

Related AE #:		
Type of Pericardial Effusion	<input type="checkbox"/> Circumferential <input type="checkbox"/> Non-Circumferential	
Size of Pericardial Effusion	<input type="checkbox"/> Trivial <input type="checkbox"/> Small (<1 cm) <input type="checkbox"/> Moderate (1-2 cm) <input type="checkbox"/> Large (>2 cm and <5cm) <input type="checkbox"/> Large (>5cm)	
Persistent Hypotension requiring pressor support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pericardial Drainage Attempted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, <input type="checkbox"/> Surgical Intervention <input type="checkbox"/> Pericardiocentesis <input type="checkbox"/> Successful Volume Removed: _____ ml Type Removed: <input type="checkbox"/> Blood <input type="checkbox"/> Blood Tinged <input type="checkbox"/> Straw Colored <input type="checkbox"/> Unsuccessful (No Volume Removed)
Time of occurrence?	<input type="checkbox"/> Intraprocedural <input type="checkbox"/> Acute (< or = 48 hours post-procedure) <input type="checkbox"/> Late (>48 hours post-procedure through 45 days) <input type="checkbox"/> Very Late (>45 days post procedure)	

Site Personnel Signature

____/____/_____
Date (DD/MMM/YYYY)