

Patient hospital label	Hospital patient identification number	
	Surname	Date of birth dd.mm.yyyy
	First name	Gender <input type="radio"/> f <input type="radio"/> m

General procedural characteristics

Date of procedure dd.mm.yyyy <input type="text"/>	Access through which the PCI was finalized <input type="radio"/> Femoral (Radial attempt converted to femoral counts as femoral) <input type="radio"/> Radial (Brachial counts as radial)
Dose (round to whole number) <input type="text"/>	Dose unit <input type="radio"/> mGycm2 <input type="radio"/> cGycm2 or uGym2

PCI-specific procedural characteristics

Number of treated lesions (Coronary artery lesion undergoing PCI. If two lesions are covered by two or more overlapping stents, this counts as one lesion) <input type="text"/>		
Number of treated vessels (LM, LAD, LCX, RCA, graft) <input type="text"/>	Unprotected left main stenosis treated <input type="radio"/> Yes <input type="radio"/> No	Number of implanted stents <input type="text"/>
Number of used drug-eluting balloons <input type="text"/>	Intervention(s) for stent failure <input type="checkbox"/> None <input type="checkbox"/> Restenosis <input type="checkbox"/> Stent thrombosis	
CTO procedure (Chronic occlusion presumably > 3 months, Subacute ACS presentation excluded) <input type="radio"/> None <input type="radio"/> Antegrade <input type="radio"/> Retrograde	Calcium modification <input type="checkbox"/> None <input type="checkbox"/> Rotablation <input type="checkbox"/> Cutting balloon <input type="checkbox"/> Lithotripsy <input type="checkbox"/> Scoring balloon <input type="checkbox"/> Orbital atherectomy	
Bifurcation <input type="radio"/> None <input type="radio"/> 1 stent <input type="radio"/> 2 stents	Intracoronary physiology <input type="checkbox"/> None <input type="checkbox"/> Resting index (iFR/RFR) <input type="checkbox"/> FFR Intracoronary imaging <input type="checkbox"/> None <input type="checkbox"/> IVUS <input type="checkbox"/> OCT	

Complication

Major complication

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Clinically overt stroke |
| <input type="checkbox"/> Emergency open heart surgery | <input type="checkbox"/> Procedural death |

Medication

Prescribed discharge medication (in cathlab)

- | | | | |
|------------------------------|--|--------------------------------|---------------------------------|
| <input type="checkbox"/> ASA | <input type="checkbox"/> P2Y12 inhibitor | <input type="checkbox"/> N/OAC | <input type="checkbox"/> Statin |
|------------------------------|--|--------------------------------|---------------------------------|

If P2Y12 inhibitor, specify

- | | |
|-----------------------------------|----------------------------------|
| <input type="radio"/> Clopidogrel | <input type="radio"/> Ticagrelor |
| <input type="radio"/> Prasugrel | <input type="radio"/> Other |

If Statin therapy, specify

- | |
|--|
| <input type="radio"/> Low-intensity |
| <input type="radio"/> High-intensity (Crestor \geq 20mg, Atorvastatin \geq 40mg) |

If dual antiplatelet therapy, specify duration

- | | |
|--------------------------------|----------------------------------|
| <input type="radio"/> <1 month | <input type="radio"/> 6 months |
| <input type="radio"/> 1 month | <input type="radio"/> 12 months |
| <input type="radio"/> 3 months | <input type="radio"/> >12 months |

If triple antiplatelet therapy, specify duration

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> <1 week | <input type="radio"/> 3 months |
| <input type="radio"/> 1 month | <input type="radio"/> 6 months |