

OCCLUDED ARTERY TRIAL (OAT) SPECT Imaging Form (FOR OAT-NUC STUDY PATIENTS)

OAT Form 35
Rev 0 (email)
03/23/2004
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54578

Please Use Black Pen To Fill Out Form.

Patient's ID Number: -

Letter Code:

Date form completed:
mmm dd yyyy

Time period: Baseline
 1 year

Correction

timeprd2

1. Was SPECT imaging done? Yes No *imagdone*

3A. Isotope Dose: MIBI
mmm dd yyyy mCi

**IF YES, SKIP ITEM A.
IF NO AND TIME PERIOD IS BASELINE, PATIENT IS INELIGIBLE. DO NOT COMPLETE THIS FORM.
IF NO AND TIME PERIOD IS 1 YEAR, COMPLETE ITEM A, SIGNATURE AND STAFF NUMBER.**

3B. Date and Time MIBI given:

mmm dd yyyy hh mm

A. Why was SPECT imaging not done? Yes No

- Patient refused *ptrefuse*
- Physician refused *drrefuse*
- Unable to contact patient *nocontct*
- Patient too ill *ptill*
- Patient died *ptdead*
- Other, specify below: *nd_otr*

4. Date and Time of SPECT imaging, (time acquisition started):

mmm dd yyyy hh mm

5. Was exercise SPECT imaging done? Yes No *specdone*

If YES, answer item 5A.
If NO, skip to Signature.

2. Was patient given sublingual nitroglycerin before sestamibi? Yes No *subnitro*

If NO, skip to item 3A.

5A. Date and Time of SPECT exercise imaging:

mmm dd yyyy hh mm

A. Date and Time nitroglycerin given:

mmm dd yyyy hh mm

B. Dose of nitroglycerin: mg
nitrodse

IF SPECT IMAGING WAS DONE, COMPLETE PATIENT ACQUISITION WORKSHEET, TRANSMITTAL FORM (OAT FORM 39) AND SEND TO THE SPECT IMAGING CORE LABORATORY.

Signature: _____ -
OAT Staff Number