

## PART1: PROTOCOL FOR REVIEWING CARDIOVASCULAR PROCEDURES

Medical procedures are reviewed by the Framingham Heart Study Endpoints Review Committee during review sessions. Information for each procedure is obtained from medical records and recorded on the appropriate Sequence of Events procedure form.

## PART2: SELECTING VARIABLES FROM THE CARDIOVASCULAR PROCEDURES REVIEW FORMS

Framingham routinely reviews several cardiovascular procedures (see list below). The “Cardiovascular Procedures” dataset is generated by extracting common information from the procedures forms (as well as additional information from the CABG and Heart Valve CVD procedures forms). The process of abstracting common variables from the procedures forms was initiated in 2007.

Please see below for the following procedures:

SOE 140 PTCA  
SOE 141 CABG  
SOE 142 PERMANENT PACEMAKER  
SOE 143 HEART VALVE PROCEDURE  
SOE 144 OTHER CARDIAC SURGERY  
SOE 145 CAROTICENDARTERECTOMY  
SOE 146 AORTA-RENAL ARTRU  
SOE 147 FEMORAL OR LOWER  
SOE 148 SURGICAL AMP  
SOE 149 CARDIAC CATH  
SOE 159 AORTA AND RENAL  
SOE 151 CEREBRAL AND CAROTID

Updated 3/22/2011 km

Please see SOE 141 CABG.doc  
for annotation

**SOE 151 CEREBRAL & CAROTID VASCULAR IMAGING**

Page# \_\_\_\_\_

LINE#	ID	NAME	EXAM	TEST DATE	CAROTID ARTERIOGRAM		VERTEBRAL BASILAR	OTHER SIGNIFIC. ABNORMALITY	REVIEW DATE
					RIGHT	LEFT			
1			1	___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
2				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
3				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
4				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
5				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
6				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
7				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
8				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
9				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 9	0 1 2 3_____9	___-___-___
10				___-___-___	0 1 2 9 ____%	0 1 2 9 ____%	0 1 2 9	0 1 2 3_____9	___-___-___

Keyer 1                      Date    \_\_\_-\_\_\_-\_\_\_  
Keyer 2                      Date    \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1                      Date    \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2                      Date    \_\_\_-\_\_\_-\_\_\_

**!! NOTE: KEYERS. do NOT key until page is completely filled in !!**

Please see SOE 141 CABG.doc  
for annotation

**SOE 140 PTCA**

**Page#** \_\_\_\_\_

**(PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY - ATHERECTOMY - LASER - STENTS)**

<b>LINE #</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>TEST DATE</b>	<b># OF LESIONS ATTEMPTED PTCA</b> if other than PTCA specify procedure	<b># OF LESIONS SUCCESSFULLY DILATED</b>	<b>REVIEW DATE</b>
1				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
2				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
3				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
4				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
5				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
6				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
7				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
8				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
9				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___
10				___-___-___	1 2 3 4 5 9 specify_____	0 1 2 3 4 5 9	___-___-___

**Keyer 1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Keyer 2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

**Clintrial Keyer1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Clintrial Keyer2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

VOLUME\_N (automatic entry)

TEST\_NO (automatic entry)

PAGE\_NO

Page #

SOE 141 CABG  
(CORONARY ARTERY BYPASS GRAFTING)

LINE #	ID	NAME	EXAM	CABG DATE	# OF VESSELS BYPASSED	REVIEW DATE
1	ID		EXAMNIIM	- - -	1 2 3 4 5 6 7 9	- - -
2			PROCMO	PROCDY	1 2 3 4 5 6 7 9	TESTDY
3				- - -	1 2 3 4 5 6 7 9	- - -
4				- - -	1 2 3 4 5 6 7 9	- - -
5				- - -	1 2 3 4 5 6 7 9	- - -
6				- - -	1 2 3 4 5 6 7 9	- - -
7				- - -	1 2 3 4 5 6 7 9	- - -
8				- - -	1 2 3 4 5 6 7 9	- - -
9				- - -	1 2 3 4 5 6 7 9	- - -
10				- - -	1 2 3 4 5 6 7 9	- - -

Keyer 1 Date - - -  
Keyer 2 Date - - -

Clintrial Keyer1 Date - - -  
Clintrial Keyer2 Date - - -

Please see SOE 141 CABG.doc  
for annotation

**SOE 142 PERMANENT PACEMAKER INSERTION**

<b>LINE #</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>INSERTION DATE</b>	<b>INDICATION</b>	<b>REVIEW D</b>
1				___-___-___		___-___-___
2				___-___-___		___-___-___
3				___-___-___		___-___-___
4				___-___-___		___-___-___
5				___-___-___		___-___-___
6				___-___-___		___-___-___
7				___-___-___		___-___-___
8				___-___-___		___-___-___
9				___-___-___		___-___-___
10				___-___-___		___-___-___

Keyer 1                      Date    \_\_\_-\_\_\_-\_\_\_  
Keyer 2                      Date    \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1                      Date    \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2                      Date    \_\_\_-\_\_\_-\_\_\_

