

Enrollment

Subject ID _____

Did the Patient Meet the Following Inclusion Criteria:

Age > 21 Years at Time of Enrollment

- Yes
 No

ACS Symptoms Present and to be Evaluated?

- Yes
 No

ACS symptoms including, but not limited to:

- Chest Pain
 Shortness of Breath
 Nausea
 Vomiting
 Epigastric Pain
 Syncope
 Neck/Arm Pain
 Other

Other Symptoms present: _____

Patient Has Met Inclusion Criteria

Patient is NOT eligible for the study!

Please Review Exclusion Criteria

Does the Patient meet any of the following Exclusion Criteria?

- Yes
 No

1. New STEMI
2. Evidence of Shock
3. Terminal Diagnosis (Life Expectancy < 30 days)
4. Non-Cardiac Illness Requiring Admission
5. Prior Enrollment in STOP CP
6. Lack of Capacity to Consent
7. Inability to be Reached after Index Visit
8. Non-English Speaking
9. Pregnancy
10. Provider does not Intend on Obtaining Serial Troponins
11. The first study draw (T0) will exceed 1 hour after the site-specific standard of care troponin draw
12. Unable or unwilling to authorize medical records release

Patient is NOT eligible for the study!

Consent

Has informed consent been obtained?

- Yes
- No

Date Informed Consent Signed

Upload ICF Here

Did the participant authorize release of medical records?

- Yes
- No

Upload Medical Release Form Here:

Did the participant consent to allow excess blood to be kept for future use?

- Yes
- No

Follow Up Dates: Please enter the date the 30/90 day follow-up visit window will occur

30 day follow-up

(M-D-Y)

30 days?

Please adjust so that it is 30 days

90 day follow-up

90 days?

Please adjust so that it is 90 days

Contact Information

Patient Contact Information

First Name: _____

Last Name _____

Best Time to Contact Patient: Morning (8-12pm)
 Afternoon (12-5pm)
 Evening (5-9pm)

Best Method of Contact: Home Phone
 Cell Phone
 Work Phone
 Email
 Emergency Contact

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Street Address: _____
(No P.O. Box)

City: _____

State: _____

Zipcode _____

Emergency Contact Information

Emergency Contact Relationship to the Patient: Spouse
 Sibling
 Kin
 Friend
 Other

Other relationship: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Additional Comments: _____

Primary Physician Information:

Primary Physician Name: _____

City and State _____

Phone Number _____

Patient Information

Demographics (self reported by patient)

Medical Record Number _____

Date of Birth _____
(M-D-Y)

Patient Age _____
(years)

Race

- American Indian/ Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Other
- Unknown

Specify other race: _____

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Sex

- Male
- Female

Weight _____
(Pounds (lbs))

Weight (kgs) _____
(Kilograms)

Height (Please Use Appropriate Units) _____
(Inches)

Height (cm) _____
(Centimeters)

STOP Please Check Weight and Height Units and Values



Body Mass Index _____
(English Units)

Insurance status

- Yes
 No
 Unknown

Primary Insurer

- Medicaid
 Medicare
 Private
 Charity Care

Patient Self Reported Medical History

On a scale of 0-10, what is the current level of chest pain/discomfort you are currently experiencing?
(0=No Pain, 10=Most Severe Pain)

- 0 1 2 3 4 5 6 7 8 9 10

Are you taking any supplements now?

- Yes
 No

List Supplement and dose if known:

Do you have any family history of Acute Coronary Syndrome (ACS) that fits the following criteria:

- Yes
 No
 Unknown

(MI, PCI, CABG, or sudden cardiac death in a first degree blood relative < 55yo)

(First degree= Mother, Father, Siblings)

Which first degree relative?

- Mother
 Father
 Sibling

Have you had a Prior Cerebrovascular Accident (CVA)?

- Yes
 No
 Unknown

Have you been diagnosed with Hyperlipidemia/
hypercholesterolemia?

- Yes
 No
 Unknown

Are you currently taking cholesterol/lipid lowering
drugs?

- Yes
 No
 Unknown

Have you been diagnosed with Hypertension (HTN)?

- Yes
 No
 Unknown

Are you currently on blood pressure lowering
medications?

- Yes
 No
 Unknown

Have you been diagnosed with Diabetes Mellitus?

- Yes
 No
 Unknown

Type of Diabetes:

- Type 1
 Type 2

- Are you currently insulin dependent? Yes
 No
- Have you been diagnosed with Peripheral Vascular Disease (PVD)? Yes
 No
 Unknown
- Have you been diagnosed with End Stage Renal Disease (ESRD)? Yes
 No
 Unknown
- Have you had a prior Myocardial Infarction (MI)? Yes
 No
 Unknown
- Have you been diagnosed with Coronary Artery Disease (CAD)? Yes
 No
 Unknown
- CAD defined as one of the following: Cardiac cath with at least 50% stenosis
 Percutaneous Coronary Intervention (PCI)
 Coronary Artery Bypass Graft (CABG)
 Positive stress test without follow-up catheterization / intervention
 Prior MI.
- Have you been diagnosed with Congestive Heart Failure (CHF)? Yes
 No
 Unknown
- Have you had a prior Catheterization done? Yes
 No
 Unknown
- Have you previously had a Percutaneous Coronary Intervention (PCI)/ Stent? Yes
 No
 Unknown
- Have you had a prior Coronary Artery Bypass Graft (CABG)? Yes
 No
 Unknown
- Do you currently smoke or have a history of smoking? Yes
 No
- What type of smoker would you consider yourself : Former (> 90 days)
 Recent (< or = 90 days)
 Current
- How many years did/do you smoke? _____
(Round to nearest year)
- How many packs a day did/do you smoke? _____
- Do you currently use Cocaine or Amphetamines or have a history of use? Yes
 No
 Declined to answer
- What type of Cocaine or Amphetamine user would you consider yourself to be: Former (> 90 days)
 Recent (< or = 90 days)
 Current
- Have you had any Cardiac Testing in the past year? Yes
 No

Self Reported Prior Cardiac Testing: Only document test done 1 year from the date of consent. Use most recent test if there are multiple. SKIP THIS SECTION IF NO PREVIOUS CARDIAC TESTING

Have you had a Stress Echocardiogram in the past year?

- Yes
- No
- Unknown

How long ago was the Stress Echocardiogram performed?

(Months)

Result

- Normal
- Abnormal
- Unknown

Specify Abnormal Result

Have you had a Resting Echocardiogram in the past year?

- Yes
- No
- Unknown

How long ago was the Resting Echocardiogram performed?

(Months)

Result

- Normal
- Abnormal
- Unknown

Specify Abnormal Result

Have you had a Stress Nuclear Imaging test in the past year?

- Yes
- No
- Unknown

How long ago was the Stress Nuclear Imaging test performed?

(Months)

Result

- Normal
- Abnormal
- Unknown

Specify Abnormal Result

Have you had a Cardiac MRI in the past year?

- Yes
- No
- Unknown

How long ago was the Cardiac MRI performed?

(Months)

Result

- Normal
- Abnormal
- Unknown

Specify Abnormal Results

Have you had a CT Coronary Angiography in the past year?

- Yes
- No
- Unknown

How long ago was the CT Coronary Angiography performed?

(Months)

Results

- Normal
- Abnormal
- Unknown

Specify abnormal result

Have you had Cardiac Catheterization in the past year?

- Yes
- No
- Unknown

How long ago was the Cardiac Catheterization performed?

(Months)

Result

- Normal
- Abnormal
- Unknown

Specify abnormal result

Treating Provider Survey

Patient Age

What age bracket does patient fall under?

-
- Under 45
 45 to 64
 Over 64

Level of Training of Provider Completing Survey

- PGY I
 PGY II
 PGY III
 PGY IV
 Attending
 Advanced Practice Provider
 Fellow

Initials of Provider Completing Survey

History: Select all that apply

-
- Middle or Left Sided Chest Pain
 Pinpoint / Well Localized
 Heavy, Pressure, or Tightness
 Sharp
 Worse with Exertion
 Relieved by NTG
 Radiation to arms/ jaw/ neck
 Nausea or Vomiting
 Diaphoresis
 Pain Occurs / Worsened on Inspiration
 None of the above

ECG: Select all that apply

- Normal
 Repolarization Abnormalities
 Non-Specific T-Wave Changes
 Non-Specific ST Changes
 Bundle Branch Blocks
 Pace Maker Rhythms
 Left Ventricular Hypertrophy
 Early Repolarization
 Digoxin Effect
 Significant ST Depressions
 ST Segmentation Deviation > 0.5mm
 Ischemic T wave inversion
 Hyper acute T wave options
 Other Rhythm Disturbance

Specify Other Rhythm Disturbance:

Risk Factors : Select all that apply

-
- Prior CAD
 Peripheral Artery Disease
 Prior Stroke
 FH of CAD (Primary Relative less than 55 yrs)
 Hypertension
 Hypercholesterolemia / dyslipidemia
 BMI > 30
 Smoking in last 90 days
 Diabetes (Currently Treated)
 None of the above
 (Definition of CAD: Prior CABG, PCI, or cath with > 50% stenosis)

Are 3 or more risk factors for CAD present?

