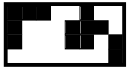




# OCCLUDED ARTERY TRIAL (OAT) DEATH CLASSIFICATION FORM

OAT Form 54  
Rev 0  
04/14/2003  
Page 2 of 2



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Please Use Black Pen To Fill Out Form.

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

4. Was the immediate cause of death non-cardiovascular? Yes No  
  ***dcncimyn***

5. Was the primary underlying cause of death non-cardiovascular? Yes No  
  ***dcncpryn***

If YES, indicate one cause below.

- Accidental ***dcncim***
- Non-embolic respiratory disease
- Malignancy
- Hemorrhage
- Unknown
- Other non-cardiovascular

If YES, indicate one cause below.

- Accidental ***dcncpr***
- Non-embolic respiratory disease
- Malignancy
- Hemorrhage
- Unknown
- Other non-cardiovascular

If Other non-cardiovascular, specify below.

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***dcncimrk***

If Other non-cardiovascular, specify below.

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***dcncprrk***

6. Was death procedure related? Yes No

A. Catheterization related . . .   ***dccath***

B. PCI related . . . . .   ***dcpci***

C. CABG related . . . . .   ***dccabg***

D. Other . . . . .   ***dcothr***

Specify: 

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***dcothrrk***

7. Initials of MMCC Member classifying event: ***mmccint (admin)***

8. Signature of MMCC Member: \_\_\_\_\_