



8809



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Procedure ID

Grid for Procedure ID

MIG\_BL\_V5

# MIG Registry

Please refer to the MIG data definitions manual for a detailed explanation of all fields

## Baseline Procedure Form

### Hospital code

Grid for Hospital code

Hospital codes can be updated as new hospitals join the study

- 1 Melbourne Private
- 2 Geelong Private
- 3 Peninsula Private
- 4 Warringal Private
- 5 Royal Melbourne
- 6 Alfred
- 8 Austin
- 9 Box Hill
- 10 Geelong
- 11 Frankston
- 12 Knox
- 13 Western
- 14 Cabrini
- 15 Northern

### Section 1. DEMOGRAPHICS

1.1 Hospital UR number

1.2 Patient first name

1.3 Patient middle name

1.4 Patient last name

1.5 Date of birth  /  /

DD MM YYYY

1.6 Sex  Male  Female

1.7 Postcode

1.8 Race  Caucasian  
 Asian  
 Aboriginal/Torres Strait Islander  
 Indian/Sri Lankan/Pakistan/Bangladesh  
 Other (specify) \_\_\_\_\_

1.9 Insurance status  Medicare  Overseas Visitor  
 DVA  Self Insured  
 Private

1.10 Medicare number

1.11 DVA number

### Section 2. ADMISSION

2.1 Admission status  Referral  
 Elective  
 Emergency Department  
 Transfer from other facility  
 Other (specify) \_\_\_\_\_

2.2 Date of admission  /  /

DD MM YYYY

2.3 Number of cath lab visits this admission

### Section 3. HISTORY AND RISK FACTORS

3.1 Height  cm

3.2 Weight  kg

3.3 Smoking status  Currently Smoking  
 Previously Smoked  
 Never Smoked

3.4a Chronic Lung Disease  Yes → **If YES, 3.4b Type**  COPD  
 No  Asthma

3.5a Diabetes  Yes → **If YES, 3.5b Treatment**  Diet  
 No  Oral  
 Insulin

3.6 Baseline serum creatinine  μmol/L

3.7 Dialysis requiring  Yes  No

3.8 Functioning renal transplant  Yes  No

3.9 Hypertension  Yes  No

3.10 Dyslipidaemia  Yes  No

3.11 Previous MI (Existing >7days prior)  Yes  No

3.12 Family history of CAD  Yes  No

3.13 Congestive Heart Failure (Existing >2 weeks prior)  Yes  No

3.14 PVD  Yes  No

3.15 Cerebrovascular disease  Yes  No

3.16 Obstructive Sleep Apnoea  Yes  No

3.17 Rheumatoid Arthritis  Yes  No



Procedure ID form boxes

Section 4. PREVIOUS INTERVENTIONS

4.1a Previous PCI Yes No

4.1b Date of most recent PCI

Date form boxes DD/MM/YYYY

4.2a Previous CABG Yes No

4.2b Date of most recent CABG

Date form boxes DD/MM/YYYY

4.3a Previous valvular surgery Yes No

4.3b Date of most recent valvular surgery

Date form boxes DD/MM/YYYY

Section 5. CARDIAC STATUS AT PCI PROCEDURE

5.1 Congestive Heart Failure Yes No

5.9 Acute Coronary Syndrome Yes No

5.2 Rhythm AF SR Other

5.10a Angina type

- NONE UAP
Atypical NSTEMI
Chronic Stable STEMI

5.10b ACS time period

- <6 Hrs
6 - 24 Hrs
>24 Hrs - 7 Days

5.3 NYHA I II III IV

STEMI EVENT TIMING

Please complete date and time if <24 hours since onset of STEMI symptoms

5.4 Killip class 1 2 3 4

5.5 Functional ischaemia Not applicable Positive Negative Equivocal

5.6 Cardiogenic shock Yes No

5.7 IABP Yes No

5.8 Out of hospital cardiac arrest Yes No

STEMI timing forms for 5.11a, 5.11b, 5.11c, 5.11d

Section 6. CATH LAB VISIT

6.1 Date of procedure DD/MM/YYYY

6.2a PCI status Elective Urgent Rescue
6.2b Staged PCI Yes No

6.3 Cath/PCI same lab visit Yes No

6.4 Blood pressure SBP/DBP mmHg

6.5 On IV inotropes Yes No

6.6 Heart rate bpm

MEDICATIONS

- 6.7 Thrombolytics No <3 hrs 3-6 hrs >6-12hrs <7 days
6.8 IIb / IIIa Blockade No Prior During After
6.9 Heparin No Prior During After
6.10 LMWH No Prior During After
6.11 Bivalirudin Yes No
6.12 Aspirin Yes No
6.13a Clopidogrel No Prior During/After
6.13b Prasugrel No Prior During/After
6.13c Planned duration of thienopyridine 1 Month 3 Month 6 Months 12 Months >12 Months

