



Procedure Information																																																															
Procedure #	Physician Name	Fellow ID/Second Operator																																																													
Procedure Date	Start Time	Procedure End Date	End Time																																																												
Status of Procedure <input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergent																																																															
Imaging Studies		Labs Pre Procedure																																																													
RT Pre-Procedure ABI	Y/N Compressible Y/N Value_____	Creatinine_____mg/dl	ND																																																												
LT Pre-Procedure ABI	Y/N Compressible Y/N Value_____	Hemoglobin_____g/dl	ND																																																												
RT Pre-Procedure TBI	Y/N Value_____	BNP_____pg/mL	No																																																												
LT Pre-Procedure TBI	Y/N Value_____	Troponin Y/ND																																																													
RT Pre Procedure Toe Pressure	Y/N Value_____	I _____ Units_____	No																																																												
LT Pre Procedure Toe Pressure	Y/N Value_____	T _____ Units_____	No																																																												
Vein Mapping	Y/N Minimal Vein Dia_____ ND	I HS _____ Units_____	No																																																												
Duplex Ultrasound	Y/N Nml / Abn	T HS _____ Units_____	No																																																												
CTA	Y/N Nml / Abn	Labs Post Procedure																																																													
MRI/MRA	Y/N Nml / Abn	Peak Creatinine_____mg/dl	ND																																																												
Contrast Cineangiography	Y/N Nml / Abn	Nadir Hemoglobin_____g/dl	ND																																																												
Cardiac Stress Test	Y/N Nml / Abn	Labs Other																																																													
Electrocardiogram	Y/N Nml / Abn	Albumin_____g/dl	ND																																																												
Chest X-ray	Y/N Nml / Abn	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Infusions During Procedure</th> <th>Pre</th> <th>During</th> <th>Post</th> </tr> </thead> <tbody> <tr><td>Sodium Bicarb Infusion</td><td></td><td></td><td></td></tr> <tr><td>Saline <1 hr</td><td></td><td></td><td></td></tr> <tr><td>Saline 1-3 hrs</td><td></td><td></td><td></td></tr> <tr><td>Saline 3-6 hrs</td><td></td><td></td><td></td></tr> <tr><td>Saline >6 hrs</td><td></td><td></td><td></td></tr> <tr><td>LR <1 hr</td><td></td><td></td><td></td></tr> <tr><td>LR 1-3 hrs</td><td></td><td></td><td></td></tr> <tr><td>LR 3-6 hrs</td><td></td><td></td><td></td></tr> <tr><td>LR >6 hrs</td><td></td><td></td><td></td></tr> <tr><td>Other <1 hr</td><td></td><td></td><td></td></tr> <tr><td>Other 1-3 hrs</td><td></td><td></td><td></td></tr> <tr><td>Other 3-6 hrs</td><td></td><td></td><td></td></tr> <tr><td>Other >6 hrs</td><td></td><td></td><td></td></tr> <tr><td>Crystalloids (mL)</td><td colspan="3" style="text-align: center;">ND</td></tr> </tbody> </table>		Infusions During Procedure	Pre	During	Post	Sodium Bicarb Infusion				Saline <1 hr				Saline 1-3 hrs				Saline 3-6 hrs				Saline >6 hrs				LR <1 hr				LR 1-3 hrs				LR 3-6 hrs				LR >6 hrs				Other <1 hr				Other 1-3 hrs				Other 3-6 hrs				Other >6 hrs				Crystalloids (mL)	ND		
Infusions During Procedure	Pre			During	Post																																																										
Sodium Bicarb Infusion																																																															
Saline <1 hr																																																															
Saline 1-3 hrs																																																															
Saline 3-6 hrs																																																															
Saline >6 hrs																																																															
LR <1 hr																																																															
LR 1-3 hrs																																																															
LR 3-6 hrs																																																															
LR >6 hrs																																																															
Other <1 hr																																																															
Other 1-3 hrs																																																															
Other 3-6 hrs																																																															
Other >6 hrs																																																															
Crystalloids (mL)	ND																																																														
Meds During Procedure																																																															
Aspirin (PRE) Procedure	G NG C/I																																																														
Clopidogrel (Plavix) (PRE) Procedure	G NG C/I																																																														
Prasugrel (Effient) (PRE) Procedure	G NG C/I																																																														
Ticagrelor (Brilinta) (PRE) Procedure	G NG C/I																																																														
IV Nitroglycerin (DURING) Procedure	G NG																																																														
IV Heparin/Unfractionated Heparin	Pre During Post NG																																																														
Total Heparin Dosage (units)	ND																																																														
Protamine (DURING) Procedure	G NG																																																														
Thrombolytics	Pre During Post NG																																																														

