

(PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY - ATHERECTOMY - LASER - STENTS)

| LINE # LINENUM | ID IDTYPE - ID | NAME | EXAM | TEST DATE PROCDATE | # OF LESIONS ATTEMPTED PTCA if other than PTCA specify procedure | # OF LESIONS SUCCESSFULLY DILATED | REVIEW DATE REVDATE |
|---------------------------------|---------------------------------|-------------|-------------|-------------------------------------|--|--|--------------------------------------|
| 1 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 9 specify_____ | 0 1 2 3 4 5 9 | __-__-__ |

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

**SOE 141 CABG PROCNUM
PAGENUM**

(CORONARY ARTERY BYPASS GRAFTING)

| LINE # LINENUM | ID IDTYPE - ID | NAME | EXAM | CABG DATE PROCDATE | # OF VESSELS BYPASSED VESSELS | REVIEW DATE REVDATE |
|---------------------------|---------------------------|-------------|-------------|-------------------------------|--|--------------------------------|
| 1 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 6 7 9 | __-__-__ |

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE # LINENUM | ID IDTYPE - ID | NAME | EXAM | INSERTION DATE PROCDATE | INDICATION | REVIEW DATE REVDATE |
|---------------------------------|---------------------------------|-------------|-------------|--|-------------------|--------------------------------------|
| 1 | | | | ____-____-____ | | ____-____-____ |
| 2 | | | | ____-____-____ | | ____-____-____ |
| 3 | | | | ____-____-____ | | ____-____-____ |
| 4 | | | | ____-____-____ | | ____-____-____ |
| 5 | | | | ____-____-____ | | ____-____-____ |
| 6 | | | | ____-____-____ | | ____-____-____ |
| 7 | | | | ____-____-____ | | ____-____-____ |
| 8 | | | | ____-____-____ | | ____-____-____ |
| 9 | | | | ____-____-____ | | ____-____-____ |
| 10 | | | | ____-____-____ | | ____-____-____ |

Keyer 1 Date ____-____-____
 Keyer 2 Date ____-____-____

Clintrial Keyer1 Date ____-____-____
 Clintrial Keyer2 Date ____-____-____

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE # LINENUM | ID IDTYPE - ID | NAME | EXAM | DATE PROCDATE | AORTIC AORTIC | MITRAL MITRAL | TRICUSPID TRICUSPID | PULMONIC PULMONIC | REVIEW DATE REVDATE |
|-------------------|-------------------|------|------|------------------|---|-----------------------|--|-----------------------|------------------------|
| | | | | | 1 = Mechanical replacement - Björk, St. Judes, Starr Edwards, etc. 2 = Bioprosthesis - pig, homograft, "Carpentier-Edwards" 3 = Surgical commissurotomy 4 = Surgical repair (not commissurotomy) | | 5 = Percutaneous valvuloplasty 7 = Other (specify) 9 = Unknown | | |
| 1 | | | | __-__-__ | 1 2 3 4 5 7____ 9 | 1 2 3 4 5 7__ 9 | 1 2 3 4 5 7__ 9 | 1 2 3 4 5 7__ 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | 1 2 3 4 5 7_____ 9 | __-__-__ |

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

SOE 144 OTHER CARDIAC SURGERY - PROCEDURE PROCNUM
(not coronary - valvular surgery)

| Line# LINENUM | ID IDTYPE - ID | NAME | EXAM | DATE PROCDATE | PROCEDURE | | REVIEW DATE REVDATE |
|------------------|-------------------|------|------|------------------|--|---|---------------------------|
| | | | | | 1 = AICD; 2 = LV Aneurysmectomy; 3 = Ablation (VT, SV, bypass tract); 4 = Electrophysiology test; | 5 = Repair congenital or acquired shunts; 6 = Cardiac transplant; 7 = Other (specify); 9 = Unknown | |
| 1 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 6 7_____9 | | __-__-__ |

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE# LINENUM | ID IDTYPE - ID | NAME | EXAM | DATE PROCDATE | SITE 1=right 2=left 3=right&left | SYMPTOMS 0=no 1=yes 2=maybe 9=unknown | REVIEW DATE REVDATE |
|------------------|-------------------|------|------|------------------|---|---|------------------------|
| 1 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 | 0 1 2 9 | __-__-__ |

Keyer 1 Date __-__-__
 Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
 Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE# LINENUM | ID IDTYPE - ID | NAME | EXAM | DATE PROCDATE | INDICATION 1= aneurysm; 2= dissection; 3= trauma; 7= other (specify); 9= unknown | LOCATION 1= abdominal; 2= thoracic; 3= both; 4= renal artery; 9= unknown | REVIEW DATE REVDATE |
|--------------------------|---------------------------|-------------|-------------|--------------------------|--|--|------------------------------------|
| 1 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 7_____ 9 | 1 2 3 4 9 | __-__-__ |

