



**A. DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :		<b>First Name</b> <sup>2010</sup> :		<b>Middle Name</b> <sup>2020</sup> :	
<b>SSN</b> <sup>2030</sup> : - - <input type="checkbox"/> SSN N/A <sup>2031</sup>		<b>Patient ID</b> <sup>2040</sup> : (auto)		<b>Other ID</b> <sup>2045</sup> :	
<b>Birth Date</b> <sup>2050</sup> :		<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female		<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>Race</b> : (check all that apply)		<input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup>		<input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>	

**B. EPISODE OF CARE (ADMISSION)**

<b>Arrival Date</b> <sup>3000</sup> :		<b>Patient Zip Code</b> <sup>3005</sup> : <input type="checkbox"/> Zip Code NA <sup>3006</sup>	
<b>Reason for Admission</b> <sup>3010</sup> : <input type="radio"/> Admitted for this procedure <input type="radio"/> Cardiac - Heart Failure <input type="radio"/> Cardiac - Other <input type="radio"/> Non-Cardiac			
<b>Insurance Payor(s)</b> : (check all that apply) <input type="checkbox"/> Private Health Insurance <sup>3020</sup> <input type="checkbox"/> Medicare <sup>3021</sup> <input type="checkbox"/> Medicaid <sup>3022</sup> <input type="checkbox"/> Military Health Care <sup>3023</sup> <input type="checkbox"/> State-Specific Plan (Non-Medicaid) <sup>3024</sup> <input type="checkbox"/> Indian Health Service <sup>3025</sup> <input type="checkbox"/> Non-US Insurance <sup>3026</sup> <input type="checkbox"/> None <sup>3027</sup>			
<b>HIC</b> <sup>3030</sup> :			

**C. HISTORY AND RISK FACTORS (COMPLETE ONLY ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A GENERATOR IMPLANT OR CHANGE)**

<b>Heart Failure</b> <sup>4000</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Duration of Symptoms Since Initial Onset</b> <sup>4005</sup> : <input type="radio"/> < 3 months <input type="radio"/> 3 to 9 months <input type="radio"/> > 9 months	
→ If Yes, <b>Prior Heart Failure Hospitalization</b> <sup>4010</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Prior HF Hospital Timeframe</b> <sup>4015</sup> : <input type="radio"/> <= 6 months <input type="radio"/> > 6 months	
<b>NYHA Functional Classification</b> <sup>4020</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
<b>Non-Ischemic Dilated Cardiomyopathy</b> <sup>4025</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Timeframe</b> <sup>4030</sup> : <input type="radio"/> < 3 months <input type="radio"/> 3 to 9 months <input type="radio"/> >9 months	
<b>Prior Heart Transplant</b> <sup>4035</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Syncope</b> <sup>4045</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>On Heart Transplant Waiting List</b> <sup>4040</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Family History of Sudden Death</b> <sup>4050</sup> : <input type="radio"/> No <input type="radio"/> Yes
<b>Atrial Fibrillation/Flutter</b> <sup>4055</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>AFib/Flutter Classification</b> <sup>4060</sup> : <input type="radio"/> Paroxysmal <input type="radio"/> Persistent (> 7 days) <input type="radio"/> Permanent (> 1 year)	
<input type="radio"/> Secondary (reversible cause) <input type="radio"/> Unknown	
<b>Ventricular Tachycardia</b> <sup>4065</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Hemodynamic Instability</b> <sup>4070</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
→ If Yes, <b>VT Type</b> <sup>4075</sup> : <input type="radio"/> Non-sustained VT <input type="radio"/> Sustained monomorphic VT <input type="radio"/> Sustained polymorphic VT	
<input type="radio"/> Sustained monomorphic and polymorphic VT <input type="radio"/> Unknown	
<b>Cardiac Arrest</b> <sup>4080</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, <b>Most Recent Arrest Date</b> <sup>4085</sup> : mm/dd/yyyy	
→ If Yes, <b>VTach/VFib Arrest</b> <sup>4090</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
→ If Yes, <b>Bradycardia Arrest</b> <sup>4095</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	
<b>Syndromes w/Risk of Sudden Death</b> <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Syndrome Type</b> <sup>4105</sup> : <input type="radio"/> Long QT syndrome <input type="radio"/> Short QT syndrome <input type="radio"/> Brugada syndrome	
<input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF <input type="radio"/> Other	
<b>Previous ICD</b> <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, <b>Type</b> <sup>4115</sup> : <input type="radio"/> Single chamber <input type="radio"/> Dual chamber <input type="radio"/> CRT-D	
→ If Yes, <b>Previous ICD Implant Site</b> <sup>4120</sup> : <input type="radio"/> Pectoral <input type="radio"/> Abdominal	
→ If Yes, <b>Previous ICD Date</b> <sup>4125</sup> : mm/dd/yyyy	
→ If Yes, <b>Previous ICD Reason</b> <sup>4130</sup> : <input type="radio"/> Primary prevention <input type="radio"/> Secondary prevention	
→ If Primary Prevention, <b>Implant Decision LVEF</b> <sup>4135</sup> : _____% <input type="checkbox"/> LVEF Not Available <sup>4136</sup>	
→ If Secondary Prevention, <b>Reason(s) for Initial Implant</b> : (check all that apply)	
<input type="checkbox"/> Cardiac Arrest/Arrhythmia-Etiology Unknown <sup>4140</sup> <input type="checkbox"/> Spontaneous Sustained VT <sup>4141</sup> <input type="checkbox"/> Syncope with High Risk Characteristics <sup>4142</sup>	
<input type="checkbox"/> Syncope with Inducible VT <sup>4143</sup> <input type="checkbox"/> Ventricular Fibrillation <sup>4144</sup> <input type="checkbox"/> Not Documented <sup>4145</sup>	

