



Transcatheter Aortic Valve Replacement (TAVR) v3 Data Collection Form

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A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	SSN ²⁰³⁰ : - - □ SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : (auto)
Other ID ²⁰⁴⁵ :	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female	Patient Zip Code ²⁰⁶⁵ : □ Zip Code N/A ²⁰⁶⁶
Race: (check all that apply)	<input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³	
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Ethnicity Type: (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³		

B. EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm
Admitting Provider's Name, NPI ^{3050,3051,3052,3053} : Last Name, First Name, MI, NPI
Attending Provider's Name, NPI ^{3055,3056,3057,3058} : Last Name, First Name, MI, NPI, Last Name, First Name, MI, NPI
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : (Select all that apply) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicare (Fee-For-Service) <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance
MBI # ¹²⁸⁴⁶ :
Residence ¹³⁸⁰³ : <input type="radio"/> Home with No Health Aid <input type="radio"/> Home with Health Aid <input type="radio"/> Long Term Care <input type="radio"/> Other <input type="checkbox"/> Not Documented ¹³⁸⁰⁴

RESEARCH STUDY

Patient Enrolled in Research Study ^{3020 (A)} : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> Patient Restriction ³⁰³⁵
→ If Yes, Research Study Name ³⁰²⁵ , Research Study Patient ID ³⁰³⁰ : _____, _____	

TRANSCATHETER VALVE THERAPY (TVT) PATHWAY

TVT Pathway ^{13171 (A)} : <input type="checkbox"/> TAVR <input type="checkbox"/> TMVr <input type="checkbox"/> TMVR <input type="checkbox"/> Tricuspid Valve Procedure
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C. HISTORY AND RISK FACTORS

Height ⁶⁰⁰⁰ : _____ cm	Weight ⁶⁰⁰⁵ : _____ kg
Number of Prior Open Heart Cardiac Surgeries ¹³⁶⁹⁷ : _____ (If the patient has had >4 prior surgeries and the number is not known, code 4 prior surgeries)	
Heart Failure Hospitalization Within Past Year ¹³⁷⁰⁷ : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Documented ¹⁴²⁵³	
Anticipated Life Expectancy of Less than 1 Year ^{13172 (A)} : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Documented ¹⁴⁴⁵⁴	
Oxygen at Home ¹³⁸⁸¹ : <input type="radio"/> No <input type="radio"/> Yes	
Immunocompromise Present ¹³⁸⁸² : <input type="radio"/> No <input type="radio"/> Yes	Currently on Dialysis ¹³⁸⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes
Tobacco Use ⁴⁶²⁵ : <input type="radio"/> Never <input type="radio"/> Former <input type="radio"/> Current-Every Day <input type="radio"/> Current-Some Days <input type="radio"/> Smoker – Current Status Unk <input type="radio"/> Unk if ever smoked → If any Current, Tobacco Type ⁴⁶²⁶ (Select all that apply): <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless → If Current Every Day and Cigarettes, Amount ⁴⁶²⁷ : <input type="radio"/> Light tobacco use (<10/day) <input type="radio"/> Heavy tobacco use (>=10/day)	

Basic dataset (BDS)

(A)= Data element used for “appropriate use criteria (AUC)” metrics

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D. LAB VISIT (COMPLETE FOR EACH LAB VISIT)

Procedures^{14273 (A)}: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Procedure Room Entry Date/Time¹³³²⁹: mm / dd / yyyy HH:MM **Procedure Start Date/Time**⁷⁰⁰⁰: mm / dd / yyyy HH:MM

Procedure End Date/Time^{7005 (A)}: mm / dd / yyyy HH:MM **Procedure Room Exit Date/Time**¹³³³⁰: mm / dd / yyyy HH:MM

PRESENTATION AND EVALUATION

CAD Presentation¹²¹⁷⁷: ☐ No Symptoms, No Angina ☐ Symptoms Unlikely to be Ischemic ☐ Stable Angina
☐ Unstable Angina ☐ Non-STEMI ☐ STEMI

Heart Failure (w/in 2 weeks)¹⁴²⁶⁶: ☐ No ☐ Yes **Cardiogenic Shock (w/in 24 hrs)**¹³¹⁷⁵: ☐ No ☐ Yes

NYHA Class (w/in 2 weeks)^{12163 (A)}: ☐ I ☐ II ☐ III ☐ IV **Cardiac Arrest (w/in 24 hrs)**¹⁴²⁶⁷: ☐ No ☐ Yes

Symptoms of Aortic Stenosis Present^{13186 (A)}: ☐ No ☐ Yes ☐ Not Documented¹³¹⁸⁸

STS Risk Score Type^{13698 (A)}: **STS Risk Score Measurement**^{14271 (A)}:

AV Replace: _____ %

Shared Decision Making¹⁴⁷³²: ☐ No ☐ Yes

→ If Yes, **Shared Decision Making Tool Used**¹⁴⁷³³: ☐ No ☐ Yes → If Yes, **Shared Decision Making Tool Name**¹⁴⁷³⁴: _____

