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# OCCLUDED ARTERY TRIAL (OAT)
## Vital Status Form

OAT Form 75
Rev 0 (email)
05/14/2007


**Please Use Black Pen To Fill Out Form.**

Patient's ID Number: ___ - ___ Letter Code: ___ Correction ○

Date form completed: ___ - ___ - ___ (mmm dd yyyy) *fm75dt*

Sequence No: ___ *seqno*

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**This entire form must be completed.**
**If the patient is deceased, and the date of death is known, the Cause of Death Form (OAT Form 14) must be completed in additional to this form.**

1. Is the patient alive or deceased? Alive ○ Deceased ○ Unknown ○ *vsalive*

2. Last date patient was known to be alive, or date of death if deceased. ___ - ___ - ___ (mmm dd yyyy) *vsdt* ○ Unknown *vsdtunk*

3. Which steps were used to obtain vital status? **Answer each question.**

| | Yes | No | |
|---|---|---|---|
| a. Social Security Death Index? | ○ | ○ | *ssdi* |
| **If No skip to item 3b.** | | | |
| 1. Was patient listed? | ○ | ○ | *ssdilist* |
| b. National Provincial/Regional/ Death Index? | ○ | ○ | *ndi* |
| **If No, skip to item 3c.** | | | |
| 1. Was patient listed in index as: | Alive ○ | Deceased ○ | *ndilist* |
| c. Hospital records? | ○ | ○ | *vshosp* |
| d. Family member contacted? | ○ | ○ | *vsfamily* |
| e. Emergency contact or friend? | ○ | ○ | *vsfriend* |
| f. Personal Physician or referring MD? | ○ | ○ | *vsmd* |
| g. Patient contacted directly? | ○ | ○ | *vspat* |
| h. Other, specify below: | ○ | ○ | *vsothr* |

___ *vsothrmk*

4. Which step in item 3 proved the most effective in obtaining vital status outcome? **(Fill in only one).**

| a | b | c | d | e | f | g | h | none |
|---|---|---|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ● |

*vsstep*

Signature: _____ ___ - ___
OAT Staff Number

**Fax to MMRI (410) 323-4729**

Email to MMRI