Unstable Angina ☐ Non-STEMI ☐ STEMI

Heart Failure (w/in 2 weeks)¹⁴²⁶⁶: ☐ No ☐ Yes **Cardiogenic Shock (w/in 24 hrs)**¹³¹⁷⁵: ☐ No ☐ Yes

NYHA Class (w/in 2 weeks)¹²¹⁶³: ☐ I ☐ II ☐ III ☐ IV **Cardiac Arrest (w/in 24 hrs)**¹⁴²⁶⁷: ☐ No ☐ Yes

Ascites¹⁶⁵³⁵: ☐ None ☐ Mild (grade 1) ☐ Moderate (grade 2) ☐ Severe (grade 3)

Peripheral Edema Present¹⁶⁵³⁶: ☐ No ☐ Yes

Shared Decision Making¹⁴⁷³²: ☐ No ☐ Yes

→ If Yes, **Shared Decision Making Tool Used**¹⁴⁷³³: ☐ No ☐ Yes → If Yes, **Shared Decision Making Tool Name**¹⁴⁷³⁴: _____

KCCQ-12 Performed¹³⁸⁴³: ☐ No ☐ Yes

→ If Yes, **KCCQ-12**^{13846, 48, 49, 51, 53, 55, 57,}

^{59, 61, 63, 65, 67}: (see separate questionnaire)

Q1a: _____ **Q1b:** _____ **Q1c:** _____ **Q2:** _____ **Q3:** _____ **Q4:** _____

Q5: _____ **Q6:** _____ **Q7:** _____ **Q8a:** _____ **Q8b:** _____ **Q8c:** _____ **KCCQ Summary Score**¹⁴³¹⁰: (calculated) _____

Six Minute Walk Test¹³⁷¹⁰: ☐ No ☐ Yes → If Yes, **Test Date**¹³⁷¹¹: mm / dd / yyyy → If Yes, **Total Distance**¹³⁷¹²: _____ ft

→ If No, **Reason**¹⁴²⁶²: ☐ Non-Cardiac Reason ☐ Cardiac Reason ☐ Patient Not Willing to Walk ☐ Not Performed By Site

PRE-PROCEDURE CLINICAL DATA (CLOSEST TO THE PROCEDURE)

Hemoglobin ⁶⁰³⁰ : _____ g/dL ☐ Not Drawn ⁶⁰³¹	Bilirubin ⁶⁰⁵⁵ : _____ mg/dL ☐ Not Drawn ⁶⁰⁵⁶
Platelet Count ¹³²¹³ : _____ µL ☐ Not Drawn ¹³²¹⁴	Albumin ¹⁴²¹⁰ : _____ g/dL ☐ Not Drawn ¹⁴²¹¹
INR ¹³²⁰³ : _____ ☐ Not Drawn ⁶⁰⁴⁶	GGT ¹⁶⁵³⁹ : _____ IU/L ☐ Not Drawn ¹⁶⁵⁴¹
Sodium ⁶⁰³⁵ : _____ mEq/L ☐ Not Drawn ⁶⁰³⁶	BNP ¹⁴²⁸⁰ : _____ pg/mL ☐ Not Performed ¹³²⁰⁵
Creatinine ⁶⁰⁵⁰ : _____ mg/dL ☐ Not Drawn ⁶⁰⁵¹	NT proBNP ¹⁴²⁷⁹ : _____ pg/mL ☐ Not Performed ¹³²⁰⁶

PRE-PROCEDURE ECG AND PULMONARY FUNCTION (CLOSEST TO THE PROCEDURE)

QRS Duration⁵⁰⁵⁵: _____ msec ☐ Ventricular Paced⁵⁰⁴⁵

FEV1 Predicted¹³²¹⁶: _____ % ☐ Not Performed¹³²¹⁷

DLCO (Predicted)¹³²¹⁸: _____ % ☐ Not Performed¹³²¹⁹

PRE-PROCEDURE MEDICATIONS (24 HOURS PRIOR TO THE PROCEDURE)

Positive Inotropes¹³⁶⁴³: ☐ No ☐ Yes

PRE-PROCEDURE DIAGNOSTIC CATH FINDINGS

Diagnostic Cath Performed¹³²²⁰: ☐ No ☐ Yes → If Yes, **Diagnostic Cath Date**¹³²²²: mm / dd / yyyy

