

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	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female
Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :	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 <input type="checkbox"/> Middle Eastern/North African ²⁰⁷⁵		
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
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <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 : _____
Research Study ³⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ _____, _____

PHYSICAL EXAM AND LABS

Height ⁶⁰⁰⁰ : _____ cm	Weight ⁶⁰⁰⁵ : _____ kg	Pulse ⁶⁰¹⁰ : _____ bpm	Blood Pressure ^{6015/6020} : ____/____ mmHg
INR ⁶⁰⁴⁵ : _____ <input type="checkbox"/> Not Drawn ⁶⁰⁴⁶	BNP ¹⁴²⁸⁰ : _____ pg/mL <input type="checkbox"/> Not Drawn ¹³²⁰⁵	Creatinine ⁶⁰⁵⁰ : _____ mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵¹	NT proBNP ¹⁴²⁷⁹ : _____ pg/mL <input type="checkbox"/> Not Drawn ¹³²⁰⁶
Hemoglobin ⁶⁰³⁰ : _____ g/dL <input type="checkbox"/> Not Drawn ⁶⁰³¹			

HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)

CHA₂DS₂-VASc RISK SCORES ¹ CHA ₂ DS ₂ -VASc Risk Score Used with the permission of Gregory YH Lip MD, FRCP DFM, FACC, FESC			
CHA₂DS₂-VASc Congestive Heart Failure ⁴⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASc Vascular Disease ⁴⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes		
CHA₂DS₂-VASc LV Dysfunction ⁴⁰¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASc Stroke ⁴⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes		
CHA₂DS₂-VASc Hypertension ⁴⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASc TIA ⁴⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes		
CHA₂DS₂-VASc Diabetes Mellitus ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASc Thromboembolic Event ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes		

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰		→ If Yes
	No	Yes	
Symptoms During Afib/Aflutter	<input type="radio"/>	<input type="radio"/>	Symptoms Experienced ¹⁵⁷²³ : <u>Select all that apply from Dynamic list</u>
Cardiomyopathy	<input type="radio"/>	<input type="radio"/>	Cardiomyopathy Type ⁴⁵⁷⁰ : <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Ischemic (Select all that apply) <input type="checkbox"/> Non-ischemic <input type="checkbox"/> Restrictive <input type="checkbox"/> Other
Chronic Lung Disease	<input type="radio"/>	<input type="radio"/>	
Coronary Artery Disease	<input type="radio"/>	<input type="radio"/>	
Sleep Apnea	<input type="radio"/>	<input type="radio"/>	Rx Followed ⁴⁵⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes
Valvular Atrial Fibrillation	<input type="radio"/>	<input type="radio"/>	Mechanical Valve in Mitral Position ⁴³⁹⁰ : <input type="radio"/> No <input type="radio"/> Yes

HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)
Atrial Fibrillation Classification (prompting ablation) ⁴⁴⁰⁰: Paroxysmal Persistent LS - Persistent

Atrial Flutter ⁴⁴⁵⁵: No Yes – Typical/CTI Dependent Yes – Atypical

PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		→ If Yes
	No	Yes	
AV Node Ablation with PM Implantation	<input type="radio"/>	<input type="radio"/>	
Left Atrial Appendage Occlusion	<input type="radio"/>	<input type="radio"/>	
Atrial Fibrillation Termination Attempt	<input type="radio"/>	<input type="radio"/>	Pharmacologic Cardioversion ⁴⁴¹⁵ : <input type="radio"/> No <input type="radio"/> Yes
			DC Cardioversion ⁴⁴²⁰ : <input type="radio"/> No <input type="radio"/> Yes
			Prior Catheter Ablation ⁴⁴²⁵ : <input type="radio"/> No <input type="radio"/> Yes Date of Most Recent ⁴⁴³⁰ mm / dd / yyyy
			Prior Strategies ⁴⁴³⁵ : <u>Select all that apply from Dynamic list , _____</u>
			Prior Surgical Ablation ⁴⁴⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes Date of Most Recent ⁴⁴⁴⁵ mm / dd / yyyy
Atrial Flutter Termination Attempt	<input type="radio"/>	<input type="radio"/>	Pharmacologic Cardioversion ⁴⁴⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes
			DC Cardioversion ⁴⁴⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes
			Prior Catheter Ablation ⁴⁴⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes Date of Most Recent ⁴⁴⁸⁰ mm / dd / yyyy

DIAGNOSTIC STUDIES (MOST RECENT VALUES PRIOR TO THE START OF THE FIRST PROCEDURE)
Atrial Rhythm ⁵¹⁰⁰: (Select all that apply) Atrial fibrillation Atrial flutter Atrial paced Atrial tachycardia Sinus Sinus arrest

