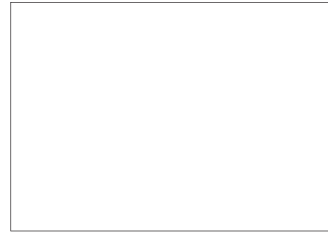




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- CCS I (Ordinary physical activity does not cause anginal symptoms)
- No Therapy
- 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

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

☐  Indication: 56; Score: 3

≥ 1 SVG stenosis

☐  Indication: 50; Score: 4

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____

