

DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	SSN ²⁰³⁰ : - -	<input type="checkbox"/> SSN N/A ²⁰³¹
Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :	
Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	Patient Zip Code ²⁰⁶⁵ :	<input type="checkbox"/> Zip Code N/A ²⁰⁶⁶
Race: (Select all that apply) <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 <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes		

EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm
Facility Classification Type ¹⁵⁶⁰⁵ : <input type="radio"/> Ambulatory Surgical Center (ASC) <input type="radio"/> Office Based Lab (OBL)
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Payment Source ³⁰¹⁰ : (Select all that apply) <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian health service <input type="checkbox"/> Non-US insurance
→ If any Medicare, Medicare Beneficiary Identifier (MBI) ¹²⁸⁴⁶ : _____

PATHWAY

CV ASC Pathway ¹⁵⁶⁰⁶ : (Select one) <input type="checkbox"/> Diagnostic coronary angiography (Only) <input type="checkbox"/> PCI with or without coronary angiography <input type="checkbox"/> Implantable cardiac defibrillator <input type="checkbox"/> Permanent pacemaker

HISTORY AND RISK FACTORS

Height ⁶⁰⁰⁰ : _____ cm	Weight ⁶⁰⁰⁵ : _____ kg	Tobacco Use ⁴⁶²⁵ : <input type="radio"/> Never <input type="radio"/> Former <input type="radio"/> Current <input type="radio"/> Unknown
CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰	
	No	YES
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>
Chronic lung disease	<input type="radio"/>	<input type="radio"/>
Currently on dialysis	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>
Dyslipidemia	<input type="radio"/>	<input type="radio"/>
Family hx. of premature CAD	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>
Myocardial infarction	<input type="radio"/>	<input type="radio"/>
Peripheral arterial disease	<input type="radio"/>	<input type="radio"/>
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹	
	No	YES
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>
Percutaneous coronary intervention	<input type="radio"/>	<input type="radio"/>

(KNOWN OR DIAGNOSED PRIOR TO FIRST CATH LAB VISIT)

CSHA Clinical Frailty Scale ^{1 4561} : <input type="radio"/> 1: Very fit <input type="radio"/> 2: Well <input type="radio"/> 3: Managing well <input type="radio"/> 4: Vulnerable <input type="radio"/> 5: Mildly frail <input type="radio"/> 6: Moderately frail <input type="radio"/> 7: Severely frail <input type="radio"/> 8: Very severely frail <input type="radio"/> 9: Terminally ill
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¹Canadian Study Of Health And Aging Clinical Frailty Scale Is Used With Permission For The American College Of Cardiology Foundation By Dr. Kenneth Rockwood (© Kenneth Rockwood,MD)

PRE-PROCEDURE INFORMATION

Heart Failure⁴⁰⁰¹: No Yes → **If Yes, NYHA Class**⁴⁰¹¹: Class I Class II Class III Class IV
 → **If Yes, Newly Diagnosed**⁴⁰¹²: No Yes
 → **If Yes, HF Type**⁴⁰¹³: HF with reduced EF HF with preserved EF HF with mid-range EF Unknown⁴⁰¹⁴

(DIAGNOSTIC TEST)

Electrocardiac Assessment Method⁵⁰³⁷: ECG Telemetry monitor Holter monitor Other None
 → **If any methods, Results**⁵⁰³²: Normal Abnormal Uninterpretable
 → **If Abnormal, New Antiarrhythmic Therapy Initiated Prior to Cath Lab**⁵⁰³³: No Yes
 → **If Abnormal, Electrocardiac Abnormality Type**⁵⁰³⁴: (Select all that apply)
 Exercise induced VT New left bundle branch block New onset atrial fibrillation New onset atrial flutter
 Non sustained VT PVC – frequent PVC – infrequent ST deviation >=0.5mm
 Sustained VT Symptomatic bradyarrhythmia Ventricular fibrillation (VF) Other abnormality

Stress Test Performed⁵²⁰⁰: No Yes → **If Yes, Specify Test Performed:**

Test Type Performed ⁵²⁰¹	Most Recent Date ⁵²⁰⁴	Test Results ⁵²⁰²	→ If Positive, Risk/Extent of Ischemia ⁵²⁰³
<input type="radio"/> Exercise stress test (w/o imaging)	mm / dd / yyyy	<input type="radio"/> Negative	<input type="radio"/> Low
<input type="radio"/> Stress echocardiogram		<input type="radio"/> Positive	<input type="radio"/> Intermediate
<input type="radio"/> Stress imaging w/CMR		<input type="radio"/> Indeterminate	<input type="radio"/> High
<input type="radio"/> Stress nuclear		<input type="radio"/> Unavailable	<input type="radio"/> Unavailable