LVEF Assessed ⁵¹¹⁰: No Yes → If Yes, LVEF ⁵¹¹⁵: _____ %

Transthoracic Echo (TTE) Performed ⁵¹²⁰: No Yes
→ If Yes, Date of TTE ⁵¹²⁵: mm / dd / yyyy → If Yes, Echo Results ¹⁵⁷⁰⁷: Select all results from Dynamic list
Mitral Stenosis ⁵¹⁵⁰: No Yes

Mitral Regurgitation ⁵¹⁴⁵: (highest) None Trace/Trivial Mild Moderate
 Moderate-Severe Severe

Baseline Imaging Performed ⁵¹⁷⁰: No Yes
→ If Yes, CT Performed ⁵¹⁷⁵: No Yes
→ If Yes, MRI Performed ⁵¹⁸⁵: No Yes
→ If Yes, Transesophageal Echo Performed ⁵¹⁵⁵: No Yes
→ If Yes, Atrial Thrombus Detected ⁵¹⁶⁵: No Yes

PRE-PROCEDURE MEDICATIONS

Medication ⁶⁹⁸⁵	PRE-PROCEDURE MEDICATION ADMINISTERED ⁶⁹⁹⁰			
	PAST	CURRENT	HELD	NEVER
Amiodarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin receptor blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	<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"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin, Extended-Release Dipyridamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betrixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<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"/>
Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diltiazem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disopyramide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dofetilide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dronedarone	<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"/>
Flecainide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GLP-1 agonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procainamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propafenone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quinidine	<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"/>
SGLT inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<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"/>

PROCEDURE INFORMATION

Procedure Start Date/Time ⁷⁰⁰⁰: mm / dd / yyyy / hh:mm Procedure Status ⁷⁰²⁵: Inpatient Outpatient

Procedure End Date/Time ⁷⁰⁰⁵: mm / dd / yyyy / hh:mm

Operator Name, NPI ^{7100, 7105, 7110, 7115}: _____ *Last, First, Middle, NPI*

Fellow Name, NPI, Fellowship Training Program ^{15433, 15434, 15435, 15436, 15431}: (Optional) _____ *Last, First, Middle, NPI, Fellowship Program Name*

PROCEDURE INFORMATION - ABLATION

Sedation ⁷¹³⁰: Minimal/Anxiolysis Moderate/ Analgesia Deep/Analgesia General Anesthesia

Transseptal Catheterization ⁷¹⁷⁵: Single Double

Intracardiac Echocardiography ¹⁵⁷²⁶: No Yes – 2D Yes – 3D Yes – 4D

Pulmonary Vein Isolation ¹⁵⁷¹⁴: No Yes → If Yes, Energy Source ¹⁵⁷²²: Select all that apply from Dynamic list

Adjunctive Ablation Lesions ⁷¹⁶⁵: No Yes If yes, Select all locations and energy sources that apply

Location ¹⁵⁷²⁵	Occurrence ¹⁵⁷⁰⁸	Energy Source ¹⁵⁷⁰⁹	Location ¹⁵⁷²⁵	Occurrence ¹⁵⁷⁰⁸	Energy Source ¹⁵⁷⁰⁹
SVC isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Left auricular appendage	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Coronary sinus isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	LA floor line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Cavotricuspid isthmus (CTI)	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Mitral isthmus line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Ligament/vein of marshall	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Posterior wall isolation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
LA roof line	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Other	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>

Additional Ablations Attempted ¹⁵⁷¹⁰: No Yes If yes, Select all Additional Ablation Approach(es) and energy sources that apply

Approach ¹⁵⁷¹¹	Occurrence ¹⁵⁷¹²	Energy Source ¹⁵⁷¹³	Approach ¹⁵⁷¹¹	Occurrence ¹⁵⁷¹²	Energy Source ¹⁵⁷¹³
Complex fractionated electrogram	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Rotor-based mapping	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Focal/trigger ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Temporo-spatial dispersion mapping/ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>
Ganglion plexus ablation	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>	Other	<input type="radio"/> No <input type="radio"/> Yes	<u>Select from Dynamic list</u>

Phrenic Nerve Evaluation ⁷¹²⁰: No Yes

Cardioversion Performed During Procedure ¹⁵⁷²⁴: No Yes - Pharmacologic Yes - DC Both

Atrial Flutter Observed During Procedure ¹⁵⁷¹⁷: No Yes – Ablated Yes – Not Ablated

Atrial Tachycardia Observed During Procedure ¹⁵⁷¹⁸: No Yes – Ablated Yes – Not Ablated

DEVICE

Catheter Manipulation ⁷²⁰⁵: (Select all that apply) Manual Magnetic/Robotic Other

Catheter Ablation Device ID ⁷²⁵⁵, UDI ⁷²⁶⁰ (future use) ⁷²⁶⁰: _____, _____

Electroanatomic Mapping System ¹⁵⁷¹⁵: Select all that apply from Dynamic list, _____

