



Transcatheter Aortic Valve Replacement (TAVR) v3 Data Collection Form

STS/ACC
TVT Registry™

A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	SSN ²⁰³⁰ : - - <input type="checkbox"/> 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 : <input type="checkbox"/> 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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C. CONDITION AND PROCEDURE HISTORY INFORMATION (PATIENT HISTORY AND RISK FACTORS UP TO THE PROCEDURE)

CONDITION HISTORY ^{12903 (A)}	OCCURRENCE ¹⁴²⁶⁴		DATE ¹⁴²⁵¹	
	NO	YES		
Atrial Fibrillation	<input type="radio"/>	<input type="radio"/>		→ If Yes, AFib Class ¹³¹⁷⁹ : <input type="radio"/> Paroxysmal <input type="radio"/> Persistent <input type="radio"/> Long-standing Persistent <input type="radio"/> Permanent <input type="radio"/> None (w/in 30 days) → If Parox or persis, Recent AF (w/in 30 days) ¹⁴²⁴⁴ : <input type="radio"/> No <input type="radio"/> Yes
Atrial Flutter	<input type="radio"/>	<input type="radio"/>		→ If Yes, Recent Aflutter (w/in 30 days) ¹⁴²⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes
Carotid Artery Stenosis	<input type="radio"/>	<input type="radio"/>		→ If Yes, Current Carotid Artery Stenosis ¹⁴²⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Location ¹⁴²³⁰ : <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral <input type="checkbox"/> Location Not Documented ¹⁴³²⁹
Cerebrovascular Accident (any)	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Cerebrovascular Disease	<input type="radio"/>	<input type="radio"/>		
Chronic Lung Disease	<input type="radio"/>	<input type="radio"/>		→ If Yes, Severity ¹³⁹⁰⁴ : <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Severity Not Documented ¹⁴⁴⁵⁹
Conduction Defect	<input type="radio"/>	<input type="radio"/>		
COVID-19	<input type="radio"/>	<input type="radio"/>		
Dementia - Moderate to Severe ^(A)	<input type="radio"/>	<input type="radio"/>		
Diabetes Mellitus	<input type="radio"/>	<input type="radio"/>		→ If Yes, Therapy ¹⁴²³¹ : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other
Endocarditis	<input type="radio"/>	<input type="radio"/>		→ If Yes, Type ¹⁴²³² : <input type="radio"/> Treated <input type="radio"/> Active
Heart Failure	<input type="radio"/>	<input type="radio"/>		
Hostile Chest	<input type="radio"/>	<input type="radio"/>		
Hypertension	<input type="radio"/>	<input type="radio"/>		
Liver Disease ^(A)	<input type="radio"/>	<input type="radio"/>		
Myocardial Infarction	<input type="radio"/>	<input type="radio"/>		→ If Yes, MI Timeframe ¹³¹⁷⁴ : <input type="radio"/> <30 days <input type="radio"/> ≥30 days
Peripheral Arterial Disease	<input type="radio"/>	<input type="radio"/>		
Porcelain Aorta	<input type="radio"/>	<input type="radio"/>		
Transient Ischemic Attack	<input type="radio"/>	<input type="radio"/>		
PROCEDURE HISTORY ^{12905 (A)}	OCCURRENCE ¹⁴²⁶⁸		DATE ¹⁴²⁵²	
	NO	YES		
Aortic Valve Procedure	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Aortic Valve Balloon Valvuloplasty	<input type="radio"/>	<input type="radio"/>		
Aortic Valve Repair Surgery	<input type="radio"/>	<input type="radio"/>		
Aortic Valve Replacement Surgery ^(A)	<input type="radio"/>	<input type="radio"/>		→ If Yes, Implant ID ¹⁴³³⁵ / Dia ^{14519 (A)} : Refer to device list → If Yes, Type ¹⁴²³⁶ : <input type="radio"/> Stented <input type="radio"/> Stentless <input type="checkbox"/> Not Documented ¹⁴²³⁷
Aortic Valve Replacement – Transcath ^(A)	<input type="radio"/>	<input type="radio"/>		→ If Yes, TAVR Implant ID ¹⁴²⁴⁹ / Dia ^{14515 (A)} : Refer to device list
Aortic Valve Transcatheter Intervention	<input type="radio"/>	<input type="radio"/>		
Coronary Artery Bypass Graft	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Implantable Cardioverter Defibrillator	<input type="radio"/>	<input type="radio"/>		
Mitral Valve Procedure	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Mitral Valve Annuloplasty Ring Surgery	<input type="radio"/>	<input type="radio"/>		
Mitral Valve Repair Surgery	<input type="radio"/>	<input type="radio"/>		
Mitral Valve Replacement Surgery	<input type="radio"/>	<input type="radio"/>		→ If Yes, Type ¹⁴²⁴¹ : <input type="radio"/> Mechanical <input type="radio"/> Stented <input type="radio"/> Stentless <input type="checkbox"/> Not Documented ¹⁴²⁴²
Mitral Valve Transcatheter Intervention	<input type="radio"/>	<input type="radio"/>		
PCI	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Permanent Pacemaker	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	
Pulmonic Valve Procedure	<input type="radio"/>	<input type="radio"/>		
Tricuspid Valve Procedure	<input type="radio"/>	<input type="radio"/>	mm/dd/yyyy	



