



A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
SSN ²⁰³⁰ : - - ☐ SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	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 (check all that apply) ☐ Asian ²⁰⁷² → If Yes, ☐ Asian Indian ²⁰⁸⁰ ☐ Chinese ²⁰⁸¹ ☐ Filipino ²⁰⁸² ☐ Japanese ²⁰⁸³ ☐ Korean ²⁰⁸⁴ ☐ Vietnamese ²⁰⁸⁵ ☐ Other ²⁰⁸⁶ ☐ Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, ☐ Native Hawaiian ²⁰⁹⁰ ☐ Guamanian or Chamorro ²⁰⁹¹ ☐ Samoan ²⁰⁹² ☐ Other Island ²⁰⁹³		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : ☐ No ☐ Yes → If Yes, Ethnicity Type: (check all that apply) ☐ Mexican, Mexican-American, Chicano ²¹⁰⁰ ☐ Puerto Rican ²¹⁰¹ ☐ Cuban ²¹⁰² ☐ Other Hispanic, Latino or Spanish Origin ²¹⁰³		

B. EPISODE OF CARE (ADMISSION)

Arrival Date ³⁰⁰⁰ : mm / dd / yyyy
Health Insurance ³⁰⁰⁵ : ☐ No ☐ Yes → If Yes, Payment Source ³⁰¹⁰ : ☐ Private Health Insurance ☐ Medicare ☐ Medicaid ☐ Military Health Care (Select all that apply) ☐ State-Specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance
HIC # ³⁰¹⁵ : MBI ¹²⁸⁴⁶ :
Research Study ³⁰²⁰ : ☐ No ☐ Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : _____, _____ ☐ Patient Restriction ³⁰³⁵
Admitted for LAA Occlusion Intervention ³⁰⁴⁵ : ☐ No ☐ Yes

C. HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)

SPECIFIC TO CHA₂DS₂-VASC RISK SCORES¹

CHA₂DS₂-VASC Congestive Heart Failure ⁴⁰⁰⁵ : ☐ No ☐ Yes → If Yes, NYHA Functional Classification ⁴⁰¹⁰ : ☐ Class I ☐ Class II ☐ Class III ☐ Class IV	
CHA₂DS₂-VASC LV Dysfunction ⁴⁰¹⁵ : ☐ No ☐ Yes	CHA₂DS₂-VASC Thromboembolic Event ⁴⁰⁴⁰ : ☐ No ☐ Yes
CHA₂DS₂-VASC Hypertension ⁴⁰²⁰ : ☐ No ☐ Yes	CHA₂DS₂-VASC Vascular Disease ⁴⁰⁴⁵ : ☐ No ☐ Yes
CHA₂DS₂-VASC Diabetes Mellitus ⁴⁰²⁵ : ☐ No ☐ Yes	→ If Yes, Vascular Disease Type ⁴⁰⁵⁰ : (Select all that apply)
CHA₂DS₂-VASC Stroke ⁴⁰³⁰ : ☐ No ☐ Yes	☐ Prior MI ☐ PAD ☐ Known Aortic Plaque
CHA₂DS₂-VASC TIA ⁴⁰³⁵ : ☐ No ☐ Yes	☐ CAD* ☐ PCI* ☐ CABG* ☐ Carotid Disease*
<i>*This selection is not part of the original validated vascular disease criterion for the CHA₂DS₂-VASC score.</i>	

SPECIFIC TO HAS-BLED RISK SCORES¹

HAS-BLED Hypertension (Uncontrolled) ⁴⁰⁵⁵ : ☐ No ☐ Yes	HAS-BLED Bleeding ⁴⁰⁹⁵ : ☐ No ☐ Yes
HAS-BLED Abnormal Renal Function ⁴⁰⁶⁰ : ☐ No ☐ Yes	HAS-BLED Labile INR ⁴¹⁰⁰ : ☐ No ☐ Yes
HAS-BLED Abnormal Liver Function ⁴⁰⁶⁵ : ☐ No ☐ Yes	HAS-BLED Alcohol ⁴¹⁰⁵ : ☐ No ☐ Yes
HAS-BLED Stroke ⁴⁰⁷⁰ : ☐ No ☐ Yes	HAS-BLED Drugs - Antiplatelet ⁴¹¹⁰ : ☐ No ☐ Yes
→ If Yes, Hemorrhagic ⁴⁰⁷⁵ : ☐ No ☐ Yes	HAS-BLED Drugs - NSAIDS ⁴¹¹⁵ : ☐ No ☐ Yes
→ If Yes, Ischemic ⁴⁰⁸⁰ : ☐ No ☐ Yes	
→ If Yes, Undetermined ⁴⁰⁸⁵ : ☐ No ☐ Yes	

¹CHA₂DS₂-VASC AND HAS-BLED RISK SCORES ARE USED WITH THE PERMISSION OF GREGORY YH LIP MD, FRCP (LONDON, EDINBURGH, GLASGOW), DFM, FACC, FESC



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

Increased Risk of Falls⁴¹²⁰: ☐ No ☐ YesClinically Relevant Bleeding Event⁴¹²⁵: ☐ No ☐ Yes→ If Yes, Bleeding Event Type⁴¹³⁰: (Select all that apply) ☐ Intracranial ☐ Epistaxis ☐ Gastrointestinal ☐ Other→ If Yes, Genetic Coagulopathy⁴¹³⁵: ☐ No ☐ Yes→ If Yes, Concurrent Anticoagulant Therapy⁴¹⁴⁰: ☐ No ☐ Yes

