



A. DEMOGRAPHICS			
Last Name <sup>2000</sup> :		First Name <sup>2010</sup> :	
Middle Name <sup>2020</sup> :		Patient ID <sup>2040</sup> : (auto)	
SSN <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>	Other ID <sup>2045</sup> :		
Birth Date <sup>2050</sup> : mm / dd / yyyy	Sex <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	Patient Zip Code <sup>2065</sup> : <input type="checkbox"/> Zip Code N/A <sup>2066</sup>	
<b>Race:</b> <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> (check all that apply) <input type="checkbox"/> Asian <sup>2072</sup> → If Yes, <input type="checkbox"/> Asian Indian <sup>2080</sup> <input type="checkbox"/> Chinese <sup>2081</sup> <input type="checkbox"/> Filipino <sup>2082</sup> <input type="checkbox"/> Japanese <sup>2083</sup> <input type="checkbox"/> Korean <sup>2084</sup> <input type="checkbox"/> Vietnamese <sup>2085</sup> <input type="checkbox"/> Other <sup>2086</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup> → If Yes, <input type="checkbox"/> Native Hawaiian <sup>2090</sup> <input type="checkbox"/> Guamanian or Chamorro <sup>2091</sup> <input type="checkbox"/> Samoan <sup>2092</sup> <input type="checkbox"/> Other Island <sup>2093</sup>			
<b>Hispanic or Latino Ethnicity<sup>2076</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Ethnicity Type:</b> (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano <sup>2100</sup> <input type="checkbox"/> Puerto Rican <sup>2101</sup> <input type="checkbox"/> Cuban <sup>2102</sup> <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin <sup>2103</sup>			
B. EPISODE OF CARE (ADMISSION)			
Arrival Date <sup>3000</sup> : mm / dd / yyyy			
<b>Health Insurance<sup>3005</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Payment Source<sup>3010</sup>:</b> <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid (Select all that apply) <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			
HIC # <sup>3015</sup> :		MBI <sup>12846</sup> :	
<b>Research Study<sup>3020</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Study Name<sup>3025</sup></b> , <b>Patient ID<sup>3030</sup>:</b> _____, _____			<input type="checkbox"/> <b>Patient Restriction<sup>3035</sup></b>
<b>Admitted for LAA Occlusion Intervention<sup>3045</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes			
C. HISTORY AND RISK FACTORS (PRIOR TO FIRST PROCEDURE)			
SPECIFIC TO CHA <sub>2</sub> DS <sub>2</sub> -VASC RISK SCORES <sup>1</sup>			
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Congestive Heart Failure<sup>4005</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>NYHA Functional Classification<sup>4010</sup>:</b> <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV			
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC LV Dysfunction<sup>4015</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Thromboembolic Event<sup>4040</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Hypertension<sup>4020</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Vascular Disease<sup>4045</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Diabetes Mellitus<sup>4025</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, <b>Vascular Disease Type<sup>4050</sup>:</b> (Select all that apply)	
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC Stroke<sup>4030</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<input type="checkbox"/> Prior MI <input type="checkbox"/> PAD <input type="checkbox"/> Known Aortic Plaque	
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASC TIA<sup>4035</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<input type="checkbox"/> CAD* <input type="checkbox"/> PCI* <input type="checkbox"/> CABG* <input type="checkbox"/> Carotid Disease*	
*This selection is not part of the original validated vascular disease criterion for the CHA <sub>2</sub> DS <sub>2</sub> -VASC score.			
SPECIFIC TO HAS-BLED RISK SCORES <sup>1</sup>			
<b>HAS-BLED Hypertension (Uncontrolled)<sup>4055</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>HAS-BLED Bleeding<sup>4095</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>HAS-BLED Abnormal Renal Function<sup>4060</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>HAS-BLED Labile INR<sup>4100</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>HAS-BLED Abnormal Liver Function<sup>4065</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>HAS-BLED Alcohol<sup>4105</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>HAS-BLED Stroke<sup>4070</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>HAS-BLED Drugs - Antiplatelet<sup>4110</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Hemorrhagic<sup>4075</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>HAS-BLED Drugs - NSAIDS<sup>4115</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Ischemic<sup>4080</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, <b>Undetermined<sup>4085</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes			

