

Study number:

Date of inclusion: \_\_\_/\_\_\_/\_\_\_

Patient sticker/label

OR

Patient name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

**PLEASE FILL OUT BOTH PAGES AND SCAN**

**Intra-arterial treatment (IAT) – Case Report Form CONTRAST**

**General information**

Date intra-arterial treatment \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

Name 1<sup>st</sup> interventionalist \_\_\_\_\_

Name 2<sup>nd</sup> interventionalist \_\_\_\_\_

**Time registration (hh:mm)**

Time of patient arrival into angiosuite \_\_\_\_\_ : \_\_\_\_\_

Time of groin puncture \_\_\_\_\_ : \_\_\_\_\_

Time of device attempts First: \_\_\_ : \_\_\_ Second: \_\_\_ : \_\_\_ Third: \_\_\_ : \_\_\_

Time recanalization (TICI≥2B) achieved or last contrast bolus \_\_\_\_\_ : \_\_\_\_\_

Time of sheath withdrawal/end of procedure \_\_\_\_\_ : \_\_\_\_\_

**Anesthetic management**

Anesthetic team present from the start  No  Yes

First/primary anesthetic management  0 - None (local only)  
 1 - Local with bolus short working opiates  
 2 - Moderate sedation (patient reacts purposefully to verbal/tactile stimuli)  
 3 - Deep sedation (patient sleeps, no intubation)  
 4 - General anesthesia (intubation)

Conversion  No  Yes, conversion from: \_\_\_ to: \_\_\_ (fill out numbers)

**Pre-treatment**

Final blood pressure before groin puncture (in angiosuite) Systolic \_\_\_\_\_ mm Hg / Diastolic \_\_\_\_\_ mm Hg

Entry Location  Groin  Arm  Carotid  
Side  Left  Right  Both  
Sheath Length  Short  Long  
Size  5-7 Fr  8-9 Fr  
Target lesion/occlusion on DSA Location  ICA  ICA-T  M1  M2 ( A1  A2  VA  BA  P1  P2)  
(multiple options allowed) Side  Multiple distal microthrombi/emboli  Other: \_\_\_\_\_  
 Left  Right ( NA)

eTICI-score before IAT on DSA (pre-TICI)  0  1  2A (<50%)  2B (50-<90%)  2C (90%-99%)  3

**Treatment - main data**

Performed procedure  0 - Catheterization only (no access to target lesion)  
 1 - Cerebral DSA only (i.e. spontaneous recanalization or migration)  
 2 - Intra-arterial treatment (use of device or IA thrombolysis)  
 3 - Other (if procedure ended before thrombectomy attempt, despite target  
 4 - NO procedure performed occlusion)

Please explain if '2 - IAT' was not performed: \_\_\_\_\_

Final DSA performed in two directions (PA and lateral)  No  Yes  
Final eTICI score after IAT (post-TICI)  0  1  2A (<50%)  2B (50-<90%)  2C (90%-99%)  3

Procedural complication(s)?  No  Yes: (please specify below)  
Distal thrombus (downstream from target thrombus)  No  Yes, location: \_\_\_\_\_  
Dissection  No  Yes, location: \_\_\_\_\_  
Embolization in new / other vascular territory  No  Yes, location: \_\_\_\_\_  
Perforation  No  Yes, location: \_\_\_\_\_  
Significant flow-limiting vasospasm(s)  No  Yes, location: \_\_\_\_\_  
Other complication  No  Yes, please specify: \_\_\_\_\_

Stent and (if applicable) thrombus sent for PA? Stent:  No  Yes  
Thrombus:  No  Yes

**Remarks:**

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**Non-trial medication during procedure**

Non-trial medication given during procedure  No  Yes: (please specify below)

<input type="checkbox"/> Heparin	Total dose: _____ IU
<input type="checkbox"/> Abciximab (Reopro)	Total dose: _____ mg
<input type="checkbox"/> Acetylsalicylic acid (Aspégic)	Total dose: _____ mg
<input type="checkbox"/> Nimodipine	Total dose: _____ mg
<input type="checkbox"/> Other: _____	Total dose+units: _____

