

iSCAD Registry

Baseline Case Report Form
Version 29
(November 2, 2018)

iSCAD Registry

Baseline Case Report Form

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Site Information

Site:

Subject ID: _____

Name of person completing the form:

1. Demographics

1.1 Date of enrollment: ____ Month / ____ Day / ____ Year

1.2 Date of birth: ____ Month / ____ Day / ____ Year

1.3 Sex at birth: Male Female

1.4 Height: ____ ft. ____ in or ____ cm

1.5 Weight: ____ lbs. or ____ kg

2. Medical history (THESE QUESTIONS RELATE TO THE HISTORY PRIOR TO THE MOST RECENT SCAD EVENT)

2.1 Previous MI: Yes No Not assessed

2.1.1. If Yes, was it related to SCAD: Definite Possible No Not assessed

2.2 Significant coronary atherosclerosis (>50% stenosis or requiring revascularization): Yes No Not assessed

2.3 Fibromuscular dysplasia: Yes No Not assessed

2.3.1 If Yes, location (select all that apply):

- Carotid Celiac trunk / mesenteric Coronary Iliac / popliteal
 Renal Subclavian / axillary/ brachial Vertebral Other, specify:
 Not assessed

2.4 Inherited connective tissue disorder: Yes No Not assessed

2.4.1 If Yes, type (select all that apply):

- α_1 -antitrypsin deficiency Vascular Ehlers-Danlos syndrome Loeys-Dietz syndrome
 Marfan syndrome Autosomal dominant polycystic kidney disease
 Other, specify: Not assessed

2.5 Systemic inflammatory disorder: Yes No Not assessed

2.5.1 If Yes, type (select all that apply):

- Behçet disease Celiac disease Crohn's disease Giant cell arteritis
 Kawasaki disease Polyarteritis nodosa Rheumatoid arthritis Sarcoidosis
 Systemic lupus erythematosus Ulcerative colitis Not assessed Other, specify:

2.6 Atherosclerotic vascular disease (Other than coronary arteries): Yes No Not assessed

2.6.1 If Yes, type (select all that apply):

- Carotid artery Renal arteries Mesenteric arteries
 Peripheral arteries Other

2.7 Other non-atherosclerotic vascular disease: Yes No Not assessed

2.7.1 If Yes, type (select all that apply):

- Aortic aneurysm Aortic dissection Carotid dissection Intracranial aneurysm
 Mesenteric aneurysm Renal aneurysm Renal dissection Vertebral artery dissection
 Location unknown Not assessed Other, specify:

2.8 Other cardiovascular disease: Yes No Not assessed

2.8.1 If Yes, type (select all that apply):

- Arrhythmia Chronic heart failure Congenital heart disease Hypertension
 Valvular heart disease Unclear Other, specify:

2.9 Cerebrovascular accident: Yes No Not assessed

2.9.1 If Yes, type (select all that apply):

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Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

2.10 Cardiomyopathy: Yes No Not assessed

2.10.1 If Yes, type (select all that apply):

Ischemic cardiomyopathy Nonischemic cardiomyopathy Peripartum cardiomyopathy Takotsubo cardiomyopathy
 Unclear Other, specify:

2.11 Thyroid disease: Yes No Not assessed

2.11.1 If Yes, type (select all that apply):

Graves' disease Hashimoto thyroiditis Hyperthyroidism Hypothyroidism
 Unclear Other, specify:

3. Clinical presentation (THESE QUESTIONS RELATE TO THE MOST RECENT SCAD EVENT)

3.1 Date of hospital admission: _____ Month / _____ Day / _____ Year

3.2 Time from symptom onset to hospital presentation: _____ hours Not assessed

3.3 Time from hospital presentation to coronary angiography: <24 hours 24-48 hours >48 hours Not assessed

3.4 Blood pressure at time of presentation: _____ / _____ Not assessed

3.5 Heart rate at time of presentation: _____ bpm Not assessed

3.6 Initial clinical presentation of the SCAD episode (select all that apply):

Asymptomatic Atypical chest pain Stable angina Unstable angina
 NSTEMI STEMI Cardiogenic shock Cardiac arrest
 Not assessed Other, specify:

3.7 Initial electrocardiogram of the SCAD episode (select all that apply):

ST elevation ST depression T wave flattening or inversion Hyperacute T waves
 Pathologic Q waves Ventricular tachycardia Ventricular fibrillation Asystole
 Normal sinus rhythm Not assessed Other, specify:

4. Laboratory test (THESE QUESTIONS RELATE TO HOSPITALIZATION FOR THE MOST RECENT SCAD EVENT)

4.1 Troponin T (TnT) _____ ng/mL (Peak value) UL: _____ Not assessed

4.2 Troponin I (TnI) _____ ng/mL (Peak value) UL: _____ Not assessed

4.3 Creatine kinase (CK) _____ U/L (Peak value) UL: _____ Not assessed

4.4 Creatine kinase-MB (CK-MB) _____ U/L (Peak value) UL: _____ Not assessed

4.5 Antinuclear antibody (ANA) _____ (Positive Negative) Not assessed

4.6 Erythrocyte sedimentation rate (ESR) _____ mm/hr UL: _____ Not assessed

4.7 C-reactive protein (CRP) _____ mg/dL UL: _____ Not assessed

4.8 High-sensitivity C-reactive protein (hsCRP) _____ mg/L UL: _____ Not assessed

4.9 Total cholesterol _____ mg/dL UL: _____ Not assessed

4.10 Low-density lipoprotein cholesterol (LDL-C) _____ mg/dL UL: _____ Not assessed

4.11 High-density lipoprotein cholesterol (HDL-C) _____ mg/dL UL: _____ Not assessed

4.12 Triglyceride _____ mg/dL UL: _____ Not assessed

4.13 Glycated hemoglobin (HbA_{1c}) _____ % UL: _____ Not assessed

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4.14 Brain natriuretic peptide (BNP) _____ pg/ml UL: _____ Not assessed

4.15 N-terminal pro-b-type natriuretic peptide (NT-proBNP) _____ pg/ml UL: _____ Not assessed

UL = Upper Limit of Normal

5. Coronary angiogram (FROM THE MOST RECENT SCAD EVENT UP TO THE DATE OF CONSENT)

5.1 Total number of angiograms done from the most recent SCAD event up to the date of consent: _____

5.1.1 Angiogram #1: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.1.1 Angiogram performed: Date ____ Month / ____ Day / ____ Year

5.1.1.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.2.1 If **Yes**, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.1.3 Vascular access site complication occurred? Yes No Not assessed

5.1.1.3.1 If **Yes**, specify (select all that apply):

Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

5.1.2 Angiogram #2: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.2.1 Angiogram performed: Date ____ Month / ____ Day / ____ Year

5.1.2.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.2.1 If **Yes**, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.2.3 Vascular access site complication occurred? Yes No Not assessed

5.1.2.3.1 If **Yes**, specify (select all that apply):

Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

5.1.3 Angiogram #3: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.3.1 Angiogram performed: Date ____ Month / ____ Day / ____ Year

5.1.3.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.3.2.1 If **Yes**, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.3.3 Vascular access site complication occurred? Yes No Not assessed

5.1.3.3.1 If **Yes**, specify (select all that apply):

Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

5.1.4 Angiogram #4: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.4.1 Angiogram performed: Date ____ Month / ____ Day / ____ Year

5.1.4.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.4.2.1 If **Yes**, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.4.3 Vascular access site complication occurred? Yes No Not assessed

5.1.4.3.1 If **Yes**, specify (select all that apply):

Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

5.1.5 Angiogram #5: Access site: Radial Femoral Brachial Not assessed Side: Left Right Not assessed

5.1.5.1 Angiogram performed: Date ____ Month / ____ Day / ____ Year

5.1.5.2 Intracoronary imaging performed (select all that apply): IVUS OCT No

5.1.5.2.1 If **Yes**, does intracoronary imaging performed support the diagnosis of SCAD? Yes No Inconclusive

5.1.5.3 Vascular access site complication occurred? Yes No Not assessed

5.1.5.3.1 If **Yes**, specify (select all that apply):

Hematoma Pseudoaneurysm Acute limb ischemia Spasm
 Loss of pulse (Asymptomatic) Dissection Retroperitoneal bleed Other, specify:

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6. Coronary CT Angiogram (FROM THE MOST RECENT SCAD EVENT UP TO THE DATE OF CONSENT)

6.1 Coronary CT angiogram performed: Yes No

6.1.1 Coronary CT Angiogram #1

6.1.1.1 Date ____ Month / ____ Day / ____ Year

6.1.1.2 Appearance consistent with SCAD: Yes No Inconclusive Not assessed

6.1.1.2.1 If yes, vessel involved (select all that apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> LM | <input type="checkbox"/> LAD | <input type="checkbox"/> Diagonal | <input type="checkbox"/> Septal |
| <input type="checkbox"/> Cx/RI | <input type="checkbox"/> Obtuse marginal | <input type="checkbox"/> RCA | <input type="checkbox"/> Acute marginal |
| <input type="checkbox"/> Posterior descending | <input type="checkbox"/> Posterior ventricular | <input type="checkbox"/> Other, specify: | |

6.1.1.3 Coronary tortuosity: Yes No Not assessed

6.1.1.4 Aortic ectasia: Yes No Not assessed

6.1.1.5 Other findings present? Yes No Not assessed

6.1.1.5.1 If Yes, please describe:

6.1.2 Coronary CT Angiogram #2 Not done

6.1.2.1 Date ____ Month / ____ Day / ____ Year

6.1.2.2 Appearance consistent with SCAD: Yes No Inconclusive Not assessed

6.1.2.2.1 If yes, vessel involved (select all that apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> LM | <input type="checkbox"/> LAD | <input type="checkbox"/> Diagonal | <input type="checkbox"/> Septal |
| <input type="checkbox"/> Cx/RI | <input type="checkbox"/> Obtuse marginal | <input type="checkbox"/> RCA | <input type="checkbox"/> Acute marginal |
| <input type="checkbox"/> Posterior descending | <input type="checkbox"/> Posterior ventricular | <input type="checkbox"/> Other, specify: | |

6.1.2.3 Coronary tortuosity: Yes No Not assessed

6.1.2.4 Aortic ectasia: Yes No Not assessed

6.1.2.5 Other findings present? Yes No Not assessed

6.1.2.5.1 If Yes, please describe:

7. Cardiac MRI (FROM THE MOST RECENT SCAD EVENT UP TO THE DATE OF CONSENT)

7.1 Cardiac MRI performed: Yes No

7.1.1 Date ____ Month / ____ Day / ____ Year

7.1.2 Ejection fraction: _____% Not assessed

7.1.3 Gadolinium enhancement: Yes No Not assessed

7.1.3.1 If Yes, pattern consistent with (select all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Myocarditis | <input type="checkbox"/> Ischemic cardiomyopathy | <input type="checkbox"/> Nonischemic cardiomyopathy | <input type="checkbox"/> Non-transmural infarction |
| <input type="checkbox"/> Transmural infarction | <input type="checkbox"/> Normal | <input type="checkbox"/> Other, specify: | |

7.1.3.1.1 If transmural infarction, location (select all that apply): Anterior Inferior Lateral Posterior Apex

7.1.3.1.2 If non-transmural infarction, location (select all that apply): Anterior Inferior Lateral Posterior Apex

8. Echocardiogram (FROM THE MOST RECENT SCAD EVENT UP TO THE DATE OF CONSENT)

8.1 Echocardiogram performed during admission for the most recent SCAD event: Yes No

If Yes, please record the echocardiogram with the lowest ejection fraction

8.1.1 Date ____ Month / ____ Day / ____ Year

8.1.2 Ejection fraction: _____ Not assessed

8.1.3 Focal wall motion abnormalities: Yes No Not assessed

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8.1.3.1 If **Yes**, location: Anterior Inferior Lateral Posterior Apex