Number of Diseased Vessels¹³³⁸¹ ☐ None ☐ One ☐ Two ☐ Three ☐ Not Documented¹³³⁸²

Left Main Stenosis >=50%¹³²⁶⁰: ☐ No ☐ Yes ☐ Not Documented¹³²⁶¹

Proximal LAD >=70%¹³³⁰¹: ☐ No ☐ Yes ☐ Not Documented¹³³⁰²

Cardiac Output¹³⁷¹³: _____ L/min ☐ Not Documented¹³⁷¹⁴

Pulmonary Capillary Wedge Pressure¹³⁷¹⁵: _____ mm Hg ☐ Not Documented¹³⁷¹⁶

Pulmonary Artery Pressure (mean)¹³⁷¹⁹: _____ mm Hg ☐ Not Documented¹³⁷²⁰

Pulmonary Vascular Resistance¹⁴²⁹¹: _____ Wood units ☐ Not Documented¹⁴²⁸⁹

Right Atrial Pressure (mean)¹⁴²⁷²: _____ mm Hg ☐ Not Documented¹³⁸²⁹

Right Ventricular Systolic Pressure¹³³⁰³: (highest) _____ mm Hg ☐ Not Documented¹³³⁰⁴



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PRE-PROCEDURE ECHOCARDIOGRAM FINDINGS

LVEF¹³³⁰⁵: _____ % ☐ LVEF Not Assessed¹³³⁰⁶

Aortic Regurgitation¹³⁴⁷⁷: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

Aortic Stenosis¹³³⁰⁷: ☐ No ☐ Yes

Mitral Valve Disease¹³⁷⁰⁴: ☐ No ☐ Yes

→If Yes, Mitral Regurgitation¹³⁶⁷²: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→If Yes, Mitral Stenosis¹³³⁰⁸: ☐ No ☐ Yes

→If Yes, MV Area¹³³¹⁶: (smallest) _____ cm²

→If Yes, MV Mean Gradient¹³³¹⁷: (highest) _____ mm Hg

Tricuspid Valve Disease Etiology¹³⁸⁰⁶: ☐ Primary ☐ Secondary ☐ Pacemaker Induced ☐ Other

Tricuspid Regurgitation¹³³¹⁸: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

TV Diastolic Gradient¹³⁸⁰⁷: _____ mm Hg ☐ Not Documented¹³⁸¹⁰

TV Annulus Size¹³⁸⁰⁸: _____ mm ☐ Not Documented¹³⁸⁰⁹

End-diastolic Mid-RV Diameter¹³⁸¹¹: _____ cm (4 chamber view) ☐ Not Documented¹³⁸¹²

End-diastolic Basal-RV Diameter¹³⁸¹³: _____ cm (4 chamber view) ☐ Not Documented¹³⁸¹⁴

PROCEDURE INFORMATION

Concomitant Procedures Performed⁷⁰⁶⁵: ☐ No ☐ Yes

→If Yes, Procedure Type(s)⁷⁰⁶⁶: (select the best option(s)): _____, _____, _____

Operator Name/NPI^{14476, 14477, 14478, 14479}: _____, _____, _____
Last Name, First Name, MI, NPI

Procedure Status⁷⁰²⁵: ☐ Elective ☐ Urgent ☐ Emergency ☐ Salvage

Heart Team Reason For Procedure¹³⁴⁹⁹: ☐ Extreme Risk ☐ High Risk ☐ Intermediate Risk ☐ Low Risk

Heart Team Evaluation of Suitability for Surgical Replacement¹³⁵⁰⁴: ☐ No ☐ Yes

Procedure Location¹²⁸⁷¹: ☐ Cardiac CathLab ☐ Hybrid CathLab Suite ☐ Hybrid OR Suite ☐ Other

Anesthesia Type¹³³³¹: ☐ General Anesthesia ☐ Deep Sedation/Analgesia ☐ Moderate Sedation/Analgesia ☐ Minimal Sedation/Anxiolysis

Procedure Aborted¹³⁵⁰⁵: ☐ No ☐ Yes

→If Yes, Reason¹³⁵⁰⁶: ☐ Access Related ☐ Consent Issue ☐ Device Delivery System Malfunction ☐ Navigation Issue After Successful Access ☐ New Clinical Findings ☐ Patient Clinical Status ☐ System Issue ☐ Other

→If Yes, Action¹³⁷⁵⁷: ☐ Conversion to Open Heart Surgery ☐ Scheduled Open Heart Surgery ☐ Rescheduled Transcatheter Procedure ☐ Converted to Clinical Trial ☐ Balloon Valvuloplasty ☐ Converted to Medical Therapy ☐ Other

Conversion to Open Heart Surgery¹³⁵⁴²: ☐ No ☐ Yes

→If Yes, Reason¹³⁵⁴³: ☐ Valve Dislodged to Aorta ☐ Valve Dislodged to Left Ventricle ☐ Annulus Rupture ☐ Ventricular Rupture ☐ Aortic Dissection ☐ Coronary Occlusion ☐ Access Related ☐ Cardiac Tamponade ☐ Inability to Position Device ☐ Device Embolization ☐ Valve Injury ☐ Other

Mechanical Support⁷⁴²²: ☐ No ☐ Yes

→If Yes, Device⁷⁴²³: _____

→If Yes, Timing⁷⁴²⁴: ☐ In place at start of procedure ☐ Inserted during procedure and prior to intervention ☐ Inserted after intervention has begun ☐ Post Procedure

CardioPulmonary Bypass Used¹³⁵⁷⁹: ☐ No ☐ Yes

→If Yes, Status¹³⁵⁸⁰: ☐ Elective ☐ Emergency →If Yes, CPB Time¹³⁵⁸¹: _____ min

Delivery System Removed¹³⁵²⁵: ☐ No ☐ Yes

PROCEDURE MEDICATIONS (DURING THE PROCEDURE)

Positive Inotropes¹³⁶⁴⁴: ☐ No ☐ Yes



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RADIATION AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS **Dose Area Product**¹⁴²⁷⁸: _____ O Gy · cm² O dGy · cm² O cGy · cm² O mGy · cm² O μGy · M²
Cumulative Air Kerma⁷²¹⁰: _____ O mGy O Gy **Fluoro Time**⁷²¹⁴: _____ min **Contrast Volume**⁷²¹⁵: _____ mL

TTVP PROCEDURE INFORMATION

Tricuspid Procedure Type¹³⁸¹⁵: O Tricuspid Valve Replacement O Annular Reduction O Direct Leaflet
→If TV Replacement, **Location**¹³⁸¹⁶: O Native Valve O Surgical Valve O Surgical Ring O IVC only O SVC and IVC
→If Direct Leaflet, **Intracardiac Echocardiography**¹⁵⁷²⁶: O Not used O 2D echo O 3D echo O 4D echo
Procedure Indication¹³⁸¹⁷: O Tricuspid Regurgitation O Tricuspid Stenosis O Both TR and TS (with at least moderate TR)
Procedure Access Site¹³⁸³⁸: O Femoral Vein O Jugular Vein O Right Atrium O Other Vein
Transvenous RV Lead Present¹³⁸³⁹: O No O Yes (Code only for patients with Tricuspid Valve Replacement)
→If Yes, **RV Lead Strategy**¹³⁸⁴⁰: O Jailed by Transcatheter Valve O Lead Removed Prior to Valve Implant
→If Jailed, **Change in Lead Function**¹³⁸⁴¹: O No O Yes

