



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

Note: Coordinators should complete a separate Administrative Hospital Record (**ADMINEVAL**) case report form for each event that is indicated in Event Notification generated by the Data Management System.

1. DMS tracking number:

Please record DMS tracking # on **EVENTS** case report form.

2. Medical Events Questionnaire (**EVENTS**) date:

___ / ___ / _____ (mm/dd/yyyy)

3. Was this hospitalization documented in Q. #5 – Medical Event Questionnaire (**EVENTS**) at this visit?

₁ Yes

₀ No

If “Yes” in question #3, go to question #3a. If “No” in question #3, go to question #4.

3a. Hospitalization dates reported by the participant in Q. #5 - Medical Event Questionnaire (**EVENTS**) for this event:

Admission ___ / ___ / _____ (mm/dd/yyyy)

Discharge ___ / ___ / _____ (mm/dd/yyyy)

3b. Were you previously notified of this hospitalization?

₁ Yes

₀ No

If “Yes” in question #3b, go to question #3c. If “No” in question #3b, go to question #4.

3c. Visit # ___

DMS tracking # ___

STOP

4. Did you identify and obtain hospital records (any medical records i.e., discharge summary, progress notes, lab. results, etc. and/or administrative hospital codes) for this hospitalization?

₁ Yes

₀ No

If “Yes” in question #4, go to question #4a and continue. If “No” in question #4, STOP.

4a. Hospitalization dates from hospital records:

Admission ___ / ___ / _____ (mm/dd/yyyy)

Discharge ___ / ___ / _____ (mm/dd/yyyy)

Name and address of hospital from administrative records:
(This field should NOT be entered into the DMS.)

5. Did you identify administrative hospital codes for this hospitalization?

₁ Yes

₀ No

If “Yes” in question #5, continue to question #6. If “No” in question # 5, go to question #5a.



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5a. Did you obtain medical records (i.e., discharge summary, progress notes, lab. results, etc.)?

₁ Yes

₀ No

If "Yes in question #5a, complete the Principal Investigator-Determined Events (**PIEVENTS**) case report form. If "No" in question #5a, STOP.

6. Check **ALL** of the codes in the following list that were identified for this hospitalization in administrative records:

	ICD-9 Code	Diagnosis	Category
<input type="checkbox"/>	398.91	Rheumatic heart failure (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	402.01	Hypertensive heart disease (malignant) with CHF	
<input type="checkbox"/>	402.11	Hypertensive heart disease (benign) with CHF	
<input type="checkbox"/>	402.91	Hypertensive heart disease (unspecified) with CHF	
<input type="checkbox"/>	410	Acute myocardial infarction (includes all codes in series)	Myocardial Infarction (MI)
<input type="checkbox"/>	411	Other acute and subacute forms of ischemic heart disease (includes all codes in series)	
<input type="checkbox"/>	412	Old myocardial infarction (include all codes in series in <u>primary position only</u>)	
<input type="checkbox"/>	413	Angina pectoris (includes all codes in series)	
<input type="checkbox"/>	414	Other forms of chronic ischemic heart disease (include all codes in series in <u>primary position only</u>)	
<input type="checkbox"/>	425	Cardiomyopathy (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	426	Atrioventricular block, complete	Arrhythmias
<input type="checkbox"/>	427	Cardiac dysrhythmias (includes all codes in series)	
<input type="checkbox"/>	428	Heart failure (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	429	Ill-defined descriptions and complications of heart disease (includes all codes in series)	
<input type="checkbox"/>	430	Subarachnoid hemorrhage	Cerebrovascular
<input type="checkbox"/>	431	Intracerebral hemorrhage	
<input type="checkbox"/>	432	Other and unspecified intracerebral hemorrhage (includes all codes in series)	
<input type="checkbox"/>	433	Occlusion and stenosis of intracerebral arteries (includes all codes in series)	
<input type="checkbox"/>	434	Occlusion of cerebral arteries (includes all codes in series)	
<input type="checkbox"/>	435	Transient cerebral ischemia (TIA) (includes all codes in series)	
<input type="checkbox"/>	436	Acute but ill-defined cerebrovascular disease	
<input type="checkbox"/>	440	Atherosclerosis (includes all codes in series)	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	441	Aortic aneurysm (includes all codes in series) and dissection	
<input type="checkbox"/>	443	Other peripheral vascular disease (includes all codes in series)	
<input type="checkbox"/>	444	Arterial embolism and thrombosis (includes all codes in series)	
<input type="checkbox"/>	514	Pulmonary congestion and hypostasis	Heart Failure (CHF)
<input type="checkbox"/>	518.4	Acute edema of lung, unspecified	
<input type="checkbox"/>	798	Sudden death, cause unknown (includes all codes in series)**	Deceased
<input type="checkbox"/>	799	Other ill-defined and unknown causes of morbidity and mortality** (includes all codes in series)	
<input type="checkbox"/>	V68.0	Issue of medical certificate for cause of death**	

Death Record Evaluation Form (DEATHREC**) should be completed



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	ICD-9 Procedure Code	Procedure	Category
<input type="checkbox"/>	36.01	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
<input type="checkbox"/>	36.02		
<input type="checkbox"/>	36.05		
<input type="checkbox"/>	36.06		
<input type="checkbox"/>	36.1	Coronary artery bypass graft	
<input type="checkbox"/>	36.10		
<input type="checkbox"/>	36.11		
<input type="checkbox"/>	36.12		
<input type="checkbox"/>	36.13		
<input type="checkbox"/>	36.14		
<input type="checkbox"/>	36.15		
<input type="checkbox"/>	36.16		
<input type="checkbox"/>	36.17		
<input type="checkbox"/>	36.19		
<input type="checkbox"/>	37	Other operations on heart or pericardium	
<input type="checkbox"/>	37.2	Cardiac Catherization	Myocardial Infarction (MI)
<input type="checkbox"/>	37.21	Right vessel	
<input type="checkbox"/>	37.22	Left vessel	
<input type="checkbox"/>	37.23	Both vessels	
<input type="checkbox"/>	38.10	Carotid Endarterectomy	Cerebrovascular
<input type="checkbox"/>	38.13	Coronary endarterectomy	Myocardial Infarction (MI)
<input type="checkbox"/>	38.14		
<input type="checkbox"/>	38.15		
<input type="checkbox"/>	38.16		
<input type="checkbox"/>	38.18		
<input type="checkbox"/>	39.22	Coronary artery bypass graft with other than vein	
<input type="checkbox"/>	39.24		
<input type="checkbox"/>	39.25		
<input type="checkbox"/>	39.26		
<input type="checkbox"/>	39.28		
<input type="checkbox"/>	39.28		



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CPT Code	Procedure	Category
<input type="checkbox"/> 24900	Amputation of upper and lower limbs or digits	Peripheral Vascular Disease (PVD)
<input type="checkbox"/> 25900		
<input type="checkbox"/> 25927		
<input type="checkbox"/> 26910		
<input type="checkbox"/> 27880		
<input type="checkbox"/> 33200	Insertion, repositioning, repair, or removal of pacemaker or defibrillator	Arrhythmias
<input type="checkbox"/> 33201		
<input type="checkbox"/> 33206		
<input type="checkbox"/> 33207		
<input type="checkbox"/> 33208		
<input type="checkbox"/> 33210		
<input type="checkbox"/> 33211		
<input type="checkbox"/> 33212		
<input type="checkbox"/> 33213		
<input type="checkbox"/> 33214		
<input type="checkbox"/> 33215		
<input type="checkbox"/> 33216		
<input type="checkbox"/> 33217		
<input type="checkbox"/> 33218		
<input type="checkbox"/> 33220		
<input type="checkbox"/> 33222		
<input type="checkbox"/> 33223		
<input type="checkbox"/> 33224		
<input type="checkbox"/> 33225		
<input type="checkbox"/> 33226		
<input type="checkbox"/> 33233		
<input type="checkbox"/> 33234		
<input type="checkbox"/> 33235		
<input type="checkbox"/> 33236		
<input type="checkbox"/> 33237		
<input type="checkbox"/> 33238		
<input type="checkbox"/> 33240		
<input type="checkbox"/> 33241		
<input type="checkbox"/> 33243		
<input type="checkbox"/> 33244		
<input type="checkbox"/> 33245		
<input type="checkbox"/> 33246		
<input type="checkbox"/> 33249		
<input type="checkbox"/> 33250	Electrophysiological operative procedures (ablation or incisions/reconstruction of atria)	
<input type="checkbox"/> 33251		
<input type="checkbox"/> 33253		
<input type="checkbox"/> 33261	Implantation/removal of patient-activated event recorder	
<input type="checkbox"/> 33282		
<input type="checkbox"/> 33284		
<input type="checkbox"/> 33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	Peripheral Vascular Disease (PVD)
<input type="checkbox"/> 33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	