- Yes
 No
 (Risk factors include: Smoker, HTN, Hypercholesterolemia, Diabetes, Obesity, or Family Hx)

After your evaluation, what is your suspicion of ACS?

- Highly suspicious
 Moderately suspicious
 Slightly suspicious

CURRENT/MOST RECENT EPISODE OF CHEST PAIN (or other presenting symptoms):

Did the Patient Have Pain at the Time of ED Arrival?

- Yes No

Did the Patient Have Chest Pain > 3 Hours Prior to Arrival?

- Yes No

Has Chest Pain Been Constant for > 6 Hours?

- Yes No

What was the Duration of Most Recent Episode of CP?

_____ (Hours)

Has the Patient Had Multiple Episodes of Chest Pain in the Last 24 Hours?

- Yes No

Was the Last Episode of Chest Pain at Rest?

- Yes No

Does the Patient Have Current Pain Present?

- Yes No

PAIN CHARACTERISTICS: If any pain was present answer the following:

Please Define Pain Character: Select All That Apply

- Aching/ Dull
 Burning
 Crushing
 Pins and Needles
 Pressure
 Sharp/ Stabbing
 Tearing
 Tightness
 Other Pain Characteristic

Specify other pain character

Where is the Location of Pain: Select All That Apply

- Active Pain
 Substernal/ Midchest
 Left Chest
 Arms or Shoulders
 Other Location of Pain

Specify other pain location

Is Radiation of Pain Present?

- Yes
 No

Radiation of Pain is Present in the Following: Select All that Apply

- Left Arm or Shoulder
- Right Arm or Shoulder
- Both Arms or Shoulders
- Jaw or Neck
- Abdomen
- Back
- Other

Specify other pain radiation _____

Associated Symptoms

Does the Patient Have Any of the Following Associated Symptoms: Select All That Apply

- SOB
- Diaphoresis
- Nausea
- Vomiting
- Lightheaded / Syncope
- Palpitations
- None

Physical Exam:

Reproducible Chest Pain

- Yes
- No
- Not Examined

JVD > 8cm

- Yes
- No
- Not Examined

Pathologic Murmur

- Yes
- No
- Not Examined

Type of Pathologic Murmur

- Aortic Valve Stenosis
- Aortic Valve Regurgitation
- Mitral Valve Stenosis
- Mitral Valve Regurgitation
- Tricuspid Valve Regurgitation
- Tricuspid Valve Stenosis
- Continuous Murmur
- Pulmonic Stenosis
- Other

Specify Other _____

Rales

- Yes
- No
- Not Examined

Lower Extremity Edema

- Yes
- No
- Not Examined

More than 2 Anginal Events in the Past 24 Hours

- Yes
- No

Use of Aspirin in Past 7 Days

- Yes
- No
- Unknown

Elevated Cardiac Biomarkers on Presentation

- Yes
- No
- Not Reported

Any Additional Comments:

Blood Collection

Sample Collection and Processing - T0

Sample Collection Site

- Vein
 Peripherally Inserted Central Catheter (PICC)
 Central Venous Catheter (CVC)
 Saline Lock
 Arterial
 Not Reported

Collection Date and Time

(M-D-Y H:M)

Centrifuge Start Date and Time

(M-D-Y H:M)

Freeze Date and Time

(M-D-Y H:M)

Box Number

(If multiple box #s, list all separated by a comma)

Number of EDTA Vials

- 0 1 2 3
 4 5 6

Were there any EDTA aliquots less than 0.5 mL?

- Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?

- Yes
 No

Degree of Hemolyzed sample

- Mild Moderate Severe

Number of Lithium Heparin Vials

- 0 1 2 3
 4 5 6

Were there any Lithium Heparin aliquots less than 0.5 mL?

- Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?

- Yes
 No

Degree of Hemolyzed sample

- Mild
 Moderate
 Severe

Was this sample collected by a research nurse?

- Yes
 No

Processed By

Sample Collection and Processing - T1

Sample Collection Site

- Vein
 Peripherally Inserted Central Catheter (PICC)
 Central Venous Catheter (CVC)
 Saline Lock
 Arterial
 Not Reported

Collection Date and Time

 (M-D-Y H:M)

Centrifuge Start Date and Time

 (M-D-Y H:M)

Freeze Date and Time

 (M-D-Y H:M)

Box Number

 (If multiple box #s, list all separated by a comma)

Number of EDTA Vials

- 0 1 2 3
 4 5 6

Were there any EDTA aliquots less than 0.5 mL?

- Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?

- Yes
 No

Degree of Hemolyzed sample

- Mild
 Moderate
 Severe

Number of Lithium Heparin Vials

- 0 1 2 3
 4 5 6

Were there any Lithium Heparin aliquots less than 0.5 mL?

- Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?

- Yes
 No

Degree of Hemolyzed sample

- Mild
 Moderate
 Severe

Was this sample collected by a research nurse?

- Yes
 No

Processed By

Sample Collection and Processing - T2

Sample Collection Site
 Vein
 Peripherally Inserted Central Catheter (PICC)
 Central Venous Catheter (CVC)
 Saline Lock
 Arterial
 Not Reported

Collection Date and Time
_____ (M-D-Y H:M)

Centrifuge Start Date and Time
_____ (M-D-Y H:M)

Freeze Date and Time
_____ (M-D-Y H:M)

Box Number
_____ (If multiple box #s, list all separated by a comma)

Number of EDTA Vials
 0 1 2 3
 4 5 6

Were there any EDTA aliquots less than 0.5 mL?
 Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?
 Yes
 No

Degree of Hemolyzed sample
 Mild
 Moderate
 Severe

Number of Lithium Heparin Vials
 0 1 2 3
 4 5 6

Were there any Lithium Heparin aliquots less than 0.5 mL?
 Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?
 Yes
 No

Degree of Hemolyzed sample
 Mild
 Moderate
 Severe

Was this sample collected by a research nurse?
 Yes
 No

Processed By

Sample Collection and Processing - T3

Sample Collection Site
 Vein
 Peripherally Inserted Central Catheter (PICC)
 Central Venous Catheter (CVC)
 Saline Lock
 Arterial
 Not Reported

Collection Date and Time
_____ (M-D-Y H:M)

Centrifuge Start Date and Time
_____ (M-D-Y H:M)

Freeze Date and Time
_____ (M-D-Y H:M)

Box Number

(If multiple box #s, list all separated by a comma)

Number of EDTA Vials
 0 1 2 3
 4 5 6

Were there any EDTA aliquots less than 0.5 mL?
 Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?
 Yes
 No

Degree of Hemolyzed sample
 Mild
 Moderate
 Severe

Number of Lithium Heparin Vials
 0 1 2 3
 4 5 6

Were there any Lithium Heparin aliquots less than 0.5 mL?
 Yes
 No

Barcode # of vial with less than 0.5mL:

Was this sample hemolyzed?
 Yes
 No

Degree of Hemolyzed sample
 Mild
 Moderate
 Severe

Was this sample collected by a research nurse?
 Yes
 No

Processed By

Sample / Processing Comments

Please Comment Here and Document Sample # If Needed

Past Medical History from EMR

Patient Information

First Name: [enrollment_arm_1][patient_name]
 Last Name: [enrollment_arm_1][patients_last_name]
 Consent Date: [enrollment_arm_1][informed_consent_date_time]
 MRN: [enrollment_arm_1][mrn]

Please use only past medical history prior to enrollment, i.e. diagnoses and procedures prior to enrollment.

	Yes	No
Cerebrovascular Accident (CVA)?	<input type="radio"/>	<input type="radio"/>
Hyperlipidemia/ hypercholesterolemia?	<input type="radio"/>	<input type="radio"/>
Hypertension (HTN)?	<input type="radio"/>	<input type="radio"/>
Peripheral Vascular Disease (PVD)?	<input type="radio"/>	<input type="radio"/>
End Stage Renal Disease (ESRD)?	<input type="radio"/>	<input type="radio"/>
Congestive Heart Failure (CHF)?	<input type="radio"/>	<input type="radio"/>
Myocardial Infarction (MI)?	<input type="radio"/>	<input type="radio"/>
Prior Catheterization done?	<input type="radio"/>	<input type="radio"/>
Coronary Artery Bypass Graft (CABG)?	<input type="radio"/>	<input type="radio"/>
Prior stent/ PCI: Percutaneous coronary intervention is a non-surgical method used to open narrowed arteries that supply heart muscle with blood (coronary arteries).	<input type="radio"/>	<input type="radio"/>

Prior history of Coronary Artery Disease (CAD)?

