

## **Event Checking Chart**

## **Myocardial infarction (MI)**

Name of Centre		Gender	Year of Birth		
Patient ID		Date of e	vent		
1. Did the patient experience symptoms of myocardial infarction?  If yes Chest pain with or without radiation to arm, back or neck Atypical symptoms (including atypical pain e. g. dyspnea without chest pain, back pain, upper abdominal pain, heart failure, shock or syncope) Other					
2. Was the myoca  If yes: ST-ele ST-de Inver	ardial infarction version version epression ted T-waves bundle branch bloc		nges?	Unknown	
3. Elevation of enzymes (CK-MB or troponins)* within 72 h after the event?					
*Elevated enzymes - Troponins > upper - CK-MB >5% of Ck	are defined as: r limit of detection		No	Unknown	
4. Was an invasive cardiovascular procedure performed in direct relation to the event (within 72 hours)?					
Yes			☐ No	Unknown	
5. Was this a fatal myocardial infarction event?					
Yes			☐ No	Unknown	



## All available information regarding this event has been collected.

Reported by:	Date:	Stamp/signature:
Verified by	Date:	Stamp/signature:
(Senior physician):		