KCCQ-12 Performed¹³⁸⁴³: ☐ No ☐ Yes

→ If Yes, **KCCQ-12**^{13846, 48, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67}: (see separate questionnaire) **Q1a:** _____ **Q1b:** _____ **Q1c:** _____ **Q2:** _____ **Q3:** _____ **Q4:** _____

Q5: _____ **Q6:** _____ **Q7:** _____ **Q8a:** _____ **Q8b:** _____ **Q8c:** _____ **KCCQ Summary Score**¹⁴³¹⁰: (calculated) _____

Five Meter Walk Test^{13191 (A)}: ☐ Not Performed ☐ Performed ☐ Unable to Walk

→ If Performed, **Counter**^{13199 (A)}: **Time**^{13201 (A)}:
1: _____ seconds
2: _____ seconds
3: _____ seconds

PRE-PROCEDURE CLINICAL DATA (CLOSEST TO THE PROCEDURE)

Hemoglobin⁶⁰³⁰: _____ g/dL ☐ Not Drawn⁶⁰³¹ **Creatinine**⁶⁰⁵⁰: _____ mg/dL ☐ Not Drawn⁶⁰⁵¹

Platelet Count¹³²¹³: _____ μ L ☐ Not Drawn¹³²¹⁴ **Bilirubin**⁶⁰⁵⁵: _____ mg/dL ☐ Not Drawn⁶⁰⁵⁶

INR¹³²⁰³: _____ ☐ Not Drawn⁶⁰⁴⁶ **Albumin**¹⁴²¹⁰: _____ g/dL ☐ Not Drawn¹⁴²¹¹

Sodium⁶⁰³⁵: _____ mEq/L ☐ Not Drawn⁶⁰³⁶

PRE-PROCEDURE PULMONARY FUNCTION (CLOSEST TO THE PROCEDURE)

FEV1 Predicted¹³²¹⁶: _____ % ☐ Not Performed¹³²¹⁷

DLCO (Predicted)¹³²¹⁸: _____ % ☐ Not Performed¹³²¹⁹

PRE-PROCEDURE MEDICATIONS (24 HOURS PRIOR TO THE PROCEDURE)

Anticoagulants¹³⁶⁹⁹: ☐ No ☐ Yes

Positive Inotropes¹³⁶⁴³: ☐ No ☐ Yes

PRE-PROCEDURE DIAGNOSTIC CATH FINDINGS

Diagnostic Cath Performed¹³²²⁰: ☐ No ☐ Yes → If Yes, **Diagnostic Cath Date**¹³²²²: mm / dd / yyyy

Number of Diseased Vessels^{13381 (A)}: ☐ None ☐ One ☐ Two ☐ Three ☐ Not Documented¹³³⁸²

Left Main Stenosis $\geq 50\%$ ^{13260 (A)}: ☐ No ☐ Yes ☐ Not Documented¹³²⁶¹

Proximal LAD $\geq 70\%$ ^{13301 (A)}: ☐ No ☐ Yes ☐ Not Documented¹³³⁰²

Right Ventricular Systolic Pressure¹³³⁰³: (highest) _____ mm Hg ☐ Not Documented¹³³⁰⁴

Syntax Score^{13496 (A)}: ☐ Low (Syntax Score <22) ☐ Not Documented¹³⁴⁹⁷
☐ Intermediate (Syntax Score 22-32)
☐ High (Syntax Score ≥ 33)
Note: Only for left main or 3VD in native vessels



