



# Revascularization AUC Data Reporting Sheet

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

## Patient Information

- CCS IV (Inability to carry on any physical activity without discomfort)
- No Therapy
- No non-invasive testing performed
- Previous CABG

Data reporting sheet provided by:

**SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App**

App available at:

[www.SCAI-QIT.org](http://www.SCAI-QIT.org)

This scenario is not rated **NR**

## Compiled By:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Operating Physician:

Operating Physician Comments:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Confirming Physician / Interventionalist:

Comments:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

