

Appendix 1 (as supplied by the authors): CASE REPORT FORM

Patient initials _____

Date of birth ____/____/____

Date of surgery ____/____/____

Procedure CABG
 Valve
 CABG+valve
 Other

Sex Male Female

Hypertension Yes No

Dyslipidemia Yes No

Diabetes Yes No

Smoking History Yes No

COPD Yes No

Renal insufficiency Yes No

PVD Yes No

CVD Yes No