Yes No
 (> 50 % stenosis on cath, PCI/CABG, positive
 stress test without follow-up cath or
 intervention, or prior documented MI))

CAD defined as one of the following:

- Cardiac cath with at least 50% stenosis
- Percutaneous Coronary Intervention (PCI)
- Coronary Artery Bypass Graft (CABG)
- Positive stress test without follow-up
catheterization / intervention
- Prior MI.

Previous/Current Diabetes Mellitus?

Yes No

Type of Diabetes:

- Type 1 Type 2 Gestational
Diabetes

EMR Prior Cardiac Testing: Only document test done 1 year from the date of consent. Use most recent test if there are multiple.

Has the patient had a Stress Echocardiogram in the past year?

Yes No

Date and Time of Stress Echocardiogram

Result

Normal
 Abnormal

Specify Abnormal Result

Has the patient had a Resting Echocardiogram in the past year?

Yes No

Date and Time of Rest Echocardiogram

Result

Normal
 Abnormal

Specify Abnormal Result

Has the patient had a Stress Nuclear Imaging test in the past year?

Yes No

Date and Time of Nuclear Imaging

Result

Normal
 Abnormal

Specify Abnormal Result

Has the patient had a Cardiac MRI in the past year?

Yes No

Date and Time of Cardiac MRI

Result

Normal
 Abnormal

Specify Abnormal Results

Has the patient had a CT Coronary Angiography in the past year?

Yes No

Date of CTA

Results

Normal
 Abnormal

Specify abnormal result

Has the patient had a Cardiac Catheterization in the past year?

Yes No

Date of Cardiac Cath

Result

Normal
 Abnormal

Specify abnormal result

Index Visit Review

Patient Information

First Name: [enrollment_arm_1][patient_name]
 Last Name: [enrollment_arm_1][patients_last_name]
 Consent Date: [enrollment_arm_1][informed_consent_date_time]
 MRN: [enrollment_arm_1][mrn]

Patient ED Initiation

Emergency Department Arrival _____
 (M-D-Y H:M)

Date and Time Subject Bedded in the ED _____
 (M-D-Y H:M)

Medical Screening Initiated Date and Time _____

Patient Disposition From the ED

Patient's Disposition from the Emergency Department

- Observation / Chest Pain Unit
- Discharge
- Admission
- Transferred
- Left ED AMA
- Expired in ED
- Not Reported

Date and Time of Disposition from the ED: _____
 (M-D-Y H:M)

Patient Disposition From Observation / Chest Pain Unit

Patient's Disposition from Observation / Chest Pain Unit

- Discharge
- Admission
- Transferred
- Left ED AMA
- Expired in Observation / Chest Pain Unit
- Not Reported

Date and Time of Disposition from Observation / Chest Pain Unit _____
 (M-D-Y H:M)

Patient Disposition From the Hospital

Patient's Disposition from the Hospital

- Not Admitted
 Discharge
 Transferred
 Left AMA
 Expired
 Not Reported

Date and Time of Disposition from the Hospital

 (M-D-Y H:M)

Stress Echo

Stress Echo Performed

- Yes
 No

Date of Test

 (M-D-Y H:M)

Stress Modality

- No Stress
 Exercise
 Dobutamine
 Adenosine
 Persantine
 Regadenoson
 Not Reported

Adequate Stress

- Yes
 No

Ejection Fraction

 (%)

Acute/ Inducible Ischemia

- Yes
 No
 Non-Diagnostic

Acute Defect Region: Select All That Apply

- NA
 Anterior
 Septal
 Lateral
 Inferior
 Posterior
 Other
 Not Reported

Specify other acute defect region:

Fixed Defect

- Yes
 No

Fixed Defect Region : Select All That Apply

- Anterior
 Septal
 Lateral
 Inferior
 Posterior
 Other
 Missing

Specify other fixed defect region: _____

ECG Component

- NA
- Positive
- Negative
- Equivocal
- Non-Diagnostic

Emergent Non-Cardiac Diagnosis : Select All That Apply

- None
- Aortic Dissection
- Pulmonary Embolism
- New dx of cancer/ neoplasm
- Other

Specify other diagnosis _____

Resting Echo

Resting Echo Performed

- Yes
- No

Date of Test

(M-D-Y H:M)

Does the patient have Valvular Heart Disease?

- Yes
- No

Ejection Fraction

(%)

Stress Nuclear Imaging

Stress Nuclear Imaging Performed

- Yes
- No

Date of test

(M-D-Y H:M)

Stress Modality

- No Stress
- Exercise
- Dobutamine
- Adenosine
- Persantine
- Regadenoson
- Not Reported

Adequate Stress

- Yes
- No

Ejection Fraction

(%)

Acute/ Inducible Ischemia

- Yes
- No
- Non-Diagnostic

Acute Defect Region : Select All That Apply

- NA
- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other acute defect region: _____

Fixed Defect

- Yes
- No

Fixed Defect Region : Select All That Apply

- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other fixed defect region: _____

ECG Component

- NA
- Positive
- Negative
- Equivocal
- Nondiagnostic

Emergent Non-Cardiac Diagnosis : Select All That Apply

- None
- Aortic Dissection
- Pulmonary Embolism
- New dx of cancer/ neoplasm
- Other
- Missing

Specify Other Diagnosis _____

Cardiac MRI

Cardiac MRI Performed

- Yes
- No

Date of Test

(M-D-Y H:M)

Stress Modality

- No Stress
- Exercise
- Dobutamine
- Adenosine
- Persantine
- Regadenoson
- Not Reported

Adequate Stress

- Yes
- No

Ejection Fraction

(%)

Acute/ Inducible Ischemia

- Yes
- No
- Non-Diagnostic

Acute Defect Region : Select All That Apply

- NA
- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other acute defect region: _____

Prior Infarct

- Yes
- No

Prior Infarct Location : Select All That Apply

- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other prior infarct location: _____

Catherization Results

Was a Cath performed?

- Yes
- No

Date and Time of Cath

(M-D-Y H:M)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Was Any Coronary Revascularization Performed?

- Yes
- No
- Not Reported

First Revascularization Date and Time

(M-D-Y H:M)

Was Coronary Artery Bypass Grafting (CABG) performed?

- Yes
- No

PCI Performed

- Yes
- No
- Not Reported

CT Coronary Angiography

Was CT Coronary Angiography Performed?

- Yes
 No

Date and Time of CTA

(M-D-Y H:M)

CCTA Limitations

- Yes
 No
 NA

Non-Diagnostic Read (unable to visualize coronary due to technical limitations)

- Yes
 No
 Not Reported

Calcium Score

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

CAD Obstruction?

- Yes
 No

Exercise ECG

Exercise ECG

- Yes
 No

Date Exercise ECG

(M-D-Y)

ECG Component

- NA
 Positive
 Negative
 Equivocal
 Nondiagnostic

Adequate Stress

- Yes
 No

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Other Cardiac Testing

Other Cardiac Test	<input type="radio"/> Yes <input type="radio"/> No
Date of Test	_____ (M-D-Y H:M)
Specify Other Test	_____
Stress Modality	<input type="radio"/> No Stress <input type="radio"/> Exercise <input type="radio"/> Dobutamine <input type="radio"/> Adenosine <input type="radio"/> Persantine <input type="radio"/> Regadenoson
Adequate Stress	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> NA
Ejection Fraction	_____ (%)
Acute/ Inducible Ischemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Non-Diagnostic
Acute Defect Region : Select All That Apply	<input type="checkbox"/> NA <input type="checkbox"/> Anterior <input type="checkbox"/> Septal <input type="checkbox"/> Lateral <input type="checkbox"/> Inferior <input type="checkbox"/> Posterior <input type="checkbox"/> Other <input type="checkbox"/> Missing
Specify other acute defect region:	_____
Fixed Defect	<input type="radio"/> Yes <input type="radio"/> No
Fixed Defect Region : Select All That Apply	<input type="checkbox"/> Anterior <input type="checkbox"/> Septal <input type="checkbox"/> Lateral <input type="checkbox"/> Inferior <input type="checkbox"/> Posterior <input type="checkbox"/> Other <input type="checkbox"/> Missing
Specify other fixed defect region:	_____
ECG Component	<input type="radio"/> NA <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal <input type="radio"/> Non-Diagnostic

Emergent Non-Cardiac Diagnosis : Select All That Apply

- None
- Aortic Dissection
- Pulmonary Embolism
- New dx of cancer/ neoplasm
- Other
- Missing

Specify other diagnosis _____

Other Cardiac Testing

Other Cardiac Test 2

- Yes
- No

Date of Test

(M-D-Y H:M)