<sup>1</sup>CHA<sub>2</sub>DS<sub>2</sub>-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 Falls**<sup>4120</sup>:  No  Yes

**Clinically Relevant Bleeding Event**<sup>4125</sup>:  No  Yes

→ If Yes, **Bleeding Event Type**<sup>4130</sup>: (Select all that apply)  Intracranial  Epistaxis  Gastrointestinal  Other

→ If Yes, **Genetic Coagulopathy**<sup>4135</sup>:  No  Yes

→ If Yes, **Concurrent Anticoagulant Therapy**<sup>4140</sup>:  No  Yes

HISTORY – RHYTHM HISTORY

**Atrial Fibrillation**<sup>4375</sup>:  No  Yes

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

**Valvular Atrial Fibrillation**<sup>4380</sup>:  No  Yes

→ If Yes, **Hx of Rheumatic Valve Disease**<sup>4381</sup>:  No  Yes

→ If Yes, **Hx of Mitral Valve Replacement**<sup>4385</sup>:  No  Yes

→ If Yes, **Mechanical Valve in Mitral Position**<sup>4390</sup>:  No  Yes

→ If Yes, **Hx of Mitral Valve Repair**<sup>4395</sup>:  No  Yes

**Attempt at Atrial Fibrillation Termination**<sup>4410</sup>:  No  Yes

→ If Yes, **Pharmacologic Cardioversion**<sup>4415</sup>:  No  Yes

→ If Yes, **DC Cardioversion**<sup>4420</sup>:  No  Yes

→ If Yes, **Catheter Ablation**<sup>4425</sup>:  No  Yes

→ If Yes, **Date of Most Recent**<sup>4430</sup>: mm / dd / yyyy

→ If Yes, **Prior Ablation Strategy(s)**<sup>4435</sup>: - - - , - - - , - - - , - - -

→ If Yes, **Surgical Ablation**<sup>4440</sup>:  No  Yes

→ If Yes, **Date of Most Recent**<sup>4445</sup>: mm / dd / yyyy

**Atrial Flutter**<sup>4450</sup>:  No  Yes

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

→ If Yes, **Attempt at Atrial Flutter Termination**<sup>4460</sup>:  No  Yes

→ If Yes, **Pharmacologic Cardioversion**<sup>4465</sup>:  No  Yes

→ If Yes, **DC Cardioversion**<sup>4470</sup>:  No  Yes

→ If Yes, **Catheter Ablation**<sup>4475</sup>:  No  Yes

→ If Yes, **Date of Most Recent**<sup>4480</sup>: mm / dd / yyyy

HISTORY – INTERVENTIONS

**Cardiac Structural Intervention**<sup>4590</sup>:  No  Yes

→ If Yes, **Cardiac Structural Intervention Type**<sup>4595</sup>: (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		

**Left Atrial Appendage (LAA) Intervention**<sup>4600</sup>:  No  Yes

→ If Yes, **Left Atrial Appendage (LAA) Intervention Type**<sup>4605</sup>: (Select all that apply)

<input type="checkbox"/> Epicardial Ligation	<input type="checkbox"/> Percutaneous Occlusion
<input type="checkbox"/> Surgical Amputation	<input type="checkbox"/> Surgical Closure Device
<input type="checkbox"/> Surgical Ligation	<input type="checkbox"/> Surgical Stapling



ADDITIONAL HISTORY AND RISK FACTORS

**Cardiomyopathy (CM)**<sup>4565</sup>:  No  Yes  
 → If Yes, **CM Type**<sup>4570</sup>: (Select all that apply)  Non-Ischemic  Ischemic  Restrictive  Hypertrophic  Other

**Chronic Lung Disease**<sup>4575</sup>:  No  Yes      **Sleep Apnea**<sup>4580</sup>:  No  Yes  
 → If Yes, **Rx Followed**<sup>4585</sup>:  No  Yes