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PRE-PROCEDURE CTA FINDINGS	
AV Annulus Assessment Method ¹³⁴²² : <input type="radio"/> CTA <input type="radio"/> TTE <input type="radio"/> TEE <input type="radio"/> Other (note: primary documentation should be CTA)	
AV Annulus Diameter: Min ¹³⁴²⁸ : _____ mm Max ¹³⁴²⁹ : _____ mm	
AV Annulus Area ¹³⁴³⁸ : _____ mm ² AV Annulus Perimeter ¹³⁴³⁹ : _____ mm	
AV Calcification Severity ^{13423 (A)} : <input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate/Severe <input type="checkbox"/> Not Documented ¹³⁴³⁷	
PRE-PROCEDURE ECHOCARDIOGRAM FINDINGS	
LVEF ^{13305 (A)} : _____ % <input type="checkbox"/> LVEF Not Assessed ¹³³⁰⁶	
Aortic Valve Disease Etiology ¹³⁴⁴² : <input type="radio"/> Degenerative <input type="radio"/> Endocarditis <input type="radio"/> Rheumatic <input type="radio"/> Other	
Aortic Valve Morphology ^{13468 (A)} : <input type="radio"/> Bicuspid <input type="radio"/> Tricuspid <input type="radio"/> Other	
→If Bicuspid, Ascending Aorta Size ^{13469 (A)} : _____ cm <input type="checkbox"/> Not Documented ¹³⁴⁷⁰	
AV Annular Calcification ¹³⁴⁷¹ : <input type="radio"/> No <input type="radio"/> Yes	
Aortic Regurgitation ^{13477 (A)} : (highest) <input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
Aortic Stenosis ¹³³⁰⁷ : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, AV Area ^{13481 (A)} : (smallest) _____ cm ²	
→If Yes, AV Mean Gradient ^{13674 (A)} : (highest) _____ mm Hg	
→If <40 mm Hg, Low Flow (stroke volume index <35 ml/m ²) ^{13700 (A)} : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Documented ¹³⁷⁰¹	
→If Yes, AV Peak Gradient ¹³⁷⁰² : (highest) _____ mm Hg	
AV Peak Velocity (CW) ^{13703 (A)} : _____ M/sec	
Mitral Valve Disease ¹³⁷⁰⁴ : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, Mitral Regurgitation ¹³⁶⁷² : (highest) <input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Moderate-Severe <input type="radio"/> Severe	
→If Yes, Mitral Stenosis ¹³³⁰⁸ : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, MV Area ¹³³¹⁶ : (smallest) _____ cm ²	
→If Yes, MV Mean Gradient ¹³³¹⁷ : (highest) _____ mm Hg	
Mitral Valve Disease Etiology ^{13490 (A)} (Check all that apply): <input type="checkbox"/> Functional MR (Secondary) <input type="checkbox"/> Degenerative MR (Primary) <input type="checkbox"/> Post Inflammatory <input type="checkbox"/> Endocarditis <input type="checkbox"/> Other <input type="checkbox"/> None	
Tricuspid Regurgitation ¹³³¹⁸ : (highest) <input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
PRE-PROCEDURE DOBUTAMINE CHALLENGE	
Dobutamine Challenge Performed ^{13319 (A)} : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, Flow Reserve Present ^{13320 (A)} : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, Aortic Stenosis Type ^{13321 (A)} : <input type="radio"/> Truly Severe Aortic Stenosis <input type="radio"/> Pseudo-Severe Aortic Stenosis <input type="checkbox"/> Not Documented ¹³³²⁵	
PROCEDURE INFORMATION	
Concomitant Procedures Performed ⁷⁰⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes	
→If Yes, Procedure Type(s) ⁷⁰⁶⁶ : (select the best option(s)): _____, _____, _____	
Operator Name/NPI ^{14476, 14477, 14478, 14479} : _____, _____, _____ Last Name, First Name, MI, NPI Last Name, First Name, MI, NPI	
Procedure Status ⁷⁰²⁵ : <input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage	
Heart Team Reason for Procedure ¹³⁴⁹⁹ : <input type="radio"/> Extreme Risk <input type="radio"/> High Risk <input type="radio"/> Intermediate Risk <input type="radio"/> Low Risk	
Heart Team Evaluation of Suitability for Surgical Replacement ¹³⁵⁰⁴ : <input type="radio"/> No <input type="radio"/> Yes	
Procedure Location ¹²⁸⁷¹ : <input type="radio"/> Cardiac CathLab <input type="radio"/> Hybrid CathLab Suite <input type="radio"/> Hybrid OR Suite <input type="radio"/> Other	
Anesthesia Type ¹³³³¹ : <input type="radio"/> General Anesthesia <input type="radio"/> Deep sedation/Analgesia <input type="radio"/> Moderate Sedation/Analgesia <input type="radio"/> Minimal Sedation/Anxiolysis	



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PROCEDURE INFORMATION (CONT.)

Procedure Aborted ¹³⁵⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes
→If Yes, Reason ¹³⁵⁰⁶ :	<input type="radio"/> Access Related <input type="radio"/> Consent Issue <input type="radio"/> Device Delivery System Malfunction <input type="radio"/> Navigation Issue After Successful Access <input type="radio"/> New Clinical Findings <input type="radio"/> Patient Clinical Status <input type="radio"/> System Issue <input type="radio"/> Other
→If Yes, Action ¹³⁵⁷⁷ :	<input type="radio"/> Conversion to Open Heart Surgery <input type="radio"/> Scheduled Open Heart Surgery <input type="radio"/> Rescheduled Transcatheter Procedure <input type="radio"/> Converted to Clinical Trial <input type="radio"/> Balloon Valvuloplasty <input type="radio"/> Converted to Medical Therapy <input type="radio"/> Other

Conversion to Open Heart Surgery ¹³⁵⁴² :	<input type="radio"/> No <input type="radio"/> Yes
→If Yes, Reason ¹³⁵⁴³ :	<input type="radio"/> Valve Dislodged to Aorta <input type="radio"/> Valve Dislodged to Left Ventricle <input type="radio"/> Annulus Rupture <input type="radio"/> Ventricular Rupture <input type="radio"/> Aortic Dissection <input type="radio"/> Coronary Occlusion <input type="radio"/> Access Related <input type="radio"/> Cardiac Tamponade <input type="radio"/> Inability to Position Device <input type="radio"/> Device Embolization <input type="radio"/> Valve Injury <input type="radio"/> Other

