

APPENDIX F: CASE REPORT FORM



NATIONAL CARDIOVASCULAR DISEASE DATABASE- PCI REGISTRY NOTIFICATION FORM

Instruction: Complete this form to notify all PCI admissions at your centre to NCVD PCI Registry. Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

For NCVD Use only:

ID: /
Centre:

A. Centre Code: Or Reporting centre name: _____ B* Date of Admission : (dd/mm/yy)

SECTION 1 : DEMOGRAPHICS

1. Patient Name : *	<input type="text"/>		
2. Local RN No: (if applicable)	<input type="text"/>		
3. Identification Card * Number :	MyKad / MyKid: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Old IC: <input type="text"/>	
	Other ID document No: <input type="text"/>	Specify type (eg.passport, armed force ID): <input type="text"/>	
4. Gender: *	<input type="radio"/> Male <input type="radio"/> Female	5. Nationality:	<input type="radio"/> Malaysian <input type="radio"/> Non Malaysian
6a. Date of Birth: * (write DOB as 01/01/yy if age is known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yy)	6b. Age on admission: *	<input type="text"/> <input type="text"/> (Auto Calculate)
7. Ethnic Group: *	<input type="radio"/> Malay <input type="radio"/> Punjabi <input type="radio"/> Melanau <input type="radio"/> Bidayah <input type="radio"/> Foreigner, specify country of origin: _____ <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Murut <input type="radio"/> Iban <input type="radio"/> Indian <input type="radio"/> Kadazan Dusun <input type="radio"/> Bajau <input type="radio"/> Other M'sian, specify : _____		
8. Contact Number	(1): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(2): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9. Admission Status:	<input type="radio"/> Referral for elective procedure <input type="radio"/> Self-referral <input type="radio"/> In-patient transfer (for more immediate procedure) <input type="radio"/> Other, specify : _____		

SECTION 2 : STATUS BEFORE EVENT

1. Smoking Status: *	<input type="radio"/> Never <input type="radio"/> Former (quit >30 days) <input type="radio"/> Current (any tobacco use within last 30 days) <input type="radio"/> Not Available		
2. Medical history : *			
a) Dyslipidaemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	e) Myocardial infarction history	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
b) Hypertension	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	f) Documented CAD (Presence of stenosis & positive stress test)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
c) Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	g) New onset angina (less than 2 weeks)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
	<input type="checkbox"/> OHA <input type="checkbox"/> Insulin <input type="checkbox"/> Non pharmacology therapy/ diet therapy	h) History of heart failure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
d) Family history of premature cardiovascular disease (< 55 years old if Male & 65 years old if Female)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	i) Cerebrovascular disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
		j) Peripheral vascular disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
		k) Chronic renal failure [> 200 umol (micromol)]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known

SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

1. Anthropometric :	a. Height: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (cm) <input type="checkbox"/> Not Available	b. Weight: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <input type="checkbox"/> Not Available	c. BMI: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Auto Calculated
2. Heart rate (at start of PCI):	<input type="text"/> <input type="text"/> <input type="text"/> (beats / min)	3. Blood pressure (at start of PCI):	a. Systolic: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mmHg) b. Diastolic: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mmHg)
4. Baseline creatinine :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> micromol/L <input type="checkbox"/> Not Available	5. Hb A1c:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L
6a. Total cholesterol:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available	6b. LDL levels:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available
7. Baseline ECG : (check where applicable)	<input type="checkbox"/> Sinus rhythm <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> 2nd /3rd AVB <input type="checkbox"/> LBBB <input type="checkbox"/> RBBB		
8. Glomerular Filtration Rate (GFR):	a. MDRD: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL/min/1.73m ²	b. Cockcroft-Gault:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL/min

Formula:
 GFR (Modification of Diet in Renal Disease (MDRD)) : $186 \times (\text{serum creatinine}[\text{micromol/L}] / 88.4)^{-1.154} \times (\text{age})^{-0.203} \times (0.742 \text{ if female})$
 GFR (Cockcroft-Gault formula) : Male : $1.23 \times (140 - \text{Age}) \times \text{Weight (kg)} / \text{serum Creatinine (micromol/L)}$
 Female : $1.04 \times (140 - \text{Age}) \times \text{Weight (kg)} / \text{serum Creatinine (micromol/L)}$