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	CPT Code	Procedure	Category
<input type="checkbox"/>	33510	Coronary artery bypass with venous grafts	Myocardial Infarction (MI)
<input type="checkbox"/>	33511		
<input type="checkbox"/>	33512		
<input type="checkbox"/>	33513		
<input type="checkbox"/>	33514		
<input type="checkbox"/>	33516		
<input type="checkbox"/>	33517		
<input type="checkbox"/>	33518		
<input type="checkbox"/>	33519		
<input type="checkbox"/>	33521		
<input type="checkbox"/>	33522		
<input type="checkbox"/>	33523		
<input type="checkbox"/>	33533		
<input type="checkbox"/>	33534		
<input type="checkbox"/>	33535		
<input type="checkbox"/>	33536		
<input type="checkbox"/>	33572	Coronary endarterectomy	Cerebrovascular
<input type="checkbox"/>	33860	Ascending aorta graft, w/cardiopulmonary bypass, with or w/o valve suspension	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	33870	Transverse arch graft, w/cardiopulmonary bypass, with or w/o valve suspension	
<input type="checkbox"/>	35301	Thromboendarterectomy	
<input type="checkbox"/>	35311		
<input type="checkbox"/>	35321		
<input type="checkbox"/>	35331		
<input type="checkbox"/>	35341		
<input type="checkbox"/>	35351		
<input type="checkbox"/>	35355		
<input type="checkbox"/>	35361		
<input type="checkbox"/>	35363		
<input type="checkbox"/>	35371		
<input type="checkbox"/>	35372	Transluminal balloon angioplasty	
<input type="checkbox"/>	35381		
<input type="checkbox"/>	35390		
<input type="checkbox"/>	35450		
<input type="checkbox"/>	35452		
<input type="checkbox"/>	35454		
<input type="checkbox"/>	35456		
<input type="checkbox"/>	35458		
<input type="checkbox"/>	35459	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
<input type="checkbox"/>	35470		
<input type="checkbox"/>	35471		
<input type="checkbox"/>	35472		
<input type="checkbox"/>	35473		
<input type="checkbox"/>	35474		
<input type="checkbox"/>	35475		



