

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 ³⁰⁰⁰ : mm/dd/yyyy
Reason for Admission ³⁰⁴⁰ : <input type="radio"/> Admitted for this procedure <input type="radio"/> Heart failure <input type="radio"/> Other
→ If Admitted for this procedure, Reason ¹⁵⁷⁸⁰ <input type="checkbox"/> Device embolization <input type="checkbox"/> Initial device implant <input type="checkbox"/> Infection (Select all that apply) <input type="checkbox"/> Generator device change <input type="checkbox"/> Lead dislodgement <input type="checkbox"/> Other
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 _____, _____

PATHWAY (SELECT ALL THAT APPLY)

Electrophysiology Device Implant Pathway¹⁵⁸²⁶: Implantable cardioverter-defibrillator Permanent pacemaker Leads only

HISTORY AND RISK FACTORS

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁴²⁶⁴		→ If Yes,	
	No	YES		
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	AFib Classification ⁴⁴⁰⁰ : <input type="radio"/> Paroxysmal (terminating spontaneously w/in 7 days) <input type="radio"/> Persistent (>7 days) <input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent	
Cardiac arrest	<input type="radio"/>	<input type="radio"/>	Date ⁴²²⁵ : mm / dd / yyyy Bradycardia Arrest ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiomyopathy - ischemic	<input type="radio"/>	<input type="radio"/>		
Cardiomyopathy - non-ischemic	<input type="radio"/>	<input type="radio"/>		
Coronary artery disease	<input type="radio"/>	<input type="radio"/>		
Heart failure	<input type="radio"/>	<input type="radio"/>	NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV	
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	MI Date ⁴²⁹⁵ : mm / dd / yyyy	
Valvular heart disease	<input type="radio"/>	<input type="radio"/>		
Syncope	<input type="radio"/>	<input type="radio"/>		
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		→ If Yes, Procedure Date ¹⁴²⁵²	→ If Yes,
	No	YES		
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
Prior coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
CV implantable electronic device	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Prior CIED Device Type ¹⁵⁷⁹³ : Select from dynamic list
Prior PCI	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	

DIAGNOSTIC STUDIES (PRE-PROCEDURE)

ECG Performed⁵⁰³⁰: No Yes

Ventricular Paced⁵¹⁰⁵: No Yes

Only Ventricular-Paced QRS Complexes Present⁵⁰⁴⁵: No Yes

→ If Yes, **Ventricular-Paced QRS Duration**⁵⁰⁵⁰: _____ msec

→ If No, **QRS Duration (Non-Ventricular-Paced Complex)**⁵⁰⁵⁵: _____ msec

Abnormal Intraventricular Conduction⁵⁰⁶⁰: No Yes

→ If Yes, **Intraventricular Conduction Types**⁵⁰⁶⁵:
(Select all that apply)

<input type="checkbox"/> Alternating RBBB and LBBB	<input type="checkbox"/> Delay, nonspecific
<input type="checkbox"/> Left bundle branch block (LBBB)	<input type="checkbox"/> Right bundle branch block (RBBB)

Atrial Rhythm⁵¹⁰⁰: (Select all that apply) Atrial fibrillation Atrial flutter Atrial paced Atrial tachycardia Sinus Sinus arrest

LVEF Assessed⁴¹⁵⁰: No Yes

→ If Yes, **Most Recent LVEF**⁴¹⁵⁵: mm/dd/yyyy

→ If Yes, **Most Recent LVEF**⁴¹⁶⁰: _____ %

LABS (LAB OR POC)

BUN⁶⁰²⁵: _____ mg/dL Not Drawn⁶⁰²⁶ **Hemoglobin**⁶⁰³⁰: _____ g/dL Not Drawn⁶⁰³¹ **Sodium**⁶⁰³⁵: _____ mEq/L Not Drawn⁶⁰³⁶

INR⁶⁰⁴⁵: _____ Not Drawn⁶⁰⁴⁶ **Creatinine**⁶⁰⁵⁰: _____ mg/dL Not Drawn⁶⁰⁵¹

PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Room Entry Date/Time¹⁵⁶⁹⁴: 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**¹⁵⁶⁹⁵: mm/dd/yyyy / hh:mm