SECTION 4 : PREVIOUS INTERVENTIONS

1. Previous PCI : *	<input type="radio"/> Yes <input type="radio"/> No Date of most recent PCI (dd/mm/yy): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not Available	2. Previous CABG: *	<input type="radio"/> Yes <input type="radio"/> No Date of most recent CABG (dd/mm/yy): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not Available
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a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

SECTION 5 : CARDIAC STATUS AT PCI PROCEDURE

1. NYHA:	<input type="radio"/> NYHA I	<input type="radio"/> NYHA II	<input type="radio"/> NYHA III	<input type="radio"/> NYHA IV
2. Killip class : (STEMI & NSTEMI)	<input type="radio"/> I Asymptomatic	<input type="radio"/> II Left Heart Failure (LHF)	<input type="radio"/> III Acute Pulmonary Oedema (APO)	<input type="radio"/> IV Cardiogenic Shock
3. Functional ischaemia:	<input type="radio"/> Not applicable	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Equivocal
4. IABP:	<input type="radio"/> Yes	<input type="radio"/> No		
5. Acute Coronary Syndrome:	<input type="radio"/> Yes → <input type="radio"/> STEMI → <input type="radio"/> Anterior <input type="radio"/> Non anterior	<input type="radio"/> NSTEMI	<input type="radio"/> UA	<input type="radio"/> No
6. Angina type:	<input type="radio"/> None	<input type="radio"/> Atypical	<input type="radio"/> Chronic Stable Angina	<input type="radio"/> Unstable angina
7. Canadian Cardiovascular Score (CCS):	<input type="radio"/> Asymptomatic <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4			
8. STEMI Event : (Please complete if <24 hours since onset of STEMI symptoms)	a) STEMI time of onset in 24 hr clock (hh:mm):	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> Not Applicable	
	b) Time of arrival at first hospital (hh:mm) : (For patients transferred only)	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> Not Applicable	
	c) Time of arrival at PCI hospital (hh:mm) :	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> Not Applicable	
	d) Time of first balloon inflation/ stent/ aspiration (hh:mm) :	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> Not Applicable	
9. EF Status (at time of PCI procedure) (Do not use '>' or '<' symbol)	<input type="text"/> %	<input type="checkbox"/> Not Available		