**Coronary Artery Disease**<sup>4285</sup>:  No  Yes

EPICARDIAL ACCESS ASSESSMENT

**Epicardial Approach Considered**<sup>4815</sup>:  No  Yes → If Yes, (complete the following)

**Cardiac Surgery**<sup>4820</sup>:  No  Yes      **Thoracic Radiation Therapy**<sup>4840</sup>:  No  Yes

**Pericarditis**<sup>4825</sup>:  No  Yes      **Pectus Excavatum**<sup>4845</sup>:  No  Yes

**Epicardial Access**<sup>4830</sup>:  No  Yes      **Epigastric Surgery**<sup>4850</sup>:  No  Yes

**Autoimmune Disease (any)**<sup>4835</sup>:  No  Yes      **Hepatomegaly**<sup>4855</sup>:  No  Yes  
 → If Yes, **Lupus**<sup>4836</sup>:  No  Yes      **Hiatal Hernia**<sup>4860</sup>:  No  Yes

D. DIAGNOSTIC STUDIES

**Atrial Rhythm**<sup>5100</sup>: (Select all that apply)  Sinus  AFib  Atrial tach  Atrial flutter  Sinus arrest  Atrial paced  Not Documented

**LVEF Assessed**<sup>5110</sup>:  No  Yes      → If Yes, **LVEF**<sup>5115</sup>: \_ \_ \_ \_ %

**Transthoracic Echo (TTE) Performed**<sup>5120</sup>:  No  Yes      → If Yes, **Date of TTE**<sup>5125</sup>: mm / dd / yyyy

**Baseline Imaging Performed**<sup>5170</sup>:  No  Yes  
 → If Yes, **CT Performed**<sup>5175</sup>:  No  Yes      → If Yes, **Date of CT**<sup>5180</sup>: mm / dd / yyyy  
 → If Yes, **MRI Performed**<sup>5185</sup>:  No  Yes      → If Yes, **Date of MRI**<sup>5190</sup>: mm / dd / yyyy  
 → If Yes, **Intracardiac Echo Performed**<sup>5200</sup>:  No  Yes      → If Yes, **Date of Intracardiac Echo**<sup>5205</sup>: mm / dd / yyyy

E. PHYSICAL EXAM AND LABS

**Height**<sup>6000</sup>: \_ \_ \_ cm      **PT**<sup>6040</sup>: \_ \_ \_ sec  Not Drawn<sup>6041</sup>

**Weight**<sup>6005</sup>: \_ \_ \_ kg      **INR**<sup>6045</sup>: \_ \_ \_  Not Drawn<sup>6046</sup>

**Pulse**<sup>6010</sup>: \_ \_ \_ bpm      **Creatinine**<sup>6050</sup>: \_ \_ \_ mg/dL  Not Drawn<sup>6051</sup>

**Blood Pressure**<sup>6015/6020</sup>: \_ \_ \_ / \_ \_ \_ mmHg      **Albumin**<sup>6075</sup>: \_ \_ \_ g/dL  Not Drawn<sup>6076</sup>

**Hemoglobin**<sup>6030</sup>: \_ \_ \_ g/dL  Not Drawn<sup>6031</sup>      **Platelet Count**<sup>6080</sup>: \_ \_ \_ μL  Not Drawn<sup>6081</sup>

**Modified Rankin Scale (mRS)**<sup>6085</sup>:  0: No symptoms at all  Not Administered<sup>6086</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability



F. PRE-PROCEDURE MEDICATIONS

MEDICATION <sup>6985</sup>		PRE-PROC MEDICATION ADMINISTERED <sup>6990</sup>			
		PAST	CURRENT	HELD	NEVER
ANTIPLATELET	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"/>
P2Y12 INHIBITOR	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"/>
	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"/>
	Other P2Y12 Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIRECT ORAL ANTICOAGULANT	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"/>
BRIDGING THERAPY	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 Wt 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"/>



G. PROCEDURE INFORMATION

PROCEDURE DIAGNOSTICS

Transesophageal Echo (TEE) Performed 5156: O No O Yes -> If Yes, Date of TEE 5157: mm / dd / yyyy
-> If Yes, Atrial Thrombus Detected 5158: O No O Yes

