

OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION CLASSIFICATION FORM

OAT Form 57
Rev 0
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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 event occurred:

	fm57dt	
mmm	dd	yyyy

A. Procedure related:

Yes No

- i. Catheterization related Yes No mccath
- ii. PCI related Yes No mcpci
- iii. CABG related Yes No mccabg

2. Recurrent Myocardial Infarction Yes No mcmi

If MI is not procedure related, answer item 3. If MI is procedure related, answer item 4.

3. Criteria for Recurrent Myocardial Infarction - Not procedure related (see instructions):

Yes No

- A. Chest pain or equivalent symptoms lasting 30 minutes of longer ... Yes No mcchstpn
- B. Serum Markers
 - i. Total CK elevation (≥ 2 times upper limit of normal) Yes No mctotck
 - ii. CK-MB elevation ($>$ upper limit of normal) Yes No mcck_mb
 - *iii. Troponin I elevation (≥ 2 times upper limit of normal) Yes No mctropin
 - *iv. Troponin T elevation (≥ 2 times upper limit of normal) Yes No mctroptn

C. Electrocardiogram

Yes No

- i. New Q-waves ≥ 0.03 sec and/or Q-wave voltage $\geq 1/3$ QRS in ≥ 2 related leads on electrocardiogram? Yes No mcnew_qn
- ii. New ST-T segment changes (ST elevation or depression) in two leads, new LBBB, loss of R-wave voltage $\geq 50\%$ in ≥ 2 related leads or deep T-wave inversions of ≥ 3 mm in ≥ 2 leads? Yes No mcsttchg

***Answer YES if Troponin level ≥ 2 times the upper limit of normal regardless of timing from qualifying MI. Do not, however, use troponin levels to diagnose recurrent MI within 10 days of index MI.**

Mail to MMRI