Please see SOE 141 CABG.doc  
for annotation

**SOE 143 HEART VALVE PROCEDURE**

Page# \_\_\_\_\_

LINE #	ID	NAME	EXAM	DATE	AORTIC	MITRAL	TRICUSPID	PULMONIC	REVIEW DATE
					1 = Mechanical replacement - Björk, St. Judes, Starr Edwards, etc. 2 = Bioprosthesis - pig, homograft, "Carpentier-Edwards"		3 = Surgical commissurotomy 4 = Surgical repair (not commissurotomy) 5 = Percutaneous valvuloplasty 7 = Other (specify) 9 = Unknown		
1				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
2				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
3				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
4				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
5				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
6				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
7				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
8				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
9				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__
10				__-__-__	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	1 2 3 4 5 7 _____ 9	__-__-__

Keyer 1                      Date    \_\_\_ - \_\_\_ - \_\_\_  
Keyer 2                      Date    \_\_\_ - \_\_\_ - \_\_\_

Clintrial Keyer1                      Date    \_\_\_ - \_\_\_ - \_\_\_  
Clintrial Keyer2                      Date    \_\_\_ - \_\_\_ - \_\_\_

**!! NOTE: KEYERS, do NOT key until page is completely filled in !!**

Please see SOE 141 CABG.doc  
for annotation

**SOE 144 OTHER CARDIAC SURGERY - PROCEDURE**  
(not coronary - valvular surgery)

**Page#** \_\_\_\_\_

Line#	ID	NAME	EXAM	DATE	PROCEDURE		REVIEW DATE
					1 = AICD; 2 = LV Aneurysmectomy; 3 = Ablation (VT, SV, bypass tract); 4 = Electrophysiology test;	5 = Repair congenital or acquired shunts; 6 = Cardiac transplant; 7 = Other (specify); 9 = Unknown	
1				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
2				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
3				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
4				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
5				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
6				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
7				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
8				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
9				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	
10				___-___-___	1 2 3 4 5 6 7_____9	___-___-___	

Keyer 1                      Date    \_\_\_-\_\_\_-\_\_\_  
Keyer 2                      Date    \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1                      Date    \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2                      Date    \_\_\_-\_\_\_-\_\_\_

**!! NOTE: KEYERS. do NOT key until page is completely filled in !!**

Please see SOE 141 CABG.doc  
for annotation

**SOE 145 CAROTID ENDARTERECTOMY**

**Page#** \_\_\_\_\_

<b>LINE#</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>DATE</b>	<b>SITE</b> 1=right 2=left 3=right&left	<b>SYMPTOMS</b> 0=no 1=yes 2=maybe 9=unknown	<b>REVIEW DATE</b>
1				___-___-___	1 2 3	0 1 2 9	___-___-___
2				___-___-___	1 2 3	0 1 2 9	___-___-___
3				___-___-___	1 2 3	0 1 2 9	___-___-___
4				___-___-___	1 2 3	0 1 2 9	___-___-___
5				___-___-___	1 2 3	0 1 2 9	___-___-___
6				___-___-___	1 2 3	0 1 2 9	___-___-___
7				___-___-___	1 2 3	0 1 2 9	___-___-___
8				___-___-___	1 2 3	0 1 2 9	___-___-___
9				___-___-___	1 2 3	0 1 2 9	___-___-___
10				___-___-___	1 2 3	0 1 2 9	___-___-___

Keyer 1                      Date    \_\_\_-\_\_\_-\_\_\_  
Keyer 2                      Date    \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1                      Date    \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2                      Date    \_\_\_-\_\_\_-\_\_\_

**!! NOTE: KEYERS. do NOT key until page is completely filled in !!**



Please see SOE 141 CABG.doc  
for annotation

**SOE 146 AORTA-RENAL ARTERY SURGERY**

**Page#** \_\_\_\_\_

<b>LINE#</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>DATE</b>	<b>INDICATION</b> 1= aneurysm; 2= dissection; 3= trauma; 7= other (specify); 9= unknown	<b>LOCATION</b> 1= abdominal; 2= thoracic; 3= both; 4= renal artery; 9= unknown	<b>REVIEW DATE</b>
1				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
2				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
3				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
4				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
5				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
6				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
7				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
8				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
9				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___
10				___-___-___	1 2 3 7_____ 9	1 2 3 4 9	___-___-___

NOTE: code Abdominal Aortic Aneurysm repairs on this sheet; code Aorto-femoral grafts on SOE 147

**Keyer 1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Keyer 2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

**Clintrial Keyer1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Clintrial Keyer2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