Specify Other Test

Stress Modality

- No Stress
- Exercise
- Dobutamine
- Adenosine
- Persantine
- Regadenoson

Adequate Stress

- No
- Yes
- NA

Ejection Fraction

(%)

Acute/ Inducible Ischemia

- Yes
- No
- Non-Diagnostic

Acute Defect Region : Select All That Apply

- NA
- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other acute defect region: _____

Fixed Defect

- Yes
- No

Fixed Defect Region : Select All That Apply

- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other fixed defect region: _____

ECG Component

- NA
- Positive
- Negative
- Equivocal
- Non-Diagnostic

Emergent Non-Cardiac Diagnosis : Select All That Apply

- None
- Aortic Dissection
- Pulmonary Embolism
- New dx of cancer/ neoplasm
- Other
- Missing

Specify other diagnosis

Other Cardiac Testing

Other Cardiac Test 3

- Yes
- No

Date of Test

(M-D-Y H:M)

Specify Other Test

Stress Modality

- No Stress
- Exercise
- Dobutamine
- Adenosine
- Persantine
- Regadenoson

Adequate Stress

- No
- Yes
- NA

Ejection Fraction

(%)

Acute/ Inducible Ischemia

- Yes
- No
- Non-Diagnostic

Acute Defect Region : Select All That Apply

- NA
- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other acute defect region:

Fixed Defect

- Yes
- No

Fixed Defect Region : Select All That Apply

- Anterior
- Septal
- Lateral
- Inferior
- Posterior
- Other
- Missing

Specify other fixed defect region: _____

ECG Component

- NA
- Positive
- Negative
- Equivocal
- Non-Diagnostic

Emergent Non-Cardiac Diagnosis : Select All That Apply

- None
- Aortic Dissection
- Pulmonary Embolism
- New dx of cancer/ neoplasm
- Other
- Missing

Specify other diagnosis _____

Cardiac Markers - Site Specific

Number of cardiac biomarker draws

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Draw 1 - Site Specific

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
 - T
- (M-D-Y H:M)

Value (ng/mL)

(Use 2 decimal places)

Results

- Normal
- Positive
- Missing

Was the initial hospital standard-of-care troponin positive?

- Yes
- No

Draw 2 - Site Specific

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
- T

Value (ng/mL)

(Use 2 decimal places)

Result

- Normal
- Positive
- Missing

Draw 3 - Site Specific

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
- T

Value (ng/mL)

(Use 2 decimal places)

Result

- Normal
- Positive
- Missing

Draw 4 - Site Specific

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
- T

Value (ng/mL)

(Use 2 decimal places)

Result

- Normal
- Positive
- Missing

Draw 5 - Site Specific

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
- T

Value (ng/mL)

(Use 2 decimal places)

Result Normal
 Positive
 Missing

Draw 6 - Site Specific

Collection Date and Time _____
(M-D-Y H:M)

Troponin I
 T

Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Draw 7 - Site Specific

Collection Date and Time _____
(M-D-Y H:M)

Troponin I
 T

Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Draw 8 - Site Specific

Collection Date and Time _____
(M-D-Y H:M)

Troponin I
 T

Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Serial Troponins

Time difference Between Draw 1 and Draw 2 _____

Time difference Between Draw 1 and Draw 3 _____

Time difference Between Draw 1 and Draw 4 _____

Time difference Between Draw 1 and Draw 5 _____

Time difference Between Draw 1 and Draw 6 _____

Time difference Between Draw 1 and Draw 7 _____

Time difference Between Draw 1 and Draw 8 _____

Was there a serial troponin measure 2-12 hours after initial blood draw as part of routine clinical care? Yes No

Other Labs - Site Specific

Initial Creatinine (mg/dL) _____

Initial Creatinine Collection Date and Time _____
(M-D-Y H:M)

Initial EGFR (mL/min/1.73M2) _____

Initial EGFR Collection Date and Time _____
(M-D-Y H:M)

Discharge Diagnosis

Primary Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Discharge Diagnosis: _____

Index Death

Did Patient Expire During Index Visit?

- Yes
- No

Follow Up Call

Patient Information

First Name: [enrollment_arm_1][patient_name]
 Last Name: [enrollment_arm_1][patients_last_name]
 Age: [enrollment_arm_1][patient_age]
 Sex: [enrollment_arm_1][sex]
 Consent Date: [enrollment_arm_1][informed_consent_date_time]
 MRN: [enrollment_arm_1][mrn]

Acute Coronary Syndrome

Have you experienced any of the following ACS symptoms including:

- Chest Pain
- Shortness of Breath
- Nausea
- Vomiting
- Epigastric Pain
- Syncope
- Neck/Arm Pain
- Other
- None

Other Symptoms present: _____

Hospital or Outside Facility Information

Have you returned to the hospital or had Cardiac testing done?

- Yes
- No

Location of visit

- Study Site
- Off Site

Date of visit

(M-D-Y)

Outside Facility # 1

Name of Outside Facility/Physican Name

Phone Number

Fax Number

Did the patient visit another facility?

- Yes
- No

Outside Facility # 2

Name of Outside Facility/Physican Name

Phone Number

Fax Number

Did the patient visit another facility?

- Yes
- No

Outside Facility # 3

Name of Outside Facility/Physician Name

Phone Number

Fax Number

Telephone Follow-up

Was telephone contact attempt 1 successful?

- Yes
- No

Date telephone contact attempt 1 was successful

(M-D-Y)

Date telephone contact attempt 1 was unsuccessful

(M-D-Y)

Was telephone contact attempt 2 successful?

- Yes
- No

Date telephone contact attempt 2 was successful

(M-D-Y)

Date telephone contact attempt 2 was unsuccessful

(M-D-Y)

Was telephone contact attempt 3 successful?

- Yes
- No

Date telephone contact attempt 3 was successful

(M-D-Y)

Date telephone contact attempt 3 was unsuccessful

(M-D-Y)

Source of information

- Subject
- Family member
- Other

Mailed Letter

(Day 7 (+/-1))

*Please contact subject via email, text, emergency contact, and then mail letter for follow-up.

General Comments

Follow Up Chart Review

Patient Information

First Name: [enrollment_arm_1][patient_name]
Last Name: [enrollment_arm_1][patients_last_name]
Age: [enrollment_arm_1][patient_age]
Sex: [enrollment_arm_1][sex]
Consent Date: [enrollment_arm_1][informed_consent_date_time]
MRN: [enrollment_arm_1][mrn]

ED Visits or Rehospitalizations or Outside Cardiac Testing

Has the patient returned to the Hospital or had a Cardiac Test Performed? Yes
 No

Rehospitalization/ ED Visit 1

Visit Type ED visit
 Rehospitalization
 ED/Obs/Chest Pain Unit
 ED/Rehospitalization
 Outpatient

Date of admission _____
(M-D-Y)

Date of Discharge _____
(M-D-Y)

Date of Visit _____
(M-D-Y)

Were any Cardiac Procedures/Tests done?

Check all that apply:

- Cardiac catheterization
- Stress echo
- Rest Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Coronary revascularization
- Biomarker: Troponin
- Other
- None

Cardiac Catheterization

Cardiac Cath Yes
 No

Date of Cath _____
(M-D-Y)

Left Main Coronary Artery Maximum Stenosis _____
(%)

Left Anterior Descending Maximum Stenosis _____
(%)

Circumflex Maximum Stenosis _____
(%)

Right Coronary Artery Maximum Stenosis _____
(%)

Type of Visit Inpatient
 Outpatient

Location of Cardiac Catheterization Index Visit Study Site
 Other Location

Specify other location _____

Stress Echo

Stress echocardiography Yes
 No

Date Stress Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Stress Echo Index Visit Study Site
 Other Location

Specify other location _____

Rest Echo

Rest echocardiography Yes
 No

Date Rest Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Rest Echo Index Visit Study Site
 Other Location

Specify other location _____

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI _____

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging _____

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography _____

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis _____

(%)

Left Anterior Descending Maximum Stenosis _____

(%)

Circumflex Maximum Stenosis	_____
	(%)
Right Coronary Artery Maximum Stenosis	_____
	(%)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
Location of Coronary CTA	<input type="radio"/> Index Visit Study Site <input type="radio"/> Other Location
Specify other location	_____

Exercise ECG

Exercise ECG	<input type="radio"/> Yes <input type="radio"/> No
Date Exercise ECG	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
Location of Exercise ECG	<input type="radio"/> Index Visit Study Site <input type="radio"/> Other Location
Specify other location	_____
Acute/Inducible Ischemia	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Nondiagnostic <input type="radio"/> Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?	<input type="radio"/> Yes <input type="radio"/> No
Revascularization Date	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
CABG	<input type="radio"/> Yes <input type="radio"/> No
Date CABG	_____
	(M-D-Y)
PCI	<input type="radio"/> Yes <input type="radio"/> No
Date PCI	_____
	(M-D-Y)

Other Cardiac Procedures/Tests

Other cardiac procedure or test?

