



Revascularization AUC Data Reporting Sheet

Patient Name: _____

Date of Birth: _____ Medical Record #: _____

Patient Information

- UA/NSTEMI and intermediate-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



A Indication: 10; Score: 8

Compiled By:

Date/Time: _____

Signature: _____

Operating Physician:

Operating Physician Comments:

Date/Time: _____

Signature: _____

Confirming Physician / Interventionalist:

Comments:

Date/Time:

Signature: