

IMPACT Registry™

V3.0 Data Collection Form Cardiac Implantable Electronic Device



NCDR®

AMERICAN COLLEGE of CARDIOLOGY®



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DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	SSN ²⁰³⁰ : - -	☐ SSN N/A ²⁰³¹
Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :	
Sex ²⁰⁶⁰ : ☐ Male ☐ Female	Patient Zip Code ²⁰⁶⁵ : _____	☐ Zip Code N/A ²⁰⁶⁶
Race: ☐ White ²⁰⁷⁰ ☐ Black/African American ²⁰⁷¹ ☐ American Indian/Alaskan Native ²⁰⁷³ (Select all that apply) ☐ Asian ²⁰⁷² ☐ Native Hawaiian/Pacific Islander ²⁰⁷⁴ ☐ Middle Eastern/North African ²⁰⁷⁵		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : ☐ No ☐ Yes		

EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy HH:MM
Health Insurance ³⁰⁰⁵ : ☐ No ☐ Yes → If Yes, Payment Source ³⁰¹⁰ : ☐ Private health insurance ☐ State-specific plan (non-Medicaid) (Select all that apply) ☐ Medicare (Part A or B) ☐ Medicare Advantage (Part C) ☐ Medicaid ☐ Military health care ☐ Indian Health Service ☐ Non-US insurance → If any Medicare, Medicare Beneficiary Identifier ¹²⁸⁴⁶ : _____
Research Study ³⁰²⁰ : ☐ No ☐ Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ _____, _____
IMPACT Pathway ¹⁵⁸³⁶ : ☐ Diagnostic or interventional catheterization ☐ Electrophysiology study with or without ablation (Select all that apply) ☐ Cardiovascular implantable electronic device (CIED)

Primary Diagnosis¹⁵⁸³⁵: [Select from dynamic list](#)

HISTORY AND RISK FACTORS

Genetic Condition ¹⁵¹¹³ : ☐ No ☐ Yes	→ If Yes, Condition Name ¹⁵⁰⁴⁸ : Select all that apply from list
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹ → IF YES AND WITHIN 30 DAYS
Cardiac catheterization	☐ No ☐ Yes Procedure ¹⁵⁰³⁸ : _____, _____ ☐ Procedure Not Documented ¹⁵⁸⁵⁶ (or beyond 30 days)
Cardiac surgery	☐ No ☐ Yes Surgery ¹⁵⁰⁴⁵ : _____, _____ ☐ Surgery Not Documented ¹⁵⁸⁵⁷ (or beyond 30 days)
CIED procedure	☐ No ☐ Yes

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY^{12905/15511} IS PRIOR CIED PROCEDURE = YES)

Device Counter ¹⁶¹⁷⁵	1	2
Device Type ¹⁶¹⁷⁶ :	☐ ILR ☐ ICD generator ☐ Pacemaker generator ☐ Leads only	☐ ILR ☐ ICD generator ☐ Pacemaker generator ☐ Leads only
	☐ Prior Device History Unknown ¹⁶¹⁷⁴	☐ Prior Device History Unknown ¹⁶¹⁷⁴
Implant Date ¹⁶¹⁷⁸	mm / dd / yyyy	mm / dd / yyyy

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY^{12905/15511} IS PRIOR CIED PROCEDURE = YES)