SECTION 6 : CATH LAB VISIT

1. Date of procedure:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)			
2. PCI status:	<input type="radio"/> Elective → <input type="radio"/> Staged PCI <input type="radio"/> Ad hoc	<input type="radio"/> AMI → <input type="radio"/> Rescue <input type="radio"/> Facilitated	<input type="radio"/> Primary <input type="radio"/> Delayed PCI	
3. Cath/PCI same lab visit:	<input type="radio"/> Yes <input type="radio"/> No			
4. Medication:	a) Thrombolytics	<input type="radio"/> Yes → <input type="radio"/> <3hrs <input type="radio"/> 3-6hrs <input type="radio"/> 6-12hrs <input type="radio"/> 12-24hrs <input type="radio"/> 1-7days <input type="radio"/> >7days	<input type="radio"/> No	
	b) IIb / IIIa Blockade	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	c) Heparin	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	d) LMWH	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	e) Ticlopidine	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	f) Bivalirudin	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	g) Aspirin	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
	h) Clopidogrel	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> <6 hrs <input type="radio"/> 6-24 hrs <input type="radio"/> >24 - 72 hrs <input type="radio"/> >72 hrs First / load dose: <input type="radio"/> 75mg <input type="radio"/> 300mg <input type="radio"/> 600mg <input type="radio"/> ≥ 1200mg	
	i) Fondaparinox	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After	<input type="radio"/> No	
5. Planned duration of clopidogrel/ticlopidine:	<input type="radio"/> 1 month <input type="radio"/> 6 months <input type="radio"/> >12 months	<input type="radio"/> 3 months <input type="radio"/> 12 months <input type="radio"/> Not Available	6a. Percutaneous entry:	<input type="checkbox"/> Brachial <input type="checkbox"/> Femoral <input type="checkbox"/> Radial
6b. French size (Guiding catheter)	<input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 9	<input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> Other,specify: _____	6c. Closure device:	<input type="radio"/> No <input type="radio"/> Suture <input type="radio"/> Seal <input type="radio"/> Other,specify: _____
7. Extent of coronary disease:	<input type="checkbox"/> Single vessel disease <input type="checkbox"/> Multiple vessel disease <input type="checkbox"/> Graft <input type="checkbox"/> Left Main			
8a. Fluoroscopy time:	<input type="text"/> . <input type="text"/> minutes	<input type="checkbox"/> Not Available	8b. Total Dose:	<input type="text"/> . <input type="text"/> mGy <input type="checkbox"/> Not Available
9a. Contrast type :	<input type="radio"/> Ionic <input type="radio"/> Non-Ionic	<input type="radio"/> HEXABRIX 320 <input type="radio"/> IOPAMIRO 300 <input type="radio"/> ULTRAVIST 370 <input type="radio"/> VISIPAQUE 320 <input type="radio"/> Other, specify: _____ <input type="radio"/> Other, specify: _____ <input type="radio"/> IOPAMIRO 370 <input type="radio"/> XENETIX 300 <input type="radio"/> OMNIPAQUE 300 <input type="radio"/> ULTRAVIST 300 <input type="radio"/> XENETIX 350 <input type="radio"/> OMNIPAQUE 350		
9b. Contrast Volume :	<input type="text"/> ml	<input type="checkbox"/> Not Available		



a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

Instructions: 1. For skip lesion, please document as different lesions. Please check one lesion code per page (i.e.: for 2 lesions, please use 2 separate Section 7).
 2. Documented Ramus Intermediate Lesions as lesion code 15.
 3. For long lesion, please document as one single lesion.
 4. Please document intervention involves sidebranch as a second lesion.

SECTION 7: PCI PROCEDURE DETAILS

1. Total no. of lesion treated :

NATIVE	GRAFT																		
<p>Coronary segment number, lesion codes 1-17</p>	<p>Graft PCI lesion codes 18-25. Also record grafted native coronary vessel</p> <table border="1"> <thead> <tr> <th>Graft</th> <th>Target Vessel</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 18 LIMA</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 19 RIMA</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 20 SVG 1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 21 SVG 2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 22 SVG 3</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 23 RAD 1</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 24 RAD 2</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> 25 RAD 3</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Graft	Target Vessel	<input type="checkbox"/> 18 LIMA	<input type="checkbox"/>	<input type="checkbox"/> 19 RIMA	<input type="checkbox"/>	<input type="checkbox"/> 20 SVG 1	<input type="checkbox"/>	<input type="checkbox"/> 21 SVG 2	<input type="checkbox"/>	<input type="checkbox"/> 22 SVG 3	<input type="checkbox"/>	<input type="checkbox"/> 23 RAD 1	<input type="checkbox"/>	<input type="checkbox"/> 24 RAD 2	<input type="checkbox"/>	<input type="checkbox"/> 25 RAD 3	<input type="checkbox"/>
Graft	Target Vessel																		
<input type="checkbox"/> 18 LIMA	<input type="checkbox"/>																		
<input type="checkbox"/> 19 RIMA	<input type="checkbox"/>																		
<input type="checkbox"/> 20 SVG 1	<input type="checkbox"/>																		
<input type="checkbox"/> 21 SVG 2	<input type="checkbox"/>																		
<input type="checkbox"/> 22 SVG 3	<input type="checkbox"/>																		
<input type="checkbox"/> 23 RAD 1	<input type="checkbox"/>																		
<input type="checkbox"/> 24 RAD 2	<input type="checkbox"/>																		
<input type="checkbox"/> 25 RAD 3	<input type="checkbox"/>																		

Complete for all intervene. Complete and attach additional lesion column if necessary.