LAA Orifice Maximal Width 5166: \_ \_ \_ mm

PROCEDURE

Procedure Start Date/Time 7001, 7002: Procedure Stop Date/Time 7006, 7007:

Operator Name 7100, 7105, 7110: Operator NPI 7115:

Procedure Location 7030: O OR O Hybrid OR O Cath Lab O Hybrid Cath Lab O EP Lab

Sedation 7130: O Minimal Sedation/Anxiolysis O Deep Sedation/Analgesia
O Moderate Sedation/Analgesia (Conscious Sedation) O General Anesthesia

Indication for LAA Occlusion 7035: (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 Canceled 7040: O No O Yes

-> If Yes, Reason 7041: (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

Table with 5 columns: Access System, Device, UDI, LAA Isolation Approach, Outcome of Device. Contains 9 rows of device data.

Procedure Aborted 7295: O No O Yes

-> If Yes, Reason 7296: (Select all that apply)

- Anatomy not conducive for implant Appendage too large (for device implant) Appendage too small (for device implant)
Catheterization challenge 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 Surgery 7300: O No O Yes

-> If Yes, Reason 7301: O Complication O Device Retrieval O Unfavorable anatomy
O Medical decision for open ligation of appendage

Device Margin Residual Leak 7305: \_ \_ mm O Not Assessed 7306

Guidance Method(s) 7200: \_ \_ \_ \_ \_

Concomitant Procedure(s) Performed 7310: O No O Yes -> If Yes, Concomitant Procedure Type 7315: (Select all that apply)

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



RADIATION EXPOSURE

Cumulative Air Kerma<sup>7210,7211</sup>: \_ \_ \_ O mGy O Gy Contrast Volume<sup>7215</sup>: \_ \_ \_ mL

Dose Area Product<sup>7220,7221</sup>: \_ \_ \_ O Gy-cm<sup>2</sup> O dGy-cm<sup>2</sup> O cGy-cm<sup>2</sup> O mGy-cm<sup>2</sup> O μGy-M<sup>2</sup>

INTRAPROCEDURE ANTICOAGULATION STRATEGY

Intraprocedure Anticoagulation<sup>7225</sup>: O No O Yes

→ If Yes, Uninterrupted Warfarin Therapy<sup>7230</sup>: O No O Yes

→ If Yes, Heparin<sup>7235</sup>: O No O Yes

→ If Yes, Initial Administration<sup>7240</sup>: O Pre-transseptal Puncture O Post-transseptal Puncture

→ If Yes, Bivalirudin<sup>7245</sup>: O No O Yes

→ If Yes, Other<sup>7250</sup>: O No O Yes

→ If Yes, Anticoagulation Reversal<sup>7265</sup>: (End of Procedure) O No O Yes

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

Intra or Post Procedure Events Occurred<sup>9984</sup>: O No O Yes → If Yes, specify the Event(s), Event Date(s):

EVENT <sup>9985</sup>	EVENT OCCURRED <sup>9990</sup>	EVENT DATE(S) <sup>9995</sup>
-----------------------	--------------------------------	-------------------------------

CARDIOVASCULAR

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



I. POST PROCEDURE LABS

Peak Creatinine<sup>8500</sup>:      \_ \_ mg/dL       Not Drawn<sup>8501</sup>      Hemoglobin<sup>8505</sup>: (Lowest)      \_ \_ g/dL       Not Drawn<sup>8506</sup>  
 Creatinine<sup>8510</sup>: (at Discharge)      \_ \_ mg/dL       Not Drawn<sup>8511</sup>

