**Updated HRA Form Version H**

This table summarizes changes to the HRA Form as of 03/07/2017

| Items in HRA Form | Description of Changes in HRA Form |
|---|---|
| Item 18 | Removed |
| Item 20e1 | Auto fill in as "Yes" – make field display only |
| Instructions below item 20e4 that says "If all items 20e1-20e4=N go to item 97" | Removed |
| Items 21a-21d, 22 | Removed |
| Items 26b, 27 | Removed |
| Items 28c-28e1, 28f-28h, 29a, 29b, 29c1 | Removed |
| Items 29c3, 29d, 29e, 29f1, 29h1 | Removed |
| Items 29i-29k, 29m-29p, 29p1a, 29p2, 29p2a, 29p2c, 29p2d, 29q | Removed |
| Items 30c, 31a-31l | Removed |
| Items 39, 40 | Removed |
| Items 43d-43j, 43n-43t, notes about LDH1/LDH2 | Removed |
| Items 45e-45l, 46e-46l, 47e-47l | Removed |
| Items 49e-49l, 50e-50l, notes about LDH1/LDH2 | Removed |
| Items 52e-52l, 53e-53l, notes about LDH1/LDH2 | Removed |
| Items 55e-55l, 56e-56l, notes about LDH1/LDH2 | Removed |

# Hospital Abstraction Form

FORM CODE: HRA

VERSION: H 6/16/2017

ID NUMBER: ☐☐☐☐☐☐☐  CONTACT YEAR: ☐☐

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐  INITIALS: ☐☐

INSTRUCTIONS: The Hospital Record Abstraction Form is completed for all eligible Cohort hospitalizations as determined by the Cohort Eligibility Form. Event ID, Name (or Soundex code) must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For multiple choice and "yes/no" questions, record the letter corresponding to the most appropriate response.

0.a. Hospital code number: ☐☐

0.b. Medical Record Number:

☐☐☐☐☐☐☐☐☐☐☐☐

0.c. Date of discharge (for nonfatal case) or death:

☐☐ — ☐☐ — ☐☐☐☐

Month   Day   Year

17. What was the disposition of the patient on discharge?
   Deceased           D
   Discharged alive   A  ——— Go to item 20

18. *Item deleted*

19.a. Was the patient either dead
　　on arrival or did he/she
　　　die in the emergency room? ……..... ── Yes　Y

　　　　　　　　　　　　　　　　　　　　　No　　N

　　　┌─────────────────┐
　　　│　Go to Item 19e.　│
　　　└─────────────────┘

19.b.　First recorded Systolic BP: ▢▢▢ mmHg

┌──────────────────────────────┐
│ If zero or not recorded, and patient died │
│　within 24 hours, record 000 and go to │
│　item 19e.  If zero or not recorded and │
│　patient lived at least 24 hours, enter 001. │
└──────────────────────────────┘

19.c. First recorded Diastolic BP: ▢▢▢ mmHg

　　d. First recorded Pulse Rate: ▢▢▢ bpm

┌──────────────────────────────────┐
│ If pulse rate is greater than 0, go to Item 23a, │
│ If 0 or not recorded, and patient │
│ lived at least 24 hours, enter 001 and go to │
│ Item 23a.  If 0 or not recorded and │
│ patient died within 24 hours, enter 000 and │
│ continue with Item 19e. │
└──────────────────────────────────┘

　　e. Was there (an) acute episode(s)
　　　of pain or discomfort anywhere
　　　in the chest, left arm or
　　　shoulder or jaw either just
　　　before death or within 72 hours
　　　of death? ...................... Yes　　　　Y

　　　　　　　　　　　　　　　No　　　　　N

　　　　　　　　　　　　　Unknown　　U

19.f.  Is there a history of myocardial
     infarction prior to onset of
     this event? ...............…….……….... Yes        Y

                              No        N

     Go to Item 19h.  ─────────┤

                              Unknown    U


  g. Did a myocardial infarction
     occur within four weeks of
     this event? .................... Yes        Y

                    No        N

                    Unknown  U


  h. Is there any history of angina pectoris or
     coronary insufficiency? .................. Yes
                                    Y

                    No         N

                    Unknown    U


19.i. Is there any history of
     any other chronic ischemic
     heart disease? .................. Yes        Y

                    No        N

                    Unknown    U

     Skip to Item 97, and  treat as
     as an out-of-hospital death.