Procedure Type⁷⁰¹⁰: Generator change Generator explant Initial generator implant Lead only

→ If any generator change, explant, or implant, **Operator Name, NPI**^{7600,7605,7610,7615}: Last name, First Name, Middle Name/NPI

→ If any generator change, explant, or implant, **FIT Operator Name, NPI, Fellowship Training Program**^{15433,15434,15435,15436,15431}: _____, _____

Shared Decision Making¹⁴⁷³²: No Yes

Premarket Clinical Trial⁷⁰²⁰: No Yes

Post-market Surveillance¹⁵⁷⁸⁶: No Yes

DEVICE IMPLANT / EXPLANT (COMPLETE FOR ANY INITIAL GENERATOR IMPLANT, GENERATOR CHANGE, OR GENERATOR EXPLANT)

COMPLETE FOR ANY INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE

Device Implanted⁷⁶²⁰: No Yes

→ If Yes, **Final Device Type**¹⁵⁷⁹⁴: CRT-D Extravascular ICD ICD dual chamber ICD single chamber S-ICD (Sub Q)

(Select all that apply) Single chamber transvenous PPM Dual chamber transvenous PPM CRT-P Leadless single chamber PPM

Leadless dual chamber PPM His bundle PPM Left bundle PPM Leadless LVEP CCM

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

→ If Yes, **His Bundle Lead**¹⁵⁸²⁷: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **Left Bundle Lead**¹⁵⁸²⁸: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **Co-implant Device**¹⁵⁷⁸¹: No Yes

→ If Yes, **Device ID**⁷⁶³⁵: _____, _____ → If Yes, **Serial Number**⁷⁶⁴⁰: (Future Use) _____ → If Yes, **UDI**⁷⁶⁴⁵: (Future Use) _____

Bradycardia Indication Present¹⁴⁷³⁰: No Yes

→ If any pacemaker, CRT-D, or ICD dual chamber, **Reason Pacing Indicated**¹⁴⁷³¹: (Select all that apply)

2:1 AV block 2nd degree AV block, Mobitz Type II AV node ablation

Anticipated requirement of >40% RV pacing Chronotropic incompetence Complete heart block (intrinsic)

HF unresponsive to GDMT Sick sinus syndrome Other

GENERATOR REMOVAL (COMPLETE FOR ANY GENERATOR CHANGE OR GENERATOR EXPLANT)

Reason(s) for Generator Replacement⁷⁶⁵⁰: (Select all that apply)

Device relocation End of expected battery life Faulty connector/header Infection

Malfunction Replaced at time of lead revision Under manufacturer advisory/recall Upgrade Other

Device Explanted⁷⁶⁶⁰: Explanted (Current procedure) Not explanted Previously explanted

→ If Explanted, **Device ID**⁷⁶⁷⁵: _____, _____ → If Explanted, **Serial Number**⁷⁶⁸⁰: (Future Use) _____ → If Explanted, **UDI**⁷⁶⁸⁵: (Future Use) _____

Explant Treatment Recommendation⁷⁶⁷⁰: Downgrade No Re-implant Upgrade

LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)

Lead Operator Name, NPI^{7690,7695,7700,7705}: *Last name, First Name, Middle Name/NPI*

Lead Counter ⁷⁷¹⁰ :	1		2	
Identification ⁷⁷¹⁵ :	<input type="radio"/> New lead	<input type="radio"/> Existing lead	<input type="radio"/> New lead	<input type="radio"/> Existing lead
→ If Existing Lead, Implant Date ⁷⁷⁴⁰ :	mm/dd/yyyy		mm/dd/yyyy	
→ If Existing Lead, Lead Status ⁷⁷⁴⁵ :	<input type="radio"/> Extracted	<input type="radio"/> Abandoned	<input type="radio"/> Reused	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused
Lead ID ⁷⁷²⁰ :	_____		_____	
Serial Number ⁷⁷²⁵ : (Future use)	_____		_____	
UDI ⁷⁷³⁰ : (Future use)	_____		_____	
Lead Location ⁷⁷³⁵ :	<input type="radio"/> Azygos vein <input type="radio"/> Left bundle <input type="radio"/> LV epicardial (CVS) <input type="radio"/> RA endocardial <input type="radio"/> RV endocardial <input type="radio"/> Subcutaneous array <input type="radio"/> Substernal <input type="radio"/> Other	<input type="radio"/> His bundle <input type="radio"/> LV endocardial <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RA epicardial <input type="radio"/> RV epicardial <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> SVC/subclavian	<input type="radio"/> Azygos vein <input type="radio"/> Left bundle <input type="radio"/> LV epicardial (CVS) <input type="radio"/> RA endocardial <input type="radio"/> RV endocardial <input type="radio"/> Subcutaneous array <input type="radio"/> Substernal <input type="radio"/> Other	<input type="radio"/> His bundle <input type="radio"/> LV endocardial <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RA epicardial <input type="radio"/> RV epicardial <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> SVC/subclavian