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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)

Hemoglobin ⁶⁰³⁰ : _____ g/dL <input type="checkbox"/> Not Drawn ⁶⁰³¹	Creatinine ⁶⁰⁵⁰ : _____ mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵¹
Platelet Count ¹³²¹³ : _____ μL <input type="checkbox"/> Not Drawn ¹³²¹⁴	Bilirubin ⁶⁰⁵⁵ : _____ mg/dL <input type="checkbox"/> Not Drawn ⁶⁰⁵⁶
INR ¹³²⁰³ : _____ <input type="checkbox"/> Not Drawn ⁶⁰⁴⁶	Albumin ¹⁴²¹⁰ : _____ g/dL <input type="checkbox"/> Not Drawn ¹⁴²¹¹
Sodium ⁶⁰³⁵ : _____ mEq/L <input type="checkbox"/> Not Drawn ⁶⁰³⁶	

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 >=50%^{13260 (A)}: No Yes Not Documented¹³²⁶¹

Proximal LAD >=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 Method¹³⁴²²: CTA TTE TEE Other (note: primary documentation should be CTA)

AV Annulus Diameter: Min¹³⁴²⁸: _____ mm **Max**¹³⁴²⁹: _____ mm

AV Annulus Area¹³⁴³⁸: _____ mm² **AV Annulus Perimeter**¹³⁴³⁹: _____ mm

AV Calcification Severity^{13423 (A)}: None Minimal Moderate/Severe Not Documented¹³⁴³⁷

PRE-PROCEDURE ECHOCARDIOGRAM FINDINGS

LVEF^{13305 (A)}: _____ % LVEF Not Assessed¹³³⁰⁶

Aortic Valve Disease Etiology¹³⁴⁴²: Degenerative Endocarditis Rheumatic Other

Aortic Valve Morphology^{13468 (A)}: Bicuspid Tricuspid Other

→If Bicuspid, **Ascending Aorta Size**^{13469 (A)}: _____ cm Not Documented¹³⁴⁷⁰

AV Annular Calcification¹³⁴⁷¹: No Yes

Aortic Regurgitation^{13477 (A)}: (highest) None Trace/Trivial Mild Moderate Severe

Aortic Stenosis¹³³⁰⁷: No Yes

→If Yes, **AV Area**^{13481 (A)}: (smallest) _____ cm²

→If Yes, **AV Mean Gradient**^{13674 (A)}: (highest) _____ mm Hg

→If <40 mm Hg, **Low Flow (stroke volume index <35 ml/m²)**^{13700 (A)}: No Yes Not Documented¹³⁷⁰¹

→If Yes, **AV Peak Gradient**¹³⁷⁰²: (highest) _____ mm Hg

AV Peak Velocity (CW)^{13703 (A)}: _____ M/sec

Mitral Valve Disease¹³⁷⁰⁴: No Yes

→If Yes, **Mitral Regurgitation**¹³⁶⁷²: (highest) None Trace/Trivial Mild Moderate Moderate-Severe Severe

→If Yes, **Mitral Stenosis**¹³³⁰⁸: No Yes

→If Yes, **MV Area**¹³³¹⁶: (smallest) _____ cm²

→If Yes, **MV Mean Gradient**¹³³¹⁷: (highest) _____ mm Hg

Mitral Valve Disease Etiology^{13490 (A)} (Check all that apply): Functional MR (Secondary) Degenerative MR (Primary)
 Post Inflammatory Endocarditis Other None

Tricuspid Regurgitation¹³³¹⁸: (highest) None Trace/Trivial Mild Moderate Severe

PRE-PROCEDURE DOBUTAMINE CHALLENGE

Dobutamine Challenge Performed^{13319 (A)}: No Yes

→If Yes, **Flow Reserve Present**^{13320 (A)}: No Yes

→If Yes, **Aortic Stenosis Type**^{13321 (A)}: Truly Severe Aortic Stenosis Pseudo-Severe Aortic Stenosis Not Documented¹³³²⁵

