

**SECTION 7.1 A: ADVANCED PCI PROCEDURE DETAILS (NON LMS BIFURCATION LESION FOR SIDE BRANCH)**

Instructions: 1. Please fill up this section for when non LMS Bifurcation Side Branch treated.  
 2. If non LMS bifurcation side branch is not treated, please fill up no. 1, 2, 3, 5, 7, 8, 9 and 10.

<p><b>1. Lesion code (1-25):</b> <input type="text"/> to <input type="text"/> (if applicable)</p> <p><b>2. Coronary lesion:</b></p> <p><input type="radio"/> De novo  <input type="radio"/> Restenosis (no prior stent)  <input type="radio"/> Stent thrombosis → <input type="radio"/> Acute <input type="radio"/> Late  <input type="radio"/> Sub Acute <input type="radio"/> Very Late</p> <p><input type="radio"/> In stent restenosis      ↳ i. Duration: <input type="text"/> Year(s) <input type="text"/> Month(s)  <input type="radio"/> Not available  <i>(*Duration from the known previous procedure)</i></p> <p>ii. Prior stent type:  <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> BVS <input type="radio"/> Mg  <input type="radio"/> Others, specify:.....</p> <p>iii. Classification:  <input type="radio"/> Class I (Focal ISR)  <input type="radio"/> Class II ('Diffuse intrastent' ISR)  <input type="radio"/> Class III ('Diffuse proliferative' ISR)  <input type="radio"/> Class IV (ISR with 'total occlusion')</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>NATIVE</b> Dominance: Right</p> </div> <div style="text-align: center;"> <p>Dominance: Left</p> </div> </div>
<p><b>3. Lesion description:</b> <input type="checkbox"/> CTO&gt;3mo <input type="checkbox"/> Calcified lesion  <input type="checkbox"/> Thrombus <input type="checkbox"/> Not Applicable</p> <p><b>4. Size SB (mm):</b> <input type="radio"/> 2.0 - 2.5 <input type="radio"/> &gt;2.5</p> <p><b>5. Estimated lesion length:</b> <input type="text"/> mm</p> <p><b>6. Pre PCI % of stenosis:</b> <input type="text"/> % TIMI Flow <input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 (pre): <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3</p> <p><b>7. Post PCI % of stenosis:</b> <input type="text"/> % TIMI Flow <input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 (post): <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3</p> <p><b>8. Protect with wire:</b> <input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>10. Perforation:</b> <input type="radio"/> Yes <input type="radio"/> No          ↳ i) Classification  <input type="radio"/> Type I (extraluminal crater without extravasation)  <input type="radio"/> Type II (pericardial or myocardial blushing)  <input type="radio"/> Type III (perforation ≥ 1mm diameter with contrast streaming)  <input type="radio"/> Cavity spilling</p> <p><b>11. Lesion result:</b> <input type="radio"/> Successful <input type="radio"/> Unsuccessful</p> <p><b>12. Dissection: (Post Procedure):</b> <input type="radio"/> Yes → <input type="radio"/> Flow limiting <input type="radio"/> Non flow limiting  <input type="radio"/> No</p> <p><b>13. Slow Flow/ No reflow:</b> <input type="radio"/> Yes → <input type="radio"/> Transient <input type="radio"/> Persistent  <input type="radio"/> No</p> <p><b>14. Final Kissing:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Failed</p>
<p><b>9. Bifurcation techniques:</b></p> <p><input type="radio"/> 1 stent → <input type="radio"/> Simple cross over  <input type="radio"/> Ostial Stenting  <input type="radio"/> Simple cross over with kissing balloon  <input type="radio"/> Simple cross over with drug eluting balloon side branch  <input type="checkbox"/> Proximal optimisation technique (POT)</p> <p><input type="radio"/> 2 stents → a. <input type="radio"/> Planned <input type="radio"/> Provisional          ↳ b. <input type="radio"/> Cullote <input type="radio"/> Double kiss crush  <input type="radio"/> Crush <input type="radio"/> Reverse crush  <input type="radio"/> Mini crush <input type="radio"/> T  <input type="radio"/> Double barrel Y <input type="radio"/> Small protrusion (TAP)  <input type="radio"/> Dedicated bifurcation stent  <input type="radio"/> V  <input type="checkbox"/> Proximal optimisation technique (POT)  <input type="radio"/> Others, specify: _____</p>	<p><b>15. Stent / DEB details per lesion: (please refer instruction sheet for stent codes)</b></p> <p>a. Stent code #1 <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> c. Length (mm) <input type="text"/></p> <p>a. Stent code #2 <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> c. Length (mm) <input type="text"/></p> <p>a. Stent code #3 <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> c. Length (mm) <input type="text"/></p> <p><b>16. Maximum balloon:</b></p> <p>a) Predilatation:          i) Size: <input type="text"/> . <input type="text"/> mm          ii) Types: <input type="checkbox"/> Regular <input type="checkbox"/> NC  <input type="checkbox"/> Cutting <input type="checkbox"/> Scoring</p> <p>b) Postdilatation:          i) Size: <input type="text"/> . <input type="text"/> mm          ii) Pressure: <input type="text"/> atm</p> <p><b>17. Intracoronary devices used:</b></p> <p><input type="checkbox"/> IVUS <input type="checkbox"/> Micro catheter <input type="checkbox"/> Double Lumen micro catheter  <input type="checkbox"/> OCT <input type="checkbox"/> Angiojet <input type="checkbox"/> Others,specify: _____  <input type="checkbox"/> FFR <input type="checkbox"/> Rotablator  <input type="checkbox"/> Aspiration catheter <input type="checkbox"/> Extension catheter  <input type="checkbox"/> POBA <input type="checkbox"/> Coil</p>

**SECTION 7.1 B: ADVANCED PCI PROCEDURE DETAILS (FOR LEFT MAIN STEM)**

<b>1. LMS intervention:</b> <input type="radio"/> Unprotected <input type="radio"/> Protected	<b>2. Location:</b> <input type="checkbox"/> Ostial <input type="checkbox"/> Mid <input type="checkbox"/> Distal & Bifurcation
<b>3. IVUS guided:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>4. OCT guided:</b> <input type="radio"/> Yes <input type="radio"/> No
<b>5. CSA intervention:</b> a. Pre: <input type="text"/> <input type="text"/> . <input type="text"/> mm <sup>2</sup>	b. Post: <input type="text"/> <input type="text"/> . <input type="text"/> mm <sup>2</sup>
<b>6. Side branch wire protected:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>7. Final kissing:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Failed

**8. Techniques:**

<input type="radio"/> 1 stent <input type="radio"/> Simple cross over <input type="radio"/> Ostial Stenting <input type="radio"/> Simple cross over with kissing balloon <input type="radio"/> Simple cross over with drug eluting balloon SB	<input type="radio"/> 2 stents a. <input type="radio"/> Planned <input type="radio"/> Provisional b. <input type="radio"/> Cullote <input type="radio"/> Double kiss crush <input type="radio"/> Crush <input type="radio"/> Reverse crush <input type="radio"/> Mini crush <input type="radio"/> Small protrusion (TAP) <input type="radio"/> Double barrel Y <input type="radio"/> T <input type="radio"/> Dedicated bifurcation stent <input type="radio"/> V <input type="radio"/> Others, specify: _____
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**Instructions:** 1. Please fill up this section for Distal & Bifurcation.  
 2. If not treated, please fill up no. 1, 2, 3, 5, 7, 8, 9 and 10.

<b>1. Lesion code (1-25):</b> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> (if applicable)	<b>Dominance: Right NATIVE Dominance: Left</b>
<b>2. Coronary lesion:</b> <input type="radio"/> De novo <input type="radio"/> Restenosis (no prior stent) <input type="radio"/> Stent thrombosis → <input type="radio"/> Acute <input type="radio"/> Late <input type="radio"/> Sub Acute <input type="radio"/> Very Late <input type="radio"/> In stent restenosis i. Duration: <input type="text"/> Year(s) <input type="text"/> Month(s) <i>(*Duration from the known previous procedure)</i> <input type="radio"/> Not available ii. Prior stent type: <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> BVS <input type="radio"/> Mg <input type="radio"/> Others, specify:..... iii. Classification: <input type="radio"/> Class I (Focal ISR) <input type="radio"/> Class II ('Diffuse intrastent' ISR) <input type="radio"/> Class III ('Diffuse proliferative' ISR) <input type="radio"/> Class IV (ISR with 'total occlusion')	
	<b>10. Perforation:</b> <input type="radio"/> Yes <input type="radio"/> No i) Classification <input type="radio"/> Type I (extraluminal crater without extravasation) <input type="radio"/> Type II (pericardial or myocardial blushing) <input type="radio"/> Type III (perforation ≥1mm diameter with contrast streaming) <input type="radio"/> Cavity spilling
	<b>11. Lesion result:</b> <input type="radio"/> Successful <input type="radio"/> Unsuccessful
<b>3. Lesion description:</b> <input type="checkbox"/> CTO>3mo <input type="checkbox"/> Calcified lesion <input type="checkbox"/> Thrombus <input type="checkbox"/> Not Applicable	<b>12. Dissection (Post Procedure):</b> <input type="radio"/> Yes → <input type="radio"/> Flow limiting <input type="radio"/> Non flow limiting <input type="radio"/> No
<b>4. Size SB (mm):</b> <input type="radio"/> 2.0 - 2.5 <input type="radio"/> >2.5	<b>13. Slow Flow/ No Reflow:</b> <input type="radio"/> Yes → <input type="radio"/> Transient <input type="radio"/> Persistent <input type="radio"/> No
<b>5. Estimated lesion length:</b> <input type="text"/> <input type="text"/> mm	<b>14. Final Kissing:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Failed
<b>6. Pre PCI % of stenosis:</b> <input type="text"/> <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	<b>15. Stent / DEB details for lesion:</b> (please refer instruction sheet for stent codes)
<b>7. Post PCI % of stenosis:</b> <input type="text"/> <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	a. Stent code #1 <input type="text"/> <input type="text"/> <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/>
<b>8. Protect with wire:</b> <input type="radio"/> Yes <input type="radio"/> No	a. Stent code #2 <input type="text"/> <input type="text"/> <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/>
<b>9. Bifurcation techniques:</b>	a. Stent code #3 <input type="text"/> <input type="text"/> <input type="text"/> Others, specify: _____ b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/>
<input type="radio"/> 1 stent → <input type="radio"/> Simple cross over <input type="radio"/> Ostial Stenting <input type="radio"/> Simple cross over with kissing balloon <input type="radio"/> Simple cross over with drug eluting balloon side branch <input type="checkbox"/> Proximal optimisation technique (POT)	<b>16. Maximum balloon:</b> a) Predilatation: i) Size: <input type="text"/> . <input type="text"/> <input type="text"/> mm ii) Types: <input type="checkbox"/> Regular <input type="checkbox"/> NC <input type="checkbox"/> Cutting <input type="checkbox"/> Scoring b) Postdilatation: i) Size: <input type="text"/> . <input type="text"/> <input type="text"/> mm ii) Pressure: <input type="text"/> <input type="text"/> atm
<input type="radio"/> 2 stents → a. <input type="radio"/> Planned <input type="radio"/> Provisional b. <input type="radio"/> Cullote <input type="radio"/> Double kiss crush <input type="radio"/> Crush <input type="radio"/> Reverse crush <input type="radio"/> Mini crush <input type="radio"/> T <input type="radio"/> Double barrel Y <input type="radio"/> Small protrusion (TAP) <input type="radio"/> Dedicated bifurcation stent <input type="radio"/> V <input type="checkbox"/> Proximal optimisation technique (POT) <input type="radio"/> Others, specify: _____	<b>17. Intracoronary devices used:</b> <input type="checkbox"/> IVUS <input type="checkbox"/> Micro catheter <input type="checkbox"/> Double Lumen micro catheter <input type="checkbox"/> OCT <input type="checkbox"/> Angiojet <input type="checkbox"/> Others,specify: _____ <input type="checkbox"/> FFR <input type="checkbox"/> Rotablator <input type="checkbox"/> Aspiration catheter <input type="checkbox"/> Extension catheter <input type="checkbox"/> POBA <input type="checkbox"/> Coil

<b>a. Patient Name:</b>	<b>b. MyKad/Other ID No.:</b>	<b>c. Date of Procedure:</b>
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**SECTION 7.1 C: ADVANCED PCI PROCEDURE DETAILS (FOR CTO >3 months)**

<b>1. CTO characteristics:</b>	<b>i. Estimated length of CTO (mm):</b>	<input type="radio"/> < 20	<input type="radio"/> ≥ 20		
	<b>ii. Side branches (within 3mm of entry):</b>	<input type="radio"/> Yes	<input type="radio"/> No		
	<b>iii. Entry site:</b>	<input type="radio"/> Blunt	<input type="radio"/> Tapered		
	<b>iv. Calcification:</b>	<input type="radio"/> Yes	<input type="radio"/> No		
	<b>v. Bridging collaterals:</b>	<input type="radio"/> Yes	<input type="radio"/> No		
	<b>vi. Tortuosity/ Bend &gt; 45°:</b>	<input type="radio"/> Yes	<input type="radio"/> No		
	<b>vii. Re-attempt lesion:</b>	<input type="radio"/> Yes	<input type="radio"/> No		
	<b>viii. JCTO Score:</b>	<input style="width:50px;" type="text"/>	<i>(autocalculated)</i>		
	<b>ix. Duration of CTO:</b>	<input style="width:50px;" type="text"/>	<input type="radio"/> Months	or	<input type="radio"/> Years
<b>2. Guide size:</b>	<input type="radio"/> 5F <input type="radio"/> 6F <input type="radio"/> 7F <input type="radio"/> 8F	<b>3. Contralateral injections:</b>	<input type="radio"/> Yes	<input type="radio"/> No	
<b>4. IVUS guided:</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>5. CTA guided:</b>	<input type="radio"/> Yes	<input type="radio"/> No	
<b>6. Approach</b>	<input type="checkbox"/> Antegrade: <ul style="list-style-type: none"> <li><input type="checkbox"/> Single wire</li> <li><input type="checkbox"/> Parallel wire</li> <li><input type="checkbox"/> Anchor wire</li> <li><input type="checkbox"/> Anchor balloon</li> <li><input type="checkbox"/> STAR</li> <li><input type="checkbox"/> Others, specify: _____</li> </ul>	<input type="checkbox"/> Retrograde: <ul style="list-style-type: none"> <li><input type="checkbox"/> CART</li> <li><input type="checkbox"/> Reverse CART</li> <li><input type="checkbox"/> Knuckle wire</li> <li><input type="checkbox"/> Kissing wire technique</li> <li><input type="checkbox"/> Others, specify: _____</li> </ul>			
<b>7. Name of wires:</b> <i>(please follow the sequence)</i>	1) _____ 5) _____ 2) _____ 6) _____ 3) _____ 7) _____ 4) _____ 8) _____				
<b>8. Name of wire that crossed:</b>					
<b>9. Other devices:</b>	<input type="checkbox"/> Over the wire balloon <input type="checkbox"/> Rapid exchange balloon <input type="checkbox"/> Microcatheter <input type="checkbox"/> Extension catheter	<input type="checkbox"/> Cosair <input type="checkbox"/> Tornus <input type="checkbox"/> Rotablator <input type="checkbox"/> CrossBoss	<input type="checkbox"/> Re-entry devices: → <ul style="list-style-type: none"> <li><input type="radio"/> Stingray</li> <li><input type="radio"/> Double lumen micro catheter</li> </ul>	<input type="checkbox"/> Others, specify: .....	
<b>10. Result:</b>	<input type="radio"/> Failed attempt <input type="radio"/> Lesion crossed → <input type="radio"/> Only wire crossed <input type="radio"/> Successful PCI				
<b>11. Complication:</b>	<b>i. Perforation:</b> <input type="radio"/> Yes → <input type="checkbox"/> Wire <input type="checkbox"/> Balloon <input type="checkbox"/> Stent <input type="checkbox"/> Guiding catheter <input type="radio"/> No				

