



22327

OCCLUDED ARTERY TRIAL (OAT) Qualifying Angiography, Stress Test and Ejection Fraction Form

OAT Form 04
Rev 1 (email)
04/14/2003
1 of 1 Page

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

-

Letter Code:

Correction

Date of Angiography:

- - *fm04dt*
mmm dd yyyy

1. Was angiography performed before screening for OAT was initiated? Yes No *scrangio*

2. Infarct-related artery (IRA): LAD Circ RCA Left main *ira*

3. Ejection fraction (required): % *ejfrac*

- A. Method:
- Left ventricular angiogram *ejtmeth*
 - Echocardiogram
 - Radionuclide
 - Other

4. Has the patient had a stress test? Yes No *strestst*

If Item 4 is YES, answer items 5 and 6.

5. Type and Method:

5A. Type of Stress

- Exercise *strstyp1*
- Dobutamine
- Dipyridimole
- Adenosine
- Other

6. Stress test results for ischemia:

6A. In IRA distribution:

- Severe (Ineligible) *stira*
- Moderate
- Mild
- None

5B. Method of Recording

- Radionuclide *strstyp2*
- Echocardiography
- ECG
- Other

6B. In non-IRA distribution:

- Severe *stnonira*
- Moderate
- Mild
- None

Signature: _____

-

OAT Staff Number

FAX to MMRI (410) 323 - 4729