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 <sup>8515</sup>	Planned Strategy <sup>8520</sup>
Aspirin (81-100 mg)	<input type="radio"/> None <input type="radio"/> Implant until LAA seal <input type="radio"/> Implant until 6 months post-implant <input type="radio"/> Implant and continue indefinitely <input type="radio"/> Initiate at <b>time of follow-up</b> LAA seal and continue indefinitely
Aspirin (101-324 mg)	<input type="radio"/> None <input type="radio"/> Implant until LAA seal <input type="radio"/> Implant until 6 months post-implant <input type="radio"/> Implant and continue indefinitely <input type="radio"/> Initiate at <b>time of follow-up</b> LAA seal and continue indefinitely
Aspirin 325 mg	<input type="radio"/> None <input type="radio"/> Implant and continue indefinitely <input type="radio"/> Initiate at <b>time of follow-up</b> LAA seal and continue indefinitely <input type="radio"/> Implant and discontinue at any undetermined point in time <input type="radio"/> Initiate after 6 months and continue indefinitely
P2Y12	<input type="radio"/> None <input type="radio"/> Initiate at <b>time of follow-up</b> LAA seal and stop 6 months post-implant <input type="radio"/> Implant and stop at <= 3 months <input type="radio"/> Implant and stop at > 3 months or <= 6 months <input type="radio"/> Implant and continue at > 6 months
DOAC	<input type="radio"/> None <input type="radio"/> Implant until LAA seal <input type="radio"/> Implant and continue indefinitely <input type="radio"/> Implant and discontinue at < 45 days
Warfarin	<input type="radio"/> None <input type="radio"/> Implant until LAA seal <input type="radio"/> Implant and discontinue at < 45 days

→ If any Strategy, Reason<sup>8525</sup>:       FDA label dosing regimen       Known drug resistance  
 (Select all that apply)       Continue pre-implant regimen       Drug intolerance  
     Hemorrhagic complication       Cost  
     Non-hemorrhagic complication       Patient preference





K. DISCHARGE

Surgery<sup>1000</sup>:  No  Yes

Percutaneous Coronary Interventions (Other)<sup>1001</sup>:  No  Yes

Discharge Date<sup>1010</sup>: mm / dd / yyyy

Discharge Status<sup>10105</sup>:  Alive  Deceased

→ If Alive, Discharge Location<sup>10110</sup>:  Home  Skilled Nursing facility
 Extended care/TCU/rehab  Other
 Other acute care hospital  Left against medical advice (AMA)

→ If Alive, Hospice Care<sup>10115</sup>:  No  Yes

→ If Deceased, Death During the Procedure<sup>10120</sup>:  No  Yes

→ If Deceased, Cause of Death<sup>10125</sup>:

- 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.

Table with columns: Medication, Prescribed at Discharge (Yes/No - No Reason/Medical Reason/Pt. Reason), and Dose (81-100 MG, 101-324 MG, 325 MG). Rows include Antiplatelet, P2Y12 Inhibitor, Anticoagulant, and Bridging Therapy categories.



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

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

NEUROLOGIC

**Adjudication Status**<sup>12000</sup>:     Alive     Deceased    →If Deceased, **Date of Death**<sup>12005</sup>:    mm / dd / yyyy

**Symptom Onset Date**<sup>12010</sup>: (approximate)    mm / dd / yyyy

**Neurologic Deficit with Rapid Onset**<sup>12015</sup>:  No     Yes  
→ If Yes, **Clinical Presentation**<sup>12020</sup>:  Stroke-related     Non-Stroke-related

**Diagnosis Confirmation by Neurology**<sup>12025</sup>:  No     Yes

**Brain Imaging Performed**<sup>12030</sup>:  No     Yes  
→ If Yes, **Imaging Type**<sup>12032</sup>: (Select all that apply)     Cerebral Angiography     Computed Tomography     Magnetic Resonance     Other

→ If Yes, **Deficit Type**<sup>12035</sup>:  No deficit     Infarction     Hemorrhage     Both  
→ If Hemorrhage, **Type**<sup>12040</sup>: (Select all that apply)     Intracerebral     Subarachnoid     Subdural

**Subsequent IV rtPA Administered**<sup>12045</sup>:  No     Yes

**Subsequent Endovascular Therapeutic Intervention**<sup>12050</sup>:  No     Yes

**Symptoms Duration**<sup>12055</sup>:     < 1 Hour     1 – 24 Hours     > 24 Hours

**Trauma**<sup>12060</sup>:  No     Yes

**Modified Rankin Scale (mRS)**<sup>12065</sup>:     0: No symptoms at all     Not Administered<sup>12066</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability  
 6: Death

