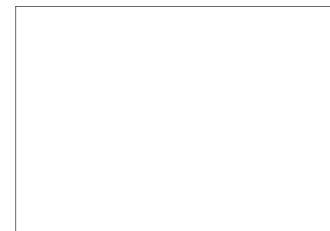




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- Asymptomatic (No ischemic symptoms)
- No Therapy
- Equivocal test results
- Previous CABG

This scenario is not rated **NR**

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

