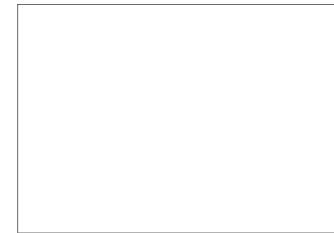




Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- Asymptomatic (No ischemic symptoms)
- No Therapy
- Low-risk stress test findings: cardiac mortality <1%/year
- 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

☐ **I** Indication: 24; Score: 1

1-2V CAD, no prox LAD CAD

☐ **I** Indication: 14; Score: 1

1V CAD with prox LAD CAD

☐ **U** Indication: 30; Score: 4

2V-CAD with prox LAD CAD

☐ **U** Indication: 36; Score: 4

3V-CAD without LMCA CAD

☐ **U** Indication: 42; Score: 5

Abnormal LV systolic function

☐ **A** Indication: 48; Score: 8

LMCA-CAD

☐ **A** Indication: 49; Score: 9

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____