EUROBservational Research Programme

Acute Coronary Syndrome (ACS) STEMI Registry

of ACCA and EAPCI

Case Report Form

Site	
Patient ID number	

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Site	
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Site Questionnaire

(To be entered once for your centre)

Type of hospital	☐ Private	☐ Public
Number of beds in the hospital	|_____|	
Cardiac Surgery on site	☐ No	☐ Yes
MI volume per year	|_____|	
Cath lab	☐ No	☐ Yes
PCI on site	☐ No	☐ Yes
If yes, **24 hour**	☐ No	☐ Yes
Total PCI performed by the centre /year	|_____|	
Total primary PCI	|_____|	
Usual treatment for STEMI patients	☐ Primary PCI	☐ Thrombolysis
Part of a STEMI network	☐ No	☐ Yes

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Main Part

1. Inclusion Criteria

Patient signed an informed Consent

☐ No*
☐ Yes, date |_____| |_____| |__|__|__|__| (dd/mm/yyyy)

Patient's relatives signed an informed Consent

(Patient's relatives signed informed consent, applicable for patients very seriously ill or dying in the hospital before they can sign an informed consent)

☐ No*
☐ Yes, date |_____| |_____| |__|__|__|__| (dd/mm/yyyy)

**If No patient and relatives consent, reason:*

☐ Patient died**
☐ Patient medical state
☐ Patient refuses to participate

***case report form can be completed for a patient who died at admission*

Patient aged ≥ 18 years old ☐ No ☐ Yes

STEMI patient ☐ No ☐ Yes

An admission diagnosis of suspected STEMI occurring in the community as evidenced by the following:

Chest pain or equivalent symptoms of more than 20 minutes duration within the last 24 hours before admission ☐ No ☐ Yes

ST segment elevations or LBBB at the diagnostic ECG ☐ No ☐ Yes

2. Exclusion Criteria

Patients developing STEMI after admission for another reason in hospital ☐ No ☐ Yes

Patients developing STEMI after percutaneous coronary angioplasty or coronary bypass surgery ☐ No ☐ Yes

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Items with * are mandatory

3. Patient characteristics

3.1. Basic Information

Gender* ☐ Male ☐ Female

Date of birth* |____| |__|__|__|__| (mm/yyyy)

Height |____| cm

Weight |____| kg

BMI |____| *(Automatically calculated)*

3.2. Patient Clinical History

Previous Myocardial Infarction ☐ No ☐ Yes ☐ Unknown

If yes, **date of the last one** |____||____||__|__|__|__| (dd/mm/yyyy)

Previous angina ☐ No ☐ Yes ☐ Unknown

If yes, **CCS class** ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

** Canadian Cardiovascular Society grading of angina pectoris:
Class I - Angina only during strenuous or prolonged physical activity
Class II - Slight limitation, with angina only during vigorous physical activity
Class III - Symptoms with everyday living activities, i.e., moderate limitation
Class IV - Inability to perform any activity without angina or angina at rest, i.e., severe limitation

Chronic heart failure ☐ No ☐ Yes ☐ Unknown

If yes, **NYHA class** ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

Previous Stroke / TIA ☐ No ☐ Yes ☐ Unknown

Previous PCI ☐ No ☐ Yes ☐ Unknown

Previous coronary artery bypasses surgery (CABG) ☐ No ☐ Yes ☐ Unknown

Current Smoker ☐ No ☐ Yes ☐ Unknown

Diabetes mellitus ☐ No ☐ Type I ☐ Type II

Hypercholesteromia ☐ No ☐ Yes ☐ Unknown

If yes, **familial** ☐ No ☐ Yes

If yes, confirmed by ☐ Genetic ☐ Score

Atrial fibrillation ☐ No ☐ Yes ☐ Unknown

Peripheral Vascular Disease ☐ No ☐ Yes ☐ Unknown

Current malignant (cancer) disease ☐ No ☐ Yes ☐ Unknown

Sleep apnoea ☐ No ☐ Yes ☐ Unknown

If yes, **specifically treated** ☐ No ☐ Yes ☐ Unknown

Other life limiting disease ☐ No ☐ Yes

If yes, please specify |_____|

Treated hypertension ☐ No ☐ Yes ☐ Unknown

On dialysis ☐ No ☐ Yes ☐ Unknown

4. Admission process

Symptom onset date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Call for medical help date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

