Week Followup	Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.
ollowup Status	
Select one of the following	<ul><li>○Inpatient</li><li>○Outpatient</li><li>○Other Facility</li><li>○Unable to obtain follow-up information</li></ul>
Follow-up date	
Facility Type	ONursing Home/Assisted Care OHospice OAnother hospital ORehabilitation Facility OUnknown
State reason why you are unable to obtain follow-up information	OPatient didn't come to clinic ONot able to contact patient ONot addressed by site
Was patient intubated?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Was patient on dialysis?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Pump Change	
Pump Exchange Was there a pump exchange of a para- or extra- corporeal pump?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Pump Exchange Reason	<ul> <li>Thrombus not associated with hemolysis</li> <li>Change in hemodynamics</li> <li>Clinical status</li> <li>Device parameters (please enter Device Malfunction Form)</li> <li>Upsizing device because of patient growth status</li> </ul>
Was there a Console Change?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Date of console change	ST= OUnknown
Original Console Name	
New Console Name	
Medical Condition	
NYHA Class	○ Class I: No limitation of physical activity, physical activity does not cause

	fatigue, palpitation or shortness of breath.  Class II: Slight limitation of physical activity; comfortable at rest, but ordinal physical activity results in fatigue, palpitations or shortness of breath.  Class III: Marked limitation of physical activity; comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.  Class IV: Unable to carry on minimal physical activity without discomfort; symptoms may be present at rest.  Unknown
ZONES	
Hemolysis Zone Information that you provide in this section will be used to lote: You may enter either the PFh or LDH.	o assess the existence of hemolysis and its degree.
Please enter the peak Plasma-free	
hemoglobin (PFH) since the last visit:	ST= OUnknown ONot Done
What is your hospital's upper limit of	
the normal range of peak PFH?	ST= OUnknown
	○Not Done
Please enter the peak serum lactate	
dehydrogenase (LDH) since the last visit:	ST= OUnknown
	○Not Done
What is your hospital's upper limit of	
the normal range of LDH?	ST= OUnknown
the normal range of LDH?	ST= OUnknown ONot Done
tne normal range of LDH?  Enter the Maximum and Minimum HCT o	○Not Done
	○Not Done
Enter the Maximum and Minimum HCT o	○Not Done
Enter the Maximum and Minimum HCT o	ONot Done  r HGB since the last visit.
Enter the Maximum and Minimum HCT o	ONot Done  r HGB since the last visit.  ST= OUnknown
Enter the Maximum and Minimum HCT or Min. HCT:	ONot Done  r HGB since the last visit.  ST= OUnknown ONot Done
Enter the Maximum and Minimum HCT or Min. HCT:	ONot Done  r HGB since the last visit.  ST= OUnknown
Enter the Maximum and Minimum HCT or Min. HCT:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown
Enter the Maximum and Minimum HCT or Min. HCT: Max. HCT:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done
Enter the Maximum and Minimum HCT or Min. HCT: Max. HCT:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown
Enter the Maximum and Minimum HCT or Min. HCT: Max. HCT:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done  ST= ○Unknown
Enter the Maximum and Minimum HCT or Min. HCT:  Max. HCT:  Min. HGB:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done  ST= ○Unknown
Enter the Maximum and Minimum HCT or Min. HCT:  Max. HCT:  Min. HGB:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done
Enter the Maximum and Minimum HCT or Min. HCT:  Max. HCT:  Min. HGB:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done
Enter the Maximum and Minimum HCT or Min. HCT:  Max. HCT:  Min. HGB:	○Not Done  r HGB since the last visit.  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done  ST= ○Unknown ○Not Done

Physical Findings:	
Hemoglobinuria (Tea-Colored Urine)?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Pump malfunction and/or abnormal pump parameters?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Right Heart Failure Zone Information that you provide in this section will be used to	o assess the existence of right heart failure and its degree.
Clinical Findings – Since the last visit.	
CVP or RAP > 16 mmHg?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Dilated Vena Cava with absence of Inspiratory Variation by Echo?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Clinical findings of elevated jugular venous distension at least half way up the neck in an upright patient?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Peripheral Edema?	<ul><li>○ Yes</li><li>○ No</li><li>○ Unknown</li></ul>
Ascites?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Has the patient been on Inotropes since the last visit or rehospitalization?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
If yes, select all that apply:	□ Dopamine □ Dobutamine □ Milrinone □ Isoproterenol □ Epinephrine □ Norepinephrine □ Levosimendan □ Unknown
Nesiritide?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Has the patient had a RVAD implant since the last visit or rehospitalization?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Has the patient experienced a Neurological Event since time of implant?  Note: This applies only to patients who have had a	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>