HISTORY – RHYTHM HISTORY

Atrial Fibrillation Classification⁴⁴⁰⁰: ☐ Paroxysmal (terminating spontaneously w/in 7 days) ☐ Long standing persistent (>1 year)
☐ Persistent (>7 days) ☐ PermanentValvular Atrial Fibrillation⁴³⁸⁰: ☐ No ☐ Yes→ If Yes, Hx of Rheumatic Valve Disease⁴³⁸¹: ☐ No ☐ Yes→ If Yes, Hx of Mitral Valve Replacement⁴³⁸⁵: ☐ No ☐ Yes→ If Yes, Mechanical Valve in Mitral Position⁴³⁹⁰: ☐ No ☐ Yes→ If Yes, Hx of Mitral Valve Repair⁴³⁹⁵: ☐ No ☐ YesAttempt at Atrial Fibrillation Termination⁴⁴¹⁰: ☐ No ☐ Yes→ If Yes, Pharmacologic Cardioversion⁴⁴¹⁵: ☐ No ☐ Yes→ If Yes, DC Cardioversion⁴⁴²⁰: ☐ No ☐ Yes→ If Yes, Catheter Ablation⁴⁴²⁵: ☐ No ☐ Yes→ If Yes, Date of Most Recent⁴⁴³⁰: mm / dd / yyyy→ If Yes, Prior Ablation Strategy(s)⁴⁴³⁵: _____, _____, _____, _____→ If Yes, Surgical Ablation⁴⁴⁴⁰: ☐ No ☐ Yes→ If Yes, Date of Most Recent⁴⁴⁴⁵: mm / dd / yyyyAtrial Flutter⁴⁴⁵⁰: ☐ No ☐ Yes→ If Yes, Atrial Flutter Classification⁴⁴⁵⁵: ☐ Typical/Cavotricuspid Isthmus (CTI) Dependent ☐ Atypical→ If Yes, Attempt at Atrial Flutter Termination⁴⁴⁶⁰: ☐ No ☐ Yes→ If Yes, Pharmacologic Cardioversion⁴⁴⁶⁵: ☐ No ☐ Yes→ If Yes, DC Cardioversion⁴⁴⁷⁰: ☐ No ☐ Yes→ If Yes, Catheter Ablation⁴⁴⁷⁵: ☐ No ☐ Yes→ If Yes, Date of Most Recent⁴⁴⁸⁰: mm / dd / yyyy

HISTORY – INTERVENTIONS

Cardiac Structural Intervention⁴⁵⁹⁰: ☐ No ☐ Yes→ If Yes, Cardiac Structural Intervention Type⁴⁵⁹⁵: (Select all that apply)

- | | | |
|--|--|---|
| ☐ Aortic Balloon Valvuloplasty | ☐ Transcatheter Aortic Valve Replacement (TAVR) | ☐ AV Replacement – Surgical |
| ☐ AV Repair – Surgical | ☐ Mitral Balloon Valvuloplasty | ☐ Transcatheter Mitral Valve Repair (TMVR) |
| ☐ MV Replacement – Surgical | ☐ MV Repair – Surgical | ☐ Mitral Annuloplasty Ring – Surgical |
| ☐ Mitral Transcatheter – Valve-in-valve | ☐ ASD Closure | ☐ PFO Closure |
| ☐ Pulmonic Replacement | ☐ Pulmonic Repair | ☐ Tricuspid Replacement |
| ☐ Tricuspid Repair | | |

Left Atrial Appendage (LAA) Intervention⁴⁶⁰⁰: ☐ No ☐ Yes→ If Yes, Left Atrial Appendage (LAA) Intervention Type⁴⁶⁰⁵: ☐ Epicardial Ligation ☐ Percutaneous Occlusion
☐ Surgical Amputation ☐ Surgical Closure Device
(Select all that apply) ☐ Surgical Ligation ☐ Surgical Stapling



ADDITIONAL HISTORY AND RISK FACTORS

Cardiomyopathy (CM)⁴⁵⁶⁵: ☐ No ☐ Yes→ If Yes, CM Type⁴⁵⁷⁰: (Select all that apply) ☐ Non-Ischemic ☐ Ischemic ☐ Restrictive ☐ Hypertrophic ☐ OtherChronic Lung Disease⁴⁵⁷⁵: ☐ No ☐ YesSleep Apnea⁴⁵⁸⁰: ☐ No ☐ YesCoronary Artery Disease⁴²⁸⁵: ☐ No ☐ Yes→ If Yes, Rx Followed⁴⁵⁸⁵: ☐ No ☐ Yes

EPICARDIAL ACCESS ASSESSMENT

Epicardial Approach Considered⁴⁸¹⁵: ☐ No ☐ Yes → If Yes, (complete the following)Cardiac Surgery⁴⁸²⁰: ☐ No ☐ Yes Thoracic Radiation Therapy⁴⁸⁴⁰: ☐ No ☐ YesPericarditis⁴⁸²⁵: ☐ No ☐ Yes Pectus Excavatum⁴⁸⁴⁵: ☐ No ☐ YesEpicardial Access⁴⁸³⁰: ☐ No ☐ Yes Epigastric Surgery⁴⁸⁵⁰: ☐ No ☐ YesAutoimmune Disease (any)⁴⁸³⁵: ☐ No ☐ Yes Hepatomegaly⁴⁸⁵⁵: ☐ No ☐ Yes→ If Yes, Lupus⁴⁸³⁶: ☐ No ☐ Yes Hiatal Hernia⁴⁸⁶⁰: ☐ No ☐ Yes

D. DIAGNOSTIC STUDIES

Atrial Rhythm⁵¹⁰⁰: (Select all that apply) ☐ Sinus ☐ AFib ☐ Atrial tach ☐ Atrial flutter ☐ Sinus arrest ☐ Atrial paced ☐ Not DocumentedLVEF Assessed⁵¹¹⁰: ☐ No ☐ Yes → If Yes, LVEF⁵¹¹⁵: _____ %Transthoracic Echo (TTE) Performed⁵¹²⁰: ☐ No ☐ Yes → If Yes, Date of TTE⁵¹²⁵: _____ mm / dd / yyyyBaseline Imaging Performed⁵¹⁷⁰: ☐ No ☐ Yes→ If Yes, CT Performed⁵¹⁷⁵: ☐ No ☐ Yes → If Yes, Date of CT⁵¹⁸⁰: _____ mm / dd / yyyy→ If Yes, MRI Performed⁵¹⁸⁵: ☐ No ☐ Yes → If Yes, Date of MRI⁵¹⁹⁰: _____ mm / dd / yyyy

E. PHYSICAL EXAM AND LABS

Height⁶⁰⁰⁰: _____ cm PT⁶⁰⁴⁰: _____ sec ☐ Not Drawn⁶⁰⁴¹Weight⁶⁰⁰⁵: _____ kg INR⁶⁰⁴⁵: _____ ☐ Not Drawn⁶⁰⁴⁶Pulse⁶⁰¹⁰: _____ bpm Creatinine⁶⁰⁵⁰: _____ mg/dL ☐ Not Drawn⁶⁰⁵¹Blood Pressure^{6015/6020}: _____ / _____ mmHg Albumin⁶⁰⁷⁵: _____ g/dL ☐ Not Drawn⁶⁰⁷⁶Hemoglobin⁶⁰³⁰: _____ g/dL ☐ Not Drawn⁶⁰³¹ Platelet Count⁶⁰⁸⁰: _____ μ L ☐ Not Drawn⁶⁰⁸¹

