NCDR® Data Collection Form Generator & Leads v2.1 ICD Registry™

A. Demographics

Last Name[2000]:	**First Name**[2010]:	**Middle Name**[2020]:
SSN[2030]: - - ☐ SSN N/A[2031]	**Patient ID**[2040]: (auto)	**Other ID**[2045]:
Birth Date [2050]:	**Sex**[2060]: O Male O Female	**Hispanic or Latino Ethnicity**[2076]: O No O Yes

Race: (check all that apply)
☐ White[2070] ☐ Black/African American[2071] ☐ Asian[2072]
☐ American Indian/Alaskan Native[2073] ☐ Native Hawaiian/Pacific Islander[2074]

B. Episode of Care (Admission)

Arrival Date[3000]: **Patient Zip Code**[3005]: ☐ Zip Code NA[3006]

Reason for Admission[3010]: O Admitted for this procedure O Cardiac - Heart Failure O Cardiac - Other O Non-Cardiac

Insurance Payor(s): (check all that apply)
☐ Private Health Insurance[3020] ☐ Medicare[3021] ☐ Medicaid[3022] ☐ Military Health Care[3023]
☐ State-Specific Plan (Non-Medicaid)[3024] ☐ Indian Health Service[3025] ☐ Non-US Insurance[3026] ☐ None[3027]

HIC[3030]:

C. History and Risk Factors (complete only once for episodes of care/admissions with a generator implant or change)

Heart Failure[4000]: O No O Yes
→ **If** Yes, **Duration of Symptoms Since Initial Onset**[4005]: O < 3 months O 3 to 9 months O > 9 months
→ **If** Yes, **Prior Heart Failure Hospitalization**[4010]: O No O Yes
→ **If** Yes, **Prior HF Hospital Timeframe**[4015]: O <= 6 months O > 6 months

NYHA Functional Classification[4020]: O Class I O Class II O Class III O Class IV

Non-Ischemic Dilated Cardiomyopathy[4025]: O No O Yes → **If** Yes, **Timeframe**[4030]: O < 3 months O 3 to 9 months O >9 months

Prior Heart Transplant[4035]: O No O Yes
Syncope[4045]: O No O Yes
On Heart Transplant Waiting List[4040]: O No O Yes
Family History of Sudden Death[4050]: O No O Yes

Atrial Fibrillation/Flutter[4055]: O No O Yes
→ **If** Yes, **AFib/Flutter Classification**[4060]: O Paroxysmal O Persistent (> 7 days) O Permanent (> 1 year) O Secondary (reversible cause) O Unknown

Ventricular Tachycardia[4065]: O No O Yes
→ **If** Yes, **Hemodynamic Instablility**[4070]: O No O Yes O Unknown
→ **If** Yes, **VT Type**[4075]: O Non-sustained VT O Sustained monomorphic VT O Sustained polymorphic VT O Sustained monomorphic and polymorphic VT O Unknown

Cardiac Arrest[4080]: O No O Yes → **If** Yes, **Most Recent Arrest Date**[4085]: mm/dd/yyyy
→ **If** Yes, **VTach/VFib Arrest**[4090]: O No O Yes O Unknown
→ **If** Yes, **Bradycardia Arrest**[4095]: O No O Yes O Unknown

Syndromes w/Risk of Sudden Death[4100]: O No O Yes
→ **If** Yes, **Syndrome Type**[4105]: O Long QT syndrome O Short QT syndrome O Brugada syndrome O Catecholaminergic polymorphic VT O Idiopathic/Primary VT/VF O Other

Previous ICD[4110]: O No O Yes
→ **If** Yes, **Type**[4115]: O Single chamber O Dual chamber O CRT-D
→ **If** Yes, **Previous ICD Implant Site**[4120]: O Pectoral O Abdominal
→ **If** Yes, **Previous ICD Date**[4125]: mm/dd/yyyy
→ **If** Yes, **Previous ICD Reason**[4130]: O Primary prevention O Secondary prevention
→ **If** Primary Prevention, **Implant Decision LVEF**[4135]: _____% ☐ LVEF Not Available[4136]
→ **If** Secondary Prevention, **Reason(s) for Initial Implant:** (check all that apply)

