



Hospital _____

Name _____ ID _____ Sex M F
 First name _____ Date of Birth _____ Age _____
 Address _____ Phone _____
 _____ Country _____

Data Before Ablation **Cardiopathy** _____ NYHA _____ EF _____ %
Symptoms SCD Syncope Dizziness Dyspnea
 Angina pectoris Fatigue Palpitations Other None

Intervention **Date** _____ **Anesthesia** Local General
 Investigator 1 _____ Investigator 2 _____
 Investigation Time _____ min Fluoroscopy Time _____ min X-Ray Dose _____ cG x cm²
 Ablation Aborted

Ablation Procedure or EPS Atrial Fibrillation Right At.-Flutter Left At.-Flutter Atrial Tachycardia
 Accessory Pathway AVNRT VT PVC
 AVN (to Resynchronization) AVN (Rate Control in Atr. Fibrillation) Other Arrhythmia
 EPS only (without subsequent ablation)

If Intervention = Redo, last intervention done at _____

Atrial Fibrillation**Type** Paroxysmal Persistent Long-standing Persistent (>1 Year)**EHRA Score** I II III IV**Type of Intervention** Percutaneous Hybrid (Epicardial + Endovascular) Surgical Ablation

Intervention Primary Intervention Redo
if Redo Post Percutan. Ablation Post Hybrid (Epicardial + Endovascular)
 Post Stand-Alone AF Surgery Post Surgical Ablation

Antiarrhythmic Drugs β blocker Calcium Antagonist Propafenone Flecainide
 Amiodarone Sotalol Dronedarone Digitalis Other None

Anticoagulation, Antiaggregation Clopidogrel Prasugrel Ticagrelor Aspirin
 Vitamin K-Antagonist Direct Thrombin Inhibitor Factor Xa-Antagonist Other None

Thromboembolic Risk Factors Hypertension Diabetes Stroke, TIA, Other Embolic Event
 Prior myocardial infarction, peripheral artery disease, aortic plaque
 Congestive Heart Failure, LV dysfunction (EF \leq 40%) **Resulting CHA₂DS₂-VASc Score** _____

Site of Ablation LSPV LIPV RSPV RIPV
 Non-PV Focus RMPV SVC Vein of Marshall Other Veins
 Mitral Isthmus Line Roof Line Septal Line Other Lines CFAE

Technique Radiofrequency Duration _____ min Irrigated Technology
 Cryoablation Total Duration _____ min RF Duty Cycled
 Additional RF or Cryo Cath Needed
 Laser Ablation
 Contact Force
 Pulsed Field Ablation
 Ethanol
 Radio Ablation

Access _____ **Mapping** _____ **Catheter Steering** _____**Result** All Veins Isolated Mitral Isthmus Line Block Confirmed Roof Line Block Confirmed

Sinus Rhythm Achievement Spontaneous By Ablation AAD
 With Electrical Cardioversion Not Achieved

Right Atrial Flutter	
Type of Flutter	<input type="checkbox"/> Cavotricuspid <input type="checkbox"/> Scar Related <input type="checkbox"/> Other
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo
Technique	<input type="checkbox"/> Radiofrequency Duration _____ min <input type="checkbox"/> Irrigated Technology <input type="checkbox"/> Cryoablation Total Duration _____ min <input type="checkbox"/> Additional RF or Cryo Cath Needed <input type="checkbox"/> Contact Force <input type="checkbox"/> Pulsed Field Ablation <input type="checkbox"/> Ethanol
Access _____	Mapping _____ Catheter Steering _____
Result	Block Confirmed <input type="radio"/> yes <input type="radio"/> no

Left Atrial Flutter	
Type of Flutter	<input type="checkbox"/> Roof-dependant <input type="checkbox"/> Perimitral <input type="checkbox"/> Peri Ostial Pulmonary Vein <input type="checkbox"/> Peri-Incisional <input type="checkbox"/> Other
EHRA Score	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV
Type of Intervention	<input type="radio"/> Percutaneous <input type="radio"/> Hybrid (Epicardial + Endovascular) <input type="radio"/> Surgical Ablation
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo if Redo <input type="checkbox"/> Post Percutan. Ablation <input type="checkbox"/> Post Hybrid (Epicardial + Endovascular) <input type="checkbox"/> Post Stand-Alone AF Surgery <input type="checkbox"/> Post Surgical Ablation
Antiarrhythmic Drugs	<input type="checkbox"/> β blocker <input type="checkbox"/> Calcium Antagonist <input type="checkbox"/> Propafenone <input type="checkbox"/> Flecainide <input type="checkbox"/> Amiodarone <input type="checkbox"/> Sotalol <input type="checkbox"/> Dronedarone <input type="checkbox"/> Digitalis <input type="checkbox"/> Other <input type="checkbox"/> None
Anticoagulation, Antiaggregation	<input type="checkbox"/> Clopidogrel <input type="checkbox"/> Prasugrel <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Aspirin <input type="checkbox"/> Vitamin K-Antagonist <input type="checkbox"/> Direct Thrombin Inhibitor <input type="checkbox"/> Factor Xa-Antagonist <input type="checkbox"/> Other <input type="checkbox"/> None
Thromboembolic Risk Factors	<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke, TIA, Other Embolic Event <input type="checkbox"/> Prior myocardial infarction, peripheral artery disease, aortic plaque <input type="checkbox"/> Congestive Heart Failure, LV dysfunction (EF \leq 40%) Resulting CHA₂DS₂-VASc Score _____
Technique	<input type="checkbox"/> Radiofrequency Duration _____ min <input type="checkbox"/> Irrigated Technology <input type="checkbox"/> Cryoablation Total Duration _____ min <input type="checkbox"/> RF Duty Cycled <input type="checkbox"/> Laser Ablation <input type="checkbox"/> Contact Force <input type="checkbox"/> Pulsed Field Ablation <input type="checkbox"/> Ethanol
Access _____	Mapping _____ Catheter Steering _____
Result	Block Confirmed <input type="radio"/> yes <input type="radio"/> no

Atrial Tachycardia	
Site of Ablation	<input type="checkbox"/> right <input type="checkbox"/> Crista Terminalis <input type="checkbox"/> Right Appendage <input type="checkbox"/> Peritricuspid <input type="checkbox"/> Septal Right <input type="checkbox"/> Other Right <input type="checkbox"/> left <input type="checkbox"/> Periostial PV <input type="checkbox"/> Perimitral <input type="checkbox"/> Septal Left <input type="checkbox"/> Left Atrial Appendage <input type="checkbox"/> Other Left
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo
Technique	<input type="checkbox"/> Radiofrequency Duration _____ min <input type="checkbox"/> Irrigated Technology <input type="checkbox"/> Cryoablation Total Duration _____ min <input type="checkbox"/> Contact Force <input type="checkbox"/> Pulsed Field Ablation <input type="checkbox"/> Ethanol
Access _____	Mapping _____ Catheter Steering _____
Result	Success <input type="radio"/> yes <input type="radio"/> no

Accessory Pathway				
Type	<input type="checkbox"/> Concealed	<input type="checkbox"/> WPW	<input type="checkbox"/> Asymptomatic Preexcitation	<input type="checkbox"/> Atrio-Fascicular
	<input type="checkbox"/> PJRT	<input type="checkbox"/> Mahaim		<input type="checkbox"/> Other
Site of Ablation				
<input type="checkbox"/> right	<input type="checkbox"/> Posteroseptal	<input type="checkbox"/> Coronary Sinus Aneurysm	<input type="checkbox"/> Posterior	<input type="checkbox"/> Free wall
	<input type="checkbox"/> Anteroseptal	<input type="checkbox"/> Parahisian	<input type="checkbox"/> Midseptal	
<input type="checkbox"/> left	<input type="checkbox"/> Posteroseptal	<input type="checkbox"/> Posterior	<input type="checkbox"/> Free wall	
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo			
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> Cryoablation	Total Duration _____ min		
	<input type="checkbox"/> Contact Force			
	<input type="checkbox"/> Pulsed Field Ablation			
	<input type="checkbox"/> Ethanol			
Access _____	Mapping _____	Catheter Steering _____		
Result	Success	<input type="radio"/> yes	<input type="radio"/> no	