First medical contact date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Type of first medical contact
☐ General Practitioners
☐ Medical Ambulance
☐ Paramedical ambulance
☐ Emergency Room staff
☐ Others

Admission mode ☐ Via ambulance / EMS ☐ Self presented

Admission site ☐ Admission direct to PCI centre ☐ First hospital not a PCI centre

First qualifying ECG date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Arrival at Non PCI hospital date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Arrival at PCI hospital date and time |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Out Of Hospital Cardiac Arrest ☐ No ☐ Yes

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5. Presentation and Initial Assessment

Qualifying ECG

☐ Anterior Stemi
☐ Other STEMI (including presumed posterior)
☐ LBBB
☐ Pacemaker rhythm

Atrial fibrillation on qualifying ECG ☐ No ☐ Yes

Heart rate on qualifying ECG |____| bpm

Systolic blood pressure at first presentation |____| mmHg

Killip Class

☐ Class I
☐ Class II
☐ Class III
☐ Class IV (=cardiogenic shock)

Ventilation options ☐ No ☐ Yes

If yes, please specify
☐ Ventilated **before** admission
☐ Ventilated **during** admission

Therapeutic Hypothermia

☐ None
☐ Yes, Femoral vein catheter
☐ Yes, Cold intravenous fluid
☐ Yes, Nasal
☐ Yes, External cooling pads / blankets / wraps
☐ Yes, Cooling caps
☐ Yes, Other, Specify |_____|

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6. Treatments

6.1. Treatment intention

Intended treatment for this STEMI

- ☐ No reperfusion
- ☐ Primary PCI at this centre
- ☐ Primary PCI at another centre
- ☐ Thrombolysis

If No reperfusion intended, please specify **reason**

- ☐ Clinically inappropriate
  (i.e: comorbidity, advanced dementia, cancer, age, frailty)
- ☐ Contraindication to anticoagulation/ antiplatelet therapy
  (*i.e: recent IC bleed)*
- ☐ Late presentation
- ☐ Spontaneous reperfusion
- ☐ Wrong diagnosis
- ☐ Patient refusal
- ☐ Other, specify |_____|

6.2. Treatment given

Type of <u>initial</u> reperfusion therapy

- ☐ Primary PCI, Date |____||____||__|__|__|__|(dd/mm/yyyy)
  Time |____|:|____|:|____| (hh:mm:ss)
- ☐ Thrombolysis, Date|____||____||__|__|__|__|(dd/mm/yyyy)
  Time |____|:|____|:|____| (hh:mm:ss)
  Specify where
  - ☐ Ambulance
  - ☐ ER
  - ☐ CCU/ICU
- ☐ None/Not applicable

If PCI was planned but cancelled following an angiography, please specify **reason**

- ☐ Not applicable
- ☐ Diagnosis not STEMI
  (include Takotsubo cardiomyopathy, LBBB with normal coronaries)
- ☐ Diagnosis still felt to be STEMI but spontaneous reperfusion and no PCI indication
  (no flow limiting stenosis and TIMI 3 flow)
- ☐ For emergency CABG
- ☐ Patient died before PCI
- ☐ Other complication before PCI could be performed
- ☐ PCI felt technically inappropriate
  (Vessels too small / disease too distal /complexity of disease)
- ☐ Equipment failure
- ☐ Other, specify |_____|

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6.3. Details of coronary anatomy and PCI procedure

Coronary anatomy and PCI procedure ☐ No ☐ Yes, not primary ☐ Yes, primary

Percutaneous arterial access
- ☐ Femoral
- ☐ Radial
- ☐ Both
- ☐ Other, specify |_____|

LMS stenosis > 50% or FFR less than 0.8
- ☐ No
- ☐ Yes, unprotected
- ☐ Yes, protected by CABG

Number of epicardial territories with stenoses > 50% ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Unknown

