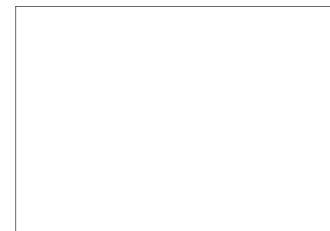




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

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

Data reporting sheet provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org

>=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: _____

