Adverse Event

**Adverse Event Status**

Please enter the date of the event you are reporting:

---

Please enter a label describing this event:
## Rehospitalization

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there an occurrence of rehospitalization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this rehospitalization at your hospital?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date of admission

- Date of admission: [unknown]

### Discharge Date

- Discharge Date: [unknown]

## Primary reason for rehospitalization

- Anticoagulation adjustment
- Arterial Non-CNS Thrombo-embolism
- Cardiac Arrhythmia
- Cardiac Tamponade
- Catastrophe (i.e. weather)
- Device Malfunction
- Diagnostic Procedure
- Explant
- Fever without known cause
- Fluid Overload
- Gastroenteritis
- GI Disorder
- Hematological
- Hematoma
- Hemolysis
- Hepatic Dysfunction
- Hypertension
- Limb vascular complication
- Major Bleeding
- Major Infection
- Metabolic/Electrolyte Disturbance
- Myocardial Infarction
- Neurological Dysfunction
- Pericardial Fluid Collection
- Planned medical management
- Planned Procedure
- Pneumonia
- Psychiatric Episode
- Pulmonary Embolism/Hemorrhage
- Pulmonary, Other
- Renal Dysfunction
- Respiratory Failure
- Right Heart Failure
- Syncope without known cause
- Transplant
<table>
<thead>
<tr>
<th>Adverse Event - Rehospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehospitalization intervention</strong></td>
</tr>
<tr>
<td>- Surgical Procedure</td>
</tr>
<tr>
<td>- Heart Cath</td>
</tr>
<tr>
<td>- Invasive Cardiac Procedures (Other than Heart Cath)</td>
</tr>
<tr>
<td>- Transplantation</td>
</tr>
<tr>
<td>- None</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
<tr>
<td>- Other</td>
</tr>
<tr>
<td><strong>Type of surgical procedure</strong></td>
</tr>
<tr>
<td>- Device related operation</td>
</tr>
<tr>
<td>- Other Cardiac Surgical Procedure</td>
</tr>
<tr>
<td>- Non Cardiac Surgical Procedure</td>
</tr>
<tr>
<td>- Other procedure</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
<tr>
<td><strong>Type of other cardiac procedure</strong></td>
</tr>
<tr>
<td>- Reoperation for Bleeding within 48 hours of implant</td>
</tr>
<tr>
<td>- Reoperation for Bleeding and/or tamponade &gt; 48 hours</td>
</tr>
<tr>
<td>- Surgical Drainage of pericardial effusion</td>
</tr>
<tr>
<td>- Aortic Valve Surgery - Repair (no valve closure)</td>
</tr>
<tr>
<td>- Aortic Valve Surgery - Repair with valve closure</td>
</tr>
<tr>
<td>- Aortic Valve Surgery - Replacement - Biological</td>
</tr>
<tr>
<td>- Aortic Valve Surgery - Replacement - Mechanical</td>
</tr>
<tr>
<td>- Mitral Valve Surgery - Repair</td>
</tr>
<tr>
<td>- Mitral Valve Surgery - Replacement - Biological</td>
</tr>
<tr>
<td>- Mitral Valve Surgery - Replacement - Mechanical</td>
</tr>
<tr>
<td>- Tricuspid Valve Surgery - Repair - DeVega</td>
</tr>
<tr>
<td>- Tricuspid Valve Surgery - Repair - Ring</td>
</tr>
<tr>
<td>- Tricuspid Valve Surgery - Repair - Other</td>
</tr>
<tr>
<td>- Tricuspid Valve Surgery – Replacement - Biological</td>
</tr>
<tr>
<td>- Tricuspid Valve Surgery – Replacement - Mechanical</td>
</tr>
<tr>
<td>- Pulmonary Valve Surgery - Repair</td>
</tr>
<tr>
<td>- Pulmonary Valve Surgery – Replacement - Biological</td>
</tr>
<tr>
<td>- Pulmonary Valve Surgery – Replacement - Mechanical</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
<tr>
<td>- Other, specify</td>
</tr>
<tr>
<td><strong>Type of procedure (non cardiac surgical procedure)</strong></td>
</tr>
<tr>
<td>- Intubation and Vent support</td>
</tr>
<tr>
<td>- Dialysis</td>
</tr>
<tr>
<td>- Bronchoscopy</td>
</tr>
<tr>
<td>- Other, specify</td>
</tr>
<tr>
<td><strong>Type of Invasive Cardiac Procedure (Other than Heart Cath)</strong></td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>Clinical Observations</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Enter PA systolic pressure</strong></td>
</tr>
<tr>
<td>ST=</td>
</tr>
<tr>
<td><strong>Enter PA diastolic pressure</strong></td>
</tr>
<tr>
<td>ST=</td>
</tr>
<tr>
<td><strong>Enter PCW pressure</strong></td>
</tr>
<tr>
<td>ST=</td>
</tr>
<tr>
<td><strong>Enter Cardiac output</strong></td>
</tr>
<tr>
<td>ST=</td>
</tr>
<tr>
<td>Not Done</td>
</tr>
</tbody>
</table>

