

Database Harvest Verification Fall 2003

STS Adult Cardiac Surgery Database

☛ This form **MUST** be completed and faxed to the Data Warehouse for your data to be processed.

☛ Fax this form to: (919) 668-7074

Participant ID: _____ File Name: ______ad.t.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** to use: ____/ **01** / ____

Latest **Surgery Date** to use: ____/ ____/ ____

The Earliest Surgery Date must always be the first of the month.

Records with surgery dates prior to the earliest date in this data file will be pulled from the data submitted during previous harvests and included in the analysis.

Note: To submit data prior to January 1, 2000 requires special permission. Please contact your Clinical Data Specialist for instructions.

Type of Procedure: Specify the number of records and the time period for data being submitted:	# of Records July 1, 2001 – Dec 31, 2001	# of Records Jan 1, 2002 – Dec 31, 2002	# of Records Jan 1, 2003 – June 30, 2003
CAB: Isolated Coronary Artery Bypass Graft only			
MVR: Mitral Valve Replacement only			
AVR: Aortic Valve Replacement only			
MVR+CAB: Mitral Valve Replace + Coronary Artery Bypass Graft only			
AVR+ CAB: Aortic Valve Replace + Coronary Artery Bypass Graft only			
Other: Other cardiac procedures or combination of cardiac procedures not included above			
Number of Operative Mortalities: Verify number of operative mortality records for each time period			
Total Number of Records: Verify number of records for each time period			

☛ Verify the information on this form is as complete and accurate as possible and sign below.

☛ Fax to the data warehouse: (919) 668-7074

Participant's State: _____

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