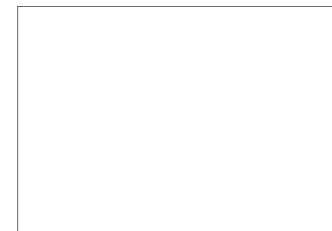




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____




Patient Information

- Asymptomatic (No ischemic symptoms)
- Maximal Medical Therapy (2 or more classes of medications)
- Low-risk stress test findings: cardiac mortality <1%/year
- Previous CABG

All bypass grafts patent, ≥ 1 lesion(s) in native coronaries without bypass grafts

☐  Indication: 57; Score: 3

≥ 1 SVG stenosis

☐  Indication: 51; Score: 4

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

