



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- STEMI with presumed successful treatment with fibrinolysis
 - Asymptomatic; no HF, no recurrent ischemic symptoms, or no unstable ventricular arrhythmias at time of presentation
 - Depressed LVEF
 - Three-vessel CAD
 - Elective/semielective revascularization

Data reporting sheet
provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org



A

Indication: 6; Score: 8

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature:

Confirming Physician / Interventionalist:

Comments:

Date/Time:

Signature: