



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) Cardioneuro Ablation 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

Cardioneuro Ablation	
Technique	<input type="checkbox"/> Radiofrequency Duration _____ min <input type="checkbox"/> Irrigated Technology
Result	Success <input type="radio"/> yes <input type="radio"/> no