Indications		Concomitant Iliac occlusive disease Y/N	
Asymptomatic	Y/N	Lower Extremity Ischemia / Emboli	Y/N
Abdominal / Back Pain	Y/N	Documented Patient Anxiety Levels	Y/N
Rapidly Increasing Aneurysm Dia	Y/N	Penetrating Ulcer	Y/N Value_____ ND
Infection	Y/N	Complication from Prior Procedure	Y/N
Size of Iliac Aneurysm	Y/N	Trauma	Y/N
Correction of Endoleak	Y/N	Mycotic Aneurysm	Y/N

Procedure Details
Prior Family History of AAA Y / N

Prior Aortic Surgery Y / N

- Year _____
- AAA (Infrarenal)
- SAAA (Suprarenal)
- Bypass
- Other (Endarterectomy or Other)

Maximum AAA Dia _____mm ND

Iliac Aneurysm Y / N

- Unilateral
- Bilateral
- _____mm

Aneurysm Location Y / N

- Infrarenal
- Juxtarenal
- Suprarenal
- ND

Aneurysm Anatomy Y / N

- Fusiform
- Saccular
- Both
- ND

Contained Rupture Y / N

Ruptured AAA Y * / N

***Lowest Pre-Intubation BP** _____ ND

***Mental Status**

- Normal (alert and oriented)
- Disoriented to person, place or time
- Unconscious
- ND

***Cardiac Arrest** Y / N

***Timeframe Sxs to Incision** _____hrs ND

***Timeframe Admit to Incision** _____hrs
ND

***Abdomen Explored** Y / N

Conversion from EVAR Y / N

- Immediate
- >1 day-30 days
- >30 days

Exposure

- Transperitoneal
- Retroperitoneal

Distal Anastomosis

- Aorta
- Common Iliac artery (CIA)
- External Iliac artery (EIA)
- Common Femoral Artery (CFA)
- Graft Not Utilized

Graft Body Diameter _____mm

- ND
- Graft Not Utilized

Graft Type Y / Graft Not Utilized

- Dacron
- PTFE
- Allograft
- Other

Renal Status Y / N / ND

- Patent, No Intervention
- Chronically Occluded
- Purposely Occluded
- De-Branch / Bypass
- Stent
- Chimney
- Fenestrated / scallop
- Side Branch from Graft
- Accessory Renal Artery Covered

Anastomotic Felt Reinforcement Y / N

Hypogastric ligated / occluded

- Single
- Both

Proximal Clamp Position

- Infrarenal
- Above 1 renal
- Above both renal
- Supraceliac
- Clamp not utilized

IMA at Completion

- Occluded
- Ligated
- Re-implanted
- Graft Not Utilized
- ND

Renal/Visceral Ischemic Time _____mins

- Not Documented
- Clamp not utilized

Intra-Op Revision Y / N

Cold Renal Perfusion Y / N

Mannitol administered Y / N

Closure for Open Exposure

- Suture
 - Absorbable
 - Permanent
- Staples
- Delayed
- Other

Initial Wound Vac Placement in OR

- Yes
 - Incisional Wound Vac
 - Traditional Wound Vac
- No

Anesthesia Type

- Local
- Epidural
- Regional
- Spinal
- General
- Epidural & General
- MAC

Antibiotics Pre Procedure Y / N

- Cefazolin
 - Redosed (Q4 hours) Y / N
- Clindamycin
 - Redosed (Q6 hours) Y / N
- On scheduled antibiotic
- Other

Skin Prep

- Chlorhexidine
- Alcohol
- Iodine
- Chlorhexidine + Iodine
- Chlorhexidine + Alcohol
- Iodine + Alcohol

C/I to Chlorhexidine & Alcohol Skin Prep Y / N

Glucose Peak _____mg/DL ND

Nadir Body Temp _____C ND

EBL _____mL ND

ASA Class _____ Does not apply

Contrast Types Y / None

- Nonionic, low-osmolar
- Nonionic, Iso-osmolar
- Ionic, hyperosmolar
- Ionic, low-osmolar
- Investigational
- Gadolinium
- Carbon Dioxide (CO₂)
- Unknown

