

# OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION

OAT Form 17  
Rev 0  
04/14/2003  
Page 1 of 2



61107

Please Use Black Pen To Fill Out Form.

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

1. Date event occurred:    *fm17dt*      
mmm dd yyyy

Time of event (24 hour clock):   *miev\_hr*   *miev\_min*  Time not available *mievtmna*  
hh mm

A. Timing of event relative to OAT randomization:  Prior to randomization (**after index MI**)\*  
 Within 48 hours of randomization  
 More than 48 hours after randomization  
*mitming*

B. Procedure related: Yes No

i. Catheterization related . . .	<input type="radio"/>	<input type="radio"/>	<i>micath</i>
ii. PCI related . . . . .	<input type="radio"/>	<input type="radio"/>	<i>mipci</i>
iii. CABG related . . . . .	<input type="radio"/>	<input type="radio"/>	<i>micabg</i>

2. Evidence of myocardial infarction or coronary thrombosis:

A. Prolonged chest pain/ischemic symptoms . . . . .   *michstp*

1. If item 2A. is YES, duration of pain . . . . .   *micp\_hr*   *micp\_min*  
hh mm

B. Cardiac serum marker evidence . . . . .   *mismevid*

C. ECG evidence? . . . . .   *miecg*

If item 2C. is YES, answer items C1 - C8. If NO, skip to item 3. (on next page)

1. New Q-waves  $\geq 0.03$  sec and/or Q-wave voltage  $\geq 1/3$  QRS in  $\geq 2$  related leads on ECG? . . . . .   *minew\_q*

2. ST segment elevation  $\geq 0.1$  mV? . . . . .   *mistelev*

3. Loss of R-wave  $\geq 50\%$  in voltage in at least two related leads? . . . . .   *mirloss*

4. New or presumably new left bundle branch block (LBBB)? . . . . .   *minewlbb*

5. Old left bundle branch block (LBBB)? . . . . .   *mioldlbb*

6. ST segment depressed  $\geq 0.1$  mV? . . . . .   *mistdge1*

7. ST segment depressed  $< 0.1$  mV? . . . . .   *mistdl1*

8. T-waves inverted  $\geq 3$  mm in at least two related leads? . . . . .   *mitinge3*

Signature: \_\_\_\_\_    -      
OAT Staff Number

**\*SOURCE DOCUMENTATION NOT REQUIRED**

**Mail to MMRI**

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RECURRENT MYOCARDIAL INFARCTION**

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Page 2 of 2



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3. Was angiography performed? ..... Yes No  
  *miangio*

Attach cardiac catheterization report, if available

4. Were any of the following tests or documents completed in conjunction with this event ?

**Answer each question below and if YES, attach all documents available. Narrative summary and ECGs are required on all patients.**

- A. Required narrative summary .....   *minsmry (admin)*
  - B. Angiography report (Required if angiography was performed) .....   *miangrpt (admin)*
  - C. Required ECG(s) .....   *miecgrpt (admin)*
  - D. Cardiac Serum Marker Results . If YES, complete OAT Form 21. ...   *mismrlt (admin)*
  - E. Other (Specify below): .....   *miotrdoc (admin)*
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Signature: \_\_\_\_\_

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