### Deep vein thrombosis (DVT)

1.1 Date of Diagnosis/Admission: 

1.2 Diagnosis: *(Mark the one category that applies best.)*
- [ ] 1 Deep vein thrombosis of lower extremities *not resulting from a procedure* within 60 days
- [ ] 2 Deep vein thrombosis of lower extremities *during or following a procedure* within 60 days

1.3 Diagnosis of deep vein thrombosis is based on: *(Mark all that apply.)*
- [ ] 1 Hospital discharge summary with a diagnosis of deep vein thrombosis
- [ ] 2 Positive findings on a venogram
- [ ] 3 Positive findings using impedance plethysmography
- [ ] 4 Positive findings on doppler duplex, ultrasound, sonogram, or other non-invasive test examination
- [ ] 5 Positive findings on isotope scan

1.4 Diagnosis of deep vein thrombosis reporting source: *(Mark one. If more than one category applies, mark the first applicable category.)*
- [ ] 1 Hospital inpatient
- [ ] 2 Hospital outpatient facility or clinic
- [ ] 3 Radiology or imaging facility
- [ ] 4 Physician’s office/private medical practitioner
- [ ] 5 Nursing/convalescent home/hospice
- [ ] 6 Autopsy only
- [ ] 7 Death Certificate only
- [ ] 8 Other

1.5 Was a work up for pulmonary embolism performed?
- [ ] 1 Yes
- [ ] 0 No
- [ ] 8 Unknown

RV_________K_________V_________
2. **Pulmonary embolism (PE) requiring hospitalization:**

2.1 Date of Diagnosis/Admission: __________-________-________ (M/D/Y)

2.2 Diagnosis: *(Mark the one category that applies best.)*

☐ 1 Pulmonary embolism *not resulting from a procedure* within 60 days

☐ 2 Pulmonary embolism *during or following a procedure* within 60 days

2.3 Diagnosis of pulmonary embolism is based on: *(Mark all that apply.)*

☐ 1 Hospital discharge summary with a diagnosis of pulmonary embolism

☐ 2 High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan)

☐ 3 Positive findings on pulmonary angiogram or spiral CT

☐ 4 Diagnosis of deep vein thrombosis (DVT) based on $\geq$ 1 DVT criteria in 1.3. plus signs and symptoms suggestive of PE (e.g., acute chest pain, dyspnea, tachypnea, hypoxemia, tachycardia, or chest X-ray findings suggestive of PE)

☐ 8 Other, including autopsy

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Responsible Adjudicator Signature