2. Lesion Code: * (1-25)	<input type="text"/> to <input type="text"/> (if applicable)																								
3. Coronary lesion: *	<input type="radio"/> De novo <input type="radio"/> Stent thrombosis <input type="radio"/> Restenosis (No prior stent) <input type="radio"/> In stent restenosis a.Type: <input type="radio"/> Acute <input type="radio"/> Late <input type="radio"/> Sub acute <input type="radio"/> Very late b.Prior stent type: <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> Others _____																								
4. Lesion type: *	<input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2 <input type="radio"/> C 5. Location in graft: (complete for graft PCI only) <input type="radio"/> Ostial <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Native <input type="radio"/> Anastomosis																								
6. Lesion description: *	<input type="checkbox"/> Ostial <input type="checkbox"/> Total Occlusion <input type="checkbox"/> CTO > 3mo <input type="checkbox"/> Thrombus <input type="checkbox"/> Not Applicable <input type="checkbox"/> Bifurcation → a) Medina Classification: i) MB prox.: <input type="text"/> (autofill) <input type="radio"/> 0 <input type="radio"/> 1 ii) MB dist.: <input type="text"/> (autofill) <input type="radio"/> 0 <input type="radio"/> 1 iii) SB: <input type="text"/> (autofill) <input type="radio"/> 0 <input type="radio"/> 1 (if intervention involved sidebranch, please record as a second lesion)																								
7. Pre-stenosis % :	<input type="text"/> TIMI Flow (pre): → <input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3																								
8. Post-stenosis % :	<input type="text"/> TIMI Flow (post): → <input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3																								
9. Estimated lesion length:	<input type="text"/> mm 10. Acute closure: <input type="radio"/> Yes <input type="radio"/> No																								
11. Dissection:	<input type="radio"/> Yes <input type="radio"/> No 12. Perforation: <input type="radio"/> Yes <input type="radio"/> No																								
13. No Reflow:	<input type="radio"/> Yes → <input type="radio"/> Transient <input type="radio"/> Persistent <input type="radio"/> No 14. Lesion Result: <input type="radio"/> Successful <input type="radio"/> Unsuccessful																								
15. Stent details for lesion: *	<table border="1"> <thead> <tr> <th>a. Stent Code</th> <th>b. Length (mm)</th> <th>c. Diameter (mm)</th> <th>a. Stent Code</th> <th>b. Length (mm)</th> <th>c. Diameter (mm)</th> </tr> </thead> <tbody> <tr> <td>#1 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#4 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>#2 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#5 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>#3 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#6 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	a. Stent Code	b. Length (mm)	c. Diameter (mm)	a. Stent Code	b. Length (mm)	c. Diameter (mm)	#1 <input type="text"/>	<input type="text"/>	<input type="text"/>	#4 <input type="text"/>	<input type="text"/>	<input type="text"/>	#2 <input type="text"/>	<input type="text"/>	<input type="text"/>	#5 <input type="text"/>	<input type="text"/>	<input type="text"/>	#3 <input type="text"/>	<input type="text"/>	<input type="text"/>	#6 <input type="text"/>	<input type="text"/>	<input type="text"/>
a. Stent Code	b. Length (mm)	c. Diameter (mm)	a. Stent Code	b. Length (mm)	c. Diameter (mm)																				
#1 <input type="text"/>	<input type="text"/>	<input type="text"/>	#4 <input type="text"/>	<input type="text"/>	<input type="text"/>																				
#2 <input type="text"/>	<input type="text"/>	<input type="text"/>	#5 <input type="text"/>	<input type="text"/>	<input type="text"/>																				
#3 <input type="text"/>	<input type="text"/>	<input type="text"/>	#6 <input type="text"/>	<input type="text"/>	<input type="text"/>																				
16. Maximum balloon size / pressure:	a) Maximum balloon size used: <input type="text"/> mm b) Maximum stent / balloon deploy pressure: <input type="text"/> atm * 17. Intracoronary devices used: <input type="checkbox"/> Aspiration <input type="checkbox"/> Cutting balloon <input type="checkbox"/> IVUS <input type="checkbox"/> Balloon only <input type="checkbox"/> DES <input type="checkbox"/> Rotablator <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> Flowwire <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Drug Eluting Balloon <input type="checkbox"/> Distal Embolic Protection → <input type="radio"/> Filter <input type="radio"/> Balloon <input type="radio"/> Proximal																								
	18. Direct stenting:- * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable																								

