

OCCLUDED ARTERY TRIAL (OAT)

CABG SURGERY FORM

OAT Form 19
Rev 0
04/14/2003
Page 1 of 2



29317

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

Four digit input box

Four digit input box

Letter Code:

Two digit input box

Sequence Number:

seqno

Correction radio button

1. Date of the coronary artery bypass graft (CABG) surgery:

mm/dd/yyyy date input box with fm19dt

A. Timing of event relative to OAT randomization:

Radio buttons for timing: Within 48 hours (cabtming) or More than 48 hours

B. CABG Treatment Site:

Radio buttons for treatment site: Initial hospitalization (cabtrloc) or Subsequent hospitalization

2. Number of new venous grafts:

cabnveng

3. Number of new arterial grafts:

cabnartg

4. Were any new grafts placed to the index (i.e., OAT qualifying MI) infarct-related artery?

Yes/No/Unknown radio buttons with cabnidgx

5. Reasons for CABG:

Yes No

A. Myocardial infarction (new - not index myocardial infarction)

cabmi

If item 5A. is YES, complete a Recurrent Myocardial Infarction Event Form (OAT Form 17).

B. Congestive heart failure (new or worsening)

cabchf

If item 5B. is YES, complete a Congestive Heart Failure Event Form (OAT Form 18).

C. Ventricular arrhythmia

cabventr

D. Unstable angina

cabangna

E. Stable angina class:

None, I, II, III, IV, cabangcl

Signature:

OAT Staff Number input box

OAT Staff Number

Mail to MMRI

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OAT Form19  
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**Please Use Black Pen To Fill Out Form.**

Patient's ID Number:   -

Letter Code:

Sequence Number:

Correction

5. Reasons for CABG (continued):

Yes    No

- |                                      |                       |                       |                        |
|--------------------------------------|-----------------------|-----------------------|------------------------|
| F. Silent Ischemia .....             | <input type="radio"/> | <input type="radio"/> | <i><b>cabisch</b></i>  |
| G. Positive stress test .....        | <input type="radio"/> | <input type="radio"/> | <i><b>cabposst</b></i> |
| H. Physician preference .....        | <input type="radio"/> | <input type="radio"/> | <i><b>cabdrprf</b></i> |
| I. Patient preference .....          | <input type="radio"/> | <input type="radio"/> | <i><b>cabtprf</b></i>  |
| J. Complication of PCI .....         | <input type="radio"/> | <input type="radio"/> | <i><b>cabcopci</b></i> |
| K. Complication of Angiography ..... | <input type="radio"/> | <input type="radio"/> | <i><b>cabcoang</b></i> |
| L. Unknown .....                     | <input type="radio"/> | <input type="radio"/> | <i><b>cabrsnuk</b></i> |
| M. Other .....                       | <input type="radio"/> | <input type="radio"/> | <i><b>cabotr</b></i>   |

Specify:  ***cabotrrk***

6. Are the following source documents being submitted with this form?

Yes    No

- |   |                       |                       |                        |                |
|---|-----------------------|-----------------------|------------------------|----------------|
| A. Operative summary .....                          | <input type="radio"/> | <input type="radio"/> | <i><b>cabopsum</b></i> | <i>(admin)</i> |
| B. Hospital discharge summary .....                 | <input type="radio"/> | <input type="radio"/> | <i><b>cabhosds</b></i> | <i>(admin)</i> |
| C. Physician's summary .....                        | <input type="radio"/> | <input type="radio"/> | <i><b>cabdrsum</b></i> | <i>(admin)</i> |
| D. Cardiac Serum Marker Results (OAT Form 21) ..... | <input type="radio"/> | <input type="radio"/> | <i><b>cabsmrlt</b></i> | <i>(admin)</i> |
| E. Other .....                                      | <input type="radio"/> | <input type="radio"/> | <i><b>cabotdoc</b></i> | <i>(admin)</i> |

Specify:  ***cabotdrk***  
*(admin)*

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

-

OAT Staff Number

**Mail to MMRI**