

Was there a Major Bleeding Event?:*

YES NO UNK

AN EPISODE OF **SUSPECTED INTERNAL OR EXTERNAL BLEEDING** THAT RESULTS IN ONE OR MORE OF THE FOLLOWING:

1. Death,
2. Re-operation,
3. Hospitalization,
4. Transfusion of red blood cells

If **TRANSFUSION IS SELECTED**, then apply the following rules:

During first 7 days post implant:

- Adults (≥ 50 kg): $\geq 4U$ packed red blood cells (PRBC) within any 24 hour period during first 7 days post implant.

After 7 days post implant:

- Any transfusion of packed red blood cells (PRBC) after 7 days following implant with the investigator recording the number of units given.

Note: Hemorrhagic stroke is considered a neurological event and not as a separate bleeding event.

REMINDER!

- Did the bleeding episode occur during the 1st 7 days post implant?
 - If yes, did the patient receive at least 4 units during any 24 hour period of the bleeding episode?
- Did the bleeding occur episode occur 8 or more days post implant?
 - If yes, did the patient receive 1 or more units during any 24 hour period of the bleeding episode?

REMEMBER: Anemia and Hemolysis are not considered bleeding events

Please record the appropriate information.

Date of bleeding episode onset:*

mm/dd/yyyy

ST=

Location of patient:*

In hospital Out of hospital Unknown

Check all conditions resulting from this bleeding episode:*

Episode resulted in Death
 Episode resulted in re-operation
 Episode resulted in rehospitalization
 Episode resulted in transfusion

Total units PBRC:*

ST=

Date of first transfusion for this episode:*

mm/dd/yyyy

ST=

Source/cause/location of bleeding (check all that apply):*

Mediastinal: chest wall
 Mediastinal: outflow-aorta anastomosis
 Mediastinal: outflow conduit
 Mediastinal: inflow conduit
 Mediastinal: aortic-venous cannulation site
 Mediastinal: coagulopathy with no surgical site
 Mediastinal: other surgical site
 Pump pocket
 Pleural space
 Intra-abdominal
 Retroperitoneal
 Pulmonary
 Device anastomosis
 Urinary tract

GI: Upper gastrointestinal (esophagus, stomach, duodenum, small bowel)

GI: Lower gastrointestinal (colon, rectum, and anus)

GI: unknown, but guaiac positive stools

ENT/Dental

Other, Specify

Other Source/cause/location: *

INR: *

Anticoagulant therapy at time of event (check all that apply): *

ST=

Warfarin

Heparin

Lovenox

Aspirin

Dipyridamole

Clopidogrel (plavix)

Argatroban

Bivalirudin

Fondaparinux

Dextran

Ticlopidine

Hirudin

Lepirudin

Ximelagatran

None

Other, specify

Specify: *