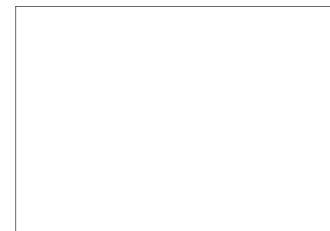




Revascularization AUC Data Reporting Sheet

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

A

Indication: 4; Score: 9

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____