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**Permanent Pacemaker**<sup>4150</sup>:  No  Yes (Includes previously placed)  
 → If Yes, **Pacemaker Type**<sup>4155</sup>:  Atrial chamber  Ventricular chamber  Dual chamber  CRT

**Ischemic Heart Disease**<sup>4160</sup>:  No  Yes  
 → If Yes, **One Epicardial Artery >=70% Confirmed by Angiography**<sup>4165</sup>:  No  Yes

**Prior MI**<sup>4170</sup>:  No  Yes → If Yes, **Most Recent MI Timeframe**<sup>4175</sup>:  <= 40 days  > 40 days

**Prior PCI**<sup>4180</sup>: (Prior to arrival)  No  Yes → If Yes, **Most Recent PCI Date**<sup>4185</sup>: mm/dd/yyyy

**Prior CABG**<sup>4190</sup>: (Prior to arrival)  No  Yes → If Yes, **Most Recent CABG Date**<sup>4195</sup>: mm/dd/yyyy

**Primary Valvular Heart Disease**<sup>4200</sup>:  No  Yes (Moderate to Severe)

**Other Structural Abnormalities**<sup>4205</sup>:  No  Yes  
 → If Yes, **Structural Abnormality Type(s)**: (check all that apply)  
 Amyloidosis<sup>4210</sup>  Atrial Septal Defect<sup>4211</sup>  Chagas Disease<sup>4212</sup>  Common Ventricle<sup>4213</sup>  
 Ebstein's Anomaly<sup>4214</sup>  Giant Cell Myocarditis<sup>4215</sup>  Hypertrophic Cardiomyopathy (HCM)<sup>4216</sup>  
 Left Ventricular Aneurysm<sup>4217</sup>  LV Non-compaction Syndrome<sup>4218</sup>  Right Ventricular Dysplasia (ARVD)<sup>4219</sup>  Sarcoidosis<sup>4220</sup>  
 Transposition of Great Vessels<sup>4221</sup>  Tetralogy of Fallot<sup>4222</sup>  Ventricular Septal Defect<sup>4223</sup>  Other<sup>4224</sup>