INTRA- OR POST-PROCEDURE EVENTS

EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES
Bleeding - Access Site	<input type="radio"/> No <input type="radio"/> Yes	
Bleeding - Gastrointestinal	<input type="radio"/> No <input type="radio"/> Yes	
Bleeding - Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	
Hematoma (Re-op, evac, or transfusion)	<input type="radio"/> No <input type="radio"/> Yes	
Transfusion	<input type="radio"/> No <input type="radio"/> Yes	
Vascular complications	<input type="radio"/> No <input type="radio"/> Yes	Location¹⁵⁷⁸⁴: (Select all that apply) <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Groin Intervention Required¹⁵⁷⁸²: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Intervention Type¹⁵⁷⁸³ <input type="radio"/> Endovascular repair <input type="radio"/> Surgical repair <input type="radio"/> Thrombin injection
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	
Cardiac perforation	<input type="radio"/> No <input type="radio"/> Yes	
Coronary venous dissection	<input type="radio"/> No <input type="radio"/> Yes	
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes	
Urgent cardiac surgery	<input type="radio"/> No <input type="radio"/> Yes	
Pericardial effusion	<input type="radio"/> No <input type="radio"/> Yes	Requiring Intervention⁹⁰⁶⁵ <input type="radio"/> No <input type="radio"/> Yes
Cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	Intervention Type¹⁵⁷⁸⁸: (Select all that apply) <input type="checkbox"/> Open cardiac surgery <input type="checkbox"/> Percutaneous drainage
Stroke (Any)	<input type="radio"/> No <input type="radio"/> Yes	
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes	
Hemothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Drainage⁹²¹⁰: <input type="radio"/> No <input type="radio"/> Yes
Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Intervention¹⁵⁷⁸⁹: <input type="radio"/> No <input type="radio"/> Yes
Infection requiring antibiotics	<input type="radio"/> No <input type="radio"/> Yes	
Device embolization	<input type="radio"/> No <input type="radio"/> Yes	

POST-PROCEDURE EVENTS

Set Screw Problem⁹²⁵⁵: <input type="radio"/> No <input type="radio"/> Yes
Lead Dislodgement⁹²⁶⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Lead Location⁹²⁶⁵: <input type="radio"/> Azygos vein <input type="radio"/> His bundle <input type="radio"/> Left bundle <input type="radio"/> LV endocardial <input type="radio"/> LV epicardial (CVS) <input type="radio"/> LV epicardial (surgical) <input type="radio"/> RA endocardial <input type="radio"/> RA epicardial <input type="radio"/> RV endocardial <input type="radio"/> RV epicardial <input type="radio"/> Subcutaneous array <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Substernal <input type="radio"/> SVC/subclavian <input type="radio"/> Other

CONDUCTION SYSTEM PACING (COMPLETE FOR PATIENTS WITH A LEFT BUNDLE LEAD¹⁵⁸²⁸)

Final Paced QRS Duration¹⁵⁷⁹⁰ _____ msec <input type="checkbox"/> Not Assessed¹⁵⁸²⁹
Unipolar Paced QRS Morphology (Lead V1)¹⁵⁷⁸⁷ <input type="radio"/> No <input type="radio"/> Yes – qR <input type="radio"/> Yes – Qr <input type="radio"/> Yes - Other <input type="radio"/> Not documented
→ If Yes, R Wave Peak Time Duration¹⁵⁷⁹¹: (in Leads V5-V6) _____ msec <input type="checkbox"/> Not Assessed¹⁵⁸³⁰