Peak Intra-Op ACT _____Sec ND

End of Procedure ACT _____Sec ND

Outcomes During Procedure Y / N Death Y / N <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown Cause of Death Dissection (Not Repaired) Y / N Myocardial Infarction Y / N Cardiac Arrest Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N	Stent/Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Vessel Perforation Y / No Treatment <input type="radio"/> Successful <input type="checkbox"/> Balloon <input type="checkbox"/> Covered Stent <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Reversal of Anticoagulation <input type="radio"/> Unsuccessful TIA/Stroke Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	Vascular Access Complications Y / N <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute Thrombosis <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other Amputation Y / N RT LT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
---	--	---

Outcomes Post Procedure Y / N Death Y / N <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown of death Comfort Care Implemented Y / N Date _____ Stay in ICU Y / N _____ #days Vasopressors Post-Op Y / N Respiratory Y / None <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial extub) Myocardial Injury Y / N Date _____ <input type="radio"/> Acute Myocardial Injury <input type="radio"/> Type 2 Myocardial Infarction <input type="radio"/> Type 1 NSTEMI <input type="radio"/> STEMI <input type="radio"/> ND Peak post-op troponin Y / ND I _____ Units _____ No T _____ Units _____ No I HS _____ Units _____ No T HS _____ Units _____ No Dysrhythmia Y / N Date _____ CHF Y / N Date _____ TIA/Stroke Y / N Date _____	Infection/Sepsis Y / N Date _____ <input type="checkbox"/> Access site <input type="checkbox"/> Central line/IV <input type="checkbox"/> Blood <input type="checkbox"/> Graft infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> UTI <input type="checkbox"/> Wound site <input type="checkbox"/> Unknown New Requirement for Dialysis Y / N Date _____ Transfusion Y / N Date _____ <input type="checkbox"/> PRBC #Units _____ <input type="radio"/> Hgb prior to txf Y/N/ND <input type="radio"/> Hgb value _____ mg/dL <input type="radio"/> Symptomatic prior to txf Y/N <input type="checkbox"/> Angina <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> EKG Changes <input type="checkbox"/> Shortness of Air <input type="checkbox"/> Bleeding <input type="checkbox"/> Cancer/Chronic Anemia <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	Vascular Access Complications Y / N <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute thrombosis <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other Compartment Syndrome Y / N Date _____ Embolus Y / N Date _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Date _____ Stent / Graft Thrombosis Y / N Date _____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful Amputation Y / N Date _____ RT LT Hip Disarticulation AKA BKA Foot Metatarsal digit Return to OR Y / N Date _____ <input type="checkbox"/> Bleeding <input type="checkbox"/> Renal Ischemia <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Graft Revision <input type="checkbox"/> Other Bowel Ischemia Y / N Date _____ <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Surgical Treatment
---	---	---

Locations Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND	Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND	Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND
--	--	--

