

**OCCLUDED ARTERY TRIAL (OAT)  
SECONDARY EVENTS CLASSIFICATION FORM**

OAT Form 55  
Rev 1  
04/14/2003  
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**Please Use Black Pen To Fill Out Form.**

Patient's ID Number: [ ] [ ] [ ] - [ ] [ ] [ ] Letter Code: [ ] [ ] Seq. No. **seqno** Reader Number: **readnbr** Correction

1. Date of event: ..... [ ] [ ] [ ] - **fm55dt** - [ ] [ ] [ ] [ ]  
mmm dd yyyy

2. Date of hospitalization if hospitalized: ..... **echospmo** [ ] [ ] [ ] [ ] **echospyr** [ ] [ ] [ ] [ ]  
mmm yyyy

3. Did stroke, ventricular arrhythmia event or AICD implantation take place? .....  Yes  No **ecvtypn**

**If NO, skip to item 8.**

6. Ventricular arrhythmia event? .....  Yes  No  SND\* **ecventa**

**If YES, answer A-B.**

A. Ventricular fibrillation .....  Yes  No **ecvfib**

B. Ventricular tachycardia .....  Yes  No **ecvtac**

4. Did the patient have a stroke? ...  Yes  No **ecstrok**

**If YES, answer item 5. If NO, skip to item 6.**

7. AICD implanted? .....  Yes  No **ecaicd**

**If YES, answer A-E.**

5. Was stroke procedure related? ..  Yes  No **ecstrrel**

**If YES, answer A-D. If NO, skip to item 6.**

Indications:

A. Prophylactic .....  Yes  No **ecprop**

B. Spontaneous sustained ventricular arrhythmia event .....  Yes  No  SND\* **ecssva**

C. EPS (Inducible VT/VF) .....  Yes  No **ecseps**

D. Does the indication for AICD placement pre-date randomization?  Yes  No **ecprernd**

E. Depressed LVEF only .....  Yes  No **eclvf**

A. Cath related ....  Yes  No **eccath**

B. PCI related ....  Yes  No **ecpci**

C. CABG related ...  Yes  No **eccabg**

D. Other .....  Yes  No **ecothr**

Specify:

[ ] **ecothrrk**

8. Initials of MMCC Member classifying event: [ ] [ ] **mmccint (admin)**

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

**\*SND in item 6 and 7B is an abbreviation for SUSPECTED NOT DOCUMENTED.**