ID NUMBER: ___________________  FORM CODE: C D X  DATE: 07/11/2017

Version J

PART A: ADMINISTRATIVE INFORMATION

0. Date Assigned: [ ] [ ] [ ]
   Month   Day   Year

1a. Batch Number: [ ] [ ] [ ]

1b. Type of Review: [ ] [ ]

1c. Date of CDX Completion: [ ] [ ] [ ]
   Month   Day   Year

2. Code number of person completing this form: [ ] [ ] [ ]

2a. Is this an out-of-hospital death:
   Yes: [ ]
   No: [ ]

2c. Is the event linked?
   Yes: [ ]
   No: [ ]

PART B: REVIEW OF COMPUTER’S DIAGNOSIS

3. ARIC Cardiac Pain Criterion:
   Present: [ ]
   Absent: [ ]

4. ARIC ECG Criterion:
   Evolving Diagnostic: [ ]
   Diagnostic: [ ]
   Evolving ST-T: [ ]
   Equivocal: [ ]
   Absent, Uncodable or other: [ ]

5. ARIC Enzyme Criterion:
   Abnormal: [ ]
   Equivocal: [ ]
   Incomplete: [ ]
   Normal: [ ]

6. Assign an overall MI Diagnosis using ARIC algorithm (see the ARIC MI Diagnosis Table in the CDX Instructions).
   Definite MI: [ ]
   Probable MI: [ ]
   Suspect MI: [ ]
   No MI: [ ]

7a. Do you agree with the ARIC algorithm MI diagnosis?
   Yes: [ ]
   No: [ ]

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

7a2. If no, cite relevant Case Law.
   [ ] [ ]

7b. If no, assign letter from Item 6 that corresponds to your preferred Diagnosis (D, P, S, N).
   [ ][ ]

7c. Was this event a death?
   Yes: [ ]
   No: [ ]

7c. If yes, go to item 8.
   Yes: [ ]
   No: [ ]

7c. If no, STOP.
PART C: CLASSIFICATION OF TYPE OF DEATH

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

   → If No, go to Item 9

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Definite fatal MI</th>
<th>Definite fatal CHD</th>
<th>Possible fatal CHD</th>
<th>Non-CHD Death</th>
<th>Unclassifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

   → If Yes, go to Item 15a

14a. Do you agree with the algorithm classification?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

   → If Yes, go to Item 15a

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

14b. If no, assign letter from Item 13 that corresponds to your preferred Diagnosis (A, B, C, D, E).

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

   → If Yes, go to Item 15b

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

<table>
<thead>
<tr>
<th>Instantaneous</th>
<th>5 minutes or less</th>
<th>1 hour or less</th>
<th>More than 24 hours</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>