

VALIDATION FORM: HEART ATTACK / MI / ACUTE CORONARY SYNDROME

Study No:	
Name:	
Address:	
DOB:	
NHS:	

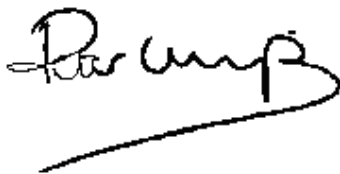
Dear Doctor,

Thank you for supplying information on the above patient who took part in the British Regional Heart Study. We note that he has had a major IHD event recently and would be most grateful if you could complete the following brief enquiry to provide documentation for our record, **OR send us a photocopy of the hospital letter or discharge summary.** This information is critical for the validation of our case criteria.

Re: Myocardial Infarction	Date of event: _____
	Yes No
1. Did he have prolonged chest pain lasting at least half an hour? If not, how did he present?	<input type="checkbox"/> <input type="checkbox"/>
2. Did he have an ECG? If yes, what was the result?	<input type="checkbox"/> <input type="checkbox"/>
3. Did he have cardiac enzyme levels measured? If yes - what were these results?	<input type="checkbox"/> <input type="checkbox"/>
4. Did he have troponin levels measured? If yes - what were the results?	<input type="checkbox"/> <input type="checkbox"/>

We are extremely grateful for the co-operation we have received from so many GPs and hope to provide valuable information for the treatment and prevention of IHD in the future.

Yours sincerely



Prof Peter H Whincup
Professor of Cardiovascular Epidemiology