8.1.4 Structural complications of myocardial infarction: Yes No Not assessed

8.1.4.1 If **Yes**, type: Incomplete mitral leaflet closure VSD Myocardial rupture (non-VSD) Apical thrombus

8.1.5 Takotsubo appearance: Yes No Not assessed

8.2 Echocardiogram performed **after discharge** for the most recent SCAD event? Yes No

If **Yes**, please record the **latest** echocardiogram

8.2.1 Date ____ Month / ____ Day / ____ Year

8.2.2 Ejection fraction: _____ Not assessed

8.2.3 Focal wall motion abnormalities: Yes No Not assessed

8.2.3.1 If **Yes**, location: Anterior Inferior Lateral Posterior Apex

8.2.4 Structural complications of myocardial infarction: Yes No Not assessed

8.2.4.1 If **Yes**, type: Incomplete mitral leaflet closure VSD Myocardial rupture (non-VSD) Apical thrombus

8.2.5 Takotsubo appearance: Yes No Not assessed

9. Stress Test (FROM THE MOST RECENT SCAD EVENT UP TO THE DATE OF CONSENT)

9.1 Stress test performed: Yes No

9.1.1 Date ____ Month / ____ Day / ____ Year

9.1.2 Type of stress test:

Exercise echocardiography

Exercise nuclear stress test

Exercise only

Dobutamine echocardiography

Pharmacologic nuclear stress test

Cardiac MRI

Not assessed

9.1.3 #METs _____ Not assessed

9.1.4 Ischemia on ECG: Yes No Not assessed

9.1.4.1 If **Yes**: ST Elevation ST Depression

9.1.5 Ischemia on imaging: Yes No Not assessed

9.1.5.1: If **Yes**, location (Select all that apply): Anterior Inferior Lateral Posterior Apex

10. In-hospital management (FOR THE MOST RECENT SCAD EVENT)

10.1 Thrombolytic agent administered during hospitalization: Yes No Not assessed

10.1.1 If **Yes**, type (select all that apply):

Alteplase (Activase)

Anistreplase (Eminase)

Reteplase (Retavase)

Streptokinase (Kabikinase)

Tenecteplase (TNKase) Other, specify:

10.2 Anticoagulant administered during hospitalization: Yes No Not assessed

10.2.1 If **Yes**, type (select all that apply):

Bivalirudin

Fondaparinux

LMWH

Unfractionated heparin

Other, specify:

10.3 Antiplatelet agent administered during hospitalization: Yes No Not assessed

10.3.1 If **Yes**, type (select all that apply):

Aspirin

Clopidogrel

GpIIb/IIIa inhibitor

Prasugrel

Ticagrelor Other, specify:

10.4 Other cardiovascular medications administered during hospitalization: Yes No Not assessed

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10.4.1 If Yes, type (select all that apply):

- ACEI/ARB Beta blocker Calcium channel blocker Diuretic
 Ranolazine Statin Nitrate (IV, PO, or SL) Other, specify:

10.5 Percutaneous coronary intervention (PCI) performed during hospitalization: Yes No Not assessed

10.5.1 If PCI was performed, date: _____ Month / _____ Day / _____ Year

10.5.2 If PCI was performed, type of complication (select all that apply):

- No complication Abrupt closure Dissection Distal embolization
 No reflow Side branch loss Spasm Perforation
 Thrombus Other, specify: Not assessed

10.5.3 Were any stents placed? Yes No Not assessed

10.5.3.1 If Stent placement was performed, number of stents: ___ / Not assessed

10.5.3.2 If Stent placement was performed, type of stents (select all that apply): BMS DES Bioabsorbable Not assessed

10.6 CABG performed during hospitalization: Yes No Not assessed

10.6.1 If CABG was performed, date: _____ Month / _____ Day / _____ Year

10.6.2 If Yes, type of graft (select all that apply):

- Internal mammary Radial Gastroepiploic Inferior epigastric
 Saphenous vein Other, specify: Not assessed

