

NAME OF THE HOSPITAL: _____

17). GAVE (Gastric Antral Vascular Ectasia) - 2 Days Stay: M14V1.7

1. Name of the Procedure: GAVE (Gastric Antral Vascular Ectasia)
2. Indications: GAVE (Gastric Antral Vascular Ectasia)
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of GAVE in Upper GI Endoscopy:
Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Unstable
hemodynamic status: Yes/No

For Eligibility for GAVE (for invasive intervention) the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
