



**The Society of Thoracic Surgeons National Database
CABG, AVR and/or AVR+CABG**

Adult Cardiac Surgery Database

On behalf of the STS National Database Surgeon Participant and the hospital identified below (whether an STS National Database Hospital Participant or not), and based upon the public reporting selections made herein, we hereby give permission to The Society of Thoracic Surgeons (“STS”) and the Duke Clinical Research Institute (“DCRI”) to:

- transfer to Consumers Union of United States, Inc., doing business as Consumer Reports (“CR”), the following surgical outcomes and demographic information derived from the data submitted by Participant (whether a combined Surgeon and Hospital Participant or a Surgeon Participant alone) to the STS National Database (the “Information”) for publication via print, wireless and electronic media, including **the CR website**, as well as third-party websites to whom CR sublicenses small samples of the Information;

and/or

- publish the following surgical outcomes and demographic information derived from the data submitted by Participant (whether a combined Surgeon and Hospital Participant or a Surgeon Participant alone) to the STS National Database (the “Information”) via print, wireless and electronic media, including **the STS website**.

Surgical Outcomes Information

Scores and ratings (expressed in stars or other graphics) are reported for each composite and its respective domains as described in the table below.

Composite Measure Name	Quality Domains	Time Period
Isolated Coronary Artery Bypass Graft (CABG)	(1) Absence of mortality, (2) Absence of major morbidity*, (3) Use of Internal Mammary Artery graft(s), and (4) Receipt of required perioperative medications	12 months
Isolated Aortic Valve Replacement (AVR)	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months
AVR+CABG	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months

*Prolonged ventilation, deep sternal wound infection, permanent stroke, renal failure, and reoperation for any cardiac reason

and

Demographic Information

Demographic information consisting of: name of Surgeon Participant (either individual or group); and website hyperlink, name, city and state of the consenting hospital where services are provided by the relevant Surgeon Participant.

THE INFORMATION MAY BE PUBLISHED ON A SURGEON PARTICIPANT (TYPICALLY A GROUP) BASIS AND ON A HOSPITAL BASIS, THE LATTER OF WHICH MAY INVOLVE A COMBINATION OF INFORMATION PERTAINING TO THE SURGEON PARTICIPANT IDENTIFIED BELOW WITH INFORMATION PERTAINING TO ONE OR MORE ADDITIONAL SURGEON PARTICIPANTS. THEREFORE, SCORES AND RATINGS OF THE SURGEON PARTICIPANT IDENTIFIED BELOW MAY DIFFER FROM THOSE OF THE HOSPITAL.

The Information may also include:

- Time interval represented by the data (isolated CABG, isolated AVR and/or AVR+CABG surgical procedures performed during that interval); and
- Number of isolated CABG, isolated AVR and/or AVR+CABG surgical procedures performed during the time interval represented by the data; and
- Confidence limits for composite score and domain measures.

We hereby agree to hold STS, DCRI and CR (if applicable), and their respective representatives, harmless in connection with their actions taken in good faith reliance on this Consent/Release Form.

We also agree that STS and/or CR may publicly identify the Surgeon Participant and the hospital identified below as the source(s) of the information disseminated to the public as contemplated herein. ***We understand that NO patient identifying data OR individual surgeon level data (unless Surgeon Participant is a single surgeon) will be published and/or shared with CR.***

We represent and warrant that we have full right and authority to act on behalf of the Surgeon Participant and the hospital identified below in this matter as set forth above.



We authorize STS to accept this signed form via hard copy, fax, or email as and for counterparts of hard copy originals, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. It will remain in effect until terminated by the Surgeon Participant and/or the hospital identified below.



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Surgeon Participants may publicly report Isolated CABG, Isolated AVR, AVR+CABG or all three; and these data may be reported on the STS Public Reporting website, the CR website, and/or via other media. We consent to publicly report by marking “Yes” for the following procedure(s) and the indicated public reporting media. “No” will be specified for procedure(s) that the Surgeon Participant chooses **not** to publicly report and for public reporting media through which the Surgeon Participant chooses **not** to publicly report.

Public Reporting Selection		
<i>Where Information Will Be Publicly Reported: STS and/or Consumer Reports (Websites/Other Media)</i>		
<i>What Information Will Be Publicly Reported (CABG, AVR and/or AVR+CABG Composite Score)</i>		
Procedures to be Publicly Reported	 STS	
<i>Isolated CABG</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Isolated AVR</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>AVR+CABG</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Five (5) digit Participant ID (PID) #: _____

For the PID # indicated above, please print the **exact**, consumer-friendly Surgeon Participant name you wish to have published by STS and/or CR (typically a group name, e.g., “ABC Heart Surgical Associates”):

Please print below the official hospital name you wish to have published by STS and/or CR:

You may include website address/hyperlink(s) with your corresponding Surgeon Participant level and/or hospital level data:

Surgeon Participant Website Address/Hyperlink

Hospital Website Address/Hyperlink

Surgeon Participant Representative Name*:

Ten (10) digit Hospital NPI#:

Surgeon Participant (or Representative) Signature:

Hospital Representative Name**:

Date:

Hospital Representative Signature:

(*) CT surgeon authorized to sign on behalf of all surgeons who comprise the “Surgeon Participant”

(**) Representative authorized to sign on behalf of the hospital named above

Hospital Representative Title:

Fax back to STS at: 312-202-5867

Date: