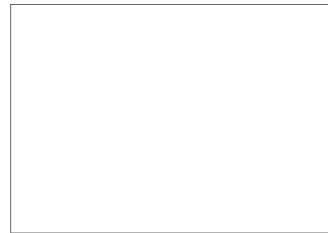




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- CCS IV (Inability to carry on any physical activity without discomfort)
- Minimal Therapy (1 class 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: 60; Score: 8

≥ 1 SVG stenosis

☐ **A** Indication: 54; Score: 7

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: _____