

Comprehensive Sickle Cell Centers	Myocardial Infarction	Cardiac CRF Page 1 of 1
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="MYO1:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

NOTE: The investigator must complete this form.

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

Date of event: / / (dd/mmm/yyyy)

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

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

- (MYO2:HRTEXAM) Gross examination of the heart at autopsy
- (MYO2:HISTSTN) Standard histological stain
- (MYO2:NITRSTN) Nitro blue tetrazolium stain
- (MYO2:HFPASTN) Hematoxylin-fuchsin-picric acid stain