

**A. DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Middle Name</b> <sup>2020</sup> :
<b>SSN</b> <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>	<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy	<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>
<b>Race:</b> <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> (check all that apply) <input type="checkbox"/> Asian <sup>2072</sup> → If Yes, <input type="checkbox"/> Asian Indian <sup>2080</sup> <input type="checkbox"/> Chinese <sup>2081</sup> <input type="checkbox"/> Filipino <sup>2082</sup> <input type="checkbox"/> Japanese <sup>2083</sup> <input type="checkbox"/> Korean <sup>2084</sup> <input type="checkbox"/> Vietnamese <sup>2085</sup> <input type="checkbox"/> Other <sup>2086</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup> → If Yes, <input type="checkbox"/> Native Hawaiian <sup>2090</sup> <input type="checkbox"/> Guamanian or Chamorro <sup>2091</sup> <input type="checkbox"/> Samoan <sup>2092</sup> <input type="checkbox"/> Other Island <sup>2093</sup>		
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Ethnicity Type:</b> (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano <sup>2100</sup> <input type="checkbox"/> Puerto Rican <sup>2101</sup> <input type="checkbox"/> Cuban <sup>2102</sup> <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin <sup>2103</sup>		

**B. EPISODE OF CARE (ADMISSION)**

<b>Arrival Date</b> <sup>3000</sup> : mm / dd / yyyy	<b>Reason for Admission</b> <sup>3040</sup> : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart Failure <input type="radio"/> Other
<b>Health Insurance</b> <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Payment Source</b> <sup>3010</sup> : <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care <small>(Select all that apply)</small> <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance	

**MBI#** 12846:

<b>Research Study</b> <sup>3020</sup> <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> : _____, _____	<input type="checkbox"/> <b>Patient Restriction</b> <sup>3035</sup>
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**C. HISTORY AND RISK FACTORS**

<b>Heart Failure</b> <sup>4000</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>NYHA Functional Classification</b> <sup>4010</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	<b>LVEF Assessed</b> <sup>4150</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent LVEF Date</b> <sup>4155</sup> : mm / dd / yyyy → If Yes, <b>Most Recent LVEF</b> <sup>4160</sup> : _____ %
<b>Syndrome(s) w/Risk of Sudden Death</b> <sup>4165</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Syndrome Type</b> <sup>4170</sup> : <input type="radio"/> Long QT syndrome <input type="radio"/> Short QT syndrome <input type="radio"/> Brugada syndrome <input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF	
<b>Familial Syndrome with Risk of Sudden Death</b> <sup>4175</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Familial Hx of Non-Ischemic Cardiomyopathy</b> <sup>4180</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Ischemic Cardiomyopathy</b> <sup>4185</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Guideline Directed Medical Therapy Maximum Dose</b> <sup>4195</sup> : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete → If Yes, <b>Timeframe</b> <sup>4190</sup> : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months	
<b>Non-Ischemic Cardiomyopathy</b> <sup>4200</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Guideline Directed Medical Therapy Maximum Dose</b> <sup>4210</sup> : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete → If Yes, <b>Timeframe</b> <sup>4205</sup> : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months	
<b>On Inotropic Support</b> <sup>4215</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>Cardiac Arrest</b> <sup>4220</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent Arrest Date</b> <sup>4225</sup> : mm / dd / yyyy → If Yes, <b>VTach Arrest</b> <sup>4230</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>VFib Arrest</b> <sup>4235</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Bradycardia Arrest</b> <sup>4240</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Ventricular Tachycardia</b> <sup>4245</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>VT Date</b> <sup>4250</sup> : mm / dd / yyyy → If Yes, <b>VT Type</b> <sup>4275</sup> : <input type="radio"/> Non-sustained VT <input type="radio"/> Monomorphic VT <input type="radio"/> Polymorphic VT <input type="radio"/> Monomorphic and polymorphic VT → If Yes, <b>Occurred Post Cardiac Surgery</b> <sup>4255</sup> : (w/in 48 hrs) <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Bradycardia Dependent</b> <sup>4260</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Reversible Cause</b> <sup>4265</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Hemodynamic Instability</b> <sup>4270</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>Ventricular Fibrillation</b> <sup>14719</sup> : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>VF Date</b> <sup>14720</sup> : mm / dd / yyyy

