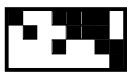


**OCCLUDED ARTERY TRIAL (OAT)
NON-PROTOCOL PCI
CLASSIFICATION FORM**



19987

Please Use Black Pen To Fill Out Form.

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

1. Date of non-protocol percutaneous coronary intervention (PCI): [] [] [] **fm56dt** [] [] [] []
mmm dd yyyy

Yes No

2. Was PCI of bypass grafts attempted? **pclbypas**

3. Reasons for PCI:

A. Index MI - not infarct-related artery **pclnoinf**

B. Myocardial infarction (new - not index myocardial infarction) **pclnewmi**

C. Congestive heart failure (new or worsening) **pclnewch**

D. Ventricular arrhythmia **pclventr**

E. Unstable angina **pclangna**

Yes No Unknown

F. Stable angina **pclsang**

If YES, which Canadian Cardiovascular Society Class?

I II III IV **pclangcl**

G. Silent ischemia **pclisch**

H. Other (Specify below): **pclotrsn**

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **pclot_rk**

I. Unknown **pclrsnuk**

4. Was PCI successful? **pclpciok**

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

6. Signature of MMCC Member: _____

Mail to MMRI