## EP Insight Centre overview form

General information
Name of the centre:
Head of EP:
Address:
City:
Postal Code:
Country:
Phone:
Type of centre (EP/devices/both):
Number of EP/device labs in your centre:
Number of EP/device operators in your centre:
Number of local EP/device fellows in your centre:
Number of Young EP who could be welcomed in a year:
Language(s) used to perform clinical activity:
Contact person (incl. email):
EP Procedures per year
Estimated number of EP/Ablation procedures:
Estimated number of AF ablations (cryo/RF):
Estimated number of VT ablations:
3D-Mapping software available (enter type):
Focus on preprocedural imaging:
Surgical or hybrid EP procedures:
Estimated number of ablations in congenital heart disease:
Estimated number of procedures in paediatrics patients:
Device procedures per year
Estimated number of PM/ICD implantations:
Estimated number of leadless PM implantations:
Estimated number of subcutaneous ICD implantations:
Estimated number of CRT implantations:
Estimated number of heart failure devices
(CCM/Barostim/others):
Estimated number of lead extractions performed:
Estimated number of LAA-occlusion devices performed:
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I confirm that I read and accepted the rules and regulations

## Centre description