Modified Rankin Scale (mRS)⁶⁰⁸⁵: ☐ 0: No symptoms at all ☐ Not Administered⁶⁰⁸⁶

☐ 1: No significant disability despite symptoms

☐ 2: Slight disability

☐ 3: Moderate disability

☐ 4: Moderately severe disability

☐ 5: Severe disability



F. PRE-PROCEDURE MEDICATIONS

MEDICATION ⁶⁹⁸⁵		PRE-PROC MEDICATION ADMINISTERED ⁶⁹⁹⁰			
		PAST	CURRENT	HELD	NEVER
ANTIPLATELET	Aspirin (81-100 mg)	☐	☐	☐	☐
	Aspirin (101-324 mg)	☐	☐	☐	☐
	Aspirin 325 mg	☐	☐	☐	☐
	Aspirin/Dipyridamole	☐	☐	☐	☐
	Vorapaxar	☐	☐	☐	☐
P2Y12 INHIBITOR	Cangrelor	☐	☐	☐	☐
	Clopidogrel	☐	☐	☐	☐
	Prasugrel	☐	☐	☐	☐
	Ticlopidine	☐	☐	☐	☐
	Ticagrelor	☐	☐	☐	☐
	Other P2Y12 Inhibitor	☐	☐	☐	☐
ANTICOAGULANT	Warfarin	☐	☐	☐	☐
DIRECT ORAL ANTICOAGULANT	Apixaban	☐	☐	☐	☐
	Dabigatran	☐	☐	☐	☐
	Rivaroxaban	☐	☐	☐	☐
	Edoxaban	☐	☐	☐	☐
BRIDGING THERAPY	Unfractionated Heparin	☐	☐	☐	☐
	Fondaparinux	☐	☐	☐	☐
	Low Molecular Wt Heparin	☐	☐	☐	☐
	Heparin Derivative	☐	☐	☐	☐



G. PROCEDURE INFORMATION

PROCEDURE DIAGNOSTICS

Transesophageal Echo (TEE) Performed⁵¹⁵⁶: ☐ No ☐ Yes → If Yes, Date of TEE⁵¹⁵⁷: mm / dd / yyyy

→ If Yes, Atrial Thrombus Detected⁵¹⁵⁸: ☐ No ☐ Yes

LAA Orifice Maximal Width⁵¹⁶⁶: _____ mm

PROCEDURE

Procedure Start Date/Time^{7001,7002}: mm/dd/yyyy / hh:mm Procedure Stop Date/Time^{7006,7007}: mm/dd/yyyy / hh:mm

Operator Name^{7100,7105,7110}: Operator NPI⁷¹¹⁵:

Procedure Location⁷⁰³⁰: ☐ OR ☐ Hybrid OR ☐ Cath Lab ☐ Hybrid Cath Lab ☐ EP Lab

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

Indication for LAA Occlusion⁷⁰³⁵: (Select all that apply)

- ☐ Increased thromboembolic stroke risk ☐ Labile INR
☐ History of major bleed ☐ Patient preference
☐ High fall risk ☐ Non-compliance with anticoagulation therapy

Procedure Canceled⁷⁰⁴⁰: ☐ No ☐ Yes

→ If Yes, Reason⁷⁰⁴¹: (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

Access System ⁷²⁷⁰	Device ⁷²⁷⁵	UDI ⁷²⁸⁰	LAA Isolation Approach ⁷²⁸⁵		Outcome of Device ⁷²⁹⁰	
1	1	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	2	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	3	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
2	1	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	2	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	3	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
3	1	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	2	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved
	3	(future)	☐ Epicardial	☐ Percutaneous	☐ Deployed, released ☐ Not Deployed	☐ Deployed, not released ☐ Device retrieved

Procedure Aborted⁷²⁹⁵: ☐ No ☐ Yes

→ If Yes, Reason⁷²⁹⁶: (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 ☐ Device related
☐ Transcatheter device retrieval ☐ Device release criteria not met ☐ Epicardial access issue
☐ Surgical device retrieval ☐ Device associated thrombus developed during procedure
☐ Unanticipated patient condition ☐ Patient/Family choice

Conversion to Open Heart Surgery⁷³⁰⁰: ☐ No ☐ Yes

→ If Yes, Reason⁷³⁰¹: ☐ Complication ☐ Device Retrieval ☐ Unfavorable anatomy
☐ Medical decision for open ligation of appendage

Device Margin Residual Leak⁷³⁰⁵: _____ mm ☐ Not Assessed⁷³⁰⁶

Guidance Method(s)⁷²⁰⁰: _____, _____, _____

Concomitant Procedure(s) Performed⁷³¹⁰: ☐ No ☐ Yes → If Yes, Concomitant Procedure Type⁷³¹⁵: (Select all that apply)

- ☐ AFib Ablation ☐ ICD ☐ PCI ☐ TAVR ☐ TMVR
☐ ASD Closure Congenital ☐ ASD Closure Iatrogenic ☐ PFO Closure Congenital



RADIATION EXPOSURE

Cumulative Air Kerma^{7210,7211}: _____ O mGy O Gy Contrast Volume⁷²¹⁵: _____ mL

Dose Area Product^{7220,7221}: _____ O Gy-cm² O dGy-cm² O cGy-cm² O mGy-cm² O μGy-M²

INTRAPROCEDURE ANTICOAGULATION STRATEGY

Intraprocedure Anticoagulation⁷²²⁵: O No O Yes

→ If Yes, Uninterrupted Warfarin Therapy⁷²³⁰: O No O Yes

→ If Yes, Heparin⁷²³⁵: O No O Yes

→ If Yes, Initial Administration⁷²⁴⁰: O Pre-transseptal Puncture O Post-transseptal Puncture

→ If Yes, Bivalirudin⁷²⁴⁵: O No O Yes

→ If Yes, Other⁷²⁵⁰: O No O Yes

→ If Yes, Anticoagulation Reversal⁷²⁶⁵: (End of Procedure) O No O Yes

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

Intra or Post Procedure Events Occurred⁹⁹⁸⁴: O No O Yes → If Yes, specify the Event(s), Event Date(s):

