

# Atrial "J" Fluoroscopic Screening Form

## Patient Identification

Patient Last Name: \_\_\_\_\_

Lead Serial #: \_\_\_\_\_

Patient First Name: \_\_\_\_\_

Lead Model #:  330-801  329-701  033-812  
 330-854  033-856  other: \_\_\_\_\_

Lead Implant Date: Yr \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_

Following Physician: \_\_\_\_\_  
(Physician of record, caring for the patient and their pacemaker system)

Physician's Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State & Country)

## Fluoroscopic screening results

Date of Screening: Yr \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_

### To be filled out for ACCUFIX models 801/701/812 only:

J Retention Wire Interpretation (*check only one*):





- Group I: Fracture of the J retention wire **not suspected**
- Group II: **Fracture** is **suspected** but protrusion of the wire segment through the outer polyurethane sheath is not suspected.
- Group III: Fracture is suspected due to the visualization of the **protrusion** of a segment of wire through the outer polyurethane sheath.
- Group IV: Segment of the retention wire has broken, perforated the outer insulation and **migrated** away from the lead.

### To be filled out for ENCOR Passive Fixation leads only:

J Retention Wire Interpretation (*check only one*):

- Class A: Fracture of the J retention wire **not suspected**
- Class B: **Fracture** of J retention wire **suspected**, but not visualized (e.g., marked kink)
- Class C: **Fracture** of J retention wire **visualized**, but the J wire does not protrude from the lead (e.g., intersection of broken ends, space between broken ends, etc.)
- Class D: The J retention wire **protrudes** from the lead
- Class E: Fragment of J retention wire has **migrated** away from the lead.

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Inter-Electrode Region Contour: (*check only one*)

- Straight 
- Curved 
- Kinked 
- Severed 

Screening Physician's Signature: \_\_\_\_\_

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

Screening Physician's Name: \_\_\_\_\_

Screening Center: \_\_\_\_\_

Screening Center City, State & Country: \_\_\_\_\_