Intermacs
1 Year Post Cessation of Mechanical Support

Enter Information you are reporting

<table>
<thead>
<tr>
<th>Date of Event</th>
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</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>
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</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Specify support withdrawn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