EVENT ⁹⁹⁸⁵	EVENT OCCURRED ⁹⁹⁹⁰	EVENT DATE(S) ⁹⁹⁹⁵
CARDIOVASCULAR		
Cardiac Arrest	O No O Yes	mm / dd / yyyy
Myocardial Infarction	O No O Yes	mm / dd / yyyy
Air Embolism	O No O Yes	mm / dd / yyyy
Heart Failure	O No O Yes	mm / dd / yyyy
Heart Valve Damage	O No O Yes	mm / dd / yyyy
Left Atrial Thrombus	O No O Yes	mm / dd / yyyy
Pericardial Effusion (no intervention required)	O No O Yes	mm / dd / yyyy
Pericarditis	O No O Yes	mm / dd / yyyy
SYSTEMIC		
Anaphylaxis	O No O Yes	mm / dd / yyyy
Arterial Thrombosis	O No O Yes	mm / dd / yyyy
Deep Vein Thrombosis	O No O Yes	mm / dd / yyyy
Systemic Thromboembolism (other than stroke) (COMPLETE ADJUDICATION)	O No O Yes	mm / dd / yyyy
GASTROINTESTINAL/GENITOURINARY		
Esophageal Injury (resulting from TEE probe)	O No O Yes	mm / dd / yyyy
Hepatic Injury	O No O Yes	mm / dd / yyyy
New Requirement for Dialysis	O No O Yes	mm / dd / yyyy
DEVICE		
Device Explant	O No O Yes	mm / dd / yyyy
Device Infection	O No O Yes	mm / dd / yyyy
Device Migration	O No O Yes	mm / dd / yyyy
Device Thrombus	O No O Yes	mm / dd / yyyy
Device Systemic Embolization (catheter retrieval)	O No O Yes	mm / dd / yyyy
Device Systemic Embolization (surgical retrieval)	O No O Yes	mm / dd / yyyy

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

Event ⁹⁹⁸⁵	Event Occurred ⁹⁹⁹⁰	Event Date(s) ⁹⁹⁹⁵
PERIPHERAL VASCULAR*		
*When selecting Peripheral Vascular events requiring endovascular, surgical, or thrombin injection interventions, also code Vascular Complications (as the events meet the definition) and complete the Bleeding Adjudication fields.		
AV Fistula (no intervention required)	☐ No ☐ Yes	mm / dd / yyyy
AV Fistula (requiring surgical repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (no intervention required)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring endovascular repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring surgical repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring thrombin injection only)	☐ No ☐ Yes	mm / dd / yyyy
NEUROLOGIC (COMPLETE ADJUDICATION)		
Hemorrhagic Stroke	☐ No ☐ Yes	mm / dd / yyyy
Ischemic Stroke	☐ No ☐ Yes	mm / dd / yyyy
Undetermined Stroke	☐ No ☐ Yes	mm / dd / yyyy
TIA	☐ No ☐ Yes	mm / dd / yyyy
Intracranial Hemorrhage (other than hemorrhagic stroke)	☐ No ☐ Yes	mm / dd / yyyy
BLEEDING (COMPLETE ADJUDICATION)		
Access Site Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Hematoma	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complications	☐ No ☐ Yes	mm / dd / yyyy
GI Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Retroperitoneal Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Other Hemorrhage (non-intracranial)	☐ No ☐ Yes	mm / dd / yyyy
Hemothorax (not requiring drainage)	☐ No ☐ Yes	mm / dd / yyyy
Hemothorax (requiring drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion with tamponade (requiring percutaneous drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion without tamponade (requiring percutaneous drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion (requiring open cardiac surgery)	☐ No ☐ Yes	mm / dd / yyyy
PULMONARY		
Pneumothorax (no intervention required)	☐ No ☐ Yes	mm / dd / yyyy
Pneumothorax (requiring intervention)	☐ No ☐ Yes	mm / dd / yyyy
Pleural Effusion	☐ No ☐ Yes	mm / dd / yyyy
Pneumonia	☐ No ☐ Yes	mm / dd / yyyy
Pulmonary Embolism	☐ No ☐ Yes	mm / dd / yyyy
Respiratory Failure	☐ No ☐ Yes	mm / dd / yyyy

**I. POST PROCEDURE LABS**

Peak Creatinine⁸⁵⁰⁰: _____ mg/dL ☐ Not Drawn⁸⁵⁰¹ **Hemoglobin**⁸⁵⁰⁵: (Lowest) _____ g/dL ☐ Not Drawn⁸⁵⁰⁶
Creatinine⁸⁵¹⁰: (at Discharge) _____ mg/dL ☐ Not Drawn⁸⁵¹¹

J. POST PROCEDURE MEDICATION STRATEGIES (INTENDED AT THE TIME OF IMPLANT)

*Some medications and/or strategy options listed below are not in accordance with the device's directions for use.
Please consult the device's label for further information.*

Medication ⁸⁵¹⁵	Planned Strategy ⁸⁵²⁰
Aspirin (81-100 mg)	☐ None ☐ Implant until LAA seal ☐ Implant until 6 months post-implant ☐ Implant and continue indefinitely
Aspirin (101-324 mg)	☐ None ☐ Implant until LAA seal ☐ Implant until 6 months post-implant ☐ Implant and continue indefinitely
Aspirin 325 mg	☐ None ☐ Initiate at LAA seal and continue indefinitely ☐ Implant and discontinue at any undetermined point in time ☐ Implant and continue indefinitely ☐ Initiate after 6 months and continue indefinitely
DOAC	☐ None ☐ Implant and discontinue at < 45 days ☐ Implant until LAA seal
P2Y12	☐ None ☐ Initiate at LAA seal and stop 6 months post-implant ☐ Implant and stop at <= 3 months ☐ Implant and stop at > 3 months or <= 6 months ☐ Implant and continue at > 6 months
Warfarin	☐ None ☐ Implant and discontinue at < 45 days ☐ Implant until LAA seal

→ If any Strategy, Reason⁸⁵²⁵:
(Select all that apply)

☐ FDA label dosing regimen	☐ Known drug resistance
☐ Continue pre-implant regimen	☐ Drug intolerance
☐ Hemorrhagic complication	☐ Cost
☐ Non-hemorrhagic complication	☐ Patient preference

**K. DISCHARGE**Surgery¹⁰⁰⁰⁰: ☐ No ☐ YesPercutaneous Coronary Interventions (Other)¹⁰⁰⁰¹: ☐ No ☐ YesDischarge Date¹⁰¹⁰⁰: mm / dd / yyyyDischarge Status¹⁰¹⁰⁵: ☐ Alive ☐ Deceased

