

DEATH CLASSIFICATION FORM

Clinic No.			-					
ID No.			-					
Form Type	D	C	1					



PART I: IDENTIFICATION

1. Patient's NAME CODE: -----

2. Date of death: ----- fm17day  
Month      Day      Year

A. Military time of death: ----- dchr : dcmn  
Hours      Minutes  
dcunk      ( 1 )  
Unknown

ART II: CLASSIFICATION

3. Review: dcrevr  
 Review #1 (Individual) ----- ( 1 )  
 Review #2 (Individual) ----- ( 2 )  
 Review #3 (Committee) ----- ( 3 )

ID No.			-					
--------	--	--	---	--	--	--	--	--

4. Classification decision: (Check one.) ----- **dcclass** (1) (2)  
 Final Pending  
 ↓ ↓  
 ↓ ↓  
 ↓ ↓  
 ↓ ↓

Skip to Item 5.

A. Additional information required to complete classification:

		Yes	No
1) Death certificate ----- <b>deleted</b>	(1)	(2)	(2)
2) Discharge summary ----- <b>deleted</b>	(1)	(2)	(2)
3) Full autopsy report ----- <b>deleted</b>	(1)	(2)	(2)
4) Narrative letter ----- <b>deleted</b>	(1)	(2)	(2)
5) Other ----- <b>deleted</b>	(1)	(2)	(2)

Specify other information required (e.g., T3 forms, operation reports, microscopic pathology):

---

B. Is full committee review requested? ----- **deleted** (1) (2)  
 Yes No  
 ↓

State reason(s):

---



---



---



---

5. Was this death observed? ----- **dcobs** (1) (2) (3)  
 Yes No Unknown

6. Interval to death from the onset of agonal symptoms (for observed deaths) or from the last time the deceased was reported as seen alive (for unobserved deaths):

**dcinterv**

≤ 1 hour ----- (1)  
 > 1 hour but ≤ 24 hours ----- (2)  
 > 24 hours ----- (3)

ID No.											
Form Type	D	C	1								

7. Did this death occur as the result of natural causes or as a result of treatment complications? (Check one.) -- (1) Natural causes (2) Complications

dccause  
 ↓  
 Skip to Item 8.

A. Did this death occur as a consequence of hemorrhage? --- dchemrh (1) (2)  
 Yes No  
 ↓

1) Is this hemorrhagic death attributable to:	Yes	No
a. T3 study drug ----- dct3rx	(1)	(2)
b. Heparin ----- dchep	(1)	(2)
c. Antiplatelet agents ----- dcanti	(1)	(2)
d. Oral anticoagulants ----- dccoag	(1)	(2)
e. Other ----- dcoth2	(1)	(2)
Specify: _____		

B. Did this death occur as a consequence of PTCA? ----- dcptca (1) (2)  
 Yes No  
 ↓

1) Date of PTCA: _____ -ptcaday- _____ Month Day Year
2) Was a myocardial infarction a consequence of this PTCA? --- dcptcami (1) (2) Yes No

C. Did this death occur as a consequence of CABG? ----- dccabg (1) (2)  
 Yes No  
 ↓

1) Date of CABG: _____ -cabgday- _____ Month Day Year
2) Was a myocardial infarction a consequence of this CABG? --- dccabgmi (1) (2) Yes No

D. Did this death occur as a consequence of complications other than those of PTCA, CABG surgery, or hemorrhage? ----- dconoth (1) (2)  
 Yes No  
 ↓

1) Specify complications (e.g., catheter induced aortic dissection, drug reaction, etc.): _____
2) Was a myocardial infarction a consequence of this complication? ----- dccomp (1) (2) Yes No

ID No.			-					
Form Type	D	C	1					



9. Did this patient die of a cause other than those listed above (i.e., non-cardiovascular disease and not of treatment complications)? ----- dcmocvd  
(1) (2)  
Yes No

10. Summary:

A. Immediate Cause of Death (e.g., anoxic brain injury, asystole, ventricular fibrillation, cardiogenic shock, ...):

---

B. Due to, or as a consequence of (e.g., acute myocardial infarction, chronic coronary artery disease, gastrointestinal hemorrhage, pulmonary embolism, ...):

---

C. Due to, or as a consequence of (e.g., peptic ulcer disease, bronchogenic carcinoma, mitral stenosis, ...):

---

D. Other significant conditions (e.g., chronic obstructive pulmonary disease, Parkinson's disease, polycystic kidney disease, ...):