Identifiable Culprit vessel ☐ No ☐ Yes

If yes, please specify the **most relevant choice**
- ☐ LMS ☐ LAD
- ☐ Diagonal ☐ Cx
- ☐ OM ☐ RCA
- ☐ SVG ☐ IM Graft
- ☐ Other, specify |_____|

TIMI flow in culprit vessel <u>PRE</u> ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Unknown

TIMI flow in culprit <u>POST</u> ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Unknown

Thrombectomy used during PCI ☐ No ☐ Yes

Stent ☐ No ☐ Yes

If yes, please specify **type**
- ☐ BMS
- ☐ DES
- ☐ Absorbable Scaffold
- ☐ Other

Non culprit lesions treated during Index PCI procedure ☐ No ☐ Yes

Haemodynamic support ☐ No ☐ Yes

If yes, please specify
- ☐ Catecholamines
- ☐ IABP
- ☐ Impella
- ☐ Tandem Heart
- ☐ ECMO
- ☐ Other, Specify |_____|

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7. During hospitalisation until discharge[1]

Last ejection fraction before discharge |____| %

Earliest haemoglobin level |____| ☐ g/dl ☐ mmol/L

Lowest haemoglobin |____| ☐ g/dL ☐ mmol/L

LDL cholesterol |____| ☐ mg/dL ☐ mmol/L ☐ Unknown

Earliest creatinine |____| ☐ mg/dL ☐ µmol/L ☐ Unknown

Glucose plasma level (first value) |____| ☐ mg/dL ☐ mmol/L ☐ Unknown

Total cholesterol (highest value) |____| ☐ mg/dL ☐ mmol/L ☐ Unknown

Most serious Bleeding ☐ **0** ☐ **1** ☐ **2**

(Choose one of the following types of the BARC definitions) ☐ **3a** ☐ **3b** ☐ **3c** ☐ **4** ☐ **5a** ☐ **5b**

Any transfusion ☐ No ☐ Yes

Type	**BARC Definition**
0	No bleeding
1	Bleeding that is not actionable and does not cause the patient to seek unscheduled performance of studies, hospitalization, or treatment by a healthcare professional; may include episodes leading to self-discontinuation of medical therapy by the patient without consulting a healthcare professional.
2	Any overt, actionable sign of hemorrhage (eg, more bleeding than would be expected for a clinical circumstance, including bleeding found by imaging alone) that does not fit the criteria for type 3, 4, or 5 but does meet at least on the following criteria: (1) requiring nonsurgical, medical intervention by a healthcare professional, (2) leading to hospitalization of increase level of care, or (3) prompting evaluation.
3a	Overt bleeding plus hemoglobin drop of 3 to <5 g/dL. Any transfusion with overt bleeding.
3b	Overt bleeding plus hemoglobin drop ≥5 g/dL. Cardiac tamponade. Bleeding requiring surgical intervention for control (excluding dental/nasal/skin/hemorrhoid). Bleeding requiring intravenous vasoactive agents.
3c	Intracranial hemorrhage (does not include microbleeds or hemorrhagic transformation, dose include intraspinal). Subcategories confirmed by autopsy or imaging or lumbar puncture. Intraocular bleed compromising vision.
4	CABG related bleeding
5a	Fatal bleeding is bleeding that directly causes death with no other explainable cause. BARC fatal bleeding is categorized as either definite or probable as follows: Probable fatal bleeding (type 5a) is bleeding that is clinically suspicious as the cause of death, but the bleeding is not directly observed and there is no autopsy or confirmatory imaging
5b	Definite fatal bleeding (type 5b) is bleeding that is directly observed (by either clinical specimen [blood, emesis, stool, etc] or imaging) or confirmed on autopsy

Cerebrovascular accident

☐ No
☐ Yes, haemorrhagic
☐ Yes, ischemic
☐ Yes, Unknown

[1] This concerns the last hospitalisation/hospital before patient go back home

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Staged PCI
- ☐ No
- ☐ Performed during the index hospitalisation
- ☐ Planned to be performed on subsequent admission
- ☐ Unknown

CABG
- ☐ No
- ☐ Yes, emergency
- ☐ Yes, not emergency but during same in patient stay

