

NATIONAL CARDIOVASCULAR DISEASE DATABASE (PCI REGISTRY) NOTIFICATION FORM

For NCVD Use only:

Centre:

ID:

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 (✓) only one option.

A1. * Date of Admission (dd/mm/yy)

A2. * Time of Admission (hh/mm) (in 24hr clock)

SECTION 1 : DEMOGRAPHICS

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| 1. Patient Name : <small>*(as per MyKad/Other Document ID)</small> | | 2. Hospital RN: <small>(if applicable)</small> | |
| 3. Identification Card Number : MyKad : <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"/> | | Other ID document No: <input type="text"/> → Specify type (eg.passport, armed force ID, Old IC): <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: * <small>(write DOB as 01/01/yy if age is known)</small> <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"/> Bidayuh <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"/> | | (2): <input type="text"/> | |

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 | f) Documented Significant CAD <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known <small>(Presence of 50% stenosis on CTA, angiogram, ischaemia on functional cardiac imaging such as nuclear, MRI, echo or positive treadmill test. High calcium score alone is not sufficient.)</small> | | |
| b) Hypertension <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known | g) New onset angina (< 2 weeks) <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 <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 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known <small>(1st degree relative with either MI or stroke; < 55 y/old if Male & <65 y/old if Female)</small> | i) Cerebrovascular disease <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 | j) Peripheral vascular disease <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known | | |
| | k) Chronic renal failure (eGFR <60 ml/min/1.73 m ²) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known ↳ On dialysis? <input type="radio"/> Yes <input type="radio"/> No | | |

SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Anthropometric : | a. Height: <input type="text"/> <input type="text"/> (m) <input type="checkbox"/> Not Available | b. Weight: <input type="text"/> <input type="text"/> (kg) <input type="checkbox"/> Not Available | c. BMI: <input type="text"/> (Auto Calculate) |
| 2. Heart rate (at start of PCI in the cath lab): <input type="text"/> (beats / min) | 3. Blood pressure (at start of PCI in the cath lab): a. Systolic: <input type="text"/> (mmHg) b. Diastolic: <input type="text"/> (mmHg) | | |
| 4. Fasting Blood Glucose: <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available | 5. Hb A1c: <input type="text"/> <input type="text"/> % <input type="checkbox"/> Not Available | | |
| 6a. Total cholesterol: <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available | 6b. LDL Levels: <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available | | |
| 7. Baseline creatinine : <input type="text"/> <input type="text"/> μmol/L <input type="checkbox"/> Not Available | 6c. HDL Levels: <input type="text"/> <input type="text"/> mmol/L <input type="checkbox"/> Not Available | | |
| 8. Baseline ECG: <input type="checkbox"/> Sinus rhythm <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> 2nd /3rd AVB <input type="checkbox"/> LBBB <input type="checkbox"/> RBBB <input type="checkbox"/> ST Deviation (for GRACE Score) | | | |
| 9. Non Invasive Test: i. <input type="radio"/> Done → <input type="checkbox"/> Stress/Exercise Test <input type="checkbox"/> Nuclear <input type="checkbox"/> MRI <input type="radio"/> Not Done <input type="checkbox"/> Stress ECHO <input type="checkbox"/> DSE <input type="checkbox"/> CT Scan | | ii. Functional Ischaemia: <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal | |
| 10. Glomerular Filtration Rate (GFR): | a. MDRD: <input type="text"/> <input type="text"/> <input type="text"/> mL/min/1.73m ² (Auto Calculate) | b. Cockcroft-Gault: <input type="text"/> <input type="text"/> mL/min (Auto Calculate) | |