PROCEDURE INFORMATION - RADIATION EXPOSURE

Cumulative Air Kerma ⁷²¹⁰: _____ mGy Gy No Radiation Kerma Documented ¹⁵⁷¹⁹

Dose Area Product ¹⁴²⁷⁸: _____ Gy·cm² dGy·cm² cGy·cm² mGy·cm² μGy·M² No Fluoro Used ¹⁵⁷²⁰

Fluoroscopy Time ⁷²¹⁴: _____ minutes

PROCEDURE INFORMATION – INTRAPROCEDURE ANTICOAGULATION STRATEGY

Intraprocedure Anticoagulation ⁷²²⁵: No Yes → If Yes, Uninterrupted Anticoagulation Therapy ¹⁵⁷⁷⁵: No Yes

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

EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²	IF YES	
Acute kidney injury	<input type="radio"/> No <input type="radio"/> Yes		
A-V fistula requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Bleeding - access site (transfusion)	<input type="radio"/> No <input type="radio"/> Yes		
Bradycardia adverse events	<input type="radio"/> No <input type="radio"/> Yes	Bradycardia Req Permanent Pacemaker ⁹⁰³⁰ <input type="radio"/> No <input type="radio"/> Yes	
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes		
Cardiac surgery (unplanned emergent)	<input type="radio"/> No <input type="radio"/> Yes		
Deep vein thrombosis	<input type="radio"/> No <input type="radio"/> Yes		
GU bleeding	<input type="radio"/> No <input type="radio"/> Yes		
Heart failure	<input type="radio"/> No <input type="radio"/> Yes		
Hematoma at access site	<input type="radio"/> No <input type="radio"/> Yes		
Hemolysis	<input type="radio"/> No <input type="radio"/> Yes		
Hemorrhage (non access site)	<input type="radio"/> No <input type="radio"/> Yes		
Hemothorax	<input type="radio"/> No <input type="radio"/> Yes		Requiring Drainage ⁹²¹⁰ <input type="radio"/> No <input type="radio"/> Yes
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes		
Pericardial effusion requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Pericardial effusion resulting in cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes		
Phrenic nerve damage	<input type="radio"/> No <input type="radio"/> Yes		
Pleural effusion	<input type="radio"/> No <input type="radio"/> Yes		
Pneumonia	<input type="radio"/> No <input type="radio"/> Yes		
Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Drainage ⁹²²⁰ <input type="radio"/> No <input type="radio"/> Yes	
Pseudoaneurysm requiring intervention	<input type="radio"/> No <input type="radio"/> Yes		
Pulmonary embolism	<input type="radio"/> No <input type="radio"/> Yes		
Pulmonary vein damage/dissection	<input type="radio"/> No <input type="radio"/> Yes		
Respiratory failure	<input type="radio"/> No <input type="radio"/> Yes		
Sepsis	<input type="radio"/> No <input type="radio"/> Yes		
Stroke	<input type="radio"/> No <input type="radio"/> Yes		
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes		
Vascular injury requiring surgical intervention	<input type="radio"/> No <input type="radio"/> Yes		

DISCHARGE
Atrial Rhythm ¹⁰⁰²⁵ : (Select all that apply) Atrial fibrillation Atrial flutter Atrial paced Atrial tachycardia Sinus Sinus arrest

Post Procedure Hemoglobin ¹⁴⁸⁷¹ : _____ g/dL Not Drawn ¹⁴⁸⁷²
Discharge Date/Time ¹⁰¹⁰¹ : mm / dd / yyyy / hh:mm

Discharge Status ¹⁰¹⁰⁵ : Alive Deceased

→ If Deceased, Death During Procedure ¹⁰¹²⁰ : No Yes

→ If Deceased, Cause of Death ¹⁰¹²⁵ : Cardiac Non-Cardiac Undetermined

DISCHARGE MEDICATIONS (Not required for patients who are deceased)

MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PATIENT REASON
Amiodarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin receptor blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	<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"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin, Extended-Release Dipyridamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<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"/>
Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diltiazem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disopyramide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dofetilide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dronedarone	<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"/>
Flecainide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GLP-1 agonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procainamide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propafenone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quinidine	<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"/>
SGLT inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sotalol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verapamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<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"/>

Event(s) ¹¹⁰¹¹	Event(s) Occurred ¹¹⁰¹²	→If Yes, Event Date(s) ¹¹⁰¹⁴
Vascular injury requiring intervention	O No O Yes	mm / dd / yyyy
Vascular injury requiring intervention: Access site complication requiring intervention	O No O Yes	mm / dd / yyyy
Vascular injury requiring intervention: AV-fistula	O No O Yes	mm / dd / yyyy
Vascular injury requiring intervention: Pseudoaneurysm	O No O Yes	mm / dd / yyyy