- Yes
 No

Specify other cardiac procedure or test performed

Date of other cardiac procedure or test

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of other cardiac procedure or test

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

Number of cardiac biomarker draws

- 1 2 3

Draw 1

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
 T
(M-D-Y H:M)

Value (ng/mL)

(Use 2 decimal places)

Results

- Normal
 Positive
 Missing

Draw 2

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
 T

Value (ng/mL)

(Use 2 decimal places)

Result

- Normal
- Positive
- Missing

Draw 3

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
- T

Value (ng/mL)

(Use 2 decimal places)

Result

- Normal
- Positive
- Missing

Diagnosis

Diagnosis 1

Diagnosis 2

Diagnosis 3

Diagnosis 4

Diagnosis 5

Diagnosis 6

Diagnosis 7

Diagnosis 8

Final Information Source

- Electronic Medical Record
- Outside Record Review

Rehospitalization/ ED Visit/Outside Visit 2

Did the patient have another rehospitalization or ED visit?

- Yes
- No

Visit Type

- ED visit
- Rehospitalization
- ED/Obs/Chest Pain Unit
- ED/Rehospitalization
- Outpatient

Date of admission

(M-D-Y)

Date of Discharge

(M-D-Y)

Date of Visit

(M-D-Y)

Were any Cardiac Procedures/Tests done?

Check all that apply:

- Cardiac catheterization
- Stress echo
- Rest Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Coronary revascularization
- Biomarker: Troponin
- Other
- None

Cardiac Catheterization

Cardiac Cath

- Yes
- No

Date of Cath

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
- Outpatient

Location of Cardiac Catheterization

- Index Visit Study Site
- Other Location

Specify other location

Stress Echo

Stress echocardiography

- Yes
- No

Date Stress Echo

(M-D-Y)

Type of Visit

- Inpatient
- Outpatient

Location of Stress Echo

- Index Visit Study Site
 Other Location

Specify other location

Rest Echo

Rest echocardiography

- Yes
 No

Date Rest Echo

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Rest Echo

- Index Visit Study Site
 Other Location

Specify other location

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
 Outpatient

Location of Coronary CTA

- Index Visit Study Site
 Other Location

Specify other location

Exercise ECG

Exercise ECG

- Yes
 No

Date Exercise ECG

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Exercise ECG

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?

- Yes
 No

Revascularization Date

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

CABG

- Yes
 No

Date CABG

(M-D-Y)

PCI

- Yes
 No

Date PCI

(M-D-Y)

Other Cardiac Procedures/Tests

Other cardiac procedure or test?

- Yes
 No

Specify other cardiac procedure or test performed

Date of other cardiac procedure or test

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of other cardiac procedure or test

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

Number of cardiac biomarker draws

- 1 2 3

Draw 1

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T
_____ (M-D-Y H:M)

Value (ng/mL)

_____ (Use 2 decimal places)

Results

Normal
 Positive
 Missing

Draw 2

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T

Value (ng/mL)

_____ (Use 2 decimal places)

Result

Normal
 Positive
 Missing

Draw 3

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T

Value (ng/mL)

_____ (Use 2 decimal places)

Result

Normal
 Positive
 Missing

Diagnosis

Diagnosis 1 _____

Diagnosis 2 _____

Diagnosis 3 _____

Diagnosis 4 _____

Diagnosis 5 _____

Diagnosis 6 _____

Diagnosis 7 _____

Diagnosis 8 _____

Final Information Source Electronic Medical Record
 Outside Record Review

Rehospitalization/ ED Visit/ Outside Visit 3

Did the patient have another rehospitalization or ED visit? Yes
 No

Visit Type ED visit
 Rehospitalization
 ED/Obs/Chest Pain Unit
 ED/Rehospitalization
 Outpatient

Date of admission _____
(M-D-Y)

Date of Discharge _____
(M-D-Y)

Date of Visit _____
(M-D-Y)

Were any Cardiac Procedures/Tests done?

Check all that apply:

Cardiac catheterization
 Stress echo
 Rest Echo
 Cardiac MRI
 Cardiac Nuclear Imaging
 Coronary CTA
 Exercise ECG
 Coronary revascularization
 Biomarker: Troponin
 Other
 None

Cardiac Catheterization

Cardiac Cath Yes
 No

Date of Cath _____
(M-D-Y)

Left Main Coronary Artery Maximum Stenosis _____
(%)

Left Anterior Descending Maximum Stenosis _____
(%)

Circumflex Maximum Stenosis _____
(%)

Right Coronary Artery Maximum Stenosis _____
(%)

Type of Visit Inpatient
 Outpatient

Location of Cardiac Catheterization Index Visit Study Site
 Other Location

Specify other location _____

Stress Echo

Stress echocardiography Yes
 No

Date Stress Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Stress Echo Index Visit Study Site
 Other Location

Specify other location _____

Rest Echo

Rest echocardiography Yes
 No

Date Rest Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Rest Echo Index Visit Study Site
 Other Location

Specify other location _____

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis	_____
	(%)
Right Coronary Artery Maximum Stenosis	_____
	(%)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
Location of Coronary CTA	<input type="radio"/> Index Visit Study Site <input type="radio"/> Other Location
Specify other location	_____

Exercise ECG

Exercise ECG	<input type="radio"/> Yes <input type="radio"/> No
Date Exercise ECG	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
Location of Exercise ECG	<input type="radio"/> Index Visit Study Site <input type="radio"/> Other Location
Specify other location	_____
Acute/Inducible Ischemia	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Nondiagnostic <input type="radio"/> Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?	<input type="radio"/> Yes <input type="radio"/> No
Revascularization Date	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
CABG	<input type="radio"/> Yes <input type="radio"/> No
Date CABG	_____
	(M-D-Y)
PCI	<input type="radio"/> Yes <input type="radio"/> No
Date PCI	_____
	(M-D-Y)

Other Cardiac Procedures/Tests

- Other cardiac procedure or test? Yes
 No
- Specify other cardiac procedure or test performed _____
- Date of other cardiac procedure or test _____
(M-D-Y)
- Type of Visit Inpatient
 Outpatient
- Location of other cardiac procedure or test Index Visit Study Site
 Other Location
- Specify other location _____
- Acute/Inducible Ischemia No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

- Number of cardiac biomarker draws
 1 2 3

Draw 1

- Collection Date and Time _____
(M-D-Y H:M)
- Troponin I
 T
(M-D-Y H:M)
- Value (ng/mL) _____
(Use 2 decimal places)
- Results Normal
 Positive
 Missing

Draw 2

- Collection Date and Time _____
(M-D-Y H:M)
- Troponin I
 T
- Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Draw 3

Collection Date and Time _____
(M-D-Y H:M)

Troponin I
 T

Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Diagnosis

Diagnosis 1 _____

Diagnosis 2 _____

Diagnosis 3 _____

Diagnosis 4 _____

Diagnosis 5 _____

Diagnosis 6 _____

Diagnosis 7 _____

Diagnosis 8 _____

Final Information Source Electronic Medical Record
 Outside Record Review

Rehospitalization/ ED Visit/ Outside Visit 4

Did the patient have another rehospitalization or ED visit? Yes
 No

Visit Type ED visit
 Rehospitalization
 ED/Obs/Chest Pain Unit
 ED/Rehospitalization
 Outpatient

Date of admission _____
(M-D-Y)

Date of Discharge _____
(M-D-Y)

Date of Visit

(M-D-Y)

Were any Cardiac Procedures/Tests done?

Check all that apply:

- Cardiac catheterization
- Stress echo
- Rest Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Coronary revascularization
- Biomarker: Troponin
- Other
- None

Cardiac Catheterization

Cardiac Cath

- Yes
- No

Date of Cath

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
- Outpatient

Location of Cardiac Catheterization

- Index Visit Study Site
- Other Location

Specify other location

Stress Echo

Stress echocardiography

- Yes
- No

Date Stress Echo

(M-D-Y)

Type of Visit

- Inpatient
- Outpatient

Location of Stress Echo

- Index Visit Study Site
 Other Location

Specify other location

Rest Echo

Rest echocardiography

- Yes
 No

Date Rest Echo

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Rest Echo

- Index Visit Study Site
 Other Location

Specify other location

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
 Outpatient

Location of Coronary CTA

- Index Visit Study Site
 Other Location

Specify other location

Exercise ECG

Exercise ECG

- Yes
 No

Date Exercise ECG

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Exercise ECG

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?

- Yes
 No

Revascularization Date

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

CABG

- Yes
 No

Date CABG

(M-D-Y)

PCI

- Yes
 No

Date PCI

(M-D-Y)

Other Cardiac Procedures/Tests

Other cardiac procedure or test?

