Project Application

Center: (name center and address)

Name: *(Coordinating investigator)* Name *(PI)*

*Date:*

Title of the project application:

## Centers can enroll patients with mitral and/or tricuspid valve disease consecutively or apply project based. This project application form should be completed and submitted to the Scientific Committee for approval.

## Introduction

Please introduce the clinical problem.

**Aim of the project**

## Included patients

*Please specify the patient profile of patients included in this project*

## Duration project

□ Retrospective □ Prospective

Inclusion period\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up period \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ (can be the same as inclusion period)

**Primary outcomes**

*Please specify the primary outcomes to be studied (for a full list of outcomes captured please see the CRF)*

**Secondary outcomes**

*Please specify the primary outcomes to be studied (for a full list of outcomes captured please see the CRF)*

**Collection of data outside standard of care**

*Please describe if any data collected is outside standard of care (e.g., extra follow-up visits or the administration of additional patient reported outcome measures)*

**Variables entered**

*The HVS (Heart Valve Society) mitral/tricuspid database aims to enter all fields in the database. If this is not the case in this project. Please specify which fields will not be entered and the reasons behind this.*

**Data analysis plan**

*Please specify how the obtained data will be analyzed. Pay special attention to the handling of missing data and adjustment for confounders, if applicable*

**Participating centers**  
*Please list the centers and HVS members that want to join this project. The data management team will contact them if the project is approved.*

**References**