Re-infarction ☐ No ☐ Yes

Stent thrombosis *(ARC definitions)*
- ☐ No
- ☐ Definite
- ☐ Probable
- ☐ Possible
- ☐ Unknown

Mechanical complications ☐ No ☐ Yes

If yes, specify

MI/tamponade separate ☐ No ☐ Yes

VSD ☐ No ☐ Yes

Heart failure ☐ No ☐ Yes

Worst Killip class during hospital stay
- ☐ Class I
- ☐ Class II
- ☐ Class III
- ☐ Class IV

Atrial Fibrillation ☐ No ☐ Yes

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8. Discharge

Vital Status at discharge ☐ Alive ☐ Dead

If Dead, specify

Date and time of death |____||____||__|__|__|__| (dd/mm/yyyy)
|____|:|____|:|____| (hh:mm:ss)

Cause of death ☐ Non Cardiovascular ☐ Cardiovascular ☐ Unknown

If Alive, specify

Date of discharge |____||____||__|__|__|__| (dd/mm/yyyy)

Discharge destination
☐ Home
☐ Transferred to other hospital
☐ Nursing home

Planned rehabilitation ☐ No ☐ Yes
If yes, please specify ☐ Ambulatory ☐ Hospital

ECG rhythm ☐ Sinus rhythm ☐ Atrial fibrillation ☐ Other

Final diagnosis
☐ STEMI
☐ Takotsubo
☐ Peri /Myocarditis
☐ Non cardiac cause
☐ Other

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9. Medications

9.1. Antiplatelets

Drugs	Chronic use before event	Pre hospital treatment	During first 24h after admission	At Discharge
Aspirin	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Clopidogrel	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Prasugrel	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Ticagrelor	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Ticlopidine	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Cangrelor		☐ No ☐ Yes	☐ No ☐ Yes	
Abciximab		☐ No ☐ Yes	☐ No ☐ Yes	
Eptifibatide		☐ No ☐ Yes	☐ No ☐ Yes	
Tirofiban		☐ No ☐ Yes	☐ No ☐ Yes	

9.2. Anticoagulants

Drugs	Chronic use before event	Pre hospital treatment	During first 24h after admission	At discharge
Unfractionated heparin		☐ No ☐ Yes	☐ No ☐ Yes	
Low molecular weight heparin		☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Bivalirudin		☐ No ☐ Yes	☐ No ☐ Yes	
Fondaparinux		☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Warfarin	☐ No ☐ Yes		☐ No ☐ Yes	☐ No ☐ Yes
Dabigatran	☐ No ☐ Yes		☐ No ☐ Yes	☐ No ☐ Yes
Apixaban	☐ No ☐ Yes		☐ No ☐ Yes	☐ No ☐ Yes
Rivaroxaban	☐ No ☐ Yes		☐ No ☐ Yes	☐ No ☐ Yes
Edoxaban	☐ No ☐ Yes		☐ No ☐ Yes	☐ No ☐ Yes
Other *Please specify drug name:*	☐ No ☐ Yes, specify: |_____|	☐ No ☐ Yes, specify: |_____|	☐ No ☐ Yes, specify: |_____|	☐ No ☐ Yes, specify: |_____|

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9.3. Other cardiac medications

Drugs	Before hospital stay	During hospital stay	At discharge
Beta-Blockers	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
ACE inhibitors	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
ARBs	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
MRAs	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Sacubitril/Valsartan (ARNI) *	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Digoxin	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Diuretics	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Ivabradine	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Statins *(One choice)*	☐ No ☐ Atorvastatin ☐ Fluvastatin ☐ Lovastatin ☐ Pravastatin ☐ Rosuvastatin ☐ Simvastatin	☐ No ☐ Atorvastatin ☐ Fluvastatin ☐ Lovastatin ☐ Pravastatin ☐ Rosuvastatin ☐ Simvastatin	☐ No ☐ Atorvastatin ☐ Fluvastatin ☐ Lovastatin Daily dose: |____| mg ☐ Pravastatin ☐ Rosuvastatin ☐ Simvastatin **If No statin or low statin** dose <u>at discharge</u>:** ☐ Contraindicated ☐ Not tolerated ☐ Patient refusal **If Contraindicated, reason:** ☐ High CK ☐ Severe liver dysfunction ☐ Other, please specify: |_____| **If not tolerated, reason:** ☐ Myalgia ☐ Myopathy ☐ Post treatment liver dysfunction ☐ Post treatment kidney dysfunction ☐ Other, please specify: |_____|
Other Lipid Lowering Agents *(One choice)*	☐ No ☐ Ezetimibe ☐ Fibrates ☐ Evolocumab ☐ Alirocumab ☐ Other non-statin	☐ No ☐ Ezetimibe ☐ Fibrates ☐ Evolocumab ☐ Alirocumab ☐ Other non-statin	☐ No ☐ Ezetimibe ☐ Fibrates ☐ Evolocumab ☐ Alirocumab ☐ Other non-statin
PPIs	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Other *Please specify drug name:*	☐ No ☐ Yes, specify: |_____|	☐ No ☐ Yes, specify: |_____|	☐ No ☐ Yes, specify: |_____|