Device Counter ¹⁶¹⁷⁵	1	2
Complete for Device Type¹⁶¹⁷⁶ of ILR, ICD generator, Pacemaker generator		
Device ID ¹⁶²⁰⁵	Select from device list	Select from device list
Complete below if any prior device		
→ Device Serial Number ¹⁶¹⁷⁷	_____	_____
→ Prior Device Status ¹⁶¹⁷⁹ (Initial device is the first instance of that Device Type ¹⁶¹⁷⁶ being implanted)	☐ Initial device implant ☐ Device change	☐ Initial device implant ☐ Device change
→ Prior Device In Situ ¹⁶¹⁸⁰	☐ No (Explanted) ☐ Yes mm / dd / yyyy	☐ No (Explanted) ☐ Yes mm / dd / yyyy
→ If No, Prior Explant Date ¹⁶¹⁸¹		
→ If No, Prior Explant Reason ¹⁶¹⁸² (Select all that apply)	☐ Device relocation ☐ End of expected battery life ☐ Erosion ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision ☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other	☐ Device relocation ☐ End of expected battery life ☐ Erosion ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision ☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other
COMPLETE FOR PRIOR ILR (DEVICE TYPE¹⁶¹⁷⁶ = IMPLANTABLE LOOP RECORDER)		
Indication ¹⁶¹⁸³ (Select all that apply)	☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement ☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other	☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement ☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other
Prior ILR Laterality ¹⁶¹⁸⁴	☐ Right chest ☐ Left chest	☐ Right chest ☐ Left chest
Prior ILR Location ¹⁶¹⁸⁵	☐ Parasternal ☐ Intercostal ☐ Axillary ☐ Other	☐ Parasternal ☐ Intercostal ☐ Axillary ☐ Other
COMPLETE FOR PRIOR PACEMAKER (DEVICE TYPE¹⁶¹⁷⁶ = PACEMAKER GENERATOR)		
Indication ¹⁶¹⁸⁶ (Select all that apply)	☐ Sinus node dysfunction ☐ Junctional Rhythm ☐ 2 nd degree or high grade block ☐ Complete heart block ☐ Ventricular dysfunction ☐ SVT treatment ☐ Other	☐ Sinus node dysfunction ☐ Junctional Rhythm ☐ 2 nd degree or high grade block ☐ Complete heart block ☐ Ventricular dysfunction ☐ SVT treatment ☐ Other
→ If 16179=Change, Generator Upgrade ¹⁶¹⁸⁷	☐ No ☐ Yes	☐ No ☐ Yes
→ If Yes, Upgrade Type ¹⁶¹⁸⁸	☐ Single to dual chamber ☐ Pacemaker to CRT-P ☐ Pacemaker to conduction system pacing	☐ Single to dual chamber ☐ Pacemaker to CRT-P ☐ Pacemaker to conduction system pacing

PRIOR DEVICE HISTORY (COMPLETE IF PROCEDURE HISTORY^{12905/15511} IS PRIOR CIED PROCEDURE = YES)

Device Counter ¹⁶¹⁷⁵	1	2
COMPLETE FOR PRIOR ICD GENERATOR (DEVICE TYPE¹⁶¹⁷⁶ = ICD GENERATOR)		
Prior ICD Type ¹⁶¹⁸⁹	☐ Single chamber ☐ Dual chamber ☐ CRT-D ☐ SubQ ICD ☐ EV-ICD	☐ Single chamber ☐ Dual chamber ☐ CRT-D ☐ SubQ ICD ☐ EV-ICD
Indication ¹⁶¹⁹⁰	☐ Primary Prevention ☐ Secondary Prevention ☐ No ☐ Yes	☐ Primary Prevention ☐ Secondary Prevention ☐ No ☐ Yes
→ If 16179=Change, Upgrade ¹⁶¹⁹¹		
→ If 16179=Change, Change Type ¹⁶¹⁹²	☐ Single to dual chamber ☐ ICD to CRT-D ☐ Pacemaker to ICD ☐ S-ICD to transvenous ICD ☐ Transvenous to S-ICD ☐ ICD to pacemaker ☐ Transvenous to EV-ICD ☐ S-ICD to EV-ICD	☐ Single to dual chamber ☐ ICD to CRT-D ☐ Pacemaker to ICD ☐ S-ICD to transvenous ICD ☐ Transvenous to S-ICD ☐ ICD to pacemaker ☐ Transvenous to EV-ICD ☐ S-ICD to EV-ICD
→ If 16179=Change, Specify Change ¹⁶¹⁹³	<u>Select all that apply from list</u>	<u>Select all that apply from list</u>
Generator Shock History ¹⁶¹⁹⁴ : (Select all that apply)	☐ Appropriate shock(s) (for VT/VF) ☐ Inappropriate shock(s) (from SVT) ☐ Inappropriate shock(s) from malfunctions ☐ No prior shock(s)	☐ Appropriate shock(s) (for VT/VF) ☐ Inappropriate shock(s) (from SVT) ☐ Inappropriate shock(s) from malfunctions ☐ No prior shock(s)