CVA, TIA or Anoxic Brain Injury. If yes, provide Modified Rankin  $\bigcirc$  0 – No symptoms at all  $\bigcirc$  1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities ○2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance  $\bigcirc\,3$  - Moderate disability: requiring some help, but able to walk without assistance.  $\bigcirc\, 4$  - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.  $\bigcirc\,5$  - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.  $\bigcirc$  6 - Dead ST= ONot Documented ONot Done

Week Followup		considering all time since the previous e. Data closest to or on visit date is	
emodynamics			
General Hemodynamics (during report inte	erval)		
Heart rate		beats per min	
	ST= OUnknown		
	○Not done		
Systolic blood pressure		mmHg	
	ST= OUnknown		
	○Not done		
Diastolic blood pressure		mmHg	
	ST= OUnknown		
	○Not done		
Doppler Opening Pressure			
Record the pressure on the BP cuff at the time of sound on the doppler as the cuff is released and	ST= OUnknown		
this is the Doppler opening pressure which may	○Not done		
correspond to the MAP.	○Not applicable		
ECG rhythm	⊖Sinus		
(cardiac rhythm)	○Atrial fibrillation		
	○Atrial Flutter		
	○Paced: Atrial pacing ○Paced: Ventricular pa	cina	
	OPaced: Atrial and ven	_	
	○Not done	3	
	○Unknown		
	Other, specify		
Weight  Enter the weight of the patient at the time of follow-		lbs	
up in the appropriate space, in pounds or		kg	
kilograms. The weight must fall between 5 and	ST= OUnknown		
600 pounds or 2 and 273 kilograms.	○Not done		
Echo Findings (during report interval)			
Mitral regurgitation	○0 (none)		
Mitral regurgitation should be recorded on a	◯1 (mild)		
qualitative scale (if 'trivial' then assign as mild).  Moderate-severe would be recorded as "severe".	○2 (moderate)		
	○3 (severe) ○Not Recorded or Not	Documented	
Tricuspid regurgitation	○0 (none)		
Tricuspid regurgitation should be recorded on a	○1 (mild)		
qualitative scale (if 'trivial' then assign as mild).	○2 (moderate)		
Moderate-severe would be recorded as "severe".	○3 (severe)		
	ONot Recorded or Not	Documented	

