

| Facility Medicare Provider Number: |                                       |                                      |                                |                           | Email Address:                                  |  | All fields are required. Column L indicated missing/invalid data. |   |                               |  |                                       |
|------------------------------------|---------------------------------------|--------------------------------------|--------------------------------|---------------------------|---|--|---|---|-------------------------------|--|---------------------------------------|
| Record #                           | Patient's Medicare (HIC Number of NA) | Patient's Date of Birth (MM/DD/YYYY) | Date of Procedure (MM/DD/YYYY) | Patient Symptomatic (Y/N) | Patient Meets High Surgical Risk Criteria (Y/N) | Modified Rankin Scale Score if Patient Experienced Stroke Pre-Procedure (0 to 6 of NA) | Percent (%) Stenosis by Angiography (0 to 99)                     | Percent (%) Stenosis of Second Lesion (0 to 99 or NA) | Embolic Protection Used (Y/N) | Complications During Hospitalization (y/N) | Missing or Invalid Data in Column(s): |
| 1                                  |                                       |                                      |                                |                           |   |  |   |   |                               |  |                                       |
| 2                                  |                                       |                                      |                                |                           |   |  |   |   |                               |  |                                       |
| 3                                  |                                       |                                      |                                |                           |   |  |   |   |                               |  |                                       |
| 4                                  |                                       |                                      |                                |                           |   |  |   |   |                               |  |                                       |
| Etc.                               |                                       |                                      |                                |                           |   |  |   |   |                               |  |                                       |

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