→ If Alive, Discharge Location¹⁰¹¹⁰: ☐ Home ☐ Skilled Nursing facility
☐ Extended care/TCU/rehab ☐ Other
☐ Other acute care hospital ☐ Left against medical advice (AMA)

→ If Alive, Hospice Care¹⁰¹¹⁵: ☐ No ☐ Yes→ If Deceased, Death During the Procedure¹⁰¹²⁰: ☐ No ☐ Yes→ If Deceased, Cause of Death¹⁰¹²⁵:

☐ Acute myocardial infarction	☐ Pulmonary	☐ Hemorrhage
☐ Sudden cardiac death	☐ Renal	☐ Non-cardiovascular procedure or surgery
☐ Heart failure	☐ Gastrointestinal	☐ Trauma
☐ Stroke	☐ Hepatobiliary	☐ Suicide
☐ Cardiovascular procedure	☐ Pancreatic	☐ Neurological
☐ Cardiovascular hemorrhage	☐ Infection	☐ Malignancy
☐ Other cardiovascular reason	☐ Inflammatory/Immunologic	☐ 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 – PT. REASON	81-100 MG	101-324 MG	325 MG
ANTIPLATELET	Aspirin	☐	☐	☐	☐	☐	☐	☐
	Aspirin/Dipyridamole	☐	☐	☐	☐			
	Vorapaxar	☐	☐	☐	☐			
P2Y12 INHIBITOR	Cangrelor	☐	☐	☐	☐			
	Clopidogrel	☐	☐	☐	☐			
	Prasugrel	☐	☐	☐	☐			
	Ticlopidine	☐	☐	☐	☐			
	Ticagrelor	☐	☐	☐	☐			
	Other P2Y12 Inhibitor	☐	☐	☐	☐			
ANTICOAGULANT	Warfarin	☐	☐	☐	☐			
DIRECT ORAL ANTICOAGULANT	Apixaban	☐	☐	☐	☐			
	Dabigatran	☐	☐	☐	☐			
	Rivaroxaban	☐	☐	☐	☐			
	Edoxaban	☐	☐	☐	☐			
BRIDGING THERAPY	Unfractionated Heparin	☐	☐	☐	☐			
	Fondaparinux	☐	☐	☐	☐			
	Low Molecular Wt Heparin	☐	☐	☐	☐			
	Heparin Derivative	☐	☐	☐	☐			

**L. IN-HOSPITAL ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)**

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Patient ID ²⁰⁴⁰ :
Procedure Start Date ⁷⁰⁰¹ :	Other ID ²⁰⁴⁵ :	Study Patient ID ³⁰³⁰ :
Event ⁹⁹⁸⁵ :	Event Date ⁹⁹⁹⁵ :	mm / dd / yyyy

NEUROLOGIC

Adjudication Status¹²⁰⁰⁰: ☐ Alive ☐ Deceased →If Deceased, **Date of Death**¹²⁰⁰⁵: mm / dd / yyyy

Symptom Onset Date¹²⁰¹⁰: (approximate) mm / dd / yyyy

Neurologic Deficit with Rapid Onset¹²⁰¹⁵: ☐ No ☐ Yes

→If Yes, **Clinical Presentation**¹²⁰²⁰: ☐ Stroke-related ☐ Non-Stroke-related

Diagnosis Confirmation by Neurology¹²⁰²⁵: ☐ No ☐ Yes

Brain Imaging Performed¹²⁰³⁰: ☐ No ☐ Yes

→If Yes, **Deficit Type**¹²⁰³⁵: ☐ No deficit ☐ Infarction ☐ Hemorrhage ☐ Both

→If Hemorrhage, **Type**¹²⁰⁴⁰: ☐ Intracerebral ☐ Subarachnoid ☐ Subdural

Subsequent IV rtPA Administered¹²⁰⁴⁵: ☐ No ☐ Yes

Subsequent Endovascular Therapeutic Intervention¹²⁰⁵⁰: ☐ No ☐ Yes

Symptoms Duration¹²⁰⁵⁵: ☐ < 1 Hour ☐ 1 – 24 Hours ☐ > 24 Hours

Trauma¹²⁰⁶⁰: ☐ No ☐ Yes

Modified Rankin Scale (mRS)¹²⁰⁶⁵: ☐ 0: No symptoms at all ☐ Not Administered¹²⁰⁶⁶
☐ 1: No significant disability despite symptoms
☐ 2: Slight disability
☐ 3: Moderate disability
☐ 4: Moderately severe disability
☐ 5: Severe disability
☐ 6: Death

Procedure Related Neurologic Event¹²⁰⁷⁰: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

Device Related Neurologic Event¹²⁰⁷⁵: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

BLEEDING

Adjudication Status¹²⁰⁸⁰: ☐ Alive ☐ Deceased →If Deceased, **Date of Death**¹²⁰⁸⁵: mm / dd / yyyy

Invasive Intervention Required¹²⁰⁹⁰: ☐ No ☐ Yes

RBC Transfusion¹²⁰⁹⁵: ☐ No ☐ Yes

→If Yes, **Number of RBC Units Transfused**¹²¹⁰⁰: _____

→If Yes, **Hemoglobin Pre-Transfusion**¹²¹⁰⁵: (Lowest) _____ g/dL

Diagnostic Imaging Performed¹²¹¹⁰: ☐ No ☐ Yes

End Organ Damage¹²¹¹⁵: ☐ No ☐ Yes

Major Surgery within Past 30 days¹²¹²⁰: ☐ No ☐ Yes

Percutaneous Coronary Intervention within Past 30 days¹²¹²⁵: ☐ No ☐ Yes

Procedure Related Bleeding Event¹²¹³⁰: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

Device Related Bleeding Event¹²¹³⁵: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable



L. IN-HOSPITAL ADJUDICATION (CONT) (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)

SYSTEMIC THROMBOEMBOLISM

Adjudication Status¹²¹⁵⁰: ☐ Alive ☐ Deceased →If Deceased, Date of Death¹²¹⁵⁵: mm / dd / yyyy
 →If Deceased, Death Cause (End-Organ Hypoperfusion/
 Systemic Thromboembolization/
 Intervention)¹²¹⁶⁰: ☐ No ☐ Yes