Mechanical Support ⁷⁴²² :	<input type="radio"/> No <input type="radio"/> Yes →If Yes, Device ⁷⁴²³ :	_____
	→If Yes, Timing ⁷⁴²⁴ :	<input type="radio"/> In place at start of procedure <input type="radio"/> Inserted during procedure and prior to intervention <input type="radio"/> Inserted after intervention has begun <input type="radio"/> Post Procedure

CardioPulmonary Bypass Used ¹³⁵⁷⁹ :	<input type="radio"/> No <input type="radio"/> Yes	
→If Yes, Status ¹³⁵⁸⁰ :	<input type="radio"/> Elective <input type="radio"/> Emergency →If Yes, CPB Time ¹³⁵⁸¹ :	_____ min

Delivery System Removed ¹³⁵²⁵ :	<input type="radio"/> No <input type="radio"/> Yes
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PROCEDURE MEDICATIONS (DURING THE PROCEDURE)

Positive Inotropes: ¹³⁶⁴⁴ :	<input type="radio"/> No <input type="radio"/> Yes
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RADIATION AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS	Dose Area Product ¹⁴²⁷⁸ :	_____ <input type="radio"/> Gy · cm ² <input type="radio"/> dGy · cm ² <input type="radio"/> cGy · cm ² <input type="radio"/> mGy · cm ² <input type="radio"/> μGy · M ²	
	Cumulative Air Kerma ⁷²¹⁰ :	_____ <input type="radio"/> mGy <input type="radio"/> Gy Fluoro Time ⁷²¹⁴ :	_____ min Contrast Volume ⁷²¹⁵ :

TAVR Procedure Information

	(etiology of valve failure) <input type="radio"/> Aortic Regurgitation <input type="radio"/> Aortic Stenosis
Valve-in-Valve Procedure ^{13500 (A)} :	<input type="radio"/> No (degenerative native valve) <input type="radio"/> Yes (degenerative bioprosthetic valve)
	<input type="radio"/> No <input type="radio"/> Yes
	<input type="checkbox"/> Pre Implant <input type="checkbox"/> Post Implant
→If Yes, Valve Observed To Be Fractured ¹³⁵⁰³ :	<input type="radio"/> No <input type="radio"/> Yes
	<input type="radio"/> Axillary Artery <input type="radio"/> Carotid <input type="radio"/> Direct Aortic <input type="radio"/> Femoral Artery <input type="radio"/> Iliac <input type="radio"/> Subclavian Artery <input type="radio"/> Transapical <input type="radio"/> Transcaval <input type="radio"/> Transseptal via Femoral Vein <input type="radio"/> Other

Valve Sheath Access Site Method ¹³⁵⁰⁸ :	<input type="radio"/> Percutaneous Approach <input type="radio"/> Cutdown <input type="radio"/> Mini Sternotomy <input type="radio"/> Mini Thoracotomy <input type="radio"/> Other
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Valve Sheath Delivery Size ¹³⁵⁰⁹ :	_____ French
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Embolic Protection Deployed ¹³⁵¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes →If Yes, EP Device ¹³⁵¹¹ :	_____ see device list
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→If Procedure Aborted is No, TAVR DEVICES		DEVICE 1 ¹³⁵²⁴	DEVICE 2 ¹³⁵²⁴
Device ID ¹⁴⁴⁸⁵ /Dia ¹⁴⁵³² :		Refer to Device List	Refer to Device List
Device Capture and Repositioning Performed ¹³⁵³⁴ :	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Applicable ¹³⁵³⁵	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Applicable ¹³⁵³⁵	<input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Applicable ¹³⁵³⁵
Device Implanted Successfully ¹³⁵³⁶ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→If Yes, Device Serial Number ¹⁴²⁸⁶ :			
→If Yes, UDI ¹⁴⁵⁷² :			
→If No, Reason ¹³⁵³⁹ :	<input type="radio"/> Device Embolization <input type="radio"/> Improper Sizing <input type="radio"/> Device Embolization <input type="radio"/> Improper Sizing <input type="radio"/> Improper Positioning <input type="radio"/> Other	<input type="radio"/> Device Embolization <input type="radio"/> Improper Sizing <input type="radio"/> Improper Positioning <input type="radio"/> Other	<input type="radio"/> Device Embolization <input type="radio"/> Improper Sizing <input type="radio"/> Improper Positioning <input type="radio"/> Other

AV Gradient (mean) ¹⁴³⁰³ (post implant):	_____ mm Hg
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Aortic Regurgitation ¹⁴³⁰⁴ (post implant):	<input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
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POST-PROCEDURE - INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH PROCEDURE TYPE AND EVERY OCCURRENCE)

