



Hospital _____

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

Data Before Ablation	Cardiopathy _____	NYHA _____	EF _____ %
Symptoms	<input type="checkbox"/> SCD	<input type="checkbox"/> Syncope	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Angina pectoris	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Dyspnea
		<input type="checkbox"/> Other	<input type="checkbox"/> None
Intervention	Date _____	Anesthesia <input type="radio"/> Local <input type="radio"/> Deep sedation <input type="radio"/> General	
Investigator 1 _____	Investigator 2 _____		
Investigation Time _____ min	Fluoroscopy Time _____ min	X-Ray Dose _____ cG x cm ²	<input type="checkbox"/> Ablation Aborted
Ablation Procedure or EPS	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Right At.-Flutter	<input type="checkbox"/> Left At.-Flutter
<input type="checkbox"/> Accessory Pathway	<input type="checkbox"/> AVNRT	<input type="checkbox"/> VT	<input type="checkbox"/> PVC
<input type="checkbox"/> AVN (to Resynchronization)	<input type="checkbox"/> AVN (Rate Control in Atr. Fibrillation)	<input type="checkbox"/> Cardioneuro Ablation	<input type="checkbox"/> Other Arrhythmia
<input type="checkbox"/> EPS only (without subsequent ablation)			

If Intervention = Redo, last intervention done at _____

Atrial Fibrillation					
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	
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 _____		
Site of Ablation	<input type="checkbox"/> LSPV	<input type="checkbox"/> LIPV	<input type="checkbox"/> RSPV	<input type="checkbox"/> RIPV	
<input type="checkbox"/> Non-PV Focus	<input type="checkbox"/> RMPV	<input type="checkbox"/> SVC	<input type="checkbox"/> Vein of Marshall	<input type="checkbox"/> Other Veins	
<input type="checkbox"/> Mitral Isthmus Line	<input type="checkbox"/> Roof Line	<input type="checkbox"/> Septal Line	<input type="checkbox"/> Other Lines	<input type="checkbox"/> CFAE	
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"/> Additional RF or Cryo Cath Needed				
	<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				
Access _____	Mapping _____	Catheter Steering _____			
Result	<input type="checkbox"/> All Veins Isolated	<input type="checkbox"/> Mitral Isthmus Line Block Confirmed	<input type="checkbox"/> Roof Line Block Confirmed		
Sinus Rhythm Achievement	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> By Ablation	<input type="checkbox"/> AAD		
	<input type="checkbox"/> With Electrical Cardioversion		<input type="checkbox"/> 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"/> PJRT	<input type="checkbox"/> WPW <input type="checkbox"/> Mahaim	<input type="checkbox"/> Asymptomatic Preexcitation	<input type="checkbox"/> Atrio-Fascicular <input type="checkbox"/> Other
Site of Ablation				
<input type="checkbox"/> right	<input type="checkbox"/> Posteroseptal <input type="checkbox"/> Anteroseptal	<input type="checkbox"/> Coronary Sinus Aneurysm <input type="checkbox"/> Parahisian	<input type="checkbox"/> Posterior <input type="checkbox"/> Midseptal	<input type="checkbox"/> Free wall
<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			
Underlying heart disease	<input type="checkbox"/> Ischemic	<input type="checkbox"/> non-ischemic	<input type="checkbox"/> valvular	<input type="checkbox"/> AVC <input type="checkbox"/> Other
Location	<input type="checkbox"/> RVOT/Cusp/PA <input type="checkbox"/> BB Reentry <input type="checkbox"/> Left Pap Muscle	<input type="checkbox"/> Tricuspid Annulus <input type="checkbox"/> LVOT/Cusp <input type="checkbox"/> Epicardial LF/RV	<input type="checkbox"/> Right Pap Muscle <input type="checkbox"/> Mitral Annulus	<input type="checkbox"/> Parahisian <input type="checkbox"/> Fascicular <input type="checkbox"/> Other
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo			
Antiarrhythmic Drugs	<input type="checkbox"/> β blocker <input type="checkbox"/> Amiodarone	<input type="checkbox"/> Calcium Antagonist <input type="checkbox"/> Sotalol	<input type="checkbox"/> Propafenone <input type="checkbox"/> Other	<input type="checkbox"/> Flecainide <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%)				
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

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"/> Death	<input type="checkbox"/> PV Stenosis
<input type="checkbox"/> Valvular Lesion	<input type="checkbox"/> Pulmonary Oedema	<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