Focal End-Organ Hypoperfusion Present¹²¹⁶⁵: ☐ No ☐ Yes

Systemic Thromboembolization Imaging Evidence¹²¹⁷⁰: ☐ No ☐ Yes

→If Yes, Imaging Method¹²¹⁷⁵: ☐ Angiography ☐ CT scan ☐ MRI ☐ Ultrasound ☐ Other

Therapeutic Intervention Performed¹²¹⁸⁰: ☐ No ☐ Yes

→If Yes, Intervention Type¹²¹⁸⁵: ☐ Catheter ☐ Pharmacological ☐ Surgical ☐ Other

MEDICATION ¹²¹⁴⁰		CURRENT MEDICATIONS AT TIME OF EVENT ¹²¹⁴⁵	
		YES	NO
ANTIPLATELET	Aspirin (81-100 mg)	☐	☐
	Aspirin (101-324 mg)	☐	☐
	Aspirin 325 mg	☐	☐
	Aspirin/Dipyridamole	☐	☐
	Vorapaxar	☐	☐
P2Y12 INHIBITOR	Cangrelor	☐	☐
	Clopidogrel	☐	☐
	Prasugrel	☐	☐
	Ticlopidine	☐	☐
	Ticagrelor	☐	☐
	Other P2Y12 Inhibitor	☐	☐
ANTICOAGULANT	Warfarin	☐	☐
DIRECT ORAL ANTICOAGULANT	Apixaban	☐	☐
	Dabigatran	☐	☐
	Rivaroxaban	☐	☐
	Edoxaban	☐	☐
BRIDGING THERAPY	Unfractionated Heparin	☐	☐
	Fondaparinux	☐	☐
	Low Molecular Wt Heparin	☐	☐
	Heparin Derivative	☐	☐

**M. 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 Date**¹³⁰⁰⁰: mm / dd / yyyy**Follow-up Interval**¹³⁰⁰¹: ☐ 45 day ☐ 6 month ☐ 1 year ☐ 2 year**Procedure Start Date/Time**^{7001/7002}: mm / dd / yyyy HH:MM

Method(s) to Determine Status: ☐ Office Visit¹³⁰⁰⁵ ☐ Medical Records¹³⁰⁰⁶ ☐ Letter from Medical Provider¹³⁰⁰⁷
☐ Phone Call¹³⁰⁰⁸ ☐ Social Security Death Master File¹³⁰⁰⁹ ☐ Hospitalized¹³⁰¹⁰
☐ Other¹³⁰¹¹

Follow-up Status¹³⁰¹⁵: ☐ Alive ☐ Deceased ☐ Lost to Follow-up→ If Deceased, **Date of Death**¹³⁰²⁰: mm / dd / yyyy→ If Deceased, **Cause of Death**¹³⁰²⁵:

☐ Acute myocardial infarction	☐ Pulmonary	☐ Hemorrhage
☐ Sudden cardiac death	☐ Renal	☐ Non-cardiovascular procedure or surgery
☐ Heart failure	☐ Gastrointestinal	☐ Trauma
☐ Stroke	☐ Hepatobiliary	☐ Suicide
☐ Cardiovascular procedure	☐ Pancreatic	☐ Neurological
☐ Cardiovascular hemorrhage	☐ Infection	☐ Malignancy
☐ Other cardiovascular reason	☐ Inflammatory/Immunologic	☐ Other non-cardiovascular reason

DIAGNOSTIC STUDIES**LVEF Assessed**¹³⁰³⁰: ☐ No ☐ Yes → If Yes, **LVEF**¹³⁰³⁵: _____ %**Transthoracic Echo (TTE) Performed**¹³⁰⁴⁰: ☐ No ☐ Yes → If Yes, **Date of TTE**¹³⁰⁴⁵: mm / dd / yyyy**Transesophageal Echo Performed (TEE)**¹³⁰⁵⁰: ☐ No ☐ Yes → If Yes, **Date of TEE**¹³⁰⁵⁵: mm / dd / yyyy**Cardiac CT Performed**¹³⁰⁵⁶: ☐ No ☐ Yes → If Yes, **Date of Cardiac CT**¹³⁰⁵⁷: mm / dd / yyyy**Cardiac MRI Performed**¹³⁰⁵⁸: ☐ No ☐ Yes → If Yes, **Date of Cardiac MRI**¹³⁰⁵⁹: mm / dd / yyyy→ If Yes (TEE) OR Yes (Cardiac CT) OR Yes (Cardiac MRI), **Atrial Thrombus Detected**¹³⁰⁶⁰: ☐ No ☐ Yes**Device Margin Residual Leak**¹³⁰⁶⁵: _____ mm ☐ Not Assessed¹³⁰⁶⁶**PHYSICAL EXAM AND LABS****Creatinine**¹³⁰⁷⁰: _____ mg/dL ☐ Not Drawn¹³⁰⁷¹ **Hemoglobin**¹³⁰⁷⁵: (Lowest) _____ g/dL ☐ Not Drawn¹³⁰⁷⁶

Modified Rankin Scale (mRS)¹³⁰⁸⁰: ☐ 0: No symptoms at all ☐ Not Administered¹³⁰⁸¹
☐ 1: No significant disability despite symptoms
☐ 2: Slight disability
☐ 3: Moderate disability
☐ 4: Moderately severe disability
☐ 5: Severe disability
☐ 6: Death



M. FOLLOW-UP (CONT)

PHYSICAL EXAM AND LABS

BARTHEL INDEX EVALUATION²Barthel Index Evaluation Performed¹³⁰⁸⁵: ☐ No ☐ Yes

→ If Yes,

Feeding ¹³⁰⁸⁶ :	☐ Unable	☐ Needs Help	☐ Independent
Bathing ¹³⁰⁸⁷ :	☐ Dependent	☐ Independent	
Grooming ¹³⁰⁸⁸ :	☐ Needs Help	☐ Independent	
Dressing ¹³⁰⁸⁹ :	☐ Dependent	☐ Needs Help	☐ Independent
Bowels ¹³⁰⁹⁰ :	☐ Incontinent	☐ Inconsistent	☐ Continent
Bladder ¹³⁰⁹¹ :	☐ Incontinent	☐ Inconsistent	☐ Continent
Toilet Use ¹³⁰⁹² :	☐ Dependent	☐ Needs Help	☐ Independent
Transfers ¹³⁰⁹³ :	☐ Unable	☐ Major Assist Needed	☐ Minor Assist Needed ☐ Independent
Mobility ¹³⁰⁹⁴ :	☐ Immobile	☐ Wheelchair	☐ One Person Assist ☐ Independent
Stairs ¹³⁰⁹⁵ :	☐ Unable	☐ Needs Help	☐ Independent

² MAHONEY FI, BARTHEL D. "FUNCTIONAL EVALUATION: THE BARTHEL INDEX." MARYLAND STATE MED JOURNAL 1965;14:56-61. USED WITH PERMISSION.