COMPLETE FOR PRIOR ICD GENERATOR OR PACEMAKER (DEVICE TYPE¹⁶¹⁷⁶ = ICD GENERATOR OR PACEMAKER GENERATOR)

Prior Implant Location ¹⁶¹⁹⁵	☐ L axillary ☐ L pre-pectoral ☐ L sub-pectoral ☐ R axillary ☐ R pre-pectoral ☐ R sub-pectoral ☐ Intrathoracic ☐ Subrectus ☐ Other	☐ L axillary ☐ L pre-pectoral ☐ L sub-pectoral ☐ R axillary ☐ R pre-pectoral ☐ R sub-pectoral ☐ Intrathoracic ☐ Subrectus ☐ Other
Antibiotic Pouch Used At Time Of Implant ¹⁶¹⁹⁶	☐ No ☐ Yes ☐ Not documented	☐ No ☐ Yes ☐ Not documented

Complete for Prior Leads (DEVICE TYPE¹⁶¹⁷⁶ = ICD GENERATOR OR PACEMAKER GENERATOR OR LEADS ONLY)

Prior Lead ID ¹⁶²³²	<u>Select from device list</u>	<u>Select from device list</u>
Complete below if any prior lead		
→ Prior Lead or Subcutaneous Component Type ¹⁶¹⁹⁷	<u>Select from list</u>	<u>Select from list</u>
→ Prior Lead Location ¹⁶¹⁹⁸	☐ Transvenous/ Endocardial ☐ Epicardial ☐ Subcutaneous ☐ Extravascular ☐ Other	☐ Transvenous/ Endocardial ☐ Epicardial ☐ Subcutaneous ☐ Extravascular ☐ Other
→ If Transvenous/Endocardial, Lead Location ¹⁶¹⁹⁹	☐ Systemic venous atrium ☐ Pulmonary venous atrium ☐ Subpulmonary ventricle ☐ Systemic ventricle ☐ Coronary sinus ☐ Fontan baffle ☐ Other	☐ Systemic venous atrium ☐ Pulmonary venous atrium ☐ Subpulmonary ventricle ☐ Systemic ventricle ☐ Coronary sinus ☐ Fontan baffle ☐ Other

COMPLETE FOR PAST PROCEDURE COMPLICATIONS (COMPLETE FOR ALL PRIOR DEVICES)

Prior Complications During Past CIED Surgery ¹⁶²⁰⁰	☐ No ☐ Yes mm / dd / yyyy	☐ No ☐ Yes mm / dd / yyyy
→ If Yes, Date of Last Complication ¹⁶²⁰¹		
→ If Yes, CIED-related Complication ¹⁶²⁰²	<u>Select all that apply from dynamic list</u>	<u>Select all that apply from dynamic list</u>

DIAGNOSTIC STUDIES

Ventricular Function Assessed¹⁶⁰⁸⁴: ☐ No ☐ Yes

→ If Yes, EF¹⁶⁰⁸⁵: _____ % ☐ Not Documented¹⁶⁰⁸⁶

→ If Yes, Shortening Fraction¹⁶⁰⁸⁷: _____ % ☐ Not Documented¹⁶⁰⁸⁸

→ If Yes, Qualitative Assessment¹⁶⁰⁸⁹: ☐ Normal ☐ Mild ☐ Moderate ☐ Severe ☐ Not documented

Late Gadolinium Enhancement (noted on Cardiac MRI)¹⁶⁰⁹²: ☐ No ☐ Yes ☐ Cardiac MRI Not Performed¹⁶¹³⁴

→ If Yes, LGE Location¹⁶²¹⁷: ☐ Right ventricle ☐ Left ventricle ☐ Both

→ If Yes, Location of the LGE¹⁶⁰⁹³: Select all that apply

→ If Yes, Percentage of LGE¹⁶⁰⁹⁴: (if Quantified) _____ % ☐ Not Documented¹⁶⁰⁹⁵

ECG Performed⁵⁰³⁰: ☐ No ☐ Yes

→ If Yes, Date⁵⁰³⁵: mm / dd / yyyy

→ If Yes, ECG Rhythm Diagnosis¹⁶⁰⁹⁶: Select all that apply from list ☐ Not Documented¹⁶²⁴⁵

