



# 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](http://www.SCAI-QIT.org)



Indication: 10; Score: 8

## Compiled By:

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Operating Physician:

\_\_\_\_\_  
Operating Physician Comments:

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Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

## Confirming Physician / Interventionalist:

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Comments:

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Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_