INTRAPROCEDURE HEMODYNAMICS	PRE-IMPLANT	POST-IMPLANT
→If Location = "IVC only" or "SVC and IVC", Superior Vena Cava Pressure:	_____ mm hg ¹³⁸¹⁹ ☐ Not Documented ¹³⁸²⁰	_____ mm hg ¹³⁸²¹ ☐ Not Documented ¹³⁸²²
→If Location = "IVC only" or "SVC and IVC", Inferior Vena Cava Pressure:	_____ mm hg ¹³⁸²³ ☐ Not Documented ¹³⁸²⁵	_____ mm hg ¹³⁸²⁴ ☐ Not Documented ¹³⁸²⁶
Right Atrial Pressure:	_____ mm hg ¹³⁸²⁷ ☐ Not Documented ¹⁴²⁹⁰	_____ mm hg ¹³⁸²⁸ ☐ Not Documented ¹³⁸³⁰
Right Ventricular Systolic Pressure:	_____ mm hg ¹⁴²⁸¹ ☐ Not Documented ¹³⁸³¹	_____ mm hg ¹³⁸³² ☐ Not Documented ¹³⁸³³
TV Diastolic Gradient:	_____ mm hg ¹³⁸³⁴ ☐ Not Documented ¹³⁸³⁶	_____ mm hg ¹³⁸³⁵ ☐ Not Documented ¹³⁸³⁷
→If Procedure Aborted is No, TTVP DEVICES	DEVICE 1 ¹³⁵³¹	DEVICE 2 ¹³⁵³¹
Device ID ¹⁴⁴⁸³ / Dia ¹⁴⁵²⁰ :	Refer to Device List	Refer to Device List
Device Implanted Successfully ¹³⁵³⁷ :	O No O Yes	O No O Yes
→If Yes, Serial # ¹³⁸⁴² :		
→If Yes, UDI ¹⁴⁵⁷¹ :		
→If Yes AND Device=TriClip, Location ¹⁶⁵⁴³ :	O Anterior posterior O Anterior septal O Posterior septal O Other location	O Anterior posterior O Anterior septal O Posterior septal O Other location
→If No, Reason ¹³⁵⁴⁰ : <i>Note: If more than one reason, code the worst reason the device was not implanted.</i>	O Adverse Event O Anchor Pull Through O Device Embolization O Device Malfunction O Improper Device Positioning O Improper Device Sizing O Inability to Deploy Valve O Inability to Deploy Stent O Inability to Grasp Leaflets O Inability to Deliver Device Anchor O Inability to Reduce Annular Dimension O Inability to Reduce TR O IVC Too Large O Leaflet Detachment O Single Leaflet Device Attachment O Tricuspid Valve Stenosis O Tricuspid Valve Injury O Other	O Adverse Event O Anchor Pull Through O Device Embolization O Device Malfunction O Improper Device Positioning O Improper Device Sizing O Inability to Deploy Valve O Inability to Deploy Stent O Inability to Grasp Leaflets O Inability to Deliver Device Anchor O Inability to Reduce Annular Dimension O Inability to Reduce TR O IVC Too Large O Leaflet Detachment O Single Leaflet Device Attachment O Tricuspid Valve Stenosis O Tricuspid Valve Injury O Other



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POST-PROCEDURE - INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH PROCEDURE TYPE AND EVERY OCCURRENCE)

INTRA OR POST PROCEDURE EVENT(S) ¹²¹⁵³	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁵
Annular Rupture	☐ No ☐ Yes	mm / dd / yyyy
Atrial Fibrillation	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Access Site	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Gastrointestinal	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Genitourinary	☐ No ☐ Yes	mm / dd / yyyy
Bleeding - Hematoma at Access Site	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Other	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Retroperitoneal	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Arrest	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Perforation	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	☐ No ☐ Yes	mm / dd / yyyy
Complete Leaflet Clip Detachment	☐ No ☐ Yes	mm / dd / yyyy
Coronary Artery Compression	☐ No ☐ Yes	mm / dd / yyyy
COVID-19	☐ No ☐ Yes	mm / dd / yyyy
Device Embolization	☐ No ☐ Yes	mm / dd / yyyy
Device Migration	☐ No ☐ Yes	mm / dd / yyyy
Device Related Event – Other	☐ No ☐ Yes	mm / dd / yyyy
Device Thrombosis	☐ No ☐ Yes	mm / dd / yyyy
Dialysis (New Requirement)	☐ No ☐ Yes	mm / dd / yyyy
Endocarditis	☐ No ☐ Yes	mm / dd / yyyy
ICD	☐ No ☐ Yes	mm / dd / yyyy
Myocardial Infarction	☐ No ☐ Yes	mm / dd / yyyy
Pacemaker Lead Dislodgement or Dysfunction	☐ No ☐ Yes	mm / dd / yyyy
Percutaneous Coronary Intervention	☐ No ☐ Yes	mm / dd / yyyy
Permanent Pacemaker	☐ No ☐ Yes	mm / dd / yyyy
Pulmonary Embolism	☐ No ☐ Yes	mm / dd / yyyy
Reintervention – Tricuspid Valve (complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Single leaflet device attachment	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Hemorrhagic	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Ischemic	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Undetermined	☐ No ☐ Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA)	☐ No ☐ Yes	mm / dd / yyyy
Tricuspid Leaflet or Subvalvular Injury	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Major	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Minor	☐ No ☐ Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	☐ No ☐ Yes	mm / dd / yyyy



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IN-HOSPITAL EVENT INFORMATION (COMPLETE FOR EACH TV RE-INTERVENTION DURING EPISODE OF CARE)

Event¹⁴³¹²: Event Date¹⁴³¹³: mm / dd / yyyy

☐ Tricuspid Valve Re-intervention (In-hospital)

Status¹⁴³¹⁴: ☐ Alive ☐ Deceased → If Deceased, Date of Death¹⁴³¹⁵: mm / dd / yyyy

Clinical Comments¹⁴⁴⁶²:

