

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
Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :	
Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	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"/> Asian ²⁰⁷²	<input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴	<input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <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
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Payment Source ³⁰¹⁰ : (Select all that apply) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <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
→ If any Medicare, Medicare Beneficiary Identifier (MBI) ¹²⁸⁴⁶ : _____
NCDR Research Study ³⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Research Study Name ³⁰²⁵ , Research Study Patient ID ³⁰³⁰ _____, _____
Admitted for LAA Occlusion Intervention ¹⁴⁷⁹¹ : <input type="radio"/> No <input type="radio"/> Yes

HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)

Specific to CHA₂DS₂-VASC RISK SCORES 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	
→ If Yes, NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
CHA₂DS₂-VASC LV Dysfunction ⁴⁰¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASC Thromboembolic Event ⁴⁰⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes
CHA₂DS₂-VASC Hypertension ⁴⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes	CHA₂DS₂-VASC Vascular Disease ⁴⁰⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes
CHA₂DS₂-VASC Diabetes Mellitus ⁴⁰²⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Vascular Disease Type ⁴⁰⁵⁰ : (Select all that apply)
CHA₂DS₂-VASC Stroke ⁴⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> Prior MI <input type="checkbox"/> PAD <input type="checkbox"/> Known Aortic Plaque <input type="checkbox"/> CAD*
CHA₂DS₂-VASC TIA ⁴⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> PCI* <input type="checkbox"/> CABG* <input type="checkbox"/> Carotid Artery Disease*
*This selection is not part of the original validated vascular disease criterion for the CHA ₂ DS ₂ -VASC score.	

Specific to HAS-BLED Risk Scores HAS-BLED RISK SCORE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP DFM, FACC, FESC

HAS-BLED Hypertension (Uncontrolled) ⁴⁰⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED Bleeding ⁴⁰⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED Abnormal Renal Function ⁴⁰⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED Labile INR ⁴¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED Abnormal Liver Function ⁴⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED Alcohol ⁴¹⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes
HAS-BLED Stroke ⁴⁰⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes	HAS-BLED Drugs - Antiplatelet ⁴¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, HAS-BLED Stroke Type ¹⁴⁷⁹² : (Select all that apply) <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic <input type="checkbox"/> Undetermined	HAS-BLED Drugs - NSAIDs ⁴¹¹⁵ : <input type="radio"/> No <input type="radio"/> Yes

ADDITIONAL STROKE AND BLEEDING RISK FACTORS (NON-RISK SCORE RELATED)

Increased Fall Risk¹⁴⁷⁹³: No Yes

Clinically Relevant Bleeding Event¹⁴⁷⁹⁴: No Yes

→ If Yes, **Bleeding Event Type**¹⁴⁷⁹⁶: (Select all that apply) Intracranial Epistaxis Gastrointestinal Other

→ If Yes, **Genetic Coagulopathy**¹⁴⁷⁹⁷: No Yes

→ If Yes, **Concurrent Anticoagulant Therapy**¹⁴⁷⁹⁸: No Yes

HISTORY – RHYTHM HISTORY

Atrial Fibrillation¹³⁷⁰⁹: No Yes

→ If Yes, **Atrial Fibrillation Classification**⁴⁴⁰⁰: Paroxysmal (*terminating spontaneously w/in 7 days*) Long standing persistent (>1 year)
 Persistent (>7 days) Permanent

Valvular Atrial Fibrillation⁴³⁸⁰: No Yes

→ If Yes, **Hx of Rheumatic Valve Disease**¹⁴⁷⁹⁹: No Yes

→ If Yes, **Hx of Mitral Valve Replacement**⁴³⁸⁵: No Yes

→ If Yes, **Mechanical Valve in Mitral Position**⁴³⁹⁰: No Yes

→ If Yes, **Hx of Mitral Valve Repair**⁴³⁹⁵: No Yes

Attempt at Atrial Fibrillation Termination⁴⁴¹⁰: No Yes

→ If Yes, **Pharmacologic Cardioversion**⁴⁴¹⁵: No Yes

→ If Yes, **DC Cardioversion**⁴⁴²⁰: No Yes

→ If Yes, **Catheter Ablation**⁴⁴²⁵: No Yes

→ If Yes, **Most Recent Catheter Ablation Date**⁴⁴³⁰: mm / dd / yyyy

→ If Yes, **Prior Ablation Strategy(s)**⁴⁴³⁵: _____, _____, _____

→ If Yes, **Surgical Ablation**⁴⁴⁴⁰: No Yes

→ If Yes, **Most Recent Surgical Ablation Date**⁴⁴⁴⁵: mm / dd / yyyy

Atrial Flutter⁴⁴⁵⁰: No Yes

→ If Yes, **Atrial Flutter Classification**⁴⁴⁵⁵: Typical/Cavotricuspid Isthmus (CTI) Dependent Atypical