10.6.3 If Yes, touchdown (select all that apply):

- LM LAD Diagonal Septal
 Cx/RI Obtuse marginal RCA Acute marginal
 Posterior descending Posterior ventricular Other, specify: Not assessed

10.7 Mechanical supportive therapy during hospitalization (select all that apply): Yes No Not assessed

- 10.7.1 If Yes, type (select all that apply): Intra-aortic balloon pump Impella device Ventricular assist device
 Transplantation Not assessed

10.8 If the patient presented with cardiac arrest, was an implantable cardiac defibrillator (ICD) placed?

- Yes No Not assessed Patient did not present with cardiac arrest

11. In-hospital events (FOR THE MOST RECENT SCAD EVENT)

11.1 Recurrent MI: Yes No Not assessed

11.1.1 If Yes, number of recurrent MI: _____

Recurrent MI #1:

11.1.1.1.1 Date of recurrent MI: _____ Month / _____ Day / _____ Year

11.1.1.1.2 Presentation of recurrent MI (select all that apply):

- Chest pain ECG ischemic changes Arrhythmia Other, specify:

Recurrent MI #2:

11.1.1.2.1 Date of recurrent MI: _____ Month / _____ Day / _____ Year

11.1.1.2.2 Presentation of recurrent MI (select all that apply):

- Chest pain ECG ischemic changes Arrhythmia Other, specify:

Recurrent MI #3:

11.1.1.3.1 Date of recurrent MI: _____ Month / _____ Day / _____ Year

11.1.1.3.2 Presentation of recurrent MI (select all that apply):

- Chest pain ECG ischemic changes Arrhythmia Other, specify:

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11.2 New arrhythmia: Yes No Not assessed

11.2.1 If **Yes**, date of diagnosis: _____ Month / _____ Day / _____ Year

11.2.2 If **Yes**, type (select all that apply):

Ventricular fibrillation Ventricular tachycardia Other, specify:

11.2.3 If **Yes**, procedure pertaining to new arrhythmia (select all that apply):

Temporary pacemaker Permanent pacemaker ICD
 Wearable cardioverter defibrillator No procedure performed Other, specify:

11.3 Cerebrovascular accident: Yes No Not assessed

11.3.1 If **Yes**, date of diagnosis: _____ Month / _____ Day / _____ Year

11.3.2 If **Yes**, type of CVA

Ischemic stroke Hemorrhagic stroke Transient ischemic attack Unclear

11.4 Heart failure requiring diuretics: Yes No Not assessed

11.5 Any other events? Yes No

11.5.1 Please describe:

12. Discharge management (FOR THE MOST RECENT SCAD EVENT)

12.1 Date of discharge: _____ Month / _____ Day / _____ Year

12.2 Anticoagulant at discharge: Yes No Not assessed

12.2.1 If **Yes**, specify the indication for anticoagulation: _____

12.2.2 If **Yes**, type of anticoagulant: Warfarin DOAC Other, specify:

12.3 Antiplatelet agent at discharge: Yes No Not assessed

12.3.1 If **Yes**, type (select all that apply):

Aspirin Clopidogrel Prasugrel Ticagrelor
 Not assessed Other, specify:

12.4 Other cardiovascular medications at discharge: Yes No Not assessed

12.4.1 If **Yes**, type (select all that apply):

ACEI/ARB Beta blocker Calcium channel blocker Diuretic
 Nitrate Ranolazine Statin Other, specify:

13. Genetics

13.1 Genetic testing: Performed Not performed

ACTA2 Mutation No mutation Inconclusive Not done

COL3A1 Mutation No mutation Inconclusive Not done

COL5A2 Mutation No mutation Inconclusive Not done

FBN1 Mutation No mutation Inconclusive Not done

FLNA Mutation No mutation Inconclusive Not done

MYLK Mutation No mutation Inconclusive Not done

PLOD3 Mutation No mutation Inconclusive Not done

SKI Mutation No mutation Inconclusive Not done

CBS Mutation No mutation Inconclusive Not done

COL5A1 Mutation No mutation Inconclusive Not done

EFEMP2 Mutation No mutation Inconclusive Not done

FBN2 Mutation No mutation Inconclusive Not done

MYH11 Mutation No mutation Inconclusive Not done

PLOD1 Mutation No mutation Inconclusive Not done

PRKG1 Mutation No mutation Inconclusive Not done

SLC2A10 Mutation No mutation Inconclusive Not done

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SMAD3 Mutation No mutation Inconclusive Not done
TGFB1 Mutation No mutation Inconclusive Not done
TGFB3 Mutation No mutation Inconclusive Not done
TGFBR2 Mutation No mutation Inconclusive Not done

