

APPENDIX F: CASE REPORT FORM

NATIONAL CARDIOVASCULAR DISEASE DATABASE- PCI REGISTRY NOTIFICATION FORM

For NCVD Use only:

Instruction: Complete this form to notify all PCI admissions at your centre to NCVD PCI Registry. Where check boxes are provided, check (x) one or more boxes. Where radio buttons are provided, check (x) one box 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"/>	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 D1/M1/Y1 if age is known)	<input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yy)	6b. Age on admission: <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"/>	
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 <input type="checkbox"/> OHA <input type="checkbox"/> Insulin <input type="checkbox"/> Non pharmacology therapy/diet therapy	g) New onset angina (less than 2 weeks)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known
		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"/> (cm) <input type="checkbox"/> Not Available	b. Weight: <input type="text"/> (kg) <input type="checkbox"/> Not Available	c. BMI: <input type="text"/> Auto Calculated
2. Heart rate (at start of PCI):	<input type="text"/> (beats / min)	3. Blood pressure (at start of PCI):	a. Systolic: <input type="text"/> (mmHg) b. Diastolic: <input type="text"/> (mmHg)
4. Baseline creatinine :	<input type="text"/> micromol/L <input type="checkbox"/> Not Available	5. Hb A1c:	<input type="text"/> mmol/L
6a. Total cholesterol:	<input type="text"/> mmol/L <input type="checkbox"/> Not Available	6b. LDL levels:	<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"/> mL/min/1.73m ²	b. Cockcroft-Gault:	<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="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
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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
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
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

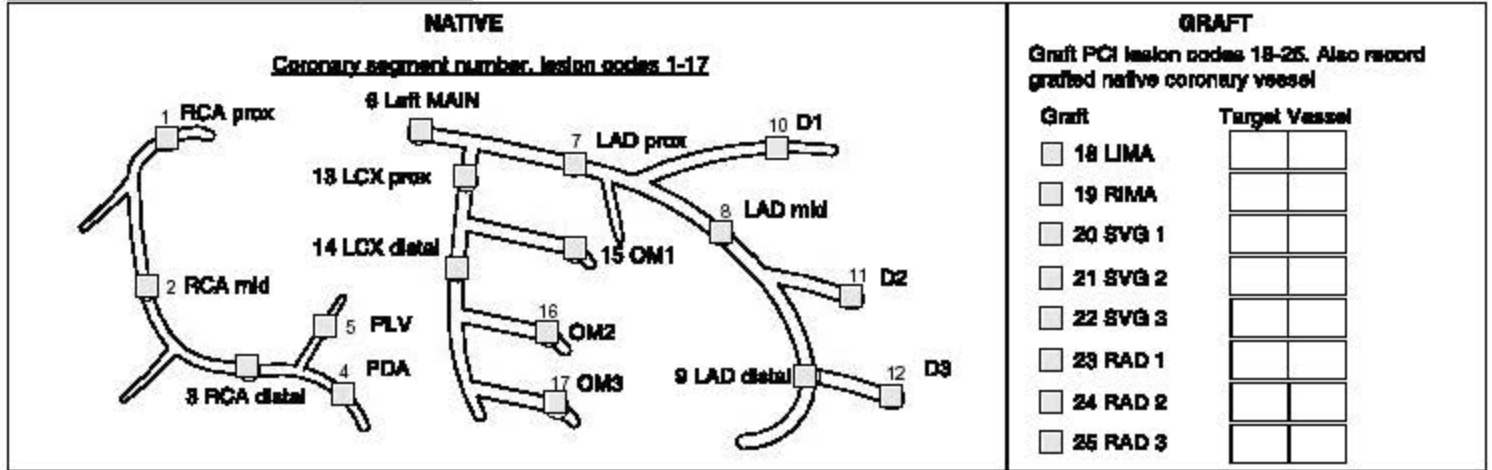
1. Date of procedure: *	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)
2. PCI status: *	<input type="radio"/> Elective → <input type="radio"/> Staged PCI <input type="radio"/> Ad hoc <input type="radio"/> AMI → <input type="radio"/> Rescue <input type="radio"/> Facilitated <input type="radio"/> NSTEMI/UA → <input type="radio"/> Urgent (within 24hrs) <input type="radio"/> Non-urgent <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="checkbox"/> <6 hrs <input type="checkbox"/> 6-24 hrs <input type="checkbox"/> >24 - 72 hrs <input type="checkbox"/> >72 hrs <input type="radio"/> No 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"/> HEXABRIX 320 <input type="radio"/> Other,specify: _____ <input type="radio"/> Non-Ionic → <input type="radio"/> IOPAMIRO 300 <input type="radio"/> ULTRAVIST 370 <input type="radio"/> VISIPAQUE 320 <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 Intermediae Lesions as lesion code 18.
 3. For long lesions, 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 :



