



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- STEMI
- Onset of symptoms within the prior 12 to 24 hours
- Severe HF, persistent ischemic symptoms, or hemodynamic or electrical instability present

Data reporting sheet
provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org



A

Indication: 2; Score: 9

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:
