

OCCLUDED ARTERY TRIAL (OAT)

OAT Form 59
Rev 0
04/14/2003
Page 1 of 1

CABG SURGERY CLASSIFICATION FORM

35091

Please Use Black Pen To Fill Out Form.

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

1. Date of the coronary artery bypass graft (CABG) surgery: *fm59dt*
 mmm dd yyyy

2. Revascularization: Yes No
i. Index MI (OAT Qualifying) Artery *scimi*
ii. Non-Index MI Artery *scnimi*
iii. Complete *sccompl*

3. Reasons for CABG:
A. Myocardial infarction (new - not index myocardial infarction) *scmi*
B. Congestive heart failure (new or worsening) *scchf*
C. Ventricular arrhythmia *scventa*
D. Unstable angina *scuangna*

E. Stable angina *scsangna*

If YES, which Canadian Cardiovascular Society Class? I II III IV *sccancel*

F. Silent Ischemia *scisch*
G. Positive stress test *scposst*
H. Complication of PCI *sccopci*
I. Complication of Angiography *sccoang*
J. Unknown *sccrsnuk*
K. Other *scothr*

Specify: *scothrkk*

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

5. Signature of MMCC Member: _____

Mail to MMRI