D:A:D

Event Checking Chart
Cases of MI

Name of centre and cohort _____

Patient ID code:_____ Gender:_____

Year of birth (yyyy):_____ Date of event (dd/mm/yy):_____

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1. Number of available ECG's, copies of which are included.

   Total (aim 3-6) __ Prior to MI (aim 1-2) ___ From time of MI (aim 1-2) __ After 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).

CK / unit	CK-MB / unit	Troponin T/ unit	Troponin I/ unit	LDH-1 / unit	LDH-2 / unit	Other serology marker– which? / unit	Time from MI / hours

3. Narrative description of the event/ Summary of symptoms.

Duration of symptoms (> 20 min.?): _____

Quality of symptoms, summary:

_____

_____

|__| Typical |__| Atypical |__| Description incomplete |__| No information available

|__| All available information regarding this event has been collected,

Signature:_____ the Study Coordinating Office, Date:_____(dd/mm/yyyy)

Monitored at site by: _____ _____ Date: _____
Print Name Signature dd/mm/yyyy

Please return this form to the DAD study coordinating office incl. ecg's & copies of other relevant documents from the medical record (made anonymous and labelled with the patients ID-code) by air-mail and keep a copy of the chart at the cohort coordinating office.