OUTCOME CLASSIFICATION FORM

Clinic No.					
ID No.			ž		
Form Type	0	С	0	1	

PART	I: Identifying Information.	4. ((2
	- Lacinorying linormation.	4. ((Continued)
1.	Patient's NAME CODE:	В.	Outcome images
2.	Date ending period of outcome		 Outcome Committee V/Q scan interpretation (check one):
	data collection:		No scan (1) F324B
	Month Day Year		Normal (2)
٦.	Outcome Committee member		Very low probability — (3)
٠.	completing this form:		Low probability (4) Intermediate prob-
	A. Certification number:		ability (5)
			High probability (6)
	B. Signature:		Outcome Committee event angiogram interpretation:
			No angiogram (1) F324B2
PART :	II: Outcome Event.		<pre>Embolus(i) present (2)</pre>
			Embolus(i) absent (3)
	Did the Outcome Committee		Uncertain (4)
ŗ	ment (au	Was there a pathology department (autopsy) examination of the lungs? (1) (2) F324C Yes No	
[If NO, proceed to Item 5.	÷	If NO, proceed to Item 4D.
A	A. History, physical exam- ination and laboratory data available on this patient are (check one):		Cl. Were pulmonary emboli found on pathology? - (1) (2) F324C1 Yes No
	Characteristic of pulmonary emboli (1) F324A		
	Equivocal for pulmo- nary emboli (2)		
	Uncharacteristic of pulmonary emboli (3)		
	Insufficient infor- mation (4)		,

D. Before review of baseline PIOPED angiogram or scan and anticoagulatio does the Outcome Committee evaluate this PIOPED patient for having expulmonary emboli during the follow-up period? (check one): Definite pulmonary emboli Highly probable for pulmonary emboli Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli E. After review of baseline PIOPED angiogram and anticoagulation, how do Committee evaluate this patient for having experienced pulmonary emboli follow-up period? (check one): Definite pulmonary emboli Highly probable for pulmonary emboli Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli F. Diagnoses accepted: (1) DIAGNOSES	es the Outcome
Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli E. After review of baseline PIOPED angiogram and anticoagulation, how do Committee evaluate this patient for having experienced pulmonary emboli follow-up period? (check one): Definite pulmonary emboli Highly probable for pulmonary emboli Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli F. Diagnoses accepted: (1)	es the Outcome li during the
E. After review of baseline PIOPED angiogram and anticoagulation, how do Committee evaluate this patient for having experienced pulmonary embol follow-up period? (check one): Definite pulmonary emboli Highly probable for pulmonary emboli Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli F. Diagnoses accepted: (1)	es the Outcome 11 during the
Possible pulmonary emboli Unlikely for emboli Insufficient information No pulmonary emboli F. Diagnoses accepted: (1)	(2)
(1)	
a. Primary follow-up event	F324F2A
b. Main clinical problem	F324F2B
c. Other	F324F2C
d	F324F2D
e.	F324F2E
G. Specify data to be obtained for review.	
Did the Outcome Committee evaluate this patient for the occurrence of a coeation of anticoagulation therapy?	mpli-
	Yes !
If NO, proceed to Item 6.	
Total of Total of	
 History, physical examination and laboratory data available on this patient are (check one): 	
Compatible with a complication of anticoagulation therapy Not compatible with a complication of anticoagulation therapy Insufficient information	
If <u>INSUFFICIENT INFORMATION</u> or <u>NOT COMPATIBLE</u> WITH A COMPLICATION OF <u>ANTICOAGULATION THERAPY</u> , proceed to Item 5D.	

5. (C	ontinued)				
* B.	How does the Outcome Commits experienced a complication of that apply):	tee evaluate this PIOPE of anticoagulation ther	D patient for ha apy? (check all	ving	
	Major bleeding		~~~		(1) F325I
	Minor bleeding				(2)
	other compileation, spec	illy	*		(3)
. c.	Whether Outcome Committee connot, provide diagnoses for o	oncludes there was a co condition reported as c	mplication of an omplication of a	ticoagulation therapy	or y:
		(1) DIAGNOSES		(2) ICD-9 CODES	
	a			F325C2A	
	b			F325C2B	
	c			F325C2C	
	d			F325C2D	
	e			F325C2E	
6. Dic	i the patient die?			(1)	2) F326
				Yes	No
If	NO, proceed to Item 7.				
Cau	use of Death:				
		(A) DIAGNOSES		(B) ICD-9 CODES	
1.	Immediate			F326B1	
2.	Underlying			F326B2	
3.	Contributing			F326B3	
4.	**************************************			F326B4•	
5.	Incidental conditions			<u>F326B5</u> .	
6.	•			<u>F326B6</u>	
7.	•			F326B7 .	
		ID	No.	2	

Yes No			
If NO, proceed to Item 8.			
. (A) DIAGNOSES	(B) ICD-9 CODES		
2.			
3			
In the opinion of the Outcome Committee, on	PART III: Documentation.		
the basis of all infor- nation available, did this patient have oulmonary emboli at	 Outcome Committee Chairman A. Certification number: 		
tudies?(1) (2) (3) (4) Yes No Uncer-NA			
Check <u>NA</u> only if case was not reviewed by full committee.	10. Check for completeness and accuracy:		
	A. Certification number:		
	B. Signature:		
	C. Date:		
	Month Day Y		

ID No.