Comprehensive Sickle Cell Centers

Myocardial Infarction

Cardiac CRF Page 1 of 1

Protocol # 2 Collaborative Data Project

Form Completed by MYO1: COMPINT

CSCC ID: {subject.name}
Center Code: {center.name}

Hospital Code: {center.hospital.name}

Delete Event

NOTE: The investigator must complete this form.

How many times has this subject had a myocardial infarction during the report period?

MYO1:EPISODE

☐ (MYO2:ACUEKG) Acute EKG changes consistent with MI (per ACLS Guidelines)				

Date of event: MYO2:EVENTDA / MYO2:EVENTMO / MYO2:EVENTYR (dd/mmm/yyyy)

Time hh:mm	MB-CK IU/L	Troponin I ng/mL	Troponin T ng/mL
Onset Time MY02:TIME1HR : MY02:TIME1MI	MYO2:MBCK1	MYO2:TROPI1	MYO2:TROPT1
MYO2:TIME2HR : MYO2:TIME2MI	MYO2:MBCK2	MYO2:TROPI2	MYO2:TROPT2
MYO2:TIME3HR : MYO2:TIME3MI	MYO2:MBCK3	MYO2:TROPI3	MYO2:TROPT3
MYO2:TIME4HR : MYO2:TIME4MI	MYO2:MBCK4	MYO2:TROPI4	MYO2:TROPT4
MYO2:TIME5HR : MYO2:TIME5MI	MYO2:MBCK5	MYO2:TROPI5	MYO2:TROPT5

Did the event result in death?	□ (MYO2:DEATH) Yes	□ (MYO2:DEATH) No			
Was an autopsy performed?	□ (MYO2:AUTOPSY) Yes	□ (MYO2:AUTOPSY) No			
If Yes, myocardial infarction was demonstrated by:					
\square (MYO2:HRTEXAM) Gross examination of the heart at autopsy					
☐ (MYO2:HISTSTN) Standard hisological stain					
☐ (MYO2:NITRSTN) Nitro blue tetrazolium stain					
☐ (MYO2:HFPASTN) Hematoxylin-fuchsin-picric acid stain					

Add Event

Submit Query Cancel Print

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