PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS

OUTCOME CLASSIFICATION FORM

Clinic No.						
ID No.						
Form Type	O	C	O	1		

PART I: Identifying Information.

1. Patient's NAME CODE:

___ ___ ___ ___ ___

2. Date ending period of outcome data collection:

___ ___ - ___ ___ - ___ ___
Month Day Year

3. Outcome Committee member completing this form:

A. Certification number:

___ ___ - ___ ___

B. Signature:

_____

PART II: Outcome Event.

4. Did the Outcome Committee consider the occurrence of pulmonary embolism for this event? ---------- (1) Yes (2) No F324

If NO, proceed to Item 5.

A. History, physical examination and laboratory data available on this patient are (check one):

Characteristic of pulmonary emboli ---------- (1) F324A

Equivocal for pulmonary emboli ---------- (2)

Uncharacteristic of pulmonary emboli ---------- (3)

Insufficient information ---------- (4)

4. (Continued)

B. Outcome images

1. Outcome Committee $\dot{V}/\dot{Q}$ scan interpretation (check one):

No scan ---------- (1) F324B1

Normal ---------- (2)

Very low probability -- (3)

Low probability ------- (4)

Intermediate probability ---------- (5)

High probability ------ (6)

2. Outcome Committee event angiogram interpretation:

No angiogram ---------- (1) F324B2

Embolus(i) present ---- (2)

Embolus(i) absent ----- (3)

Uncertain ---------- (4)

C. Was there a pathology department (autopsy) examination of the lungs? ---------- (1) Yes (2) No F324C

If NO, proceed to Item 4D.

C1. Were pulmonary emboli found on pathology? - (1) Yes (2) No F324C1

4. (Continued)

D. Before review of baseline PIOPED angiogram or scan and anticoagulation how does the Outcome Committee evaluate this PIOPED patient for having experienced pulmonary emboli during the follow-up period? (check one):

Definite pulmonary emboli ---------- (1) F324D
Highly probable for pulmonary emboli ---------- (2)
Possible pulmonary emboli ---------- (3)
Unlikely for emboli ---------- (4)
Insufficient information ---------- (5)
No pulmonary emboli ---------- (6)

E. After review of baseline PIOPED angiogram and anticoagulation, how does the Outcome Committee evaluate this patient for having experienced pulmonary emboli during the follow-up period? (check one):

Definite pulmonary emboli ---------- (1) F324E
Highly probable for pulmonary emboli ---------- (2)
Possible pulmonary emboli ---------- (3)
Unlikely for emboli ---------- (4)
Insufficient information ---------- (5)
No pulmonary emboli ---------- (6)

F. Diagnoses accepted:

	(1) DIAGNOSES	(2) ICD-9 CODES
a. Primary follow-up event	_____	F324F2A
b. Main clinical problem	_____	F324F2B
c. Other	_____	F324F2C
d.	_____	F324F2D
e.	_____	F324F2E

*G. Specify data to be obtained for review.

_____

_____

_____

_____

5. Did the Outcome Committee evaluate this patient for the occurrence of a complication of anticoagulation therapy? ---------- (1) Yes (2) No F325

If NO, proceed to Item 6.

A. History, physical examination and laboratory data available on this patient are (check one):

Compatible with a complication of anticoagulation therapy ---------- (1) F325A
Not compatible with a complication of anticoagulation therapy ---------- (2)
Insufficient information ---------- (3)

If INSUFFICIENT INFORMATION or NOT COMPATIBLE WITH A COMPLICATION OF ANTICOAGULATION THERAPY, proceed to Item 5D.

ID No. | | | | | | |

5. (Continued)

*B. How does the Outcome Committee evaluate this PIOPED patient for having experienced a complication of anticoagulation therapy? (check all that apply):

Major bleeding ---------- (1) F325B
Minor bleeding ---------- (2)
Other complication, specify ---------- (3)

_____

_____

C. Whether Outcome Committee concludes there was a complication of anticoagulation therapy or not, provide diagnoses for condition reported as complication of anticoagulation therapy:

	(1) DIAGNOSES	(2) ICD-9 CODES
a.	_____	F325C2A
b.	_____	F325C2B
c.	_____	F325C2C
d.	_____	F325C2D
e.	_____	F325C2E

Proceed to Item 6.

*D. Specify data to be obtained for further review:

_____

_____

_____

6. Did the patient die? ---------- (1) Yes (2) No F326

If NO, proceed to Item 7.

Cause of Death:

		(A) DIAGNOSES	(B) ICD-9 CODES
1.	Immediate	_____	F326B1
2.	Underlying	_____	F326B2
3.	Contributing	_____	F326B3
4.		_____	F326B4
5.	Incidental conditions	_____	F326B5
6.		_____	F326B6
7.		_____	F326B7

ID No.

7. Did this patient experience some other outcome of interest? ---------- (1) Yes (2) No

If NO, proceed to Item 8.

	(A) DIAGNOSES	(B) ICD-9 CODES
1.	_____	__ __ __ __ . __
2.	_____	__ __ __ __ . __
3.	_____	__ __ __ __ . __

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8. In the opinion of the Outcome Committee, on the basis of all information available, did this patient have pulmonary emboli at the time of PIOPED studies? ---------- (1) Yes (2) No (3) Uncertain (4) NA F328

Check NA only if case was not reviewed by full committee.

PART III: Documentation.

9. Outcome Committee Chairman

A. Certification number:

__ __ - __ __

B. Signature:

_____

10. Check for completeness and accuracy:

A. Certification number:

__ __ - __ __

B. Signature:

_____

C. Date:

__ __ - __ __ - __ __
Month Day Year

ID No. | | | | | | |