

Revascularization AUC Data Reporting Sheet

Patient Name: _ Date of Birth: ______ Medical Record #: ____

atient Information	All bypass grafts patent, >=1 lesion(s) in native coronaries without bypass grafts	Compiled By:
 CCS III (Marked limitation of ordinary activity) Maximal Medical Therapy (2 or more classes of medications) Low-risk stress test 	□ A Indication: 57; Score: 7	Date/Time:
	>=1 SVG stenosis Indication: 51; Score: 7	Signature:
	Native 3V-CAD, failure of multiple grafts, depressed LVEF, patent LIMA graft CABG: Indication: 68; Score: 7	Operating Physician:
findings: cardiac mor- tality <1% /year	PCI: Indication: 68; Score: 6	Operating Physician Comments.
• Previous CABG	Native 3V-CAD, failure of multiple grafts, depressed LVEF, nonfunctional LIMA graft CABG: Indication: 69; Score: 6 PCI: Indication: 69; Score: 8	
		Date/Time:
		Signature:
Data reporting sheet provided by:		Confirming Physician / Interventionalist:
SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App		Comments:
App available at:		
www.SCAI-QIT.org		
		Date/Time:
		Signature:

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