### Has the patient experienced a Neurological Event since time of implant?

- Yes
- No
- Unknown

#### If yes, provide Modified Rankin Scale:

- 0 – No symptoms at all
- 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities
- 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
- 3 - Moderate disability: requiring some help, but able to walk without assistance.
- 4 - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.
- 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
- 6 - Dead

ST= | Not Documented 
Not Done
# Adverse Event

## Infection

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a major infection?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>Date of onset</td>
<td>[ ]</td>
</tr>
<tr>
<td>Did this infection contribute to death?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>Location of patient</td>
<td>In hospital, Out of hospital, Unknown</td>
</tr>
<tr>
<td>Location of infection</td>
<td>Pump / related - Drive Line, Pump / related - Exit Cannula, Pump / related - Pump Pocket, Pump / related - Pump Interior, Positive Blood cultures, Line Sepsis, Pulmonary, Urinary Tract, Mediastinum, Peripheral Wound, GI, Unknown, Other, specify</td>
</tr>
<tr>
<td>Type of infection</td>
<td>Bacterial, Fungal, Viral, Protozoan, Unknown</td>
</tr>
<tr>
<td>Was drug therapy an intervention for this AE?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>If yes, what was the route?</td>
<td>IV, Oral, Topical, Unknown</td>
</tr>
<tr>
<td>Was surgery an intervention for this AE?</td>
<td>Yes, No, Unknown</td>
</tr>
</tbody>
</table>
Is this a Device Related Event?

- Yes
- No
Adverse Event

Bleeding
(Transfusions for anemia and hemolysis are not considered bleeding events)

Was there a Major Bleeding Event?
- Yes
- No
- Unknown

Date of bleeding episode onset
ST= Unknown

Location of patient
- In hospital
- Out of hospital
- Unknown

Did the major bleeding episode result in one or more of the following
- Episode resulted in Death
- Episode resulted in re-operation
- Episode resulted in rehospitalization
- Episode resulted in transfusion

Total units PRBC
ST= Unknown

Date of first transfusion for this episode
ST= Unknown

Source/cause/location of bleeding
- Mediastinal: chest wall
- Mediastinal: outflow-aorta anastomosis
- Mediastinal: outflow conduit
- Mediastinal: inflow conduit
- Mediastinal: aortic-venous cannulation site
- Mediastinal: coagulopathy with no surgical site
- Mediastinal: other surgical site
- Pump pocket
- Mediastinal: Unspecified
- Pleural space
- Intra-abdominal
- Retroperitoneal
- Pulmonary
- Device anastomosis
- Urinary tract
- GI: Upper gastrointestinal (esophagus, stomach, duodenum, small bowel)
- GI: Lower gastrointestinal (colon, rectum, and anus)
- GI: unknown, but guaiac positive stools
- ENT/Dental
- Other, specify

INR
ST= Unknown
- Not Done
<table>
<thead>
<tr>
<th>Anticoagulant therapy at time of event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warfarin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heparin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovenox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dipyridamole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clopidogrel (plavix)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argatroban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bivalirudin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fondaparinux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticlopidine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hirudin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lepirudin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ximelagatran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this a Device Related Event?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Adverse Event

