

OCCLUDED ARTERY TRIAL (OAT)  
CAUSE OF DEATH

OAT Form 14  
Rev 1  
04/14/2003  
1 of 3 Pages



Please Use Black Pen To Fill Out Form.

Patient's ID Number:    -

Letter Code:

Correction

1. Date of Death:

-  *fm14dt*   
mmmm dd yyyy

2. Chronology of death.

Sudden unexpected death does not usually apply to hospitalized patients.

- Not a sudden unexpected or unobserved death *dthcron*
- Sudden unexpected death within 60 minutes of onset of symptoms or unobserved death within 60 minutes of being seen alive without symptoms
- Sudden unexpected death between one and 24 hours of onset of symptoms
- Unobserved death between one and 24 hours of being seen alive without symptoms
- Unobserved death more than 24 hours of being seen alive without symptoms
- Unknown

3. At the time of the onset of the fatal event, the patient was in:  
(Answer only one.)

- Hospital  Nursing home  Unknown
- Hospice for CHF  Rehabilitation center
- Hospice for other reason  Other location (specify below): *dthonset*

*dthon\_rk*

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

-

OAT Staff Number

OCCLUDED ARTERY TRIAL (OAT)  
CAUSE OF DEATH

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Correction

4. Was the immediate cause of death cardiovascular? Yes No  
  *dcvimmyn*

5. Was the primary underlying cause of death cardiovascular? Yes No  
  *dcvpriyn*

If YES, indicate one cause below.

If YES, indicate one cause below.

- MI *dcvimm*
- Stroke
- Intracerebral hemorrhage
- Worsening CHF
- Arrhythmia
- Cardiac rupture
- Cardiac tamponade
- Sudden unexplained
- Abdominal aortic aneurysm
- Other cardiovascular

- MI *dcvpri*
- Stroke
- Intracerebral hemorrhage
- Worsening CHF
- Arrhythmia
- Cardiac rupture
- Cardiac tamponade
- Sudden unexplained
- Abdominal aortic aneurysm
- Other cardiovascular

If Other cardiovascular, specify below.

If Other cardiovascular, specify below.

*dcvimmrk*

*dcvprirk*

Submit all source documentation for this event. Patient identifying information except OAT ID Number and initials should be removed from the Narrative Summary and other documents before being submitted to the Data Coordinating Center. Autopsy Report should include both the gross and microscopic descriptions.

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

-     
OAT Staff Number

Mail to MMRI

# OCCLUDED ARTERY TRIAL (OAT) CAUSE OF DEATH

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Please Use Black Pen To Fill Out Form.

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

Correction

6. Was the immediate cause of death non-cardiovascular?      Yes No  
   **dncimmyn**  
  

7. Was the primary underlying cause of death non-cardiovascular?      Yes No  
   **dncpriyn**  
  

If YES, indicate one cause below.

If YES, indicate one cause below.

- Accidental **dncimm**
- Pulmonary embolism
- Non-embolic respiratory disease
- Renal Failure
- Hepatic Failure
- Malignancy
- Hemorrhage
- Unknown
- Other Non-Cardiovascular

- Accidental **dncpri**
- Pulmonary embolism
- Non-embolic respiratory disease
- Renal Failure
- Hepatic Failure
- Malignancy
- Hemorrhage
- Unknown
- Other Non-Cardiovascular

If Other non-cardiovascular, specify below.

If Other non-cardiovascular, specify below.

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**dncimmrk**

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**dncprirk**

8. Are the following source documents available and are they being submitted with this form? (Answer each item.)

	1. Available		2. Submitted		
	Yes	No	Yes	No	
A. Death certificate .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>dcert</b> (admin)
B. Autopsy report .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>dautosub</b> (admin)
C. Final hospital summary .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>dhosp</b> (admin)
D. Physician's summary .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>dphys</b> (admin)
E. Other .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>dothr</b> (admin)

																				<b>dothr_rk</b> (admin)
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Signature: \_\_\_\_\_      [ ][ ][ ] - [ ][ ][ ]      OAT Staff Number