**OTHER RISK FACTORS**

**Height**<sup>4225</sup>: cm **Weight**<sup>4230</sup>: kg

**Cerebrovascular Disease**<sup>4235</sup>:  No  Yes **Chronic Lung Disease**<sup>4240</sup>:  No  Yes

**Diabetes Mellitus**<sup>4245</sup>:  No  Yes **Sleep Apnea**<sup>4250</sup>:  No  Yes  Not assessed

**Currently on Dialysis**<sup>4255</sup>:  No  Yes **Hypertension**<sup>4260</sup>:  No  Yes

**Patient Life Expectancy of >=1 Year**<sup>4270</sup>:  No  Yes  Not documented (By physician estimate)

**D. DIAGNOSTIC STUDIES** (COMPLETE ONLY ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A GENERATOR IMPLANT OR CHANGE.)

**LVEF Assessed**<sup>5000</sup>:  No  Yes  
 → If Yes, **Most Recent LVEF**<sup>5005</sup>: \_\_\_\_\_ %  
 → If Yes, **Most Recent LVEF Timeframe**<sup>5010</sup>:  <1 month  ≥ 1 to ≤ 3 months  > 3 to ≤ 6 months  >6 months

**Electrophysiology Study**<sup>5015</sup>:  No  Yes (Most recent EP Study)  
 → If Yes, **EP Study Timeframe**<sup>5020</sup>:  <1 month  ≥ 1 to ≤ 3 months  > 3 to ≤ 6 months  >6 months  
 → If Yes, **Ventricular Arrhythmias Induced**<sup>5025</sup>:  No  Yes  Results Unattainable  
 → If Yes, **VT Ablation Performed**<sup>5030</sup>:  No  Yes  
 → If Yes, **EP Study Finding(s)**:  Non-sustained VT<sup>5031</sup>  Sustained Monomorphic VT<sup>5032</sup>  Sustained Polymorphic VT<sup>5033</sup>  
 (check all that apply)  Ventricular Flutter<sup>5034</sup>  Ventricular Fibrillation<sup>5035</sup>

**12 Lead ECG w/Automated Measurements**<sup>5040</sup>:  No  Yes  
 → If Yes, **ECG Date**<sup>5045</sup>: mm/dd/yyyy

**PR Interval**<sup>5055</sup>: \_\_\_\_\_ msec  **PR Interval Not Obtainable**<sup>5056</sup> (Exclude atrial fib, 2<sup>nd</sup> or 3<sup>rd</sup>° heart block, vent pacing)

**QRS Duration (Non-Ventricular Paced Complex)**<sup>5060</sup>: \_\_\_\_\_ msec  **Only Ventricular Paced QRS Complexes Present**<sup>5061</sup>  
 (From surface ECG closest to first generator procedure)

**Cardiac Rhythm(s)**:  AFib/Flutter<sup>5065</sup>  Atrial Tachycardia<sup>5066</sup>  Idioventricular<sup>5067</sup>  Junctional<sup>5068</sup>  
 (check all that apply)  Paced<sup>5069</sup>  Sinus Rhythm<sup>5070</sup>  Second Degree Heart Block<sup>5071</sup>  Third Degree Heart Block<sup>5072</sup>  
 → If Paced, **Underlying Atrial Rhythm**<sup>5075</sup>:  Sinus rhythm  Atrial fib/flutter  Sinus arrest  Unknown  
 → If Paced, **Pacing Type**<sup>5080</sup>:  Atrial pacing  Ventricular pacing  Both  
 → If Ventricular pacing or Both, **Ventricular Paced QRS Duration**<sup>5085</sup>: \_\_\_\_\_ msec

**Abnormal Intraventricular Conduction**<sup>5090</sup>:  No  Yes → If Yes, **Intraventricular Conduction Type(s)**: (check all that apply)  
 Left Anterior Fascicular Block<sup>5095</sup>  Left Posterior Fascicular Block<sup>5096</sup>  Left Bundle Branch Block (LBBB)<sup>5097</sup>  
 Delay, Nonspecific<sup>5098</sup>  Right Bundle Branch Block (RBBB)<sup>5099</sup>  Ventricular Paced Rhythm<sup>5100</sup>