Aortic regurgitation  Aortic regurgitation should be recorded on a	○0 (none) ○1 (mild)	
qualitative scale (if 'trivial' then assign as mild).	○2 (moderate)	
Moderate-severe would be recorded as "severe".	○3 (severe)	
	ONot Recorded or Not D	)ocumented
	ONot Applicable	ocumented
	○Unknown	
	Olikilowii	
LVEF	○> 50 (normal)	
Left ventricular ejection fraction.	○40-49 (mild)	
	○30-39 (moderate)	
	○20-29 (moderate/sever	re)
	ONot Recorded or Not D	Oocumented
	○Unknown	
	ed only as "left ventricular function	ample, a reported ejection fraction of 30-35 would be entered n" or "systolic function" in words. "Mild impairment, mildly
LVEDD		cm
Left ventricular end-diastolic dimension		
	ST= ONot Recorded or N	Not Documented
RVEF	○Normal	
	○Mild	
	○Moderate	
	○Severe	
	○Severe ○Not Done	
	○Not Done	
ventricular contractility". "Mild impairment, mildly	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would	may be described as "right ventricular function" or "right all be characterized as "mild". Again, mild-moderate would be
RV Function is generally NOT measured in numb ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would work the modern mics (during report interval	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	may be described as "right ventricular function" or "right all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be severe when the moderate will be severe would be severe when the moderate will be severe will be severe when the moderate will be severe will be severe when the moderate will be severe wi	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	may be described as "right ventricular function" or "right all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would work the modynamics (during report interval Pulmonary artery	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would work the modynamics (during report interval Pulmonary artery	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be a moderate, and moderate-severe would be a moderate. Swan Hemodynamics (during report interval Pulmonary artery systolic pressure  Pulmonary artery	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be made as moderate. Severe would be made as moderate, and moderate-severe would be made as moderate. The moderate is a moderate would be made as moderate, and moderate-severe would be made as moderate. The moderate is a moderate would be made as moderate as moderate as moderate as moderate as moderate as moderate. The moderate is a moderate would be made as moderate as	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be a moderate, and moderate-severe would be a moderate of the modyna mics (during report interval pulmonary artery systolic pressure  Pulmonary artery	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be made as moderate.  Pulmonary artery systolic pressure  Pulmonary artery diastolic pressure	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= ○Unknown ○Not done  ST= ○Unknown	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be a moderate, and moderate-severe would be a moderate of the modyna mics (during report interval pulmonary artery systolic pressure  Pulmonary artery	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= ○Unknown ○Not done  ST= ○Unknown ○Not done	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be made as moderate.  Pulmonary artery systolic pressure  Pulmonary artery diastolic pressure	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= ○Unknown ○Not done  ST= ○Unknown	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be a moderate, and moderate-severe would be a moderate. Swan Hemodynamics (during report interval Pulmonary artery systolic pressure  Pulmonary artery diastolic pressure	○Not Done ○Not Applicable ○Unknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= ○Unknown ○Not done  ST= ○Unknown ○Not done	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be made as moderate.  Pulmonary artery systolic pressure  Pulmonary artery diastolic pressure	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be sometiment of the contraction of the contract of the c	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg  mmHg  mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be sometiment of the contraction of the contract of the c	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg  mmHg  mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be supported by the contract of the contr	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg  mmHg  mmHg  mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be made as moderate, and moderate-severe would be moderate-severe would be made as moderate, and moderate-severe would be made as moderate, and moderate-severe would be moderate-severe would be made as moderate, and moderate would be moderate.  Mean RA Pressure  Central venous pressure (CVP)  Mean Pulmonary artery wedge	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg  mmHg  mmHg
ventricular contractility". "Mild impairment, mildly recorded as moderate, and moderate-severe would be supported by the contract of the contr	ONot Done ONot Applicable OUnknown  ers, as it is difficult to quantify. It reduced, or mild decrease" would d be recorded as "severe".  ST= OUnknown ONot done  ST= OUnknown ONot done  ST= OUnknown ONot done	all be characterized as "mild". Again, mild-moderate would be mmHg  mmHg  mmHg  mmHg

	ST= OUnknown ONot done	L/min/M <sup>2</sup> (by Swan)	
Cardiac output	ST= OUnknown ONot done	Liters/min	

## 1 Week Followup

Please answer all questions considering all time since the previous visit and current follow-up date. Data closest to or on visit date is preferred.

Mark whether the medications have been used during the follow-up period (since implant).		
Angiotensin receptor blocker drug	○ Yes	
	○ No	
	○ Unknown	
Amiodarone	○Yes	
	○ No	
	○ Unknown	
ACE inhibitors	○Yes	
	○ No	
	OUnknown	
Anti-thrombolitic	○Yes	
	○ No	
	○ Unknown	
Beta-blockers	○Yes	
	○ No	
	○ Unknown	
Aldosterone antagonist	○ Yes	
	○ No	
	○ Unknown	
Lovenox	○ Yes	
	○ No	
	○ Unknown	
Warfarin (coumadin)	○ Yes	
·	○ No	
	○ Unknown	
Arixtra (fondaparinux)	○Yes	
,	○ No	
	Ounknown	
Antiplatelet therapy drug	○Yes	
Anaplatelet alerapy aray	○ No	
	○ Unknown	
Select drug(s)	☐ Aspirin ☐ Dextran	
	☐ Dipyridamole	
	☐ Clopidogrel	
	☐ Ticlopidine ☐ Unknown	
	☐ Other, specify	
	Guer, specify	
Nitric oxide	○Yes	
NILLIC OXIGE	○ No	

