



# Revascularization AUC Data Reporting Sheet

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

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

## Patient Information

- STEMI with presumed successful treatment with fibrinolysis
- Evidence of HF, recurrent ischemia, or unstable ventricular arrhythmias present
- One-vessel CAD presumed to be the culprit artery

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)



A

Indication: 4; Score: 9

### Compiled By:

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

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

### Operating Physician:

#### Operating Physician Comments:

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

Signature:

## Confirming Physician / Interventionalist:

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