

Institution:
 Procedure:
 Patient:

Date:
 Surgeon:

	Vessel 1	Vessel 2	Vessel 3	Vessel 4	Vessel 5	Donor	Comments
BP							
Baseline Flow							
BP						Cut Flow	
Flow							
% Change							
BP						Bypass Flow	
Flow							
% Change							
BP							
Flow							
% Change							
BP							
Flow							
% Change							