



# Hospital Abstraction Form

ID NUMBER:

FORM CODE: HRA  
VERSION: F 09/12/2006

LAST NAME:

NITIALS:

**INSTRUCTIONS:** The Hospital Record Abstraction Form is completed for each eligible hospitalized event as determined by the Surveillance Event Eligibility Form, and 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, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

0. a. Hospital code number:

0. b. Medical Record Numbers:

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

 -  - 

Month                  Day                  Year

## Hospital Record Abstraction Form (HRA F Screen 1 of 28)

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 21d, Screen 3. If 0 or not recorded, and patient lived at least 24 hours, enter 001 and go to Item 21d, Screen 3. 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 or death? ..... Yes      Y  No      N  Unknown      U
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**Hospital Record Abstraction Form (HRAE Screen 2 of 28)**

<p>19. f. Is there a history of myocardial infarction prior to onset of this event? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 19h.</div> <p style="margin-left: 10px;">g. Did a myocardial infarction occur within four weeks of this event? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <p style="margin-left: 10px;">h. Is there any history of angina pectoris or coronary insufficiency? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p>	<p>19.i. Is there any history of any other chronic ischemic heart disease? ..... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <p style="margin-left: 100px;">Unknown      U</p> <div style="border: 1px solid black; display: inline-block; padding: 5px; margin: 10px 0;">Skip to Item 97, Screen 33 and treat as an out-of-hospital death.</div> <p>20. Answer the following:</p> <p>a. Do the Discharge Diagnoses include any 410 or 411 codes? ... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 21a, Screen 10.</div> <p>b. *Item deleted*</p> <p>c. *Item deleted*</p> <p>d. Is there mention of acute MI in the discharge summary? .... Yes      Y</p> <p style="margin-left: 100px;">No      N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 10px;">Go to Item 21a, Screen 10.</div>
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**Hospital Record Abstraction Form (HRAE Screen 3 of 28)**

20.e. The following apply to this chart:

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

..... No N

2. Is there more than one ECG? ..... Yes Y

Go to Item 21a. .... No N

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

Go to Item 21a. .... No N

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

..... No N

If **all** of Items 20.e.2 - 20.e.4 are answered No, go to Item 97, Screen 33.

21. First recorded blood pressure and pulse rate (not during CPR).

a. Systolic BP: .....    mmHg

b. Diastolic BP: .....    mmHg

c. Pulse Rate: .....    bpm

d. Smoking Status: ..... Current smoker C  
 Past smoker P  
 Smoker NOS S  
 Never smoker N  
 Unknown U

**Hospital Record Abstraction Form (HRAE Screen 4 of 28)**

22. Has the Discharge Summary been transcribed or attached  
(include symptom onset, timing, hospital course, etc.)?

ID LABEL

Yes (Y)\* or No (N)  
[If Yes, specify on notelog]

**Hospital Record Abstraction Form (HRAE Screen 5 of 28)**

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, Screen 13.

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

- <1 hour ..... A
- ≥1 hour and <2 hours ..... B
- ≥2 hours and <4 hours ..... C
- ≥4 hours and <6 hours ..... D
- ≥6 hours and <12 hours ..... E
- ≥12 hours and <24 hours ..... F
- ≥1 day and <3 days ..... G
- ≥3 days ..... H
- Not recorded ..... U

Go to Item 24b, Screen 13.

**Hospital Record Abstraction Form (HRAE Screen 6 of 28)**

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, Screen 14.

..... No N

c. Date of in-hospital CHD event:

		-			-				
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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.]

**Hospital Record Abstraction Form (HRAE Screen 7 of 28)**

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  
 Unknown U

Go to Item 26.a, Screen 15.

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  
 Unknown U

Go to Item 25f.

e. If Yes, specify:

\_\_\_\_\_

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

No N  
 Go to Item 26.a, Screen 15.

**Hospital Record Abstraction Form (HRAE Screen 8 of 28)**

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  
 Go to Item 27.

26.b. Approximately how long was it between event onset and attempt at reperfusion?

