PART A: ADMINISTRATIVE INFORMATION

1.a. Batch Number: __ __ __ -- S

b. Type of Review: Original ………………………… O
   Adjudication …………………………… A
   Special review …………………………… S
   Greater than 28 day ……………………… G

c. Date of MDX completion: __ __ __ __ __ __ __ __ __ __

2. Code number of person completing this form: __ __ __ __
   Initials of person completing this form: _____ _____

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 MDX Instructions).
   Definite MI …………………………… D
   Probable MI …………………………… P
   Suspect MI …………………………… S
   No MI …………………………… N

7.a. 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.

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

c. Was the event a death?
   Yes …………………………… Y
   No …………………………… N

Go to Item 8
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

   Go to Item 9

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

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

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

    Go to Item 15

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

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

    Stop

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

15.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