→ If Yes, **Attempt at Atrial Flutter Termination**⁴⁴⁶⁰: No Yes

→ If Yes, **Pharmacologic Cardioversion**⁴⁴⁶⁵: No Yes

→ If Yes, **DC Cardioversion**⁴⁴⁷⁰: No Yes

→ If Yes, **Catheter Ablation**⁴⁴⁷⁵: No Yes

→ If Yes, **Most Recent Catheter Ablation Date**⁴⁴⁸⁰: mm / dd / yyyy

HISTORY – INTERVENTIONS

Cardiac Structural Intervention¹⁴⁸⁰²: No Yes

→ If Yes, **Cardiac Structural Intervention Type**¹⁴⁸⁰³: (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aortic Balloon Valvuloplasty | <input type="checkbox"/> Transcatheter Aortic Valve Replacement (TAVR) | <input type="checkbox"/> AV Replacement – Surgical |
| <input type="checkbox"/> AV Repair – Surgical | <input type="checkbox"/> Mitral Balloon Valvuloplasty | <input type="checkbox"/> Transcatheter Mitral Valve Repair (TMVR) |
| <input type="checkbox"/> MV Replacement – Surgical | <input type="checkbox"/> MV Repair – Surgical | <input type="checkbox"/> Mitral Annuloplasty Ring – Surgical |
| <input type="checkbox"/> Mitral Transcatheter – Valve-in-valve | <input type="checkbox"/> ASD Closure | <input type="checkbox"/> PFO Closure |
| <input type="checkbox"/> Pulmonic Replacement | <input type="checkbox"/> Pulmonic Repair | <input type="checkbox"/> Tricuspid Replacement |
| <input type="checkbox"/> Tricuspid Repair | | |

HISTORY – INTERVENTIONS CONTINUED
Left Atrial Appendage Occlusion Intervention¹⁴⁸⁰⁴: No Yes

→ **If Yes, Left Atrial Appendage Intervention Type**¹⁴⁸⁰⁶: Epicardial ligation Surgical amputation Surgical ligation
(Select all that apply) Percutaneous occlusion Surgical closure device Surgical stapling

ADDITIONAL HISTORY AND RISK FACTORS
Cardiomyopathy (CM)⁴⁵⁶⁵: No Yes

→ **If Yes, CM Type**⁴⁵⁷⁰: (Select all that apply) Non-ischemic Ischemic Restrictive Hypertrophic Other

Chronic Lung Disease⁴⁵⁷⁵: No Yes

Sleep Apnea⁴⁵⁸⁰: No Yes

Coronary Artery Disease⁴²⁸⁵: No Yes

→ **If Yes, Sleep Apnea Rec Treatment Followed**⁴⁵⁸⁵: No Yes

EPICARDIAL ACCESS ASSESSMENT
Epicardial Approach Considered¹⁴⁸²⁴: No Yes

→ **If Yes, Medical Conditions**¹⁴⁸²³: (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Pericarditis | <input type="checkbox"/> Epicardial Access |
| <input type="checkbox"/> Thoracic Radiation Therapy | <input type="checkbox"/> Pectus Excavatum | <input type="checkbox"/> Epigastric Surgery |
| <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Hepatomegaly | <input type="checkbox"/> Hiatal Hernia |

→ **If Autoimmune Disease, Lupus Erythematosus**¹⁴⁸²⁵: No Yes

DIAGNOSTIC STUDIES
Atrial Rhythm⁵¹⁰⁰: (Select all that apply) Sinus AFib Atrial tachy Atrial flutter Sinus arrest Atrial paced Not Documented

LVEF Assessed⁵¹¹⁰: No Yes → **If Yes, LVEF**⁵¹¹⁵: _____ %

Transthoracic Echo (TTE) Performed⁵¹²⁰: No Yes → **If Yes, Date of TTE**⁵¹²⁵: _____ mm / dd / yyyy

Baseline Imaging Performed⁵¹⁷⁰: No Yes

→ **If Yes, CT Performed**⁵¹⁷⁵: No Yes → **If Yes, Date of CT**⁵¹⁸⁰: _____ mm / dd / yyyy

→ **If Yes, MRI Performed**⁵¹⁸⁵: No Yes → **If Yes, Date of MRI**⁵¹⁹⁰: _____ mm / dd / yyyy

