

PRINT IN BLOCK CAPITALS WITH BLACK BALLPOINT PEN

Form No. 1, 2

OMB 68 - R1325

NOTIFICATION OF NON-FATAL EVENT

1. Program Number: 3, 4 5, 6, 7, 8, 9 10, 11 2. Date of Notification: <sup>③</sup> Month 26, 27 Day 28, 29 19 30, 31

3. Name: (PRINT IN BLOCK CAPITALS) <sup>①</sup> 12, 13, 14, 15, 16, 17  
Acrostic  
<sup>②</sup> Batch 18, 19, 20, 21, 22, 23, 24, 25  
(Mr., Miss, Mrs.) Last First Middle

4. New Myocardial Infarction: Complete this Item and Item 7 on page 2.

a. Program physician's impression: Definite <sup>④</sup>  Suspect <sup>②</sup>

b. Was the participant hospitalized? No <sup>⑤</sup>  Yes   
<sup>32</sup> <sup>33</sup>  
Complete Item 8 on page 2.

c. Serial SGOT: <sup>3000</sup>/<sub>10</sub> <sup>⑥</sup> 34, 35, 36, 37 units <sup>3000</sup>/<sub>10</sub> <sup>⑦</sup> 38, 39, 40, 41 units <sup>3000</sup>/<sub>10</sub> <sup>⑧</sup> 42, 43, 44, 45 units  
<sup>⑨</sup> Month 46, 47 Day 48, 49 19 50, 51 <sup>⑩</sup> Month 52, 53 Day 54, 55 19 56, 57 <sup>⑪</sup> Month 58, 59 Day 60, 61 19 62, 63  
(-3) (-3) (-3)

d. Serial LDH: <sup>⑫</sup> <sup>①</sup> 64, 65, 66, 67 <sup>1000</sup>/<sub>100</sub> <sup>⑬</sup> <sup>②</sup> 68, 69, 70, 71 <sup>1000</sup>/<sub>100</sub> <sup>⑭</sup> <sup>③</sup> 72, 73, 74, 75 <sup>1000</sup>/<sub>100</sub>  
<sup>⑮</sup> Month 76, 77 Day 78, 79 19 80, 81 <sup>⑯</sup> Month 82, 83 Day 84, 85 19 86, 87 <sup>⑰</sup> Month 88, 89 Day 90, 91 19 92, 93  
(-3) (-3) (-3)

e. CPK: <sup>⑱</sup> <sup>①</sup> 94, 95, 96, 97 <sup>9999</sup>/<sub>0</sub> <sup>⑲</sup> <sup>②</sup> 98, 99, 100, 101 <sup>9999</sup>/<sub>0</sub> <sup>⑳</sup> <sup>③</sup> 102, 103, 104, 105 <sup>9999</sup>/<sub>0</sub>  
<sup>㉑</sup> Month 106, 107 Day 108, 109 19 110, 111 <sup>㉒</sup> Month 112, 113 Day 114, 115 19 116, 117 <sup>㉓</sup> Month 118, 119 Day 120, 121 19 122, 123  
(-3) (-3) (-3)

f. ECG's sent to ECG Center on <sup>㉔</sup> Month 124, 125 Day 126, 127 19 128, 129 (-3)

Coordinating Center Minnesota code: <sup>㉕</sup> Month 130, 131 Day 132, 133 19 134, 135 <sup>㉖</sup> 136, 137, 138 <sup>㉗</sup> 139, 140, 141 <sup>㉘</sup> 142, 143, 144  
(-3) 999 999 999  
0 0 0

5. Stroke: Complete this Item and Item 7.

a. Criteria (29)

- 145 {  Persistent (24 hours or more) hemiplegia OR  
 Persistent (24 hours or more) gross hemiparesis not explained by tumor or trauma.

b. Was the participant hospitalized? No Yes

(30)  No  Yes  
 146 Complete Item 8.

6. Hospitalization (other than M.I. or stroke): Complete this Item and Items 7 and 8.

ICD diagnosis: \_\_\_\_\_  
\_\_\_\_\_

(31)  
 Code: 147, 148, 149, 150, 151  
 Coordinating Center

7. For Items 4, 5, or 6 complete the following.

a. Date of occurrence: (32) Month Day Year  
 15<sub>2</sub>, 15<sub>3</sub> 19 15<sub>4</sub>, 15<sub>5</sub> 19 15<sub>6</sub>, 15<sub>7</sub>  
 (-2)

b. Source of ascertainment:

- (33) {  Program physician  
 Non-Program physician  
 Other, specify:  
 158

c. Clinical summary of event: (34) 159

8. For Item 6, and Items 4 or 5 if the participant was hospitalized, complete the following:

a. Name and address of hospital:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State

b. Date of admission:

c. Date of discharge:

(35) Month Day Year  
 16<sub>0</sub>, 16<sub>1</sub> 19 16<sub>2</sub>, 16<sub>3</sub> 19 16<sub>4</sub>, 16<sub>5</sub>  
 (-3)

(36) Month Day Year  
 16<sub>6</sub>, 16<sub>7</sub> 19 16<sub>8</sub>, 16<sub>9</sub> 19 17<sub>0</sub>, 17<sub>1</sub>  
 (-3)

d. Chart number: \_\_\_\_\_

(38) Century Date  
174-178

This notification completed by: \_\_\_\_\_ (37) 17<sub>2</sub>, 17<sub>3</sub>