

## Submission Requirements for 101 Level

	AVNRT	PVC	VT
<b>Patient Background</b>	Age, sex, any previous ablations	Age, sex, any previous ablations	Age, sex, any previous ablations
<b>Access</b>	Diagnostic, ICE, or multipolar mapping catheters used	RV, Retrograde, or Transseptal. Any diagnostic, ICE, or multipolar mapping catheters used	RV, Retrograde, or Transseptal. Any diagnostic, ICE, or multipolar mapping catheters used
<b>EP Diagnosis or 12 Lead</b>	Should include a picture of at least 1 of the following:  -Induction of arrhythmia -Junctionals during RF -Clinically significant snapshot of recording system with labels	Picture of PVC with a sinus beat	Picture of PVC with a sinus beat  or VT
<b>EP Diagnosis Explanation or 12 Lead Prediction</b>	Describe what is happening in the image from EP Diagnosis	Include your PVC prediction of origin and why  -should include Axis, precordial transition, BBB, anterior or posterior, and other characteristics that predict 12-lead origin.	Include your VT prediction of origin and why  -should include Axis, precordial transition, BBB, anterior or posterior, and other characteristics that predict 12-lead origin.
<b>Sheath Placement</b>	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name
<b>Final Images</b>	2 images of LAO and RAO with final lesions (all anatomy should be labeled)	2 images showing successful site(s) of ablation anatomy is labeled and torso map is included in picture	2 images showing successful site(s) of ablation anatomy is labeled and torso map is included in picture
<b>Ablation and Endpoint</b>	Power and duration Clinical endpoint Any limitations to ablation or endpoint	Power and duration clinical endpoint Any limitations to ablation or endpoint	Power and duration clinical endpoint Any limitations to ablation or endpoint
<b>Procedure Workflow</b>	What was the procedure workflow: Include mapping strategy (multipolar mapping, induction first or access first)	What was procedure workflow: Mapped RV first Retro or TSP Multipolar mapping  Where did they burn and why: Include timing and pace match	What was procedure workflow: Mapped RV first Retro or TSP Multipolar mapping  Where did they burn and why: Include timing and pace match if Idiopathic. For ischemic: scar homogenization, ILAM, entrainment, late potentials
<b>Learning Opps.</b>	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?

## Submission Requirements for 101 Level

	AF parox	AF Persist	AT Atypical AFL	AVRT
<b>Patient Background</b>	Age, sex, any previous ablations	Age, sex, any previous ablations	Age, sex, any previous ablations	Age, sex, any previous ablations
<b>Access</b>	Any diagnostic, ICE, or multipolar mapping catheters used, single or double transseptal	Any diagnostic, ICE, or multipolar mapping catheters used, single or double transseptal	RV, retro, or TSP, diagnostic, multipolar mapping catheters used	RV, retro, or TSP, diagnostic, multipolar mapping catheters used
<b>EP Diagnosis</b>	Picture of AF if applicable	Picture of AF if applicable	Should include 1 of the following: -Induction of arrhythmia -Tachycardia -Any clinically significant snapshot of recording system with labels	Should include 1 of the following: -Sinus beat with delta wave -Induction of arrhythmia -Tachycardia -Any clinically significant snapshot of recording system with labels
<b>EP Diagnosis Explanation</b>	Description of why it is AF	Description of why it is AF	Describe what is happening in the image from EP Diagnosis	Describe what is happening in the image from EP Diagnosis
<b>Sheath Placement</b>	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name	Fluoro image of sheath placement with description (description only if fluoroless)  Sheath name
<b>Final Images</b>	1 image in PA view showing ablation lesions	1 image in PA view showing ablation lesions	1 or 2 images showing ablation lesions (anatomy labeled if more than 1 chamber mapped, torso man included)	1 or 2 images showing ablation lesions (anatomy labeled if more than 1 chamber mapped, torso man included)
<b>Ablation and Endpoint</b>	Power on anterior/posterior wall, drag burns or point by point, total RF time, Time to first pass isolation	Power on anterior/posterior wall, drag burns or point by point, total RF time, Time to first pass isolation	Power and duration clinical endpoint Any limitations to ablation or endpoint	Power and duration clinical endpoint Any limitations to ablation or endpoint
<b>Procedure Workflow</b>	What was the procedure workflow: Include mapping strategy (multipolar mapping, any sheath maneuvers or additional ablation)	What was the procedure workflow: Include mapping strategy (multipolar mapping, any sheath maneuvers or additional ablation)	What was procedure workflow: Mapped RV first Retro or TSP Multipolar mapping  Where burned and why: Include timing for AT Line of block for ATY AFL	What was procedure workflow: Mapped RV first Retro or TSP Multipolar mapping  Where burned and why
<b>Learning Opps.</b>	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?	What went well, what didn't, how do you overcome obstacles, did physician need coaching, did you provide coaching, physician feedback if any  What did you learn from the case?