Cardiac CTA Performed⁵²²⁰: No Yes → **If Yes, Most Recent Cardiac CTA Date**⁵²²⁶: mm / dd / yyyy
 → **If Yes, Results**⁵²²⁷: (Select all that apply) Obstructive CAD Non-obstructive CAD Unclear severity
 Structural disease No CAD Unknown⁵²²⁸

Agatston Coronary Calcium Score Assessed⁵²⁵⁶: No Yes → **If Yes, Agatston Coronary Calcium Score**⁵²⁵⁵: _____
 → **If any value, Most Recent Calcium Score Date**⁵²⁵⁷: mm / dd / yyyy

Prior Dx Coronary Angiography Procedure⁵²⁶³: → **If Yes, Most Recent Procedure Date**⁵²⁶⁴: mm / dd / yyyy
 → **If Yes, Results**⁵²⁶⁵: (Select all that apply) Obstructive CAD Non-obstructive CAD Unclear severity
 Structural disease No CAD Unknown⁵²⁶⁶

PRE-PROCEDURE MEDICATIONS

MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹	MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹
Aspirin	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Long acting nitrates (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Beta blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Ranolazine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Calcium channel blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated		

PRE-PROCEDURE LABS

Creatinine⁶⁰⁵⁰: _____mg/dL Not Drawn⁶⁰⁵¹ **Hemoglobin**⁶⁰³⁰: _____g/dL Not Drawn⁶⁰³¹
Total Cholesterol⁶¹⁰⁰: _____mg/dL Not Drawn⁶¹⁰¹ **HDL**⁶¹⁰⁵: _____mg/dL Not Drawn⁶¹⁰⁶

PROCEDURE INFORMATION

Procedure Room Entry Date/Time¹⁵⁶⁹⁴: _____ **Procedure Start Date/Time**⁷⁰⁰⁰: mm/dd/yyyy / hh:mm

Procedure End Date/Time⁷⁰⁰⁵: mm/dd/yyyy / hh:mm **Procedure Room Exit Date/Time**¹⁵⁶⁹⁵: mm/dd/yyyy / hh:mm

Procedure Type¹⁵⁶⁰⁷: (Select all that apply) Diagnostic Coronary Angiography Percutaneous Coronary Intervention

→ If Dx Cath, **Diagnostic Catheterization Operator Name, NPI**^{7046,7047,7048,7049}: _____

→ If PCI, **PCI Operator's Name, NPI**^{7051,7052,7053,7054}: _____

→ If Dx Cath or PCI, **FIT Operator Name, NPI, Fellowship Training Program**^{15433,15434,15435, 15436, 15431}: _____, _____

Diagnostic Left Heart Cath⁷⁰⁶⁰: No Yes → If Yes, **LVEF**⁷⁰⁶¹: _____ % LVEF Not Assessed¹³³⁰⁶

Concomitant Procedures Performed⁷⁰⁶⁵: No Yes → If Yes, **Procedure Type(s)**⁷⁰⁶⁶: (Select all that apply) _____, _____

Arterial Access Site⁷³²⁰: Femoral Brachial Radial Other

Arterial Cross Over⁷³²⁵: No Yes

Systolic BP⁶⁰¹⁶: _____ mmHg

Closure Method(s) ^{7330,7331}	1	<input type="checkbox"/> Method Not Documented ⁷³³²
	2	

RADIATION EXPOSURE AND CONTRAST

Fluoro Time⁷²¹⁴: _____ minutes **Contrast Volume**⁷²¹⁵: _____ mL

CODE ALL AVAILABLE → **Cumulative Air Kerma**⁷²¹⁰: _____ O mGy O Gy

MEASUREMENTS: **Dose Area Product**¹⁴²⁷⁸: _____ O Gy•cm² O dGy•cm² O cGy•cm² O mGy•cm² O μGy•M²

CATH LAB VISIT

Indication(s) for Cath Lab Visit⁷⁴⁰⁰: (Select all that apply)

Cardiac arrhythmia Cardiomyopathy Evaluation for exercise clearance LV dysfunction

New onset angina <= 2 months Pericardial disease Post cardiac transplant Pre-operative evaluation

Stable known CAD Suspected CAD Syncope Valvular disease

Worsening angina Other

Chest Pain Symptom Assessment⁷⁴⁰⁵: Typical angina Atypical angina Non-anginal chest pain Asymptomatic