AVNRT				
Type	<input type="checkbox"/> Slow-Fast	<input type="checkbox"/> Fast-Slow	<input type="checkbox"/> Slow-Slow	
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo			
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> Cryoablation	Total Duration _____ min		
	<input type="checkbox"/> Contact Force			
	<input type="checkbox"/> Pulsed Field Ablation			
	<input type="checkbox"/> Ethanol			
Access _____	Mapping _____	Catheter Steering _____		
Result	Success	<input type="radio"/> yes	<input type="radio"/> no	

VT				
Type	<input type="checkbox"/> Monomorphic	<input type="checkbox"/> Polymorphic/VF		
Location	<input type="checkbox"/> RVOT/Cusp/PA	<input type="checkbox"/> Tricuspid Annulus	<input type="checkbox"/> Right Pap Muscle	<input type="checkbox"/> Parahisian
	<input type="checkbox"/> BB Reentry	<input type="checkbox"/> LVOT/Cusp	<input type="checkbox"/> Mitral Annulus	<input type="checkbox"/> Fascicular
	<input type="checkbox"/> Left Pap Muscle	<input type="checkbox"/> Epicardial LF/RV	<input type="checkbox"/> Other	
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo			
Antiarrhythmic Drugs	<input type="checkbox"/> β blocker	<input type="checkbox"/> Calcium Antagonist	<input type="checkbox"/> Propafenone	<input type="checkbox"/> Flecainide
	<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Sotalol	<input type="checkbox"/> Other	<input type="checkbox"/> None
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> Cryoablation	Total Duration _____ min		
	<input type="checkbox"/> Laser Ablation			
	<input type="checkbox"/> Contact Force			
	<input type="checkbox"/> Pulsed Field Ablation			
	<input type="checkbox"/> Ethanol			
	<input type="checkbox"/> Radio Ablation			
	<input type="checkbox"/> Bipolar Ablation			
Number of Induced VT _____				
Access _____	Mapping _____	Catheter Steering _____		
Result	<input type="radio"/> All Induced VT Ablated	<input type="radio"/> Target VT Ablated	<input type="radio"/> Failure	

PVC					
Type	<input type="checkbox"/> Monomorphic	<input type="checkbox"/> Polymorphic	<input type="checkbox"/> Ischemic		
Location	<input type="checkbox"/> RVOT	<input type="checkbox"/> LVOT/Aortic Cusp	<input type="checkbox"/> Left Fascicular VT	<input type="checkbox"/> HP System	<input type="checkbox"/> Other
Site of Ablation	<input type="checkbox"/> Right Ventricle		<input type="checkbox"/> Left Ventricle		
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo				
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology		
	<input type="checkbox"/> Cryoablation	Total Duration _____ min			
	<input type="checkbox"/> Laser Ablation				
	<input type="checkbox"/> Contact Force				
	<input type="checkbox"/> Pulsed Field Ablation				
	<input type="checkbox"/> Ethanol				
	<input type="checkbox"/> Radio Ablation				
	<input type="checkbox"/> Bipolar Ablation				
Access	_____	Mapping	_____	Catheter Steering	_____
Result	Success <input type="radio"/> yes <input type="radio"/> no				

AV-Node (Rate Control)					
Type	<input type="radio"/> Paroxysmal	<input type="radio"/> Persistent	<input type="radio"/> Long-standing Persistent (>1 Year)		
EHRA Score	<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> III	<input type="radio"/> IV	
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo	<input type="radio"/> Previous AF Abl. Procedure		
	if Previous AF Abl. Procedure		<input type="checkbox"/> Post Percutan. Ablation <input type="checkbox"/> Post Hybrid (Epicardial + Endovascular) <input type="checkbox"/> Post Stand-Alone AF Surgery <input type="checkbox"/> Post Surgical Ablation		
Antiarrhythmic Drugs	<input type="checkbox"/> β blocker	<input type="checkbox"/> Calcium Antagonist	<input type="checkbox"/> Propafenone	<input type="checkbox"/> Flecainide	
	<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Sotalol	<input type="checkbox"/> Dronedarone	<input type="checkbox"/> Digitalis	<input type="checkbox"/> Other <input type="checkbox"/> None
Anticoagulation, Antiaggregation	<input type="checkbox"/> Clopidogrel		<input type="checkbox"/> Prasugrel	<input type="checkbox"/> Ticagrelor	<input type="checkbox"/> Aspirin
	<input type="checkbox"/> Vitamin K-Antagonist	<input type="checkbox"/> Direct Thrombin Inhibitor	<input type="checkbox"/> Factor Xa-Antagonist	<input type="checkbox"/> Other	<input type="checkbox"/> None
Thromboembolic Risk Factors	<input type="checkbox"/> Hypertension		<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke, TIA, Other Embolic Event	
	<input type="checkbox"/> Prior myocardial infarction, peripheral artery disease, aortic plaque				
	<input type="checkbox"/> Congestive Heart Failure, LV dysfunction (EF \leq 40%)			Resulting CHA₂DS₂-VASc Score _____	
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology		
	<input type="checkbox"/> Cryoablation	Total Duration _____ min			
	<input type="checkbox"/> Contact Force				
	<input type="checkbox"/> Pulsed Field Ablation				
	<input type="checkbox"/> Ethanol				
Access	_____	Mapping	_____	Catheter Steering	_____
Result	Success <input type="radio"/> yes <input type="radio"/> no				