< 1 hour ..... A  
 ≥ 1 hour and <2 hours ... B  
 ≥2 hours and <4 hours ... C  
 ≥4 hours and <6 hours ... D  
 ≥6 hours and <8 hours ... E  
 ≥8 hours ..... F  
 Unknown ..... U

27. Was the patient ever in a CCU/ICU or telemetry bed during this hospitalization? ..... Yes Y

No N  
 Unknown U

**Hospital Record Abstraction Form (HRAE Screen 9 of 28)**

<p>28. Were any of the following mentioned as being present during this hospital stay?</p> <p>a. Shock or cardiogenic shock (pump failure) ..... Yes Y</p> <p style="margin-left: 20px;"><span style="border: 1px solid black; padding: 2px;">Go to Item 28b.</span> ..... No N</p> <p>1. Did shock occur within the first 24 hours after onset of this event? ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>b. Congestive heart failure or pulmonary edema ..... Yes Y</p> <p style="margin-left: 20px;"><span style="border: 1px solid black; padding: 2px;">Go to Item 28c.</span> ..... No N</p> <p>1. Did CHF or pulmonary edema occur within the first 24 hours after onset of this event? ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>c. S3 Gallop (third heart sound) ..... Yes Y</p> <p style="margin-left: 100px;">No N</p>	<p>28.d. Rales (not just basilar) ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>e. Ventricular fibrillation or cardiac arrest or asystole ..... Yes Y</p> <p style="margin-left: 20px;"><span style="border: 1px solid black; padding: 2px;">Go to Item 28f.</span> ..... No N</p> <p>1. Did ventricular fibrillation or cardiac arrest occur within the first 24 hours after onset of this event? ... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>f. Pulmonary embolus ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>g. Stroke ..... Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>h. Pneumonia ..... Yes Y</p> <p style="margin-left: 100px;">No N</p>
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**Hospital Record Abstraction Form (HRAE Screen 10 of 28)**

<p>29. Were the following special procedures or operations performed during this hospital stay?</p> <p style="text-align: right; margin-right: 20px;"><u>Yes</u> <u>No</u></p> <p>a. Cardiac catheterization ..... Y N</p> <p>b. Coronary angiography ..... Y N</p> <p>c. Coronary angioplasty ..... Y N</p> <p style="margin-left: 20px;"><span style="border: 1px solid black; padding: 2px;">Go to Item 29c2, Screen 18.</span></p>	<p>29.c.1. Approximately how long after the onset of this event was the performance of the coronary angioplasty?</p> <p style="margin-left: 20px;">Before onset ..... A</p> <p style="margin-left: 20px;">&lt; 1 hour ..... B</p> <p style="margin-left: 20px;">≥ 1 hour and &lt;2 hours .... C</p> <p style="margin-left: 20px;">≥2 hours and &lt;4 hours .... D</p> <p style="margin-left: 20px;">≥4 hours and &lt;6 hours .... E</p> <p style="margin-left: 20px;">≥6 hours and &lt;8 hours .... F</p> <p style="margin-left: 20px;">≥8 hours and &lt;24 hours ... G</p> <p style="margin-left: 20px;">≥24 hours ..... H</p> <p style="margin-left: 20px;">Unknown ..... U</p>
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**Hospital Record Abstraction Form (HRAE Screen 11 of 28)**

29.c.2 Coronary atherectomy .....Yes Y  
 No N

Go to Item 29.d.

c.3. Approximately how long after the onset of this event was the performance of the coronary atherectomy?

Before onset ..... A  
 < 1 hour ..... B  
 ≥ 1 hour and <2 hours ..... C  
 ≥2 hours and <4 hours ..... D  
 ≥4 hours and <6 hours ..... E  
 ≥6 hours and <8 hours ..... F  
 ≥8 hours and <24 hours ..... G  
 ≥24 hours ..... H  
 Unknown ..... U

	<u>Yes</u>	<u>No</u>
29.d. Swan-Ganz catheterization	Y	N
e. Echocardiography	Y	N
f. Coronary bypass surgery	Y	N

Go to Item 29g, Screen 19.

f.1. Approximately how long after the onset of this event was the performance of the coronary bypass surgery?