Please see SOE 141 CABG.doc  
for annotation

**SOE 147 FEMORAL OR LOWER EXTREMITY VASCULAR SURGERY**

Page# \_\_\_\_\_

<b>LINE#</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>DATE</b>	<b>PROCEDURE</b> 1 = surgical revascularization (specify procedure); 2 = percutaneous angioplasty (specify site); 3 = embolectomy (specify site); 4 = thrombectomy(specify site); 5 = sympathectomy; 7 = other (specify); 9 = unknown	<b>WHICH LEG?</b> 1 = right 2 = left 3 = both 9 = unknown	<b>REVIEW DATE</b>
1				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
2				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
3				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
4				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
5				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
6				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
7				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
8				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
9				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___
10				___-___-___	1 2 3 4 5 7 9 (specify)_____	1 2 3 9	___-___-___

NOTE: code Aorto-femoral grafts on this sheet; code Abdominal Aortic Aneurysm repairs on SOE 146

**Keyer 1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Keyer 2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

**Clintrial Keyer1**                      **Date**    \_\_\_-\_\_\_-\_\_\_  
**Clintrial Keyer2**                      **Date**    \_\_\_-\_\_\_-\_\_\_

Please see SOE 141 CABG.doc  
for annotation

**SOE 148 SURGICAL AMPUTATION**

**Page#** \_\_\_\_\_

<b>LINE#</b>	<b>ID</b>	<b>NAME</b>	<b>EXAM</b>	<b>DATE</b>	<b>INDICATION</b> 1 = chronic arterial insufficiency; 2 = acute embolus; 3 = venous disease; 4 = trauma; 7 = other (specify); 9 = unknown	<b>PROCEDURE</b> 1 = hip disarticulation; 2 = AKA; 3 = knee disarticulation; 4 = BKA; 5 = Sym's; 6 = transtarsal; 7 = transmetatarsal 8 = digital; 9 = unknown	<b>WHICH LEG?</b> 1 = right; 2 = left; 3 = both; 9 = unknown	<b>Review Date</b>
1				■-■-■	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	■-■-■
2				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
3				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
4				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
5				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
6				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
7				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
8				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
9				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__
10				__-__-__	1 2 3 4 7_____9	1 2 3 4 5 6 7 8 9	1 2 3 9	__-__-__

Keyer 1                      Date    \_\_\_-\_\_\_-\_\_\_  
Keyer 2                      Date    \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1                      Date    \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2                      Date    \_\_\_-\_\_\_-\_\_\_

**!! NOTE: KEYERS, do NOT key until page is completely filled in !!**

Please see SOE 141 CABG.doc  
for annotation

SOE 149 CARDIAC CATHETERIZATION

LINE#	ID	Name	Exam	Cath Date	# Vessels Diseased 0 = nl coronaries 1 = 1 vessel CAD; 2 = 2 vessel CAD 3 = 3 vessel CAD; 5 = noncritical CAD; 9 = unknown	Graft Stenosis 0 = no; 1 = Critical; 2 = Noncritical 8 = No grafts 9 = Unknown	LVEF %	LVEF 0 = normal (≥55%); 1 = major (severe, ≤35%); 2 = minor (mild-moderate, 36-45%); 3 = borderline (46-54%); 9 = unknown	Aortic Stenosis 0 = none 1 = yes 2 = maybe 9 = unknown	Review Date
1				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
2				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
3				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
4				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
5				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
6				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
7				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
8				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
9				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__
10				__-__-__	0 1 2 3 5 9	0 1 2 8 9	__ __%	0 1 2 3 9	0 1 2 9	__-__-__

NOTE: Significant (LM= 50-100%, other vessels= 70-100%); Noncritical (LM = 1-49%, other vessels = 1-69%); If LM disease code as minimum of 2 vessel CAD

Keyer 1                      Date    \_\_-\_\_-\_\_  
Keyer 2                      Date    \_\_-\_\_-\_\_

Clintrial Keyer1                      Date    \_\_-\_\_-\_\_  
Clintrial Keyer2                      Date    \_\_-\_\_-\_\_

Please see SOE 141 CABG.doc  
for annotation

**SOE 150 AORTA & RENAL VASCULAR IMAGING**

LINE#	ID	NAME	EXAM	TEST DATE	TEST 1 = Aortogram; 2 = CT scan – outside; 3 = MRI – outside; 4 = TEE; 5 = Ultrasound; 6 = FHS CT scan; 7 = FHS MRI	LOCATION 1 = Ascending; 2 = Descending; 3 = Ascending & Descending; 4 = Abdominal; 6 = Combination; 9 = Unknown	RESULT 0 = No 1 = Dissection 2 = Aneurysm 3 = Both 9 = Unknown	RENAL ARTERIOGRAM		REVIEW DATE
								RIGHT	LEFT	
1				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
2				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
3				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
4				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
5				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
6				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
7				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
8				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
9				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___
10				___-___-___	1 2 3 4 5 6 7	1 2 3 4 6 9	0 1 2 3 9	0 1 2 9	0 1 2 9	___-___-___

Keyer 1 Date \_\_\_-\_\_\_-\_\_\_  
Keyer 2 Date \_\_\_-\_\_\_-\_\_\_

Clintrial Keyer1 Date \_\_\_-\_\_\_-\_\_\_  
Clintrial Keyer2 Date \_\_\_-\_\_\_-\_\_\_

