

Site Number: \_\_\_\_\_ Subject ID: \_\_\_\_\_

|  |  |
|--|--|
| <p><b>Did Subject meet eligibility criteria before Procedure Day ?</b></p>   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  |
| <p><b>Did Subject undergo Procedure TEE ?</b></p>  | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  |
| <p><b>Did Subject continue to meet eligibility criteria after the Procedural TEE ?</b></p>                               | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  |
| <p><b>Did any component of the investigational or control device (e.g. access sheath) enter the subject's body ?</b></p> | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  |
| <p><b>Did the subject receive an LAAO implant?</b></p>   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>  |
| <p><b>Did the subject receive the intended LAAO implant (e.g., the device they were randomized to)?</b></p>              | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><i>Protocol Deviation should be entered for "Procedure /Assessment incomplete or not done" and, Additional Description of Deviation text box should include "Randomized to CLAAS – received CONTROL"</i></p> |

\_\_\_\_\_  
Site Personnel Signature

\_\_\_/\_\_\_/\_\_\_  
Date (DD/MMM/YYYY)