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	CPT Code	Procedure	Category	
<input type="checkbox"/>	35511	Bypass graft with vein	Peripheral Vascular Disease (PVD)	
<input type="checkbox"/>	35516			
<input type="checkbox"/>	35518			
<input type="checkbox"/>	35521			
<input type="checkbox"/>	35531			
<input type="checkbox"/>	35533			
<input type="checkbox"/>	35536			
<input type="checkbox"/>	35541			
<input type="checkbox"/>	35546			
<input type="checkbox"/>	35548			
<input type="checkbox"/>	35549			
<input type="checkbox"/>	35551			
<input type="checkbox"/>	35556			Bypass graft with vein
<input type="checkbox"/>	35558			
<input type="checkbox"/>	35560			
<input type="checkbox"/>	35563			
<input type="checkbox"/>	35565			
<input type="checkbox"/>	35566	In situ vein bypass		
<input type="checkbox"/>	35571			
<input type="checkbox"/>	35582			
<input type="checkbox"/>	35583			
<input type="checkbox"/>	35585	Bypass graft with other than vein		
<input type="checkbox"/>	35587			
<input type="checkbox"/>	35612			
<input type="checkbox"/>	35616			
<input type="checkbox"/>	35621			
<input type="checkbox"/>	35623			
<input type="checkbox"/>	35631			
<input type="checkbox"/>	35636			
<input type="checkbox"/>	35641			
<input type="checkbox"/>	35646			
<input type="checkbox"/>	35650			
<input type="checkbox"/>	35651			
<input type="checkbox"/>	35654			
<input type="checkbox"/>	35656			
<input type="checkbox"/>	35661			
<input type="checkbox"/>	35663			
<input type="checkbox"/>	35665			
<input type="checkbox"/>	35666			
<input type="checkbox"/>	35671	Reoperation, femoral-popliteal or femoral (popliteal), anterior tibial, posterior tibial, peroneal artery or other distal vessels (>1 month after original operation)	Peripheral Vascular Disease (PVD)	
<input type="checkbox"/>	35700			
<input type="checkbox"/>	35879			
<input type="checkbox"/>	75962			Transluminal balloon angioplasty; with radiological supervision and interpretation
<input type="checkbox"/>	75964			
<input type="checkbox"/>	75966			
<input type="checkbox"/>	75968			



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	CPT Code	Procedure	Category		
<input type="checkbox"/>	92980	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Myocardial Infarction (MI)		
<input type="checkbox"/>	92981	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel			
<input type="checkbox"/>	92982	Percutaneous transluminal coronary angioplasty			
<input type="checkbox"/>	92984				
<input type="checkbox"/>	92986	Percutaneous balloon valvuloplasty	Heart Failure (CHF)		
<input type="checkbox"/>	92987				
<input type="checkbox"/>	92990				
<input type="checkbox"/>	92995	Percutaneous transluminal coronary atherectomy	Myocardial Infarction (MI)		
<input type="checkbox"/>	92996				
<input type="checkbox"/>	93600	Intracardiac electrophysiological procedures/studies (recordings, pacing, ablation, echocardiography)	Arrhythmias		
<input type="checkbox"/>	93602				
<input type="checkbox"/>	93603				
<input type="checkbox"/>	93609				
<input type="checkbox"/>	93610				
<input type="checkbox"/>	93612				
<input type="checkbox"/>	93613				
<input type="checkbox"/>	93615				
<input type="checkbox"/>	93616				
<input type="checkbox"/>	93618				
<input type="checkbox"/>	93619				
<input type="checkbox"/>	93620				
<input type="checkbox"/>	93621				
<input type="checkbox"/>	93622				
<input type="checkbox"/>	93623				
<input type="checkbox"/>	93624				
<input type="checkbox"/>	93631				
<input type="checkbox"/>	93640				
<input type="checkbox"/>	93641				
<input type="checkbox"/>	93642				
<input type="checkbox"/>	93650				
<input type="checkbox"/>	93652				
<input type="checkbox"/>	93660				
<input type="checkbox"/>	93662				
<input type="checkbox"/>	93724			Electronic analysis of pacemaker/defibrillator	Arrhythmias
<input type="checkbox"/>	93727				
<input type="checkbox"/>	93731				
<input type="checkbox"/>	93732				
<input type="checkbox"/>	93733				
<input type="checkbox"/>	93734				
<input type="checkbox"/>	93735				
<input type="checkbox"/>	93736				
<input type="checkbox"/>	93740				
<input type="checkbox"/>	93741				
<input type="checkbox"/>	93742				
<input type="checkbox"/>	93743				
<input type="checkbox"/>	93744				



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	CPT Code	Procedure	Category
<input type="checkbox"/>	V42.0*	Kidney transplant*	Renal Replacement Therapy
<input type="checkbox"/>	V49.7	Lower limb amputation	Peripheral Vascular Disease (PVD)

*If the code for a kidney transplant is present, complete and data enter the RRTPRIM or RRTFUP case report form.