20. Answer the following:

  a. Do the Discharge Diagnoses include any of these codes?
     410, 411, I20.x, I21.x,  I22.x, or I24.x codes.

                    Yes    Y ──────→  Go to Item 23a

                    No    N


  b. *Item deleted*

  c. *Item deleted*

  d. Is there mention of acute
     MI in the discharge summary? ….    ┌ Yes    Y

     Go to Item 23a ──────────────┘     No    N

20.e. The following apply to this chart:

*(DMS will auto fill with a "Y")*

    1. Is this person a
       cohort participant? ..........…………... Yes   Y

    2. Is there more than one ECG? ….┌─ Yes   Y

       ┌──────────────┐
       │ Go to Item 23a. │──┘   No   N
       └──────────────┘

    3. Is any Cardiac Enzyme
       above the normal limit? ...…..…┌─ Yes   Y

       ┌──────────────┐
       │ Go to Item 23a. │──┘   No   N
       └──────────────┘

    4. Was there a transfer
       (in or out)? ................…………….. Yes   Y

                                No   N

┌────────────────────────────────┐
│ **If 20e2-20e4=N go to item 56ac** │
└────────────────────────────────┘

21.a.-21.d. *Items deleted*

22. *Item deleted*

---

23.a. Did acute cardiac symptoms begin
       prior to arrival at this hospital?

       Yes  ...............…………….....  Y

    ─No, after arrival  .......………..…..  N

    ─No acute cardiac symptoms  ….  A

    ─Unknown  ...........……………  U

┌──────────────────┐
│ Go to Item 24a. │
└──────────────────┘

---

23.b. Estimated time from onset of acute cardiac
      symptoms to arrival at this hospital.

      <1 hour  ...........………..  A

      $\geq$1 hour and <2 hours  ...….  B

      $\geq$2 hours and <4 hours  ...…  C

      $\geq$4 hours and <6 hours  ...…  D

      $\geq$6 hours and <12 hours  ...…  E

      $\geq$12 hours and <24 hours .....  F

      $\geq$1 day and <3 days  ...…...  G

      $\geq$3 days  ...........…………  H

      Not recorded  .......………  U

┌──────────────────┐
│ Go to Item 24b. │
└──────────────────┘

---

24.a. What was the primary diagnosis or
       reason for admission to this hospital?

      Elective cardiac
       catheterization  .......………..  A

      Elective coronary
       bypass surgery  .......………..  B

      Other non-acute
       CHD evaluation  .........……..  C

      Cancer  ...........……..………..  D

      Diabetes mellitus  .......……..  E

      Stroke  ...............……………..  F

      Chronic obstructive
       pulmonary disease  .......….…..  G

      Peripheral vascular disease  ….  H

      Gallbladder disease  ...…..….…  I

      Other  ...............…………..  O

24.b. Was there mention of an acute CHD
event with onset after arrival
at this hospital? .................. Yes    Y

```
┌─────────────────┐
│ Go to Item 25.a.│────── No     N
└─────────────────┘
```

c. Date of in-hospital CHD event:

```
┌──┬──┬──┬──┬──┬──┬──┬──┐
│  │  │--│  │  │--│  │  │  │  │
└──┴──┴──┴──┴──┴──┴──┴──┘
```
       Month      Day       Year

[NOTE:  If patient had both CHD event
present on admission (Item 23=Y) and
after admission (Item 24b=Y), you must
decide which event is more important
(see Instructions).  Answer subsequent
questions for the more important event.]

25.a. Was there an acute episode(s)
of pain or discomfort anywhere
in the chest, left arm or
shoulder or jaw, either within
72 hours prior to arrival to
this hospital, or in conjunction
with the in-hospital CHD event
defined in Item 24b? ...……......... Yes        Y

```
                              ┌─── No           N
┌─────────────────┐           │
│ Go to Item 26.a.│───────────┤
└─────────────────┘           └─── Unknown   U
```

b. Date of onset of pain:

```
┌──┬──┬──┬──┬──┬──┬──┬──┐
│  │  │--│  │  │--│  │  │  │  │
└──┴──┴──┴──┴──┴──┴──┴──┘
```
       Month      Day       Year

25.c. Did this pain or
discomfort specifically
involve the chest? .............. Yes        Y

                                 No         N

                                 Unknown    U

d. Was the discomfort or pain
diagnosed as having a
non-cardiac origin? ............. Yes        Y

```
                        ┌─── No         N
┌────────────────┐      │
│ Go to Item 25f.│──────┤
└────────────────┘      └─── Unknown    U
```

e. If Yes, specify:

_____

f. Did the patient die? ......…………....... Yes      Y

```
                        ┌─── No         N
┌─────────────────┐     │
│ Go to Item 26.a.│─────┘
└─────────────────┘
```

25.g. Approximately how long was it from
the onset of this event to death?