→ **If Yes, Intracardiac Echo Performed**¹⁴⁸²⁶: No Yes → **If Yes, Date of Intracardiac Echo**¹⁴⁸²⁷: _____ mm / dd / yyyy

PHYSICAL EXAM AND LABS
Height⁶⁰⁰⁰: _____ cm **Prothrombin Time (PT)**⁶⁰⁴⁰: _____ sec Not Drawn⁶⁰⁴¹
Weight⁶⁰⁰⁵: _____ kg **INR**⁶⁰⁴⁵: _____ Not Drawn⁶⁰⁴⁶
Pulse⁶⁰¹⁰: _____ bpm **Creatinine**⁶⁰⁵⁰: _____ mg/dL Not Drawn⁶⁰⁵¹
Blood Pressure^{6015/6020}: ____/____ mmHg **Albumin**¹⁴²¹⁰: _____ g/dL Not Drawn¹⁴²¹¹
Hemoglobin⁶⁰³⁰: _____ g/dL Not Drawn⁶⁰³¹ **Platelet Count**¹³²¹³: _____ μ L Not Drawn¹³²¹⁴
Modified Rankin Scale (mRS)¹⁴⁸⁰⁵:

- 0: No symptoms at all
- 1: No significant disability despite symptoms
- 2: Slight disability
- 3: Moderate disability
- 4: Moderately severe disability
- 5: Severe disability

 Not Administered⁹¹³⁰

PRE-PROCEDURE MEDICATIONS

Medication ⁶⁹⁸⁵	PRE-PROCEDURE MEDICATION ADMINISTERED ¹⁴⁸⁸³			
	PAST	CURRENT	HELD	NEVER
Fondaparinux	<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"/>
Unfractionated Heparin	<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"/>
Aspirin (81-100 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin (101-324 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin (325 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<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"/>
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"/>
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"/>
Other P2Y12	<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"/>
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"/>

PROCEDURE INFORMATION

PRE-PROCEDURE DIAGNOSTICS

Transesophageal Echocardiogram (TEE) Performed¹⁴⁸²⁸: No Yes → **If Yes, Most Recent TEE Date**¹⁴⁸²⁹: mm / dd / yyyy
 → **If Yes, Atrial Thrombus Detected**¹⁴⁸³⁸: No Yes

LAA Orifice Maximal Width¹⁴⁸³⁰: _____ mm

PROCEDURE

Procedure Start Date/Time⁷⁰⁰⁰: mm/dd/yyyy / hh:mm **Procedure Stop Date/Time**⁷⁰⁰⁵: mm/dd/yyyy / hh:mm

Operator Name, NPI^{14861, 14860, 14862/14863}: _____, _____

FIT Operator Name, NPI, Fellowship Training Program^{15433,15434,15435,15436,15431}: _____, _____

Shared Decision Making¹⁴⁷³²: No Yes → **If yes, was SDM Tool Used**¹⁴⁷³³: No Yes

→ **If yes, SDM Tool Name**¹⁴⁷³⁴:

Procedure Location¹²⁸⁷¹: OR Hybrid OR Cath Lab Hybrid Cath Lab EP Lab

Sedation⁷¹³⁰: Minimal Sedation/Anxiolysis Deep Sedation/Analgesia
 Moderate Sedation/Analgesia (Conscious Sedation) General Anesthesia

LAA Occlusion Indication¹⁴⁸³⁷: (Select all that apply)
 High fall risk History of major bleed Clinically significant bleeding risk (Other than those listed here)
 Increased thromboembolic stroke risk Labile INR Non-compliance with anticoagulation therapy
 Patient preference

Procedure Canceled¹⁴⁸³⁴: No Yes
 → **If Yes, Procedure Canceled Reason**¹⁴⁸³³: (Select all that apply)
 Anatomy not conducive for implant Appendage too large (for device implant) Appendage too small (for device implant)
 Catheterization challenge Decompensation in patient condition Epicardial access issue
 Thrombus detected Unanticipated patient condition Patient/Family choice

LIST ALL DEVICES IN CHRONOLOGICAL ORDER (DO NOT ANSWER IF PROCEDURE IS CANCELED) (14968=NO, ANSWER 14845)

	Access System ¹⁴⁸³⁹	Device ¹⁴⁸⁴¹		UDI ¹⁴⁸⁴³ (Future)	LAA Isolation Approach ¹⁴⁸⁴⁴	Device Successfully Deployed ¹⁴⁹⁶⁸		Reason Device Not Deployed Successfully ¹⁴⁸⁴⁵		
		1	2			<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
1		1	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		2	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		3	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
2		1	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		2	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		3	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
3		1	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		2	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed
		3	_____		O Epicardial O Percutaneous	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Deployed, not released	<input type="radio"/> Device retrieved	<input type="radio"/> Not deployed

PROCEDURE

Procedure Aborted¹⁴⁸³¹: No Yes (If 14968 is No, 14831 must be Yes and 14832 must be answered. [Do not answer if procedure is canceled.])