→ If Event¹⁴³¹² = TRICUSPID VALVE RE-INTERVENTION (IN-HOSPITAL)

Tricuspid Valve Re-intervention Type¹⁴³²²: ☐ Surgical Replacement ☐ Surgical Repair ☐ Transcatheter Replacement
☐ Balloon Valvuloplasty ☐ Leaflet Clip Procedure ☐ Paravalvular Leak Closure
☐ Other Transcatheter Intervention

TV Re-intervention Primary Indication¹⁴³⁴⁷:

☐ Regurgitation ☐ Stenosis ☐ Device Embolization ☐ Device Fracture ☐ Device Migration
☐ Endocarditis ☐ Paravalvular Leak ☐ Device Thrombosis ☐ Valve Injury ☐ Other

→ If Regurgitation, TV Regurg¹⁴³⁸³: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe



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POST-PROCEDURE CLINICAL DATA (COMPLETE FOR EACH PROCEDURE TYPE)

Hemoglobin (lowest)¹³⁷⁶³: _____ (g/dL) ☐ Not Drawn¹⁴²⁴³ Creatinine (highest)¹³⁷⁶⁴: _____ (mg/dL) ☐ Not Drawn¹⁴²⁹³
Creatinine (discharge)¹⁰⁰⁶⁰: _____ (mg/dL) ☐ Not Drawn¹⁰⁰⁶¹

12-Lead ECG Performed¹³⁶¹⁶: ☐ No ☐ Yes

→ If Yes, 12-Lead ECG Findings¹³⁷⁶⁵ (Check all that apply): ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia

POST-PROCEDURE ECHOCARDIOGRAM (COMPLETE FOR EACH PROCEDURE)

Echocardiogram¹³⁵⁹²: ☐ Yes – TTE ☐ Yes - TEE ☐ Not Performed¹³⁶⁴⁵ → If Yes, Date¹³⁴⁹³: mm / dd / yyyy

→ If Yes, Aortic Regurgitation¹³⁵²⁶: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→ If Yes AV Mean Gradient¹³⁶⁷⁵: (highest) _____ mm Hg

→ If Yes, Mitral Regurgitation¹³⁴⁹⁴: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→ If Yes, Tricuspid Regurgitation¹³⁶⁷⁷: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→ If >= Trace/Trivial, Paravalvular Regurgitation¹⁴⁵⁰⁵ ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁵²⁶

→ If >= Trace/Trivial, Central Regurgitation¹⁴⁵⁰¹: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁸⁹

→ If Yes, TV Diastolic Gradient¹⁴⁵⁰⁷: _____ mm Hg ☐ Not Documented¹⁴⁵⁰⁸

→ If Yes, TV Annulus Size¹⁴²⁹⁴: _____ mm ☐ Not Documented¹⁴⁴⁹⁵

→ If Yes, End-diastolic Mid-RV Diameter¹⁴²⁹⁵: _____ cm (4 chamber view) ☐ Not Documented¹⁴⁴⁹⁶

→ If Yes, End-diastolic Basal-RV Diameter¹⁴²⁹⁶: _____ cm (4 chamber view) ☐ Not Documented¹⁴⁴⁹⁷

→ If Yes, Right Ventricular Systolic Pressure¹⁴²⁹⁷: _____ mm Hg ☐ Not Documented¹⁴⁴⁹⁸

E. DISCHARGE

Discharge Date¹⁰¹⁰⁰: mm / dd / yyyy

Discharge Provider Name, NPI^{10070,10071,10072,10073}: Last Name, First Name, MI, NPI

Discharge Status¹⁰¹⁰⁵ ☐ Alive ☐ Deceased

→ If Alive, Cardiac Rehabilitation Referral¹⁰¹¹⁶: ☐ No - Reason Not Documented ☐ No - Medical Reason Documented

☐ No - Health Care System Reason Documented ☐ No - Patient-Oriented Reason ☐ Yes

→ If Alive, Discharge Location¹⁰¹¹⁰: ☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab
☐ Other Acute Care Hospital ☐ Left Against Medical Advice (AMA) ☐ Other Discharge Location