PERCUTANEOUS ENTRY

- 6.14 Percutaneous entry location Brachial Radial Femoral
6.15 French size 5 6 7 8 9 Other
6.16 Closure device No Seal Suture Other

EF STATUS

- 6.17 EF test modality Cath Nuclear Echo MRI
6.18a EF % 6.18b EF value Estimated Derived

EXTENT OF CORONARY DISEASE

- 6.19a Disease extent Single vessel disease Multi vessel disease
6.19b 2 vessel 3 vessel
6.19c Left main Yes No



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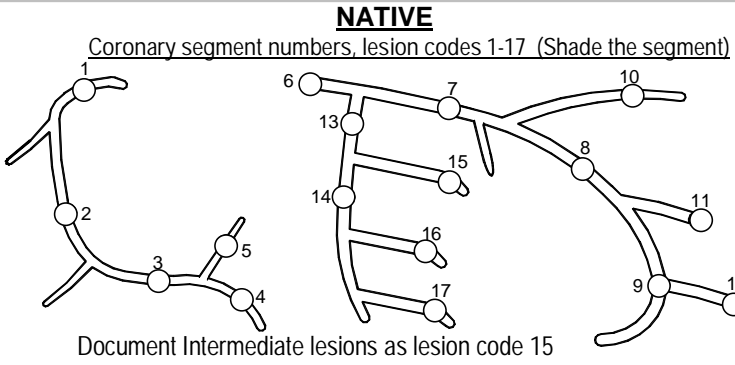
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Procedure ID form with 5 empty boxes

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Section 7. PCI PROCEDURE / LESION INFORMATION



GRAFT section with 'Graft PCI lesion codes 18-25. Also record grafted native coronary vessel'. Includes two columns for 'Target Vessel' with options: LIMA, RIMA, SVG 1, SVG 2, SVG 3, RAD 1, RAD 2, RAD 3.

Lesion Code table with 2 columns: 1-13 and 14-25. Includes codes like RCA prox, RCA mid, RCA distal, etc.

Complete for all lesions. Complete and attach additional lesion form if necessary.

Lesion 1 section (7.1a-7.1p). Includes fields for lesion type, date of POBA, prior stent type, date implanted, stent thrombosis, lesion code, location in graft, lesion type, chronic total occlusion, ostial lesion, bifurcation lesion, pre-stenosis %, post-stenosis %, and estimated lesion length.

Lesion 1 section (7.1q-7.1z). Includes fields for acute closure, dissection, perforation, no reflow, lesion result, stent details for lesion 1 (stent code, length, diameter), maximum balloon size used, and intracoronary devices used.

Lesion 2 section (7.2a-7.2p). Includes fields for lesion type, date of POBA, prior stent type, date implanted, stent thrombosis, lesion code, location in graft, lesion type, chronic total occlusion, ostial lesion, bifurcation lesion, pre-stenosis %, post-stenosis %, and estimated lesion length.

Lesion 2 section (7.2q-7.2z). Includes fields for acute closure, dissection, perforation, no reflow, lesion result, stent details for lesion 2 (stent code, length, diameter), maximum balloon size used, and intracoronary devices used.



