

NAME OF THE HOSPITAL: \_\_\_\_\_

2). Gastrointestinal Visceral Arterial Embolization In Upper And Lower Gastrointestinal Bleeding With Microcatheter: M15W1.10

1. Name of the Procedure: Gastrointestinal Visceral Arterial Embolization In Upper And Lower Gastrointestinal Bleeding With Microcatheter
2. Indications: Select indication which is applicable  
Hematemesis or Malena causing drop in Hb by 2gms in 24 hrs/Hematemesis or Malena causing tachycardia or hypotension/Intermittent GI bleed causing anemia/Visceral arteries pseudoaneurysm/Visceral arteries AV Fistula
3. Does the patient presented with hematemesis, malena, drop in Hb > 1gm: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CBC, Hb, Coagulation profile (PT INR, Platelet Count), creatinine, GI endoscopy : Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of uncorrectable coagulopathy: Yes/No

For Eligibility for Gastrointestinal Visceral Arterial Embolization In Upper And Lower Gastrointestinal Bleeding With Microcatheter 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

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