Other Arrhythmia				
Type	<input type="checkbox"/> PAC	<input type="checkbox"/> JET	<input type="checkbox"/> SNT	<input type="checkbox"/> Other
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo			
Technique	<input type="checkbox"/> Radiofrequency Duration _____ min <input type="checkbox"/> Irrigated Technology <input type="checkbox"/> Cryoablation Total Duration _____ min <input type="checkbox"/> Laser Ablation <input type="checkbox"/> Contact Force <input type="checkbox"/> Pulsed Field Ablation <input type="checkbox"/> Ethanol <input type="checkbox"/> Radio Ablation <input type="checkbox"/> Bipolar Ablation			
Access	_____	Mapping	_____	Catheter Steering
Result	Success <input type="radio"/> yes <input type="radio"/> no			

Number of Catheters Used			
	Ablation Catheters Steerable	Diagnostic Catheters Non-Steerable	Diagnostic Catheters
Biosense Webster	_____	_____	_____
Biotronik	_____	_____	_____
Medtronic	_____	_____	_____
St. Jude	_____	_____	_____
Boston Scientific	_____	_____	_____
Sorin	_____	_____	_____
	_____	_____	_____
Periprocedural Complications			
<input type="checkbox"/> Inguinal Hematoma	<input type="checkbox"/> AV Fistula	<input type="checkbox"/> Pseudoaneurysm	<input type="checkbox"/> Aortic Dissection
<input type="checkbox"/> Arterial Thrombosis	<input type="checkbox"/> Arterial Occlusion	<input type="checkbox"/> Pulmonary Embolism	<input type="checkbox"/> TIA
<input type="checkbox"/> Stroke	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Pericardial Effusion	<input type="checkbox"/> Tamponade
<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Transient AV Block	<input type="checkbox"/> Phrenic Nerve Paralysis
<input type="checkbox"/> High Degree or Complete AV Block		<input type="checkbox"/> Infection	<input type="checkbox"/> PV Stenosis
<input type="checkbox"/> Valvular Lesion	<input type="checkbox"/> Pulmonary Oedema	<input type="checkbox"/> Death	
		<input type="checkbox"/> Procedure Aborted	<input type="checkbox"/> Other <input type="checkbox"/> None

Comments _____

Code List

Cardiopathy	Access	Mapping
01 = None	01 = Venous	01 = Conventional
02 = Ischemic	02 = Arterial	02 = Lasso
03 = Valvular	03 = Trans-septal, Puncture	03 = Basket
04 = Congenital	04 = Trans-septal, PFO	04 = 3D Mapping
05 = Dilated	05 = Epicardial, Coronary Sinus	05 = Non Contact
06 = Hypertrophic	06 = Epicardial, Thoracotomy	06 = HD Mesh
07 = Infiltrative	07 = Epicardial, Thoracoscopy	99 = Other
08 = Channelopathy long QT	08 = Epicardial, Sub-xiphoid	
09 = Channelopathy short QT	09 = Trans-septal Puncture+arterial	
10 = Brugada Syndrome	10 = Trans-septal Puncture+arterial+epicard.	
11 = Early Repolarization Syndrome	99 = Other	
Catheter Steering		
01 = Conventional	03 = Hansen	
02 = Stereotaxis	99 = Other	