



# OCCLUDED ARTERY TRIAL (OAT) Reinfarction within 48 hours of Study Entry

OAT Form 07  
Rev 2 (email)  
04/14/2003  
1 of 1 Page

Please Use Black Pen To Fill Out Form.

Complete for all randomized patients

Patient's ID Number:    -    Letter Code:

Correction

Date of 48 hour information after OAT Randomization:    -   -       
mmm dd yyyy

1. Within 48 hours following randomization did the patient have:

- A. Chest pain or equivalent symptoms lasting 30 min or longer? .....  Yes  No ***pain30mn***
- B. Cardiac Serum Markers:
- i. Re-elevation of Total CPK ( $\geq 2$  times upper limit of normal) .....  Yes  No  NA ***rel\_tck***
- ii. Re-elevation of CPK/MB ( $>$  upper limit of normal) (REQUIRED) .....  Yes  No  NA ***rel\_ckmb***
- iii. Re-elevation of Troponin I ( $\geq 2$  times upper limit of normal) .....  Yes  No  NA ***rel\_trpi***
- iv. Re-elevation of Troponin T ( $\geq 2$  times upper limit of normal) .....  Yes  No  NA ***rel\_trpt***
- C. New Q-waves  $\geq 0.03$  sec or Q-wave voltage  $\geq 1/3$  QRS in  $\geq 2$  related leads on ECG? .....  Yes  No  NA ***newqwave***
- D. New or recurrent ST-T segment changes (ST elevation or depression), new LBBB, loss of R-wave voltage  $\geq 50\%$  in  $\geq 2$  related leads or deep T-wave inversions  $\geq 3$  mm in  $\geq 2$  leads? .....  Yes  No  NA ***newsttel***

If item 1D is YES, answer item 1Di

- i. Were there ST elevations  $\geq 1$  mm in 2 or more related leads? .....  Yes  No ***newstt2***

If reinfarction is diagnosed, complete a Recurrent Myocardial Infarction Event Form (OAT Form 17).

NA = Not Available

Signature: \_\_\_\_\_

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OAT Staff Number