

# Atrial 'J' Injury Classification Form

---

Patient Last Name: \_\_\_\_\_ Lead Serial #: \_\_\_\_\_

Patient First Name: \_\_\_\_\_ Lead Model #:  330-801  329-701  033-812

---

---

Date of Injury Occurrence: Yr \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_

**Event Classification** (*select one*)

- Injury Directly Related to 'J' wire  
 Injury Possibly Related to 'J' wire

Clinical details surrounding J wire injury: \_\_\_\_\_

---

---

---

---

---

Note: Please provide fluoroscopic screening data on Fluoroscopic Screening Forms

**Injury Category** (*select one*)

- |                                               |                                                         |
|-----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Death                | <input type="checkbox"/> Chest pain                     |
| <input type="checkbox"/> Cardiac tamponade    | <input type="checkbox"/> Embolism of wire (w/ sequelae) |
| <input type="checkbox"/> Pericardial effusion | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Atrial perforation   |                                                         |

**'J' wire classification at the time of injury** (*if both, select class related to the injury*)

- Protrusion  Migration

Preparer's Signature: \_\_\_\_\_

Date: Yr \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_

Name: \_\_\_\_\_