- Yes
 No

Specify other cardiac procedure or test performed

Date of other cardiac procedure or test

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of other cardiac procedure or test

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

Number of cardiac biomarker draws

- 1 2 3

Draw 1

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T
_____ (M-D-Y H:M)

Value (ng/mL)

_____ (Use 2 decimal places)

Results

Normal
 Positive
 Missing

Draw 2

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T

Value (ng/mL)

_____ (Use 2 decimal places)

Result

Normal
 Positive
 Missing

Draw 3

Collection Date and Time

_____ (M-D-Y H:M)

Troponin

I
 T

Value (ng/mL)

_____ (Use 2 decimal places)

Result

Normal
 Positive
 Missing

Diagnosis

Diagnosis 1 _____

Diagnosis 2 _____

Diagnosis 3 _____

Diagnosis 4 _____

Diagnosis 5 _____

Diagnosis 6 _____

Diagnosis 7 _____

Diagnosis 8 _____

Final Information Source Electronic Medical Record
 Outside Record Review**Rehospitalization/ ED Visit/ Outside Visit 5**Did the patient have another rehospitalization or ED visit? Yes
 NoVisit Type ED visit
 Rehospitalization
 ED/Obs/Chest Pain Unit
 ED/Rehospitalization
 OutpatientDate of admission _____
(M-D-Y)Date of Discharge _____
(M-D-Y)Date of Visit _____
(M-D-Y)**Were any Cardiac Procedures/Tests done?**Check all that apply: Cardiac catheterization
 Stress echo
 Rest Echo
 Cardiac MRI
 Cardiac Nuclear Imaging
 Coronary CTA
 Exercise ECG
 Coronary revascularization
 Biomarker: Troponin
 Other
 None

Cardiac Catheterization

Cardiac Cath Yes
 No

Date of Cath _____
(M-D-Y)

Left Main Coronary Artery Maximum Stenosis _____
(%)

Left Anterior Descending Maximum Stenosis _____
(%)

Circumflex Maximum Stenosis _____
(%)

Right Coronary Artery Maximum Stenosis _____
(%)

Type of Visit Inpatient
 Outpatient

Location of Cardiac Catheterization Index Visit Study Site
 Other Location

Specify other location _____

Stress Echo

Stress echocardiography Yes
 No

Date Stress Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Stress Echo Index Visit Study Site
 Other Location

Specify other location _____

Rest Echo

Rest echocardiography Yes
 No

Date Rest Echo _____
(M-D-Y)

Type of Visit Inpatient
 Outpatient

Location of Rest Echo Index Visit Study Site
 Other Location

Specify other location _____

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location _____

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis	_____
	(%)
Circumflex Maximum Stenosis	_____
	(%)
Right Coronary Artery Maximum Stenosis	_____
	(%)
Location of Coronary CTA	<input type="radio"/> Index Visit Study Site
	<input type="radio"/> Other Location
Specify other location	_____

Exercise ECG

Exercise ECG	<input type="radio"/> Yes
	<input type="radio"/> No
Date Exercise ECG	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient
	<input type="radio"/> Outpatient
Location of Exercise ECG	<input type="radio"/> Index Visit Study Site
	<input type="radio"/> Other Location
Specify other location	_____
Acute/Inducible Ischemia	<input type="radio"/> No
	<input type="radio"/> Yes
	<input type="radio"/> Nondiagnostic
	<input type="radio"/> Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?	<input type="radio"/> Yes
	<input type="radio"/> No
Revascularization Date	_____
	(M-D-Y)
Type of Visit	<input type="radio"/> Inpatient
	<input type="radio"/> Outpatient
CABG	<input type="radio"/> Yes
	<input type="radio"/> No
Date CABG	_____
	(M-D-Y)
PCI	<input type="radio"/> Yes
	<input type="radio"/> No
Date PCI	_____
	(M-D-Y)

Other Cardiac Procedures/Tests

Other cardiac procedure or test?

- Yes
 No

Specify other cardiac procedure or test performed

Date of other cardiac procedure or test

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of other cardiac procedure or test

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

Number of cardiac biomarker draws

- 1 2 3

Draw 1

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
 T
(M-D-Y H:M)

Value (ng/mL)

(Use 2 decimal places)

Results

- Normal
 Positive
 Missing

Draw 2

Collection Date and Time

(M-D-Y H:M)

Troponin

- I
 T

Value (ng/mL)

(Use 2 decimal places)

Result Normal
 Positive
 Missing

Draw 3

Collection Date and Time _____
(M-D-Y H:M)

Troponin I
 T

Value (ng/mL) _____
(Use 2 decimal places)

Result Normal
 Positive
 Missing

Diagnosis

Diagnosis 1 _____

Diagnosis 2 _____

Diagnosis 3 _____

Diagnosis 4 _____

Diagnosis 5 _____

Diagnosis 6 _____

Diagnosis 7 _____

Diagnosis 8 _____

Final Information Source Electronic Medical Record
 Outside Record Review

Rehospitalization/ ED Visit/ Outside Visit 6

Did the patient have another rehospitalization or ED visit? Yes
 No

Visit Type ED visit
 Rehospitalization
 ED/Obs/Chest Pain Unit
 ED/Rehospitalization
 Outpatient

Date of admission _____
(M-D-Y)

Date of Discharge _____
(M-D-Y)

Date of Visit

(M-D-Y)

Were any Cardiac Procedures/Tests done?

Check all that apply:

- Cardiac catheterization
- Stress echo
- Rest Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Coronary revascularization
- Biomarker: Troponin
- Other
- None

Cardiac Catheterization

Cardiac Cath

- Yes
- No

Date of Cath

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
- Outpatient

Location of Cardiac Catheterization

- Index Visit Study Site
- Other Location

Specify other location

Stress Echo

Stress echocardiography

- Yes
- No

Date Stress Echo

(M-D-Y)

Type of Visit

- Inpatient
- Outpatient

Location of Stress Echo

- Index Visit Study Site
 Other Location

Specify other location

Rest Echo

Rest echocardiography

- Yes
 No

Date Rest Echo

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Rest Echo

- Index Visit Study Site
 Other Location

Specify other location

Cardiac MRI

Cardiac MRI

- Yes
 No

Date Cardiac MRI

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Cardiac MRI

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Nuclear Imaging

Cardiac Nuclear Imaging

- Yes
 No

Date Cardiac Nuclear Imaging

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Nuclear Imaging

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- Yes
 No
 Nondiagnostic
 Missing

Coronary CTA

CT coronary angiography

- Yes
 No

Date CT coronary angiography

(M-D-Y)

Left Main Coronary Artery Maximum Stenosis

(%)

Left Anterior Descending Maximum Stenosis

(%)

Circumflex Maximum Stenosis

(%)

Right Coronary Artery Maximum Stenosis

(%)

Type of Visit

- Inpatient
 Outpatient

Location of Coronary CTA

- Index Visit Study Site
 Other Location

Specify other location

Exercise ECG

Exercise ECG

- Yes
 No

Date Exercise ECG

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of Exercise ECG

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Coronary Revascularization

Did the patient undergo coronary revascularization?

- Yes
 No

Revascularization Date

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

CABG

- Yes
 No

Date CABG

(M-D-Y)

PCI

- Yes
 No

Date PCI

(M-D-Y)

Other Cardiac Procedures/Tests

Other cardiac procedure or test?

- Yes
 No

Specify other cardiac procedure or test performed

Date of other cardiac procedure or test

(M-D-Y)

Type of Visit

- Inpatient
 Outpatient

Location of other cardiac procedure or test

- Index Visit Study Site
 Other Location

Specify other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Cardiac Markers

Number of cardiac biomarker draws

- 1 2 3

Draw 1

Collection Date and Time

(M-D-Y H:M)

Troponin

 I
 T
(M-D-Y H:M)

Value (ng/mL)

(Use 2 decimal places)

Results

 Normal
 Positive
 Missing

Draw 2

Collection Date and Time

(M-D-Y H:M)

Troponin

 I
 T

Value (ng/mL)

(Use 2 decimal places)

Result

 Normal
 Positive
 Missing

Draw 3

Collection Date and Time

(M-D-Y H:M)

Troponin

 I
 T

Value (ng/mL)

(Use 2 decimal places)

Result

 Normal
 Positive
 Missing

Diagnosis

Diagnosis 1 _____

Diagnosis 2 _____

Diagnosis 3 _____

Diagnosis 4 _____

Diagnosis 5 _____

Diagnosis 6 _____

Diagnosis 7 _____

Diagnosis 8 _____

Final Information Source Electronic Medical Record
 Outside Record Review

Repeat Cardiac Testing

Were any of the above tests performed more than once since discharge? Yes
 No
 Unknown