Before onset ..... A  
 < 1 hour ..... B  
 ≥ 1 hour and <2 hours .... C  
 ≥2 hours and <4 hours .... D  
 ≥4 hours and <6 hours .... E  
 ≥6 hours and <8 hours .... F  
 ≥8 hours and <24 hours.. ... G  
 ≥24 hours ..... H  
 Unknown ..... U

**Hospital Record Abstraction Form (HRAE Screen 12 of 28)**

29.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

If 29g and 29h were answered "No",  
 Go to Item 29i, Screen 20.

29.h.1. Approximately how long after the onset of this event was the performance of the intracoronary or intravenous reperfusion?

Before onset ..... A  
 < 1 hour ..... B  
 ≥ 1 hour and <2 hours ..... C  
 ≥2 hours and <4 hours ..... D  
 ≥4 hours and <6 hours ..... E  
 ≥6 hours and <8 hours ..... F  
 ≥8 hours and <24 hours .... G  
 ≥24 hours ..... H  
 Unknown ..... U

**Hospital Record Abstraction Form (HRAE Screen 13 of 28)**

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
29.i. Aortic balloon pump	Y	N	29.o. Holter monitoring	Y	N
j. Radionuclide scan of heart	Y	N	p. Pacemaker (temporary, wires)	Y	N
Go to Item 29m.			1. Coronary stent	Y	N
			Go to Item 29p2, Screen 21.		
k. If yes, specify type:  _____			a. Approximately how long after the onset of this event was the placement of the coronary stent?		
l. *Item deleted*			Before onset ..... A < 1 hour ..... B ≥ 1 hour and <2 hours ..... C ≥2 hours and <4 hours ..... D ≥4 hours and <6 hours ..... E ≥6 hours and <8 hours ..... F ≥8 hours and <24 hours .... G ≥24 hours ..... H Unknown ..... U		
m. MRI scan of heart	Y	N			
n. Exercise stress test	Y	N			

**Hospital Record Abstraction Form (HRAE Screen 14 of 28)**

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
29.p.2. Implanted defibrillator	Y	N	29.p.2. b. Cardiac MRI	Y	N
Go to Item 29p2b.			c. Coronary CT	Y	N
			d. MRI Stress Test	Y	N
a. Approximately how long after the onset of this event was the defibrillator implanted?			29.q. Other (specify):		
Before onset ..... A < 1 hour ..... B ≥ 1 hour and <2 hours ..... C ≥2 hours and <4 hours ..... D ≥4 hours and <6 hours ..... E ≥6 hours and <8 hours ..... F ≥8 hours and <24 hours ... G ≥24 hours ..... H Unknown ..... U			1. _____  _____		
			2. _____  _____		

**Hospital Record Abstraction Form (HRAE Screen 15 of 28)**

<p>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</p> <p style="text-align: right;">No    N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;">                 Go to Item 31.a, Screen 23.             </div> <p>b. Date of first onset of attempted CPR and/or cardioversion:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			-			-					Month	Day		Year							<p>30.c. Where was first CPR and/or cardioversion started?</p> <p>(Circle one)</p> <p>Private residence ..... R</p> <p>Work ..... W</p> <p>Public place ..... P</p> <p>Emergency vehicle ..... V</p> <p>Emergency room .....E</p> <p>Hospital ..... H</p> <p>Other ..... O</p> <p>Not recorded ..... U</p>
		-			-																
Month	Day		Year																		