8 of 12

Phosphodiesterase inhibitor Please enter only for the indication of Pulmonary Hypertension or Right Heart Failure	<ul><li>) Yes</li><li>) No</li><li>) Unknown</li></ul>	
Digoxin	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Loop diuretics	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
If yes, enter dosage:	ST= OUnknown	mg/day
Type of Loop Diuretic:	☐ Furosemide ☐ Torsemide ☐ Bumetanide ☐ Other	

1 Week Followup	Please answer all questions considering all time sinc visit and current follow-up date. Data closest to or on vi preferred.	e the previous isit date is
Laboratory		
Sodium	mEq/L mmol/L ST= OUnknown ONot done	
Potassium	mEq/L mmol/L ST= OUnknown ONot done	
Blood urea nitrogen	mg/dL mmol/L ST= OUnknown ONot done	
Creatinine	mg/dL umol/L ST= OUnknown ONot done	
SGPT/ALT (alanine aminotransferase/ALT)	u/L ST= ⊝Unknown ⊝Not done	
SGOT/AST (aspartate aminotransferase/AST)	U/L ST= ○Unknown ○Not done	
LDH	units/L, U/L, uka ST= OUnknown ONot done	t∕L
Total bilirubin	mg/dL umol/L ST= OUnknown ONot done	
Bilirubin direct	mg/dL umol/L ST= OUnknown ONot Done	
Bilirubin indirect	mg/dL umol/L	10 of 12

	ST= OUnknown	
	○Not Done	
Albumin		g/dL
		g/L
	ST= OUnknown	
	○Not done	
Pre-albumin		mg/dL
		mg/L
	ST= OUnknown	
	○Not done	
Total Cholesterol		mg/dL
If value is outside given range please see 'Status		mmol/L
(ST=)' drop down field.  If < 50 mg/dl select from the 'status' drop down	ST= O< 50 mg/dL	IIIIIOVE
field.	○Unknown	
	○Not done	
Brain natriuretic peptide BNP		pg/ml
If value is outside given range please see 'status		ng/L
(ST=)' drop down field.  If > 7500 pg/mL select from the 'status' drop down	ST= (> 7500 pg/mL	19,1
field.	○Unknown	
	○Not done	
NT pro brain natriuretic peptide Pro-		pg/ml
BNP		ng/L
	ST= OUnknown	<u> </u>
	○Not done	
White blood cell count		
		x10 <sup>3</sup> /uL
		x10 <sup>9</sup> /uL
	ST= OUnknown	
	○Not done	
Reticulocyte count		%
	ST= OUnknown	
	○Not Done	
Hemoglobin		
		g/dL
		g/L
	ST= OUnknown	
	ST= OUnknown ONot done	g/L
Platelets		g/L mmol/L
Platelets		g/L mmol/L x10 <sup>3</sup> /uL
Platelets	○Not done	g/L mmol/L
Platelets		g/L mmol/L x10 <sup>3</sup> /uL

INR	international units
	ST= OUnknown ONot done
Plasma-free hemoglobin	mg/dL
	g/L
	ST= OUnknown
	○Not Done
Positive antiheparin/platelet	○ Yes
antibody (HIT)	<ul><li>○ No</li><li>○ Unknown</li></ul>
If Yes, are they on direct thrombin	○Yes
inhibitors	<ul><li>○ No</li><li>○ Unknown</li></ul>
If Yes, Enter Drugs:	□ Plavix
	☐ Heparin ☐ Coumadin
	☐ Direct thrombin inhibitors (ex: arg, lip, val)
	☐ Aspirin ☐ Dipyridamole
ThrombElastoGraph Hemostasis	max amplitude in kaolin
System (TEG) profile, MA k	ST= OUnknown
	○Not Done
ThrombElastoGraph Hemostasis	reaction time in kaolin
System (TEG) profile, R k	ST= OUnknown
	○Not Done
ThrombElastoGraph HemostasisSystem (TEG) profile, R	reaction time w/heparinase
h	ST= OUnknown
	○Not Done
CRP or hs-CRP  C Reactive Protein	mg/dL
C readily of rotein	ST= Ounknown
	○Not done
Lupus Anticoagulant	<ul><li>○ Positive</li><li>○ Negative</li></ul>
	○ Unknown
Uric acid	mg/dL
	umol/L
	ST= OUnknown
	○Not done