---

E. Rationale for death classification:

---



---

F. Was this patient's treatment assignment known to the reviewer (Committee)? ----- dcrxknw  
(1) (2)  
Yes No

PART III: ADMINISTRATIVE MATTERS

11. MMCC Chairman/Individual Reviewer:

Signature: \_\_\_\_\_

12. Date form completed: ----- - \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

FOR DATA COORDINATING CENTER USE ONLY

13. ICD Code: ----- . \_\_\_\_

14. Reviewer # \_\_\_\_

ID No.			-						
Form Type	D	C	1						

### T3 Form 17: Data Set Revisions

The following items were deleted – no information since all forms represent final decision:

Items 4A1, 4A2, 4A3, 4A4, 4A5  
Additional items requested

Item 4B  
Full committee review requested

**T3B form17****The CONTENTS Procedure**

<b>Data Set Name:</b>	WORK.FORM17	<b>Observations:</b>	71
<b>Member Type:</b>	DATA	<b>Variables:</b>	36
<b>Engine:</b>	V8	<b>Indexes:</b>	0
<b>Created:</b>	8:18 Tuesday, February 10, 2004	<b>Observation Length:</b>	168
<b>Last Modified:</b>	8:18 Tuesday, February 10, 2004	<b>Deleted Observations:</b>	0
<b>Protection:</b>		<b>Compressed:</b>	NO
<b>Data Set Type:</b>		<b>Sorted:</b>	NO
<b>Label:</b>			

----Alphabetic List of Variables and Attributes----					
#	Variable	Type	Len	Pos	Label
36	CABGDAY	Num	8	32	f17q7C1: Days to CABG
24	DCAMI	Num	4	128	f17q8A1: Death MI
13	DCANTI	Num	4	84	f17q7A1C: Hemorrhage antiplatelet agent
28	DCARRH	Num	4	144	f17q8A2C: Death arrhythmia
18	DCCABG	Num	4	104	f17q7C: Consequence of CABG
19	DCCABGMI	Num	4	108	f17q7C2: MI consequence of CABG
9	DCCAUSE	Num	4	68	f17q7: Natural causes or treatment compl
23	DCCD	Num	4	124	f17q8A: Death cardiovascular disease
6	DCCLASS	Num	4	56	f17q4: Classification decision
14	DCCOAG	Num	4	88	f17q7A1D: Hemorrhage oral anticoagulants
21	DCCOMP	Num	4	116	f17q7D2: MI consequence of other complic
20	DCCONOTH	Num	4	112	f17q7D: Consequence of other complicatio
22	DCCVD	Num	4	120	f17q8: Death cardiovascular disease
10	DCHEMRH	Num	4	72	f17q7A: Consequence of hemorrhage
12	DCHEP	Num	4	80	f17q7A1B: Hemorrhage heparin
2	DCHR	Num	4	40	f17q2AHR: Hour of death
8	DCINTERV	Num	4	64	f17q6: Interval to death
3	DCMN	Num	4	44	f17q2AMN: Minute of death
31	DCNOCVD	Num	4	156	f17q9: Other cause of death
7	DCOBS	Num	4	60	f17q5: Death observed
15	DCOTH2	Num	4	92	f17q7A1E: Hemorrhage other
29	DCOTHFAT	Num	4	148	f17q8A2D: Other fatal cardiac event

**(10FEB04--08:18)**

**T3B form17****The CONTENTS Procedure**

<b>-----Alphabetic List of Variables and Attributes-----</b>					
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Pos</b>	<b>Label</b>
<b>26</b>	DCPF	Num	4	136	f17q8A2A: Death pump failure
<b>16</b>	DCPTCA	Num	4	96	f17q7B: Consequence of PTCA
<b>17</b>	DCPTCAMI	Num	4	100	f17q7B2: MI consequence of PTCA
<b>25</b>	DCQE	Num	4	132	f17q8A1A: Fatal MI type
<b>5</b>	DCREVR	Num	4	52	f17q3: Which reviewer
<b>32</b>	DCRXKNW	Num	4	160	f17q10F: Treatment assignment known to r
<b>11</b>	DCT3RX	Num	4	76	f17q7A1A: Hemorrhage t3 study drug
<b>4</b>	DCUNK	Num	4	48	f17q2A: Time of death unknown
<b>30</b>	DCVASBED	Num	4	152	f17q8A3: Fatal event vascular bed
<b>27</b>	DCVENT	Num	4	140	f17q8A2B: Death ventricular rupture
<b>34</b>	FM17DAY	Num	8	16	f17q2: Days to death
<b>33</b>	NEWID	Num	8	8	Patient Identification
<b>35</b>	PTCADAY	Num	8	24	f17q7B1: Days to PTCA
<b>1</b>	REV	Num	8	0	Revision