**C. HISTORY AND RISK FACTORS (CONT.)**

<b>Syncope</b> <sup>4280</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<b>Prior MI</b> <sup>4290</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
<b>Coronary Artery Disease</b> <sup>4285</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→ If Yes, <b>Most Recent MI Date</b> <sup>4295</sup> : mm / dd / yyyy		
<b>Coronary Angiography</b> <sup>4300</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Performed after Most Recent Cardiac Arrest</b> <sup>4305</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Results of Angiography</b> <sup>4310</sup> :	<input type="radio"/> No significant disease		<input type="radio"/> Significant disease		
	<input type="radio"/> Non-revascularizable significant disease				
→ If Significant disease, <b>Revascularization Performed</b> <sup>4315</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Revascularization Outcome</b> <sup>4320</sup> :	<input type="radio"/> Complete revascularization		<input type="radio"/> Incomplete revascularization		
<b>Prior Cardiovascular Implantable Electronic Device</b> <sup>4325</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<i>(Includes previously placed)</i>		
<b>On Heart Transplant Waiting List</b> <sup>4355</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<b>Candidate for VAD</b> <sup>14751</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
<b>Candidate for Transplant</b> <sup>4360</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<b>Currently on VAD</b> <sup>14752</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
<b>Atrial Fibrillation</b> <sup>4399</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>AFib Classification</b> <sup>4400</sup> :	<input type="radio"/> Paroxysmal ( <i>terminating spontaneously w/in 7 days</i> )		<input type="radio"/> Long standing persistent (>1 year)		
	<input type="radio"/> Persistent (>7 days)		<input type="radio"/> Permanent		
→ If Yes, <b>Plans for Cardioversion of AFib</b> <sup>4405</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
<b>Paroxysmal SVT History</b> <sup>4490</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
<b>OTHER HISTORY</b>					
<b>Prior PCI</b> <sup>4495</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Most Recent PCI Date</b> <sup>4500</sup> :	mm / dd / yyyy		→ If Yes, <b>Elective</b> <sup>4505</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, <b>Pre-existing Cardiomyopathy</b> <sup>4510</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
<b>Prior CABG</b> <sup>4515</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Most Recent CABG Date</b> <sup>4520</sup> :	mm / dd / yyyy		→ If Yes, <b>Elective</b> <sup>4525</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, <b>Pre-existing Cardiomyopathy</b> <sup>4530</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
<b>Prior Aortic Valve Procedure</b> <sup>14722</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Most Recent Aortic Valve Procedure Date</b> <sup>14725</sup> :	mm / dd / yyyy		→ If Yes, <b>Elective</b> <sup>14726</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
<b>Primary Valvular Heart Disease</b> <sup>4535</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
<b>Other Structural Abnormalities</b> <sup>4540</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→ If Yes, <b>Structural Abnormality Type</b> <sup>4545</sup> : (Select all that apply)					
	<input type="checkbox"/> LV structural abnormality associated with risk for sudden cardiac arrest				
	<input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) with high risk features				
	<input type="checkbox"/> Infiltrative				
	<input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC)				
	<input type="checkbox"/> Congenital heart disease associated with sudden cardiac arrest				
<b>Cerebrovascular Disease</b> <sup>4550</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<b>Currently on Dialysis</b> <sup>4560</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
<b>Diabetes Mellitus</b> <sup>4555</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	<b>Chronic Lung Disease</b> <sup>4575</sup> :	<input type="radio"/> No	<input type="radio"/> Yes

**D. DIAGNOSTIC STUDIES**

**Electrophysiology Study**<sup>5000</sup>:  No  Yes  
 → If Yes, **Most Recent Electrophysiology Study Date**<sup>5005</sup>:   Date Unknown<sup>5010</sup>  
 → If Yes, **Clinically Relevant Ventricular Arrhythmias Induced**<sup>5015</sup>:  No  Yes

**ECG Performed**<sup>5030</sup>:  No  Yes  
 → If Yes, **ECG Date**<sup>5035</sup>:   
 → If Yes, **Was ECG Normal**<sup>5040</sup>:  No  Yes

**Ventricular Paced**<sup>5105</sup>:  No  Yes  
**Only Ventricular Paced QRS Complexes Present**<sup>5045</sup>:  No  Yes  
 → If Yes, **Ventricular Paced QRS Duration**<sup>5050</sup>:  msec  
 → If No, **QRS Duration (Non-Ventricular Paced Complex)**<sup>5055</sup>:  msec

