



## Event Checking Chart

### Cases of invasive cardiovascular procedures (ICP)

Name of centre and cohort \_\_\_\_\_

Patient ID code: \_\_\_\_\_ Gender: \_\_\_\_\_

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

1. Which invasive cardiovascular procedure has been conducted?

- ☐ Coronary artery by-pass grafting
- ☐ Coronary angioplasty/stenting
- ☐ Carotid endarterectomy

2. Was the procedure conducted in relation to a myocardial infarction?

- ☐ no
- ☐ yes - acute intervention during MI
- ☐ yes - the procedure was complicated by an MI
- ☐ yes - after MI

*(if yes, complete checking chart for cases of MI)*

3. Was the procedure complicated by stroke?

- ☐ no
- ☐ yes *(if yes, complete checking chart for stroke)*

4. Have copies of original documents from the hospital record been collected?

*(Description of the procedure, coronary-arteriography, ecg's etc.)*

☐ yes, the following: \_\_\_\_\_

\_\_\_\_\_

☐ no, will be forwarded later

☐ no, can not be obtained because: \_\_\_\_\_

\_\_\_\_\_

☐ 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.