Clear page

OCCLUDED ARTERY TRIAL (OAT)
Outcome Follow-Up Form

1043

OAT Form 11
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 Contact: ___ - ___ - ___ (mmm dd yyyy) *fm11dt* ○ Not Done *form11nd*

Period in months: 4 ○ 8 ○ 12 ○ 16 ○ 20 ○ 24 ○ 28 ○ 32 ○ 36 ○ 40 ○ 44 ○ 48 ○ 52 ○ 56 ○ 60 ○ *nvisit*

Instructions: At 4 months, record the first event and date since hospital discharge. Otherwise, record the first event and date since the last completed Outcome Follow-Up form.

	Yes	No	Unknown	Date (mmm dd yyyy)	Date Unknown
1. Death If Yes, complete OAT Form 14.	○	○	○ *odeath*	*odthdt*	○ *odth_uk*
2. Recurrent MI If Yes, complete OAT Form 17.	○	○	○ *omi*	*omidt*	○ *omi_uk*
3. Hospitalization or outpatient therapy for CHF If Yes, complete OAT Forms 15 and / or 18.	○	○	○ *ochf*	*ochfdt*	○ *ochf_uk*
4. Other CV or Pneumonia hospitalization.* If Yes, complete OAT Form 15. *U.S. sites complete Page 1 of Form 15 for all other hospitalizations.	○	○	○ *ohosp*	*ohospdt*	○ *ohosp_uk*
5. Stroke If Yes, complete OAT Form 15.	○	○	○ *ostroke*	*ostrkdt*	○ *ostrk_uk*
6. Catheterization	○	○	○ *ocath*	*ocathdt*	○ *ocath_uk*
7. Percutaneous Coronary Intervention If Yes, complete OAT Form 16.	○	○	○ *opci*	*opcidt*	○ *opci_uk*
8. CABG If Yes, complete OAT Form 19.	○	○	○ *ocabg*	*ocabgdt*	○ *ocabg_uk*

Signature: _____ ___ - ___ OAT Staff Number

FAX to MMRI (410) 323 - 4729

e-mail to MMRI