             <1 hour  ...........………..    A

             ≥1 hour and <6 hours   ….   B

             ≥6 hours and <24 hours  …  C

             24 hrs or more  ...…….….   D

             Unknown  .......…....….…    U

26.a. Was coronary reperfusion
(coronary angioplasty, coronary
atherectomy, bypass, intravenous
or intracoronary thrombolysis)
attempted in the first 24 hours
after onset of this event? .……..... Yes      Y

                                    No        N

26.b. *Item deleted*

27. *Item deleted*

28. Were any of the following mentioned as being present during this hospital stay?

a. Shock or cardiogenic shock
   (pump failure) ...................……….. Yes    Y

   [Go to Item 28b.] ——————  No    N

   1. Did shock occur within
      the first 24 hours after
      onset of this event? ........   Yes    Y

                                      No     N

                                      Unknown    U

b. Congestive heart failure
   or pulmonary edema ...........….......  Yes    Y

   [Go to Item 29c.] ——————  No    N

   1. Did CHF or pulmonary edema
      occur within the first
      24 hours after onset of
      this event? .............…....   Yes    Y

                                      No     N

                                      Unknown    U

* Items 28.c., 28.d., 28.e., 28.e.1., 28.f.-28.h. deleted*

29. Were the following special procedures or operations performed during this hospital stay?

c. Coronary angioplasty........   Yes         Y

                                  No          N

c.2. Coronary atherectomy........Yes          Y

                                  No          N

f. Coronary bypass surgery........  Yes         Y

                                    No          N

g. Intracoronary streptokinase,
   urokinase, anistreplase,
   APSAC, or TPA reperfusion........  Yes         Y

                                      No          N

h. Intravenous streptokinase,
   urokinase, anistreplase
   APSAC, or TPA reperfusion........  Yes         Y

                                      No          N

p.1. Coronary stent........Yes         Y

                           No          N

*Items 29.a., 29.b., 29.c.1., 29.c.3., 29.d., 29.e., 29.f.1., 29.h.1., 29.i.-29.p, 29.p.1.a, 29.p.2., 29.p.2.a, 29.p.2.c., 29.p.2.d, 29.q.1., 29.q.2. deleted*

30a. Was closed chest massage (CPR) and/or cardioversion attempted within 24 hours prior to arrival at this hospital or anytime during this hospitalization? ..... Yes    Y

Go to Item 32

b. Date of first onset of attempted CPR and/or cardioversion:

| | | – | | | – | | | |
|---|---|---|---|---|---|---|---|---|

Month        Day        Year

30.c. *Item deleted*

31.a.-31.l. *Items deleted*

32. Is there a history of myocardial infarction prior to the onset of this event? ...............………….. Yes        Y

No        N

Unknown    U

[If U, also review previous discharge diagnoses.]

33. Is there any history of angina pectoris or coronary insufficiency? ...............………... Yes        Y

No        N

Unknown    U

If Item 32 or Item 33 is answered "Yes", Go to Item 35.

34.a. Is there a history of any other chronic ischemic heart disease? ..... Yes    Y

No    N

Go to Item 35.

b. Specify: _____

35. Is there a history of valvular disease or cardiomyopathy? .............… Yes    Y

No    N

36. Is there a history of coronary bypass surgery prior to this event? .… Yes    Y

No    N

37. Is there a history of coronary angioplasty prior to this event? ...... Yes    Y

No    N

38.a. Is there a history of hypertension (high blood pressure) prior to this event? ...............………… Yes        Y

No        N

Unknown    U

b. Does this patient have diabetes (high blood sugar), either history or diagnosed this hospitalization?...............……… Yes        Y

No        N

Unknown    U

39. *Item deleted*

40. *Item deleted*

41. Were any cardiac enzymes
    reported within days 1-4
    after arrival at the hospital
    or after in-hospital CHD event? ....... Yes    Y