NOTE: code Abdominal Aortic Aneurysm repairs on this sheet; code Aorto-femoral grafts on SOE 147

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE# LINENUM | ID IDTYPE - ID | NAME | EXAM | DATE PROCDATE | PROCEDURE 1 = surgical revascularization (specify procedure); 2 = percutaneous angioplasty (specify site); 3 = embolectomy (specify site); 4 = thrombectomy(specify site); 5 = sympathectomy; 7 = other (specify); 9 = unknown | WHICH LEG? 1 = right 2 = left 3 = both 9 = unknown | REVIEW DATE REVDATE |
|------------------|-------------------|------|------|------------------|---|--|---------------------------|
| 1 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 7 9 (specify)_____ | 1 2 3 9 | __-__-__ |

NOTE: code Aorto-femoral grafts on this sheet; code Abdominal Aortic Aneurysm repairs on SOE 146

Keyer 1 Date __-__-__
Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
Clintrial Keyer2 Date __-__-__

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE# LINENUM | ID IDTYPE - ID | Name | Exam | Cath Date PROCDATE | # Vessels Diseased 0 = nI coronaries 1= 1 vessel CAD; 2 = 2 vessel CAD 3 = 3 vessel CAD; 5 = noncritical CAD; 9 = unknown | Graft Stenosis 0 = no; 1= Critical; 2 =Noncritical 8=No grafts 9 = Unknown | LVEF % | LVEF 0 = normal (≥55%); 1 = major (severe, ≤35%); 2 = minor (mild-moderate, 36-45%); 3 = borderline (46-54%); 9 = unknown | Aortic Stenosis 0=none 1=yes 2=maybe 9=unknown | Review Date REVDATE |
|------------------|-------------------|------|------|-----------------------|--|---|--------|---|---|------------------------|
| 1 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 2 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 3 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 4 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 5 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 6 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 7 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 8 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 9 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |
| 10 | | | | ___-___-___ | 0 1 2 3 5 9 | 0 1 2 8 9 | ___% | 0 1 2 3 9 | 0 1 2 9 | ___-___-___ |

NOTE: Significant (LM= 50-100%, other vessels= 70-100%); Noncritical (LM = 1-49%, other vessels = 1-69%); If LM disease code as minimum of 2 vessel CAD

Keyer 1 Date ___ - ___ - ___
Keyer 2 Date ___ - ___ - ___

Clintrial Keyer1 Date ___ - ___ - ___
Clintrial Keyer2 Date ___ - ___ - ___

!! NOTE: KEYERS, do NOT key until page is completely filled in !!

| LINE# LINENUM | ID IDTYPE - ID | NAME | EXAM | TEST DATE PROCDATE | TEST 1 = Aortogram; 2 = CT scan – outside; 3 = MRI – outside; 4 = TEE; 5 = Ultrasound; 6 = FHS CT scan; 7 = FHS MRI | LOCATION 1 = Ascending; 2 = Descending; 3 = Ascending & Descending; 4 = Abdominal; 6 = Combination; 9 = Unknown | RESULT 0 = No 1 = Dissection 2 = Aneurysm 3 = Both 9 = Unknown | RENAL ARTERIOGRAM | | REVIEW DATE REVDATE |
|------------------|-------------------|------|------|-----------------------|--|--|---|-------------------|---------|------------------------|
| | | | | | | | | RIGHT | LEFT | |
| 1 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 2 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 3 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 4 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 5 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 6 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 7 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 8 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 9 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |
| 10 | | | | __-__-__ | 1 2 3 4 5 6 7 | 1 2 3 4 6 9 | 0 1 2 3 9 | 0 1 2 9 | 0 1 2 9 | __-__-__ |

Keyer 1 Date __-__-__
 Keyer 2 Date __-__-__

Clintrial Keyer1 Date __-__-__
 Clintrial Keyer2 Date __-__-__

| LINE# LINENUM | ID IDTYPE - ID | NAME | EXAM | TEST DATE PROCDATE | CAROTID ARTERIOGRAM | | VERTEBRAL BASILAR | OTHER SIGNIFIC. ABNORMALITY | REVIEW DATE REVDATE |
|------------------|-------------------|------|------|-----------------------|--------------------------------------|------------------|----------------------|--------------------------------|---------------------------|
| | | | | | 0=normal 1=≥70% 2=1-69% 9=unknown | | | | |
| | | | | | RIGHT | LEFT | | | |
| 1 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 2 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 3 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 4 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 5 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 6 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 7 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 8 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 9 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 9 | 0 1 2 3_____9 | ___-___-___ |
| 10 | | | | ___-___-___ | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 2 9 ____% | 0 1 2 3_____9 | ___-___-___ |

Keyer 1 Date ___-___-___
Keyer 2 Date ___-___-___

Clintrial Keyer1 Date ___-___-___
Clintrial Keyer2 Date ___-___-___

!! NOTE: KEYERS, do NOT key until page is completely filled in !!