

Event Checking Chart

Invasive cardiovascular procedure (ICP)

Name of Centre Gender Year of Birth

Patient ID Date of event

1. Which type of invasive cardiovascular procedure (ICP) has been conducted?

If more than one invasive cardiovascular procedure (ICP) took place, please complete one ICP event form for each procedure.

- Coronary artery by-pass grafting
 Coronary angioplasty/stenting
 Carotid endarterectomy

2. Was the procedure conducted in relation to a myocardial infarction (MI)?

If yes, please remember to fill out a new respond event form and select myocardial infarction.

- If yes Acute intervention during MI No Unknown
 After MI
 ICP complicated by an MI

3. Was the procedure conducted as primary prophylaxis for myocardial infarction (MI) or stroke?

- Yes No Unknown

4. Was the procedure complicated by a stroke?

Please remember to fill out a new respond event form and select stroke.

- Yes No Unknown

5. Was this a fatal ICP event?

- Yes No Unknown

All available information regarding this event has been collected.

Reported by:

Date:

Stamp/signature:

Verified by

Date:

Stamp/signature:

(Senior physician):