

Related AE #: _____	Related AE Term:
Source of systemic embolization (Select only one)	<input type="checkbox"/> Cardioembolic <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
End organ damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, specify (Select all that apply)	<input type="checkbox"/> Pulmonary circulation/lungs <input type="checkbox"/> Coronary circulation <input type="checkbox"/> Visceral-mesenteric <input type="checkbox"/> Peripheral vasculature <input type="checkbox"/> Upper extremity <input type="checkbox"/> Lower extremity

Note: If utilizing as source (no other source exists)- form should be signed by Site Investigator

_____	____/____/____
Site Personnel Signature	Date (DD/MMM/YYYY)