

NAME OF THE HOSPITAL: _____

3). Bronchial Artery Embolization In Hemoptysis Using PVA And Micro Catheter: M15W1.11

1. Name of the Procedure: Bronchial Artery Embolization In Hemoptysis Using PVA And Micro Catheter

2. Indications: Select indication which is applicable

Hemoptysis > 300 ml in 24 hrs/Requiring blood transfusion/Hemoptysis causing drop in Hb by 2 gms in 24 hrs/Chronic Hemoptysis causing anemia (Hb < 10 gms %)

3. Does the patient presented with hemoptysis, hypotension, tachycardia, cough: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- CBC, Coagulation profile (PT INR, Platelet Count), Creatinine, Xray/CT chest showing pulmonary infiltration, bronchiectasis or cavitary changes: 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 Bronchial Artery Embolization In Hemoptysis Using PVA And Micro Catheter 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