→ If Yes, **Procedure Aborted Reason**¹⁴⁸³²: (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Anatomy not conducive for implant | <input type="checkbox"/> Appendage too large (for device implant) | <input type="checkbox"/> Appendage too small (for device implant) |
| <input type="checkbox"/> Catheterization challenge | <input type="checkbox"/> Decompensation in patient condition | <input type="checkbox"/> Device related |
| <input type="checkbox"/> Transcatheter device retrieval | <input type="checkbox"/> Device release criteria not met | <input type="checkbox"/> Epicardial access issue |
| <input type="checkbox"/> Surgical device retrieval | <input type="checkbox"/> Device associated thrombus developed during procedure | |
| <input type="checkbox"/> Unanticipated patient condition | <input type="checkbox"/> Patient/Family choice | |

Device Margin Residual Leak¹⁴⁸⁴⁸: _____ mm Not Assessed¹⁴⁸⁴⁹ (Do not answer if procedure is aborted)

Guidance Method(s)⁷²⁰⁰: (Select all that apply) Intracardiac 3D echo Electro anatomic mapping Fluoroscopy
 (Do not answer if procedure is canceled) Transesophageal echo (TEE)

Conversion To Open Heart Surgery¹⁴⁸⁴⁶: No Yes

→ If Yes, **Reason**¹⁴⁸⁴⁷: Complication Device retrieval Unfavorable anatomy Medical decision for open ligation of appendage

Concomitant Procedure(s) Performed¹⁴⁸⁵⁵: No Yes

→ If Yes, **Concomitant Procedure Type**¹⁴⁸⁵⁷: (Select all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AFib Ablation | <input type="checkbox"/> AFib Ablation - Cryo | <input type="checkbox"/> AFib Ablation - PFA | <input type="checkbox"/> AFib Ablation - Radiofrequency |
| <input type="checkbox"/> AFib Ablation - Other | <input type="checkbox"/> ICD | <input type="checkbox"/> PCI | <input type="checkbox"/> TAVR |
| <input type="checkbox"/> TMVR | <input type="checkbox"/> ASD closure congenital | <input type="checkbox"/> ASD closure iatrogenic | <input type="checkbox"/> PFO closure congenital |

RADIATION EXPOSURE (DO NOT ANSWER IF PROCEDURE IS CANCELED)

Cumulative Air Kerma⁷²¹⁰: _____ mGy Gy

Contrast Volume⁷²¹⁵: _____ mL

Dose Area Product¹⁴²⁷⁸: _____ Gy · cm² dGy · cm² cGy · cm² mGy · cm² μGy · M²

INTRAPROCEDURE ANTICOAGULATION STRATEGY

Intra-procedure Anticoagulation⁷²²⁵: No Yes

→ If Yes, **Uninterrupted Warfarin Therapy**⁷²³⁰: No Yes

→ If Yes, **Heparin Admin During Proc**¹⁵¹³⁹: No - Not Prescribed Yes - Prescribed

→ If Yes, **Initial Administration**¹⁴⁸⁵²: Pre-transseptal Puncture Post-transseptal Puncture

→ If Yes, **Bivalirudin**¹⁵¹⁴⁰: No - Not Prescribed Yes - Prescribed

→ If Yes, **Other Anticoagulant**¹⁵¹³⁸: No - Not Prescribed Yes - Prescribed

→ If Yes, **Anticoagulation Reversal**¹⁴⁸⁵³: (End of Procedure) No Yes

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

EVENT(S) ¹²¹⁵³	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE ¹⁴²⁷⁵
CARDIOVASCULAR		
Air Embolism	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Heart failure	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Heart valve damage	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Left atrial thrombus	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pericardial effusion (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pericarditis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
SYSTEMIC		
Anaphylaxis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Arterial thrombosis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Deep vein thrombosis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Systemic thromboembolism (other than stroke) (Complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
GASTROINTESTINAL/GENITOURINARY		
Esophageal injury (resulting from TEE probe)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Hepatic injury	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
New requirement for dialysis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
DEVICE		
Device explant	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device infection	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device migration	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device thrombus	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device systemic embolization (catheter retrieval)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device systemic embolization (surgical retrieval)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
PERIPHERAL VASCULAR		
AV fistula (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
AV fistula (requiring surgical repair) (Complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pseudoaneurysm (no intervention required)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pseudoaneurysm (requiring endovascular repair) (complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pseudoaneurysm (requiring surgical repair) (complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pseudoaneurysm (requiring thrombin injection only) (complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