**SECTION 7.1 D: ADVANCED PCI PROCEDURE DETAILS (FOR CALCIFIED LESION)**

<b>1. Angiography severity:</b>	<input type="radio"/> None <i>(no radiopacity)</i> <input type="radio"/> Mild <i>(densities noted only after contrast injection)</i> <input type="radio"/> Moderate <i>(radiopacities noted only during the cardiac cycle before contrast injection)</i> <input type="radio"/> Severe <i>(radiopacities noted without cardiac motion before contrast injection)</i>																
<b>2. IVUS assessment:</b>	<input type="radio"/> Yes → Findings: <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width:50%;">i) Arc of calcium (degree):</td> <td><input type="radio"/> &lt;90</td> <td><input type="radio"/> 181— 270</td> </tr> <tr> <td></td> <td><input type="radio"/> 91— 180</td> <td><input type="radio"/> 271— 360</td> </tr> <tr> <td>ii) Length of calcium (mm):</td> <td><input type="radio"/> ≤ 5</td> <td><input type="radio"/> 6— 10</td> <td><input type="radio"/> ≥ 11</td> </tr> <tr> <td>iii) Location of calcium:</td> <td colspan="2"> <input type="radio"/> Superficial only  <input type="radio"/> Deep only  <input type="radio"/> Superficial + Deep           </td> </tr> </table> <input type="radio"/> No	i) Arc of calcium (degree):	<input type="radio"/> <90	<input type="radio"/> 181— 270		<input type="radio"/> 91— 180	<input type="radio"/> 271— 360	ii) Length of calcium (mm):	<input type="radio"/> ≤ 5	<input type="radio"/> 6— 10	<input type="radio"/> ≥ 11	iii) Location of calcium:	<input type="radio"/> Superficial only <input type="radio"/> Deep only <input type="radio"/> Superficial + Deep				
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<b>3. Predilatation:</b>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Compliant Balloon</td> <td><input type="checkbox"/> Non Compliant Balloon</td> </tr> <tr> <td><input type="checkbox"/> Cutting Balloon</td> <td><input type="checkbox"/> Scoring Balloon</td> </tr> <tr> <td><input type="checkbox"/> Tornus</td> <td><input type="checkbox"/> Rotablator →</td> </tr> <tr> <td><input type="checkbox"/> Others, specify: .....</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a) No of Burr:</td> <td><input style="width:30px;" type="text"/></td> </tr> <tr> <td>b) Burr size: i)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> <tr> <td>ii)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> <tr> <td>iii)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> </table> </td> </tr> </table>	<input type="checkbox"/> Compliant Balloon	<input type="checkbox"/> Non Compliant Balloon	<input type="checkbox"/> Cutting Balloon	<input type="checkbox"/> Scoring Balloon	<input type="checkbox"/> Tornus	<input type="checkbox"/> Rotablator →	<input type="checkbox"/> Others, specify: .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a) No of Burr:</td> <td><input style="width:30px;" type="text"/></td> </tr> <tr> <td>b) Burr size: i)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> <tr> <td>ii)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> <tr> <td>iii)</td> <td><input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm</td> </tr> </table>	a) No of Burr:	<input style="width:30px;" type="text"/>	b) Burr size: i)	<input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm	ii)	<input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm	iii)	<input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> mm
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