PRINT IN BLOCK CAPITALS WITH BLACK BALLPOINT PEN

rm No. 1, 2

OMB 68 - R1325

NOTIFICATION OF NON-FATAL EVENT

1. Program Number: 3, 4 | 5, 6, 7, 8, 9 | 10, 11

2. Date of Notification: (3) Month 26, 27 | Day 28, 29 | 19 Year 30, 31

(1) 12, 13, 14, 15, 16, 17, Acrostic

3. Name: (PRINT IN BLOCK CAPITALS) (2) Batch 18, 19, 20, 21, 22, 23, 24, 25

(Mr., Miss, Mrs.) Last First Middle

4. New Myocardial Infarction: Complete this Item and Item 7 on page 2.

a. Program physician's impression: (4) Definite [1] Suspect [2] — 32

b. Was the participant hospitalized? (5) No [2] Yes [1] — 33

Complete Item 8 on page 2.

c. Serial SGOT:

(1) (6) 34, 35, 36, 37 units (3000, 10)

(2) (7) 38, 39, 40, 41 units (3000, 10)

(3) (8) 42, 43, 44, 45 units (3000, 10)

	Month	Day	Year
(9)	46, 47	48, 49 (−3)	19 50, 51
(10)	52, 53	54, 55 (−3)	19 56, 57
(11)	58, 59	60, 61 (−3)	19 62, 63

d. Serial LDH:

(1) (12) 64, 65, 66, 67 (1000, 100)

(2) (13) 68, 69, 70, 71 (1000, 100)

(3) (14) 72, 73, 74, 75 (1000, 100)

	Month	Day	Year
(15)	76, 77	78, 79 (−3)	19 80, 81
(16)	82, 83	84, 85 (−3)	19 86, 87
(17)	88, 89	90, 91 (−3)	19 92, 93

e. CPK:

(1) (18) 94, 95, 96, 97 (9999, 0)

(2) (19) 98, 99, 100, 101 (9999, 0)

(3) (20) 102, 103, 104, 105 (9999, 0)

	Month	Day	Year
(21)	106, 107	108, 109 (−3)	19 110, 111
(22)	112, 113	114, 115 (−3)	19 116, 117
(23)	118, 119	120, 121 (−3)	19 122, 123

f. ECG's sent to ECG Center on (24) Month 124, 125 | Day 126, 127 | 19 Year 128, 129 (−3)

Coordinating Center Minnesota code:	Month	Day	Year			
	(25) 130, 131	132, 133 (−3)	19 134, 135	(26) 136, 137, 138 (999, 0)	(27) 139, 140, 141 (999, 0)	(28) 142, 143, 144 (999, 0)

5. **Stroke:** Complete this Item and Item 7.

a. Criteria (29)

145 { [1] Persistent (24 hours or more) hemiplegia OR
[2] Persistent (24 hours or more) gross hemiparesis not explained by tumor or trauma.

b. Was the participant hospitalized? No Yes

(30) [2] [1]

146 Complete Item 8.

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6. **Hospitalization (other than M.I. or stroke):** Complete this Item and Items 7 and 8.

ICD diagnosis: _____

_____

(31) Code: 47, 48, 49, 50 | 51

Coordinating Center

7. For Items 4, 5, or 6 complete the following.

(32) Month Day Year

a. Date of occurrence: 52, 53 | 54, 55 (−2) 19 | 56, 57

b. Source of ascertainment:

(33) 158 {
[1] Program physician
[2] Non-Program physician
[3] Other, specify:

c. Clinical summary of event: (34) 159

8. For Item 6, and Items 4 or 5 if the participant was hospitalized, complete the following:

a. Name and address of hospital:

Name: _____

Address: _____

City State

b. Date of admission:

(35) Month Day Year

60, 61 | 62, 63 (−3) 19 | 64, 65

c. Date of discharge:

(36) Month Day Year

66, 67 | 68, 69 (−3) 19 | 70, 71

d. Chart number: _____

(38) Century Date 174-178

This notification completed by: _____ (37) 99 0 | 72, 73