**Hospital Record Abstraction Form (HRAE Screen 16 of 28)**

<p>31. Were any of the following drugs given during this hospitalization or at discharge?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Nitrates</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>b. Calcium channel blockers</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>c. Beta-blockers</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>d. Digitalis</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>e. Lidocaine (xylocaine) I.V. or I.M. only</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>f. Coumadin (Warfarin, Panwarfin, Dicumarol)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	a. Nitrates	Y	N	b. Calcium channel blockers	Y	N	c. Beta-blockers	Y	N	d. Digitalis	Y	N	e. Lidocaine (xylocaine) I.V. or I.M. only	Y	N	f. Coumadin (Warfarin, Panwarfin, Dicumarol)	Y	N	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>g. Aspirin - on regular basis (not PRN)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>h. ACE or Angiotensin II inhibitors</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>i. Intravenous heparin infusion</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>j. Antiplatelet agents (non-aspirin)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>k. Glucose, insulin, potassium infusion (GIK)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>l. Lipid lowering medications (Statins, Niacin, Other)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	g. Aspirin - on regular basis (not PRN)	Y	N	h. ACE or Angiotensin II inhibitors	Y	N	i. Intravenous heparin infusion	Y	N	j. Antiplatelet agents (non-aspirin)	Y	N	k. Glucose, insulin, potassium infusion (GIK)	Y	N	l. Lipid lowering medications (Statins, Niacin, Other)	Y	N
	<u>Yes</u>	<u>No</u>																																									
a. Nitrates	Y	N																																									
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c. Beta-blockers	Y	N																																									
d. Digitalis	Y	N																																									
e. Lidocaine (xylocaine) I.V. or I.M. only	Y	N																																									
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Hospital Record Abstraction Form (HRAE Screen 17 of 28)

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



**Hospital Record Abstraction Form (HRAE Screen 20 of 28)**

**B. BIOMARKERS**

**43. LABORATORY STANDARDS**

<u>Range Set 1</u>		<u>Upper Limit of Normal</u>		<u>Special** Units</u>
Total CK (CPK)	a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CK-MB (hrt frac)	b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	c. <input type="checkbox"/>
Total LDH	d.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
LDH1	e.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	f. <input type="checkbox"/>
LDH2	g.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	h. <input type="checkbox"/>
LDH1/LDH2	i.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	j. <input type="checkbox"/>
Troponin I	u.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	v. <input type="checkbox"/>
Troponin T	w.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	x. <input type="checkbox"/>
BNP (brain natriuretic peptide):	cc.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	pg/ml
Serum Creatinine:	dd.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	mg/dl

<u>Range Set 2</u>		<u>Upper Limit of Normal</u>		<u>Special** Units</u>
Total CK (CPK)	k.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CK-MB (hrt frac)	l.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	m. <input type="checkbox"/>
Total LDH	n.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
LDH1	o.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	p. <input type="checkbox"/>
LDH2	q.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	r. <input type="checkbox"/>
LDH1/LDH2	s.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	t. <input type="checkbox"/>
Troponin I	y.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	z. <input type="checkbox"/>
Troponin T	aa.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	bb. <input type="checkbox"/>

\*\*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, LDH1, LDH2

3 = Expressed as % of total enzyme  
 4 = Expressed as proportion (decimal units) of total enzyme

LDH1/LDH2  
 5 = %  
 6 = Proportion (decimal)  
 7 = (Negative/Positive ) or  $LDH1 \leq LDH2 / LDH1 > LDH2$

**Hospital Record Abstraction Form (HRAE Screen 21 of 28)**

**BIOMARKERS: DAY ONE**

44.a. Date 

		-							
--	--	---	--	--	--	--	--	--	--

  

Month
Day
Year

b. Were enzyme measurements taken on this date?..... Yes Y  
 No N

Go To Item 48.a, Screen 29.