Formula:
 GFR (Modification of Diet in Renal Disease (MDRD)) : $186 \times (\text{serum creatinine}[\mu\text{mol/L}] / 88.4)^{1.154} \times (\text{age})^{-0.203} \times (0.742 \text{ if female})$
 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="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="checkbox"/> Not Available |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | | | |
|-----------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a. Patient Name : | | b. MyKad / Other ID No: | | c. Date of Procedure: | |
| SECTION 5 : CARDIAC STATUS AT PCI PROCEDURE | | | | | |
| 1. Angina type: | | <input type="radio"/> None | | <input type="radio"/> Atypical | |
| | | <input type="radio"/> Typical | | | |
| 2. Canadian Cardiovascular Score (CCS): | | <input type="radio"/> CCS 0 = Asymptomatic | | <input type="radio"/> CCS 1 | |
| | | <input type="radio"/> CCS 2 | | <input type="radio"/> CCS 3 | |
| | | <input type="radio"/> CCS 4 | | | |
| 3. NYHA: | | <input type="radio"/> NYHA I | | <input type="radio"/> NYHA II | |
| | | <input type="radio"/> NYHA III | | <input type="radio"/> NYHA IV | |
| 4. Killip class : (STEMI & NSTEMI) | | <input type="radio"/> I No clinical signs of HF | | <input type="radio"/> III Acute Pulmonary Oedema (APO) | |
| | | <input type="radio"/> II Left Heart Failure (LHF) | | <input type="radio"/> IV Cardiogenic Shock | |
| | | <input type="radio"/> Not Applicable/ Not Available | | | |
| 5. Coronary Artery * Disease (CAD) Presentation: | | <input type="radio"/> STEMI | | <input type="radio"/> NSTEMI | |
| | | <input type="radio"/> UA | | <input type="radio"/> Chronic Stable Angina | |
| | | <input type="checkbox"/> Anterior <input type="checkbox"/> Lateral <input type="checkbox"/> Inferior <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Posterior <input type="checkbox"/> Right sided <input type="checkbox"/> Left Main Stem | | | |
| 6. STEMI Event : (Please complete if <24 hours since onset of STEMI symptoms) | | a) STEMI onset : | | i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/> ii. Time: <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| | | | | <input type="checkbox"/> Not Applicable | |
| | | b) Arrival at first hospital (non PCI hospital) : | | i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/> ii. Time: <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| | | | | <input type="checkbox"/> Not Applicable | |
| | | c) Arrival at PCI hospital: | | i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/> ii. Time: <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| | | | | <input type="checkbox"/> Not Applicable | |
| | | d) First device activation (balloon inflation / stent / DCB / aspiration) : | | i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/> ii. Time: <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| | | | | <input type="checkbox"/> Not Applicable | |
| | | e) In hospital STEMI onset | | i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/> ii. Time: <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| | | | | <input type="checkbox"/> Not Applicable | |
| 7. EF Status (at time of PCI procedure): | | <input type="text"/> % (Do not use '>' or '<' symbol) | | 8. Cardiac Arrest: | |
| | | <input type="checkbox"/> Not Available | | <input type="radio"/> Out of hospital | |
| | | | | <input type="radio"/> At admission (for GRACE score) | |
| | | | | 9. GRACE Score: (only got STEMI & NSTEMI) | |
| | | | | (Auto Calculate) | |

