

Event Checking Chart**Cases of Myocardial infarction (MI)**

Name of centre and cohort _____

Patient ID code: _____ Gender: _____

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

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**4. Was an invasive cardiovascular procedure performed in relation to the MI: Yes ☐ No ☐**
(if yes, please complete an ICP event form)☐ All available information regarding this event has been collected,

For fatal cases, please also complete a CoDe form.

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-or email and keep a copy of the chart at the cohort coordinating office.