| | Participant ID: | | Participant Initials: |
|---|---|---|---|
| | Clinical Center: | Site: | Visit Number: |
| | CRF Date: | | RC ID: |

## 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/yyyy*)

   Discharge   __ __ / __ __ __ __ (*mm/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 obtain 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.

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

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

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

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

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

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

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

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

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

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

| | CPT Code | Procedure | Category |
|---|---|---|---|
| ☐ | 35511 | Bypass graft with vein | **Peripheral Vascular Disease (PVD)** |
| ☐ | 35516 | | |
| ☐ | 35518 | | |
| ☐ | 35521 | | |
| ☐ | 35531 | | |
| ☐ | 35533 | | |
| ☐ | 35536 | | |
| ☐ | 35541 | | |
| ☐ | 35546 | | |
| ☐ | 35548 | | |
| ☐ | 35549 | | |
| ☐ | 35551 | | |
| ☐ | 35556 | Bypass graft with vein | **Peripheral Vascular Disease (PVD)** |
| ☐ | 35558 | | |
| ☐ | 35560 | | |
| ☐ | 35563 | | |
| ☐ | 35565 | | |
| ☐ | 35566 | | |
| ☐ | 35571 | | |
| ☐ | 35582 | In situ vein bypass | |
| ☐ | 35583 | | |
| ☐ | 35585 | | |
| ☐ | 35587 | Bypass graft with other than vein | |
| ☐ | 35612 | | |
| ☐ | 35616 | | |
| ☐ | 35621 | | |
| ☐ | 35623 | | |
| ☐ | 35631 | | |
| ☐ | 35636 | | |
| ☐ | 35641 | | |
| ☐ | 35646 | | |
| ☐ | 35650 | | |
| ☐ | 35651 | | |
| ☐ | 35654 | | |
| ☐ | 35656 | | |
| ☐ | 35661 | | |
| ☐ | 35663 | | |
| ☐ | 35665 | | |
| ☐ | 35666 | | |
| ☐ | 35671 | | |
| ☐ | 35700 | 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)** |
| ☐ | 35879 | Revision, lower extremity arterial bypass w/o thrombectomy; with vein patch angioplasty | |
| ☐ | 75962 | Transluminal balloon angioplasty; with radiological supervision and interpretation | |
| ☐ | 75964 | | |
| ☐ | 75966 | | |
| ☐ | 75968 | | |

| | Participant ID: | | Participant Initials: |
|---|---|---|---|
| | Clinical Center: | Site: | Visit Number: |
| | CRF Date: | | RC ID: |

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

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

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

| | CPT Code | Procedure | Category |
|---|---|---|---|
| ☐ | V42.0* | Kidney transplant* | **Renal Replacement Therapy** |
| ☐ | 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 all ICD-9 codes (no CPT codes) in the order that they are recorded in the participant's administrative hospital records:

1. _____    11. _____    21. _____

2. _____    12. _____    22. _____

3. _____    13. _____    23. _____

4. _____    14. _____    24. _____

5. _____    15. _____    25. _____

6. _____    16. _____    26. _____

7. _____    17. _____    27. _____

8. _____    18. _____    28. _____

9. _____    19. _____    29. _____

10. _____    20. _____    30. _____

## ADMINISTRATIVE HOSPITAL RECORD EVALUATION

DMS tracking number: ___ ___ ___

Admission Date: _____    Discharge Date: _____

Date cardiac enzymes drawn: _____    Date ECG performed: _____

Date of Arrythmia event: _____    Date of Cerebrovascular event: _____

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

**(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 <u>only</u> 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

**(g)** Copy all progress notes from 5 days prior to death and any post-death notations.