

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

10) Glenn Shunt (without cardiopulmonary bypass)

1. Name of the Procedure: Glenn Shunt (without cardiopulmonary bypass)

2. Select the Indication:

Cyanosis: Yes/No

Hypoplastic left heart syndrome: Yes/No

Tricuspid atresia: Yes/No

Double outlet right ventricle: Yes/No

Complex cyanotic heart disease: Yes/No  
(2 D echo and/or cath study)

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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