



PROJECT I-C  
HF22 - CARDIAC CATH REPORT



UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

Patient ID #:

Randomization #:  
Project   - Site   - Number



Image quality:  Excellent  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

**INTERPRETATION (To be completed by the interpreting physician)**

- Normal
- Obstructive CAD
  - 1VD  $\geq$  50%
  - 2VD  $\geq$  50%
  - 3VD  $\geq$  50%

Risk:  Non-high risk CAD

High risk CAD

Left main  $\geq$  50%  
 or  
 3 Vessel Disease  $\geq$  70%  
 or  
 2 Vessel Disease  $\geq$  70%  
 (involving Proximal LAD)

**RECOMMENDATION (Mark only one)**

- Medical therapy
- PCI
- CABG

FAX A COPY OF THE FINAL CLINICAL REPORT TO 613-761-5406

**COMMUNICATION**

I have interpreted the clinical report for this Cardiac CATH  Yes  No

The **best recommendation** for management is included in the clinical report.  Yes  No

The referring MD was contacted directly with the recommendations  Yes  No

**COMMENTS (Please print in block letters)**

Empty box for comments

Date of interpretation: Year     / Month   / Day

Interpretation Physicians Initials:

