



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- CCS I (Ordinary physical activity does not cause anginal symptoms)
- Maximal Medical Therapy (2 or more classes of medications)
- High-risk stress test findings: cardiac mortality >3%/yr
- 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

☐ **A** Indication: 61; Score: 8

≥ 1 SVG stenosis

☐ **A** Indication: 55; Score: 8

Native 3V-CAD, failure of multiple grafts, depressed LVEF, patent LIMA graft

☐ **A** CABG: Indication: 68; Score: 7

☐ **U** PCI: Indication: 68; Score: 6

Native 3V-CAD, failure of multiple grafts, depressed LVEF, nonfunctional LIMA graft

☐ **U** CABG: Indication: 69; Score: 6

☐ **A** PCI: Indication: 69; Score: 8

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____