**Stent placement/PTA in ICA**

Stent placed in ICA  No  Yes:  before  after IAT

Time of ICA stent placement \_\_\_\_\_ : \_\_\_\_\_

ICA Stent type \_\_\_\_\_ and size+units: \_\_\_\_\_

Was PTA performed  No  Yes:  before  after  without stent placement

Balloon size+units \_\_\_\_\_

**Attempt 1**

Target lesion/occlusion location of attempt 1 (multiple options allowed)  ICA  ICA-T  M1  M2 ( A1  A2  VA  BA  P1  P2)

Multiple distal microthrombi/emboli  Other: \_\_\_\_\_

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	Please add units if applicable	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....

eTICI score after attempt 1  0  1  2A (<50%)  2B (50-<90%)  2C (90-99%)  3

**Attempt 2**

Target lesion/occlusion location of attempt 2 (multiple options allowed)  ICA  ICA-T  M1  M2 ( A1  A2  VA  BA  P1  P2)

Multiple distal microthrombi/emboli  Other: \_\_\_\_\_

Same as first attempt?  No  Yes (only if everything remains completely the same)

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	Please add units if applicable	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....

eTICI score after attempt 2  0  1  2A (<50%)  2B (50-<90%)  2C (90-99%)  3

**Attempt 3**

Target lesion/occlusion location of attempt 3 (multiple options allowed)  ICA  ICA-T  M1  M2 ( A1  A2  VA  BA  P1  P2)

Multiple distal microthrombi/emboli  Other: \_\_\_\_\_

Same as second attempt?  No  Yes (only if everything remains completely the same)

Technique:	Types and sizes:	Additional information:
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	Please add units if applicable	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....

eTICI score after attempt 3  0  1  2A (<50%)  2B (50-<90%)  2C (90-99%)  3

Additional attempts  No  Yes, **PLEASE FILL IN SEPARATE FORM WITH ADDITIONAL ATTEMPTS**

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<b>Attempt 4</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 4 ( <i>multiple options allowed</i> )		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded $\geq$ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 4</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Attempt 5</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 5 ( <i>multiple options allowed</i> )		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded $\geq$ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 5</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Attempt 6</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 6 ( <i>multiple options allowed</i> )		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded $\geq$ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 6</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Attempt 7</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 7 ( <i>multiple options allowed</i> )		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded $\geq$ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 7</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

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**PLEASE FILL OUT BOTH PAGES AND SCAN**

<b>Attempt 8</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 8 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 8</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Attempt 9</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 9 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 9</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Attempt 10</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Target lesion/occlusion location of attempt 10 <i>(multiple options allowed)</i>		<input type="checkbox"/> ICA <input type="checkbox"/> ICA-T <input type="checkbox"/> M1 <input type="checkbox"/> M2 ( <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> VA <input type="checkbox"/> BA <input type="checkbox"/> P1 <input type="checkbox"/> P2) <input type="checkbox"/> Multiple distal microthrombi/emboli <input type="checkbox"/> Other: _____
Same as previous attempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (only if everything remains completely the same)		
<b>Technique:</b>	<b>Types and sizes:</b>	<b>Additional information:</b>
<input type="checkbox"/> Guiding catheter (GC)	GC type _____ GC size _____ Microcatheter type _____	Balloon used on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes Aspiration on guiding <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Distal access catheter (DAC)	DAC type _____ DAC size _____	Aspiration on DAC <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Pump <input type="checkbox"/> Manual
<input type="checkbox"/> Stent retriever (SR)	SR type _____ SR dimensions _____ mm x _____ mm	SR unfolded ≥ 5 minutes <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Intra-arterial thrombolysis	<i>Please add units if applicable</i>	Alteplase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ mg Urokinase <input type="checkbox"/> No <input type="checkbox"/> Yes: Dose: _____ IU Other: _____ Dose: _____ .....
<b>eTICI score after attempt 10</b>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2A (<50%) <input type="checkbox"/> 2B (50-<90%) <input type="checkbox"/> 2C (90-99%) <input type="checkbox"/> 3

<b>Additional attempts</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe:	