



# RFA - Intraoperative Data Collection Sheet

## Lesion intraoperative Findings

Please use 1 sheet per lesion

Please fax to (216) 445-7653

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
MI

Date of RFA - Surgery

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

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Lesion #

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LiverSegment

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Lesion seen on preop CT

Yes

No

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Ultrasound dimension

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CT dimension

X \_\_\_\_\_, \_\_\_\_\_ cm

X \_\_\_\_\_, \_\_\_\_\_ cm

Y \_\_\_\_\_, \_\_\_\_\_ cm

Y \_\_\_\_\_, \_\_\_\_\_ cm

NeedleType

Model 30

Model 70

Lot Number

Number of ablation cycles

\_\_\_\_\_

All Ablation 8 minutes at 100 °C ?

Yes

No

Irregular Ablation Parameters

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