Paced QRS⁵⁰⁴⁵: ☐ No ☐ Yes

→ If Yes, Paced QRS Duration⁵⁰⁵⁰: _____ msec

→ If Yes, Paced QRS Morphology¹⁶⁰⁹⁷: (Select all that apply) ☐ RBBB ☐ LBBB ☐ IVCD

→ If No, Intrinsic QRS Duration⁵⁰⁵⁵: _____ msec

→ If No, Intrinsic QRS Morphology¹⁶⁰⁹⁸: (Select all that apply) ☐ Normal ☐ LAFB ☐ LPFB ☐ LBBB ☐ RBBB ☐ IVCD
☐ Alternating L/R BBB

LAB VISIT (COMPLETE FOR EACH LAB VISIT)

Procedures Performed¹⁵⁰⁸¹: (Select all that apply) ☐ ICD generator ☐ Implantable loop recorder ☐ Leads only ☐ Pacemaker generator

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

PRE-PROCEDURE (COMPLETE FOR EACH LAB VISIT)

Height¹⁵⁰²⁰: _____ O cm ☐ in **Weight**¹⁵⁰²¹: _____ O kg ☐ g

PRE-PROCEDURE MEDICATIONS (WITHIN THE LAST TWO WEEKS)

MEDICATIONS ¹⁵⁰³²	ADMINISTERED ⁶⁹⁹¹		→ IF YES
	No	YES	
Antiarrhythmic (Any)	☐	☐	
Anticoagulant - DOAC/NOAC	☐	☐	Stopped Prior To Procedure ¹⁶¹⁰⁴ : ☐ No ☐ Yes → If Yes, Number Of Days Stopped For ¹⁶¹⁰⁵ : _____
Anticoagulant - Low Molecular Weight Heparin	☐	☐	Stopped Prior To Procedure ¹⁶¹⁰⁷ : ☐ No ☐ Yes → If Yes, Number Of Days Stopped For ¹⁶¹⁰³ : _____
Anticoagulant - Warfarin	☐	☐	Stopped Prior To Procedure ¹⁶¹⁰² : ☐ No ☐ Yes → If Yes, Number Of Days Stopped For ¹⁶¹⁰³ : _____
Anticoagulant - Other	☐	☐	
Antiplatelet (Any)	☐	☐	Stopped Prior To Procedure ¹⁶¹⁰⁰ : ☐ No ☐ Yes → If Yes, Number Of Days Stopped For ¹⁶¹⁰¹ : _____

PRE-PROCEDURE DIAGNOSIS

Fundamental Diagnosis¹⁶¹³⁸: ☐ Acquired Heart Disease ☐ Cardiomyopathy ☐ Congenital Heart Disease ☐ Heart Block
☐ Inherited arrhythmia, channelopathy ☐ s/p Orthotopic Heart Transplant ☐ Sinus node dysfunction (Non-CHD)
☐ Unexplained cardiac arrest ☐ Other

→ If Acquired Heart Disease, **Type**¹⁶¹³⁵: (Select all that apply) ☐ Endocarditis ☐ Kawasaki disease ☐ Myocarditis
☐ Rheumatic heart disease ☐ Other

→ If Cardiomyopathy, **Cardiomyopathy Type**¹⁶²¹³: (Select all that apply) ☐ Arrhythmogenic ☐ Dilated ☐ Hypertrophic
☐ Noncompaction ☐ Pacemaker induced ☐ Restrictive
☐ Tachycardia-induced ☐ Other

→ If Congenital Heart Disease, **Reason for Device**¹⁶¹³⁶: (Select all that apply) ☐ Sinus node dysfunction ☐ Heart block

→ If Congenital Heart Disease, **Primary Congenital Defect Diagnosis**¹⁶¹³⁷: Select primary from list

→ If Congenital Heart Disease, **Single Ventricle Physiology**¹⁵⁰²⁸: ☐ No ☐ Yes
 → If Yes, **Type**¹⁶¹³⁹: ☐ Right ventricle ☐ Left Ventricle ☐ Indeterminant
 → If Yes, **Current Ventricular Circulation**¹⁶¹⁴⁰: ☐ Single ventricle circulation ☐ 1.5 ventricle circulation
 → If Yes, **Palliative Stage**¹⁶¹⁴¹: ☐ Stage I ☐ Stage II ☐ Stage III