| | | | | | |
|--------------------------------------------------|--|-------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|
| SECTION 6 : CATH LAB VISIT | | | | | |
| 1.a) Date of procedure: | | <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy) | | 1.b) Time of procedure: | |
| | | | | <input type="text"/> : <input type="text"/> (in 24 hr clock) | |
| 2. PCI status: | | <input type="radio"/> Elective → | | <input type="radio"/> Staged PCI | |
| | | <input type="radio"/> NSTEMI/UA → | | <input type="radio"/> Ad hoc | |
| | | | | <input type="radio"/> STEMI → | |
| | | <input type="radio"/> Urgent (within 24hrs) | | <input type="radio"/> Primary | |
| | | <input type="radio"/> In hospital (>24 hrs) | | <input type="radio"/> Delayed Routine PCI | |
| | | <input type="radio"/> PCI within 30 days post event | | <input type="radio"/> Rescue | |
| | | | | <input type="radio"/> Delayed Selective PCI | |
| | | | | <input type="radio"/> Pharmacoinvasive | |
| 2a) Door to balloon time (auto calculate) | | <input type="text"/> mins | | | |
| 3. Medication: | | a) Thrombolytics | | i) Time | |
| | | <input type="radio"/> Yes → | | <input type="radio"/> <3hrs | |
| | | <input type="radio"/> No | | <input type="radio"/> 12-24hrs | |
| | | | | ii) Types: | |
| | | | | <input type="radio"/> Streptokinase | |
| | | | | <input type="radio"/> Tenecteplase | |
| | | | | <input type="radio"/> Others: _____ | |
| | | b) IIb / IIIa Blockad | | <input type="radio"/> No | |
| | | <input type="radio"/> Yes → | | <input type="radio"/> Prior | |
| | | | | <input type="radio"/> During | |
| | | | | <input type="radio"/> After | |
| | | | | | |
| | | c) Heparin | | * d) LMWH | |
| | | <input type="radio"/> Yes | | <input type="radio"/> Yes | |
| | | <input type="radio"/> No | | <input type="radio"/> No | |
| | | e) Fondaparin | | * f) Aspirin | |
| | | <input type="radio"/> Yes | | <input type="radio"/> Yes | |
| | | <input type="radio"/> No | | <input type="radio"/> No | |
| | | g) Ticagrelor | | * h) Clopidogrel | |
| | | <input type="radio"/> Yes | | <input type="radio"/> Yes → | |
| | | <input type="radio"/> No | | i. First / load dose: | |
| | | i) Others | | <input type="radio"/> 75mg | |
| | | <input type="radio"/> Yes, specify: _____ | | <input type="radio"/> 300mg | |
| | | | | <input type="radio"/> 600mg | |
| | | | | <input type="radio"/> ≈ 1200mg | |
| | | | | <input type="radio"/> No | |
| 4. Planned duration of DAPT: | | <input type="radio"/> 1 month | | 5. Percutaneous entry: | |
| | | <input type="radio"/> 6 months | | <input type="checkbox"/> Brachial | |
| | | <input type="radio"/> >12 months | | <input type="checkbox"/> Femoral | |
| | | <input type="radio"/> 3 months | | <input type="checkbox"/> Distal radial | |
| | | <input type="radio"/> 12 months | | <input type="checkbox"/> Radial | |
| | | <input type="radio"/> Not Available | | <input type="checkbox"/> Ulnar | |
| 6. Closure device: | | <input type="radio"/> No | | 7. Coronary disease | |
| | | <input type="radio"/> Suture | | * >50% stenosis: | |
| | | <input type="radio"/> Exoseal | | <input type="checkbox"/> LAD | |
| | | <input type="radio"/> Seal | | <input type="checkbox"/> LCx | |
| | | <input type="radio"/> Other,specify: _____ | | <input type="checkbox"/> RCA | |
| | | | | <input type="checkbox"/> Graft | |
| | | | | <input type="checkbox"/> LMX | |
| 8. Fluoroscopy time: | | <input type="text"/> minutes | | 9. Total Dose: | |
| | | <input type="checkbox"/> Not Available | | <input type="text"/> mGy | |
| | | | | <input type="checkbox"/> Not Available | |
| 10. Contrast Volume : | | <input type="text"/> ml | | | |
| | | <input type="checkbox"/> Not Available | | | |

Instructions: 1. For skip lesion - to document as different lesions. If two lesions treated, please fill up two Section 7 forms.

3. For long lesion, please document as one single lesion.
4. Please document intervention involves side branch as a second lesion.

2. Documented Ramus Intermediate lesions - Lesion code 12

SECTION 7: PCI PROCEDURE DETAILS (Complete for ALL interventions. Please use one form per lesion treated.)

1. Total no. of lesion treated : _____

2. Dominance: Left Right Co-dominance

3. Lesion Code * (1-25): _____ to _____ (if applicable)

4.i. Graft

If Graft treated (lesion codes 18-25), record the grafted native coronary vessel

| Graft | Target Vessel | Graft | Target Vessel | Graft | Target Vessel |
|----------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> 18 LIMA | <input type="text"/> | <input type="checkbox"/> 20 SVG 1 | <input type="text"/> | <input type="checkbox"/> 23 RAD 1 | <input type="text"/> |
| <input type="checkbox"/> 19 RIMA | <input type="text"/> | <input type="checkbox"/> 21 SVG 2 | <input type="text"/> | <input type="checkbox"/> 24 RAD 2 | <input type="text"/> |
| | | <input type="checkbox"/> 22 SVG 3 | <input type="text"/> | <input type="checkbox"/> 25 RAD 3 | <input type="text"/> |