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

EVENT(S) ¹²¹⁵³	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE ¹⁴²⁷⁵
NEUROLOGIC (COMPLETE ADJUDICATION)		
Hemorrhagic stroke	O No O Yes	mm / dd / yyyy
Intracranial hemorrhage (other than hemorrhagic stroke)	O No O Yes	mm / dd / yyyy
Ischemic stroke	O No O Yes	mm / dd / yyyy
Transient ischemic attack (TIA)	O No O Yes	mm / dd / yyyy
Undetermined stroke	O No O Yes	mm / dd / yyyy
BLEEDING (COMPLETE ADJUDICATION)		
Access site bleeding	O No O Yes	mm / dd / yyyy
GI bleeding	O No O Yes	mm / dd / yyyy
Hematoma	O No O Yes	mm / dd / yyyy
Hemothorax (not requiring drainage)	O No O Yes	mm / dd / yyyy
Hemothorax (requiring drainage)	O No O Yes	mm / dd / yyyy
Other hemorrhage (non-intracranial)	O No O Yes	mm / dd / yyyy
Pericardial effusion (requiring open heart surgery)	O No O Yes	mm / dd / yyyy
Pericardial effusion with tamponade (requiring percutaneous drainage)	O No O Yes	mm / dd / yyyy
Pericardial effusion without tamponade (requiring percutaneous drainage)	O No O Yes	mm / dd / yyyy
Retroperitoneal bleeding	O No O Yes	mm / dd / yyyy
Vascular complications	O No O Yes	mm / dd / yyyy
PULMONARY		
Pleural effusion	O No O Yes	mm / dd / yyyy
Pneumonia	O No O Yes	mm / dd / yyyy
Pneumothorax (no intervention required)	O No O Yes	mm / dd / yyyy
Pneumothorax (requiring intervention)	O No O Yes	mm / dd / yyyy
Pulmonary embolism	O No O Yes	mm / dd / yyyy
Respiratory failure	O No O Yes	mm / dd / yyyy

POST PROCEDURE LABS (COMPLETE FOR EACH LAB VISIT)

Peak Creatinine ¹⁴⁸⁶⁸ : _____ mg/dL <input type="checkbox"/> Not Drawn ¹⁴⁸⁷⁰	Hemoglobin ¹⁴⁸⁷¹ : (Lowest) _____ g/dL <input type="checkbox"/> Not Drawn ¹⁴⁸⁷²
Creatine ¹⁴⁸⁶⁹ : (at discharge) _____ mg/dL <input type="checkbox"/> Not Drawn ¹⁴⁸⁶⁷	

DISCHARGE

Surgery¹⁴⁸³⁵: No Yes

Percutaneous Coronary Interventions (Other)¹⁴⁸³⁶: No Yes

Discharge Date¹⁰¹⁰⁰: mm / dd / yyyy

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ **If Alive, Discharge Location**¹⁰¹¹⁰: Home Skilled nursing facility Extended care/TCU/rehab

Other Other acute care hospital Left against medical advice (AMA)

→ **If Alive, Hospice Care**¹⁰¹¹⁵: No Yes

→ **If Deceased, Death During the Procedure**¹⁰¹²⁰: No Yes

→ **If Deceased, Cause of Death**¹⁰¹²⁵ :

<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

Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

Medication ¹⁰²⁰⁰	PRESCRIBED AT DISCHARGE ¹⁰²⁰⁵				→ IF YES, DOSE ¹⁰²⁰⁷		
	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PATIENT REASON	81-100 MG	101-324 MG	325 MG
Fondaparinux	<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"/>			
Unfractionated Heparin	<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"/>			
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<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"/>			
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"/>			
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"/>			
Other P2Y12	<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"/>			
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"/>			

IN-HOSPITAL ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)
SYSTEMIC THROMBOEMBOLISM
Adjudication Status¹⁴⁹³²: Alive Deceased → **If Deceased, Adjudication Date of Death**¹⁴⁹³³: mm / dd / yyyy

→ **If Deceased, Death Cause (End-Organ Hypoperfusion OR Systemic Thromboembolization OR Intervention)**¹⁴⁹³⁴: No Yes