<b>Blood Pressure</b> <sup>5105/5110</sup> : _____ / _____ mmHg	<b>BUN</b> <sup>5115</sup> : _____ mg/dL	<input type="checkbox"/> Not Drawn <sup>5116</sup>
<b>Hemoglobin</b> <sup>5120</sup> : _____ g/dL	<input type="checkbox"/> Not Drawn <sup>5121</sup>	<b>Sodium</b> <sup>5125</sup> : _____ mEq/L
<input type="checkbox"/> Not Drawn <sup>5121</sup>	<b>Potassium</b> <sup>5135</sup> : _____ mEq/L	<input type="checkbox"/> Not Drawn <sup>5126</sup>
<b>Creatinine</b> <sup>5130</sup> : _____ mg/dL	<input type="checkbox"/> Not Drawn <sup>5131</sup>	<input type="checkbox"/> Not Drawn <sup>5136</sup>
<b>BNP</b> <sup>5140</sup> : _____ pg/mL	(OR) <b>NT-proBNP</b> <sup>5145</sup> : _____ pg/mL	<input type="checkbox"/> Not Drawn <sup>5146</sup> (Closest to procedure)

**E. PROCEDURE INFORMATION** (COMPLETE FOR EACH LAB VISIT)

**Procedure Date/Time**<sup>6000/6001</sup>: mm/dd/yyyy hh:mm

**Procedure Type**<sup>6005</sup>:  Initial generator implant  Generator change  Lead only

**Prophylactic Antibiotics w/in 1 Hr of Procedure Start Time**<sup>6010</sup>:  
 No – not given, medical reason documented  No – not given, reason unspecified  Yes

**Routine Warfarin (Coumadin) Therapy**<sup>6015</sup>: (w/in 1 month)  No  Yes  
 → If Yes, **Held for Procedure**<sup>6020</sup>:  No  Yes  
 → If Yes, **INR Drawn**<sup>6025</sup>:  No  Yes  
 → If Yes, **INR**<sup>6030</sup>: \_\_\_\_\_ → If Yes, **INR Drawn Date**<sup>6035</sup>: mm/dd/yyyy

**Premarket Clinical Trial**<sup>6040</sup>:  No  Yes → If Yes, **Clinical Trial Name**<sup>6045</sup>: \_\_\_\_\_

**F. ICD IMPLANT / EXPLANT** (COMPLETE FOR EACH LAB VISIT IN WHICH AN INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE WAS PERFORMED)

**Operator's Name**<sup>6100,6105,6110</sup>: \_\_\_\_\_ **NPI**<sup>6115</sup>: \_\_\_\_\_ **TIN**<sup>6120</sup>: \_\_\_\_\_

**ICD Indication**<sup>6125</sup>:  Primary prevention  Secondary prevention

**Planned Device Type**<sup>6130</sup>:  Single chamber  Dual chamber  CRT-D

**Device Implanted**<sup>6135</sup>:  No  Yes  
 → If Yes, **Final Device Type**<sup>6140</sup>:  Single chamber  Dual chamber  CRT-D  
 → If CRT-D, **CS/LV Lead Successful**<sup>6145</sup>:  Yes  Not implanted  Previously implanted  
 → If Not Implanted, **Reason CS/LV Lead Not Implanted**<sup>6150</sup>:  
 Vascular access  Coronary sinus access  Tributary vein access  
 CS dissection  Unacceptable threshold  Diaphragmatic stimulation

