



22354

OCCLUDED ARTERY TRIAL (OAT) Protocol Percutaneous Coronary Intervention (PCI) Report Form

OAT Form 05
Rev 2 (email)
04/14/2003
1 of 3 Pages

Please Use Black Pen To Fill Out Form.

Complete this form ONLY for patients randomly assigned to PCI.

Patient's ID Number: - Letter Code: Correction

Date* of PCI: :

mmm dd yyyy pci_hr pci_min
hr min

1. Was PCI of the IRA attempted? Yes No *pci_atmt*
If No, complete A, signature and staff number. Only page 1 is required.

A. Reason PCI of the IRA not attempted (mark one).

- Cath lab unavailable *noatmt*
- Technically unsuitable
- No lesion in the infarct-related artery severe enough for PCTA
- Consent withdrawn
- Other

Specify,

noatmtrk

2. Infarct-related artery (IRA) is: LAD *artery*
 Circ
 RCA
 Left main

3. Was PCI successful? Yes No *pcisuces*

If No, reasons not successful:

	Yes	No	
A. Unable to cross with guidewire	<input type="radio"/>	<input type="radio"/>	<i>pcguide</i>
B. Unable to access true distal lumen	<input type="radio"/>	<input type="radio"/>	<i>pclumen</i>
C. Unable to deliver dilatation device	<input type="radio"/>	<input type="radio"/>	<i>pcdilatl</i>
D. Excessive thrombus	<input type="radio"/>	<input type="radio"/>	<i>pcexthrm</i>
E. > 50% residual stenosis	<input type="radio"/>	<input type="radio"/>	<i>pcgt50st</i>
F. Final TIMI flow 0 or 1	<input type="radio"/>	<input type="radio"/>	<i>pcflow</i>
G. Other	<input type="radio"/>	<input type="radio"/>	<i>pc_su_ot</i>

Specify,

pc_su_rk

* Date of Randomization, if procedure not attempted.

Signature: _____

-

OAT Staff Number

FAX to MMRI (410) 323 - 4729

**OCCLUDED ARTERY TRIAL (OAT)
Protocol Percutaneous Coronary Intervention (PCI)
Report Form**

OAT Form 05
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2 of 3 Pages



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Patient's ID Number: -

Letter Code:

Correction

4. Was stent placement attempted? Yes No
 stn_atmt

If no, reasons for no attempt:

- | | | | |
|------------------------------------|-----------------------|-----------------------|-----------------|
| A. Vessel size < 2.5 mm | <input type="radio"/> | <input type="radio"/> | vesle2_5 |
| B. Failed delivery predicted | <input type="radio"/> | <input type="radio"/> | failpred |
| C. Diffuse disease | <input type="radio"/> | <input type="radio"/> | difusdis |
| D. Other | <input type="radio"/> | <input type="radio"/> | st_at_ot |

Specify,

	st_at_rk
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5. Was stent placement successful? Yes No
 stnsuces

If no, reasons not successful:

- | | | | |
|----------------------------|-----------------------|-----------------------|-----------------|
| A. Not attempted | <input type="radio"/> | <input type="radio"/> | stnotatm |
| B. Unable to deliver | <input type="radio"/> | <input type="radio"/> | stdelivr |
| C. Unable to deploy | <input type="radio"/> | <input type="radio"/> | stdeploy |
| D. Other | <input type="radio"/> | <input type="radio"/> | st_su_ot |

Specify,

	st_su_rk
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Signature: _____

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OAT Staff Number

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 Letter Code: Correction

6. Was Gp IIb/IIIa antagonist administered? Yes No
 giibadm

If no, reasons not administered:

A. Active bleeding	<input type="radio"/>	<input type="radio"/>	actvbled
B. Bleeding risk	<input type="radio"/>	<input type="radio"/>	bledrisk
C. Low platelet count	<input type="radio"/>	<input type="radio"/>	lowplt
D. MD preference	<input type="radio"/>	<input type="radio"/>	mdpref
E. Other	<input type="radio"/>	<input type="radio"/>	giib_ot

Specify,

	giib_rk
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F. If Yes to Item 6, select Gp IIb/IIIa antagonist:

<input type="radio"/> Abciximab (ReoPro)	<input type="radio"/> Eptifibatide (Integrillin)	<input type="radio"/> Unknown
<input type="radio"/> Tirofiban (Aggrastat)	<input type="radio"/> Other (specify below): gatag	

gatag_rk	
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PCI Operator Name: _____

pcistaff	
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Signature: _____

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OAT Staff Number