



MMCC COHORT FINAL DIAGNOSIS FORM

ID NUMBER:

FORM CODE:

C	D	X
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DATE: 07/11/2017
Version J

PART A: ADMINISTRATIVE INFORMATION

0. Date Assigned: / /
Month Day Year

1a. Batch Number:

1b. Type of Review:

1c. Date of CDX Completion: / /
Month Day Year

2. Code number of person completing this form:

2a. Is this an out-of-hospital death: Yes Y
No N

2c. Is the event linked? Yes Y
No N

PART B: REVIEW OF COMPUTER'S DIAGNOSIS

3. ARIC Cardiac Pain Criterion: Present P
Absent A

4. ARIC ECG Criterion: Evolving Diagnostic A
Diagnostic B
Evolving ST-T C
Equivocal D
Absent, Uncodable or other E

5. ARIC Enzyme Criterion: Abnormal A
Equivocal E
Incomplete I
Normal N

6. Assign an overall MI Diagnosis using ARIC algorithm (see the ARIC MI Diagnosis Table in the CDX Instructions).

Definite MI D
Probable MI P
Suspect MI S
No MI N

7a. Do you agree with the ARIC algorithm MI diagnosis?
→ **If Yes, go to item 7c.** Yes Y
No N

7a1. If no, please indicate reason for disagreement.

7a2. If no, cite relevant Case Law.

7b. If no, assign letter from Item 6 that corresponds to your preferred Diagnosis

(D,P,S, N).

7c. Was this event a death?
→ **If Yes, go to item 8.** Yes Y
→ **If No, STOP.** No N

PART C: CLASSIFICATION OF TYPE OF DEATH

8. Is there evidence of non-atherosclerotic or non-cardiac atherosclerotic process that was probably the cause of death:

Yes Y
 → **If No, go to item 9.** No N

If yes, comment and specify reasons, referring to the Event Summary Form.

9. Was there a definite MI within 4 weeks of death?

Yes Y
 No N

10. Was there chest pain within 72 hours of death (out-of-hospital death) or cardiac pain (in-hospital death)?

Yes Y
 No N

PLEASE REFERENCE SECTION C (PREVIOUS COHORT DIAGNOSES FOR MI) ON THE ESF

11. Is there a history of ever having had chronic ischemic heart disease such as MI, coronary insufficiency, or angina pectoris?

Yes Y
 No N

12. Is the underlying cause of death included in ICD-10 Code: I11, I20, I21, I22, I23, I24, I25, I46, I51.6, I51.9, R99

Yes Y
 No N

- I11-Hypertensive Heart Disease With or Without Congestive Heart Failure
- I20- Angina pectoris
- I21- Acute myocardial infarction
- I22- Subsequent myocardial infarction
- I23- Certain current complications following acute myocardial infarction
- I24- Other acute ischaemic heart diseases
- I25- Chronic ischaemic heart disease
- I46- Cardiac arrest
- I51.6- Cardiovascular disease, unspecified
- I51.9- Heart disease, unspecified
- R99- Other ill-defined and unspecified causes of mortality

13. Assign Death Classification using ARIC algorithm (circle first diagnosis that meets criteria indicated).

- Definite fatal MI..... A
(Item 8=N and Item 9=Y)
- Definite fatal CHD B
(Item 8=N, Item 10=Y and/or Item 11=Y)
- Possible fatal CHD C
(Item 8=Y)
- Non-CHD Death D
(Item 8=N and Item 12=N)
- Unclassifiable.....E
(Item 8=N and Item 12=N)

14a. Do you agree with the algorithm classification?

→ **If Yes, go to item 15a.** Yes Y
 No N

14a1. If no, please indicate reason for disagreement.

14a2. If no, cite relevant Case Law.

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14b. If no, assign letter from Item 13 that corresponds to your preferred Diagnosis

(A, B, C, D, E).

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15a. Is the response to Item 13. or 14.b. "A" or "B" or "C" and the type of event Out-of-Hospital Death?

→ **If Yes, go to item 15b.** Yes Y
 → **If No, STOP.** No N

15b. Time to death from onset of acute symptoms (or time to death since the decedant was last known to be alive and free of acute symptoms). Circle letter corresponding to shortest interval known to be true.

- Instantaneous..... A
- 5 minutes or less B
- 1 hour or less..... C
- 24 hours or less D
- More than 24 hours..... E
- Unknown U