*ARNI=Angiotensin Receptor Neprilysin Inhibitor

******Low statin dose definition Atorvastatin < 10 mg, Fluvastatin <= 40 mg, Lovastatin <= 20 mg, Pravastatin <= 20 mg, Rosuvastatin < 5 mg, Simvastatin < 20 mg

10. First Part of CRF Completed, sign-off

Answer **Yes** to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF's will be taken onto consideration for the analysis.

Then, please fill in the Follow-up CRF pages.

CRF Completed: ☐ No ☐ Yes

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Follow up

11. Follow-up one-year

Follow-up Performed: ☐ No ☐ Yes

If performed, type: ☐ Telephone contact ☐ Clinical visit

Date of follow-up |____||____||__|__|__|__| (dd/mm/yyyy)

11.1. Vital Status

Vital status ☐ Alive ☐ Dead

If Dead, specify

Date of death |____||____||__|__|__|__| (dd/mm/yyyy)

Cause of death ☐ Non Cardiovascular ☐ Cardiovascular ☐ Unknown

If Alive, specify

NYHA class ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

CCS class** ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

** Canadian Cardiovascular Society grading of angina pectoris:
Class I - Angina only during strenuous or prolonged physical activity
Class II - Slight limitation, with angina only during vigorous physical activity
Class III - Symptoms with everyday living activities, i.e., moderate limitation
Class IV - Inability to perform any activity without angina or angina at rest, i.e., severe limitation

11.2. Major clinical events

Myocardial Infarction ☐ No ☐ Yes

If yes**, hospitalisation** ☐ No ☐ Yes

Date of the first one |____||____||__|__|__|__| (dd/mm/yyyy)

Unstable angina ☐ No ☐ Yes

If yes, **hospitalisation** ☐ No ☐ Yes

Date of the first one |____||____||__|__|__|__| (dd/mm/yyyy)

Stent thrombosis ☐ No ☐ Yes

If yes, **hospitalisation** ☐ No ☐ Yes

Date of the first one |____||____||__|__|__|__| (dd/mm/yyyy)

Stroke ☐ No ☐ Hemorrhagic ☐ Ischemic ☐ Unknown

If stroke, **hospitalisation** ☐ No ☐ Yes

Date of the first one |____||____||__|__|__|__| (dd/mm/yyyy)

Heart failure ☐ No ☐ Yes

If yes, **hospitalisation** ☐ No ☐ Yes

Date of the first one |____||____||__|__|__|__| (dd/mm/yyyy)

11.3. Other hospitalisations

Re-hospitalisation ☐ No ☐ Yes

If yes, specify for each:

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Re-hospitalisation #1

Date |____||____||__|__|__|__| (dd/mm/yyyy)

Primary cause
☐ Rhythm disorders
☐ Post operative bleeding
☐ Other CV reasons
☐ Other non CV reasons

Re-hospitalisation #2

Date |____||____||__|__|__|__| (dd/mm/yyyy)

Primary cause
☐ Rhythm disorders
☐ Post operative bleeding
☐ Other CV reasons
☐ Other non CV reasons

Re-hospitalisation #3

Date |____||____||__|__|__|__| (dd/mm/yyyy)