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Lesion 3

7.3a Coronary lesion

- De novo
Restenosis (No prior stent)
In stent restenosis

7.3b Date of POBA

Date of POBA form boxes (DD, MM, YYYY)

7.3c Prior stent type

- DES
BMS
Mixed DES & BMS

7.3d Date implanted

Date implanted form boxes (DD, MM, YYYY)

7.3e Stent thrombosis

- Yes
No

7.3f Lesion code (1-25)

Lesion code form boxes

7.3g Location in graft (complete for graft PCI only. Lesion codes 18-25 only)

- Ostial, Proximal, Distal, Anastomosis, Mid, Native

7.3h Lesion type

- A, B1, B2, C

7.3i Chronic total occlusion

- Yes
No

7.3j Ostial lesion

- Yes
No

7.3k Bifurcation lesion

- Yes
No (If side branch, enter as lesion 2)

7.3l Pre-stenosis %

Pre-stenosis % form boxes

7.3m TIMI Flow (pre)

TIMI Flow (pre) form boxes (0-3)

7.3n Post-stenosis %

Post-stenosis % form boxes

7.3o TIMI Flow (post)

TIMI Flow (post) form boxes (0-3)

7.3p Estimated lesion length

Estimated lesion length form boxes (mm)

7.3q Acute closure

- Yes
No

7.3r Dissection

- Yes
No

7.3s Perforation

- Yes
No

7.3t No Reflow

- No, Transient, Persistent

7.3u Lesion result

- Successful
Unsuccessful

STENT DETAILS FOR LESION 3

7.3v Stent code

7.3w Length

7.3x Diameter

Stent details form boxes for #1, #2, #3, #4

For stent codes please refer to the MIG instruction sheet. Stent codes will be added as new devices come into use. If a device is not present please call CCRET on 1800 285 382 to add.

7.3y Maximum balloon size used

Maximum balloon size used form boxes (mm)

7.3z Intracoronary devices used

- No devices deployed, Cutting Balloon, Balloon only, Bare Metal Stent, DES, Rotablator, Other, IVUS, Pressure Wire, Flowwire, Brachytherapy, Distal Embolic Protection (Filter, Balloon), Proximal Embolic Protection (Proxis, Other), Thrombectomy Device (Export, Other)

Additional Lesion Pages Attached

- Yes
No

Section 8. OUTCOMES / DISCHARGE

8.1 Periprocedural MI

- Yes
No

8.2 Emergency PCI

- Yes
No

8.3 Stent thrombosis

- Yes
No

8.4 Unplanned CABG

- Yes
No

8.5 Cardiogenic shock

- Yes
No

8.6 Arrhythmia

- Yes
No

8.7a CVA / stroke (CT confirmation)

- Yes
No

If Yes 8.7b Haemorrhagic Ischaemic

8.8 Tamponade

- Yes
No

8.9 Contrast reaction

- Yes
No

8.10 Congestive Heart Failure

- Yes
No

8.11 New renal impairment

- Yes
No

8.12a Post procedural rise in creatinine

- Yes
No

If Yes 8.12b creatinine form boxes (umol/L)

VASCULAR COMPLICATIONS

8.13a Bleeding

- Yes
No

If YES, 8.13b Transfusion of blood products required after lab visit

- Yes
No

8.13c Bleeding site

- Retroperitoneal, Percutaneous entry site, Other

8.14 Access site occlusion

- Yes
No

8.15 Loss of distal pulse

- Yes
No

8.16 Dissection

- Yes
No

8.17 AV fistula

- Yes
No

8.18a Pseudoaneurysm

- Yes
No

If YES, 8.18b Treatment

- Ultrasound compression, Surgery, Other

8.19a CK ULN

CK ULN form boxes (IU/L)

8.19b CK peak

CK peak form boxes (IU/L) Unavailable

8.19c CK test date

CK test date form boxes (DD, MM, YYYY, HH, MM)

8.20a CK MB ULN

CK MB ULN form boxes (IU/L)

8.20b CK MB peak

CK MB peak form boxes (IU/L) Unavailable

8.20c CK MB test date

CK MB test date form boxes (DD, MM, YYYY, HH, MM)

8.21a Troponin type

- T (ng/ml), I (mcg/L)

8.21b Troponin ULN

Troponin ULN form boxes

8.21c Troponin levels

Troponin levels form boxes Unavailable

8.21d Troponin test date

Troponin test date form boxes (DD, MM, YYYY, HH, MM)

DISCHARGE

8.22 Date of discharge

Date of discharge form boxes (DD, MM, YYYY)

8.23 Discharge status

- Alive
Deceased

8.24 Date of death

Date of death form boxes (DD, MM, YYYY)

8.25 Primary cause of death

- Cardiac, Renal, Infection, Neurological, Vascular, Pulmonary, Other (specify)

8.26 Location of death

- In Lab
Out of Lab