FOLLOW-UP MEDICATIONS

MEDICATION ¹³¹¹⁰		CURRENT MEDICATIONS AT TIME OF FOLLOW-UP ¹³¹¹⁵				→ IF YES, DOSE ¹³¹¹⁷		
		YES	NO – NO REASON	NO – MEDICAL REASON	NO – PT. REASON	81-100 MG	101-324 MG	325 MG
ANTIPLATELET	Aspirin	☐	☐	☐	☐	☐	☐	☐
	Aspirin/Dipyridamole	☐	☐	☐	☐			
	Vorapaxar	☐	☐	☐	☐			
P2Y12 INHIBITOR	Cangrelor	☐	☐	☐	☐			
	Clopidogrel	☐	☐	☐	☐			
	Prasugrel	☐	☐	☐	☐			
	Ticlopidine	☐	☐	☐	☐			
	Ticagrelor	☐	☐	☐	☐			
	Other P2Y12 Inhibitor	☐	☐	☐	☐			
ANTICOAGULANT	Warfarin	☐	☐	☐	☐			
DIRECT ORAL ANTICOAGULANT	Apixaban	☐	☐	☐	☐			
	Dabigatran	☐	☐	☐	☐			
	Rivaroxaban	☐	☐	☐	☐			
	Edoxaban	☐	☐	☐	☐			
BRIDGING THERAPY	Unfractionated Heparin	☐	☐	☐	☐			
	Fondaparinux	☐	☐	☐	☐			
	Low Molecular Wt Heparin	☐	☐	☐	☐			
	Heparin Derivative	☐	☐	☐	☐			

FOLLOW-UP ANTICOAGULATION THERAPY

Warfarin Discontinued¹³¹²⁰: ☐ No ☐ Yes→ If Yes, Date¹³¹²⁵: mm / dd / yyyyWarfarin Resumed¹³¹³⁰: ☐ No ☐ Yes (Thrombotic Event) ☐ Yes (Other)→ If Yes, Date¹³¹³⁵: mm / dd / yyyyNOAC (DOAC) Discontinued¹³¹⁴⁰: ☐ No ☐ Yes→ If Yes, Date¹³¹⁴⁵: mm / dd / yyyyNOAC (DOAC) Resumed¹³¹⁵⁰: ☐ No ☐ Yes (Thrombotic Event) ☐ Yes (Other)→ If Yes, Date¹³¹⁵⁵: mm / dd / yyyyAspirin Discontinued¹³³⁷⁵: ☐ No ☐ Yes→ If Yes, Date¹³³⁸⁰: mm / dd / yyyyAspirin Resumed¹³³⁸⁵: ☐ No ☐ Yes (Thrombotic Event) ☐ Yes (Other)→ If Yes, Date¹³³⁹⁰: mm / dd / yyyyP2Y12 Discontinued¹³⁴⁰⁰: ☐ No ☐ Yes→ If Yes, Date¹³⁴⁰⁵: mm / dd / yyyyP2Y12 Resumed¹³⁴¹⁰: ☐ No ☐ Yes (Thrombotic Event) ☐ Yes (Other)→ If Yes, Date¹³⁴¹⁵: mm / dd / yyyy



FOLLOW-UP EVENTS

Follow-up Events Occurred¹³¹⁶⁰: ☐ No ☐ Yes → If Yes, specify the Event(s), Event Date(s):

Event ¹³¹⁶⁵	Event Occurred ¹³¹⁷⁰	Event Date(s) ¹³¹⁷⁵
CARDIOVASCULAR		
Myocardial Infarction	☐ No ☐ Yes	mm / dd / yyyy
Endocarditis	☐ No ☐ Yes	mm / dd / yyyy
Iatrogenic ASD (requiring intervention)	☐ No ☐ Yes	mm / dd / yyyy
PCI	☐ No ☐ Yes	mm / dd / yyyy
Pericarditis	☐ No ☐ Yes	mm / dd / yyyy
Unplanned Cardiac Surgery	☐ No ☐ Yes	mm / dd / yyyy
Unplanned Intervention	☐ No ☐ Yes	mm / dd / yyyy
LAA Occlusion Reintervention	☐ No ☐ Yes	mm / dd / yyyy
SYSTEMIC		
Systemic Thromboembolism (other than stroke) (COMPLETE ADJUDICATION)	☐ No ☐ Yes	mm / dd / yyyy
New Requirement for Dialysis	☐ No ☐ Yes	mm / dd / yyyy
Non-Device Related Readmission	☐ No ☐ Yes	mm / dd / yyyy
DEVICE		
Device Related Readmission	☐ No ☐ Yes	mm / dd / yyyy
Device Explant	☐ No ☐ Yes	mm / dd / yyyy
Device Fracture	☐ No ☐ Yes	mm / dd / yyyy
Device Migration	☐ No ☐ Yes	mm / dd / yyyy
Device Systemic Embolism	☐ No ☐ Yes	mm / dd / yyyy
Device Thrombus	☐ No ☐ Yes	mm / dd / yyyy
NEUROLOGIC (COMPLETE ADJUDICATION)		
Hemorrhagic Stroke	☐ No ☐ Yes	mm / dd / yyyy
Ischemic Stroke	☐ No ☐ Yes	mm / dd / yyyy
Undetermined Stroke	☐ No ☐ Yes	mm / dd / yyyy
TIA	☐ No ☐ Yes	mm / dd / yyyy
Intracranial Hemorrhage (other than hemorrhagic stroke)	☐ No ☐ Yes	mm / dd / yyyy



FOLLOW-UP EVENTS (CONT.)