**Procedure Related Neurologic Event**<sup>12070</sup>:  Certain     Probable     Possible     Unlikely     Unclassifiable

BLEEDING

**Adjudication Status**<sup>12080</sup>:     Alive     Deceased    →If Deceased, **Date of Death**<sup>12085</sup>:    mm / dd / yyyy

**Invasive Intervention Required**<sup>12090</sup>:  No     Yes

**RBC Transfusion**<sup>12095</sup>:  No     Yes  
→ If Yes, **Number of RBC Units Transfused**<sup>12100</sup>:    \_ \_ \_  
→ If Yes, **Hemoglobin Pre-Transfusion**<sup>12105</sup>: (Lowest)    \_ \_ \_ g/dL

**Diagnostic Imaging Performed**<sup>12110</sup>:  No     Yes

**End Organ Damage**<sup>12115</sup>:  No     Yes

**Major Surgery within Past 30 days**<sup>12120</sup>:  No     Yes

**Percutaneous Coronary Intervention within Past 30 days**<sup>12125</sup>:  No     Yes

**Procedure Related Bleeding Event**<sup>12130</sup>:  Certain     Probable     Possible     Unlikely     Unclassifiable

**Device Related Bleeding Event**<sup>12135</sup>:  Certain     Probable     Possible     Unlikely     Unclassifiable



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

SYSTEMIC THROMBOEMBOLISM

Adjudication Status 12150: O Alive O Deceased -> If Deceased, Date of Death 12155: mm / dd / yyyy
-> If Deceased, Death Cause (End-Organ Hypoperfusion/ Systemic Thromboembolization/ Intervention) 12160: O No O Yes

Focal End-Organ Hypoperfusion Present 12165: O No O Yes

Systemic Thromboembolization Imaging Evidence 12170: O No O Yes

-> If Yes, Imaging Method 12175: Angiography CT scan MRI Ultrasound Other

Therapeutic Intervention Performed 12180: O No O Yes

-> If Yes, Intervention Type 12185: Catheter Pharmacological Surgical Other

Table with columns: MEDICATION 12140, CURRENT MEDICATIONS AT TIME OF EVENT 12145 (YES, NO). Rows include ANTIPLATELET, P2Y12 INHIBITOR, ANTICOAGULANT, DIRECT ORAL ANTICOAGULANT, and BRIDGING THERAPY.



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: O 45 day O 6 month O 1 year O 2 year

Procedure Start Date/Time 7001/7002: mm / dd / yyyy HH:MM

Method(s) to Determine Status:
Office Visit 13005, Medical Records 13006, Letter from Medical Provider 13007,
Phone Call 13008, Social Security Death Master File 13009, Hospitalized 13010,
Other 13011

Follow-up Status 13015: O Alive O Deceased O Lost to Follow-up

-> If Deceased, Date of Death 13020: mm / dd / yyyy

-> If Deceased, Cause of Death 13025:

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

DIAGNOSTIC STUDIES

LVEF Assessed 13030: O No O Yes -> If Yes, LVEF 13035: \_ \_ \_ %

Transthoracic Echo (TTE) Performed 13040: O No O Yes -> If Yes, Date of TTE 13045: mm / dd / yyyy

Transesophageal Echo Performed (TEE) 13050: O No O Yes -> If Yes, Date of TEE 13055: mm / dd / yyyy

Cardiac CT Performed 13056: O No O Yes -> If Yes, Date of Cardiac CT 13057: mm / dd / yyyy

Cardiac MRI Performed 13058: O No O Yes -> If Yes, Date of Cardiac MRI 13059: mm / dd / yyyy

Intracardiac Echo Performed 13062: O No O Yes -> If Yes, Date of Intracardiac Echo 13063: mm / dd / yyyy

-> If Yes (TEE) OR Yes (Cardiac CT) OR Yes (Cardiac MRI) OR Yes (Intracardiac Echo) Atrial Thrombus Detected 13060: O No O Yes

