

Application form for the recognition as a heart team for TAVI

Version 1.0, 26.03.2025

Institution (please be aware that this information will be published and insurances should be able to identify the center by the information)

Name of institution _____

Address of institution _____

Postal code _____

City _____

Contact Person for this application

Title _____

First name _____

Name _____

Email _____

Telephone number _____

Does your institution perform TAVI? Yes No

Does your institution have a "kantonaler Leistungsauftrag/mandat de prestation cantonal" for cardiac surgery?

Yes No

Does your institution have a "kantonaler Leistungsauftrag/ mandat de prestation cantonal" for interventional cardiology?

Yes No

Does your institution participate in the SWISS TAVI registry? Yes No

If yes, please attach the letter of confirmation by the SWISS TAVI registry.

Please describe here the composition of your heart team (A minimum of two cardiologists, of which one is an interventional cardiologist trained in performing TAVI and a cardiac surgeon. An anesthesiologist and a cardiologist trained in cardiac imaging need to be available on request). Please list any member of the institution that fulfill the criteria and regularly participate in the heart team meeting.

How often does the heart team meet? _____

Are all patients with aortic stenosis where an intervention and/or surgery are an option presented to the heart team?

Yes No

Is the decision of the heart team documented in a systematic manner? Yes No

If yes, please attach the form you use for systematic documentation.



Schweizerische Gesellschaft für Kardiologie
Société Suisse de Cardiologie
Società Svizzera di Cardiologia

Schweizerische Gesellschaft für Herz- und Thorakale Gefässchirurgie
Société Suisse de Chirurgie Cardiaque et Vasculaire Thoracique
Società Svizzera di Chirurgia del Cuore e dei Vasi Toracici



Please provide the title, name, address, and email of the head of the cardiology department of your institution:

Please provide the title, name, address, and email of the head of the cardiac surgery department of your institution:

With our signature we confirm that the above information is correct.

Signature
Interventional Cardiologist

Signature
Cardiac Surgeon

Reference:

- 2021 ESC/EACTS Guidelines for the management of valvular heart disease, European Heart Journal (2022) 43, 561-632, <https://doi.org/10.1093/eurheartj/ehab395>