                                              No     N
    | Go to Item 43cc. |

42.a. Is there mention of the
    patient having either trauma,
    a surgical procedure, or
    rhabdomyolysis, within one week
    prior to measurement of enzymes? .... Yes    Y

                                              No     N
    | Go to Item 42d. |

  b. Indicate type of procedure or trauma:  Yes     No

    1. Cardiac procedure…………………. Y         N
    2. CPR or cardioversion…………….. Y         N
    3. Other cardiac trauma……………… Y         N

                    4. Specify:_____

    5. Rhabdomyolysis…………………... Y         N
    6. Intramuscular injection……………. Y         N
    7. Non-cardiac procedure……….…..... Y         N

                    8. Specify:_____

  9. Non-cardiac trauma………………... Y         N

42.c. Enter the item number from the biomarkers
    section of this form corresponding
    to the first biomarker measurement
    performed after the trauma, cardiac
    procedure or rhabdomyolysis:          | __ | __ |

    d. Is there any evidence of
    hemolytic disease during
    the hospitalization? ...........…………. Yes    Y

                                              No     N

**B. BIOMARKERS**

43. LABORATORY STANDARDS

| | | Upper Limit ofNormal | Special**  Units |
|---|---|---|---|

RangeSet1

Total CK (CPK)    a. ☐☐☐☐☐

CK-MB (hrt frac)    b. ☐☐☐ . ☐☐    c. ☐

43.d.-43.j. *Items deleted*

Troponin I    u. ☐☐☐ . ☐☐☐    v. ☐

Troponin T    w. ☐☐☐ . ☐☐☐    x. ☐

BNP (brain natriuretic peptide): cc. ☐☐☐ . ☐    pg/ml

Serum Creatinine:    dd. ☐☐☐ . ☐ . ☐    mg/dl

Pro- BNP:    ee. ☐☐☐ . ☐    pg/ml

> If Q41=N, then answer only Q43cc, Q43dd and Q43ee. Then skip to Q56aa.

RangeSet2    Upper Limit ofNormal    Special** Units

Total CK (CPK)    k. ☐☐☐☐

CK-MB (hrt frac)    l. ☐☐☐ ☐☐    m. ☐

43.n.-43.t. *Items deleted*

Troponin I    y. ☐☐☐ ☐☐☐    z. ☐

Troponin T    aa. ☐☐☐ ☐☐☐    bb. ☐

**Special Units:
CK-MB, Troponin I, Troponin T
1 = (Negative/Positive) or (Absent/Present) or (Normal/Abnormal)
2 = (Negative/Weak Positive/Positive) or (Absent/Trace/Present)
   or (Normal/High Normal/Abnormal)
CK-MB
3 = Expressed as % of total enzyme
4 = Expressed as proportion (decimal units) of total enzyme

**BIOMARKERS: DAY ONE**

44.a. Date [ ][ ] — [ ][ ] — [ ][ ][ ][ ]
      Month     Day         Year

b. Were enzyme measurements taken on this date?..... Yes  Y

[ Go To Item 48.a. ]———— No  N

Record values in chronologic order for the three highest reports for each enzyme on Day One of arrival or in-hospital CHD event.

Value (See Footnote next page)*                RangeSet

45.    Total CK (CPK)    a. [ ][ ][ ][ ][ ]         b. [ ]

       CK-MB (hrt frac)  c. [ ][ ][ ][ ][ . ][ ]    d. [ ]

45.e.-45.l. *Items deleted*

       Troponin I        m. [ ][ ][ ][ ][ . ][ ][ ][ ]   n. [ ]

       Troponin T        o. [ ][ ][ ][ ][ . ][ ][ ][ ]   p. [ ]

46.    Total CK (CPK)    a. [ ][ ][ ][ ][ ]         b. [ ]

       CK-MB (hrt frac)  c. [ ][ ][ ][ ][ . ][ ]    d. [ ]

46.e.-46.l. *Items deleted*

       Troponin I        m. [ ][ ][ ][ ][ . ][ ][ ][ ]   n. [ ]

       Troponin T        o. [ ][ ][ ][ ][ . ][ ][ ][ ]   p. [ ]

47.    Total CK (CPK)    a. [ ][ ][ ][ ][ ]         b. [ ]

       CK-MB (hrt frac)  c. [ ][ ][ ][ ][ . ][ ]    d. [ ]