<p>PVI Procedure Performed</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Asp-Ather</td><td><input type="checkbox"/> Lys</td></tr> <tr><td><input type="checkbox"/> M-Throm</td><td><input type="checkbox"/> ND</td></tr> <tr><td><input type="checkbox"/> BA</td><td><input type="checkbox"/> NW</td></tr> <tr><td><input type="checkbox"/> Cryo-B</td><td><input type="checkbox"/> Oth-Ather</td></tr> <tr><td><input type="checkbox"/> CTO Device</td><td><input type="checkbox"/> Open Endart</td></tr> <tr><td><input type="checkbox"/> CB</td><td><input type="checkbox"/> Open Thromb</td></tr> <tr><td><input type="checkbox"/> D-Ather</td><td><input type="checkbox"/> R-Ather</td></tr> <tr><td><input type="checkbox"/> DPD-B</td><td><input type="checkbox"/> Re-Ent-Cath</td></tr> <tr><td><input type="checkbox"/> DPD-F</td><td><input type="checkbox"/> Research</td></tr> <tr><td><input type="checkbox"/> DCB</td><td><input type="checkbox"/> S-BA</td></tr> <tr><td><input type="checkbox"/> FW</td><td><input type="checkbox"/> Stent</td></tr> <tr><td><input type="checkbox"/> Inf-Cath</td><td><input type="checkbox"/> Thromb-Asp</td></tr> <tr><td><input type="checkbox"/> IVUS</td><td><input type="checkbox"/> Vasc Emb</td></tr> <tr><td><input type="checkbox"/> L-Ather</td><td></td></tr> </table>	<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys	<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND	<input type="checkbox"/> BA	<input type="checkbox"/> NW	<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather	<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart	<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb	<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather	<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath	<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research	<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA	<input type="checkbox"/> FW	<input type="checkbox"/> Stent	<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp	<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb	<input type="checkbox"/> L-Ather		<p>PVI Procedure Performed</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Asp-Ather</td><td><input type="checkbox"/> Lys</td></tr> <tr><td><input type="checkbox"/> M-Throm</td><td><input type="checkbox"/> ND</td></tr> <tr><td><input type="checkbox"/> BA</td><td><input type="checkbox"/> NW</td></tr> <tr><td><input type="checkbox"/> Cryo-B</td><td><input type="checkbox"/> Oth-Ather</td></tr> <tr><td><input type="checkbox"/> CTO Device</td><td><input type="checkbox"/> Open Endart</td></tr> <tr><td><input type="checkbox"/> CB</td><td><input type="checkbox"/> Open Thromb</td></tr> <tr><td><input type="checkbox"/> D-Ather</td><td><input type="checkbox"/> R-Ather</td></tr> <tr><td><input type="checkbox"/> DPD-B</td><td><input type="checkbox"/> Re-Ent-Cath</td></tr> <tr><td><input type="checkbox"/> DPD-F</td><td><input type="checkbox"/> Research</td></tr> <tr><td><input type="checkbox"/> DCB</td><td><input type="checkbox"/> S-BA</td></tr> <tr><td><input type="checkbox"/> FW</td><td><input type="checkbox"/> Stent</td></tr> <tr><td><input type="checkbox"/> Inf-Cath</td><td><input type="checkbox"/> Thromb-Asp</td></tr> <tr><td><input type="checkbox"/> IVUS</td><td><input type="checkbox"/> Vasc Emb</td></tr> <tr><td><input type="checkbox"/> L-Ather</td><td></td></tr> </table>	<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys	<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND	<input type="checkbox"/> BA	<input type="checkbox"/> NW	<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather	<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart	<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb	<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather	<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath	<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research	<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA	<input type="checkbox"/> FW	<input type="checkbox"/> Stent	<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp	<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb	<input type="checkbox"/> L-Ather		<p>PVI Procedure Performed</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Asp-Ather</td><td><input type="checkbox"/> Lys</td></tr> <tr><td><input type="checkbox"/> M-Throm</td><td><input type="checkbox"/> ND</td></tr> <tr><td><input type="checkbox"/> BA</td><td><input type="checkbox"/> NW</td></tr> <tr><td><input type="checkbox"/> Cryo-B</td><td><input type="checkbox"/> Oth-Ather</td></tr> <tr><td><input type="checkbox"/> CTO Device</td><td><input type="checkbox"/> Open Endart</td></tr> <tr><td><input type="checkbox"/> CB</td><td><input type="checkbox"/> Open Thromb</td></tr> <tr><td><input type="checkbox"/> D-Ather</td><td><input type="checkbox"/> R-Ather</td></tr> <tr><td><input type="checkbox"/> DPD-B</td><td><input type="checkbox"/> Re-Ent-Cath</td></tr> <tr><td><input type="checkbox"/> DPD-F</td><td><input type="checkbox"/> Research</td></tr> <tr><td><input type="checkbox"/> DCB</td><td><input type="checkbox"/> S-BA</td></tr> <tr><td><input type="checkbox"/> FW</td><td><input type="checkbox"/> Stent</td></tr> <tr><td><input type="checkbox"/> Inf-Cath</td><td><input type="checkbox"/> Thromb-Asp</td></tr> <tr><td><input type="checkbox"/> IVUS</td><td><input type="checkbox"/> Vasc Emb</td></tr> <tr><td><input type="checkbox"/> L-Ather</td><td></td></tr> </table>	<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys	<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND	<input type="checkbox"/> BA	<input type="checkbox"/> NW	<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather	<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart	<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb	<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather	<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath	<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research	<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA	<input type="checkbox"/> FW	<input type="checkbox"/> Stent	<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp	<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb	<input type="checkbox"/> L-Ather	
<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys																																																																																					
<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND																																																																																					
<input type="checkbox"/> BA	<input type="checkbox"/> NW																																																																																					
<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather																																																																																					
<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart																																																																																					
<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb																																																																																					
<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather																																																																																					
<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath																																																																																					
<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research																																																																																					
<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA																																																																																					
<input type="checkbox"/> FW	<input type="checkbox"/> Stent																																																																																					
<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp																																																																																					
<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb																																																																																					
<input type="checkbox"/> L-Ather																																																																																						
<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys																																																																																					
<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND																																																																																					
<input type="checkbox"/> BA	<input type="checkbox"/> NW																																																																																					
<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather																																																																																					
<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart																																																																																					
<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb																																																																																					