→ If Congenital Heart Disease, **Heterotaxy Syndrome**¹⁶¹⁴²: ☐ No ☐ Yes ☐ Indeterminant

→ If Heart Block, **Etiology**¹⁶¹⁴³: ☐ Acquired (post-ablation) ☐ Acquired (post-infectious) ☐ Acquired (post-surgical)
 (Select all that apply) ☐ Congenital ☐ Idiopathic heart block/Other

PROCEDURE INFORMATION

Operator's Name, NPI^{15073, 15074, 15072, 7115, 16237}: Last, First, Middle, NPI Last, First, Middle, NPI Operator Role

Fellow Operator Name, NPI, Fellowship training program^{15431, 15433, 15434, 15435, 15436}: Last, First, Middle, NPI

Participating Providers¹⁶¹²¹: ☐ EP attending (implanter) ☐ Cardiac surgeon (implanter) ☐ Nurse practitioner ☐ Physician assistant
 (Select all that apply) ☐ Other

Visit Location¹⁵⁸⁵⁵: ☐ Outpatient setting ☐ Inpatient non critical care ☐ Inpatient critical care

Procedure Performed Location¹⁶¹²²: ☐ Cath lab ☐ OR ☐ Hybrid OR ☐ Outpatient office ☐ ASC/Office based lab ☐ Other

Anesthesia Type¹⁵⁹⁹⁹: ☐ General anesthesia ☐ Moderate sedation ☐ Minimal sedation/anxiolysis/local only

→ If General anesthesia, **Anesthesia Time**¹⁶¹⁶⁵: _____ Minutes ☐ Not Documented¹⁶¹⁶⁶

IMAGING, RADIATION AND CONTRAST

Fluoroscopy Used¹⁵⁸³⁷ ☐ No ☐ Yes

→ If Yes, **Fluoroscopy Time**¹⁶²³³: _____ minutes

→ If Yes, **Cumulative Air Kerma**¹⁶²³⁴: _____ O mGy ☐ Gy (Reference Air Kerma, Cumulative Dose, Reference Point Dose)

→ If Yes, **Dose Area Product**¹⁶²³⁵: _____ O Gy·cm² ☐ dGy·cm² ☐ cGy·cm² ☐ mGy·cm² ☐ μGy·M²

3D Electroanatomic Mapping Tools Used¹⁶²¹¹: ☐ No ☐ Yes

NEW CARDIOVASCULAR IMPLANTABLE ELECTRONIC DEVICE

NEW PACEMAKER OR ICD GENERATOR (PROCEDURE PERFORMED¹⁵⁰⁸¹ = PACEMAKER GENERATOR OR ICD GENERATOR)

Final Device Type¹⁵⁷⁹⁴: ☐ 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

→ If Leadless single chamber PPM, **Leadless Type**¹⁶²⁰³: ☐ Atrial ☐ Ventricular

Device ID⁷⁶³⁵: _____ → If any Device, **Serial Number**⁷⁶⁴⁰: _____ **UDI**⁷⁶⁴⁵: (Future Use)

NEW PACEMAKER GENERATOR (FINAL DEVICE TYPE¹⁵⁷⁹⁴ = 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)

Indication¹⁶¹¹⁷: ☐ Sinus node dysfunction ☐ Junctional Rhythm ☐ 2nd degree block or high grade block ☐ Complete heart block
(Select all that apply) ☐ Ventricular dysfunction ☐ SVT treatment ☐ Other

Pacemaker Change¹⁶¹¹⁸: ☐ No ☐ Yes

→ If Yes, **Pacemaker Change Reason**⁷⁶⁵⁰: ☐ Device relocation ☐ End of expected battery life ☐ Erosion
(Select all that apply) ☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision
☐ Replaced at time of upgrade ☐ Under manufacturer advisory/recalled ☐ Other

→ If Replaced at time of upgrade, **Upgrade Type**¹⁶¹¹⁹: ☐ Single to dual chamber ☐ Pacemaker to CRT-P
☐ Pacemaker to conduction system pacing

