



# Revascularization AUC Data Reporting Sheet

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

## Patient Information

- Asymptomatic (No ischemic symptoms)
- No Therapy
- Low-risk stress findings: cardiac mortality <1% /year
- Previous CABG

## >=1 SVG stenosis

☐  Indication: 50; Score: 3

## Compiled By:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Operating Physician:

Operating Physician Comments:

Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Confirming Physician / Interventionalist:

Comments:

Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Data reporting sheet provided by:

**SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App**

App available at:

[www.SCAI-QIT.org](http://www.SCAI-QIT.org)

