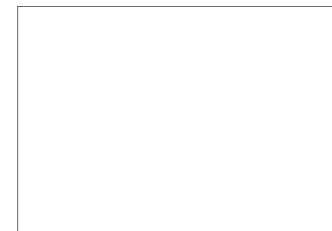




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- CCS III (Marked limitation of ordinary activity)
- Minimal Therapy (1 class of medications)
- Equivocal test results
- Previous CABG

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

- ☐ **A** CABG: Indication: 69; Score: 6
- ☐ **U** 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: _____

Data reporting sheet provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org