Implant Location¹⁶¹²⁰: ☐ L axillary ☐ L pre-pectoral ☐ L sub-pectoral ☐ R axillary ☐ R pre-pectoral
☐ R sub-pectoral ☐ Intrathoracic ☐ Subrectus ☐ Other

ICD GENERATOR (FINAL DEVICE TYPE¹⁵⁷⁹⁴ = CRT-D, EXTRAVASCULAR ICD, ICD DUAL CHAMBER, ICD SINGLE CHAMBER, S-ICD)

ICD Indication⁷⁰¹⁵: ☐ Primary Prevention ☐ Secondary Prevention

Generator Change¹⁶¹⁰⁸: ☐ No ☐ Yes

→ If Yes, **ICD Generator Change Reason**¹⁶¹⁰⁹: (Select all that apply) ☐ Device relocation ☐ End of expected battery life ☐ Erosion
☐ Faulty connector/Header ☐ Infection ☐ Malfunction ☐ Replaced at time of lead revision
☐ Upgrade ☐ Under manufacturer advisory/recalled ☐ Other

→ If Yes, **Change Type**¹⁶¹¹⁰: Select from list

→ If Yes, **Specify Change**¹⁶¹¹¹: Select from list

Implant Location¹⁶¹¹²: ☐ L axillary ☐ L pre-pectoral ☐ L sub-pectoral ☐ R axillary ☐ R pre-pectoral
☐ R sub-pectoral ☐ Intrathoracic ☐ Subrectus ☐ Other

Defibrillation Threshold Testing (DFT) Performed¹⁶¹¹³: ☐ No ☐ Yes – Successful ☐ Yes – Unsuccessful

→ If Unsuccessful, **Reason**¹⁶¹¹⁴: ☐ Unable to induce VT/VF ☐ Could not defibrillate ☐ VT/VF not detected ☐ Other

→ If Unsuccessful, **Changes To Make DFTs Successful At End Of Case**¹⁶¹¹⁵: ☐ No ☐ Yes

→ If Yes, **Interventions That Led Successful DFTs**¹⁶¹¹⁶: (Select all that apply) ☐ Programming change ☐ Hardware change ☐ Other

NEW IMPLANTABLE LOOP RECORDER (ILR) (PROCEDURE PERFORMED¹⁵⁰⁸¹ = IMPLANTABLE LOOP RECORDER)

Indication For New ILR¹⁶⁰⁷⁸: ☐ Abnormal ECG or Holter monitor results ☐ Palpitations ☐ Pre-syncope ☐ Replacement
(Select all that apply) ☐ Risk of malignant arrhythmia ☐ Syncope ☐ At risk genotype ☐ Other

Reimplantation¹⁶⁰⁷⁹: ☐ No ☐ Yes

→ **If yes, Reason For Reimplantation¹⁶⁰⁸⁰:** ☐ End of expected battery life ☐ Replaced at time of other surgery ☐ Infection
(Select all that apply) ☐ Erosion ☐ Under manufacturer advisory/recalled ☐ Malfunction
☐ Device relocation ☐ Other

New ILR Device ID¹⁶⁰⁸¹: Select from device list **New ILR Implant Location¹⁶⁰⁸²:** ☐ Right chest ☐ Left chest

Implant Specific Location¹⁶⁰⁸³: ☐ Parasternal ☐ Intercostal ☐ Axillary ☐ Other

LEADS ASSESSMENT

DO NOT COMPLETE IF IMPLANTABLE LOOP RECORDER IS THE ONLY PROCEDURE BEING PERFORMED

Lead Counter ⁷⁷¹⁰ :	1	2
Identification ⁷⁷¹⁵ :	☐ New lead ☐ Existing lead	☐ New lead ☐ Existing lead
Lead ID ⁷⁷²⁰ :	_____	_____
Serial Number ⁷⁷²⁵ :	_____	_____
UDI ⁷⁷³⁰ : (Future use)	_____	_____

NEW LEAD (IDENTIFICATION⁷⁷¹⁵=NEW LEAD)