Device Margin Residual Leak 13065: \_ \_ mm O Not Assessed 13066

PHYSICAL EXAM AND LABS

Creatinine 13070: \_ \_ \_ mg/dL O Not Drawn 13071 Hemoglobin 13075: (Lowest) \_ \_ \_ g/dL O Not Drawn 13076

Modified Rankin Scale (mRS) 13080:
O 0: No symptoms at all O Not Administered 13081
O 1: No significant disability despite symptoms
O 2: Slight disability
O 3: Moderate disability
O 4: Moderately severe disability
O 5: Severe disability
O 6: Death



L. FOLLOW-UP

PHYSICAL EXAM AND LABS

BARTHEL INDEX EVALUATION<sup>2</sup>

Barthel Index Evaluation Performed<sup>13085</sup>:  No  Yes

→ If Yes,

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

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



FOLLOW-UP MEDICATIONS

MEDICATION <sup>13110</sup>		CURRENT MEDICATIONS AT TIME OF FOLLOW-UP <sup>13115</sup>				→ IF YES, DOSE <sup>13117</sup>		
		YES	NO – NO REASON	NO – MEDICAL REASON	NO – PT. REASON	81-100 MG	101-324 MG	325 MG
ANTIPLATELET	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"/>			
P2Y12 INHIBITOR	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"/>			
	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"/>			
	Other P2Y12 Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
DIRECT ORAL ANTICOAGULANT	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"/>			
BRIDGING THERAPY	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 Wt 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"/>			

FOLLOW-UP ANTICOAGULATION THERAPY

**Warfarin Discontinued**<sup>13120</sup>:  No  Yes  
 → If Yes, Date<sup>13125</sup>: mm / dd / yyyy

**Warfarin Resumed**<sup>13130</sup>:  No  Yes (Thrombotic Event)  Yes (Other)  
 → If Yes, Date<sup>13135</sup>: mm / dd / yyyy

**NOAC (DOAC) Discontinued**<sup>13140</sup>:  No  Yes  
 → If Yes, Date<sup>13145</sup>: mm / dd / yyyy

**NOAC (DOAC) Resumed**<sup>13150</sup>:  No  Yes (Thrombotic Event)  Yes (Other)  
 → If Yes, Date<sup>13155</sup>: mm / dd / yyyy

**Aspirin Discontinued**<sup>13375</sup>:  No  Yes  
 → If Yes, Date<sup>13380</sup>: mm / dd / yyyy

**Aspirin Resumed**<sup>13385</sup>:  No  Yes (Thrombotic Event)  Yes (Other)  
 → If Yes, Date<sup>13390</sup>: mm / dd / yyyy

**P2Y12 Discontinued**<sup>13400</sup>:  No  Yes  
 → If Yes, Date<sup>13405</sup>: mm / dd / yyyy

**P2Y12 Resumed**<sup>13410</sup>:  No  Yes (Thrombotic Event)  Yes (Other)  
 → If Yes, Date<sup>13415</sup>: mm / dd / yyyy

FOLLOW-UP EVENTS		
Follow-up Events Occurred <sup>13160</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, specify the Event(s), Event Date(s):		
Event <sup>13165</sup>	Event Occurred <sup>13170</sup>	Event Date(s) <sup>13175</sup>
<b>CARDIOVASCULAR</b>		
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
<b>SYSTEMIC</b>		
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	
<b>DEVICE</b>		
Device Explant	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Fracture	<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 Related Readmission	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Systemic Embolism	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Thrombus	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
<b>NEUROLOGIC (COMPLETE ADJUDICATION)</b>		
Hemorrhagic Stroke	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Intracranial Hemorrhage (other than hemorrhagic stroke)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Ischemic Stroke	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
TIA	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Undetermined Stroke	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy



FOLLOW-UP EVENTS (CONT.)