Number of repeated tests 1 2 3 4
 5 Missing

Repeat Test 1

Type of testing Stress Echo
 Cardiac MRI
 Cardiac Nuclear Imaging
 Coronary CTA
 Exercise ECG
 Other

Specify other type of test _____

Date of test _____
(M-D-Y)

Other location _____

Acute/ Inducible Ischemia No
 Yes
 Nondiagnostic
 Missing

Repeat Test 2

Type of testing

- Stress Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Other

Specify other type of test

Date of test

(M-D-Y)

Other location

Acute/Inducible Ischemia

- No
- Yes
- Nondiagnostic
- Missing

Repeat Test 3

Type of testing

- Stress Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Other

Specify other type of test

Date of test

(M-D-Y)

Other location

Acute/Inducible Ischemia

- No
- Yes
- Nondiagnostic
- Missing

Repeat Test 4

Type of testing

- Stress Echo
- Cardiac MRI
- Cardiac Nuclear Imaging
- Coronary CTA
- Exercise ECG
- Other

Specify other type of test

Date of test

(M-D-Y)

Other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Repeat Test 5

Type of testing

- Stress Echo
 Cardiac MRI
 Cardiac Nuclear Imaging
 Coronary CTA
 Exercise ECG
 Other

Specify other type of test

Date of test

(M-D-Y)

Other location

Acute/Inducible Ischemia

- No
 Yes
 Nondiagnostic
 Missing

Vital Status

Is the patient living or deceased?

- Living
 Deceased

Date of death

Cause of death on death certificate:

Acute Coronary Syndrome

Did the patient get diagnosed with ACS since discharge?

- Yes
 No

Date of first event

(M-D-Y)

Did the patient get diagnosed with Unstable Angina?

- Yes
 No

Date Unstable Angina

(M-D-Y)

MI

Did the patient experience a Myocardial infarction (MI)/ Heart Attack?

- Yes
- No

STEMI

- Yes
- No

Date STEMI

(M-D-Y)

NSTEMI

- Yes
- No

Date NSTEMI

(M-D-Y)

Adverse Events

Reporting of adverse events for this study will be limited to those that could be possibly related to the blood draw. If the subject reported any of the following: hematoma, excessive bleeding, infection at the venipuncture site, thrombophlebitis, lightheadedness or syncope, or fainting; during this visit (Index visit or during the follow-up phone calls) please list these adverse events on this form.

If any study related unexpected or unanticipated problems occur please notify the coordinating center immediately.

Has the participant/subject had any adverse events during the study?

- Yes
 No

Adverse Event 1

- Hematoma
 Excessive bleeding
 Infection at the venipuncture site
 Thrombophlebitis
 Lightheadedness or syncope
 Fainting
 Other

Other Adverse Event:

Start Date 1

Adverse Event 1 Ongoing?

- Yes
 No

Stop Date 1

Additional Information:

Severity

- Mild
 Moderate
 Severe

Relatedness

- Unrelated
 Unlikely
 Possible
 Probable
 Definite

Action Taken

- None
 Study intervention interrupted
 Study intervention modified
 Study intervention discontinued

Outcome

- Not recovered/not resolved
 Recovered/resolved
 Recovered/resolved with sequelae
 Recovering/resolving
 Death
 Unknown

Serious Adverse Event?

- Yes
- No

Did the patient have another Adverse Event?

- Yes
- No

Adverse Event 2

- Hematoma
- Excessive bleeding
- Infection at the venipuncture site
- Thrombophlebitis
- Lightheadedness or syncope
- Fainting
- Other

Other Adverse Event:

Start Date 2

Adverse Event 2 Ongoing?

- Yes
- No

Stop Date 2

Severity

- Mild
- Moderate
- Severe

Relatedness

- Unrelated
- Unlikely
- Possible
- Probable
- Definite

Action Taken

- None
- Study intervention interrupted
- Study intervention modified
- Study intervention discontinued

Outcome

- Not recovered/not resolved
- Recovered/resolved
- Recovered/resolved with sequelae
- Recovering/resolving
- Death
- Unknown

Serious Adverse Event?

- Yes
- No

Did the patient have another Adverse Event?

- Yes
- No

Adverse Event 3

- Hematoma
- Excessive bleeding
- Infection at the venipuncture site
- Thrombophlebitis
- Lightheadedness or syncope
- Fainting
- Other

Other Adverse Event:

Start Date 3

Adverse Event 3 Ongoing?

- Yes
- No

Stop Date 3

Severity

- Mild
- Moderate
- Severe

Relatedness

- Unrelated
- Unlikely
- Possible
- Probable
- Definite

Action Taken

- None
- Study intervention interrupted
- Study intervention modified
- Study intervention discontinued

Outcome

- Not recovered/not resolved
- Recovered/resolved
- Recovered/resolved with sequelae
- Recovering/resolving
- Death
- Unknown

Serious Adverse Event?

- Yes
- No

Did the patient have another Adverse Event?

- Yes
- No

Adverse Event 4

- Hematoma
- Excessive bleeding
- Infection at the venipuncture site
- Thrombophlebitis
- Lightheadedness or syncope
- Fainting
- Other

Other Adverse Event:

Start Date 4

Adverse Event 4 Ongoing?

- Yes
- No

Stop Date 4

Severity

- Mild
- Moderate
- Severe

Relatedness

- Unrelated
- Unlikely
- Possible
- Probable
- Definite

Action Taken

- None
- Study intervention interrupted
- Study intervention modified
- Study intervention discontinued

Outcome	<input type="radio"/> Not recovered/not resolved <input type="radio"/> Recovered/resolved <input type="radio"/> Recovered/resolved with sequelae <input type="radio"/> Recovering/resolving <input type="radio"/> Death <input type="radio"/> Unknown
Serious Adverse Event?	<input type="radio"/> Yes <input type="radio"/> No
Did the patient have another Adverse Event?	<input type="radio"/> Yes <input type="radio"/> No
Adverse Event 5	<input type="checkbox"/> Hematoma <input type="checkbox"/> Excessive bleeding <input type="checkbox"/> Infection at the venipuncture site <input type="checkbox"/> Thrombophlebitis <input type="checkbox"/> Lightheadedness or syncope <input type="checkbox"/> Fainting <input type="checkbox"/> Other
Other Adverse Event:	_____
Start Date 5	_____
Adverse Event 5 Ongoing?	<input type="radio"/> Yes <input type="radio"/> No
Stop Date 5	_____
Severity	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Relatedness	<input type="radio"/> Unrelated <input type="radio"/> Unlikely <input type="radio"/> Possible <input type="radio"/> Probable <input type="radio"/> Definite
Action Taken	<input type="radio"/> None <input type="radio"/> Study intervention interrupted <input type="radio"/> Study intervention modified <input type="radio"/> Study intervention discontinued
Outcome	<input type="radio"/> Not recovered/not resolved <input type="radio"/> Recovered/resolved <input type="radio"/> Recovered/resolved with sequelae <input type="radio"/> Recovering/resolving <input type="radio"/> Death <input type="radio"/> Unknown
Serious Adverse Event?	<input type="radio"/> Yes <input type="radio"/> No
Did the patient have another Adverse Event?	<input type="radio"/> Yes <input type="radio"/> No

Adverse Event 6 Ongoing?

- Hematoma
- Excessive bleeding
- Infection at the venipuncture site
- Thrombophlebitis
- Lightheadedness or syncope
- Fainting
- Other

Other Adverse Event:

Start Date 6

Adverse Event 6 Ongoing?

- Yes
- No

Stop Date 6

Severity

- Mild
- Moderate
- Severe

Relatedness

- Unrelated
- Unlikely
- Possible
- Probable
- Definite

Action Taken

- None
- Study intervention interrupted
- Study intervention modified
- Study intervention discontinued

Outcome

- Not recovered/not resolved
- Recovered/resolved
- Recovered/resolved with sequelae
- Recovering/resolving
- Death
- Unknown

Serious Adverse Event?