### Neuro

<table>
<thead>
<tr>
<th>Was there a neurological dysfunction?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST= Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of patient</td>
<td>In hospital</td>
<td>Out of hospital</td>
<td>Unknown</td>
</tr>
<tr>
<td>Neurological dysfunction categories</td>
<td>TIA</td>
<td>Confusion</td>
<td>CVA</td>
</tr>
<tr>
<td>Type of CVA</td>
<td>Ischemic / Embolism</td>
<td>Hemorrhagic</td>
<td>Other</td>
</tr>
<tr>
<td>Stroke severity</td>
<td>Left sided weakness</td>
<td>Right sided weakness</td>
<td>Left sided paralysis</td>
</tr>
<tr>
<td>Is this a Device Related Event?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Seizure Type</td>
<td>Generalized</td>
<td>Focal</td>
<td></td>
</tr>
<tr>
<td>Encephalopathy type</td>
<td>Metabolic</td>
<td>Anoxic</td>
<td>Traumatic</td>
</tr>
<tr>
<td>Did this Neurological Dysfunction Adverse Event contribute to the patient's death?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Location of CNS event</td>
<td>Right hemisphere: frontal</td>
<td>Right hemisphere: temporal</td>
<td></td>
</tr>
</tbody>
</table>
Adverse Event - Neurological Dysfunction

- Right hemisphere: occipital
- Right hemisphere: parietal
- Right hemisphere: unspecified
- Left hemisphere: frontal
- Left hemisphere: temporal
- Left hemisphere: occipital
- Left hemisphere: parietal
- Left hemisphere: unspecified
- Bilateral: frontal
- Bilateral: temporal
- Bilateral: occipital
- Bilateral: parietal
- Occipital
- Brain stem
- Cerebellar
- Thalamic
- Unknown
- Other, specify

Method of diagnosis of CNS event
- CT
- MRI
- Angiogram
- Clinical
- Unknown
- Other, specify

Anticoagulant therapy at time of event
- Warfarin
- Heparin
- Lovenox
- Aspirin
- Dipyridamole
- Clopidogrel (plavix)
- Argatroban
- Bivalirudin
- Fondaparinux
- Dextran
- Ticlopidine
- Hirudin
- Lepirudin
- Ximelagatran
- None
- Other, specify

Has the patient experienced a Neurological Event since time of implant?
- Yes
- No
- Unknown

If yes, provide Modified Rankin Scale:
- 0 - No symptoms at all
- 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities
- 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
- 3 - Moderate disability: requiring some help, but able to walk without assistance.
- 4 - Moderately severe disability: unable to walk without assistance, and
unable to attend to own bodily needs without assistance.

- 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
- 6 - Dead

ST=  ○ Not Documented
○ Not Done
## Device Malf/Failure and/or Pump Thrombus

Was there a device malfunction / failure and / or a pump thrombus?
- Yes
- No
- Unknown

Date of onset

### Thrombus Event

Did the patient experience a thrombus event (suspected or confirmed)?
- Yes
- No
- Unknown

Was the suspected or confirmed thrombus associated with one or more of the following signs or symptoms?
- Hemolysis
- Heart Failure
- Abnormal Pump Parameters
- Stroke
- TIA
- Arterial Non-CNS Thromboembolism
- None
- Other, Specify

Did the patient have one or more of the following?
- Treatment with intravenous anticoagulation (e.g. heparin)
- Intravenous thrombolytic (e.g. TPA)
- Intravenous antiplatelet therapy (e.g. eptifibatide)
- Other, Specify

Was the thrombus event confirmed?
- Yes
- No
- Unknown

Please select method of confirmation:
- Imaging Study
- Visual Inspection
- Manufacturer's Report
<table>
<thead>
<tr>
<th>Component</th>
<th>Options</th>
</tr>
</thead>
</table>
| Was there a device Malfunction? | Yes  
No  
Unknown |
| Please select all of the components that apply |  

**Pump**  
Yes  
No  

**Pump Component(s)**  
- Pump Body (including bearings and rotor)  
- Driveline  
- Inflow Cannula  
- Outflow Graft (including bend relief)  

**Controller**  
Yes  
No  

**Controller Component(s)**  
- Primary System Failure (running in backup mode)  
- Complete System Failure (primary and backup failure)  
- Power Cable (attached to controller)  
- Power Connectors (attached to controller)  