Record values in chronologic order for the three highest reports for each enzyme on Day One of arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value (See Footnote next page)*</u>						<u>Range Set</u>		
45.	Total CK (CPK)	a.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	b.	<input style="width: 20px; height: 20px;" type="text"/>	
	CK-MB (hrt frac)	c.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	d.	<input style="width: 20px; height: 20px;" type="text"/>	
	Total LDH	e.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	f.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1	g.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	h.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH2	i.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	j.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1/LDH2	k.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	l.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin I	m.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	n.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin T	o.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	p.	<input style="width: 20px; height: 20px;" type="text"/>	
46.	Total CK (CPK)	a.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	b.	<input style="width: 20px; height: 20px;" type="text"/>	
	CK-MB (hrt frac)	c.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	d.	<input style="width: 20px; height: 20px;" type="text"/>	
	Total LDH	e.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	f.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1	g.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	h.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH2	i.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	j.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1/LDH2	k.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	l.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin I	m.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	n.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin T	o.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	p.	<input style="width: 20px; height: 20px;" type="text"/>	
47.	Total CK (CPK)	a.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	b.	<input style="width: 20px; height: 20px;" type="text"/>	
	CK-MB (hrt frac)	c.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	d.	<input style="width: 20px; height: 20px;" type="text"/>	
	Total LDH	e.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	f.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1	g.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	h.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH2	i.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	j.	<input style="width: 20px; height: 20px;" type="text"/>	
	LDH1/LDH2	k.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	l.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin I	m.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	n.	<input style="width: 20px; height: 20px;" type="text"/>	
	Troponin T	o.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	p.	<input style="width: 20px; height: 20px;" type="text"/>	

**Hospital Record Abstraction Form (HRAE Screen 22 of 28)**

**BIOMARKERS: DAY TWO**

48.a. Date 

		-			-				
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Month
Day
Year

b. Were enzyme measurements taken on this date? ..... Yes Y  
 No N

Go to Item 51.a, Screen 30.

Record values in chronologic order for the two highest reports for each enzyme on Day Two following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

			<u>Value*</u>		<u>Range Set</u>								
49.	Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						b.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
	CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								d.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						f.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
	LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								j.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							l.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		
	Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							n.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		
	Troponin T	o.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							p.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		

			<u>Value*</u>		<u>Range Set</u>								
50.	Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						b.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
	CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								d.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						f.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
	LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								j.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
	LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							l.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		
	Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							n.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		
	Troponin T	o.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							p.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		

\*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

LDH1/LDH2

D = LDH1/LDH2 reported only as  $\geq$  upper limit or positive or LDH1 > LDH2 (or "flipped")

E = LDH1/LDH2 reported only as  $<$  upper limit or negative or LDH1  $\leq$  LDH2 (or "non-flipped")

**Hospital Record Abstraction Form (HRAE Screen 23 of 28)**

**BIOMARKERS: DAY THREE**

51.a. Date 

		-			-				
Month			Day		Year				

b. Were enzyme measurements taken on this date? ..... Yes Y  
 No N

Go to Item 54.a, Screen 31.

Record values in chronologic order for the two highest reports for each enzyme on Day Three following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value*</u>			<u>Range Set</u>						
52. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						b.	<input style="width: 20px; height: 20px;" type="text"/>		
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								d.	<input style="width: 20px; height: 20px;" type="text"/>
Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						f.	<input style="width: 20px; height: 20px;" type="text"/>		
LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<input style="width: 20px; height: 20px;" type="text"/>
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								j.	<input style="width: 20px; height: 20px;" type="text"/>
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							l.	<input style="width: 20px; height: 20px;" type="text"/>	
Troponin I	m.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							n.	<input style="width: 20px; height: 20px;" type="text"/>	
Troponin T	o.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							p.	<input style="width: 20px; height: 20px;" type="text"/>	

		<u>Value*</u>			<u>Range Set</u>						
53. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						b.	<input style="width: 20px; height: 20px;" type="text"/>		
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								d.	<input style="width: 20px; height: 20px;" type="text"/>
Total LDH	e.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						f.	<input style="width: 20px; height: 20px;" type="text"/>		
LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								h.	<input style="width: 20px; height: 20px;" type="text"/>
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								j.	<input style="width: 20px; height: 20px;" type="text"/>
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							l.	<input style="width: 20px; height: 20px;" type="text"/>	
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**\*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

LDH1/LDH2

- D = LDH1/LDH2 reported only as  $\geq$  upper limit or positive or LDH1 > LDH2 (or "flipped")
- E = LDH1/LDH2 reported only as  $<$  upper limit or negative or LDH1  $\leq$  LDH2 (or "non-flipped")

**Hospital Record Abstraction Form (HRAF Screen 24 of 28)**

**BIOMARKERS: DAY FOUR**

54.a. Date 

		-			-				
--	--	---	--	--	---	--	--	--	--

  

Month
Day
Year

b. Were enzyme measurements taken on this date? ..... Yes Y  
 No N

Go to Item 57, Screen 32.