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'VALVULAR DISEASE' (COMPLETE FOR EACH TYPE)

VALVULAR DISEASE STENOSIS TYPE ⁷⁴⁵⁰		STENOSIS SEVERITY ⁷⁴⁵¹			
1	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe			
	<input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis				
2	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe			
	<input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis				
VALVULAR DISEASE REGURGITATION TYPE ⁷⁴⁵⁵		REGURGITATION SEVERITY ⁷⁴⁵⁶			
1	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation	<input type="radio"/> Mild (1+) <input type="radio"/> Moderate (2+) <input type="radio"/> Moderately severe (3+) <input type="radio"/> Severe (4+)			
	<input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation				
2	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation	<input type="radio"/> Mild (1+) <input type="radio"/> Moderate (2+) <input type="radio"/> Moderately severe (3+) <input type="radio"/> Severe (4+)			
	<input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation				

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'PRE-OPERATIVE EVALUATION'

Evaluation for Surgery Type⁷⁴⁶⁵: Cardiac surgery Non-cardiac surgery

Functional Capacity⁷⁴⁶⁶: < 4 METS >= 4 METS without symptoms >= 4 METS with symptoms Unknown⁷⁴⁶⁷

Surgical Risk⁷⁴⁶⁸: Low Intermediate High risk: Vascular High risk: Non-vascular

Solid Organ Transplant Surgery⁷⁴⁶⁹: No Yes

→ If Yes, **Donor**⁷⁴⁷⁰: No Yes

→ If Yes, **Organ**⁷⁴⁷¹: (Select all that apply) Heart Kidney Liver Lung Pancreas Other organ

CORONARY ANATOMY

Dominance⁷⁵⁰⁰: Left Right Co-dominant

Native Vessel with Stenosis >= 50%⁷⁵⁰⁵: No Yes → If Yes, Specify Segment(s):

SEGMENT NUMBER ⁷⁵⁰⁷	MEASUREMENT (FOR EACH SELECTED)
_____	Native Stenosis ⁷⁵⁰⁸ : _____ % Adjunctive Measurements Obtained ⁷⁵¹¹ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio ⁷⁵¹² : _____ → If Yes, iFR Ratio ⁷⁵¹³ : _____ → If Yes, IVUS MLA ⁷⁵¹⁴ : _____mm ² → If Yes, OCT MLA ⁷⁵¹⁵ : _____mm ²
_____	Native Stenosis ⁷⁵⁰⁸ : _____ Adjunctive Measurements Obtained ⁷⁵¹¹ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio ⁷⁵¹² : _____ → If Yes, iFR Ratio ⁷⁵¹³ : _____ → If Yes, IVUS MLA ⁷⁵¹⁴ : _____mm ² → If Yes, OCT MLA ⁷⁵¹⁵ : _____mm ²

→ If Prior CABG, **Graft Vessel Stenosis >=50%**⁷⁵²⁵: No Yes → If Yes, Specify Segment(s):

SEGMENT NUMBER ⁷⁵²⁷	MEASUREMENT (FOR EACH SELECTED)
_____	Graft Stenosis ⁷⁵²⁸ : _____ % Graft Vessel ⁷⁵²⁹ : <input type="radio"/> LIMA <input type="radio"/> RIMA <input type="radio"/> SVG <input type="radio"/> Radial <input type="checkbox"/> Unknown ⁷⁵³⁰ Adjunctive Measurements Obtained ⁷⁵³¹ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio ⁷⁵³² : _____ → If Yes, iFR Ratio ⁷⁵³³ : _____ → If Yes, IVUS MLA ⁷⁵³⁴ : _____mm ² → If Yes, OCT MLA ⁷⁵³⁵ : _____mm ²
_____	Graft Stenosis ⁷⁵²⁸ : _____ % Graft Vessel ⁷⁵²⁹ : <input type="radio"/> LIMA <input type="radio"/> RIMA <input type="radio"/> SVG <input type="radio"/> Radial <input type="checkbox"/> Unknown ⁷⁵³⁰ Adjunctive Measurements Obtained ⁷⁵³¹ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio ⁷⁵³² : _____ → If Yes, iFR Ratio ⁷⁵³³ : _____ → If Yes, IVUS MLA ⁷⁵³⁴ : _____mm ² → If Yes, OCT MLA ⁷⁵³⁵ : _____mm ²