Focal End-Organ Hypoperfusion Present¹⁴⁹³⁵: No Yes

Systemic Thromboembolization Imaging Evidence¹⁴⁹³⁹: No Yes

→ **If Yes, Imaging Method**¹⁴⁹³⁶: (Select all that apply) Angiography Computed Tomography Magnetic Resonance Imaging
 Ultrasound Other Imaging

Therapeutic Intervention Performed¹⁴⁹³⁷: No Yes

→ **If Yes, Intervention Type**¹⁴⁹³⁸: (Select all that apply) Catheter Pharmacological Surgical Other

Medication ¹⁴⁹⁴⁰	CURRENT MEDICATIONS AT TIME OF EVENT ¹⁴⁹⁴¹	
	YES	No
Fondaparinux	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>
Aspirin (81-100 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (101-324 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (325 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>
Other P2Y12	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>

FOLLOW-UP

Follow-up should be performed at the following intervals post-procedure:
45 days (+/- 14 days), 6 months (+ 60 days/- 30 days), 1 year (+/- 60 days), 2 years (+/- 60 days)

Assessment Date¹¹⁰⁰⁰ mm / dd / yyyy **Follow-up Interval**¹⁴⁸⁵¹: 45 day 6 month 1 year 2 year

Reference Episode Arrival Date¹⁴⁹⁴⁶: mm / dd / yyyy

Reference Episode Discharge Date¹⁴³³⁸: mm / dd / yyyy

Reference Procedure Start Date/Time¹¹⁰⁰¹: mm / dd / yyyy / HH:MM

Method(s) to Determine Status¹¹⁰⁰³: (Select all that apply) Office visit Medical records Letter from medical provider
 Phone call Social Security death master file Hospitalized Other

Follow-up Status¹¹⁰⁰⁴: Alive Deceased Lost to follow-up

→ If Deceased, **Date of Death**¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, **Cause of Death**¹¹⁰⁰⁷:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute myocardial infarction | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Hemorrhage |
| <input type="checkbox"/> Sudden cardiac death | <input type="checkbox"/> Renal | <input type="checkbox"/> Non-cardiovascular procedure or surgery |
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hepatobiliary | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cardiovascular procedure | <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Cardiovascular hemorrhage | <input type="checkbox"/> Infection | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> Other cardiovascular reason | <input type="checkbox"/> Inflammatory/Immunologic | <input type="checkbox"/> Other non-cardiovascular reason |

DIAGNOSTIC STUDIES

LVEF Assessed¹⁴⁸⁵⁸: No Yes → If Yes, **LVEF**¹³⁶⁹⁰: _____ %

Transthoracic Echo (TTE) Performed¹⁴⁸⁵⁹: No Yes → If Yes, **Date of TTE**¹⁴⁸⁷³: mm / dd / yyyy

Transesophageal Echo Performed (TEE)¹⁴⁸⁷⁴: No Yes → If Yes, **Date of TEE**¹⁴⁸⁷⁵: mm / dd / yyyy

Cardiac CT Performed¹⁴⁸⁷⁶: No Yes → If Yes, **Date of Cardiac CT**¹⁴⁸⁷⁷: mm / dd / yyyy

Cardiac MRI Performed¹⁴⁸⁷⁸: No Yes → If Yes, **Date of Cardiac MRI**¹⁴⁸⁷⁹: mm / dd / yyyy

Intracardiac Echo Performed¹⁴⁸⁸⁰: No Yes → If Yes, **Date of Intracardiac Echo**¹⁴⁸⁸¹: mm / dd / yyyy

→ If Yes (TEE) OR Yes (Cardiac CT) OR Yes (Cardiac MRI) OR Yes (Intracardiac Echo) **Atrial Thrombus Detected**¹⁴⁸⁸²: No Yes

Device Margin Residual Leak¹⁴⁸⁸⁴: _____ mm Not Assessed¹⁴⁸⁸⁵

PHYSICAL EXAM AND LABS

Creatinine¹⁴⁸⁸⁶: _____ mg/dL Not Drawn¹⁴⁸⁸⁷

Hemoglobin¹⁴⁸⁸⁸: (Lowest) _____ g/dL Not Drawn¹⁴⁸⁸⁹

Modified Rankin Scale (mRS)¹³¹⁴⁸:

- 0: No symptoms at all
- 1: No significant disability despite symptoms
- 2: Slight disability
- 3: Moderate disability
- 4: Moderately severe disability
- 5: Severe disability
- 6: Death

Not Administered¹⁴⁸⁹⁰

FOLLOW-UP
BARTHEL INDEX EVALUATION

MAHONEY FI, BARTHELD. "FUNCTIONAL EVALUATION: THE BARTHEL INDEX." MARYLAND STATE MED JOURNAL 1965;14:56-61. USED WITH PERMISSION.