PROCEDURE INFORMATION

Concomitant Procedures Performed⁷⁰⁶⁵: No 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 Status⁷⁰²⁵: Elective Urgent Emergency Salvage

Heart Team Reason for Procedure¹³⁴⁹⁹: Extreme Risk High Risk Intermediate Risk Low Risk

Heart Team Evaluation of Suitability for Surgical Replacement¹³⁵⁰⁴: No Yes

Procedure Location¹²⁸⁷¹: Cardiac CathLab Hybrid CathLab Suite Hybrid OR Suite Other

Anesthesia Type¹³³³¹: General Anesthesia Deep sedation/Analgesia Moderate Sedation/Analgesia Minimal Sedation/Anxiolysis



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PROCEDURE INFORMATION (CONT.)

Procedure Aborted¹³⁵⁰⁵: No Yes

→If Yes, Reason¹³⁵⁰⁶: Access Related Consent Issue Device Delivery System Malfunction
 Navigation Issue After Successful Access New Clinical Findings Patient Clinical Status
 System Issue Other

→If Yes, Action¹³⁷⁵⁷: Conversion to Open Heart Surgery Scheduled Open Heart Surgery Rescheduled Transcatheter Procedure
 Converted to Clinical Trial Balloon Valvuloplasty Converted to Medical Therapy Other

Conversion to Open Heart Surgery¹³⁵⁴²: No Yes

→If Yes, Reason¹³⁵⁴³: Valve Dislodged to Aorta Valve Dislodged to Left Ventricle Annulus Rupture Ventricular Rupture
 Aortic Dissection Coronary Occlusion Access Related Cardiac Tamponade
 Inability to Position Device Device Embolization Valve Injury Other

Mechanical Support⁷⁴²²: No Yes **→If Yes, Device**⁷⁴²³: _____

→If Yes, Timing⁷⁴²⁴: In place at start of procedure Inserted during procedure and prior to intervention Inserted after intervention has begun Post Procedure

CardioPulmonary Bypass Used¹³⁵⁷⁹: No Yes

→If Yes, Status¹³⁵⁸⁰: Elective Emergency **→If Yes, CPB Time**¹³⁵⁸¹: _____ min

Delivery System Removed¹³⁵²⁵: No Yes

PROCEDURE MEDICATIONS (DURING THE PROCEDURE)

Positive Inotropes¹³⁶⁴⁴: No Yes

RADIATION AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS **Dose Area Product**¹⁴²⁷⁸: _____ Gy · cm² dGy · cm² cGy · cm² mGy · cm² μGy · M²
Cumulative Air Kerma⁷²¹⁰: _____ mGy Gy **Fluoro Time**⁷²¹⁴: _____ min **Contrast Volume**⁷²¹⁵: _____ mL

TAVR Procedure Information

Primary Procedure Indication^{13498 (A)}: (etiology of valve failure) Aortic Regurgitation Aortic Stenosis

Valve-in-Valve Procedure^{13500 (A)}: No (degenerative native valve) Yes (degenerative bioprosthetic valve)

→If Yes, Bioprosthetic Valve Fracture Attempted¹³⁵⁰¹: No Yes

→If Yes, BVF Timing¹³⁵⁰² (Check all that apply): Pre Implant Post Implant

→If Yes, Valve Observed To Be Fractured¹³⁵⁰³: No Yes

Valve Sheath Access Site¹³⁵⁰⁷: Axillary Artery Carotid Direct Aortic Femoral Artery Iliac
 Subclavian Artery Transapical Transcaval Transseptal via Femoral Vein Other

Valve Sheath Access Site Method¹³⁵⁰⁸: Percutaneous Approach Cutdown Mini Sternotomy Mini Thoracotomy Other

Valve Sheath Delivery Size¹³⁵⁰⁹: _____ French

Embolic Protection Deployed¹³⁵¹⁰: No Yes **→If Yes, EP Device**¹³⁵¹¹: _____ see device list

→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
Device Implanted Successfully ¹³⁵³⁶ :	<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"/> 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

Aortic Regurgitation¹⁴³⁰⁴ (post implant): None Trace/Trivial Mild Moderate 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



Transcatheter Aortic Valve Replacement (TAVR) v3 Data Collection Form

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

Event¹⁴³¹²: _____ **Event Date**¹⁴³¹³: _____ 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 Death**¹⁴³¹⁵: _____ 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 Presentation**¹⁴³¹⁸:
 Stroke/TIA
 Non-Stroke

