



**MAGIC: Magnesium in Coronaries
Form 03 - 30-Day Follow-Up Form**

A. Patient Information

A1. Study ID Number:

AFFIX PATIENT ID
LABEL HERE

A2. Date of randomization:

____/____/____
MONTH DAY YEAR

A3. Was the patient alive 30 days after randomization?

1. YES →

a. Date of follow-up:

____/____/____
MONTH DAY YEAR

2. NO →

b. Date of death:

____/____/____
MONTH DAY YEAR

A4. Comments (see instructions on back):

Person completing form: _____

Date: _____

**ENTER DATA ON THE MAGIC WEB SITE
AT [HTTPS://STUDY.NERI.ORG/MAGIC](https://study.neri.org/magic)
WITHIN 48 HOURS OF COMPLETION,
OR FAX THIS FORM TO (617) 926-7090**