Study number: _____ Date of inclusion: ___/___/___

STUDY TREATMENT CRF

Study Treatment

Was immediate CAS performed:	o No	o Yes
If crossover; what was the reason: _____		
	Report crossover to sponsor!	
Was CAS performed prior to thrombectomy:	o No (retrograde)	o Yes (antegrade)
When did PTA take place?	o Before stent placement o After stent placement	o Both before and after stent placement o No PTA performed
Balloon measurements:	Diameter:_____mm	Length:_____mm
Time of stent placement: ___:___		
What was the type of stent used? If other, please specify (Multiple options possible)	o Roadsaver (Terumo) o Casper (Microvention) o CGuard (Inspire MD) o Wallstent (Boston Scientific o Xact (Abbott)	o Acculink (Abbott) o NexStent (EndoTex) o Protégé RX (Medtronic) o Precise Pro Rx (Cordis) o Other: _____
Stent measurements:	Length:_____mm	Diameter:_____mm
Was a cerebral protection device used during EVT:	o No	o Yes
If yes, what type of cerebral perfusion protection was used:	o Proximal protection device Please specify:_____	o Distal protection device
Did the patient receive a loading dose of IV aspirin 500mg during or shortly after the CAS (within 1 hour of groin closure):	o No If no, please specify:_____	o Yes
Did any of the following events occur during the procedure: (multiple options possible)	o Bradycardia o Hypotension o Carotid stent thrombosis o Embolization in new vascular territories o None of the above	
If carotid stent thrombosis, which antiplatelet medication was administered:	o None o Tirofiban (Aggrastat)	o Eptifibatide (Integrilin) o Other, _____
Total dose antiplatelet medication: _____mcg		

(S)AE Check after study treatment

Did the patient experience one of more (serious) adverse events:	o No	o Yes
	If yes, please complete (S)AE form(s) in Castor and report to sponsor!	

Review all Data for this Visit

Physician Date: ___/___/___ Signature: _____	Study Nurse Date: ___/___/___ Signature: _____

Other, comments:_____
_____
_____
_____