

Case Report Form – Invasive



FONDAZIONE I.R.C.A.B.

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GENERAL DATA

CRF1 Center CRF2 Patient ID

CRF3 Investigator _____

CRF4 Name and surname _____ CRF5 Sex M F

CRF6 Date of birth ^{dd} ^{mm} ^{yy} CRF7 Age yrs

CRF8 Admission Date ^{dd} ^{mm} CRF9 Time ^{hrs} ^{min}

CRF10 Smoker Y N

CRF11 Hypertension Y N

CRF12 Previous Angina Y N

CRF13 Previous AMI Y N

CRF14 Diabetes Y N

CRF16 ECG Modifications Admission ST elevation anterior/lateral

CRF17 ECG Modifications Day 3 Q Wave AMI anterior lateral

THERAPY AT ADMISSION AND DURING THE FIRST 24 HOURS

CRF18 Thrombolysis Y N

CRF19 Beta blockers Y N

CRF20 Calcium Antagonist Y N

CRF21 Nitroderivatives Y N

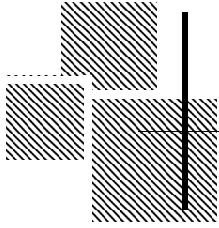
CRF22 Heparin Y N

CRF23 Acetilsalicylic Acid Y N

CRF24 Diuretics Y N

CRF25 _____ Y N

CRF27 Clinical signs of heart failure (Day 1-3) Absent Present



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CRF28

ECHOCARDIOGRAM (Day 3)