- Yes
- No

Participant Status

Date _____

Patient status: Completed Study
 Lost to follow-up after 120 days
 Excluded from Primary Analysis
 Screen Failure
 Patient Withdrawal
 Patient Expired

Reason for excluding the participant from the study: Inability to obtain serial cTn measure 2-12 hours after the initial blood draw as a part of routine care, except in patients with initial positive cTn measure)
 Failure to obtain at least two study-specific blood samples within the protocol timeframe

Reason for withdrawing the participant from the study:
 PI discretion (requires coordinating center approval)
 Subject voluntarily withdrew consent
 Subject withdrew consent due to adverse event

Did you receive PI approval for withdraw? Yes
 No

Please provide reason for PI Discretion: _____

Please provide reason for screen failure _____

Was the sample destroyed? Yes
 No

Date of Death: _____

Comments _____

Post-Analysis Information

TIMI Score _____

EDACS Score _____

Heart Score (Total Points) _____
(Enter Following DPI Calculation)

ED Impression

- Acute MI
- Unstable Angina
- Typical for ACS
- Atypical for ACS
- Non-Cardiac
- Not Reported

Cardiac Biomarkers: Roche hs-TNT

Number of Roche hs-TNT Draws

- 1
- 2
- 3
- 4

Draw 1: Roche hs-TNT

Date and Time _____

Lithium Heparin _____

EDTA _____

Draw 2: Roche hs-TNT

Date and Time _____

Lithium Heparin _____

EDTA _____

Draw 3: Roche hs-TNT

Date and Time _____

Lithium Heparin _____

EDTA _____

Draw 4: Roche hs-TNT

Date and Time _____

Lithium Heparin _____

EDTA _____

Misc Data

TIMI Age Risk _____

TIMI Prior CAD Risk _____

TIMI CAD Risk _____

TIMI ASA Risk _____

TIMI Angina Risk _____

TIMI EKG Risk _____

TIMI Biomarker Risk _____

EDACS Age Risk _____

EDACS Gender Risk _____

EDACS Age + Risk _____

EDACS Diaphoresis _____

EDACS Radiation Risk _____

EDACS Inspiration Risk _____

EDACS Palpation Risk _____

Adjudication

Index to 30 Day Adjudication Results

Did the patient have any outcome events reviewed by the adjudicators?

- Yes
 No

MACE Outcomes Composite

Is the subject deceased?

- No
 Yes
 Missing

When did death occur?

- Index Visit
 Between Discharge from Index Visit and 30 Day Follow Up

Date death occurred

_____ (M-D-Y)

Is the death cardiovascular related?

- No
 Yes
 Missing

(1) Cardiovascular causes of death include fatal MI, congestive heart failure, documented arrhythmia, death after invasive cardiovascular interventions, death after noncardiovascular surgery, fatal stroke, unexpected death presumed to be due to ischemic CVD occurring < 24 hours after the onset of symptoms, and death due to other vascular diseases (e.g., pulmonary emboli, abdominal aortic aneurysm rupture).

(2) The diagnosis of MI is based on the occurrence of a compatible clinical syndrome associated with diagnostic elevation of cardiac enzymes (i.e., an increase in troponin T or troponin I to a level indicating myonecrosis and/or an increase in creatine kinase-myocardial band to a level more than twice the upper limit of normal). Q-wave MI is defined as the development of new significant Q waves. Silent MI is diagnosed when new (compared with the previous 12-lead electrocardiogram) significant Q waves are detected by surveillance electrocardiography performed every 2 years and at study end in all participants.

(3) Stroke is diagnosed by a focal neurologic deficit that lasts >24 hours, associated with evidence of brain infarction or hemorrhage by computed tomography, MRI, or autopsy.

Acute Myocardial Infarction

Did the subject experience AMI?

- Yes
 No

When did AMI occur?

- Index Visit
 Between Discharge from Index Visit and 30 Day Follow Up

Date AMI occurred

(M-D-Y)

AMI Type

- Type 1
 Type 2
 Type 3
 Type 4a
 Type 4b
 Type 5
 Missing

Recurrent ED visits and Rehospitalizations

Did the patient have any recurrent ED visits?

- No
 Yes
 Missing

How many visits occurred?

- 1
 2
 3
 4
 5

ED Recurrent Visit #1

Did this ED visit occur between Index visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

ED Recurrent Visit #2

Did this ED visit occur between Index visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

ED Recurrent Visit #3

Did this ED visit occur between Index visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

_____ (M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

ED Recurrent Visit #4

Did this ED visit occur between Index visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

_____ (M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

ED Recurrent Visit #5

Did this ED visit occur between Index visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

_____ (M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalizations: Index to 30 Day Follow-Up

Did the patient have any rehospitalizations between index visit and 30 day follow-up?

- Yes
 No

How many visits occurred?

- 1
 2
 3
 4
 5

Rehospitalization #1: Index to 30 Day Follow-up

Did this rehospitalization occur between Index Visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #2: Index to 30 Day Follow-up

Did this rehospitalization occur between Index Visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #3: Index to 30 Day Follow-up

Did this rehospitalization occur between Index Visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #4: Index to 30 Day Follow-up

Did this rehospitalization occur between Index Visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #5: Index to 30 Day Follow-up

Did this rehospitalization occur between Index Visit and 30 Day Follow-up?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

30 day to 90 Day Adjudication Results (All Events Adjudicated After 90 Days)

Did the patient have any outcome events reviewed by the adjudicators?

- Yes
 No

MACE Outcomes Composite: 30 to 90 Days

Is the subject deceased?

- No
 Yes
 Missing

When did death occur?

- Index
 30 Day Follow Up
 Missing

Date death occurred

(M-D-Y)

Is the death cardiovascular related?

- No
- Yes
- Missing

(1) Cardiovascular causes of death include fatal MI, congestive heart failure, documented arrhythmia, death after invasive cardiovascular interventions, death after noncardiovascular surgery, fatal stroke, unexpected death presumed to be due to ischemic CVD occurring < 24 hours after the onset of symptoms, and death due to other vascular diseases (e.g., pulmonary emboli, abdominal aortic aneurysm rupture).

(2) The diagnosis of MI is based on the occurrence of a compatible clinical syndrome associated with diagnostic elevation of cardiac enzymes (i.e., an increase in troponin T or troponin I to a level indicating myonecrosis and/or an increase in creatine kinase-myocardial band to a level more than twice the upper limit of normal). Q-wave MI is defined as the development of new significant Q waves. Silent MI is diagnosed when new (compared with the previous 12-lead electrocardiogram) significant Q waves are detected by surveillance electrocardiography performed every 2 years and at study end in all participants.

(3) Stroke is diagnosed by a focal neurologic deficit that lasts >24 hours, associated with evidence of brain infarction or hemorrhage by computed tomography, MRI, or autopsy.

Acute Myocardial Infarction: 30 to 90 Days

Did the subject experience AMI?

- Yes
- No

Did AMI Occur Between 30 Day and 90 Day Follow-ups?

- Yes
- No

Date AMI occurred

(M-D-Y)

AMI Type

- Type 1
- Type 2
- Type 3
- Type 4a
- Type 4b
- Type 5
- Missing

Recurrent ED visits and Rehospitalizations: 30 to 90 Days

Did the patient have any recurrent ED visits? Yes
 No

How many visits occurred? 1
 2
 3
 4
 5

Recurrent ED visit #1

Did this visit occur between 30 day and 90 day follow-ups? Yes
 No

Date the visit occurred _____
(M-D-Y)

Was the visit cardiovascular related? Yes
 No

Recurrent ED visit #2

Did this visit occur between 30 day and 90 day follow-ups? Yes
 No

Date the visit occurred _____
(M-D-Y)

Was the visit cardiovascular related? Yes
 No

Recurrent ED visit #3

Did this visit occur between 30 day and 90 day follow-ups? Yes
 No

Date the visit occurred _____
(M-D-Y)

Was the visit cardiovascular related? Yes
 No

Recurrent ED visit #4

Did this visit occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Recurrent ED visit #5

Did this visit occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalizations

Did the patient have any rehospitalizations?

- Yes
 No

How many visits occurred?

- 1
 2
 3
 4
 5

Rehospitalization #1

Did this rehospitalization occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #2

Did this rehospitalization occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #3

Did this rehospitalization occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #4

Did this rehospitalization occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Rehospitalization #5

Did this rehospitalization occur between 30 day and 90 day follow-ups?

- Yes
 No

Date the visit occurred

(M-D-Y)

Was the visit cardiovascular related?

- Yes
 No

Outcomes: Index to 30 Days

Death _____
(1=Yes 0=No)

Was death cardiac related? _____
(1=Yes 0=No)

AMI _____
(1=Yes 0=No)

Invasive Angiography at Index
 Yes
 No
(1=Yes 0=No)

Revascularization at Index
 Yes
 No
(1=Yes 0=No)

Invasive Angiography During 30 Days
 Yes
 No
(1=Yes 0=No)

Revascularization During 30 Days
 Yes
 No
(1=Yes 0=No)

ED visits _____
(1=Yes 0=No)

Rehospitalizations _____
(1=Yes 0=No)

Outcomes: 31 Days to 90 Days

Death

(1=Yes 0=No)

Was death cardiac related?

(1=Yes 0=No)

AMI

(1=Yes 0=No)

Invasive Angiography Day 31- Day 365

Yes
 No
(1=Yes 0=No)

Revascularization Day 31- Day 365

Yes
 No
(1=Yes 0=No)

ED visits

(1=Yes 0=No)

Rehospitalizations

(1=Yes 0=No)