# MMCC COHORT FINAL DIAGNOSIS FORM CDX

**PART A: ADMINISTRATIVE INFORMATION**

1. **Batch Number:**
   - C

2. **Type of Review:**
   - Original: O
   - Adjudication: A
   - Special review: S
   - Greater than 28 day: G

3. **Date of CDX completion:**
   - M M D D Y Y

4. **Code number of person completing this form:***
   - ______ ______

5. **Initials of person completing this form:**
   - ______ ______

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**PART B: REVIEW OF COMPUTER'S MI DIAGNOSIS**

(Refer to Event Summary Form Parts A and B and attached information.)

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

7. **Do you agree with the ARIC algorithm MI diagnosis?**
   - Yes: Y
   - No: N

If no, please indicate reason for disagreement and cite relevant case law, if any, by number.

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**STOP**
PART C: CLASSIFICATION OF TYPE OF DEATH
(Refer to Event Summary Form(s) and attached information.)

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

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

Go to Item 9

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/Unknown …………………………  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/Unknown …………………………  N

12. Is the underlying cause of death included in ICD-10 Code:
    Yes …………………………………..  Y
    No ……………………………………  N

I20- Angina pectoris
I21- Acute myocardial infarction
I22- Subsequent myocardial infarction
I23- Certain current complications following acute myocardial infarction
I24- Other acute ischaemic heart diseases
I25- Chronic ischaemic heart disease
I46- Cardiac arrest
I51.6- Cardiovascular disease, unspecified
I51.9- Heart disease, unspecified
R99- Other ill-defined and unspecified causes of mortality
J96- Respiratory failure, not elsewhere classified

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

   Definite fatal MI ..................................................  A
   (Item 8 = N and Item 9 = Y)
   Definite fatal CHD .................................  B
   (Item 8 = N, and Item 10 = Y and/or Item 11 = Y)
   Possible fatal CHD .....................................  C
   (Item 8 = N and Item 12 = Y)
   Non-CHD death .................................  D
   (Item 8 = Y)
   Unclassifiable .................................  E
   (Item 8 = N and Item 12 = N)

14.a. Do you agree with the algorithm classification?
   Yes …………………………………..  Y
   No ……………………………………  N
   If no, please indicate reason for disagreement and Cite relevant case law, if any, by number.

   Go to Item 15

14.b. If No, assign letter from Item 13 that corresponds to your preferred diagnosis (A-E)

15.a. Is the response to Item 13 or 14.b. “A” or “B” or “C” and the type of event Out-of-Hospital Death?
   Yes …………………………………..  Y
   No ……………………………………  N
   b. 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

b. If No, assign letter from Item 13 that corresponds to your preferred diagnosis (A-E)

Stop

Go to Item 9

Go to Item 15

Go to Item 15.b.

Stop