Barthel Index Evaluation Performed¹⁴⁸⁹¹: No Yes

→ If Yes

Feeding ¹⁴⁸⁹² :	<input type="radio"/> Unable	<input type="radio"/> Needs help	<input type="radio"/> Independent	
Bathing ¹⁴⁸⁹³ :	<input type="radio"/> Dependent	<input type="radio"/> Independent		
Grooming ¹⁴⁸⁹⁴ :	<input type="radio"/> Needs help	<input type="radio"/> Independent		
Dressing ¹⁴⁸⁹⁵ :	<input type="radio"/> Dependent	<input type="radio"/> Needs help	<input type="radio"/> Independent	
Bowels ¹⁴⁸⁹⁶ :	<input type="radio"/> Incontinent	<input type="radio"/> Inconsistent	<input type="radio"/> Continent	
Bladder ¹⁴⁸⁹⁷ :	<input type="radio"/> Incontinent	<input type="radio"/> Inconsistent	<input type="radio"/> Continent	
Toilet Use ¹⁴⁸⁹⁸ :	<input type="radio"/> Dependent	<input type="radio"/> Needs help	<input type="radio"/> Independent	
Transfers ¹⁴⁸⁹⁹ :	<input type="radio"/> Unable	<input type="radio"/> Major assist needed	<input type="radio"/> Minor assist needed	<input type="radio"/> Independent
Mobility ¹⁴⁹⁰⁰ :	<input type="radio"/> Immobile	<input type="radio"/> Wheelchair	<input type="radio"/> One person assist	<input type="radio"/> Independent
Stairs ¹⁴⁹⁰¹ :	<input type="radio"/> Unable	<input type="radio"/> Needs help	<input type="radio"/> Independent	

FOLLOW-UP MEDICATIONS

Medication ¹¹⁹⁹⁰	CURRENT MEDICATIONS AT TIME OF FOLLOW-UP ¹⁴⁹⁴⁹				→IF YES, DOSE ¹⁴⁹⁵⁰		
	YES	NO – NO REASON	NO –MEDICAL REASON	NO – PATIENT REASON	81-100 MG	101-324 MG	325 MG
Fondaparinux	<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"/>			
Unfractionated Heparin	<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"/>			
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<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"/>			
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"/>			
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"/>			
Other P2Y12	<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"/>			
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"/>			

FOLLOW-UP ANTICOAGULATION THERAPY

Warfarin Discontinued¹⁴⁹⁵¹: No – Not Discontinued Yes - Discontinued

→ If Yes, Date¹⁴⁹⁵²: mm / dd / yyyy

Warfarin Resumed¹⁴⁹⁵³: No Yes (Thrombotic event) Yes (Other)

→ If Yes, Date¹⁴⁹⁵⁴: mm / dd / yyyy

DOAC Discontinued¹⁴⁹⁵⁵: No – Not Discontinued Yes - Discontinued

→ If Yes, Date¹⁴⁹⁵⁶: mm / dd / yyyy

DOAC Resumed¹⁴⁹⁵⁷: No Yes (Thrombotic event) Yes (Other)

→ If Yes, Date¹⁴⁹⁵⁸: mm / dd / yyyy

Aspirin Discontinued¹⁴⁹⁵⁹: No – Not Discontinued Yes - Discontinued

→ If Yes, Date¹⁴⁹⁶⁰: mm / dd / yyyy

Aspirin Resumed¹⁴⁹⁶¹: No Yes (Thrombotic event) Yes (Other)

→ If Yes, Date¹⁴⁹⁶³: mm / dd / yyyy

P2Y12 Discontinued¹⁴⁹⁶³: No – Not Discontinued Yes - Discontinued

→ If Yes, Date¹⁴⁹⁶⁴: mm / dd / yyyy

P2Y12 Resumed¹⁴⁹⁶⁵: No Yes (Thrombotic event) Yes (Other)

→ If Yes, Date¹⁴⁹⁶⁶: mm / dd / yyyy

FOLLOW-UP EVENTS

FOLLOW-UP EVENT(S) ¹⁴⁹⁴⁸	EVENT(S) OCCURRED ¹⁴²⁷⁶	→ IF YES, EVENT DATE ¹⁴²⁷⁷
CARDIOVASCULAR		
Endocarditis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Iatrogenic ASD (requiring intervention)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
LAA occlusion reintervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
PCI	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Pericarditis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Unplanned cardiac surgery	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Unplanned intervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
SYSTEMIC		
Deep vein thrombosis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
New requirement for dialysis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Non-device related readmission	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Systemic thromboembolism (other than stroke – complete adjudication)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

