DAD

Event Checking Chart Cases of Myocardial infaction (MI)

Total (aim 3-6) Prior to MI (aim 1-2) After MI (aim 1-2) Prior to MI (aim 1-2) Prior to MI (aim 1-2) Prior to MI (aim 1-2) Are all ECG's marked with: Pt ID-code date & time ecg-velocity 2. Serological markers Register sequence of and/or peak-values of measurements performed within 72 hours of the event. (For iso-enzymes: peak-value of CK-MB and the corresponding value of CK, peak-value of LDH-1 and the corresponding value of LDH-2).	Name of centre			SHCS				
1. Number of available ECG's, copies of which are included Total (aim 1-2)	Patient ID code			Gender				
Total (aim 3-6)	Year of birth (yyyy))			Date of event			
(aim 1-2)	1. Number of ava	ailable ECG's, c	opies of which a	re included				
Are all ECG's marked with:					of MI			
Register sequence of and/or peak-values of measurements performed within 72 hours of the event. (For iso-enzymes: peak-value of CK-MB and the corresponding value of CK, peak-value of LDH-1 and the corresponding value of LDH-2). CK / unit	,	ked with:	ID-code ate & time	, ,		` ,		
CK / unit	Register sequence	of and/or peak-va					rresponding value o	f LDH-2).
Duration of symptoms (> 20 min)? Quality of symptoms, summary:	CK / unit	CK-MB / Unit	1 .	1 .	LDH-1 / unit	LDH-2 / unit	marker wich?	l
4. Was an invasive cadiovascular procedure performed in relation to the MI : Yes No (If yes, please complete an ICP event form) All available information regarding this event has been collected For fatal cases, please also complete a CoDe form Monitoring at site by Name signature date Please send this form to the SHCS Data Center incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL	Duration of sympto	oms (> 20 min) ?	vent / Summary o	of symptoms				
4. Was an invasive cadiovascular procedure performed in relation to the MI :								
All available information regarding this event has been collected For fatal cases, please also complete a CoDe form Monitoring at site by Name signature date Please send this form to the SHCS Data Center incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL	Typical		Atypical		Description incom	nplete N	o information availal	ble
For fatal cases, please also complete a CoDe form Monitoring at site by Name signature date Please send this form to the SHCS Data Center incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL				formed in relat	ion to the MI:	Yes No		
Monitoring at site by Name signature date Please send this form to the SHCS Data Center incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL	All available	e information reg	arding this event	has been collec	cted			
Name signature date Please send this form to the SHCS Data Center incl. copies of relevant documents from the medical record (made anonymous and labelled with the patients ID-code) together with the form CLINICAL			e a CoDe form					
labelled with the patients ID-code) together with the form CLINICAL		•	ре	signatu	re	date		
SHCS Data Centre					documents from t	he medical record (r	made anonymous ar	ıd
	SHCS Data Centre							

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