MMCC COMMUNITY FINAL DIAGNOSIS FORM

PART A: ADMINISTRATIVE INFORMATION

1a. Batch Number: 
1b. Type of Review: 
1c. Date of CDX Completion: 

PART B: REVIEW OF COMPUTER’S DIAGNOSIS

3. ARIC Cardiac Pain Criterion: 
   Present…………………………..P 
   Absent………………………….A 

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

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

6. Assign an overall MI Diagnosis using ARIC algorithm (see the ARIC MI Diagnosis Table in the CDX Instructions). 
   Definite MI…………………..D 
   Probable MI…………………P 
   Suspect MI………………….S 
   No MI ………………………..N 

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

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

7a2. If no, cite relevant Case Law. 

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

7c. Was this event a death? 
   →If Yes, go to item 8. 
      Yes…………………………..Y 
      →If No, STOP 
      No ……………………………N
PART C: CLASSIFICATION OF TYPE OF DEATH

8. Is there evidence of non-atherosclerotic or non-cardiac atherosclerotic process that was probably the cause of death:
   Yes .............................................. Y
   No ............................................... N

   → 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?
   Yes .............................................. Y
   No ............................................... N

10. Was there chest pain within 72 hours of death (out-of-hospital death) or cardiac pain (in-hospital death)?
    Yes .............................................. Y
    No ............................................... N

11. Is there a history of ever having had chronic ischemic heart disease such as MI, coronary insufficiency, or angina pectoris?
    Yes .............................................. Y
    No ............................................... N

    Yes .............................................. Y
    No ............................................... N

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

   Definite fatal MI ......................... A
   Definite fatal CHD ...................... B
   Possible fatal CHD .................... C
   Non-CHD Death ....................... D
   Unclassifiable ....................... E

14a. Do you agree with the algorithm classification?

   → if Yes, go to item 15a.

   Yes .............................................. Y
   No ............................................... N

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

   __________________________________________________________
   __________________________________________________________

14a2. If no, cite relevant Case Law.

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 14.b. “A” or “B” or “C” and the type of event Out-of-Hospital Death?

   → if Yes, go to item 15b.

   Yes .............................................. Y
   No ............................................... N

   → if No, STOP

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

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