FOLLOW-UP EVENTS

FOLLOW-UP EVENT(S) ¹⁴⁹⁴⁸	EVENT(S) OCCURRED ¹⁴²⁷⁶	→ IF YES, EVENT DATE ¹⁴²⁷⁷
DEVICE		
Device explant	O No O Yes	mm / dd / yyyy
Device Fracture	O No O Yes	mm / dd / yyyy
Device migration	O No O Yes	mm / dd / yyyy
Device related readmission	O No O Yes	mm / dd / yyyy
Device systemic embolism	O No O Yes	mm / dd / yyyy
Device thrombus	O No O Yes	mm / dd / yyyy

NEUROLOGIC (COMPLETE ADJUDICATION)

Hemorrhagic stroke	O No O Yes	mm / dd / yyyy
Intracranial hemorrhage (other than hemorrhagic stroke)	O No O Yes	mm / dd / yyyy
Ischemic stroke	O No O Yes	mm / dd / yyyy
Transient ischemic attack (TIA)	O No O Yes	mm / dd / yyyy
Undetermined stroke	O No O Yes	mm / dd / yyyy

BLEEDING (COMPLETE ADJUDICATION)

Access site bleeding	O No O Yes	mm / dd / yyyy
GI bleeding	O No O Yes	mm / dd / yyyy
Hematoma	O No O Yes	mm / dd / yyyy
Hemothorax (requiring drainage)	O No O Yes	mm / dd / yyyy
Hemothorax (not requiring drainage)	O No O Yes	mm / dd / yyyy
Other hemorrhage (non-intracranial)	O No O Yes	mm / dd / yyyy
Pericardial effusion (requiring open cardiac surgery)	O No O Yes	mm / dd / yyyy
Pericardial effusion with tamponade (requiring percutaneous drainage)	O No O Yes	mm / dd / yyyy
Pericardial effusion without tamponade (requiring percutaneous drainage)	O No O Yes	mm / dd / yyyy
Retroperitoneal bleeding	O No O Yes	mm / dd / yyyy
Vascular complications	O No O Yes	mm / dd / yyyy

PERIPHERAL VASCULAR

AV fistula (requiring surgical repair) Complete adjudication	O No O Yes	mm / dd / yyyy
Pseudoaneurysm (requiring endovascular repair) Complete adjudication	O No O Yes	mm / dd / yyyy
Pseudoaneurysm(requiring surgical repair) Complete adjudication	O No O Yes	mm / dd / yyyy
Pseudoaneurysm (requiring thrombin injection only) Complete adjudication	O No O Yes	mm / dd / yyyy

PULMONARY

Pulmonary embolism	O No O Yes	mm / dd / yyyy
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FOLLOW-UP ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)

SYSTEMIC THROMBOEMBOLISM

Follow-up Adjudication Status¹⁴⁹⁷³: Alive Deceased → **If Deceased, Date of Death**¹⁴⁹⁷⁴: mm / dd / yyyy

→ **If Deceased, Death Cause (End-Organ Hypoperfusion OR Systemic Thromboembolization OR Intervention)**¹⁵⁰¹⁶: No Yes

Focal End-Organ Hypoperfusion Present¹⁵⁰⁰¹: No Yes

Systemic Thromboembolization Imaging Evidence¹⁵⁰⁰²: No Yes

→ **If Yes, Imaging Method**¹⁵⁰⁰³: (Select all that apply) Angiography Computed Tomography Magnetic Resonance Imaging
 Ultrasound Other Imaging

Therapeutic Intervention Performed¹⁵⁰⁰⁴: No Yes

→ **If Yes, Intervention Type**¹⁵⁰⁰⁵: (Select all that apply) Catheter Pharmacological Surgical Other

Medication ¹⁵⁰⁰⁶	CURRENT MEDICATIONS AT TIME OF EVENT ¹⁵⁰⁰⁷	
	YES	No
Fondaparinux	<input type="radio"/>	<input type="radio"/>
Heparin Derivative	<input type="radio"/>	<input type="radio"/>
Low Molecular Weight Heparin	<input type="radio"/>	<input type="radio"/>
Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>
Aspirin (81-100 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (101-324 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin (325 mg)	<input type="radio"/>	<input type="radio"/>
Aspirin/Dipyridamole	<input type="radio"/>	<input type="radio"/>
Vorapaxar	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>
Cangrelor	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>
Other P2Y12	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>