If one or more administrative codes are identified in item #6, obtain, copy and de-identify relevant hospital records (as defined by the table on the next page) and transfer to the SDCC.

7. Administrative Hospital Record Evaluation Summary:

Check a response in item #7 and go to item #7a.

- ₁ No listed administrative codes (in item #6) were identified
- ₂ One or more listed administrative codes (in item #6) were identified

7a. List (first five) ICD-9 codes recorded in participant's administrative hospital records:

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

Required Medical Records:

CRIC-related event date identified in hospital administrative records:

___ / ___ / _____ (mm/dd/yyyy)

MEDICAL RECORDS	MI	CHF	Arrhythmia	PVD	CVA/ICH
ED physician note	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Admission note	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Selected daily progress notes	<input checked="" type="checkbox"/> (a)	<input checked="" type="checkbox"/> (d)	<input checked="" type="checkbox"/> (e)		<input checked="" type="checkbox"/> (f)
Discharge summary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiologist notes	<input checked="" type="checkbox"/> (a)	<input checked="" type="checkbox"/> (d)	<input checked="" type="checkbox"/> (e)		
Neurologist notes					<input checked="" type="checkbox"/> (f)
Cerebrovascular imaging of head or neck					
CT scans or CT angiograms					<input checked="" type="checkbox"/>
Magnetic resonance imaging					<input checked="" type="checkbox"/>
Magnetic resonance angiography					<input checked="" type="checkbox"/>
Angiograms					<input checked="" type="checkbox"/>
Carotid ultrasound					<input checked="" type="checkbox"/>
Cardiovascular procedures and imaging					
Cardiac catheterizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rhythm strips			<input checked="" type="checkbox"/> (e)		
Electrocardiograms (ECG)	<input checked="" type="checkbox"/> (b)		<input checked="" type="checkbox"/> (e)		
Chest X-rays		<input checked="" type="checkbox"/> (d)			
Pulmonary artery (Swan-Ganz) catheterization readings (wedge pressure, cardiac index, etc.)		<input checked="" type="checkbox"/> (d)			
Peripheral vascular arteriogram or angioplasty				<input checked="" type="checkbox"/>	
Operative reports					
Coronary artery bypass	<input checked="" type="checkbox"/>				
Cardioverter or pacemaker implantation			<input checked="" type="checkbox"/>		
Neurologic operations					<input checked="" type="checkbox"/>
Peripheral vascular amputations				<input checked="" type="checkbox"/>	
Laboratory reports					
Cardiac enzymes	<input checked="" type="checkbox"/> (c)				
Brain natriuretic peptide		<input checked="" type="checkbox"/>			
Lumbar puncture results					<input checked="" type="checkbox"/>

- (a) Copy all progress notes starting 48 hours before and ending 48 hours after the sets of cardiac enzymes and ECGs were performed to rule in or rule out MI and acute coronary syndrome (in the case of MI/ACS)
- (b) Copy ECGs from 48 hours before until 48 hours after event; also include admission ECG and last ECG prior to discharge
- (c) Includes CK, CK-MB, Troponin-I, Troponin-T, LDH, LDH1, and LDH2, if available
- (d) Copy all progress notes, chest X-rays, and pulmonary artery catheterizations during first 48 hours of admission
- (e) Copy all progress notes, ECGs, and rhythm/telemetry strips starting 48 hours before and ending 48 hours after the episode of arrhythmia (rhythm/telemetry strips should only include those that are pertinent to the arrhythmia)
- (f) Copy all progress notes starting 48 hours before and ending 48 hours after the cerebrovascular event