



Rhythm and conduction present on ECG recording (check all that apply):

- 10  Normal sinus rhythm SINUSØ3
- 11  Sinus bradycardia (< 60 bpm) BRADYØ3
- 12  Sinus tachycardia (> 100 bpm) TACHYØ3
- 13  Atrial flutter or fibrillation AFØ3
- 14  Atrial premature depolarization APDØ3
- 15  Supraventricular tachycardia
- 16  Junctional rhythm (< 70 bpm) JØDØSTØ3
- 17  Junctional tachycardia (≥ 70 bpm)
- 18  Ventricular premature depolarization (VPD) VPØDØ3
- 19  Ventricular couplets COUPLTØ3
- 20  Accelerated idioventricular rhythm (< 120 bpm) IDIOVØTØ3  
Average Rate  bpm
- 21  Ventricular tachycardia (< 15 complexes) ≥ 120 bpm VTLISØ3  
Length  complexes  
Average Rate  bpm
- 22  Ventricular tachycardia (≥ 15 complexes) ≥ 120 bpm VTØ3  
(Complete VT form, CAST 21)
- 23  Ventricular fibrillation (VF) VFØ3  
(Complete Death or Cardiac Arrest form, CAST 23)
- 24  Heart block BLOCKØ3
  - 1°  4 Advanced or high degree
  - 2° Mobitz I  5 3° TYPBLKØ3
  - 3° 2° Mobitz II
- 25  LBBB If present, the LBBB is: LBBBØ3
  - 1 Old  2 New  9 Unknown LBBNEWØ3
- 26  RBBB If present, the RBBB is: RBBBØ3
  - 1 Old  2 New  9 Unknown RBBNEWØ3
- 27  LAFB (Definition on last page)
- 28  LPFB (Definition on last page) LFBØ3
- 29  IVCD (Definition on last page) IVCDØ3
- 30  LVH (Any mention or indication in report, local definition) LVHØ3
- 31  Paced PACEØ3
- 32  Diagnosis uncertain  
Specify:
- 33 OTHERØ3  Other:

(Supraventricular tachycardia, diagnosis uncertain, or other)

COMPLETE THIS SECTION FOR 12-LEAD ECG FOR QUALIFYING MI ONLY.

34 Are abnormal Q waves present?  
<sub>1</sub> yes <sub>2</sub> no QWAVES03  
 If YES, define:

		New	Unknown if old or new	Old	Absent
35	QANT03 Anterior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
36	QLAT03 Lateral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
37	QINF03 Inferior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

38 Is abnormal ST segment elevation present?  
<sub>1</sub> yes <sub>2</sub> no STELEV03  
 If YES, define:

		New ST↑	Unknown if old or new	Old ST↑	Absent
39	STEANT03 Anterior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
40	STELAT03 Lateral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
41	STEINF03 Inferior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

42 Is abnormal ST segment depression present?  
<sub>1</sub> yes <sub>2</sub> no STDDEPR03  
 If YES, define:

		New ST↓	Unknown if old or new	Old ST↓	Absent
43	STDANT03 Anterior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
44	STDLAT03 Lateral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
45	STDINF03 Inferior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

46 Is abnormal T wave inversion present?  
<sub>1</sub> yes <sub>2</sub> no TWAVE03  
 If YES, define:

		New	Unknown if old or new	Old	Absent
47	TANT03 Anterior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
48	TLAT03 Lateral	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
49	TINF03 Inferior	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

50 Is there evidence for posterior infarction?  
<sub>1</sub> yes <sub>2</sub> no POSTMI03  
 If YES, define:

		New	Unknown	Old	Absent
51	RWAVE03 Pathologic R wave V <sub>1</sub> , V <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
52	STDEPOS03 Abnormal ST depression V <sub>1</sub> , V <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
53	STEPOS03 Abnormal ST elevation V <sub>1</sub> , V <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Name of person filling out form

Code Number