

OCCLUDED ARTERY TRIAL (OAT) NON-PROTOCOL PCI FORM

(For procedures except for assigned PCI of
IRA at time of randomization)

OAT Form 16
Rev 1
04/14/2003
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Please Use Black Pen To Fill Out Form.

Patient's ID Number: - Letter Code: Sequence Number: **seqno** Correction

1. Date and time of the non-protocol percutaneous coronary intervention (PCI):

- **fm16dt** **pci_hr** : **pci_min**

mmm dd yyyy hh mm

A. Timing of event relative to OAT randomization:

- Prior to randomization **pcitming**
- Within 48 hours of randomization
- More than 48 hours after randomization

B. PCI Treatment Site:

- Initial hospitalization for index MI
- Subsequent hospitalization **pcitrloc**

2. Was PCI of the native vessels attempted? Yes No **pcinative**

A. If YES, number of native vessels **pcinbrve**

- B. Treated vessels:
- 1) LAD Yes No **pcivelad**
 - 2) Circ Yes No **pcivecir**
 - 3) RCA Yes No **pciverca**
 - 4) Left Main Yes No **pcivelft**

3. Was PCI of bypass grafts attempted? Yes No **pcibypas**

A. If item 3 is YES, number of grafts **pcinbrby**

4. Reasons for PCI: Yes No

- A. Index MI - not infarct-related artery Yes No **pcinoinf**
- B. Myocardial infarction (new - not index myocardial infarction) Yes No **pcinewmi**

If item 4B is YES, complete a Recurrent Myocardial Infarction Event Form (OAT Form 17).

C. Congestive heart failure (new or worsening) Yes No **pcinewch**

If item 4C is YES, complete a Congestive Heart Failure Event Form (OAT Form 18).

- D. Ventricular arrhythmia Yes No **pciventr**
- E. Unstable angina Yes No **pciangna**

F. Stable angina class: None I II III IV **pciangcl**

Signature: _____ - OAT Staff Number

