



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- CCS III (Marked limitation of ordinary activity)
- No Therapy
- High-risk stress test findings: cardiac mortality >3%/yr
- No Previous CABG

Data reporting sheet provided by:

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

App available at:

www.SCAI-QIT.org



CTO of 1 vessel, no other CAD

A Indication: 28; Score: 7

1-2V CAD, no prox LAD CAD

A Indication: 18; Score: 8

1V CAD with prox LAD CAD

A Indication: 34; Score: 9

2V-CAD with prox LAD CAD

A Indication: 40; Score: 9

A CABG: Indication: 62; Score: 8

A PCI: Indication: 62; Score: 7

3V-CAD without LMCA CAD

A Indication: 46; Score: 9

Abnormal LV systolic function

A Indication: 48; Score: 9

Low CAD burden

A CABG: Indication: 63; Score: 9

A PCI: Indication: 63; Score: 7

High CAD burden

A CABG: Indication: 64; Score: 9

U PCI: Indication: 64; Score: 4

LMCA-CAD

A Indication: 49; Score: 9

Isolated LMCA stenosis

A CABG: Indication: 65; Score: 9

U PCI: Indication: 65; Score: 6

Additional CAD, low CAD burden (i.e., 1- to 2-vessel additional involvement, low SYNTAX score)

A CABG: Indication: 66; Score: 9

U PCI: Indication: 66; Score: 5

Additional CAD, high CAD burden (i.e., 3-vessel involvement, presence of CTO, or high SYNTAX score)

A CABG: Indication: 67; Score: 9

I PCI: Indication: 67; Score: 3

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____