Date

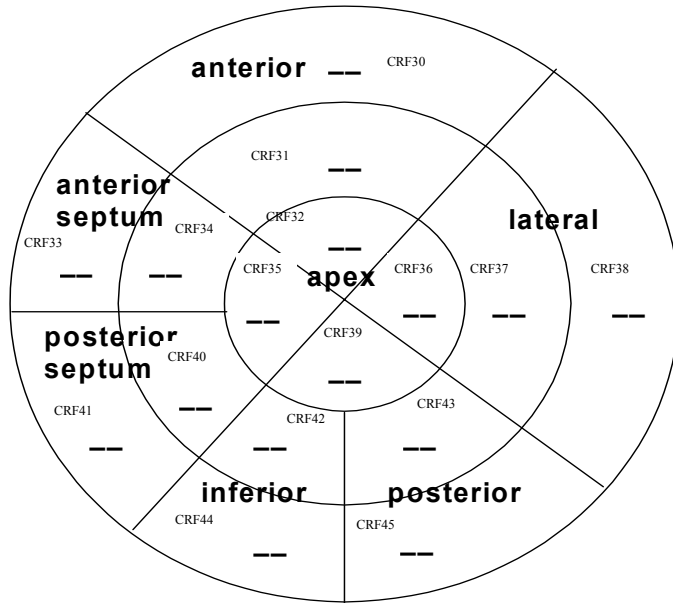
dd mm

CRF29

Quality of registration

Good

Sufficient



WALL MOTION SCORE

- 1 = normal
- 2 = hypokinetic
- 3 = akinetic
- 4 = diskynetic

rest CRF46

CRF47

WMSI

,

CRF48

EF

%

CRF49

Signs of heart failure present

Y N

CRF50

Quality of ECO registration not good enough

Y N

CRF51

Angina

Y N

CRF52

Major arrhythmias

Y N

Y N

If you answered yes to any of the previous questions, DO NOT include the

Status at the end of day 3

CRF54

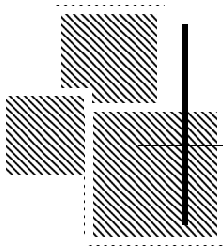
Randomized

Y N

CRF55

Strategy

5 6



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CRF56

STRESS ECHO

Date

dd mm

CRF57

Dipyridamole Dobutamine Performed Not performed

CRF58

Not performed because of: _____

CRF59

DAY 3 4 5

CRF60

Total dose injected Low High

CRF61

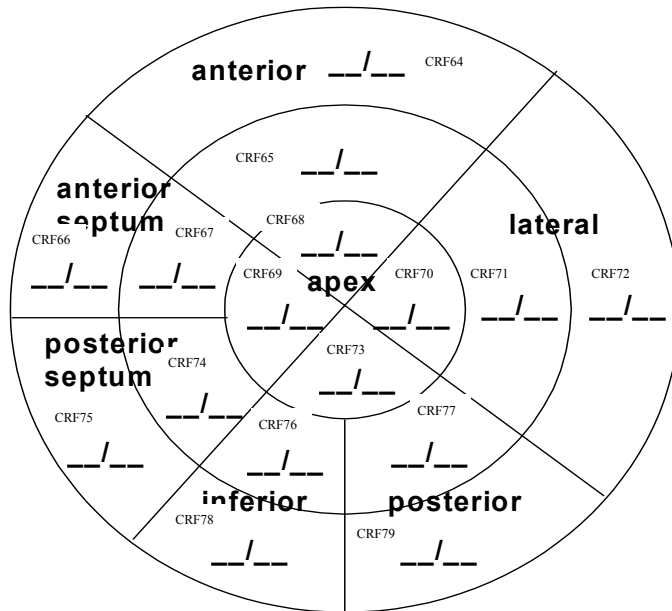
Test interrupted because of Test positive due to new dyssynergies
 Angina (without ECG modifications)
 Significant arrhythmias

CRF62

WMSI rest ,

CRF63

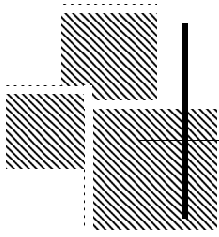
WMSI peak ,



WALL MOTION SCORE

- 1 = normal
- 2 = hypokinetic
- 3 = akinetic
- 4 = diskinetik

rest / stress
___ / ___ CRF80



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CRF81 Date

CRF82 Performed Not performed

CRF83 Not performed because of: _____

CRF84 Reason to stop _____

CRF85 Heart Rate at rest b/min

CRF86 Heart Rate at peak b/min

CRF87 Max workload Watt

CRF88 Blood Pressure at rest / mm/Hg

CRF89 Blood Pressure at peak / mm/Hg

CRF90 Double Product at rest b/min x mm/Hg

CRF91 Double Product at peak b/min x mm Hg

CRF91 Watt

CRF93 Angina Y N

CRF94 ST changes Y N

CRF95 Elevation mV mm

CRF96 Depression mV mm

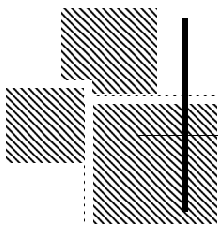
Watt

CRF98 Presence of arrhythmias Y N CRF99 Specify _____

CRF100 Conclusions Negative Not interpretable Positive for ECG

CRF101 Non cardiac complications Y N CRF102 Specify _____

CRF103 Patient transferred to other departments Y N CRF104 Where _____



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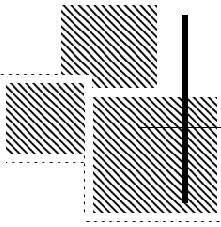
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DISCHARGE

- CRF105 From CCU Date ^{dd} ^{mm}
- CRF106 From Hospital Date ^{dd} ^{mm}
- CRF107 From Cardiology Department Date ^{dd} ^{mm}
- CRF108 Drugs prescribed at discharge Betablockers Ace inhibitors
 Calcium-antagonists Acetilsalicylic Acid Nitroderivatives

IN-HOSPITAL EVENTS Please specify the date

- CRF109 Death Date ^{dd} ^{mm}
- CRF110 Reinfarction Date ^{dd} ^{mm}
- CRF111 Angina Date ^{dd} ^{mm}
- CRF112 Heart Failure Date ^{dd} ^{mm}
- CRF113 Ventricular fibrillation Date ^{dd} ^{mm}
- CRF114 Ventricular tachicardia Date ^{dd} ^{mm}
- CRF115 Atrio-ventricular block Grade
- CRF117 Atrial Fibrillation Date ^{dd} ^{mm}
- CRF118 Cerebrovascular events Date ^{dd} ^{mm}
- CRF119 Readmission to CCU for any reason after day 3 Date ^{dd} ^{mm}