Primary cause
☐ Rhythm disorders
☐ Post operative bleeding
☐ Other CV reasons
☐ Other non CV reasons

11.4. Clinical procedures

Angiography performed ☐ No ☐ Yes ☐ Unknown

Date of the first |____||____||__|__|__|__| (dd/mm/yyyy)

PCI performed ☐ No ☐ Yes ☐ Unknown

Date of the first |____||____||__|__|__|__| (dd/mm/yyyy)

CABG performed ☐ No ☐ Yes ☐ Unknown

Date of the first |____||____||__|__|__|__| (dd/mm/yyyy)

ICD-implantation performed ☐ No ☐ Yes ☐ Unknown

Date of the first |____||____||__|__|__|__| (dd/mm/yyyy)

Resynchronization therapy ☐ No ☐ Yes ☐ Unknown

Date of the first |____||____||__|__|__|__| (dd/mm/yyyy)

11.5. Laboratory and other examinations

Heart rate |____| bpm ☐ Unknown

Systolic blood pressure |____| mmHg ☐ Unknown

Ejection fraction |____| % ☐ Unknown

Creatinine |____| ☐ mg/dL ☐ µmol/L ☐ Unknown

LDL cholesterol |____| ☐ mg/dL ☐ mmol/L ☐ Unknown

11.6. Medications

Drugs	After discharge
Antiplatelets	
Aspirin	☐ No ☐ Yes
Clopidogrel	☐ No ☐ Yes
Prasugrel	☐ No ☐ Yes
Ticagrelor	☐ No ☐ Yes
Ticlopidine	☐ No ☐ Yes
Other	☐ No ☐ Yes, please specify |_____|
If an antiplatelets prescribed at discharge was discontinued, please specify reason	☐ Bleeding event ☐ No current indication ☐ Patient decision ☐ Gastro Intestinal problems ☐ Other
Anticoagulants	
Warfarin/Vit K antagonists	☐ No ☐ Yes
Dabigatran	☐ No ☐ Yes
Apixaban	☐ No ☐ Yes
Rivaroxaban	☐ No ☐ Yes
Edoxaban	☐ No ☐ Yes
Other	☐ No ☐ Yes, please specify |_____|
Other cardiac medications	
Beta-Blockers	☐ No ☐ Yes
ACE inhibitors	☐ No ☐ Yes
ARBs	☐ No ☐ Yes
MRAs	☐ No ☐ Yes
Sacubitril /Valsartan (ARNI)*	☐ No ☐ Yes
Statins	☐ No ☐ Atorvastatin ☐ Fluvastatin ☐ Lovastatin ☐ Pravastatin ☐ Rosuvastatin ☐ Simvastatin Daily dose: |____| mg

*ARNI=Angiotensin Receptor Neprilysin Inhibitor

	If • No statin • Low statin dose** • Or since discharge : ○ Reduction in dose by any amount *Or* ○ Change from high potency statin (atorvastatin, rosuvastatin, simvastatin) to low potency (fluvastatin, lovastatin, pravastatin) **Specify reason:** ☐ Contraindicated ☐ Not tolerated ☐ Patient refusal ☐ Other, please specify: |_____|
	If contraindicated, specify reason: ☐ High CK ☐ Severe liver dysfunction ☐Other, please specify: |_____|
	If not tolerated, specify reason: ☐ Myalgia ☐ Myopathy ☐ Post treatment liver dysfunction ☐ Post treatment kidney dysfunction ☐ Other, please specify: |_____|
Other Lipid Lowering Agents *(One choice)*	☐ No ☐ Ezetimibe ☐ Fibrates ☐ Evolocumab ☐ Alirocumab ☐ Other non-statin

**Low statin dose definition

Atorvastatin < 10 mg,
Fluvastatin <= 40 mg,
Lovastatin <= 20 mg,
Pravastatin <= 20 mg,
Rosuvastatin < 5 mg,
Simvastatin < 20 mg

12. CRF Completed, sign-off

Answer **Yes** to the question below to confirm that you have finished and reviewed data collection for accuracy for this patient.

Only completed CRF's will be taken onto consideration for the analysis.

CRF Completed: ☐ No ☐ Yes

Thank you!