**Abnormal Intraventricular Conduction**<sup>5060</sup>:  No  Yes  
 → If Yes, **Intraventricular Conduction Types**<sup>5065</sup>: (Select all that Apply)  
 Left Bundle Branch Block (LBBB)  Delay, Nonspecific  
 Right Bundle Branch Block (RBBB)  Alternating RBBB and LBBB

**Atrial Rhythm**<sup>5100</sup>: (Select all that apply)  Sinus  AFib  Atrial tach  Atrial Flutter  Sinus arrest  Atrial paced

**E. LABS**

**BUN**<sup>6025</sup>:  mg/dL  Not Drawn<sup>6026</sup>      **Sodium**<sup>6035</sup>:  mEq/L  Not Drawn<sup>6036</sup>  
**Hemoglobin**<sup>6030</sup>:  g/dL  Not Drawn<sup>6031</sup>

**F. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)**

**Procedure Start Date/Time**<sup>7000</sup>:       **Procedure End Date/Time**<sup>7005</sup>:

**Procedure Type**<sup>7010</sup>:  Initial generator implant  Generator change  Generator explant  Lead only

**ICD Indication**<sup>7015</sup>:  (Initial generator implant or Generator change)  Primary prevention  Secondary prevention

**Shared Decision Making**<sup>14732</sup>:  No  Yes → If SDM Yes, was **SDM Tool Used**<sup>14733</sup>:  No  Yes  
 → If Yes, **SDM Tool used, SDM Tool Name**<sup>14734</sup>:

**Premarket Clinical Trial**<sup>7020</sup>:  No  Yes

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

**Operator Name**<sup>7600,7605,7610</sup>:       **Operator NPI**<sup>7615</sup>:

**Device implanted**<sup>7620</sup>:  No  Yes  
 → If Yes, **Final Device Type**<sup>7625</sup>:  ICD single chamber  ICD dual chamber  CRT-D  S-ICD (Sub Q)  
 CRT-P  Leadless single chamber PM  His / Left Bundle Pacemaker

→ If Yes, **CS/LV Lead**<sup>7630</sup>:  Not attempted  Successfully implanted  Previously implanted  Implant unsuccessful

→ If Yes, **His / Left Bundle Lead**<sup>14739</sup>:  Not attempted  Successfully implanted  Previously implanted  Implant unsuccessful

**Primary Tachycardia Indication Present**<sup>14729</sup>: (Defibrillator indications)  No  Yes  
 → If Yes, was there also a **Bradycardia Indication Present**<sup>14730</sup>:  No  Yes

**Primary Bradycardia Indication Present**<sup>14737</sup>: (Pacemaker indications)  No  Yes

**Reason Pacing Indicated**<sup>14731</sup>:  
 (Check all that apply, only applicable for device types: ICD DC, CRT-D, CRT-P, Leadless PM, His/Left Bundle PM)  
 Sick sinus syndrome  Mobitz Type II  AV Node Ablation  
 Complete heart block (intrinsic)  2:1 AV Block  HF Unresponsive to GDMT  
 Chronotropic incompetence  Anticipated Requirement of >40% RV pacing

**Primary Pacing Mode**<sup>14735</sup>:  DDD(R)  VVI(R)  DDI(R)  DDD(R)/AAI(R)  RVPP (RV Pacing Prevention Algorithm)  
 (Only applicable for device types: ICD DC, CRT-D, CRT-P, Leadless PM, His/Left Bundle PM)

**DEVICE INFORMATION FOR IMPLANTED DEVICES**

 → If Yes, **Device ID**<sup>7635</sup>: → If Yes, **Serial Number**<sup>7640</sup>: → If Yes, **UDI**<sup>7645</sup>: (future)

 → If **PROCEDURE TYPE**<sup>7010</sup> = 'GENERATOR CHANGE' OR 'GENERATOR EXPLANT'

**Reason(s) for Generator Replacement**<sup>7650</sup>: (Select all that apply)

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> End of expected battery life         | <input type="checkbox"/> Replaced at time of lead revision | <input type="checkbox"/> Upgrade           | <input type="checkbox"/> Infection   |
| <input type="checkbox"/> Under manufacturer advisory/recalled | <input type="checkbox"/> Faulty Connector/Header           | <input type="checkbox"/> Device relocation | <input type="checkbox"/> Malfunction |

**Device Explanted**<sup>7660</sup>:  Not explanted  Explanted  Previously explanted  
 → If Previously Explanted, **Explant Date**<sup>7665</sup>: mm / dd / yyyy

