

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

81) Surgery with CPB

1. Name of the Procedure: Surgery with CPB

2. Cardiac surgeries:

- a. Valvular heart disease: Yes/No
- b. Congenital heart disease: Yes/No
- c. Coronary arterial disease: Yes/No
- d. Aortic surgeries: Yes/No

If yes – mention the specific disease

(Upload 2 D echo and/or CAG and/or CT and/or cardiac MRI and/or Cath study)

3. Non cardiac surgeries:

- a. Major thoracic surgery: Yes/No  
If yes – mention specific surgery
- b. Neurosurgery for aneurysm and/or tumours: Yes/No  
If yes – mention specific surgery
- c. Abdominal surgery:
  - Renal malignancy: Yes/No
  - Liver malignancy: Yes/No
  - Transplantation: Yes/NoIf yes – mention specific surgery

4. Treatment –

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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