version date: 10/20/2016

Screening Log - Intermacs	
Implant Date	
Inclusion: Patient must meet all inc	clusion criteria:
	culatory support device (MCSD) which is FDA approved device does not need to be the first implant for the patient) egistry
Exclusion: Any exclusion will disqualify the patient for entry into INTERMACS®	
 Patient receives a durable mechanical circ Patient is incarcerated (prisoner) Patient did not sign the informed consent 	culatory support device (MCSD) which is not FDA approved
Device type	○ LVAD
	RVAD
	Both (LVAD + RVAD in the same OR visit)Total Artificial Heart
Device brand	 Berlin Heart EXCOR (paracorporeal) HeartWare HVAD HeartMate II LVAS HeartMate IP HeartMate VE HeartMate XVE Micromed DeBakey VAD - Child Novacor PC Novacor PCq Thoratec IVAD Thoratec PVAD Other, Specify
Specify brand	
Device brand (RVAD)	
Specify brand (RVAD)	
Age Range	19 to 3940 to 5960 to 7980+
Race	 American Indian or Alaska Native Asian African-American or Black

 Hawaiian or other Pacific Islander White Unknown / Undisclosed Other / none of the above
YesNoUnknown
MaleFemaleUnspecified
YesNo
Yes No
Yes No Unknown
Yes No Unknown