Affix Patient I.D. Here

1	Date	of onset o	f qualifying		TE Ø 2. / LLL / L dy	⊥ yr	
SYMPTOMS 2		anterior c persisting	t the time of d severe disc hest, back, more than 30 r meperidine.	f the qua comfort c jaw, neck minutes	lifying occurring or sh	MI the g anywhe	re in the
		Atypical: Asymptomat	Symptoms not	characte	ristic	of MI	
	Recor withi	d the maxin	num observed after the or whole number	iset of s	r each ymptoms	enzyme o , if ava	ccurring
•	:	CK-MB CPK, Total LDH ₁ LDH ₂ LDH, Total SGOT (AST)	Value CKMBØZ CPKØZ LDH1ØZ LDHQQ LDHQQ LDHQQ SGOTØQ	1 L L L L L L L L L L L L L L L L L L L	pper li LLCKMB LLCPKØ: LLLDH1 LLLDHØS LLSGOT Ø	Ø2 2 Ø2 Ø2	ab normal
4 5	yes 	r	Cotal CPK ≥ 1 normal.			per limit	: of
6			CK-MB > 5% of				
7			$\mathrm{LDH} \geq 1.5 \mathrm{tim}$ $\mathrm{LDH}_1 \mathrm{is} > \mathrm{LDH}_3 \mathrm{GOT} (\mathrm{AST}) \geq 10 \mathrm{cmal}$	7.			
. :	Enzym		are met if a	ny of the	e above	are chec	ked YES.
MI CLASSIFICATION ECG criteria cannot be used to establish MI class in the presence of LBBB.							
emiclas⊄2	1	OR Typical sym contiguous	nptoms and en nptoms and EC leads (inclusted supraven	G with ne	ew abnor ents wit	rmal Q wa th pacema	ves in 2 kers

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9 [Class II Atypical symptoms and ECG with new abnormal Q waves in 2 contiguous leads OR Atypical symptoms and enzyme criteria and ECG with new abnormal ST-T wave changes OR Atypical symptoms and CK-MB > 5%
10 [Class III Asymptomatic and ECG with new abnormal Q waves in 2 contiguous leads and prior ECG without abnormal Q waves in the same contiguous leads obtained within 2 years OR Asymptomatic and CK-MB > 5%
11 [At least two of the following three: Typical symptoms ECG with new abnormal Q waves in 2 contiguous leads compared to initial post-operative ECG CK-MB > 5%
12	Class V: MI occurring within 48 hours after NON-CARDIAC surgery ECG with new abnormal Q waves in 2 contiguous leads compared to initial post-operative ECG OR Total CPK ≥ 1.5 times the upper limit of normal and ECG with evolving abnormal ST-T wave changes OR CK-MB > 5%

COMPLETE ECG/RHYTHM STRIP FORM FOR <u>EACH</u> ECG REQUIRED FOR QUALIFYING MI DOCUMENTATION. DEFINITION OF ABNORMAL Q WAVES AND ST-T WAVE CHANGES ARE ON THE ECG/RHYTHM STRIP FORM.

RETAIN ECG IN PATIENT FILE. DO NOT SEND TO CAST COORDINATING CENTER.