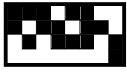


OCCLUDED ARTERY TRIAL (OAT)

AICD Follow Up

OAT Form 20
Rev 0 (email)
04/14/2003
Page 1 of 1



46685

Please Use Black Pen To Fill Out Form.

Patient's ID Number:

				-				
--	--	--	--	---	--	--	--	--

Letter Code:

--	--

Sequence Number:

<i>seqno</i>	
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Correction

1. Date of AICD placement

				-							
mmm			dd	yyyy							

fm20dt

PART I. Retrospective Data

Complete this section if AICD was placed prior to last contact. Continue to complete Part II until AICD first discharge is reported.

2. Has the AICD ever discharged for ventricular arrhythmia or presumed ventricular arrhythmia?

Yes No Unknown

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>aicdi</i>
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3. If Yes, date discharged:

				-							
mmm			dd	yyyy							

aidt

ai_dtuk
Unknown

PART II. Prospective Data

Complete this section if AICD was placed since last completed OAT Form 11. Request information on next 4-month contact. Continue to obtain data until discharge is reported.

4. Follow-up visit number:

<i>aicdfv</i>	
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month

5. Has the AICD discharged for ventricular arrhythmia or presumed ventricular arrhythmia?

Yes No Unknown

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>aicdii</i>
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6. If Yes, date discharged:

				-							
mmm			dd	yyyy							

aiidt

aii_dtuk
Unknown

Signature: _____

				-				
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OAT Staff Number

Mail to MMRI