

INTERMACS® Screening Log

Inclusion: Patient must meet all inclusion criteria:

If patient meets all inclusion criteria then check 'ALL' inclusion reasons below*

Patient receives a durable mechanical circulatory support device (MCSD) which is FDA approved
 Implanted on or after March 1, 2006 (The device does not need to be the first implant for the patient)
 Patient signed informed consent for the registry

Exclusion: Any exclusion will disqualify the patient for entry into INTERMACS®

If patient meets 'ANY' exclusion criteria then check any of the appropriate exclusion reasons below (check all that apply):*

Patient receives a durable mechanical circulatory support device (MCSD) which is not FDA approved
 Patient is incarcerated (prisoner)
 Patient did not sign the informed consent.
 Too sick pre-implant and died early post implant
 Missed opportunity to consent
 Patient refused
 Patient is unable to communicate in English

Select reasons why patient was not consented:*

If Patient is included, please complete INTERMACS® required screening information below:

Device type:*

Device brand:*

Device brand (RVAD):*

Specify:*

Specify RVAD:*

Implant date: * mm/dd/yyyy

If Patient is excluded, please complete INTERMACS® required screening information below:

Implant date: * mm/dd/yyyy

Device type:*

Device brand:*

Device brand (RVAD):*

Specify:*

Specify RVAD:*

Age range (years):*

Race: select as many as apply:*

American Indian or Alaska Native
 Asian
 African-American or Black
 Hawaiian or other Pacific Islander
 White
 Unknown/Undisclosed
 Other/none of the above

Ethnicity: Hispanic or Latino: YES NO

Gender:* Male Female

Did death occur within 2 days post implant? * YES NO

Is this VAD an investigational device? * YES NO

Is patient involved in a VAD related study?: * YES NO UNK

What is the name of the study?: *