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





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

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

NEUROLOGIC

Follow-up Adjudication Status<sup>13180</sup>:  Alive  Deceased →If Deceased, Date of Death<sup>13185</sup>: mm / dd / yyyy

Date of Symptom Onset<sup>13190</sup>: (approximate) mm / dd / yyyy

Neurologic Deficit with Rapid Onset<sup>13195</sup>:  No  Yes  
 →If Yes, Clinical Presentation<sup>13200</sup>:  Stroke-related  Non-Stroke-related

Diagnosis Confirmation by Neurology<sup>13205</sup>:  No  Yes

Brain Imaging Performed<sup>13210</sup>:  No  Yes  
 →If Yes, Imaging Type<sup>13212</sup>: (Select all that apply)  Cerebral Angiography  Computed Tomography  Magnetic Resonance  Other

→If Yes, Deficit Type<sup>13215</sup>:  No deficit  Infarction  Hemorrhage  Both  
 →If Hemorrhage, Type<sup>13220</sup>: (Select all that apply)  Intracerebral  Subarachnoid  Subdural

Subsequent IV rtPA Administered<sup>13225</sup>:  No  Yes

Subsequent Endovascular Therapeutic Intervention<sup>13230</sup>:  No  Yes

Symptoms Duration<sup>13235</sup>:  < 1 Hour  1 – 24 Hours  > 24 Hours

Trauma<sup>13240</sup>:  No  Yes

Modified Rankin Scale (mRS)<sup>13245</sup>:  0: No symptoms at all  Not Administered<sup>13246</sup>  
 1: No significant disability despite symptoms  
 2: Slight disability  
 3: Moderate disability  
 4: Moderately severe disability  
 5: Severe disability  
 6: Death

Procedure Related Neurologic Event<sup>13250</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

BLEEDING

Follow-up Adjudication Status<sup>13260</sup>:  Alive  Deceased →If Deceased, Date of Death<sup>13265</sup>: mm / dd / yyyy

Invasive Intervention Required<sup>13270</sup>:  No  Yes

RBC Transfusion<sup>13275</sup>:  No  Yes  
 →If Yes, Number of RBC Units Transfused<sup>13280</sup>: \_ \_ \_  
 →If Yes, Hemoglobin Pre-Transfusion<sup>13285</sup>: (Lowest) \_ \_ \_ g/dL

Diagnostic Imaging Performed<sup>13290</sup>:  No  Yes

End Organ Damage<sup>13295</sup>:  No  Yes

Bleeding Event Readmission<sup>13300</sup>:  No  Yes

Major Surgery within Past 30 days<sup>13305</sup>:  No  Yes

Percutaneous Coronary Intervention within Past 30 days<sup>13310</sup>:  No  Yes

Procedure Related Bleeding Event<sup>13315</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable

Device Related Bleeding Event<sup>13320</sup>:  Certain  Probable  Possible  Unlikely  Unclassifiable



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

SYSTEMIC THROMBOEMBOLISM

Follow-up Adjudication Status 13335: O Alive O Deceased ->If Deceased, Date of Death 13340: mm / dd / yyyy
->If Deceased, Death Cause (End-Organ Hypoperfusion/ Systemic Thromboembolization/ Intervention) 13345: O No O Yes

Focal End-Organ Hypoperfusion Present 13350: O No O Yes

Systemic Thromboembolization Imaging Evidence 13355: O No O Yes

->If Yes, Imaging Method 13360: (Select all that apply) [ ] Angiography [ ] Computed Tomography [ ] Magnetic Resonance [ ] Ultrasound [ ] Other

Therapeutic Intervention Performed 13365: O No O Yes

->If Yes, Intervention Type 13370: [ ] Catheter [ ] Pharmacological [ ] Surgical [ ] Other

Table with columns: MEDICATION 13325, CURRENT MEDICATIONS AT TIME OF EVENT 13330 (YES, NO). Rows include ANTIPLATELET (Aspirin, Vorapaxar), P2Y12 INHIBITOR (Cangrelor, Clopidogrel, Prasugrel, Ticagrelor, Ticlopidine, Other), ANTICOAGULANT (Warfarin), DIRECT ORAL ANTICOAGULANT (Apixaban, Dabigatran, Edoxaban, Rivaroxaban), BRIDGING THERAPY (Fondaparinux, Heparin Derivative, Low Molecular Wt Heparin, Unfractionated Heparin).