

2003 Database Harvest Verification Form

STS Congenital Heart Surgery Database

☛ This form **MUST** be completed and faxed to the data warehouse for your data file to be processed. Please verify that the information on this form is complete and accurate.

☛ Fax this form to: **(919) 668-7074**

Note: Please contact Leigh Ann Jones for instructions or questions.
 Email: leigh.jones@duke.edu or phone: 919-668-8299

Participant ID: _____ File Name: _____ con.dat (Fill blanks with Participant ID)

Vendor Name: _____

Please use **ONLY** the records from this data file with **Earliest** and **Latest** surgery dates specified here.

Earliest Surgery Date in this data file: ____ / 01 / ____ *Must be the first of the month.

Latest Surgery Date in this data file: ____ / ____ / ____

Total Number of Operation Records in this data file: _____

Case Category (OpType): Specify the number of records for each time period of data being submitted:	1998	1999	2000	2001	2002
CPB:					
No CPB Cardiovascular:					
ECMO:					
Thoracic:					
Interventional Cardiology:					
Other: Other cardiac procedures or combination of cardiac procedures not included above					
Number of Deaths: Verify number of operative death records for each time period					
Total Number of Operation Records: Verify number of records for each time period					

Participant's State: _____ (Two letter abbreviation)

Signature of Data Manager: _____ Date: ____ / ____ / ____