



ELECTIVE ANGIOGRAPHY INFORMATION CHECKLIST

Information required to be submitted with Cardiac Catheterization Referral Form.

Access Coordinators may request additional information to assist with triaging patient referrals.

Most current reports sent on following:

- New requisition required (www.cardiacsciences.mb.ca)/ complete referral form
- Patient demographics
- Isolation VRE / MRSA
- Allergies not listed
- Please print physician name, fax, and phone clearly.
- Current history letter with medication list
- Blood work: K+, Cr, Hgb, Plts, INR (within last 3 months)
- E.K.G. (within last 3 months)
- Anticoagulation form (www.cardiacsciences.mb.ca website) if patient on the following anti-coagulation drugs (Dalteparin/Fragmin, Apixaban/Eliquis, Coumadin/Warfarin, Pradaxa/Dabigatran, Xarelto/Rivaroxaban)
- Stress test – Complete report includes interpretation (summary) & EKG tracings
- Echo (TEE, TTE, or STRESS Echo) most recent
- MIBI, MUGA
- All previous Angiogram, Angioplasty (PCI), CABG reports
- All operative reports on valves, peripheral vascular surgeries – no ABI reports
- Dialysis days and Facility : M W F or T TH S
- Right heart procedures – ECHO is required and CT if applicable

Note: Insufficient information or new laboratory abnormalities that have not been addressed will result in cancellations or undue delay (anemia, abnormal platelet counts, renal insufficiency, etc.) If there is an extenuating circumstance, please contact the slating office for assistance at 204-235-3834.

Thank you very much for your cooperation
WRHA Cardiac Sciences Access Coordinators

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