

BHAT QUALIFYING MYOCARDIAL INFARCTION

Complete in order to determine the patient's eligibility. Send the original to the Coordinating Center along with copies of the documenting ECG's for randomized patients only. ECG leads should be numbered. The ECG's should have the patient's name removed and BHAT label should be affixed.

1 2 3

4

5

1. Patient ID # 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12
 - (3) 4
2. Acrostic 13 | 14 | 15 | 16 | 17 | 18
 - (5)
3. Date form completed
 - (2) 44 | 45 | 46 | 47 | 48 | 49
 - (11) month | day | Year
4. Date of admission for this event
 - (4) 50 | 51 | 52 | 53 | 54 | 55
 - (12) month | day | Year
5. Date of onset of acute symptoms
 - (6) 56 | 57 | 58 | 59 | 60 | 61
 - (13) month | day | Year
6. EDIT STATUS 19, 20
7. BATCH NUMBER 21-28
8. DATE RECEIVED 29-34
9. UPDATE NUMBER 35-37
10. DATE LAST PROCESSED 38-43

Question 6 refers to serum enzymes obtained during the 72 hour period immediately after onset of acute symptoms for the qualifying event. If more than 6 determinations are made for a particular enzyme, record those 6 determinations which best demonstrate a change or trend. Always record the highest observed value for a particular enzyme. "Elevated" implies a value of at least twice the upper limit of lab normal for SGOT, CPK, LDH, and HBD. For CPK-MB "elevated" implies abnormal. If only SGOT is used, elevated implies a value for SGOT of at least three times the upper limit of lab normal.

DATE	SGOT	CPK	CPK-MB ISOENZYME	LDH	HBD
Month	Day	Year			
<u>14</u>	<u>68</u> <u>69</u> <u>70</u> <u>71</u>	<u>72</u> <u>73</u> <u>74</u> <u>75</u>	<u>76</u> <u>77</u> <u>78</u> <u>79</u>	<u>80</u> <u>81</u> <u>82</u> <u>83</u>	<u>84</u> <u>85</u> <u>86</u> <u>87</u>
<u>20</u>	<u>94</u> <u>95</u> <u>96</u> <u>97</u>	<u>98</u> <u>99</u> <u>100</u> <u>101</u>	<u>102</u> <u>103</u> <u>104</u> <u>105</u>	<u>106</u> <u>107</u> <u>108</u> <u>109</u>	<u>110</u> <u>111</u> <u>112</u> <u>113</u>
<u>26</u>	<u>120</u> <u>121</u> <u>122</u> <u>123</u>	<u>124</u> <u>125</u> <u>126</u> <u>127</u>	<u>128</u> <u>129</u> <u>130</u> <u>131</u>	<u>132</u> <u>133</u> <u>134</u> <u>135</u>	<u>136</u> <u>137</u> <u>138</u> <u>139</u>
<u>32</u>	<u>146</u> <u>147</u> <u>148</u> <u>149</u>	<u>150</u> <u>151</u> <u>152</u> <u>153</u>	<u>154</u> <u>155</u> <u>156</u> <u>157</u>	<u>158</u> <u>159</u> <u>160</u> <u>161</u>	<u>162</u> <u>163</u> <u>164</u> <u>165</u>
<u>38</u>	<u>172</u> <u>173</u> <u>174</u> <u>175</u>	<u>176</u> <u>177</u> <u>178</u> <u>179</u>	<u>180</u> <u>181</u> <u>182</u> <u>183</u>	<u>184</u> <u>185</u> <u>186</u> <u>187</u>	<u>188</u> <u>189</u> <u>190</u> <u>191</u>
<u>44</u>	<u>198</u> <u>199</u> <u>200</u> <u>201</u>	<u>202</u> <u>203</u> <u>204</u> <u>205</u>	<u>206</u> <u>207</u> <u>208</u> <u>209</u>	<u>210</u> <u>211</u> <u>212</u> <u>213</u>	<u>214</u> <u>215</u> <u>216</u> <u>217</u>
Upper Limit of Lab Normal	<u>219</u> <u>220</u> <u>221</u>	<u>222</u> <u>223</u> <u>224</u> <u>225</u>	<u>226</u> <u>227</u> <u>228</u> <u>229</u>	<u>230</u> <u>231</u> <u>232</u> <u>233</u>	<u>234</u> <u>235</u> <u>236</u> <u>237</u>
Units (specify)	<u>238</u> <u>239</u> <u>240</u> <u>241</u>	<u>242</u> <u>243</u> <u>244</u> <u>245</u>	<u>246</u> <u>247</u> <u>248</u> <u>249</u>	<u>250</u> <u>251</u> <u>252</u> <u>253</u>	<u>254</u> <u>255</u> <u>256</u> <u>257</u>
Elevated?	<u>258</u> <u>259</u> <u>260</u> <u>261</u>	<u>262</u> <u>263</u> <u>264</u> <u>265</u>	<u>266</u> <u>267</u> <u>268</u> <u>269</u>	<u>270</u> <u>271</u> <u>272</u> <u>273</u>	<u>274</u> <u>275</u> <u>276</u> <u>277</u>

7. According to patient's hospital records, did the patient experience the following symptoms during the present event: severe discomfort occurring anywhere in the anterior chest, back, epigastrium, jaw, neck, shoulder, elbow, forearm or wrist? (These symptoms must be present more than 30 minutes unless relieved by morphine or meperidine.)

248 Yes 1 No 2

8. Number of 12 - lead ECG's submitted with this form

249 | 250

9. Was the patient taking any of the following medications at the time of the event?

	1 YES	2 NO	3 DK
a. Digitalis?	<input checked="" type="checkbox"/> 67	<input type="checkbox"/>	<input type="checkbox"/>
b. Quinidine and/or Procainamide?	<input type="checkbox"/> 251	<input type="checkbox"/>	<input type="checkbox"/>
c. Diuretics?	<input checked="" type="checkbox"/> 68	<input type="checkbox"/>	<input type="checkbox"/>
d. Potassium?	<input checked="" type="checkbox"/> 69	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 70	<input type="checkbox"/>	<input type="checkbox"/>

10. The event is classified using BHAT criteria as: (check only one box) See definitions in Manual of Procedures

- 71 a. Myocardial Infarction Class I
- 1 b. Myocardial Infarction Class II
- 2 c. Myocardial Infarction Class III
- 3

11. BHAT physician recording classification of event: 256 72 73 257 | 258 BHAT code

12. Person completing form: _____ 74 75 259 | 260 BHAT code

Remove name before sending to Coordinating Center

Name: _____ Hospital Identification No.: _____