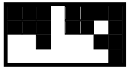


**OCCLUDED ARTERY TRIAL (OAT)
Documentation of Qualifying MI**

OAT Form 03
Rev 4 (email)
04/14/2003
1 of 2 Pages



60707

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

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Letter Code:

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Correction

1. Date and time (24-hour clock) of symptoms of Index MI:

mmm			-	dd		-	yyyy		

fm03dt

		:		
hh		:	mm	

mi_hr mi_min

2. Which of the following did the patient have to confirm the index MI?
(at least two of A, B or C required, or B and D required)

A. Chest pain or equivalent symptoms lasting 30 minutes or longer?

Yes	No
<input type="radio"/>	<input type="radio"/> <i>pain30</i>

B. Cardiac Serum Markers:

- i. Total CPK elevation (>=2 times upper limit of normal)
- ii. CPK/MB elevation (> upper limit of normal)
- iii. Troponin I elevation(>= 2 times upper limit of normal)
- iv. Troponin T elevation (>= 2 times upper limit of normal)

Yes	No	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>totck</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>ck_mb</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>trop_i</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>trop_t</i>

C. New Q-waves >= 0.03 sec and/or Q-wave voltage >= 1/3 QRS in >= two related leads on ECG?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>new_q</i>
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D. ST-T segment changes (ST elevation or depression), new LBBB, loss of R-Wave voltage >= 50% in >= two related leads or deep T-wave inversions >= 3 mm in >= two leads?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>sttchg</i>
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3. Are you sending copies of ECG's for central reading instead of recording ECG interpretation on OAT Form 3A?

Yes	No
<input type="radio"/>	<input type="radio"/> <i>sendecg</i>

If No, complete OAT Form 3A. If Yes, do not complete OAT Form 3A.

FOR ALL PATIENTS, COMPLETE THE REMAINDER OF THIS FORM.

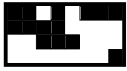
Signature: _____

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OAT Staff Number

OCCLUDED ARTERY TRIAL (OAT)
Documentation of Qualifying MI

OAT Form 03
Rev 4 (email)
04/14/2003
2 of 2 Pages



61496

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

Four digit boxes separated by a hyphen

Letter Code:

Two digit boxes

Correction

4. Was the patient admitted to the hospital for the index MI ? Yes No
 adimi_yn

If Yes, Answer A . If No, skip to item 5.

A. Date of hospital admission for index MI:

mmmm-dd-yyyy *adimidt*

5. Where was the patient randomized?

- In first hospital for index MI *wherrnd2*
- In hospital, not index MI hospital (includes transfer from index MI hospital to another hospital)
- Outpatient visit
- Readmitted to index MI hospital

6. During the first 24 hours after onset of index MI did the patient receive?

- Thrombolytic agent (complete A) None of the above *imimed*
- GP IIb/IIIa antagonist only (complete B) Unknown
- Combination (complete A and B)

A. Thrombolytic agent:

- t-PA (Activase) Reteplase (Retavase) Unknown
- Tenecteplase (TNK) Anistreplase (APSAC)
- Lanoteplase Blinded trial
- Streptokinase (Streptase) Other (specify below): *imita*

imita_rk [20 digit grid]

B. Gp IIb/IIIa antagonist:

- Abciximab (ReoPro) Eptifibatide (Integrillin) Unknown
- Tirofiban (Aggrastat) Other (specify below): *imigp*

imigp_rk [20 digit grid]

Signature: _____

Four digit boxes - four digit boxes

OAT Staff Number