→ If Alive, Hospice Care¹⁰¹¹⁵: ☐ No ☐ Yes

→ If Deceased, Death During Procedure¹⁰¹²⁰: ☐ No ☐ Yes

→ If Deceased, Cause of Death¹⁰¹²⁵:
☐ Acute myocardial infarction ☐ Pulmonary ☐ Hemorrhage
☐ Sudden cardiac death ☐ Renal ☐ Non-cardiovascular procedure or surgery
☐ Heart failure ☐ Gastrointestinal ☐ Trauma
☐ Stroke ☐ Hepatobiliary ☐ Suicide
☐ Cardiovascular procedure ☐ Pancreatic ☐ Neurological
☐ Cardiovascular hemorrhage ☐ Infection ☐ Malignancy
☐ Other cardiovascular reason ☐ Inflammatory/Immunologic ☐ Other non-cardiovascular reason

PRBCs Transfused⁹²⁷⁵: ☐ No ☐ Yes Note: Code the total # of units between start of the procedure and discharge

→ If Yes, PRBCs Units Transfused¹³⁶⁷⁰: _____

DISCHARGE MEDICATIONS D/c meds are not required for patients who expired, discharged to "Other acute care Hospital," "AMA", or are receiving Hospice Care.

CATEGORY	MEDICATION CODE ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵				→ If Yes, LOOP DIURETIC DOSE ¹⁴⁵⁷⁶
		YES	NO— NO REASON	NO— MEDICAL REASON	NO— PT REASON	
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐	☐	☐	☐	
Aldosterone Antagonist	Aldosterone Antagonist	☐	☐	☐	☐	
Anticoagulant	Direct Thrombin Inhibitor	☐	☐	☐	☐	
	Warfarin	☐	☐	☐	☐	
Antiplatelet	Aspirin	☐	☐	☐	☐	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐	☐	☐	☐	
Beta Blockers	Beta Blocker	☐	☐	☐	☐	
	Diuretics Not Otherwise Specified	☐	☐	☐	☐	
	Loop Diuretics	☐	☐	☐	☐	_____ mg
	Thiazides	☐	☐	☐	☐	
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitor	☐	☐	☐	☐	
P2Y12 Inhibitors	P2Y12 Antagonist	☐	☐	☐	☐	



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F. FOLLOW-UP: 30 DAY (23 TO 75 DAYS POST PROCEDURE); 1 YEAR (305 TO 425 DAYS POST PROCEDURE)

Follow-up Assessment Date¹¹⁰⁰⁰: mm / dd / yyyy

Reference Episode Arrival Date/Time¹¹⁰⁰²: mm / dd / yyyy HH:MM Reference Procedure Start Date/Time¹¹⁰⁰¹: mm / dd / yyyy HH:MM

Reference Episode Discharge Date¹⁴³³⁸: mm / dd / yyyy

Reference Procedure Type¹³⁷⁰⁵: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Method(s) to Determine Status¹¹⁰⁰³: ☐ Office Visit ☐ Medical Records ☐ Letter from Medical Provider
☐ Phone Call ☐ Social Security Death Master File ☐ Hospitalized
☐ Obituary List ☐ CMS Linked Data ☐ Other

Follow-up Status¹¹⁰⁰⁴: ☐ Alive ☐ Deceased ☐ Lost to Follow-up

→ If Alive, Residence¹³⁸⁰⁵: ☐ Home with No Health Aid ☐ Home with Health Aid ☐ Long Term Care ☐ Other ☐ Not Documented¹⁴⁵¹¹

→ If Deceased, Date of Death¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, Cause of Death¹¹⁰⁰⁷:
☐ Acute myocardial infarction ☐ Pulmonary ☐ Hemorrhage
☐ Sudden cardiac death ☐ Renal ☐ Non-cardiovascular procedure or surgery
☐ Heart failure ☐ Gastrointestinal ☐ Trauma
☐ Stroke ☐ Hepatobiliary ☐ Suicide
☐ Cardiovascular procedure ☐ Pancreatic ☐ Neurological
☐ Cardiovascular hemorrhage ☐ Infection ☐ Malignancy
☐ Other cardiovascular reason ☐ Inflammatory/Immunologic ☐ Other non-cardiovascular reason

FOLLOW-UP CLINICAL ASSESSMENT

Hemoglobin¹³⁷⁷⁵: g/dL ☐ Not Drawn¹⁴³²⁶

Creatinine¹³³¹⁰: mg/dL ☐ Not Drawn¹³³¹¹

GGT¹⁶⁵⁴⁰: IU/L ☐ Not Drawn¹⁶⁵⁴²

Ascites¹⁶⁵³⁷: ☐ None ☐ Mild (grade 1) ☐ Moderate (grade 2) ☐ Severe (grade 3)

