PART A: ADMINISTRATIVE INFORMATION

1.a. Batch Number: [ ] [ ] [ ] H

b. Type of Review: Original O

Adjudication A

Special review S

c. Date of HDX completion: [ ] [ ] [ ]

Month Day Year

2. Code number of person completing this form: [ ] [ ] [ ]

PART B: REVIEW OF COMPUTER’S HF DIAGNOSIS

3. Does this event meet criteria for complete chart abstraction? Y N U

4. Is there evidence of:
   a. Abnormal LV systolic function? Y N U
   b. Abnormal RV systolic function? Y N U
   c. LV diastolic dysfunction? Y N U

5. Estimated LVEF (worst): a. ≥50% [ ] b. 35-49% [ ] c. < 35% [ ] d. Unknown [ ]

6. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)

   Definite decompensated heart failure A
   Possible decompensated heart failure B
   Chronic stable heart failure C
   Heart failure unlikely D
   Unclassifiable E

   Yes No Unknown

   a. Was definite or possible decompensated heart failure present at admission? Y N U

6. Was this event fatal? Y N

   Yes No

   a. Was decompensated heart failure the primary cause of death? Y N U

8. Comments: ________________________________