



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____



Patient Information

- UA/NSTEMI and low-risk features for short-term risk of death or nonfatal MI
- Revascularization of the presumed culprit artery

Data reporting sheet provided by:

SCAI-QIT Cath Lab Guidelines & Appropriate Use Criteria App

App available at:

www.SCAI-QIT.org



U Indication: 9; Score: 6

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time: _____

Signature: _____