Peripheral Edema Present¹⁶⁵³⁸: ☐ No ☐ Yes

NYHA Classification¹³⁶⁸⁸: ☐ I ☐ II ☐ III ☐ IV ☐ Not Documented¹⁴³³³

12-Lead ECG Performed¹³⁶⁸⁹: ☐ No ☐ Yes

→ If Yes, 12-Lead ECG Findings¹³⁶²¹:
(Check all that apply) ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia

FOLLOW-UP IMAGING – ECHOCARDIOGRAM AND 4D CT

Echocardiogram¹³⁴⁹²: ☐ Yes - TTE ☐ Yes - TEE ☐ Not Performed¹⁴⁵¹² → If Yes, Date¹³⁵⁹³: mm / dd / yyyy

→ If Yes, LVEF¹³⁶⁹⁰: % ☐ LVEF Not Assessed¹³⁶⁹¹

→ If Yes, Aortic Valve Mean Gradient¹³⁶⁷⁶: mm Hg

→ If Yes, Aortic Regurgitation¹³⁵²⁷: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→ If Yes, Mitral Regurgitation¹³⁶⁷³: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe

→ If Yes, Tricuspid Regurgitation¹³⁶⁷⁸: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→ If >= Trace/Trivial Paravalvular Regurgitation¹⁴⁵⁰⁶: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁵²⁹

→ If >= Trace/Trivial, Central Regurgitation¹⁴⁵⁰²: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁹²

→ If Yes, TV Diastolic Gradient¹⁴⁵⁴⁵: mm Hg ☐ Not Documented¹⁴⁵⁴⁶

→ If Yes, TV Annulus Size¹⁴⁵⁴⁷: mm ☐ Not Documented¹⁴⁵⁴⁸

→ If Yes, End-Diastolic Mid-RV Diameter¹⁴⁵⁴⁹: cm (4 chamber view) ☐ Not Documented¹⁴⁵⁵⁰

→ If Yes, End-Diastolic Basal-RV Diameter¹⁴⁵⁵¹: cm (4 chamber view) ☐ Not Documented¹⁴⁵⁵²

→ If Yes, Right Ventricular Systolic Pressure¹⁴⁵⁵³: (highest) mm Hg ☐ Not Documented¹⁴⁵⁵⁴

4D CT Performed¹³⁶⁹²: ☐ No ☐ Yes

→ If Yes, Date¹³⁶⁹³: mm / dd / yyyy

→ If Yes, Valve Thrombosis Noted¹³⁶⁹⁴: ☐ No ☐ Yes

→ If Yes, Leaflet Dysfunction Noted¹³⁶⁹⁵: ☐ No ☐ Yes

FOLLOW-UP SIX MINUTE WALK TEST AND KCCQ

Six Minute Walk Test¹³⁷⁸⁹: ☐ No ☐ Yes

→ If Yes, Test Date¹³⁷⁹⁰: mm / dd / yyyy → If Yes, Total Distance¹⁴³²⁵: ft

→ If No, Reason¹⁴²⁶³: ☐ Non-Cardiac Reason ☐ Cardiac Reason ☐ Patient Not Willing to Walk ☐ Not Performed by Site

KCCQ-12 Performed¹³⁸⁴⁵: ☐ No ☐ Yes → If Yes, KCCQ-12 Date¹³⁸⁴⁴: mm / dd / yyyy

→ If Yes, KCCQ-12^{13847, 69, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68}: (see separate questionnaire) Q1a: Q1b: Q1c: Q2: Q3: Q4:

Q5: Q6: Q7: Q8a: Q8b: Q8c:

KCCQ Summary
Score¹⁴⁵³⁵: (calculated)



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FOLLOW-UP MEDICATIONS

CATEGORY	MEDICATION CODE ¹¹⁹⁹⁰	PRESCRIBED ¹³⁶⁹⁶				→ If Yes, LOOP DIURETIC DOSE ¹⁴⁵⁷⁷
		YES	NO— NO REASON	NO— MEDICAL REASON	NO— PT REASON	
ACE Inhibitors (Angiotensin Converting Enzyme)	Angiotensin Converting Enzyme Inhibitor	☐	☐	☐	☐	
Aldosterone Antagonist	Aldosterone Antagonist	☐	☐	☐	☐	
Anticoagulant	Direct Thrombin Inhibitor	☐	☐	☐	☐	
	Warfarin	☐	☐	☐	☐	
Antiplatelet	Aspirin	☐	☐	☐	☐	
ARB (Angiotensin Receptors Blockers)	Angiotensin II Receptor Blocker	☐	☐	☐	☐	
Beta Blockers	Beta Blocker	☐	☐	☐	☐	
Diuretics	Diuretics Not Otherwise Specified	☐	☐	☐	☐	
	Loop Diuretics	☐	☐	☐	☐	_____ mg
	Thiazides	☐	☐	☐	☐	
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitor	☐	☐	☐	☐	
P2Y12 Inhibitor	P2Y12 Antagonist	☐	☐	☐	☐	