**Peripherals**  
Yes  
No  

**Peripheral Component(s)**  
- External Battery  
- Cell Battery (in controller)  
- Power Module  
- Patient Cable  
- System Monitor / Display  
- Battery Charger  
- Battery Clip  

**Pump (RVAD)**  
Yes  
No  

**Pump Component(s) (RVAD)**  
- Pump Body (including bearings and rotor)  
- Driveline  
- Inflow Cannula  
- Outflow Graft (including bend relief)  

**Controller (RVAD)**  
Yes  
No  

**Controller Component(s) (RVAD)**  
- Primary System Failure (running in backup mode)  
- Complete System Failure (primary and backup failure)  
- Power Cable (attached to controller)  
- Power Connectors (attached to controller)  

**Peripherals (RVAD)**  
Yes  
No  

**Peripheral Component(s) (RVAD)**  
- External Battery  
- Cell Battery (in controller)  
- Power Module  
- Patient Cable  
- System Monitor / Display  
- Battery Charger  
- Battery Clip
### Outcomes of Device Adverse Event

<table>
<thead>
<tr>
<th>Patient Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
</tr>
<tr>
<td>Serious Injury</td>
</tr>
<tr>
<td>Urgent Transplantation</td>
</tr>
<tr>
<td>Explant Without Replacement</td>
</tr>
<tr>
<td>Exchange</td>
</tr>
<tr>
<td>Breach of Integrity of Drive Line that Required Repair</td>
</tr>
<tr>
<td>Other Surgical Procedure</td>
</tr>
<tr>
<td>None of the Above</td>
</tr>
</tbody>
</table>

### Causative or contributing factors to the Device Malfunction

<table>
<thead>
<tr>
<th>Causative or contributing factors to the Device Malfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Accident</td>
</tr>
<tr>
<td>Patient Non-Compliance</td>
</tr>
<tr>
<td>Sub Therapeutic Anticoagulation</td>
</tr>
<tr>
<td>Prothrombotic States</td>
</tr>
<tr>
<td>End of Component Expected Life</td>
</tr>
<tr>
<td>Technical/Procedural Issues (e.g. cannula or graft malposition or kinking)</td>
</tr>
<tr>
<td>No Cause Identified</td>
</tr>
</tbody>
</table>
## Adverse Event

### Additional Adverse Events

**Were there any additional adverse events?**

- Yes
- No

### Cardiac Arrhythmia

- Yes
- No
- Unknown

**Event Date**

ST= Unknown

**Type of cardiac arrhythmia**

- Sustained ventricular arrhythmia requiring defibrillation or cardioversion
- Sustained supraventricular arrhythmia requiring drug treatment or cardioversion
- Unknown

### Pericardial Effusion

- Yes
- No
- Unknown

**Event Date**

ST= Unknown

**Signs of tamponade**

- Yes
- No
- Unknown

### Method of drainage

- Surgical intervention
- Cath
- Unknown

### Hepatic Dysfunction

- Yes
- No
- Unknown

**Total bilirubin measurement**

mg/dL

ST= Unknown

- Not Done

**SGOT // AST measurement**

u/L

ST= Unknown

- Not Done

**SGPT // ALT measurement**

u/L

ST= Unknown

- Not Done

**Event Date**

ST= Unknown
<table>
<thead>
<tr>
<th>Adverse Event - Additional Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Myocardial Infarction</strong></td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Unknown</td>
</tr>
<tr>
<td><strong>Event Date</strong></td>
</tr>
<tr>
<td>- ST= Unknown</td>
</tr>
</tbody>
</table>

| **Psychiatric Episode**                  |
| - Yes                                    |
| - No                                     |
| - Unknown                                |
| **Event Date**                           |
| - ST= Unknown                            |

| **Renal Dysfunction**                    |
| - Yes                                    |
| - No                                     |
| - Unknown                                |
| **Event Date**                           |
| - ST= Unknown                            |

| **Dialysis duration**                    |
| - ST= Unknown                            |
| - Not Done                               |
| - Ongoing                                |

| **Peak creatinine measurement**          |
| - ST= Unknown                            |
| - Not Done                               |

| **Respiratory Failure**                  |
| - Yes                                    |
| - No                                     |
| - Unknown                                |
| **Event Date**                           |
| - ST= Unknown                            |

| **Intubation duration**                  |
| - ST= Unknown                            |
| - Ongoing                                |

| **Was a trachoeotomy performed?**        |
| - Yes                                    |
| - No                                     |
| - Unknown                                |

| **Arterial Non-CNS Thromboembolism**     |
| - Yes                                    |
| - No                                     |
| - Unknown                                |
Adverse Event - Additional Adverse Events