a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

SECTION 8 : PROCEDURAL COMPLICATION

1. Outcome:	* a. <u>Periprocedural MI</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	* b. <u>Emergency Reintervention / PCI:</u>	<input type="radio"/> Yes <input type="radio"/> No ↳ i) Stent thrombosis: <input type="radio"/> Yes <input type="radio"/> No ii) Dissection: <input type="radio"/> Yes <input type="radio"/> No iii) Perforation: <input type="radio"/> Yes <input type="radio"/> No iv) Others,specify: _____ <input type="radio"/> Yes <input type="radio"/> No
	* c. <u>Bail-out CABG</u>	<input type="radio"/> Yes <input type="radio"/> No
	* d. <u>Cardiogenic shock (after procedure)</u>	<input type="radio"/> Yes <input type="radio"/> No
	* e. <u>Arrhythmia (VT/VF/Brady)</u>	<input type="radio"/> Yes <input type="radio"/> No
	* f. <u>TIA / Stroke</u>	<input type="radio"/> Yes <input type="radio"/> No
	* g. <u>Tamponade</u>	<input type="radio"/> Yes <input type="radio"/> No
	* h. <u>Contrast reaction</u>	<input type="radio"/> Yes <input type="radio"/> No
	* i. <u>New onset / worsened heart failure</u>	<input type="radio"/> Yes <input type="radio"/> No
	* j. <u>New renal impairment</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	k. Max post procedural rise in creatinine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available ↳ a) _____ micromol/L b) Date (dd/mm/yy): _____ c) Autocalculate: (days) _____
2. Vascular Complications:	* a. <u>Bleeding</u>	<input type="radio"/> Yes <input type="radio"/> No ↳ <input type="radio"/> Major (Any intracranial bleed or other bleeding ≥ 5g/dL Hb drop) <input type="radio"/> Minor (Non-CNS bleeding with 3-5g/dL Hb drop) <input type="radio"/> Minimal (Non-CNS bleeding, non-overt bleeding, < 3g/dL Hb drop) Bleeding site: <input type="radio"/> Retroperitoneal <input type="radio"/> Others, specify: _____ <input type="radio"/> Percutaneous entry site _____
	b. Access site occlusion	<input type="radio"/> Yes <input type="radio"/> No
	c. Loss of distal pulse	<input type="radio"/> Yes <input type="radio"/> No
	d. Dissection	<input type="radio"/> Yes <input type="radio"/> No
	e. Pseudoaneurysm	<input type="radio"/> Yes <input type="radio"/> No ↳ <input type="radio"/> Ultrasound compression <input type="radio"/> Others, specify: _____ <input type="radio"/> Surgery _____

