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.

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: _____________________________