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47172

OCCLUDED ARTERY TRIAL (OAT)
Follow-Up One Year Angiography Form
(FOR TOSCA-2 PATIENTS ONLY)

Please Use Black Pen To Fill Out Form.

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

Date of One Year Angiography or Date of Expected Visit if Angiography Not Done: ___ - ___ - ____
mmm dd yyyy

---

1. Was angiography done? ○ Yes ○ No ***angio_yn***

IF YES, SKIP ITEM A.
IF NO, COMPLETE A, SIGNATURE AND STAFF NUMBER AND SEND ONLY PAGE 1 TO MMRI.

A. Why was angiography not done?

	Yes	No	
Patient refused	○	○	***angpatno***
Physician refused	○	○	***angphyno***
Lost to follow-up	○	○	***anglstfu***
Other	○	○	***angnooth***

Specify: ___ ***angno_rk***

2. Was calibrated left ventriculogram done? Yes ○ No ○ ***angcallv***

Signature: _____ ___ - ___
OAT Staff Number

FAX THIS FORM TO MMRI 410-323-4729

IF ANGIOGRAPHY WAS DONE, MAIL THIS FORM TO THE ANGIOGRAPHY CORE LABORATORY WITH THE FILM.

e-mail to MMRI

Clear page

49161

OCCLUDED ARTERY TRIAL (OAT)
Follow-up One Year Angiography
(FOR TOSCA-2 PATIENTS ONLY)

Please Use Black Pen To Fill Out Form.

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

3. Were there any serious clinical complications within 24 hours of angiography? ○ Yes ○ No ang24cmp

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS AND FAX TO THE DATA COORDINATING CENTER WITHIN 24 HOURS. If NO, SKIP TO SIGNATURE AND STAFF ID.

What were the complications?
(Answer each item.)

	Yes	No	
A. Death	○	○	angdeath
B. Emergency bypass surgery	○	○	angcabg
C. CHF Class III or IV	○	○	angchf
D. Stroke and/or coma	○	○	angstrok
E. Major hemorrhage	○	○	anghmorg

If itemE is yes,
i) number of units of red blood cells or whole blood tranfusions: ○ 1 ○ 2 ○ 3 ○ >3 anghmout

	Yes	No	
F. Cardiac arrest	○	○	angca
G. Emergency percutaneous coronary intervention	○	○	angpci
H. Peripheral vascular complications	○	○	angpvc

If item H. is yes,
i) intervention ○ ○ angin_yn

If item H. i) is yes,
ii) ○ Thrombectomy ○ Bypass ○ Amputation ○ Other, specify anginvnt

angin_rk

	Yes	No	
I. Aortic dissection	○	○	angadiss
J. Coronary perforation	○	○	angcprf
K. Cardiac tamponade	○	○	angctamp
L. Other, specify	○	○	angoth

angothrk

Signature: _____ ___ - ___
OAT Staff Number

FAX to MMRI (410) 323 - 4729

e-mail to MMRI