INTRA OR POST PROCEDURE EVENT(S) ¹²¹⁵³	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁵
Annular Rupture	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Aortic Dissection	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Atrial Fibrillation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Access Site	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Gastrointestinal	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Genitourinary	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding - Hematoma at Access Site	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Other	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Cardiac Arrest	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Cardiac Perforation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Coronary Artery Compression	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
COVID-19	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Embolization	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Migration	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Thrombosis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Related Event – Other	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Dialysis (New Requirement)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Endocarditis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
ICD	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Myocardial Infarction	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Percutaneous Coronary Intervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Permanent Pacemaker	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Reintervention – Aortic Valve (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Ischemic (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Hemorrhagic (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Undetermined (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA) (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Complication – Major	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Complication – Minor	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy



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IN-HOSPITAL EVENT INFORMATION (COMPLETE FOR EACH ISCHEMIC, HEMORRHAGIC, UNDETERMINED STROKE, TIA OR AORTIC VALVE RE-INTERVENTION)

Event¹⁴³¹²:

Event Date¹⁴³¹³:

mm / dd / yyyy

☐ Ischemic Stroke(In-hospital) ☐ Hemorrhagic Stroke(In-hospital) ☐ Undetermined Stroke(In-hospital) ☐ TIA(In-hospital)
☐ Aortic Valve Re-intervention(In-hospital)

Status¹⁴³¹⁴:

☐ Alive ☐ Deceased

→If Deceased, Date of Death¹⁴³¹⁵: mm / dd / yyyy

Clinical Comments¹⁴⁴⁶²:

→IF EVENT¹⁴³¹² = STROKE OR TIA (IN-HOSPITAL)

Symptom Onset Date¹⁴³¹⁶: mm / dd / yyyy

Neurologic Deficit with Rapid Onset¹⁴³¹⁷:

☐ No ☐ Yes

→If Yes, Clinical Presentation¹⁴³¹⁸:

☐ Stroke/TIA ☐ Non-Stroke

→If Stroke/TIA, Symptom Duration ≥ 24 hours¹⁴³¹⁹:

☐ No ☐ Yes

→If Stroke/TIA, Brain Imaging Performed¹⁴³²⁰:

☐ No ☐ Yes

→If Yes, Brain Imaging Type¹⁴³⁴⁹:

☐ CT ☐ CT w/Contrast ☐ MRI ☐ MRI w/Contrast ☐ Other (e.g. angiography)

→If Yes, Brain Imaging Findings¹⁴³⁵⁰:

☐ Infarct ☐ Hemorrhage ☐ No Deficit

→If Stroke/TIA, Event Related Sequelae¹⁴³⁵¹ (Select all that apply):

☐ Death ☐ Permanent Vegetative State
☐ Altered Consciousness ☐ Blindness ☐ Aphasia ☐ Loss of Motor Function
☐ Loss of Sensory Function ☐ Facial Paralysis ☐ Prolonged Length of Stay ☐ Other

→If Status=Alive, Discharge Location¹⁴³⁵²:

☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab ☐ Other Discharge Location

→If Status=Alive, Patient Discharged to Prior Place of Living¹⁴⁴²¹:

☐ No ☐ Yes

→If Status=Deceased, Stroke Diagnosed During Autopsy¹⁴³⁵³:

☐ No ☐ Yes ☐ Info Not Available

→IF EVENT¹⁴³¹² = AORTIC VALVE RE-INTERVENTION (IN-HOSPITAL)

Aortic Valve Re-intervention Type¹⁴³⁵⁴:

☐ Surgical Replacement ☐ Surgical Repair ☐ Transcatheter Replacement
☐ Balloon Valvuloplasty ☐ Leaflet Clip Procedure ☐ Paravalvular Leak Closure
☐ Other Transcatheter Intervention

Primary Indication¹⁴³⁵⁵:

☐ Regurgitation ☐ Stenosis ☐ Device Embolization ☐ Device Fracture ☐ Device Migration
☐ Endocarditis ☐ Paravalvular Leak ☐ Device Thrombosis ☐ Valve Injury ☐ Other

→If Regurgitation, AV Regurg¹⁴³⁵⁶: (highest)

☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→If Trace/Trivial, Mild, Moderate, or Severe Paravalvular Regurgitation¹⁴³⁵⁷:

☐ None ☐ Mild ☐ Moderate ☐ Severe

→If Trace/Trivial, Mild, Moderate, or Severe Central Regurgitation¹⁴³⁵⁸:

☐ None ☐ Mild ☐ Moderate ☐ Severe

→If Stenosis, AV Area¹⁴³⁵⁹: (smallest)

_____ cm²

→If Stenosis, AV Mean Gradient¹⁴²⁸²: (highest)

_____ mm Hg



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POST-PROCEDURE CLINICAL DATA (COMPLETE FOR EACH PROCEDURE TYPE)

Hemoglobin (lowest)¹³⁷⁶³: _____ (g/dL) ☐ Not Drawn¹⁴²⁴³ **Creatinine (highest)**¹³⁷⁶⁴: _____ (mg/dL) ☐ Not Drawn¹⁴²⁹³
Creatinine (discharge)¹⁰⁰⁶⁰: _____ (mg/dL) ☐ Not Drawn¹⁰⁰⁶¹