47.e.-47.l. *Items deleted*

       Troponin I        m. [ ][ ][ ][ ][ . ][ ][ ][ ]   n. [ ]

       Troponin T        o. [ ][ ][ ][ ][ . ][ ][ ][ ]   p. [ ]

## BIOMARKERS: DAY TWO

48.a. Date [ ][ ]–[ ][ ]–[ ][ ][ ][ ]
       Month    Day      Year

b. Were enzyme measurements taken on this date? ........ Yes  Y

             Go to Item 51.a.            No  N

Record values in chronologic order for the two highest reports for each enzyme on Day Two following arrival or in-hospital CHD event.

|  |  |  | Value* | RangeSet |
|---|---|---|---|---|
| 49. | Total CK (CPK) | a. | [ ][ ][ ][ ][ ] | b. [ ] |
|  | CK-MB (hrt frac) | c. | [ ][ ][ ][ ].[ ][ ] | d. [ ] |

49.e.-49.l. *Items deleted*

|  |  |  |  |  |
|---|---|---|---|---|
| Troponin I | m. | [ ][ ][ ].[ ][ ][ ] | n. [ ] |
| Troponin T | o. | [ ][ ][ ].[ ][ ][ ] | p. [ ] |

|  |  |  | Value* | RangeSet |
|---|---|---|---|---|
| 50. | Total CK (CPK) | a. | [ ][ ][ ][ ][ ] | b. [ ] |
|  | CK-MB (hrt frac) | c. | [ ][ ][ ][ ].[ ][ ] | d. [ ] |

50.e.-50.l. *Items deleted*

|  |  |  |  |  |
|---|---|---|---|---|
| Troponin I | m. | [ ][ ][ ][ ].[ ][ ][ ] | n. [ ] |
| Troponin T | o. | [ ][ ][ ][ ].[ ][ ][ ] | p. [ ] |

*Special Values:
  CK-MB, Troponin I, Troponin T
       A = Negative or absent or normal
       B = Weak positive or weak present or trace or high-normal or small
       C = Present or positive or abnormal or medium or large

**BIOMARKERS: DAY THREE**

51.a. Date  ▢▢–▢▢–▢▢▢▢
Month  Day  Year

b. Were enzyme measurements taken on this date? ........ Yes  Y

| Go to Item 54.a. |

No  N

Record values in chronologic order for the two highest reports for each enzyme on Day Three following arrival or in-hospital CHD event.

Value*                                    RangeSet

52.  Total CK (CPK)  a. ▢▢▢▢         b. ▢

  CK-MB (hrt frac)  c. ▢▢▢.▢▢         d. ▢

52.e.-52.l. *Items deleted*

  Troponin I  m. ▢▢▢.▢.         n. ▢

  Troponin T  o. ▢▢▢.▢.         p. ▢

Value*                                    RangeSet

53.  Total CK (CPK)  a. ▢▢▢▢         b. ▢

  CK-MB (hrt frac)  c. ▢▢▢.▢▢         d. ▢

53.e.-53.l. *Items deleted*

  Troponin I  m. ▢▢▢.▢▢.         n. ▢

  Troponin T  o. ▢▢▢.▢▢.         p. ▢

*Special Values:
  CK-MB, Troponin I, Troponin T
        A = Negative or absent or normal
        B = Weak positive or weak present or trace or high-normal or small
        C = Present or positive or abnormal or medium or large

**BIOMARKERS:  DAY FOUR**

54.a. Date ☐☐ — ☐☐ — ☐☐☐☐
　　　Month　　Day　　　Year

b. Were enzyme measurements taken on this date? ........ Yes　Y

Go to Item 56aa.　　　　　　　　　　　　　No　N

Record values in chronologic order for the two highest reports for each enzyme on Day Four following arrival or in-hospital CHD event.

|  |  | Value* |  | RangeSet |
|---|---|---|---|---|
| 55. | Total CK (CPK) | a. ☐☐☐☐ | b. | ☐ |
|  | CK-MB (hrt frac) | c. ☐☐☐.☐☐ | d. | ☐ |