SECTION 9 : OUTCOME AT DISCHARGE

1. Outcome:	<input type="radio"/> Alive →	* a) <u>Date of Discharge (dd/mm/yy):</u> _____ / _____ / _____ b) Medication: <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Aspirin</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Ace Inhibitor</td> <td><input type="radio"/></td> </tr> <tr> <td>Clopidogrel</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>ARB</td> <td><input type="radio"/></td> </tr> <tr> <td>Ticlopidine</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Warfarin</td> <td><input type="radio"/></td> </tr> <tr> <td>Statin</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Others, specify _____</td> <td><input type="radio"/></td> </tr> <tr> <td>Beta blocker</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Yes	No	Aspirin	<input type="radio"/>	<input type="radio"/>	Ace Inhibitor	<input type="radio"/>	Clopidogrel	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	Ticlopidine	<input type="radio"/>	<input type="radio"/>	Warfarin	<input type="radio"/>	Statin	<input type="radio"/>	<input type="radio"/>	Others, specify _____	<input type="radio"/>	Beta blocker	<input type="radio"/>	<input type="radio"/>		
		Yes	No	Yes	No																											
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Beta blocker	<input type="radio"/>	<input type="radio"/>																														
<input type="radio"/> Death →	* a) <u>Date of Death (dd/mm/yy):</u> _____ / _____ / _____ b) Primary cause of death: <table border="1"> <tbody> <tr> <td><input type="radio"/> Cardiac</td> <td><input type="radio"/> Renal</td> <td><input type="radio"/> Others, specify: _____</td> </tr> <tr> <td><input type="radio"/> Infection</td> <td><input type="radio"/> Neurological</td> <td></td> </tr> <tr> <td><input type="radio"/> Vascular</td> <td><input type="radio"/> Pulmonary</td> <td></td> </tr> </tbody> </table> c) Location of death: <input type="radio"/> In Lab <input type="radio"/> Out of Lab	<input type="radio"/> Cardiac	<input type="radio"/> Renal	<input type="radio"/> Others, specify: _____	<input type="radio"/> Infection	<input type="radio"/> Neurological		<input type="radio"/> Vascular	<input type="radio"/> Pulmonary																							
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<input type="radio"/> Transferred to other centre: →	* a) <u>Date of transfer (dd/mm/yy):</u> _____ / _____ / _____ b) Name of centre: _____																															



**NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY
FOLLOW UP AT 30 DAYS**

For NCVD Use only:

ID: /

Centre:

Instruction: This form is to be completed at patient follow up after 30 days of 1st admission. Following performed by telephone interview. Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

Ai. Name of Reporting centre:				Aii. Or Reporting centre code:		
B. Patient Name :						
C. Identification Card Number :	<i>MyKad / MyKid:</i>	<input type="text"/>	-	<input type="text"/>	<i>Old IC:</i>	<input type="text"/>
	<i>Other ID document No:</i>	<input type="text"/>	→	<i>Specify type (eg. passport, armed force ID):</i>		
D. Date of Follow Up: (dd/mm/yy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	

SECTION 1 : OUTCOME

1. Outcome: *	<input type="radio"/> Alive →	b) Medication: <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr> <td>Aspirin</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Clopidogrel</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Ticlopidine</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Others, specify:</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>						Yes	No	Unknown	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Others, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/> Death →	* a) Date of Death (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> b) Cause of death: <table border="1"> <tr> <td><input type="radio"/> Cardiac</td> </tr> <tr> <td><input type="radio"/> Non cardiac</td> </tr> <tr> <td><input type="radio"/> Others, specify: _____</td> </tr> </table>					<input type="radio"/> Cardiac	<input type="radio"/> Non cardiac	<input type="radio"/> Others, specify: _____																		
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<input type="radio"/> Others, specify: _____																										
<input type="radio"/> Transferred to other centre: →	* a) Date of transfer (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> b) Name of centre: _____																									
<input type="radio"/> Lost to follow up →	* a) Date of last follow up (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/>																									
2. Smoking Status:	<input type="radio"/> Never <input type="radio"/> Former (quit >30 days) <input type="radio"/> Current (any tobacco use within last 30 days) <input type="radio"/> Not Available																									
3. Readmission: *	<input type="radio"/> Yes → <input type="radio"/> No	a) Date of readmission (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> b) Readmission location: _____ c) Readmission Reason: → <table border="1"> <tr> <td><input type="radio"/> CHF</td> <td><input type="radio"/> Arrhythmia</td> <td><input type="radio"/> CABG</td> </tr> <tr> <td><input type="radio"/> AMI</td> <td><input type="radio"/> PCI – planned</td> <td><input type="radio"/> Others, specify</td> </tr> <tr> <td><input type="radio"/> Recurrent angina</td> <td><input type="radio"/> PCI – unplanned</td> <td>_____</td> </tr> </table>				<input type="radio"/> CHF	<input type="radio"/> Arrhythmia	<input type="radio"/> CABG	<input type="radio"/> AMI	<input type="radio"/> PCI – planned	<input type="radio"/> Others, specify	<input type="radio"/> Recurrent angina	<input type="radio"/> PCI – unplanned	_____												
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**NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY
FOLLOW UP AT 6 AND 12 MONTHS**

