conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Procedure** ☐ Source ☐ Data Transfer Tool
	Site Number: _____ Subject ID: _____

Date of procedure	_____/ _____/ _____(DD/MMM/YYYY)
Randomized to	☐ CLAAS ☐ Control
Study Procedure	☐ CLAAS ☐ Watchman ☐ Amulet
Investigator (Operating Physician) First Name	
Investigator (Operating Physician) Last Name	
Primary Imager First Name	
Primary Imager Last Name	
What loading dose was prescribed to the patient prior to the procedure?	☐ 81-100 mg Aspirin ☐ 325 mg Aspirin ☐ No loading dose prescribed prior to index procedure ☐ Other: _____
Procedure start time (24 HR) *(Defined as time of first sheath insertion in primary venous access site)*	_____ : _____
Access Sheath Insertion site ****Access sheath*** *refers to the investigational/control access sheath*	☐ Right femoral vein ☐ Left femoral vein ☐ Both right and left insertion sites
Access Sheath ****Access sheath*** *refers to the investigational/control access sheath*	☐ Single Curve ☐ Double Curve ☐ Both Single Curve and Double Curve used ☐ VizaraMed Multiflex Steerable Sheath ☐ None of the above, other, specify: __
Final Access Sheath used	_____Fr.
Transseptal method	☐ Mechanical needle puncture ☐ Radiofrequency needle puncture

What imaging was used to determine release criteria	☐ TEE ☐ Flouro/Angio	
Peri-device leak present?	☐ Yes, _____mm ☐ No	
Time of Access Sheath removal (24 HR) ****Access sheath*** *refers to the investigational/control access sheath*	_____ : _____	
Vascular hemostasis method *(Please select at least one response)*	☐ Vascular closure device ☐ Suture-mediated ☐ Manual compression	
Low ACT during procedure		
High ACT during procedure		
Total fluoroscopy time (minutes)		
Total contrast used (mL)		
Estimated blood loss (mL)		
Total Heparin Used	☐ _____ml ☐ _____Units ☐ Other: _____	
Was protamine used?	☐ Yes ☐ No	
Time subject left catheterization lab (24 HR)	_____ : _____	
Were any other medical procedures performed?	☐ Yes ☐ No	
	If Yes, specify *(Check all that apply)*	☐ LAA Device, specify: _____ ☐ Pericardial Drain ☐ Pericardiocentesis ☐ Conversion to open heart surgery ☐ Sternotomy ☐ Other, specify: _____

Complete left atrial seal?	☐ Yes ☐ No	
Were there any new adverse events?	☐ Yes *(Complete an Adverse Event Form)* ☐ No	
Did the subject receive the intended implant?	☐ Yes ☐ No	If No, specify why:
Additional Procedure Notes		

_____
Site Personnel Signature

__ __/ __ __ __/ __ __ __ __
Date (DD/MMM/YYYY)

_____
Implanting Investigator Signature

__ __/ __ __ __/ __ __ __ __
Date (DD/MMM/YYYY)