OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION REVIEW FORM

OAT Form 77 Rev 0 12/18/2007 Page 1 of 4

	O Number: Code: No.		Reader Number: _	Correction	n (
1.	Date of recurrent MI: mmm dd yyyy				
2.	Based on all available information, was infarct related artery (IRA)	Yes	No	Unknown	
	for the recurrent MI the same as the IRA for the OAT qualifying MI? Refer to items 18 & 19 on page 3.	0	0	○ f77ira	
3.	Was there ST elevation? If Yes, answer items a, b & c.	0	0	○ f77ste	
	a. Is ST elevation new or more pronounced?	0	0	○ f77stea	
	b. Is ST elevation in OAT qualifying IRA territory?	0	0	○ f77steb	
	c. Is ST elevation > or = to 1mm in two related leads?	0	0	○ f77stec	
4.	Were there T-wave inversions? If Yes, answer items a & b.	0	0	○ <i>f77tw</i>	
	a. Are T-wave inversions new?	0	0	○ f77twnew	
	b. Are T-wave inversions in OAT qualifying IRA territory?	D	0	⊖ f77twira	
5.	Were there Q-waves? If Yes, answer items a & b.	0	0	⊜ f77qw	
	a. Are Q-waves new?	0	0		
	b. Are Q-waves in OAT qualifying IRA territory?	0	0		
6.	Was there R-wave loss of > or = 50%? If Yes, answer items a & b.	0	0	○ f77rw	
	a. Is R-wave loss new?	\bigcirc	0	○ f77rwnew	
	b. Is R-wave loss in OAT qualifying IRA territory?	0	0	○ f77rwira	
_	Was them I DDDQ If Was a survey to the	<u></u>	0	○ f77lbbb	
1.	Was there LBBB? If Yes, answer item a.		0	○ f77lbnew	
	a. Is LBBB new?				
8.	Was there ST depression of at least 0.5mm? If Yes, answer items a & b.	0_	0	○ f77stden	
	a. Is ST-depression new or more pronounced?	\bigcirc	0	⊜ f77stda	
	b. Is ST-depression in OAT qualifying IRA territory?	5	0	∩ f77stdb	
	ar to a respective and a quanty mg man termory.			<u> </u>	
9.	Was there a wall motion abnormality, including worsened motion?	0	0	○ f77wm	
	Check unknown if prior wall motion not available on review.				
	If Yes, answer items a & b.		0	○ f77wmnew	
	a. Is wall motion abnormality new?b. Is wall motion abnormality in OAT qualifying IRA territory?	5	0	○ f77wmira	
	b. 15 wall motion abnormality in OAT qualifying IRA territory?				
			Reviewers	Initials:	
	Signature:				

OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION REVIEW FORM

OAT Form 77 Rev 0 12/18/2007 Page 2 of 4

	eader umber:	Correction O
10. LVEF NA or ND If LVEF available indicate method 10a. LV Angio Echocardiogram Nuclear	od in 10a.	Unknown
	0	○ f77efmet
Yes No 10b. Is there a qualitative assessment? O O 177qualb If YES, answer item 10c. If NO, skip to item 11.		
10c. O normal O mildly decreased O moderately decreased	○ severe	ly decreased f77qualc
11. Peak CK NA or ND In the surface of the surfac	U/L	ukat/L Not available
12. CK - upper limit of normal f77ckul . Unit of measurement:	U/L	ukat/L Not available o f77ckulu
NA or ND Trimb Unit of measurement:	○ ng/ml	○ % f77mbu ○ Index
14. CKMB - upper Unit of measurement:	○ ug/L	
limit of normal NA or ND 177mbul 177mbul 177mbul 177mbuna	○ U/L ○ ug/L	○ Index○ not available
15. Peak Troponin NA or ND 177trpi T 177trpi		
16. Troponin - upper limit of normal NA or ND f77tulna		
Signature:	Reviewers	Initials:

OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION REVIEW FORM

OAT Form 77 Rev 0 12/18/2007 Page 3 of 4

ID Numb				Code:		No.		1 1	lumber:		Correction	
	angiography pe on angiograph		ed?	77ang ———				o, skip		Yes	No Unk	known known
		-		-)
b. What i	s location of the	e culp	orit? LAD) LCx		R(CA	<u>LM</u>	Bypass	graft U	nknown f77angk	ភា
c. % Stend	osis in:			0						,	O Trrange	
•	<30 30-50 5	1-70	71-99 10	00 Unknowr	ı							
1. LAD	0 0	0	0	O 0 f77	angc1	d. I	IMI Gr	ade: Ar	nswer oni	y for culp	rit vessel	•
2. LCx	0 0	0	0) (f77	angc2		0	1 2	2 3 l	Jnknown		
3. RCA	0 0	0	0	O 0 f77	angc3] [0	0 (O f77an	gd	
4. LM	0 0	0	0	O 677	angc4	į '			-			
5. Bypass Graft	0 0	0	0	○ 677	angc5	j						
Grant							Yes	No	Unknown	1		
e. Was the	ere in-stent reste	enosi	s involving	the OAT qual	ifying	IRA?	0	0	O f77	'ange		
	_	Definit	te Proba	ble Possik	ole	N)	Unknov				
1. Ster	nt thrombosis:)	0	0		0		0	f77ange1			
						Yes	No	Unkr	nown			
f. Was the	ere in-stent rest	enosi	s in anothe	r artery?		0	0	0 f	77angf			
				-								
1. St	ent thrombosis:		Definite	Probable	Poss	sible		lo	Unknown		1	
2 10	ocation:		0	0	0		0		0 177	angf1		
2. LC	Callon.		LAD	LCx	RCA	4	<u>LM</u>	Вур	ass graft			
			0	0	0		0		0	0 1	77angf2	
	l on all available on of culprit ves		rmation, wa	as a culprit ve	essel	ident	ifiable	? (indica	ate by wha	at method	d and	
		LAD	LCx	RCA	L	_M	Bypas	s graft	Unknowr	n No	Not ava	ailable
a. ECG		0	0	0		0		0	0	0	0	f77cula
b. Angid	ography	0	0	0		0		0	0	0	0	f77culb
c. Wall	motion studies	0	0	0		0		0	0	0	0	f77culc
	'				Υ	es	No	Unkno	wn			
	inal OAT myoca t o item 2 on pa ç		the site of	reinfarction?	_	0	0	0	f77myoc]		
					`	Yes	No	Unkno	own			
20. Was t	he culprit vesse	el sub	ject to PCI	prior to this	MI?	0	0	0	f77pci			
Signa	ature:								Reviewers	Initials:		
				Mail to MI	MRI							

OCCLUDED ARTERY TRIAL (OAT) RECURRENT MYOCARDIAL INFARCTION REVIEW FORM

OAT Form 77 Rev 0 12/18/2007 Page 4 of 4

Patient's Letter Seq. Reader Number: Correction
Current Not current Unknown 21. Smoking status at the time of reinfarction: Current Not current Unknown 6775moke
Class I Class II Class IV Unknown 22. Highest Killip Class during this MI event:
Yes No Unknown 23. Was patient off aspirin at the time of this recurrent MI? Yes No Unknown O o lf yes, answer item 23a. f77asa
a. Was aspirin stopped in relation to this recurrent MI?
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown
2. If yes, why?
Yes No Unknown a. Surgery O O 1777asa2a b. Bleeding O O 1777asa2b c. Other, Specify below:
f77asarm
Yes No Unknown 24. Was patient off thienopyridine at time of this recurrent MI? A. Was thienopyridine stopped in relation to this recurrent MI? Yes No Unknown O If yes, answer item 24a. f77th
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown Tr7tha1
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown 3. Surgery 7
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown a. Surgery f77th2a b. Bleeding f77th2b c. Other, Specify below: f77thrm
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown a. Surgery
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown a. Surgery fr7th2a b. Bleeding fr7th2b c. Other, Specify below: 25. Classification based on new MI definitions: (CHECK ONLY ONE) Type 1 - Spontaneous Type 4b - Stent related fr7class
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown a. Surgery fr7th2a b. Bleeding fr7th2b c. Other, Specify below: 25. Classification based on new MI definitions: (CHECK ONLY ONE) Type 1 - Spontaneous Type 4b - Stent related fr7class Type 2 - Secondary Type 5 - CABG related
1. If yes, when? <=2wks before MI >2wks - 3 months before MI >3-6 months before MI Unknown 2. If yes, why? Yes No Unknown a. Surgery fr7th2a b. Bleeding fr7th2b c. Other, Specify below: 25. Classification based on new MI definitions: (CHECK ONLY ONE) Type 1 - Spontaneous Type 4b - Stent related fr7class