4.ii. Location in graft: (for graft PCI only) Ostial Body Native Anastomosis

5. Coronary lesion:

De novo Restenosis (No prior stent)

Stent thrombosis

 ↳ a. Type: Acute Late Sub acute Very late

In stent restenosis

 ↳ i. Duration: _____ Year(s) _____ Month(s)

 (*Duration from the known previous procedure) Not available

 ii. Prior stent type:

DES BMS BVS Mg

Others, specify: _____ Unknown

 iii. Classification:

Class I (Focal ISR)

Class II ('Diffuse intrastent' ISR)

Class III ('Diffuse proliferative' ISR)

Class IV (ISR with 'total occlusion')

6. Lesion type: A B1 B2 C

7. Lesion description:

Ostial CTO > 3mo Calcified lesion

LMS Thrombus Not Applicable

Bifurcation (only if SB >= 2.0mm) → a) SB Treated SB Not Treated

b) Medina Classification:

| | |
|--------------------------------------------------------------|---------------------------------------------------------------|
| i) MB prox.: <input type="radio"/> 0 <input type="radio"/> 1 | ii) MB dist.: <input type="radio"/> 0 <input type="radio"/> 1 |
| iii) SB1: <input type="radio"/> 0 <input type="radio"/> 1 | iv) SB2: <input type="radio"/> 0 <input type="radio"/> 1 |

8. Pre PCI % of stenosis : _____ %

i. TIMI Flow (pre): TIMI-0 TIMI-1 TIMI-2 TIMI-3

9. Post PCI % of stenosis : _____ %

i. TIMI Flow (post): TIMI-0 TIMI-1 TIMI-2 TIMI-3

10. Estimated lesion length: _____ mm

11. Perforation: Yes No

 ↳ i) Classification

Type I (extraluminal crater without extravasation)

Type II (pericardial or myocardial blushing)

Type III (perforation ≥1mm diameter with contrast streaming)

Cavity spilling

12. French Size:

i) Guiding catheter Guiding sheath

ii) 4 5 6 7 8

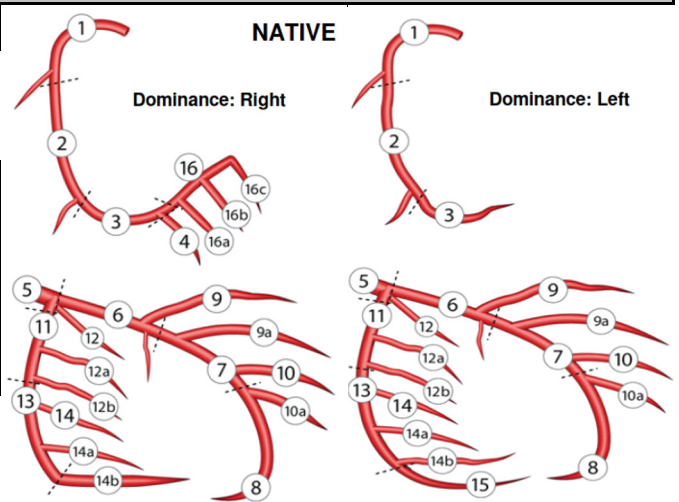
Other, specify: _____

iii) Types of guiding catheter _____

13. Lesion result: Successful Unsuccessful

14. Dissection: Yes → i. Flow limiting Non flow limiting

No



15. Slow Flow / No Reflow:

Yes → a. Transient Persistent

No b. Intra coronary medication for no reflow:

| | | | |
|---------------|---------------------------------------------------|----------------|---------------------------------------------------|
| i. Adenosine | <input type="radio"/> Yes <input type="radio"/> N | v. Nicarpidine | <input type="radio"/> Yes <input type="radio"/> N |
| ii. Verapamil | <input type="radio"/> Yes <input type="radio"/> N | vii. Others | <input type="radio"/> Yes <input type="radio"/> N |
| iii. Nitrates | <input type="radio"/> Yes <input type="radio"/> N | | |
| iv. Adrenalin | <input type="radio"/> Yes <input type="radio"/> N | | |