<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather																																																																																					
<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath																																																																																					
<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research																																																																																					
<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA																																																																																					
<input type="checkbox"/> FW	<input type="checkbox"/> Stent																																																																																					
<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp																																																																																					
<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb																																																																																					
<input type="checkbox"/> L-Ather																																																																																						
<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys																																																																																					
<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND																																																																																					
<input type="checkbox"/> BA	<input type="checkbox"/> NW																																																																																					
<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather																																																																																					
<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart																																																																																					
<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb																																																																																					
<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather																																																																																					
<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath																																																																																					
<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research																																																																																					
<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA																																																																																					
<input type="checkbox"/> FW	<input type="checkbox"/> Stent																																																																																					
<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp																																																																																					
<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb																																																																																					
<input type="checkbox"/> L-Ather																																																																																						
<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stents</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>																																																																																				
<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <p>Sheath Size _____ FR</p> <p>Sheath Removed Y / N</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Manual (No device)</td><td><input type="checkbox"/> Exoseal</td></tr> <tr><td><input type="checkbox"/> Perclose</td><td><input type="checkbox"/> Compression Device</td></tr> <tr><td><input type="checkbox"/> Angioseal</td><td><input type="checkbox"/> Boomerang</td></tr> <tr><td><input type="checkbox"/> Mynx</td><td><input type="checkbox"/> Hemostatic Patch</td></tr> <tr><td><input type="checkbox"/> Starclose</td><td><input type="checkbox"/> FISH</td></tr> <tr><td><input type="checkbox"/> Surgical</td><td><input type="checkbox"/> Vascade</td></tr> </table> <p>Sheath removal</p> <p>0-3 hours 3-24 hours >24 hours</p>	<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal	<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang	<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch	<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH	<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <p>Sheath Size _____ FR</p> <p>Sheath Removed Y / N</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Manual (No device)</td><td><input type="checkbox"/> Exoseal</td></tr> <tr><td><input type="checkbox"/> Perclose</td><td><input type="checkbox"/> Compression Device</td></tr> <tr><td><input type="checkbox"/> Angioseal</td><td><input type="checkbox"/> Boomerang</td></tr> <tr><td><input type="checkbox"/> Mynx</td><td><input type="checkbox"/> Hemostatic Patch</td></tr> <tr><td><input type="checkbox"/> Starclose</td><td><input type="checkbox"/> FISH</td></tr> <tr><td><input type="checkbox"/> Surgical</td><td><input type="checkbox"/> Vascade</td></tr> </table> <p>Sheath removal</p> <p>0-3 hours 3-24 hours >24 hours</p>	<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal	<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang	<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch	<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH	<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <p>Sheath Size _____ FR</p> <p>Sheath Removed Y / N</p> <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Manual (No device)</td><td><input type="checkbox"/> Exoseal</td></tr> <tr><td><input type="checkbox"/> Perclose</td><td><input type="checkbox"/> Compression Device</td></tr> <tr><td><input type="checkbox"/> Angioseal</td><td><input type="checkbox"/> Boomerang</td></tr> <tr><td><input type="checkbox"/> Mynx</td><td><input type="checkbox"/> Hemostatic Patch</td></tr> <tr><td><input type="checkbox"/> Starclose</td><td><input type="checkbox"/> FISH</td></tr> <tr><td><input type="checkbox"/> Surgical</td><td><input type="checkbox"/> Vascade</td></tr> </table> <p>Sheath removal</p> <p>0-3 hours 3-24 hours >24 hours</p>	<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal	<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang	<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch	<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH	<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade																																																
<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal																																																																																					
<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device																																																																																					
<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang																																																																																					
<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch																																																																																					
<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH																																																																																					
<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade																																																																																					
<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal																																																																																					
<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device																																																																																					
<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang																																																																																					
<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch																																																																																					
<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH																																																																																					
<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade																																																																																					
<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal																																																																																					
<input type="checkbox"/> Perclose	<input type="checkbox"/> Compression Device																																																																																					
<input type="checkbox"/> Angioseal	<input type="checkbox"/> Boomerang																																																																																					
<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch																																																																																					
<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH																																																																																					
<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade																																																																																					