☐ Cardiac Arrest/Arrhythmia-Etiology Unknown[4140] ☐ Spontaneous Sustained VT[4141] ☐ Syncope with High Risk Characteristics[4142]
☐ Syncope with Inducible VT[4143] ☐ Ventricular Fibrillation[4144] ☐ Not Documented[4145]

Permanent Pacemaker [4150]**:** O No O Yes *(Includes previously placed)*

→ **If** Yes, **Pacemaker Type**[4155]**:** O Atrial chamber O Ventricular chamber O Dual chamber O CRT

Ischemic Heart Disease[4160]**:** O No O Yes

→ **If** Yes, **One Epicardial Artery >=70% Confirmed by Angiography**[4165]**:** O No O Yes

Prior MI[4170]**:** O No O Yes → **If** Yes, **Most Recent MI Timeframe**[4175]**:** O <= 40 days O > 40 days

Prior PCI[4180]**:** *(Prior to arrival)* O No O Yes → **If** Yes, **Most Recent PCI Date**[4185]**:** mm/dd/yyyy

Prior CABG[4190]**:** *(Prior to arrival)* O No O Yes → **If** Yes, **Most Recent CABG Date**[4195]**:** mm/dd/yyyy

Primary Valvular Heart Disease[4200]**:** O No O Yes *(Moderate to Severe)*

Other Structural Abnormalities[4205]**:** O No O Yes

→ **If** Yes, **Structural Abnormality Type(s):** (check all that apply)

☐ Amyloidosis[4210] ☐ Atrial Septal Defect[4211] ☐ Chagas Disease[4212] ☐ Common Ventricle[4213]
☐ Ebstein's Anomaly[4214] ☐ Giant Cell Myocarditis[4215] ☐ Hypertrophic Cardiomyopathy (HCM)[4216]
☐ Left Ventricular Aneurysm[4217] ☐ LV Non-compaction Syndrome[4218] ☐ Right Ventricular Dysplasia (ARVD)[4219] ☐ Sarcoidosis[4220]
☐ Transposition of Great Vessels[4221] ☐ Tetralogy of Fallot[4222] ☐ Ventricular Septal Defect[4223] ☐ Other[4224]

OTHER RISK FACTORS

Height[4225]**:**	cm		**Weight**[4230]**:**	kg	
Cerebrovascular Disease[4235]**:**	O No	O Yes	**Chronic Lung Disease**[4240]**:**	O No	O Yes
Diabetes Mellitus[4245]**:**	O No	O Yes	**Sleep Apnea**[4250]**:**	O No	O Yes O Not assessed
Currently on Dialysis[4255]**:**	O No	O Yes	**Hypertension**[4260]**:**	O No	O Yes

Patient Life Expectancy of >=1 Year[4270]**:** O No O Yes O Not documented *(By physician estimate)*

D. DIAGNOSTIC STUDIES (COMPLETE ONLY ONCE FOR EPISODES OF CARE/ADMISSIONS WITH A GENERATOR IMPLANT OR CHANGE.)

LVEF Assessed[5000]: O No O Yes

→ **If** Yes, **Most Recent LVEF**[5005]: _____ %

→ **If** Yes, **Most Recent LVEF Timeframe**[5010]**:** O <1 month O ≥ 1 to ≤ 3 months O > 3 to ≤ 6 months O >6 months

Electrophysiology Study[5015]**:** O No O Yes *(Most recent EP Study)*

→ **If** Yes, **EP Study Timeframe**[5020]**:** O <1 month O ≥ 1 to ≤ 3 months O > 3 to ≤ 6 months O >6 months

→ **If** Yes, **Ventricular Arrhythmias Induced**[5025]**:** O No O Yes O Results Unattainable

→ **If** Yes, **VT Ablation Performed**[5030]**:** O No O Yes

→ **If** Yes, **EP Study Finding(s):** (check all that apply)
☐ Non-sustained VT[5031] ☐ Sustained Monomorphic VT[5032] ☐ Sustained Polymorphic VT[5033]
☐ Ventricular Flutter[5034] ☐ Ventricular Fibrillation[5035]

