

REVASCULARISATION											
Protocol Identifier		Subject Identifier			Visit Description						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>								Treatment Period ABD Visit XYZ	

Was coronary revascularization performed? [Y] <input type="checkbox"/> Yes [N] <input type="checkbox"/> No							
If Yes, complete the following:							
Specific Procedure	Procedure Performed	Elective/ Urgent 1=Elective 2=Emergent / Urgent	Vessel 1=Native 2=Vein graft 3=Arterial	Number of Grafts	Date of Procedure Day Month Year	Time of Procedure Hr:min 00:00-23.59	
	e.g., Y	1	2		01 Jan 11	10:35	
Coronary artery bypass graft							
Percutaneous coronary intervention							
If Yes and additional information available, note below [repeat date(s)]							
Balloon angioplasty							
Drug-eluting coronary stent placement							
Bare metal coronary stent placement							
Atherectomy							
Was peripheral revascularization performed? [Y] <input type="checkbox"/> Yes [N] <input type="checkbox"/> No							
If Yes, complete the following:							
Specific Procedure	Procedure Performed	Elective/ Urgent	Location	Potential Alternative Location Column 4=Extracranial carotid 5=Vertebral 6=Subclavian 7=Innominate 8=Mesenteric 9=Renal 10=Iliac 11=Femoral 12=Popliteal 13=Tibial 14=Peroneal 15=Other Artery	Vessel 1=Native 4=Graft	Date of Procedure Day Month Year	Time of Procedur e Hr:min 00:00-23.59
	e.g., Y	1	5		1	01 Jan 11	10:35
Bypass surgery							

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Percutaneous revascularisation intervention								
Angioplasty								
Vascular stent insertion								
Laser therapy								
Use of retrieval device								
Complete a new row if procedure was performed on more than one location.								