INTERMACS® Screening Log

Inclusion: Patient must meet all inclusion criteria:

If patient meets all inclusion criteria then check 'ALL' inclusion reasons below*

- ☐ Patient receives a durable mechanical circulatory support device (MCSD) which is FDA approved
- ☐ Implanted on or after March 1, 2006 (The device does not need to be the first implant for the patient)
- ☐ Patient signed informed consent for the registry

Exclusion: Any exclusion will disqualify the patient for entry into INTERMACS®

If patient meets 'ANY' exclusion criteria then check any of the appropriate exclusion reasons below (check all that apply):*

- ☐ Patient receives a durable mechanical circulatory support device (MCSD) which is not FDA approved
- ☐ Patient is incarcerated (prisoner)
- ☐ Patient fulfills the eligibility criteria but is part of an FDA pre-approval study (These patients will be entered into the clinical trial database that is maintained by the device manufacturer.)
- ☐ Patient did not sign the informed consent.

Select reasons why patient was not consented:*

- ☐ Too sick pre-implant and died early post implant
- ☐ Missed opportunity to consent
- ☐ Patient refused

***If the patient meets all the inclusion criteria and none of the exclusion criteria, you will be directed to the Initialization Form (see the Site User's Guide Section II 2.2)

If Patient is excluded, please complete INTERMACS® required screening information below:

Implant date:* ☐ mm/dd/yyyy

Device type:* ☐

Device brand:* ☐

Device brand (RVAD):* ☐

Specify:* ☐

Specify RVAD:* ☐

Age range (years):* ☐

Race: select as many as apply:*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ African-American or Black
- ☐ Hawaiian or other Pacific Islander
- ☐ White
- ☐ Unknown/Undisclosed
- ☐ Other/none of the above

Gender:* ○Male ○Female

Did death occur within 2 days post implant?* ○YES ○NO

Is this VAD an investigational device?* ○YES ○NO

If this is an approved device, is patient part of a device clinical trial?* ○YES ○NO

***If the patient meets ANY of the exclusion criteria you will have completed all INTERMACS® data entry for this patient(implant). Please follow the directions you will be given concerning this excluded patient.