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CRF121

HAEMODYNAMIC EXAM

Follow Up date

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Identify the coronary segments with significant stenosis (>70%; 50% left main)

CRF122

Right Coronary Artery 1 2 16 3 4 No Stenosis

CRF123

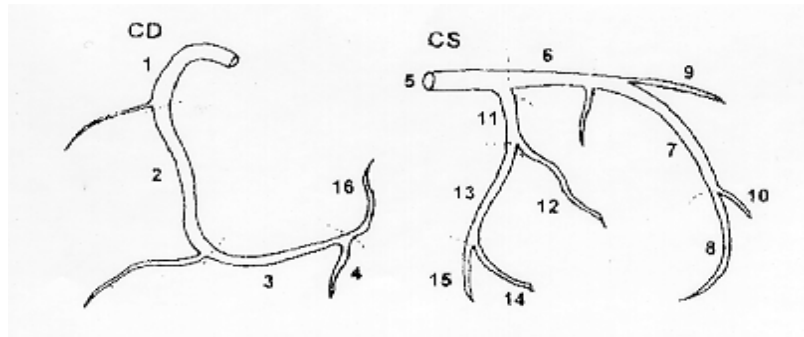
Left main 5 No Stenosis

CRF124

LAD 6 7 8 9 10 No Stenosis

CRF125

CX 11 12 13 14 15 No Stenosis



BYPASS with significant lesion and presence of collaterals

CRF126/127

Collaterals to :	RCA	LAD	CX	from :	RCA	LAD	CX
SVG to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CRF128

SVG to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CRF129

SVG to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CRF130

IMA to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CRF131

IMA to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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TIMI flow

CRF133

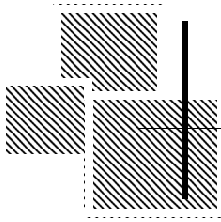
	RCA	LAD	CX	Bypass
0: no flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CRF134

1: minimal flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CRF135

2: late flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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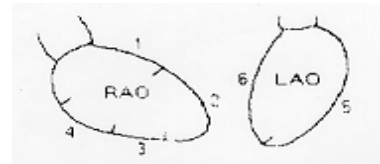
Percutaneous revascularization procedures

CRF137	Segment number	Initial stenosis	Final stenosis
CRF138	Segment number	Initial stenosis	Final stenosis
CRF139	Other Device (specify)		
CRF140	Segment number	Initial stenosis	Final stenosis
CRF141	Segment number	Initial stenosis	Final stenosis
CRF142	Other device (specify)		
	Segment number	Initial stenosis	Final stenosis
CRF145	<input type="radio"/> Good result ¹	<input type="radio"/> Insufficient result ²	<input type="radio"/> Complicated result ³

CRF146	Trombosis	<input type="checkbox"/> Y <input type="checkbox"/> N
CRF147		<input type="checkbox"/> Y <input type="checkbox"/> N

Segment (1-6) see figure

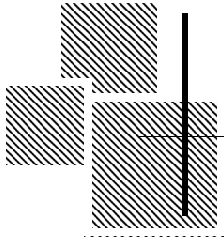
CRF148	Normal
CRF149	Ipokinetic
CRF150	Akinetic



¹ Residual stenosis <50% and TIMI 3, without death, infarction or bypass within 24 hours from the intervention

² Residual stenosis >50% and/or TIMI <3, without death, infarction or bypass within 24 hours from the intervention

³ Death, infarction or bypass within 24 hours from the intervention



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CRF152 Date

CRF153 Events Y N

CRF154 Hospitalization Date

CRF155 Date2

CRF156 Date3

CRF157 Duration days

CRF158 PTCA Date

CRF159 STENT Y N

CRF160 SITE LAD Intermediate Septal RCA Posterior descending CX Marginal

CRF161 CABG Date CRF162 Number

CRF163 LAD Intermediate Septal RCA Posterior descending

CRF164 Infarction Date

CRF165 Angina Date

CRF166 Death Date CRF167 Cardiac Non cardiac

CRF168 Specify cause of death _____

CRF169 Responsible MD _____