→If Stroke/TIA, **Symptom Duration ≥ 24 hours**¹⁴³¹⁹:
 No
 Yes

→If Stroke/TIA, **Brain Imaging Performed**¹⁴³²⁰:
 No
 Yes

→If Yes, **Brain Imaging Type**¹⁴³⁴⁹:
 CT
 CT w/Contrast
 MRI
 MRI w/Contrast
 Other (e.g. angiography)

→If Yes, **Brain Imaging Findings**¹⁴³⁵⁰:
 Infarct
 Hemorrhage
 No Deficit

→If Stroke/TIA, **Event Related Sequelae**¹⁴³⁵¹ (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 Location**¹⁴³⁵²:
 Home
 Skilled Nursing Facility
 Extended Care/TCU/Rehab
 Other Discharge Location

→If Status=Alive, **Patient Discharged to Prior Place of Living**¹⁴⁴²¹:
 No
 Yes

→If Status=Deceased, **Stroke Diagnosed During Autopsy**¹⁴³⁵³:
 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 Regurg**¹⁴³⁵⁶: (highest)
 None
 Trace/Trivial
 Mild
 Moderate
 Severe

→If Trace/Trivial, Mild, Moderate, or Severe **Paravalvular Regurgitation**¹⁴³⁵⁷:
 None
 Mild
 Moderate
 Severe

→If Trace/Trivial, Mild, Moderate, or Severe **Central Regurgitation**¹⁴³⁵⁸:
 None
 Mild
 Moderate
 Severe

→If Stenosis, **AV Area**¹⁴³⁵⁹: (smallest) _____ cm²

→If Stenosis, **AV Mean Gradient**¹⁴²⁸²: (highest) _____ mm Hg



Transcatheter Aortic Valve Replacement (TAVR) v3 Data Collection Form

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: _____ mm / dd / yyyy

→ 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: _____ mm / dd / yyyy

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 Date ¹¹⁰⁰⁰ :	mm / dd / yyyy																							
Reference Episode Arrival Date/Time ¹¹⁰⁰² :	mm / dd / yyyy HH:MM																							
Reference Episode Discharge Date ¹⁴³³⁸ :	mm / dd / yyyy																							
Reference Procedure Start Date/Time ¹¹⁰⁰¹ :	mm / dd / yyyy HH:MM																							
Reference Procedure Type ¹³⁷⁰⁵ :	<input type="radio"/> TAVR <input type="radio"/> TMVr <input type="radio"/> TMVR <input type="radio"/> Tricuspid Valve Procedure																							
Method(s) to Determine Status ¹¹⁰⁰³ :	<input type="checkbox"/> Office Visit <input type="checkbox"/> Medical Records <input type="checkbox"/> Letter from Medical Provider <input type="checkbox"/> Phone Call <input type="checkbox"/> Social Security Death Master File <input type="checkbox"/> Hospitalized <input type="checkbox"/> Obituary List <input type="checkbox"/> CMS Linked Data <input type="checkbox"/> Other																							
Follow-up Status ¹¹⁰⁰⁴ :	<input type="radio"/> Alive <input type="radio"/> Deceased <input type="radio"/> Lost to Follow-up																							
→ If Alive, Residence ¹³⁸⁰⁵ :	<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 ¹⁴⁵¹¹																							
→ If Deceased, Date of Death ¹¹⁰⁰⁶ :	mm / dd / yyyy																							
→ If Deceased, Cause of Death ¹¹⁰⁰⁷ :	<table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Acute myocardial infarction</td> <td><input type="radio"/> Pulmonary</td> <td><input type="radio"/> Hemorrhage</td> </tr> <tr> <td><input type="radio"/> Sudden cardiac death</td> <td><input type="radio"/> Renal</td> <td><input type="radio"/> Non-cardiovascular procedure or surgery</td> </tr> <tr> <td><input type="radio"/> Heart failure</td> <td><input type="radio"/> Gastrointestinal</td> <td><input type="radio"/> Trauma</td> </tr> <tr> <td><input type="radio"/> Stroke</td> <td><input type="radio"/> Hepatobiliary</td> <td><input type="radio"/> Suicide</td> </tr> <tr> <td><input type="radio"/> Cardiovascular procedure</td> <td><input type="radio"/> Pancreatic</td> <td><input type="radio"/> Neurological</td> </tr> <tr> <td><input type="radio"/> Cardiovascular hemorrhage</td> <td><input type="radio"/> Infection</td> <td><input type="radio"/> Malignancy</td> </tr> <tr> <td><input type="radio"/> Other cardiovascular reason</td> <td><input type="radio"/> Inflammatory/Immunologic</td> <td><input type="radio"/> Other non-cardiovascular reason</td> </tr> </table>			<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
<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																						

