

OCCLUDED ARTERY TRIAL (OAT)

Complications within 48 hours of Study Entry Report
Complete for all Randomized Patients

OAT Form 06
Rev 2 (email)
04/14/2003
1 of 1 Page



62400

Please Use Black Pen To Fill Out Form.

Patient's ID Number: [] [] [] [] - [] [] [] []

Letter Code: [] []

Correction

Date of 48 hour information after OAT Randomization: **fm06dt** [] [] [] [] [] [] [] []
mmm dd yyyy

1. Were there any serious clinical complications within 48 hours of study entry? Yes No **comp48**

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS AND FAX TO THE DATA COORDINATING CENTER WITHIN 24 HOURS.

What were the complications? (Answer each item.)
2. Within 48 hours 3. PCI Related
Yes No Yes No

- A. Death **c_death** **c_dea_pc**
- B. Emergency bypass surgery **c_cabg** **c_cab_pc**
- C. CHF Class III or IV **c_chf** **c_chf_pc**
- D. Stroke and/or coma **c_stroke** **c_str_pc**
- E. Major hemorrhage **c_hem** **c_hem_pc**

If item 2.E. is yes,
i) number of units of red blood cells or whole blood transfusions: 1 2 3 >3 **c_runits**

- F. Cardiac arrest **c_crarst** **c_cra_pc**
 - G. Emergency percutaneous coronary intervention **c_emgpci** **c_emg_pc**
 - H. Peripheral vascular complications **c_pvc** **c_pvc_pc**
- If item 2.H. is yes,
i) intervention **c_intv**

If item 2.H.i) is yes,
ii) Thrombectomy Bypass Amputation Other, specify **c_inttyp**
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **c_int_rk**

- I. Aortic dissection **c_aordis** **c_aor_pc**
- J. Coronary perforation **c_corper** **c_cor_pc**
- K. Cardiac tamponade **c_tampon** **c_tam_pc**
- L. Other, specify **c_oth** **c_oth_pc**

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **c_oth_rk**

Signature: _____ [] [] [] [] - [] [] [] []

OAT Staff Number