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

2. Lesion Codes * (1-25)	<input type="text"/> to <input type="text"/> (if applicable)																													
3. Coronary lesion: *	<input type="radio"/> De novo <input type="radio"/> Restenosis (No prior stent) <input type="radio"/> Stent thrombosis <input type="radio"/> In stent restenosis a. Type: <input type="radio"/> Acute <input type="radio"/> Late <input type="radio"/> b. Prior stent type: <input type="radio"/> Sub acute <input type="radio"/> Very late <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"/> Mid <input type="radio"/> Native <input type="radio"/> Proximal <input type="radio"/> Distal <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"/> (auto) <input type="radio"/> 0 <input type="radio"/> 1 II) MB dist: <input type="text"/> (auto) <input type="radio"/> 0 <input type="radio"/> 1 III) SB: <input type="text"/> (auto) <input type="radio"/> 0 <input type="radio"/> 1 <small>(if intervention involved sidebranch, please record as a second lesion)</small>																													
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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>a. Stent Code</th> <th>b. Length (mm)</th> <th>a. Diameter (mm)</th> <th>a. Stent Code</th> <th>b. Length (mm)</th> <th>a. Diameter (mm)</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>#2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#5</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>#3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>#6</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		#	a. Stent Code	b. Length (mm)	a. Diameter (mm)	a. Stent Code	b. Length (mm)	a. Diameter (mm)	#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	#4	<input type="text"/>	<input type="text"/>	#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	#5	<input type="text"/>	<input type="text"/>	#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	#6	<input type="text"/>	<input type="text"/>
#	a. Stent Code	b. Length (mm)	a. Diameter (mm)	a. Stent Code	b. Length (mm)	a. Diameter (mm)																								
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	#4	<input type="text"/>	<input type="text"/>																								
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	#5	<input type="text"/>	<input type="text"/>																								
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	#6	<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 Embolus 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. Periprocedural MI	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available
	* b. Emergency Reintervention / PCI:	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> i) Stent thrombosis: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> ii) Dissection: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> iii) Perforation: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> iv) Others,specify: _____ <input type="radio"/> Yes <input type="radio"/> No
	* c. Bail-out CABG	<input type="radio"/> Yes <input type="radio"/> No
	* d. Cardiogenic shock (after procedure)	<input type="radio"/> Yes <input type="radio"/> No
	* e. Arrhythmia (VT/VF/Brady)	<input type="radio"/> Yes <input type="radio"/> No
	* f. TIA / Stroke	<input type="radio"/> Yes <input type="radio"/> No
	* g. Tamponade	<input type="radio"/> Yes <input type="radio"/> No
	* h. Contrast reaction	<input type="radio"/> Yes <input type="radio"/> No
	* i. New onset / worsened heart failure	<input type="radio"/> Yes <input type="radio"/> No
	* j. New renal impairment	<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 <input type="checkbox"/> a) _____ b) Date (dd/mm/yy): _____ c) Autocalculate: (days) _____ <input type="checkbox"/> _____ micromol/L <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
2. Vascular Complications:	* a. Bleeding	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Major (Any intracranial bleed or other bleeding ≥ 5g/dL Hb drop) <input type="checkbox"/> Minor (Non-CNS bleeding with 3-5g/dL Hb drop) <input type="checkbox"/> 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="checkbox"/> Ultrasound compression <input type="radio"/> Others, specify: _____ <input type="checkbox"/> Surgery _____