SMAD4 Mutation No mutation Inconclusive Not done
TGFB2 Mutation No mutation Inconclusive Not done
TGFBR1 Mutation No mutation Inconclusive Not done
TGFBR3 Mutation No mutation Inconclusive Not done

Other, specify gene and result:

14. Non-coronary vascular imaging (for the most recent SCAD event)

14.1 Non-coronary vascular imaging been performed: Yes No Not assessed

14.1.1 If Yes, which imaging modality (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Aortogram | <input type="checkbox"/> Femoral angiogram | <input type="checkbox"/> Lower extremity angiogram |
| <input type="checkbox"/> Selective renal angiogram | <input type="checkbox"/> Upper extremity angiogram | <input type="checkbox"/> CTA aorta with lower extremity runoff |
| <input type="checkbox"/> CTA brain (intracranial) | <input type="checkbox"/> CTA neck (extracranial) | <input type="checkbox"/> CTA chest |
| <input type="checkbox"/> CTA abdomen / pelvis | <input type="checkbox"/> Duplex ultrasound of carotid arteries | <input type="checkbox"/> Duplex ultrasound of renal arteries |
| <input type="checkbox"/> MRA brain (intracranial) | <input type="checkbox"/> MRA neck (extracranial) | <input type="checkbox"/> MRA chest |
| <input type="checkbox"/> MRA abdomen / pelvis | <input type="checkbox"/> Other, specify: | |

14.1.2 Atherosclerosis in any of the non-coronary vascular beds: Yes No Not assessed

14.1.3 Specify any DEFINITE abnormal findings (select all that apply) and locations (vessel code in the APPENDIX):

No abnormal findings

Aneurysm (Please specify size underneath in cm) Location:
Size (cm):

Dissection Location:

Ectasia Location:

FMD: Focal (Single smoothly tapered or concentric lesion) Location:

FMD: Multifocal (Beading) Location:

Occlusion Location:

Pseudoaneurysm (Please specify size underneath in cm) Location:
Size (cm):

Stenosis Location:
% Stenosis:

Tortuosity Location:

Other, specify: Location:

14.1.4 Specify any POSSIBLE abnormal findings (select all that apply) and locations (vessel code in the APPENDIX):

No abnormal findings

Aneurysm (Please specify size underneath in cm) Location:
Size (cm):

Dissection Location:

Ectasia Location:

FMD: Focal (Single smoothly tapered or concentric lesion) Location:

FMD: Multifocal (Beading) Location:

Occlusion Location:

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<input type="checkbox"/> Pseudoaneurysm (Please specify size underneath in cm)	Location:
	Size (cm):
<input type="checkbox"/> Stenosis	Location:
	% Stenosis:
<input type="checkbox"/> Tortuosity	Location:
<input type="checkbox"/> Other, specify:	Location:

APPENDIX: Non-coronary vessel codes

01. Internal carotid artery, left	02. Internal carotid artery, right	03. Vertebral artery, left	04. Vertebral artery, right
05. Brachial artery, left	06. Brachial artery, right	07. Renal artery, left	08. Renal artery, right
09. Celiac trunk	10. Splenic artery	11. Hepatic artery	12. Superior mesenteric
13. Inferior mesenteric	14. Common iliac artery, left	15. Common iliac artery, right	16. External iliac artery, left
17. External iliac artery, right	18. Common femoral artery, left	19. Common femoral artery, right	20. Popliteal artery, left
21. Popliteal artery, right	22. Intracranial artery	23. Other	