



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- CCS IV (Inability to carry on any physical activity without discomfort)
- Maximal Medical Therapy (2 or more classes of medications)
- No non-invasive testing performed
- 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, no prox LAD CAD

- ☐ **A** Indication: 20; Score: 7

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

No FFR, No IVUS

- ☐ **I** Indication: 21; Score: 3

FFR ≤ 0.8, and/or IVUS significant reduction in CSA

- ☐ **A** Indication: 22; Score: 7

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
- ☐ **A** CABG: Indication: 62; Score: 8
- ☐ **A** PCI: Indication: 62; Score: 7

Low CAD burden

- ☐ **A** CABG: Indication: 63; Score: 9
- ☐ **A** PCI: Indication: 63; Score: 7

High CAD burden

- ☐ **A** CABG: Indication: 64; Score: 9
- ☐ **U** PCI: Indication: 64; Score: 4

LMCA-CAD

- ☐ **A** Indication: 49; Score: 9

Isolated LMCA stenosis

- ☐ **A** CABG: Indication: 65; Score: 9
- ☐ **U** PCI: Indication: 65; Score: 6

Additional CAD, low CAD burden (i.e., 1- to 2-vessel additional involvement, low SYNTAX score)

- ☐ **A** CABG: Indication: 66; Score: 9
- ☐ **U** PCI: Indication: 66; Score: 5

Additional CAD, high CAD burden (i.e., 3-vessel involvement, presence of CTO, or high SYNTAX score)

- ☐ **A** CABG: Indication: 67; Score: 9
- ☐ **I** PCI: Indication: 67; Score: 3

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____