PCI PROCEDURE

PCI Status⁷⁸⁰⁰: Elective Urgent

Decision for PCI with Surgical Consult⁷⁸¹⁵: No Yes

→ If Yes, **CV Treatment Decision**⁷⁸¹⁶:
 Surgery not recommended
 Surgery recommended, patient/family declined
 Surgery recommended, patient/family accepted

PCI for Multi-vessel Disease⁷⁸²⁰: No Yes

→ If Yes, **Multi-vessel Procedure Types**⁷⁸²¹: (In this lab visit) Initial PCI Staged PCI

PCI Indication⁷⁸²⁵: New onset angina <= 2 months Stable angina
 CAD (without ischemic Sx) Other

Syntax Score⁷⁸³¹: Low Intermediate High Unknown⁷⁸³²

PCI PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

MEDICATION ⁷⁹⁹⁰	ADMINISTERED ⁷⁹⁹⁵	MEDICATION ⁷⁹⁹⁰	ADMINISTERED ⁷⁹⁹⁵
Apixaban	<input type="radio"/> No <input type="radio"/> Yes	Low Molecular Weight Heparin	<input type="radio"/> No <input type="radio"/> Yes
Argatroban	<input type="radio"/> No <input type="radio"/> Yes	P2Y12 Inhibitors (Any)	<input type="radio"/> No <input type="radio"/> Yes
Bivalirudin	<input type="radio"/> No <input type="radio"/> Yes	Rivaroxaban	<input type="radio"/> No <input type="radio"/> Yes
Dabigatran	<input type="radio"/> No <input type="radio"/> Yes	Unfractionated Heparin	<input type="radio"/> No <input type="radio"/> Yes
Edoxaban	<input type="radio"/> No <input type="radio"/> Yes	Vorapaxar	<input type="radio"/> No <input type="radio"/> Yes
Fondaparinux	<input type="radio"/> No <input type="radio"/> Yes	Warfarin	<input type="radio"/> No <input type="radio"/> Yes
GP IIb/IIIa Inhibitors (Any)	<input type="radio"/> No <input type="radio"/> Yes		

LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

Lesion Counter ⁸⁰⁰⁰ :	1	2
Segment Number(s) ⁸⁰⁰¹ :	_____, _____, _____, _____, _____	_____, _____, _____, _____, _____
Stenosis Immediately Prior to Rx ⁸⁰⁰⁴ :	_____ %	_____ %
→ If 100%, Chronic Total Occlusion ⁸⁰⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰⁶	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Unknown ⁸⁰⁰⁶
TIMI Flow (Pre-Intervention) ⁸⁰⁰⁷ :	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3
Previously Treated Lesion ⁸⁰⁰⁸ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Date ⁸⁰⁰⁹ :	mm / dd / yyyy	mm / dd / yyyy
→ If Yes, Treated with Stent ⁸⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, In-Stent Restenosis ⁸⁰¹¹ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, In-Stent Thrombosis ⁸⁰¹² :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Stent Type ⁸⁰¹³ :	<input type="radio"/> DES <input type="radio"/> BMS <input type="checkbox"/> Unknown ⁸⁰¹⁴ <input type="radio"/> Bioabsorbable	<input type="radio"/> DES <input type="radio"/> BMS <input type="checkbox"/> Unknown ⁸⁰¹⁴ <input type="radio"/> Bioabsorbable
Lesion in Graft ⁸⁰¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Type of CABG Graft ⁸⁰¹⁶ :	<input type="radio"/> LIMA <input type="radio"/> Vein <input type="radio"/> Other Artery	<input type="radio"/> LIMA <input type="radio"/> Vein <input type="radio"/> Other Artery
→ If Yes, Location in Graft ⁸⁰¹⁷ :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal
Navigate through Graft to Native Lesion ⁸⁰¹⁸ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Lesion Complexity ⁸⁰¹⁹ :	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C
Lesion Length ⁸⁰²⁰ :	_____ mm	_____ mm
Severe Calcification ⁸⁰²¹ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Bifurcation Lesion ⁸⁰²² :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Guidewire Across Lesion ⁸⁰²³ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Device(s) Deployed ⁸⁰²⁴ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Stenosis (Post-Intervention) ⁸⁰²⁵ :	_____ %	_____ %
→ If Yes, TIMI Flow (Post-Intervention) ⁸⁰²⁶ :	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3
Intracoronary Device(s) Used ^{8027, 8028}	Associated Lesion(s) ⁸⁰³⁰	Diameter ⁸⁰³¹
Length ⁸⁰³²		
1	_____, _____, _____, _____	_____ mm
2	_____, _____, _____, _____	_____ mm