12 Lead ECG w/Automated Measurements[5040]**:** O No O Yes

→ **If** Yes, **ECG Date**[5045]**:** mm/dd/yyyy

PR Interval[5055]**:** _____ msec ☐ **PR Interval Not Obtainable**[5056] *(Exclude atrial fib , 2nd or 3rd° heart block, vent pacing)*

QRS Duration (Non-Ventricular Paced Complex)[5060]**:** _____ msec ☐ **Only Ventricular Paced QRS Complexes Present**[5061]
(From surface ECG closest to first generator procedure)

Cardiac Rhythm(s): (check all that apply)
☐ AFib/Flutter[5065] ☐ Atrial Tachycardia[5066] ☐ Idioventricular[5067] ☐ Junctional[5068]
☐ Paced[5069] ☐ Sinus Rhythm[5070] ☐ Second Degree Heart Block[5071] ☐ Third Degree Heart Block[5072]

→ **If** Paced, **Underlying Atrial Rhythm**[5075]**:** O Sinus rhythm O Atrial fib/flutter O Sinus arrest O Unknown

→ **If** Paced, **Pacing Type**[5080]**:** O Atrial pacing O Ventricular pacing O Both

→ **If** Ventricular pacing or Both, **Ventricular Paced QRS Duration**[5085]**:** _____msec

Abnormal Intraventricular Conduction[5090]**:** O No O Yes → **If** Yes, **Intraventricular Conduction Type(s):** (check all that apply)
☐ Left Anterior Fascicular Block[5095] ☐ Left Posterior Fascicular Block[5096] ☐ Left Bundle Branch Block (LBBB)[5097]
☐ Delay, Nonspecific[5098] ☐ Right Bundle Branch Block (RBBB)[5099] ☐ Ventricular Paced Rhythm[5100]

Blood Pressure[5105/5110]:	_____ / _____ mmHg		**BUN**[5115]:	mg/dL	☐ Not Drawn[5116]
Hemoglobin[5120]:	g/dL	☐ Not Drawn[5121]	**Sodium**[5125]:	mEq/L	☐ Not Drawn[5126]
Creatinine[5130]:	mg/dL	☐ Not Drawn[5131]	**Potassium**[5135]:	mEq/L	☐ Not Drawn[5136]
BNP[5140]:	pg/mL	(OR) **NT-proBNP**[5145]:	pg/mL	☐ Not Drawn[5146]	*(Closest to procedure)*

E. Procedure Information (Complete for each lab visit)

Procedure Date/Time[6000/6001]: mm/dd/yyyy hh:mm

Procedure Type[6005]: O Initial generator implant O Generator change O Lead only

Prophylactic Antibiotics w/in 1 Hr of Procedure Start Time[6010]:

O No – not given, medical reason documented O No – not given, reason unspecified O Yes

Routine Warfarin (Coumadin) Therapy[6015]: *(w/in 1 month)* O No O Yes

→ **If** Yes, **Held for Procedure**[6020]: O No O Yes

→ **If** Yes, **INR Drawn**[6025]: O No O Yes

→ **If** Yes, **INR**[6030]: _____ → **If** Yes, **INR Drawn Date**[6035]: mm/dd/yyyy

Premarket Clinical Trial[6040]: O No O Yes → **If** Yes, **Clinical Trial Name**[6045]:

F. ICD Implant / Explant (Complete for each Lab Visit in which an initial generator implant or generator change was performed)

Operator's Name[6100,6105,6110]: **NPI**[6115]: **TIN**[6120]:

ICD Indication[6125]: O Primary prevention O Secondary prevention

Planned Device Type[6130]: O Single chamber O Dual chamber O CRT-D

Device Implanted[6135]: O No O Yes

→ **If** Yes, **Final Device Type**[6140]: O Single chamber O Dual chamber O CRT-D

→ **If** CRT-D, **CS/LV Lead Successful**[6145]: O Yes O Not implanted O Previously implanted

→ **If** Not Implanted, **Reason CS/LV Lead Not Implanted**[6150]:

O Vascular access O Coronary sinus access O Tributary vein access
O CS dissection O Unacceptable threshold O Diaphragmatic stimulation