**(10FEB04--08:18)**



*T3B form17*

Variable	Label	Value	N	%	<= 20
REV	Revision	0	71	100.0	
DCUNK	f17q2A: Time of death unknown	.	61	85.9	
		1	10	14.1	*
DCREVR	f17q3: Which reviewer	3	71	100.0	
DCCLASS	f17q4: Classification decision	1	71	100.0	
DCOBS	f17q5: Death observed	1	65	91.5	
		2	5	7.0	*
		3	1	1.4	*
DCINTERV	f17q6: Interval to death	1	29	40.8	
		2	28	39.4	
		3	14	19.7	*
DCCAUSE	f17q7: Natural causes or treatment compl	1	54	76.1	
		2	17	23.9	*
DCHEMRH	f17q7A: Consequence of hemorrhage	.	54	76.1	
		1	3	4.2	*
		2	14	19.7	*
DCT3RX	f17q7A1A: Hemorrhage t3 study drug	.	68	95.8	
		1	2	2.8	*
		2	1	1.4	*
DCHEP	f17q7A1B: Hemorrhage heparin	.	68	95.8	
		1	2	2.8	*
		2	1	1.4	*

*T3B form17*

<b>Variable</b>	<b>Label</b>	<b>Value</b>	<b>N</b>	<b>%</b>	<b>&lt;= 20</b>
DCANTI	f17q7A1C: Hemorrhage antiplatelet agent	.	68	95.8	
		2	3	4.2	*
DCCOAG	f17q7A1D: Hemorrhage oral anticoagulants	.	68	95.8	
		2	3	4.2	*
DCOTH2	f17q7A1E: Hemorrhage other	.	68	95.8	
		1	1	1.4	*
		2	2	2.8	*
DCPTCA	f17q7B: Consequence of PTCA	.	54	76.1	
		1	2	2.8	*
		2	15	21.1	*
DCPTCAMI	f17q7B2: MI consequence of PTCA	.	69	97.2	
		1	1	1.4	*
		2	1	1.4	*
DCCABG	f17q7C: Consequence of CABG	.	54	76.1	
		1	10	14.1	*
		2	7	9.9	*
DCCABGMI	f17q7C2: MI consequence of CABG	.	61	85.9	
		1	1	1.4	*
		2	9	12.7	*
DCCONOTH	f17q7D: Consequence of other complicatio	.	54	76.1	
		1	3	4.2	*
		2	14	19.7	*

*T3B form17*

<b>Variable</b>	<b>Label</b>	<b>Value</b>	<b>N</b>	<b>%</b>	<b>&lt;= 20</b>
DCCOMP	f17q7D2: MI consequence of other complic	.	68	95.8	
		1	2	2.8	*
		2	1	1.4	*
DCCVD	f17q8: Death cardiovascular disease	1	55	77.5	
		2	16	22.5	*
DCCD	f17q8A: Death cardiovascular disease	.	16	22.5	*
		1	51	71.8	
		2	4	5.6	*
DCAMI	f17q8A1: Death MI	.	20	28.2	*
		1	28	39.4	
		2	23	32.4	
DCQE	f17q8A1A: Fatal MI type	.	43	60.6	
		1	11	15.5	*
		2	17	23.9	*
DCPF	f17q8A2A: Death pump failure	.	39	54.9	
		1	32	45.1	
DCVENT	f17q8A2B: Death ventricular rupture	.	65	91.5	
		1	6	8.5	*
DCARRH	f17q8A2C: Death arrhythmia	.	40	56.3	
		1	31	43.7	
DCOTHFAT	f17q8A2D: Other fatal cardiac event	.	66	93.0	
		1	5	7.0	*

*T3B form17*

<b>Variable</b>	<b>Label</b>	<b>Value</b>	<b>N</b>	<b>%</b>	<b>&lt;= 20</b>
DCVASBED	f17q8A3: Fatal event vascular bed	.	67	94.4	
		1	3	4.2	*
		2	1	1.4	*
DCNOCVD	f17q9: Other cause of death	1	10	14.1	*
		2	61	85.9	
DCRXKNW	f17q10F: Treatment assignment known to r	1	1	1.4	*
		2	70	98.6	

*T3B form17*

<b>Variable</b>	<b>Label</b>	<b>N</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Minimum</b>	<b>Maximum</b>
FM17DAY	f17q2: Days to death	71	166.5	235.2	1.0	961.0
DCHR	f17q2AHR: Hour of death	61	11.4	6.6	0.0	23.0
DCMN	f17q2AMN: Minute of death	61	26.1	18.4	0.0	58.0
PTCADAY	f17q7B1: Days to PTCA	2	7.5	0.7	7.0	8.0
CABGDAY	f17q7C1: Days to CABG	10	16.7	22.9	2.0	79.0