12-Lead ECG Performed¹³⁶¹⁶: ☐ No ☐ Yes
→ If Yes, **12-Lead ECG Findings**¹³⁷⁶⁵: ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia
(Check all that apply)

POST-PROCEDURE ECHOCARDIOGRAM (COMPLETE FOR EACH PROCEDURE)

Echocardiogram¹³⁵⁹²: ☐ Yes - TTE ☐ Yes - TEE ☐ Not Performed¹³⁶⁴⁵
→ If Yes, **Date**¹³⁴⁹³: ____ / ____ / ____
→ If Yes, **AV Area**¹³⁴⁹⁵: (smallest) _____ cm²
→ If Yes **AV Mean Gradient**¹³⁶⁷⁵: (highest) _____ mm Hg
→ If Yes, **Aortic Regurgitation**¹³⁵²⁶: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe
→ If Trace/Trivial, Mild, Moderate, or Severe **Paravalvular Regurgitation**¹⁴⁵⁰³: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁵²⁴
→ If Trace, Mild, Moderate, or Sev **Central Regurgitation**¹⁴⁴⁹⁹: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁸⁷
→ If Yes, **Mitral Regurgitation**¹³⁴⁹⁴: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Moderate-Severe ☐ Severe
→ If Yes, **Tricuspid Regurgitation**¹³⁶⁷⁷: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

E. DISCHARGE

Discharge Date¹⁰¹⁰⁰: ____ / ____ / ____
Discharge Provider Name, NPI^{10070,10071,10072,10073}: _____ Last Name, First Name, MI, NPI
Discharge Status¹⁰¹⁰⁵: ☐ Alive ☐ Deceased
→ If Alive, **Cardiac Rehabilitation Referral**¹⁰¹¹⁶: ☐ No - Reason Not Documented ☐ No - Medical Reason Documented
☐ No - Health Care System Reason Documented ☐ No - Patient-Oriented Reason ☐ Yes
→ If Alive, **Discharge Location**¹⁰¹¹⁰: ☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab
☐ Other Acute Care Hospital ☐ Left Against Medical Advice (AMA) ☐ Other Discharge Location
→ If Alive, **Hospice Care**¹⁰¹¹⁵: ☐ No ☐ Yes
→ If Deceased, **Death During Procedure**¹⁰¹²⁰: ☐ No ☐ Yes
→ If Deceased, **Cause of Death**¹⁰¹²⁵:

<input type="radio"/> Acute myocardial infarction	<input type="radio"/> Pulmonary	<input type="radio"/> Hemorrhage
<input type="radio"/> Sudden cardiac death	<input type="radio"/> Renal	<input type="radio"/> Non-cardiovascular procedure or surgery
<input type="radio"/> Heart failure	<input type="radio"/> Gastrointestinal	<input type="radio"/> Trauma
<input type="radio"/> Stroke	<input type="radio"/> Hepatobiliary	<input type="radio"/> Suicide
<input type="radio"/> Cardiovascular procedure	<input type="radio"/> Pancreatic	<input type="radio"/> Neurological
<input type="radio"/> Cardiovascular hemorrhage	<input type="radio"/> Infection	<input type="radio"/> Malignancy
<input type="radio"/> Other cardiovascular reason	<input type="radio"/> Inflammatory/Immunologic	<input type="radio"/> Other non-cardiovascular reason

PRBCs Transfused⁹²⁷⁵: ☐ No ☐ Yes *Note: Code the total # of units between start of the procedure and discharge*
→ If Yes, **PRBCs Units Transfused**¹³⁶⁷⁰: _____

DISCHARGE MEDICATIONS D/c meds are not required for patients who expired, discharged to "Other Acute Care Hospital," "AMA," or are receiving Hospice Care.

CATEGORY	MEDICATION CODE ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
		YES	NO- NO REASON	NO- MEDICAL REASON	NO-PT REASON
Anticoagulant	Direct Thrombin Inhibitor	<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"/>
Antiplatelet	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P2Y12 Inhibitors	P2Y12 Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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F. FOLLOW-UP: 30 DAY (23 TO 75 DAYS POST PROCEDURE); 1 YEAR (305 TO 425 DAYS POST PROCEDURE)

Assessment Date¹¹⁰⁰⁰: mm / dd / yyyy

Reference Episode Arrival Date/Time¹¹⁰⁰²: mm / dd / yyyy HH:MM

Reference Episode Discharge Date¹⁴³³⁸: mm / dd / yyyy

Reference Procedure Start Date/Time¹¹⁰⁰¹: mm / dd / yyyy HH:MM

Reference Procedure Type¹³⁷⁰⁵: ☐ TAVR ☐ TMVr ☐ TMVR ☐ Tricuspid Valve Procedure

Method(s) to Determine Status¹¹⁰⁰³: ☐ Office Visit ☐ Medical Records ☐ Letter from Medical Provider
☐ Phone Call ☐ Social Security Death Master File ☐ Hospitalized
☐ Obituary List ☐ CMS Linked Data ☐ Other