FOLLOW-UP CLINICAL ASSESSMENT

Hemoglobin ¹³⁷⁷⁵ :	_____ g/dL	<input type="checkbox"/> Not Drawn ¹⁴³²⁶	Creatinine ¹³³¹⁰ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹³³¹¹
NYHA Classification ¹³⁶⁸⁸ :	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="checkbox"/> Not Documented ¹⁴³³³				
12-Lead ECG Performed ¹³⁶⁸⁹ :	<input type="radio"/> No <input type="radio"/> Yes				
→ If Yes, 12-Lead ECG Findings ¹³⁶²¹ :	<input type="checkbox"/> No Significant Changes <input type="checkbox"/> Pathological Q Wave <input type="checkbox"/> New LBBB <input type="checkbox"/> Cardiac Arrhythmia <small>(Check all that apply)</small>				

FOLLOW-UP IMAGING – ECHOCARDIOGRAM AND 4D CT

Echocardiogram ¹³⁴⁹² :	<input type="radio"/> Yes – TTE <input type="radio"/> Yes – TEE <input type="checkbox"/> Not Performed ¹⁴⁵¹²		→ If Yes, Date ¹³⁵⁹³ :	mm / dd / yyyy	
→ If Yes, LVEF ¹³⁶⁹⁰ :	_____ %	<input type="checkbox"/> LVEF Not Assessed ¹³⁶⁹¹			
→ If Yes, AV Mean Gradient ¹³⁶⁷⁶ : (highest)	_____ mm Hg				
→ If Yes, Aortic Valve Area ¹³⁶⁶⁹ : (smallest)	_____ cm ²				
→ If Yes, Aortic Regurgitation ¹³⁵²⁷ :	<input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe				
→ If Trace/Trivial, Mild, Moderate, or Severe Paravalvular Regurgitation ¹⁴⁵⁰⁴ :	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Not Documented ¹⁴⁵²⁷				
→ If Trace/Trivial, Mild, Moderate, or Severe Central Regurgitation ¹⁴⁵⁰⁰ :	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Not Documented ¹⁴⁴⁹⁰				
→ If Yes, Tricuspid Regurgitation ¹³⁶⁷⁸ : (highest)	<input type="radio"/> None <input type="radio"/> Trace/Trivial <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe				
4D CT Performed ¹³⁶⁹² :	<input type="radio"/> No <input type="radio"/> Yes				
→ If Yes, Date ¹³⁶⁹³ :	mm / dd / yyyy				
→ If Yes, Valve Thrombosis Noted ¹³⁶⁹⁴ :	<input type="radio"/> No <input type="radio"/> Yes				
→ If Yes, Leaflet Dysfunction Noted ¹³⁶⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes				

FOLLOW-UP KCCQ

KCCQ-12 Performed ¹³⁸⁴⁵ :	<input type="radio"/> No <input type="radio"/> 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 Score ¹⁴⁵³⁵ : (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 Date**¹⁴³⁸⁶: _____ 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 Presentation**¹⁴³⁹¹: Stroke/TIA Non-Stroke

→If Stroke/TIA, **Symptom Duration ≥ 24 hours**¹⁴³⁹²: No Yes

→If Stroke/TIA, **Brain Imaging Performed**¹⁴³⁹³: No Yes

→If Yes, **Brain Imaging Type**¹⁴³⁹⁴: CT CT w/Contrast MRI MRI w/Contrast Other (e.g. angiography)

→If Yes, **Brain Imaging Findings**¹⁴³⁹⁵: Infarct Hemorrhage No Deficit

→If Stroke/TIA, **Event Related Sequelae**¹⁴³⁹⁶ (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 Location**¹⁴⁴²⁰: Home Skilled Nursing Facility Extended Care/TCU/Rehab Other Discharge Location

→If Status=Alive, **Patient Discharged to Prior Place of Living**¹⁴⁴²²: No Yes

→If Status=Deceased, **Stroke Diagnosed During Autopsy**¹⁴³⁹⁷: 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 Regurg**¹⁴⁴⁰⁰: (highest) None Trace/Trivial Mild Moderate Severe

→If Trace/Trivial, Mild, Moderate, or Severe **Paravalvular Regurgitation**¹⁴⁴⁰³: None Mild Moderate Severe

→If Trace/Trivial, Mild, Moderate, or Severe **Central Regurgitation**¹⁴⁴⁰¹: None Mild Moderate Severe

→If Stenosis, **AV Area**¹⁴⁴⁰²: (smallest) _____ cm²

→If Stenosis, **AV Mean Gradient**¹⁴⁴⁰⁴: (highest) _____ mm Hg