* 16. Intracoronary devices used:

| | | |
|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> IVUS | <input type="checkbox"/> OCT | <input type="checkbox"/> FFR / IFR / Others |
| <input type="checkbox"/> Aspiration catheter | <input type="checkbox"/> Penumbra | <input type="checkbox"/> Embolic Protection |
| <input type="checkbox"/> Rotational atherectomy | <input type="checkbox"/> Orbital atherect | <input type="checkbox"/> Intravascular Lithotripsy (IVL) |
| <input type="checkbox"/> Micro catheter | <input type="checkbox"/> Extension catheter | <input type="checkbox"/> Double lumen micro catheter |
| <input type="checkbox"/> Coil | <input type="checkbox"/> POBA | <input type="checkbox"/> Stent / DCB |
| <input type="checkbox"/> Other, specify: _____ | | |

* 17. Stent / DCB details per lesion:

(To fill up ONLY the stent / DCB details)

| # | a. Stent Code | Others: | b. Diameter(mm) | c. Length(mm) |
|----|----------------------|----------------------|----------------------|----------------------|
| #1 | <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"/> |
| #3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| #4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| #5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| #6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

18. Maximum balloon:

a) Predilatation:

i. Size: (mm) .

ii. Types: Regular Cutting NC Scoring

b) Postdilatation:

i. Size: (mm) .

ii. Pressure: (atm)

19. Other adjunctive procedure: Yes No

Ventilator Temporary Cardiac Pacing Wire

20. Circulatory support: Yes No

IABP Impella ECMO PCPS

Others, specify: _____

* 21. Direct stenting: Yes No

SECTION 8 : PROCEDURAL COMPLICATION

1. Outcome:

* a. Significant Periprocedural MI Yes No Not Available
 Rise in CK/CKMB > x3 URL Rise in Troponin > x5 URL
 ECG changes

* c. Bail-out CABG Yes No

* d. Cardiogenic shock Yes No

* e. Arrhythmia (VT/VF/Brady) Yes No

* f. TIA / Stroke Yes No

* g. Tamponade Yes No

* h. Contrast reaction Yes No

* i. New onset / worsened heart failure Yes No

* j. Worsening renal impairment Yes No
(rise of post procedural creatinine >25% from baseline)

* b. Emergency Reintervention / PCI: Yes No Not Available

i) Stent thrombosis: Yes No

ii) Dissection: Yes No

iii) Cardiac perforation: Yes No

iv) Coronary perforation: Yes No

v) New ischaemia: Yes No

vi) Cardiac tamponade: Yes No

2. Vascular complications:

* a. Bleeding Yes No

Minimal (Non-CNS bleeding, non-overt bleeding, < 3g/dL Hb)

Minor (Non-CNS bleeding with 3-5g/dL Hb drop)

Major (Any intracranial bleed or other bleeding ≥ 5g/dL Hb drop)

Bleeding site Retroperitoneal Percutaneous entry site Others, specify: _____

b. RBC / Whole Blood Transfusion Yes No

c. Access site occlusion Yes No

d. Loss of distal pulse Yes No

e. Dissection Yes No

f. Pseudoaneurysm Yes No

Ultrasound compression Surgery Others, specify: _____

g. Perforation Yes No

SECTION 9 : OUTCOME AT DISCHARGE

1. Outcome:

* Alive →

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

b) Medication:

| | Yes | No | Yes | No |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Aspirin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clopidogrel | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ticlodipine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Warfarin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prasugrel | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ticagrelor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NOAC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Statin | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Beta Blocker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ACE inhibitor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ARB | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other antiplatelet, specify: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, specify: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* Death →

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

b) Primary cause of death: Cardiac Renal Others, specify: _____
 Infection Neurological
 Vascular Pulmonary _____

c) Location of death: In Lab Out of Lab

* Transferred to other hospital →

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

b) Name of hospital: _____