

Patient Name
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**INSTRUCTIONS: Complete section A or B for initial ICD implants. Complete section C if implanting CRT (BiV). Complete section D for change outs. This form must be completed and faxed to the Scheduling department before the procedure can be scheduled. FAX #'s: University- 937-3341 North-937-3336 Germantown- 937-3338**

**A. Indications for implanting cardiac defibrillators for life-threatening tachyarrhythmias:**  
 Complete the applicable indication box (1 or 2)

1.  Documented sustained V-tach, either spontaneous or induced by EPS, not associated with AMI or a transient or reversible cause.  
 If induced, date of Electrophysiology Study (EP) \_\_\_\_\_
2.  Documented episode of cardiac arrest due to V-fib not transient or reversible cause.

**B. Indications for implanting cardiac defibrillators for prevention of tachyarrhythmias in CHF patients (post SCD-HeFT):**  
 Complete the applicable indications box (1, 2, 3, 4, or 5)

1.  Documented family history w/high risk of life-threatening V-tach **and**  
 Long QT syndrome **or**  Hypertropic cardiomyopathy  
**and**  
 Patient has none of the following contraindications:
  - Unable to give informed consent
  - Had an acute MI within the past 40 days
  - Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm
  - Had a CABG or PTCA within the past 3 months
  - Clinical symptoms or finding that would make them a candidate for coronary revascularization
  - Irreversible brain damage from pre-existing cerebral disease
  - Any disease other than cardiac, associated with the likelihood of survival less than 1 year.
2.  Coronary Artery Disease (CAD) with documented prior MI (**Date of MI** \_\_\_\_\_), LVEF  $\leq 35\%$ , and inducible sustained V-tach or V-fib. (MI must be more than 4 weeks ago and EPS must be performed more than 4 weeks after the qualifying MI)  
**EF obtained** \_\_\_\_\_ (date) **EF** \_\_\_\_\_% by  cath  ECHO  MUGA  
 Patient has none of the contraindications listed above in #B1.
3.  Documented MI more than 40 days prior: **Date of MI** \_\_\_\_\_ and LVEF  $\leq 30$  **EF** \_\_\_\_\_% **and**  
 Patient has none of the contraindications listed above in #B1 **and**  
 Patient does not have NYHA Class IV heart failure
4.  Ischemic dilated cardiomyopathy, documented prior MI (**Date of MI** \_\_\_\_\_), NYHA Class II and III heart failure, left ventricular ejection fraction (LVEF)  $\leq 35\%$ , EF obtained \_\_\_\_\_ (date) **EF** \_\_\_\_\_% by  
 Cath  ECHO  MUGA **and**  
 Patient has none of the contraindications listed above in #B1.
5.  Non-ischemic dilated cardiomyopathy more than 3 months, NYHA Class II or III heart failure, LVEF  $\leq 35\%$   
**EF obtained** \_\_\_\_\_ (date) **EF** \_\_\_\_\_% by  cath  ECHO  MUGA **and**  
 Patient has none of the contraindications listed in #B1

**C. Indications for using a CRT / BiV Defibrillator:**

1.  Meets criteria selected above in box A or B and has QRS interval  $> 120$  ms QRS interval \_\_\_\_\_ **or**
2.  Has NYHA Class IV heart failure and QRS interval  $> 120$  QRS interval \_\_\_\_\_

**D. Replacement of existing ICD**

1.  Replacing an existing implantable cardioverter defibrillator (ICD)  
 Malfunction  Recall \_\_\_\_\_  Battery depletion  Device end-of-life \_\_\_\_\_  
 Infection  Upgrade - **if BiV complete section C**  
**Reason for Initial Implant:**  
 VT  VF  Cardiac arrest  Cardiomyopathy

Physician Signature & MD # \_\_\_\_\_ Date \_\_\_\_\_

Scheduled Date of Procedure \_\_\_\_\_ Cath Lab Reviewer \_\_\_\_\_ Date \_\_\_\_\_  
 (Scheduled date provided by scheduling dept.)REV0909

