

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

1) Failed device closure for ASD and/or VSD. Emergency retrieval of device with defect closure under cardiopulmonary bypass

1. Name of the Procedure: Failed device closure for ASD and/or VSD. Emergency retrieval of device with defect closure under cardiopulmonary bypass

2. Select the indications:

Failed device closure for ASD
Failed device closure for VSD

3. Does the patient has significant Left to right shunt: Yes /No

4. Significant pulmonary vascular disease : Yes/No  
(Upload 2 D echo & Catheterization Report if possible)

5. Whether pericardial or artificial patch used for closure.  
(Intra operative photo of patch)

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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