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58285

OCCLUDED ARTERY TRIAL (OAT)
SUBSEQUENT HOSPITALIZATION AND SECONDARY EVENTS FORM

Please Use Black Pen To Fill Out Form.

Patient's ID Number: ___ - ___ Letter Code: ___ Sequenece Number: seqno Correction ○

All items on OAT Form 15 should be completed for all hospitalizations for Cardiovascular Events or Pneumonia. If NON U.S. site and there were no hospitalizations for Cardiovascular Events or Pneumonia, this form should not be completed.

1. Date of Event . . . . . fm15dt mmm dd yyyy

2. Dates of Hospitalization:

   A. Admitted: . . . . . hosp2_mo mmm hosp2_yr yyyy

   B. Discharged dsch2typ ○ **Alive or** ○ **Died on:** . . . . dsch2_mo mmm dsch2_yr yyyy

If item 2B is DIED, complete OAT Form 14.

3. Name and address of hospital:

   Hospital: _____

   Address: _____

   _____

4. Diagnosis:

   A. Admission: _____

   B. Discharge: _____

	Yes	No	
5A. Was this hospitalization for a cardiovascular cause or pneumonia?	○	○	h2_cvpnu
5B. Did a cardiovascular event or pneumonia occur or was a CV procedure performed?	○	○	h2_cvevt

If YES to either item 5A or 5B, complete the rest of this form.
If U.S. site and NO to both items 5A and 5B, complete only page 1 of this form.
If NON-U.S. site and NO to both items 5A and 5B, this form is not required.

Signature: _____ ___ - ___
OAT Staff Number

Mail to MMRI

OCCLUDED ARTERY TRIAL (OAT)
SUBSEQUENT HOSPITALIZATION AND SECONDARY EVENTS FORM

62152

Please Use Black Pen To Fill Out Form.

Patient's ID Number: ___ - ___ Letter Code: ___ Sequence Number: ___ Correction ○

6. Hospitalized for (answer each item):

		Yes	No	
A. Recurrent MI	If YES, complete OAT Form 17.	○	○	h2_mi
B. Class III or IV CHF	If YES, complete OAT Form 18.	○	○	h2_chf4
C. Class I or II CHF	If YES, complete OAT Form 18.	○	○	h2_chf2
D. Stroke		○	○	h2_strok
E. Cardiac resusitation or external defibrillation for VT/VF		○	○	h2_vtvf
F. PCI	If YES, complete OAT Form 16.	○	○	h2_pci
G. CABG	If YES, complete OAT Form 19.	○	○	h2_cabg
H. Placement of AICD		○	○	h2_aicd
I. Unstable Angina		○	○	h2_angna
J. Other CV event		○	○	h2_ocv

Specify: ___ h2_ocvrk

7. Did any of the following events occur or procedures take place during this hospitalization? (answer each item.)

		Yes	No	Unknown	
A. MI	If YES, complete OAT Form 17.	○	○	○	e2_mi
B. Angina Pectoris		○	○	○	e2_angna
C. Congestive Heart Failure	If YES, complete OAT Form 18.	○	○	○	e2_chf
D. Stroke		○	○	○	e2_strok

Signature: _____ ___ - ___
OAT Staff Number

Mail to MMRI

969

OCCLUDED ARTERY TRIAL (OAT) SUBSEQUENT HOSPITALIZATION AND SECONDARY EVENTS FORM

Please Use Black Pen To Fill Out Form.

Patient's ID Number: ___ - ___ Letter Code: ___ Sequence Number: ___ Correction ○

7. Events or procedures during hospitalization (continued):

	Yes	No	Unknown	
E. Arrhythmia	○	○	○	e2_aryth
1. Sustained atrial arrhythmia (e.g., requiring therapy such as intravenous antiarrhythmic to terminate)	○	○	○	e2_aratr
2. Sustained ventricular arrhythmia (e.g., requiring therapy such as intravenous antiarrhythmic to terminate)	○	○	○	e2_arvnt
3. Was cardioversion or external cardiac defibrillation performed ?	○	○	○	e2_ardfb
F. Pneumonia or Respiratory Distress	○	○	○	e2_pneum

If YES, chest X-ray reports are required.

	Yes	No	
G. Cardiovascular procedure . . **If YES, answer items G1 to G5.**	○	○	e2_cardv
1. Coronary angiography	○	○	e2_angio
2. Percutaneous coronary intervention (PCI)	○	○	e2_pci

If item G2 is YES, complete OAT Form 16.

	Yes	No	
3. CABG . . . . . **If YES, complete OAT Form 19.**	○	○	e2_cabg
4. Placement of automatic implantable cardiac defibrillator (AICD)	○	○	e2_aicd

If item G4 is YES, answer item G4A.

A. Indications:
- ○ Prophylactic
- ○ Cardiac arrest/sustained ventricular tachycardia/ ventricular fibrillation

e2_aicdi

	Yes	No	
5. Other cardiac surgery	○	○	e2_ocs

Specify: ___ e2_ocsrk

	Yes	No	
H. Other surgery	○	○	e2_osu

Specify: ___ e2_osurk

Signature: _____ ___ - ___
OAT Staff Number

Mail to MMRI

2427

OCCLUDED ARTERY TRIAL (OAT) SUBSEQUENT HOSPITALIZATION AND SECONDARY EVENTS FORM

Please Use Black Pen To Fill Out Form.

Patient's ID Number: ___ - ___ Letter Code: ___ Sequence Number: ___ Correction ○

	Yes	No	
8. Were any Cardiac Serum Markers obtained in connection with this event ?	○	○	e2_smobt

If item 8 is YES, completion of OAT Form 21 is required.

9. Are the following source documents being submitted with this form?	Yes	No	
A. Hospital discharge summary and/or narrative summary	○	○	e2_dsmry (admin)
B. Electrocardiogram(s)	○	○	e2_elcrd (admin)
C. Electrophysiologic study report(s)	○	○	e2_elrpt (admin)
D. Operative report(s)	○	○	e2_oprpt (admin)
E. Imaging study report(s) (including chest X-ray reports)	○	○	e2_imrpt (admin)
F. Cardiac Serum Marker Results . . If YES, complete OAT Form 21.	○	○	e2_smrlt (admin)
G. Other	○	○	e2_otmat (admin)

Specify: _____ e2_otmrk (admin)

Signature: _____ ___ - ___
OAT Staff Number

Mail to MMRI