55.e.-55.l. *Items deleted*

|  |  | Value* |  | RangeSet |
|---|---|---|---|---|
|  | Troponin I | m. ☐☐☐.☐☐ | n. | ☐ |
|  | Troponin T | o. ☐☐☐.☐☐ | p. | ☐ |

|  |  | Value* |  | RangeSet |
|---|---|---|---|---|
| 56. | Total CK (CPK) | a. ☐☐☐☐ | b. | ☐ |
|  | CK-MB (hrt frac) | c. ☐☐☐.☐☐ | d. | ☐ |

56.e.-56.l. *Items deleted*

|  |  | Value* |  | RangeSet |
|---|---|---|---|---|
|  | Troponin I | m. ☐☐☐.☐☐ | n. | ☐ |
|  | Troponin T | o. ☐☐☐.☐☐ | p. | ☐ |

*Special Values:
  CK-MB, Troponin I, Troponin T
　　　A  = Negative or absent or normal
　　　B  = Weak positive or weak present or trace or high-normal or small
　　　C  = Present or positive or abnormal or medium or large

56.aa  Was BNP measured?  <u>Yes</u>  <u>No</u>

Y  N

Go to Q56af.

56.ab. Record the value of the first, last, and highest measurements of BNP (pg/ml):

1. First: ☐☐☐.☐☐ . ☐  2. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

3. Last (if more than one): ☐☐.☐☐ . ☐  4. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

5. Highest of remaining values (if more than two): ☐☐☐☐☐ . ☐  6. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

56.af  Was pro- BNP measured?  <u>Yes</u>  <u>No</u>

Y  N

Go to Q56ac.

56.ag. Record the value of the first, last, and highest measurements of pro-BNP (pg/ml):

1. First: ☐.☐☐☐ . ☐  2. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

3. Last (if more than one): ☐☐.☐☐ . ☐  4. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

5. Highest of remaining values (if more than two): ☐☐☐☐☐ . ☐  6. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

56.ac. Was serum creatinine measured?  <u>Yes</u>  <u>No</u>

Y  N.

Go to question 56.ae.

56.ad.  Record the value of the first, last, and highest  measurements of serum creatinine (mg/dl):

1: First: ☐☐☐.☐  2. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

5. Last (if more than one): ☐☐.☐  6. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

7. Highest of remaining values (if more than two): ☐☐☐☐  8. date: ☐☐—☐☐—☐☐☐☐ (mm/dd/yyyy)

56.ae.    Is this patient currently on kidney dialysis (anytime in the last four weeks)?    YES    Y

NO    N

## C. ECG CODING

57. Were any 12 lead ECGs taken
during this admission? ............... Yes   Y

| Go to Item 97. |⎯⎯⎯⎯ No   N

58. Are any of the ECGs codable: .......... Yes   Y

| Go to Item 97. |⎯⎯⎯⎯ No   N

### FIRST CODABLE ECG AFTER ARRIVAL AT HOSPITAL (ECGF)

59. Date of ECGF: [ | | — | | — | | | ]
              Month   Day    Year
[Check calibration mark]

a. Time of ECGF: [ | | : | | ]
              H H    M M

70. Are there other codable ECGs? ......... Yes   Y

| Go to Item 94. |⎯⎯⎯⎯ No   N

## LAST CODABLE ECG ON THIS ADMISSION (ECGL)

71. Date of ECGL: [ | | — | | — | | | ]
              Month   Day    Year

a. Time of ECGL: [ | | | | ]
              H H    M M

82. Are there other codable ECGs taken
onorafter day 3 after admission,
or on or after day 3 following
an in-hospital event? ................   Yes   Y

| Go to Item 94. |⎯⎯⎯⎯ No   N

Find the last codable ECG on day 3 after
admission, or on day 3 after an in-hospital
event (ECGT). [If day 3 ECG is not available,
use first available ECG thereafter.]

### THIRD DAY ECG (ECGT)

83. Date of ECGT: [ | | — | | — | | | ]
              Month   Day    Year

a. Time of ECGT: [ | | | | ]
              H H    M M

94. Were ECGs sent to
ECG Reading Center?  ........................ Yes   Y

| Go to Item 97. |⎯⎯⎯⎯ No   N

                  Yes   No

a. ECGF sent?  .............. Y   N

b. ECGL sent?  .............. Y   N

c. ECGT sent?  .............. Y   N

## D. ADMINISTRATIVE INFORMATION

97. Abstractor number: [ | | ]

98. Date abstract
completed: [ | | — | | — | | | ]
              Month   Day    Year