Intermacs

1 Year Post Cessation of Mechanical Support

Enter Information you are reporting

<table>
<thead>
<tr>
<th>Date of Event</th>
</tr>
</thead>
</table>

**Death**

<table>
<thead>
<tr>
<th>Is the patient deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Death Date</th>
</tr>
</thead>
</table>

**Primary cause of death**

- ○ Respiratory: Venous Thromboembolism Event
- ○ Respiratory: Respiratory Failure
- ○ Respiratory: Pulmonary: Other, specify
- ○ Circulatory: Arterial Non-CNS Thromboembolism
- ○ Circulatory: Myocardial Infarction
- ○ Circulatory: Myocardial Rupture
- ○ Circulatory: Ruptured Aortic aneurysm
- ○ Circulatory: Right Heart Failure
- ○ Circulatory: Major Bleeding
- ○ Circulatory: Cardiac Arrhythmia
- ○ Circulatory: Hemolysis
- ○ Circulatory: Hypertension
- ○ Circulatory: Other, Specify
- ○ Circulatory: Sudden unexplained death
- ○ Circulatory: CHF
- ○ Circulatory: Heart Disease
- ○ Circulatory: End Stage Cardiomyopathy
- ○ Circulatory: End Stage Ischemic Cardiomyopathy
- ○ Circulatory: Pericardial Fluid Collection (effusion)
- ○ Digestive (Intestinal or GI/GU): Hepatic Dysfunction
- ○ Digestive (Intestinal or GI/GU): Renal Dysfunction
- ○ Digestive (Intestinal or GI/GU): GI Disorder
- ○ Digestive (Intestinal or GI/GU): Fluid/Electrolyte Disorder
- ○ Digestive (Intestinal or GI/GU): Pancreatitis
- ○ Nervous System: Neurological Dysfunction
- ○ Psychiatric Episode/Suicide
- ○ Major Infection
- ○ Device Malfunction
- ○ Multiple System Organ Failure (MSOF)
- ○ Withdrawal of Support, specify
- ○ Cancer
- ○ Wound Dehiscence
- ○ Trauma/accident, specify
- ○ Endocrine
- ○ Hematological
- ○ Other, specify
| **Cancer**          |  ○ CNS  
|                    |  ○ GI  
|                    |  ○ Lymph  
|                    |  ○ ENT  
|                    |  ○ Pulmonary  
|                    |  ○ Renal  
|                    |  ○ Breast  
|                    |  ○ Reproductive  
|                    |  ○ Skin  
|                    |  ○ Other  
|                    |  ○ Unknown  |

Specify support withdrawn

Specify

**Transplant**

| **Was the patient transplanted?** |  ○ Yes  
|                                  |  ○ No  |

Transplant date