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FOLLOW-UP EVENTS SPECIFY THE EVENTS (AND EVENT DATES) THAT OCCURRED BETWEEN DISCHARGE AND 30 DAY (FIRST) FOLLOW-UP (FU), OR BETWEEN FU ASSESSMENT DATE #1 AND #2.

EVENT(S) ¹²⁹³³	EVENT(S) OCCURRED ¹⁴²⁷⁶	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁷
Atrial Fibrillation	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Life Threatening	☐ No ☐ Yes	mm / dd / yyyy
Bleeding – Major	☐ No ☐ Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	☐ No ☐ Yes	mm / dd / yyyy
Complete Leaflet Clip Detachment	☐ No ☐ Yes	mm / dd / yyyy
COVID-19	☐ No ☐ Yes	mm / dd / yyyy
Deep Vein Thrombosis	☐ No ☐ Yes	mm / dd / yyyy
Device Embolization	☐ No ☐ Yes	mm / dd / yyyy
Device Fracture	☐ No ☐ Yes	mm / dd / yyyy
Device Migration	☐ No ☐ Yes	mm / dd / yyyy
Device Thrombosis	☐ No ☐ Yes	mm / dd / yyyy
Device Related Event – Other	☐ No ☐ Yes	mm / dd / yyyy
Dialysis (New Requirement)	☐ No ☐ Yes	mm / dd / yyyy
Endocarditis	☐ No ☐ Yes	mm / dd / yyyy
ICD	☐ No ☐ Yes	mm / dd / yyyy
Myocardial Infarction	☐ No ☐ Yes	mm / dd / yyyy
PCI	☐ No ☐ Yes	mm / dd / yyyy
Permanent Pacemaker	☐ No ☐ Yes	mm / dd / yyyy
Pulmonary Embolism	☐ No ☐ Yes	mm / dd / yyyy
Readmission – (Non-Valve Related)	☐ No ☐ Yes	mm / dd / yyyy
Readmission – (Valve Related)	☐ No ☐ Yes	
Readmission – (Heart failure) (Complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Reintervention – Tricuspid Valve (Complete event info)	☐ No ☐ Yes	mm / dd / yyyy
Single leaflet device attachment	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Ischemic	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Hemorrhagic	☐ No ☐ Yes	mm / dd / yyyy
Stroke – Undetermined	☐ No ☐ Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA)	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Major	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complication – Minor	☐ No ☐ Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	☐ No ☐ Yes	mm / dd / yyyy



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FOLLOW-UP EVENT INFORMATION (COMPLETE FOR EACH TV RE-INTERVENTION DURING FOLLOW-UP OR HEART FAILURE READMISSION)

Event¹⁴³⁸⁵:

Event Date¹⁴³⁸⁶:

mm / dd / yyyy

☐ Tricuspid Valve Re-intervention (follow-up)

☐ Heart Failure – Readmission (follow-up)

Status¹⁴³⁸⁷:

☐ Alive

☐ Deceased

→ If Deceased, Date of Death¹⁴³⁸⁸:

mm / dd / yyyy

Clinical Comments¹⁴⁴⁶³:

→ If EVENT¹⁴³⁸⁵ = TRICUSPID VALVE RE-INTERVENTION (FOLLOW-UP)

Tricuspid Valve Re-intervention Type¹⁴⁴⁰⁸:

☐ Surgical Replacement

☐ Surgical Repair

☐ Transcatheter Replacement

☐ Balloon Valvuloplasty

☐ Leaflet Clip Procedure

☐ Paravalvular Leak Closure

☐ Other Transcatheter Intervention

TV Re-intervention Primary Indication¹⁴⁴⁰⁹:

☐ Regurgitation

☐ Stenosis

☐ Device Embolization

☐ Device Fracture

☐ Device Migration

☐ Endocarditis

☐ Paravalvular Leak

☐ Device Thrombosis

☐ Valve Injury

☐ Other

→ If Regurgitation, TV Regurg¹⁴⁴¹⁰:

☐ None

☐ Trace/Trivial

☐ Mild

☐ Moderate

☐ Severe