Record values in chronologic order for the two highest reports for each enzyme on Day Four following arrival or in-hospital CHD event. (LDH1 and LDH2 must be on same specimen.)

		<u>Value*</u>					<u>Range Set</u>					
55. Total CK (CPK)	a.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>						b.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table>			
CK-MB (hrt frac)	c.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>								d.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table>	
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LDH1	g.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>								h.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table>	
LDH2	i.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>								j.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table>	
LDH1/LDH2	k.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>							l.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table>		
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LDH1/LDH2

D = LDH1/LDH2 reported only as  $\geq$  upper limit or positive or LDH1 > LDH2

**Hospital Record Abstraction Form (HRAE Screen 25 of 28)**

6.aa Was BNP measured?

Yes      No  
Y              N.

Go to question 56.ac.

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  .       6. date: - (mm/dd/yyyy)  
(if more than two)

56.af. Was pro-BNP measured?

Yes      No  
Y              N.

Go to Q56ac, screen 26.

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

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

3: Second:  .       4. date: - (mm/dd/yyyy)

5: Last:  .       6. date: - (mm/dd/yyyy)

56.ae. Is this patient currently on kidney dialysis (anytime in the last four weeks)?      YES      Y  
NO      N

**Hospital Record Abstraction Form (HRAF Screen 26 of 28)**

56.ac. Was serum creatinine measured?

Yes      No  
Y              N.

Go to question 56.ae.

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

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

3: Second:  .       4. date: - (mm/dd/yyyy)

5: Last:  .       6. date: - (mm/dd/yyyy)

56.ae. Is this patient currently on kidney dialysis (anytime in the last four weeks)?      YES      Y  
NO      N

**Hospital Record Abstraction Form (HRAE Screen 27 of 28)**

<p><b>C. ECG CODING</b></p> <p>57. Were any 12 lead ECGs taken during this admission? ..... Yes Y                  No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Go to Item 97, Screen 33.</div> <p>58. Are any of the ECGs codable: ..... Yes Y                  No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Go to Item 97, Screen 33.</div> <p align="center"><b>FIRST CODABLE ECG AFTER ARRIVAL AT HOSPITAL (ECGF)</b></p> <p>59. Date of ECGF: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  Month Day Year                  [Check calibration mark]</p> <p>a. Time of ECGF: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>                  H H M M</p> <p>70. Are there other codable ECGs? ..... Yes Y                  No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Go to Item 94, Screen 33.</div>	<p align="center"><b>LAST CODABLE ECG ON THIS ADMISSION (ECGL)</b></p> <p>71. Date of ECGL: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  Month Day Year</p> <p>a. Time of ECGL: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  H H M M</p> <p>82. Are there other codable ECGs taken <u>on or after</u> day 3 after admission, or on or after day 3 following an in-hospital event? ..... Yes Y                  No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Go to Item 94, Screen 33.</div> <p>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.]</p> <p align="center"><b>THIRD DAY ECG (ECGT)</b></p> <p>83. Date of ECGT: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  Month Day Year</p> <p>a. Time of ECGT: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  H H M M</p>
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**Hospital Record Abstraction Form (HRAE Screen 28 of 28)**

<p>94. Were ECGs sent to Minnesota ECG Reading Center? ..... Yes Y                  No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">Go to Item 97</div> <p align="center"><u>Yes</u> <u>No</u></p> <p>a. ECGF sent? ..... Y N</p> <p>b. ECGL sent? ..... Y N</p> <p>c. ECGT sent? ..... Y N</p>	<p><b>D. ADMINISTRATIVE INFORMATION</b></p> <p>97. Abstractor number: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>98. Date abstract completed: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                  Month Day Year</p> <p>99. Method of data collection: ..... Computer C                  Paper P</p>
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