SECTION 9 : OUTCOME AT DISCHARGE

1. Outcome: *	<input type="radio"/> Alive →	* a) Date of Discharge (dd/mm/yy): _____ / _____ / _____ 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>Ticlodipine</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"/>	Ticlodipine	<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																											
	Aspirin	<input type="radio"/>	<input type="radio"/>	Ace Inhibitor	<input type="radio"/>																											
Clopidogrel	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>																												
Ticlodipine	<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"/>																														
<input type="radio"/> Death →	* a) Date of Death (dd/mm/yy): _____ / _____ / _____ b) Primary cause of death: <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 _____ c) Location of death: <input type="radio"/> In Lab <input type="radio"/> Out of Lab																															
<input type="radio"/> Transferred to other centre: →	* a) Date of transfer (dd/mm/yy): _____ / _____ / _____ 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 (X) one or more boxes. Where radio buttons are provided, check (A) one box only.

A1. Name of Reporting centre:	AII. Or 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. 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 → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">b) Medication:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Unknown</td> </tr> <tr> <td>Aspirin</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Clopidogrel</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Ticlopidine</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Others, specify: _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	b) Medication:	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"/>
b) Medication:	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"/>																		
	<input type="radio"/> Death → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">* a) Date of Death (dd/mm/yy):</td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> <tr> <td style="text-align: left;">b) Cause of death:</td> <td> <input type="radio"/> Cardiac <input type="radio"/> Non cardiac <input type="radio"/> Others, specify: _____ </td> </tr> </table>	* a) Date of Death (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	b) Cause of death:	<input type="radio"/> Cardiac <input type="radio"/> Non cardiac <input type="radio"/> Others, specify: _____																
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	<input type="radio"/> Transferred to other centre: → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">* a) Date of transfer (dd/mm/yy):</td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> <tr> <td style="text-align: left;">b) Name of centre:</td> <td>_____</td> </tr> </table>	* a) Date of transfer (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	b) Name of centre:	_____																
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b) Name of centre:	_____																				
	<input type="radio"/> Lost to follow up → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">* a) Date of last follow up (dd/mm/yy):</td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> </table>	* a) Date of last follow up (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>																		
* 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 → <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">a) Date of readmission (dd/mm/yy):</td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> </tr> <tr> <td style="text-align: left;">b) Readmission location:</td> <td>_____</td> </tr> <tr> <td style="text-align: left;">c) Readmission Reason: →</td> <td> <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 _____ </td> </tr> </table>	a) Date of readmission (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	b) Readmission location:	_____	c) Readmission Reason: →	<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 _____														
a) Date of readmission (dd/mm/yy):	<input type="text"/> / <input type="text"/> / <input type="text"/>																				
b) Readmission location:	_____																				
c) Readmission Reason: →	<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 _____																				
	<input type="radio"/> No																				

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.

A1. Name of Reporting centre:	All. 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:	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"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Clopidogrel	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Ticlopidine	<input type="radio"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
Beta blocker	<input type="radio"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
ARB	<input type="radio"/> <input type="radio"/> <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"/> <input type="radio"/> <input type="radio"/>
Others, specify _____	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<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"/> Asymptomatic <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"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes → 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"/> Asymptomatic <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"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes → 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"/> Asymptomatic <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"/> / <input type="text"/> Lesion Code (1-25):	<input type="radio"/> Yes → TVR: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Not Applicable