Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- CCS I (Ordinary physical activity does not cause anginal symptoms)
- Maximal Medical Therapy (2 or more classes of medications)
- Equivocal test results
- No Previous CABG

Data reporting sheet provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org

1-2V-CAD with DS 50-60%

FFR<=0.8, and/or IVUS signficant reduction in CSA

❒ U Indication: 22; Score: 6

FFR>0.8, IVUS not significant

❒ I Indication: 23; Score: 2

3V-CAD without LMCA CAD

Abnormal LV systolic function

❒ A Indication: 48; Score: 9

LMCA-CAD

❒ A Indication: 49; Score: 9

Compiled By:

_____

Date/Time: _____

Signature: _____

Operating Physician:

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Operating Physician Comments:

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Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

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Comments:

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Date/Time: _____

Signature: _____