→ If Yes, **ID**<sup>6155</sup>: \_\_\_\_\_ OR **Manufacturer**<sup>6160</sup>: \_\_\_\_\_ **Model Name**<sup>6165</sup>: \_\_\_\_\_  
 → If Yes, **Serial Number**<sup>6175</sup>: \_\_\_\_\_ **Model Number**<sup>6170</sup>: \_\_\_\_\_  
 → If Yes, **Lowest Energy Tested (LET) that was Successful**<sup>6180</sup>: \_\_\_\_\_ Joules  LET Not Tested<sup>6181</sup>  
 → If Yes, **Upper Limit of Vulnerability (ULV)**<sup>6185</sup>: \_\_\_\_\_ Joules  ULV Not Tested<sup>6186</sup>

→ If Procedure Type<sup>6005</sup> = Generator Change

**Reason(s) for Re-implantation:** (check all that apply)

End of expected battery life<sup>6190</sup>  Replaced at time of lead revision<sup>6191</sup>  Upgrade<sup>6192</sup>  Infection<sup>6193</sup>  
 Under manufacturer advisory/recalled<sup>6194</sup>  Faulty Connector/Header<sup>6195</sup>  Device relocation<sup>6196</sup>  Malfunction<sup>6197</sup>  
 → If Malfunction, **Reason for Malfunction**<sup>6200</sup>:  Atrial pacing  LV pacing  RV pacing  
 Defibrillation  Premature battery depletion

**ATP or Shock Therapy Delivered**<sup>6205</sup>:  No  Yes  
 → If Yes, **ATP or Shock Therapy Appropriate**<sup>6210</sup>:  No  Yes  
 → If Yes, **ATP Therapy Successful**<sup>6215</sup>:  No  Yes  
 → If Yes, **Shock Therapy Successful**<sup>6220</sup>:  No  Yes

**Device Explanted**<sup>6225</sup>:  No  Yes (Code 'Yes' even if prior to this procedure)

→ If Yes, **Explant Date**<sup>6230</sup>: mm/dd/yyyy

→ If Yes, **Device Returned To Manufacturer**<sup>6235</sup>:  No  Yes

→ If Yes, **Battery Voltage**<sup>6240</sup>: \_\_\_\_\_  Voltage Not Available<sup>6241</sup>

→ If Yes, **ID**<sup>6245</sup>: \_\_\_\_\_ OR **Manufacturer**<sup>6160</sup>: \_\_\_\_\_ **Model Name**<sup>6165</sup>: \_\_\_\_\_  
 → If Yes, **Serial Number**<sup>6250</sup>: \_\_\_\_\_ **Model Number**<sup>6170</sup>: \_\_\_\_\_



**G. LEAD ASSESSMENT** (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)

Operator's Name<sup>7000,7005,7010</sup>: \_\_\_\_\_ NPI<sup>7015</sup>: \_\_\_\_\_ TIN<sup>7020</sup>: \_\_\_\_\_

Lead Counter <sup>7025</sup> :	1	2	3
Identification <sup>7030</sup> :	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead
ID <sup>7035</sup> : OR→	Manufacturer <sup>7040</sup> :		
	Model Name <sup>7045</sup> :		
	Model Number <sup>7050</sup> :		
Serial Number <sup>7055</sup> :			
Lead Location <sup>7060</sup> :	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous array <input type="radio"/> Other

**COMPLETE FOR EXISTING LEADS ONLY**

Existing Lead Implant Date <sup>7065</sup> :			
Existing Lead Function <sup>7070</sup> :	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not assessed
Manufacturer Advisory/Recall <sup>7075</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Existing Lead Status <sup>7080</sup> :	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused → If Extracted, Returned To Manufacturer <sup>7085</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused <input type="radio"/> No <input type="radio"/> Yes
Existing Lead Placement Issues <sup>7090</sup> :	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Dislodgement <sup>7095</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Perforation <sup>7100</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Erosion <sup>7105</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Faulty Connector/Header <sup>7110</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Patient's Clinical Status <sup>7115</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Infection <sup>7120</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Documented Infection <sup>7125</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes

**COMPLETE IF "EXISTING LEAD FUNCTION"<sup>7070</sup> IS "ABNORMAL"**

Pacing Issues <sup>7130</sup> :	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Oversensing <sup>7135</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Undersensing <sup>7140</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Failure to Pace <sup>7145</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Failure to Capture with Acceptable Safety Margin <sup>7150</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Extracardiac Stimulation <sup>7155</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes
Defibrillation Issues <sup>7160</sup> :	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Oversensing w/Shock or ATP <sup>7165</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Oversensing w/o Shock or ATP <sup>7170</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Failure to Shock with Inadequate DFT Safety Margin <sup>7175</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes
Lead Integrity Issues <sup>7180</sup> :	<input type="radio"/> No <input type="radio"/> Yes → If Yes, Insulation Failure <sup>7185</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Conductor Failure <sup>7190</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes

**H. INTRA OR POST PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)**

Intra or Post Procedure Events Occurred<sup>8000</sup>:  No  Yes

→ If Yes, specify the Event(s):

<b>Cardiac Arrest</b> <sup>8005</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Myocardial Infarction</b> <sup>8055</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Drug Reaction</b> <sup>8010</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Pericardial Tamponade</b> <sup>8060</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiac Perforation</b> <sup>8015</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Peripheral Embolus</b> <sup>8065</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiac Valve Injury</b> <sup>8020</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Peripheral Nerve Injury</b> <sup>8070</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Conduction Block</b> <sup>8025</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Set Screw Problem</b> <sup>8075</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Coronary Venous Dissection</b> <sup>8030</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Pneumothorax</b> <sup>8080</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Hematoma</b> (Req re-op, evacuation or transfusion) <sup>8035</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>TIA or Stroke (CVA)</b> <sup>8085</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Hemothorax</b> <sup>8040</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Urgent Cardiac Surgery</b> <sup>8090</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Infection Requiring Antibiotics</b> <sup>8045</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Venous Obstruction</b> <sup>8095</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Lead Dislodgement</b> <sup>8050</sup> :	<input type="radio"/> No <input type="radio"/> Yes		

**I. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)**

**CABG**<sup>9000</sup>: (During this admission)  No  Yes → If Yes, **CABG Date**<sup>9005</sup>:

**PCI**<sup>9010</sup>: (During this admission)  No  Yes → If Yes, **PCI Date**<sup>9015</sup>:

**Discharge Date**<sup>9020</sup>: mm/dd/yyyy

**Discharge Status**<sup>9025</sup>:  Alive  Deceased

→ If Deceased, **Cause of Death**<sup>9030</sup>:  Cardiac  Non-Cardiac

→ If Deceased, **Death During the Procedure**<sup>9035</sup>:  No  Yes

→ If Alive, **Discharged Against Medical Advice**<sup>9040</sup>:  No  Yes

→ If No, specify the **Discharge Medication(s) Prescribed**:

Medication		Prescribed				Medication		Prescribed			
		No	Yes	Con	Blinded			No	Yes	Con	Blinded
ACE Inhibitor (Any) <sup>9045</sup>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Digoxin (Any) <sup>9130</sup>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Agents	Amiodarone <sup>9050</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lipid Lowering Agents	Diuretic (Any) <sup>9135</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disopyramide <sup>9055</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Hydralazine (Any) <sup>9140</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dofetilide <sup>9060</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Statin <sup>9145</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Flecainide <sup>9065</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Non-Statin <sup>9150</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other <sup>9070</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Long Acting Nitroglycerin <sup>9155</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Procainamide <sup>9075</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Platelet Aggregation Inhibitors	Clopidogrel <sup>9160</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Propafenone <sup>9080</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Prasugrel <sup>9165</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mexiletine <sup>9085</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Ticlopidine <sup>9170</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Quinidine <sup>9090</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Warfarin (Coumadin) <sup>9175</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sotalol <sup>9095</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
ARB (Any) <sup>9100</sup>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
ASA (Any) <sup>9105</sup>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Beta Blocker (Any) <sup>9110</sup>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Calcium Channel Blockers	Diltiazem <sup>9115</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Other <sup>9120</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Verapamil <sup>9125</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						