→ **If** Yes, **ID**[6155]: _____ **OR** **Manufacturer**[6160]: _____ **Model Name**[6165]: _____

→ **If** Yes, **Serial Number**[6175]: _____ **Model Number**[6170]: _____

→ **If** Yes, **Lowest Energy Tested (LET) that was Successful**[6180]: _____ Joules ☐ LET Not Tested[6181]

→ **If** Yes, **Upper Limit of Vulnerability (ULV)**[6185]: _____ Joules ☐ ULV Not Tested[6186]

→ If Procedure Type[6005] = Generator Change

Reason(s) for Re-Implantation: (check all that apply)

☐ End of expected battery life[6190] ☐ Replaced at time of lead revision[6191] ☐ Upgrade[6192] ☐ Infection[6193]
☐ Under manufacturer advisory/recalled[6194] ☐ Faulty Connector/Header[6195] ☐ Device relocation[6196] ☐ Malfunction[6197]

→ **If** Malfunction, **Reason for Malfunction**[6200]: O Atrial pacing O LV pacing O RV pacing
O Defibrillation O Premature battery depletion

ATP or Shock Therapy Delivered[6205]: O No O Yes

→ **If** Yes, **ATP or Shock Therapy Appropriate**[6210]: O No O Yes

→ **If** Yes, **ATP Therapy Successful**[6215]: O No O Yes

→ **If** Yes, **Shock Therapy Successful**[6220]: O No O Yes

Device Explanted[6225]: O No O Yes *(Code 'Yes' even if prior to this procedure)*

→ **If** Yes, **Explant Date**[6230]: mm/dd/yyyy

→ **If** Yes, **Device Returned To Manufacturer**[6235]: O No O Yes

→ **If** Yes, **Battery Voltage**[6240]: _____ ☐ Voltage Not Available[6241]

→ **If** Yes, **ID**[6245]: _____ **OR** **Manufacturer**[6160]: _____ **Model Name**[6165]: _____

→ **If** Yes, **Serial Number**[6250]: _____ **Model Number**[6170]: _____

G. Lead Assessment (Complete for all leads, including new leads implanted, existing leads extracted, abandoned, or reused)

Operator's Name[7000,7005,7010]:		**NPI**[7015]:	**TIN**[7020]:

		1	2	3
Lead Counter[7025]:				
Identification[7030]:		O New Lead O Existing Lead	O New Lead O Existing Lead	O New Lead O Existing Lead
ID[7035]: OR→	**Manufacturer**[7040]:			
	Model Name[7045]:			
	Model Number[7050]:			
Serial Number[7055]:				
Lead Location[7060]:		O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous array O Other	O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous array O Other	O RA endocardial O LV epicardial O RV endocardial O SVC/subclavian O LV via CVS O Subcutaneous array O Other
Complete for Existing Leads only				
Existing Lead Implant Date[7065]:				
Existing Lead Function[7070]:		O Normal O Abnormal O Not assessed	O Normal O Abnormal O Not assessed	O Normal O Abnormal O Not assessed
Manufacturer Advisory/Recall[7075]:		O No O Yes	O No O Yes	O No O Yes
Existing Lead Status[7080]:		O Extracted O Abandoned O Reused	O Extracted O Abandoned O Reused	O Extracted O Abandoned O Reused
→ **If** Extracted, **Returned To Manufacturer**[7085]:		O No O Yes	O No O Yes	O No O Yes
Existing Lead Placement Issues[7090]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Dislodgement**[7095]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Perforation**[7100]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Erosion**[7105]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Faulty Connector/Header**[7110]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Patient's Clinical Status**[7115]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Infection**[7120]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Documented Infection**[7125]:		O No O Yes	O No O Yes	O No O Yes
Complete if "Existing Lead Function[7070]**" is "Abnormal"**				
Pacing Issues[7130]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Oversensing**[7135]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Undersensing**[7140]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Failure to Pace**[7145]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Failure to Capture with Acceptable Safety Margin**[7150]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Extracardiac Stimulation**[7155]:		O No O Yes	O No O Yes	O No O Yes
Defibrillation Issues[7160]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Oversensing w/Shock or ATP**[7165]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Oversensing w/o Shock or ATP**[7170]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Failure to Shock with Inadequate DFT Safety Margin**[7175]:		O No O Yes	O No O Yes	O No O Yes
Lead Integrity Issues[7180]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Insulation Failure**[7185]:		O No O Yes	O No O Yes	O No O Yes
→ **If** Yes, **Conductor Failure**[7190]:		O No O Yes	O No O Yes	O No O Yes

