

### A. DEMOGRAPHICS

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

Arrival Date <sup>3000</sup> : mm / dd / yyyy	Reason for Admission <sup>3040</sup> : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart Failure <input type="radio"/> Other		
Health Insurance <sup>3005</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Payment Source <sup>3010</sup> : (Select all that apply) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance			
MBI# <sup>12846</sup> :			
Research Study <sup>3020</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name <sup>3025</sup> , Patient ID <sup>3030</sup> : _____, _____			<input type="checkbox"/> Patient Restriction <sup>3035</sup>

### C. HISTORY AND RISK FACTORS

Prior Cardiovascular Implantable Electronic Device<sup>4325</sup>:  No  Yes (Includes previously placed)

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

Procedure Start Date/Time <sup>7000</sup> : mm/dd/yyyy / hh:mm	Procedure End Date/Time <sup>7005</sup> : mm/dd/yyyy / hh:mm
Procedure Type <sup>7010</sup> : <input type="radio"/> Initial generator implant <input type="radio"/> Generator change <input type="radio"/> Generator explant <input type="radio"/> Lead only	
Shared Decision Making <sup>14732</sup> : <input type="radio"/> No <input type="radio"/> Yes → If SDM Yes, was SDM Tool Used <sup>14733</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, SDM Tool used, SDM Tool Name <sup>14734</sup> :	
Premarket Clinical Trial <sup>7020</sup> : <input type="radio"/> No <input type="radio"/> Yes	

### 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> :		
Lead Counter <sup>7710</sup> :	1	2	3
Identification <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
Lead ID <sup>7720</sup> :			
Serial Number <sup>7725</sup> :			
UDI <sup>7730</sup> :	(future)	(future)	(future)
Lead Location <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)**

<b>Set Screw Problem</b> <sup>9255</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Lead Dislodgement</b> <sup>9260</sup> :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Lead Location</b> <sup>9265</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

**J. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)**

<b>CABG</b> <sup>10005</sup> : (During this admission) <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>CABG Date</b> <sup>10010</sup> : mm / dd / yyyy
<b>PCI</b> <sup>10015</sup> : (During this admission) <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>PCI Date</b> <sup>10020</sup> : mm / dd / yyyy
<b>Discharge Date</b> <sup>10100</sup> : mm / dd / yyyy	
<b>Discharge Status</b> <sup>10105</sup> : <input type="radio"/> Alive <input type="radio"/> Deceased	
→ If Alive, <b>Discharge Location</b> <sup>10110</sup> :	<input type="radio"/> Home <input type="radio"/> Skilled Nursing facility <input type="radio"/> Extended care/TCU/rehab <input type="radio"/> Other <input type="radio"/> Other acute care hospital <input type="radio"/> Left against medical advice (AMA)
→ If Deceased, <b>Death During the Procedure</b> <sup>10120</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Deceased, <b>Cause of Death</b> <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

**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 <sup>10200</sup>	PRESCRIBED <sup>1025</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-Neprilysin 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"/>
Rivaroxaban	<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"/>