

OCCLUDED ARTERY TRIAL (OAT)
Cardiac Serum Marker Results Form

OAT Form 8A
Rev 1 (email)
04/14/2003
1 of 1 Page



46847

Please Use Black Pen To Fill Out Form.

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

Letter Code: [][]

Correction

Date and time of Index MI

[][][] [][] [][][][]
mmm dd yyyy

imi_hr (admin) [][] : *imi_min (admin)* [][]
hh mm

24 hour clock

SERIAL LABORATORY DATA Creatine Kinase Levels / Troponin levels

1. Qualifying MI Peak Level
Date and Time

[][][] *peakdt* [][][] [][][][]
mmm dd yyyy

peak_hr [][] : *peak_min* [][]
hh mm

24 hour clock

A. Total CPK

cka [][][][] . [][]

Unit of measurement:

U/L ukat/L
ckuta

NA *ckauk*

B. CPK-MB

ckmba [][][][] . [][]

Unit of measurement:

ng/ml %
 U/L Index
 ug/L *ckmbuta*

NA *ckmbauk*

C. Troponin (ng/ml) I

tropia [][][] . [][]

T

tropia [][][] . [][]

NA *tropauk*

2. Upper limit of normal (ULN) for levels reported above.

A. Where were qualifying levels obtained?

OAT Clinical Center Laboratory *ulnwhera*
 Other Laboratory

B. Total CPK

ucka [][][][] . [][]

Unit of measurement:

U/L ukat/L
uckuta

C. CPK-MB

uckmba [][][][] . [][]

Unit of measurement:

ng/ml %
 U/L Index
 ug/L *uckmbuta*

D. Troponin (ng/ml) I

utropia [][][] . [][]

T

utropia [][][] . [][]

3. Was PCI performed more than 32 hours after randomization?

Yes No *pcigt32*

If Yes, complete OAT Forms 8C. If No, complete OAT Forms 8B.

COMPLETE A SEPARATE FORM 8B OR 8C FOR EACH TIME
PERIOD A SERUM MARKER RESULT IS OBTAINED.

A. How many Cardiac Serum Marker Results Forms are being sent to the OAT DCC?

Form
8B *smr8b (admin)* or 8C *smr8c (admin)*

Signature: _____

[][][] - [][][]

OAT Staff Number

FAX to MMRI (410) 323 - 4729