For NCVD Use only:

ID: /
Centre:

Instruction: This form is to be completed at patient follow up **6 and 12 months of 1st admission**. Following performed by telephone interview. Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

Ai. Name of Reporting centre:			Aii. Reporting centre code:	
B. Patient Name :				
C. Identification Card Number :	MyKad / MyKid:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Old IC:	<input type="text"/>
	Other ID document No:	<input type="text"/>	Specify type (eg.passport, armed force ID):	<input type="text"/>
D. Type of Follow Up:	<input type="radio"/> 6 months	<input type="radio"/> 12 months	E. Date of Follow Up (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION 1 : OUTCOME

1. Outcome:

Alive →

a) Medication:	Yes	No	Unknown	Yes	No	Unknown
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ace Inhibitor	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warfarin	<input type="radio"/>	<input type="radio"/>
Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Others, specify _____	<input type="radio"/>	<input type="radio"/>
Beta blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Death →

a) * Date of Death (dd/mm/yy): / /

b) Cause of death: Cardiac Non cardiac Others, specify: _____

Transferred to other centre: →

a) * Date of transfer (dd/mm/yy): / /

b) Name of centre: _____

Lost to follow up →

a) * Date of last follow up (dd/mm/yy): / /

SECTION 2 : SMOKING STATUS

1. Smoking Status: Never Former (quit >30 days) Current (any tobacco use within last 30 days) Not Available

SECTION 3 : READMISSION (Within 12 months after 1st notification)

1. Has patient been readmitted to hospital? Yes No

	Date of Readmission	Readmission location:	Readmission reason:	CCS	Angiography	AMI	PCI	CABG
1	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes <input type="radio"/> TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable
2	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes <input type="radio"/> TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable
3	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="text"/>	<input type="radio"/> CHF <input type="radio"/> AMI <input type="radio"/> Recurrent angina <input type="radio"/> Arrhythmia <input type="radio"/> PCI – planned <input type="radio"/> PCI – unplanned <input type="radio"/> CABG <input type="radio"/> Others, specify _____	<input type="radio"/> <u>Asymptomatic</u> <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4 <input type="radio"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Not Applicable	<input type="radio"/> No <input type="radio"/> TVR <input type="radio"/> Non TVR <input type="radio"/> Not Applicable <input type="radio"/> TLR <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes <input type="radio"/> TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable



NCVD-PCI REGISTRY STENT LIST (JULY 2013)

Drug-Eluting Stent (DES)	Beacon	Janus
	Co Star	Taxus Liberte
	Coroflex Please	Xience
	Cypher	Cre8
	Endeavor	Others – <i>(for Other DES not listed here)</i>
	Infinium	

Bare Metal Stent (BMS)	ACS Pixel	Chrono	Liberte
	Atrium Flyer	Constant	Micro Driver
	Avantec Duraflex	Coroflex Blue	Multi-Link Frontier
	AVE (Non-driver)	Driver	Multi-Link Mini Vision
	BE 2	Express	Multi-Link Vision
	Biodiv SV	Flexmaster F1	Others – <i>(for Other BMS not listed here)</i>
	BX Velocity	Lekton Motion	

Bio-absorbable Stent	Biotronik
	Others – <i>(for Other Bio-absorbable Stent not listed here)</i>

Antibody coated Stent	Genous
	Others – <i>(for Other Antibody coated stent not listed here)</i>

Drug Eluting Balloon Stent	Dior	Protégé	Others - <i>(for Other DEB not listed here)</i>
	Pantera Lux	SeQuent Please	
	Pioneer	Danubio	

Bifurcated Stent	Axxess	Track	Others - <i>(for Other BS not listed here)</i>
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Covered Stent	Jostent Graft
	Others – <i>(for Other Covered Stent not listed here)</i>

Combo Stent	DES + Antibody coated
	BMS + DEB
	Others - <i>(for Other Combo Stent not listed here)</i>

Others	<i>(for Other Type of stent not listed here)</i>
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