H. Intra or Post procedure Events (Complete for each Lab Visit)

Intra or Post Procedure Events Occurred[8000]: O No O Yes

→ **If** Yes, specify the **Event(s):**

Cardiac Arrest[8005]:	O No	O Yes	**Myocardial Infarction**[8055]:	O No O Yes
Drug Reaction[8010]:	O No	O Yes	**Pericardial Tamponade**[8060]:	O No O Yes
Cardiac Perforation[8015]:	O No	O Yes	**Peripheral Embolus**[8065]:	O No O Yes
Cardiac Valve Injury[8020]:	O No	O Yes	**Peripheral Nerve Injury**[8070]:	O No O Yes
Conduction Block[8025]:	O No	O Yes	**Set Screw Problem**[8075]:	O No O Yes
Coronary Venous Dissection[8030]:	O No	O Yes	**Pneumothorax**[8080]:	O No O Yes
Hematoma (Req re-op, evacuation or transfusion)[8035]:	O No	O Yes	**TIA or Stroke (CVA)**[8085]:	O No O Yes
Hemothorax[8040]:	O No	O Yes	**Urgent Cardiac Surgery**[8090]:	O No O Yes
Infection Requiring Antibiotics[8045]:	O No	O Yes	**Venous Obstruction**[8095]:	O No O Yes
Lead Dislodgement[8050]:	O No	O Yes		

I. Discharge (Complete for each episode of care/Admission)

CABG[9000]: *(During this admission)* O No O Yes → **If** Yes, **CABG Date**[9005]:

PCI[9010]: *(During this admission)* O No O Yes → **If** Yes, **PCI Date**[9015]:

Discharge Date[9020]: mm/dd/yyyy

Discharge Status[9025]: O Alive O Deceased

→ **If** Deceased, **Cause of Death**[9030]: O Cardiac O Non-Cardiac

→ **If** Deceased, **Death During the Procedure**[9035]: O No O Yes

→ **If** Alive, **Discharged Against Medical Advice**[9040]: O No O Yes

→ **If** No, specify the **Discharge Medication(s) Prescribed:**

Medication		No	Yes	Prescribed Con	Prescribed Blinded
ACE Inhibitor (Any)[9045]		O	O	O	O
Antiarrhythmic Agents	Amiodarone[9050]	O	O	O	O
	Disopyramide[9055]	O	O	O	O
	Dofetilide[9060]	O	O	O	O
	Flecainide[9065]	O	O	O	O
	Other[9070]	O	O	O	O
	Procainmide[9075]	O	O	O	O
	Propafenone[9080]	O	O	O	O
	Mexiletine[9085]	O	O	O	O
	Quinidine[9090]	O	O	O	O
	Sotalol[9095]	O	O	O	O
ARB (Any)[9100]		O	O	O	O
ASA (Any)[9105]		O	O	O	O
Beta Blocker (Any)[9110]		O	O	O	O
Calcium Channel Blockers	Diltiazem[9115]	O	O	O	O
	Other[9120]	O	O	O	O
	Verapamil[9125]	O	O	O	O

Medication		No	Yes	Prescribed Con	Prescribed Blinded
Digoxin (Any)[9130]		O	O	O	O
Diuretic (Any)[9135]		O	O	O	O
Hydralazine (Any)[9140]		O	O	O	O
Lipid Lowering Agents	Statin[9145]	O	O	O	O
	Non-Statin[9150]	O	O	O	O
Long Acting Nitroglycerin[9155]		O	O	O	O
Platelet Aggregation Inhibitors	Clopidogrel[9160]	O	O	O	O
	Prasugrel[9165]	O	O	O	O
	Ticlopidine[9170]	O	O	O	O
Warfarin (Coumadin)[9175]		O	O	O	O