**DEVICE INFORMATION FOR CHANGED OR EXPLANTED DEVICES**

 → If Explanted, **Device ID**<sup>7675</sup>: → If Explanted, **Serial Number**<sup>7680</sup>: → If Explanted, **UDI**<sup>7685</sup>: (future)

**Explant Treatment Recommendation**<sup>7670</sup>:  No Re-implant  Downgrade

**H. LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)**
**Operator Name**<sup>7690,7695,7700</sup>:

**Operator NPI**<sup>7705</sup>:

<b>Lead Counter</b> <sup>7710</sup> :	<b>1</b>	<b>2</b>	<b>3</b>
<b>Identification</b> <sup>7715</sup> :	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead
<b>Lead ID</b> <sup>7720</sup> :			
<b>Serial Number</b> <sup>7725</sup> :			
<b>UDI</b> <sup>7730</sup> :	(future)	(future)	(future)
<b>Lead Location</b> <sup>7735</sup> :	<input type="radio"/> RA endocardial <input type="radio"/> RA epicardial <input type="radio"/> LV epicardial (CVS) <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RV endocardial <input type="radio"/> RV epicardial <input type="radio"/> His bundle <input type="radio"/> Left bundle <input type="radio"/> SVC/subclavian <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Substernal <input type="radio"/> Azygos vein <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> RA epicardial <input type="radio"/> LV epicardial (CVS) <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RV endocardial <input type="radio"/> RV epicardial <input type="radio"/> His bundle <input type="radio"/> Left bundle <input type="radio"/> SVC/subclavian <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Substernal <input type="radio"/> Azygos vein <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> RA epicardial <input type="radio"/> LV epicardial (CVS) <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RV endocardial <input type="radio"/> RV epicardial <input type="radio"/> His bundle <input type="radio"/> Left bundle <input type="radio"/> SVC/subclavian <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Substernal <input type="radio"/> Azygos vein <input type="radio"/> Other

**COMPLETE FOR EXISTING LEADS ONLY**

<b>Existing Lead Implant Date</b> <sup>7740</sup> :	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy
<b>Existing Lead Status</b> <sup>7745</sup> :	<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)**

<b>Cardiac Arrest</b> <sup>9000</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>TIA</b> <sup>9140</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Myocardial Infarction</b> <sup>9005</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Hematoma</b> (Req re-op, evacuation or transfusion) <sup>9180</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiac Perforation</b> <sup>9010</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Infection Requiring Antibiotics</b> <sup>9195</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Coronary Venous Dissection</b> <sup>9015</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Hemothorax</b> <sup>9205</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiac Tamponade</b> <sup>9055</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Pneumothorax</b> <sup>9215</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Stroke</b> <sup>9120</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Urgent Cardiac Surgery</b> <sup>9250</sup> :	<input type="radio"/> No <input type="radio"/> Yes

**POST-PROCEDURE EVENT(S)**
**Set Screw Problem**<sup>9255</sup>:  No  Yes

**Lead Dislodgement**<sup>9260</sup>:  No  Yes  
 → **If Yes, Lead Location**<sup>9265</sup>:  RA endocardial  RA epicardial  LV epicardial (CVS)  LV epicardial (surgical)  
 RV endocardial  RV epicardial  His bundle  Left bundle  SVC/subclavian  Subcutaneous (S-ICD)  
 Subcutaneous array  Substernal  Azygos vein  Other

**J. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)**
**CABG**<sup>10005</sup>: (During this admission)  No  Yes → **If Yes, CABG Date**<sup>10010</sup>: mm / dd / yyyy

**PCI**<sup>10015</sup>: (During this admission)  No  Yes → **If Yes, PCI Date**<sup>10020</sup>: mm / dd / yyyy

**Discharge Date**<sup>10100</sup>: mm / dd / yyyy

**Discharge Status**<sup>10105</sup>:  Alive  Deceased

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

 → **If Deceased, Death During the Procedure**<sup>10120</sup>:  No  Yes

 → **If Deceased, Cause of Death**<sup>10125</sup>:

- |   |  |   |
|---|--|---|
| <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 <sup>10200</sup> :	PRESCRIBED <sup>10205</sup> :			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
Angiotensin Converting Enzyme Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin Receptor-Nepriylisin Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelet Agent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II Receptor Blocker	<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"/>
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"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxiban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renin Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selective Sinus Node/If Channel Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>