Event ¹³¹⁶⁵	Event Occurred ¹³¹⁷⁰	Event Date(s) ¹³¹⁷⁵
BLEEDING (COMPLETE ADJUDICATION)		
Access Site Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Hematoma	☐ No ☐ Yes	mm / dd / yyyy
Vascular Complications	☐ No ☐ Yes	mm / dd / yyyy
GI Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Retroperitoneal Bleeding	☐ No ☐ Yes	mm / dd / yyyy
Other Hemorrhage (non-intracranial)	☐ No ☐ Yes	mm / dd / yyyy
Hemothorax (not requiring drainage)	☐ No ☐ Yes	mm / dd / yyyy
Hemothorax (requiring drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion with tamponade (requiring percutaneous drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion without tamponade (requiring percutaneous drainage)	☐ No ☐ Yes	mm / dd / yyyy
Pericardial Effusion (requiring open cardiac surgery)	☐ No ☐ Yes	mm / dd / yyyy
PERIPHERAL VASCULAR*		
*When selecting Peripheral Vascular events requiring endovascular, surgical, or thrombin injection interventions, also code Vascular Complications (as the events meet the definition) and complete the Bleeding Adjudication fields.		
AV Fistula (requiring surgical repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring endovascular repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring surgical repair)	☐ No ☐ Yes	mm / dd / yyyy
Pseudoaneurysm (requiring thrombin injection only)	☐ No ☐ Yes	mm / dd / yyyy



FOLLOW-UP ADJUDICATION (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Patient ID ²⁰⁴⁰ :
Procedure Start Date ⁷⁰⁰¹ :	Other ID ²⁰⁴⁵ :	Study Patient ID ³⁰³⁰ :
Follow-up Event ¹³¹⁶⁵ :	Follow-up Event Date ¹³¹⁷⁵ :	mm / dd / yyyy

NEUROLOGIC

Follow-up Adjudication Status¹³¹⁸⁰: ☐ Alive ☐ Deceased →If Deceased, Date of Death¹³¹⁸⁵: mm / dd / yyyy

Date of Symptom Onset¹³¹⁹⁰: (approximate) mm / dd / yyyy

Neurologic Deficit with Rapid Onset¹³¹⁹⁵: ☐ No ☐ Yes

→If Yes, Clinical Presentation¹³²⁰⁰: ☐ Stroke-related ☐ Non-Stroke-related

Diagnosis Confirmation by Neurology¹³²⁰⁵: ☐ No ☐ Yes

Brain Imaging Performed¹³²¹⁰: ☐ No ☐ Yes

→If Yes, Deficit Type¹³²¹⁵: ☐ No deficit ☐ Infarction ☐ Hemorrhage ☐ Both

→If Hemorrhage, Type¹³²²⁰: ☐ Intracerebral ☐ Subarachnoid ☐ Subdural

Subsequent IV rtPA Administered¹³²²⁵: ☐ No ☐ Yes

Subsequent Endovascular Therapeutic Intervention¹³²³⁰: ☐ No ☐ Yes

Symptoms Duration¹³²³⁵: ☐ < 1 Hour ☐ 1 – 24 Hours ☐ > 24 Hours

Trauma¹³²⁴⁰: ☐ No ☐ Yes

Modified Rankin Scale (mRS)¹³²⁴⁵: ☐ 0: No symptoms at all ☐ Not Administered¹³²⁴⁶
☐ 1: No significant disability despite symptoms
☐ 2: Slight disability
☐ 3: Moderate disability
☐ 4: Moderately severe disability
☐ 5: Severe disability
☐ 6: Death

Procedure Related Neurologic Event¹³²⁵⁰: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

Device Related Neurologic Event¹³²⁵⁵: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

BLEEDING

Follow-up Adjudication Status¹³²⁶⁰: ☐ Alive ☐ Deceased →If Deceased, Date of Death¹³²⁶⁵: mm / dd / yyyy

Invasive Intervention Required¹³²⁷⁰: ☐ No ☐ Yes

RBC Transfusion¹³²⁷⁵: ☐ No ☐ Yes

→If Yes, Number of RBC Units Transfused¹³²⁸⁰: _____

→If Yes, Hemoglobin Pre-Transfusion¹³²⁸⁵: (Lowest) _____ g/dL

Diagnostic Imaging Performed¹³²⁹⁰: ☐ No ☐ Yes

End Organ Damage¹³²⁹⁵: ☐ No ☐ Yes

Bleeding Event Readmission¹³³⁰⁰: ☐ No ☐ Yes

Major Surgery within Past 30 days¹³³⁰⁵: ☐ No ☐ Yes

Percutaneous Coronary Intervention within Past 30 days¹³³¹⁰: ☐ No ☐ Yes

Procedure Related Bleeding Event¹³³¹⁵: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable

Device Related Bleeding Event¹³³²⁰: ☐ Certain ☐ Probable ☐ Possible ☐ Unlikely ☐ Unclassifiable



FOLLOW-UP ADJUDICATION (CONT.) (COMPLETE A SEPARATE ADJUDICATION FOR EACH ADJUDICATION EVENT)

SYSTEMIC THROMBOEMBOLISM

Follow-up Adjudication Status¹³³³⁵: ☐ Alive ☐ Deceased →If Deceased, Date of Death¹³³⁴⁰: mm / dd / yyyy
 →If Deceased, Death Cause (End-Organ Hypoperfusion/
 Systemic Thromboembolization/
 Intervention)¹³³⁴⁵: ☐ No ☐ Yes

Focal End-Organ Hypoperfusion Present¹³³⁵⁰: ☐ No ☐ Yes

Systemic Thromboembolization Imaging Evidence¹³³⁵⁵: ☐ No ☐ Yes

→If Yes, Imaging Method¹³³⁶⁰: ☐ Angiography ☐ CT scan ☐ MRI ☐ Ultrasound ☐ Other

Therapeutic Intervention Performed¹³³⁶⁵: ☐ No ☐ Yes

→If Yes, Intervention Type¹³³⁷⁰: ☐ Catheter ☐ Pharmacological ☐ Surgical ☐ Other

MEDICATION ¹³³²⁵		CURRENT MEDICATIONS AT TIME OF EVENT ¹³³³⁰	
		YES	NO
ANTIPLATELET	Aspirin (81-100 mg)	☐	☐
	Aspirin (101-324 mg)	☐	☐
	Aspirin 325 mg	☐	☐
	Aspirin/Dipyridamole	☐	☐
	Vorapaxar	☐	☐
P2Y12 INHIBITOR	Cangrelor	☐	☐
	Clopidogrel	☐	☐
	Prasugrel	☐	☐
	Ticlopidine	☐	☐
	Ticagrelor	☐	☐
	Other P2Y12 Inhibitor	☐	☐
ANTICOAGULANT	Warfarin	☐	☐
DIRECT ORAL ANTICOAGULANT	Apixaban	☐	☐
	Dabigatran	☐	☐
	Rivaroxaban	☐	☐
	Edoxaban	☐	☐
BRIDGING THERAPY	Unfractionated Heparin	☐	☐
	Fondaparinux	☐	☐
	Low Molecular Wt Heparin	☐	☐
	Heparin Derivative	☐	☐