Follow-up Status¹¹⁰⁰⁴: ☐ Alive ☐ Deceased ☐ Lost to Follow-up

→ If Alive, **Residence**¹³⁸⁰⁵: ☐ Home with No Health Aid ☐ Home with Health Aid ☐ Long Term Care ☐ Other ☐ Not Documented¹⁴⁵¹¹

→ If Deceased, **Date of Death**¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, **Cause of Death**¹¹⁰⁰⁷:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute myocardial infarction | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Hemorrhage |
| <input type="checkbox"/> Sudden cardiac death | <input type="checkbox"/> Renal | <input type="checkbox"/> Non-cardiovascular procedure or surgery |
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hepatobiliary | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cardiovascular procedure | <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Cardiovascular hemorrhage | <input type="checkbox"/> Infection | <input type="checkbox"/> Malignancy |
| <input type="checkbox"/> Other cardiovascular reason | <input type="checkbox"/> Inflammatory/Immunologic | <input type="checkbox"/> Other non-cardiovascular reason |

FOLLOW-UP CLINICAL ASSESSMENT

Hemoglobin¹³⁷⁷⁵: _____ g/dL ☐ Not Drawn¹⁴³²⁶ **Creatinine**¹³³¹⁰: _____ mg/dL ☐ Not Drawn¹³³¹¹

NYHA Classification¹³⁶⁸⁸: ☐ I ☐ II ☐ III ☐ IV ☐ Not Documented¹⁴³³³

12-Lead ECG Performed¹³⁶⁸⁹: ☐ No ☐ Yes

→ If Yes, **12-Lead ECG Findings**¹³⁶²¹: ☐ No Significant Changes ☐ Pathological Q Wave ☐ New LBBB ☐ Cardiac Arrhythmia
(Check all that apply)

FOLLOW-UP IMAGING – ECHOCARDIOGRAM AND 4D CT

Echocardiogram¹³⁴⁹²: ☐ Yes – TTE ☐ Yes – TEE ☐ Not Performed¹⁴⁵¹² → If Yes, **Date**¹³⁵⁹³: mm / dd / yyyy

→ If Yes, **LVEF**¹³⁶⁹⁰: _____ % ☐ LVEF Not Assessed¹³⁶⁹¹

→ If Yes, **AV Mean Gradient**¹³⁶⁷⁶: (highest) _____ mm Hg

→ If Yes, **Aortic Valve Area**¹³⁶⁶⁹: (smallest) _____ cm²

→ If Yes, **Aortic Regurgitation**¹³⁵²⁷: ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→ If Trace/Trivial, Mild, Moderate, or Severe **Paravalvular Regurgitation**¹⁴⁵⁰⁴: ☐ None ☐ Mild ☐ Moderate ☐ Severe

☐ Not Documented¹⁴⁵²⁷

→ If Trace/Trivial, Mild, Moderate, or Severe **Central Regurgitation**¹⁴⁵⁰⁰: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not Documented¹⁴⁴⁹⁰

→ If Yes, **Tricuspid Regurgitation**¹³⁶⁷⁸: (highest) ☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

4D CT Performed¹³⁶⁹²: ☐ No ☐ Yes

→ If Yes, **Date**¹³⁶⁹³: mm / dd / yyyy

→ If Yes, **Valve Thrombosis Noted**¹³⁶⁹⁴: ☐ No ☐ Yes

→ If Yes, **Leaflet Dysfunction Noted**¹³⁶⁹⁵: ☐ No ☐ Yes

FOLLOW-UP KCCQ

KCCQ-12 Performed¹³⁸⁴⁵: ☐ No ☐ Yes → If Yes, **KCCQ-12 Date**¹³⁸⁴⁴: mm / dd / yyyy

→ If Yes, **KCCQ-12**^{13847, 69, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68}: (see separate questionnaire) **Q1a:** _____ **Q1b:** _____ **Q1c:** _____ **Q2:** _____ **Q3:** _____ **Q4:** _____

Q5: _____ **Q6:** _____ **Q7:** _____ **Q8a:** _____ **Q8b:** _____ **Q8c:** _____

KCCQ Summary Score¹⁴⁵³⁵: (calculated) _____



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FOLLOW-UP MEDICATIONS					
CATEGORY	MEDICATION CODE ¹¹⁹⁹⁰	PRESCRIBED ¹³⁶⁹⁶			
		YES	NO— NO REASON	NO— MEDICAL REASON	NO— PT REASON
Anticoagulants	Direct Thrombin Inhibitor	<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"/>
Antiplatelet	Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Vitamin K Dependent Oral Anticoagulant	Direct Factor Xa Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P2Y12 Inhibitors	P2Y12 Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOLLOW-UP EVENTS SPECIFY THE EVENTS (AND EVENT DATES) THAT OCCURRED BETWEEN DISCHARGE AND 30 DAY (FIRST) FOLLOW-UP (FU), OR BETWEEN FU ASSESSMENT DATE #1 AND #2.		
EVENT(S) ¹²⁹³³	EVENT(S) OCCURRED ¹⁴²⁷⁶	→ IF YES, EVENT DATE(S) ¹⁴²⁷⁷
Atrial Fibrillation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Life Threatening	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Bleeding – Major	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Cardiac Surgery or Intervention – Other Unplanned	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
COVID-19	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Embolization	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Fracture	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Device Thrombosis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Dialysis (New Requirement)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Endocarditis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
ICD	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Myocardial Infarction	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
PCI	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Permanent Pacemaker	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Readmission – (Non-Valve Related)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Readmission – (Valve Related)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Reintervention – Aortic Valve (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Ischemic (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Hemorrhagic (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Stroke – Undetermined (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Transient Ischemic Attack (TIA) (complete event info)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Complication – Major	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Complication – Minor	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Vascular Surgery or Intervention – Unplanned	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy



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FOLLOW-UP EVENT INFORMATION (COMPLETE FOR EACH ISCHEMIC, HEMORRHAGIC, UNDETERMINED STROKE, TIA OR AORTIC VALVE RE-INTERVENTION)

Event¹⁴³⁸⁵:

Event Date¹⁴³⁸⁶:

mm / dd / yyyy

☐ Ischemic Stroke (F-U) ☐ Hemorrhagic Stroke (F-U) ☐ Undetermined Stroke(F-U) ☐ TIA (F-U) ☐ Aortic Valve Re-intervention (F-U)

Status¹⁴³⁸⁷:

☐ Alive

☐ Deceased

→If Deceased, Date of Death:¹⁴³⁸⁸: mm / dd / yyyy

Clinical Comments¹⁴⁴⁶³:

→IF EVENT¹⁴³⁸⁵ = STROKE OR TIA (FOLLOW-UP)

Symptom Onset Date¹⁴³⁸⁹: mm / dd / yyyy

Neurologic Deficit with Rapid Onset¹⁴³⁹⁰:

☐ No ☐ Yes

→If Yes, Clinical Presentation¹⁴³⁹¹:

☐ Stroke/TIA ☐ Non-Stroke

→If Stroke/TIA, Symptom Duration ≥ 24 hours¹⁴³⁹²:

☐ No ☐ Yes

→If Stroke/TIA, Brain Imaging Performed¹⁴³⁹³:

☐ No ☐ Yes

→If Yes, Brain Imaging Type¹⁴³⁹⁴:

☐ CT ☐ CT w/Contrast ☐ MRI ☐ MRI w/Contrast ☐ Other (e.g. angiography)

→If Yes, Brain Imaging Findings¹⁴³⁹⁵:

☐ Infarct ☐ Hemorrhage ☐ No Deficit

→If Stroke/TIA, Event Related Sequelae¹⁴³⁹⁶ (Select all that apply):

☐ Death ☐ Permanent Vegetative State
☐ Altered Consciousness ☐ Blindness ☐ Aphasia ☐ Loss of Motor Function
☐ Loss of Sensory Function ☐ Facial Paralysis ☐ Prolonged Length of Stay ☐ Other

→If Status=Alive, Discharge Location¹⁴⁴²⁰:

☐ Home ☐ Skilled Nursing Facility ☐ Extended Care/TCU/Rehab ☐ Other Discharge Location

→If Status=Alive, Patient Discharged to Prior Place of Living¹⁴⁴²²:

☐ No ☐ Yes

→If Status=Deceased, Stroke Diagnosed During Autopsy¹⁴³⁹⁷:

☐ No ☐ Yes ☐ Info Not Available

→IF EVENT¹⁴³⁸⁵ = AORTIC VALVE RE-INTERVENTION (FOLLOW-UP)

Aortic Valve Re-intervention Type¹⁴³⁹⁸:

☐ Surgical Replacement ☐ Surgical Repair ☐ Transcatheter Replacement
☐ Balloon Valvuloplasty ☐ Leaflet Clip Procedure ☐ Paravalvular Leak Closure
☐ Other Transcatheter Intervention

Primary Indication¹⁴³⁹⁹:

☐ Regurgitation ☐ Stenosis ☐ Device Embolization ☐ Device Fracture ☐ Device Migration
☐ Endocarditis ☐ Paravalvular Leak ☐ Device Thrombosis ☐ Valve Injury ☐ Other

→If Regurgitation, AV Regurg¹⁴⁴⁰⁰: (highest)

☐ None ☐ Trace/Trivial ☐ Mild ☐ Moderate ☐ Severe

→If Trace/Trivial, Mild, Moderate, or Severe Paravalvular Regurgitation¹⁴⁴⁰³:

☐ None ☐ Mild ☐ Moderate ☐ Severe

→If Trace/Trivial, Mild, Moderate, or Severe Central Regurgitation¹⁴⁴⁰¹:

☐ None ☐ Mild ☐ Moderate ☐ Severe

→If Stenosis, AV Area¹⁴⁴⁰²: (smallest)

_____ cm²

→If Stenosis, AV Mean Gradient¹⁴⁴⁰⁴: (highest)

_____ mm Hg