Lead Type ¹⁶¹⁶⁹	<u>Select from list</u>	<u>Select from list</u>
Lead Location ¹⁶¹⁷⁰ :	<u>Select from list</u>	<u>Select from list</u>
→If Transvenous/endocardial (right or left ventricle) or epicardial (right, left or single ventricle) lead location Ventricle Location¹⁶¹⁷¹	☐ Septum ☐ Free wall	☐ Septum ☐ Free wall
→If Transvenous/endocardial (right or left ventricle) or epicardial (right, left or single ventricle) lead location Septum or Free Wall Location¹⁶¹⁷²	☐ Base ☐ Mid-ventricle ☐ Apex ☐ Parahisian ☐ Targeted Left Bundle Pacing	☐ Base ☐ Mid-ventricle ☐ Apex ☐ Parahisian ☐ Targeted Left Bundle Pacing

EXISTING LEAD (IDENTIFICATION⁷⁷¹⁵=EXISTING LEAD)

Lead Status After Current CIED Procedure¹⁶¹⁷³: ☐ Active ☐ Abandoned ☐ Explanted ☐ Active ☐ Abandoned ☐ Explanted

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

EVENT(S) ¹⁵¹⁵³	EVENT(S) OCCURRED ¹⁵²⁰⁷	IF YES	
CARDIAC			
Cardiac arrest	☐ No ☐ Yes		
Cardiac perforation	☐ No ☐ Yes	Requiring treatment¹⁶¹²⁵: ☐ No ☐ Yes → If Yes, Treatment¹⁶¹²⁶: (Select all that apply) ☐ Pericardial or pleural drain ☐ Surgical procedure ☐ Mechanical ventricular support device ☐ Catheter based device	
Cardiac tamponade	☐ No ☐ Yes		
Coronary artery compression	☐ No ☐ Yes		
Event requiring ECMO	☐ No ☐ Yes		
Urgent cardiac surgery	☐ No ☐ Yes		
Valvular regurgitation	☐ No ☐ Yes		
DEVICE RELATED EVENT			
Device embolization (for leadless pacemakers) requiring device retrieval	☐ No ☐ Yes	Retrieval¹⁶¹²⁷: ☐ Retrieved via Catheterization ☐ Retrieved via Surgery Select all that apply	
Device erosion	☐ No ☐ Yes		
Lead dislodgement	☐ No ☐ Yes	Lead Location¹⁶¹²⁸: <u>Select all that apply from list</u> → If Transvenous/endocardial (right or left ventricle) or epicardial (right, left, or single ventricle) lead location, Ventricle Location¹⁶¹²³: ☐ Septum ☐ Free wall → If Transvenous/endocardial (right or left ventricle) or epicardial (right, left, or single ventricle) lead location, Septum or Free Wall Location¹⁶¹²⁴: ☐ Base ☐ Mid-ventricle ☐ Apex ☐ Parahisian ☐ Targeted left bundle pacing	
Set screw problem	☐ No ☐ Yes		
EVENT(S)¹⁵¹⁵³	EVENT(S) OCCURRED¹⁵²⁰⁷	EVENT(S)¹⁵¹⁵³	EVENT(S) OCCURRED¹⁵²⁰⁷
GENERAL EVENT		PULMONARY	
Air embolus in systemic circulation	☐ No ☐ Yes	Airway event req. escalation of care	☐ No ☐ Yes
Air embolus in venous circulation	☐ No ☐ Yes	Pneumothorax	☐ No ☐ Yes
Bleeding event	☐ No ☐ Yes	Pulmonary embolism	☐ No ☐ Yes
Infection requiring antibiotics	☐ No ☐ Yes	VASCULAR	
Peripheral nerve injury	☐ No ☐ Yes	Deep vein thrombosis	☐ No ☐ Yes
Radiation exposure injury	☐ No ☐ Yes	Pocket hematoma req. intervention	☐ No ☐ Yes
RBC transfusion	☐ No ☐ Yes	Other vascular complication requiring treatment	☐ No ☐ Yes
Neurologic			
Stroke	☐ No ☐ Yes		
TIA	☐ No ☐ Yes		
Phrenic nerve paralysis	☐ No ☐ Yes		

DISCHARGE

Discharge Date/Time¹⁰¹⁰¹ MM / DD / YYYY HH:MM

Discharge Status¹⁰¹⁰⁵: ☐ Alive ☐ Deceased

→ **If Deceased, Death in Lab** ¹⁰¹²⁰: ☐ No ☐ Yes

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