Date
ST= ○ Unknown

Location
○ Pulmonary
○ Renal
○ Hepatic
○ Splenic
○ Limb
○ Other
○ Unknown

Confirmation source
○ Standard clinical and laboratory testing
○ Operative findings
○ Autopsy finding
○ Other
○ Unknown

Anticoagulant therapy at time of event
○ Warfarin
○ Heparin
○ Lovenox
○ Aspirin
○ Dipyridamole
○ Clopidogrel (plavix)
○ Argatroban
○ Bivalirudin
○ Fondaparinux
○ Dextran
○ Ticlopidine
○ Hirudin
○ Lepirudin
○ Ximelagatran
○ None
○ Other, specify

Venous Thromboembolism Event
○ Deep Vein thrombosis
○ Pulmonary Embolis
○ Other, specify
○ Unknown
○ None

Enter deep vein thrombosis date
ST= ○ Unknown

Enter pulmonary embolus date
ST= ○ Unknown

Enter other date
ST= ○ Unknown
Anticoagulant therapy at time of event

- Warfarin
- Heparin
- Lovenox
- Aspirin
- Dipyridamole
- Clopidogrel (plavix)
- Argatroban
- Bivalirudin
- Fondaparinux
- Dextran
- Ticlopidine
- Hirudin
- Lepirudin
- Ximelagatran
- None
- Other, specify

Wound Dehiscence

- Yes
- No
- Unknown

Date

ST= Unknown

Enter location:

- Sternum
- Driveline Sites
- Site of thoracotomy
- Other, specify

Other Events

- Yes
- No
- Unknown

Description

Event Date

ST= Unknown
## Adverse Event

<table>
<thead>
<tr>
<th><strong>Explant</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Explant: For Device Exchange, Recovery, or Transplant** | Yes  
No |
| **Explant date** |  |
| ST= Unknown |
| **Device explanted** | LVAD |

<table>
<thead>
<tr>
<th><strong>Explant reason</strong></th>
<th></th>
</tr>
</thead>
</table>
| Transplant  
Death (fill out death form)  
Re-implant  
Explant - no re-implant  
Turned off - no re-implant  
Device removed (or turned off) for reasons other than recovery, transplant, or death, Specify |  |

<table>
<thead>
<tr>
<th><strong>Reimplant reason</strong></th>
<th></th>
</tr>
</thead>
</table>
| Device Malfunction: Elective  
Device Malfunction: Emergent  
Device Thrombosis: Elective  
Device Thrombosis: Emergent  
Infection: Elective  
Infection: Emergent |  |

| **Transplant date** |  |
| ST= Unknown |

<table>
<thead>
<tr>
<th><strong>Waitlist ID</strong></th>
<th></th>
</tr>
</thead>
</table>

| **Pump Thrombosis** | Yes  
No  
Unknown |

| **Exchanged Device FDA IDE Trial** | Yes  
No  
Unknown |

| **Name of FDA IDE Trial** |  |
## Adverse Event

### Death

<table>
<thead>
<tr>
<th>Question</th>
<th>Choice 1</th>
<th>Choice 2</th>
<th>Choice 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient die?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Death date</td>
<td></td>
<td></td>
<td>ST=</td>
</tr>
<tr>
<td>Was device functioning normally?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Associated Operation</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Post mortem device explant?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Did the device go to the manufacturer?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Location of death</td>
<td>In hospital</td>
<td>Out of hospital</td>
<td>Unknown</td>
</tr>
<tr>
<td>Timing of death</td>
<td>Expected</td>
<td>Unexpected</td>
<td>Unknown</td>
</tr>
</tbody>
</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

Select type of cancer

- CNS
- GI
- Lymph
- ENT
- Pulmonary
- Renal
- Breast
- Reproductive
- Skin
- Other
- Unknown

Specify support withdrawn
Specify