

DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :
Birth Date ²⁰⁵⁰ : mm / dd / yyyy	Patient ID ²⁰⁴⁰ :	Other ID ²⁰⁴⁵ :

EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm	Discharge Date/Time ¹⁰¹⁰¹ : mm / dd / yyyy / hh:mm	
CathPCI DCT Unique Patient Identifier ¹⁴⁶²⁷ :	Chest Pain-MI DCT Unique Patient Identifier ¹⁴⁶²⁷ :	
COVID-19 Status ¹⁴⁵⁹⁹ : <input type="radio"/> COVID-19 Positive <input type="radio"/> COVID-19 Suspected	<input type="radio"/> COVID-19 Recovered <input type="radio"/> COVID-19 Negative	<input type="radio"/> COVID-19 Testing Not Performed <input type="radio"/> Other
→ If COVID-19 Status = Positive or Suspected complete the following		

LABS (HIGHEST VALUE FROM FIRST MEDICAL CONTACT TO DISCHARGE)

Troponin¹⁴⁶⁰⁰: Troponin I Troponin T Not Drawn¹⁴⁶⁰¹ → If Troponin Drawn, **Test Location**¹⁴⁶⁰²: Lab POC
 → If Lab, **Troponin Assay, URL**¹⁴⁶⁰³: _____ *Lab Assay, URL* → If POC, **Troponin Assay, URL**¹⁴⁶⁰⁴: _____ *Lab Assay, URL*
 → **Troponin Value**¹⁴⁶⁰⁵: _____ ng/mL ng/L µg/L

Brain Natriuretic Peptide (BNP)¹⁴⁶⁰⁷ _____ (pg/mL) Not Drawn¹⁴⁶⁰⁸

N-Terminal Pro B-type Natriuretic Peptide (NT-proBNP)¹⁴⁶¹¹: _____ (pg/mL) Not Drawn¹⁴⁶¹²

C-Reactive Protein (CRP)¹⁴⁶⁰⁹: _____ (mg/L) Not Drawn¹⁴⁶¹⁰

D-Dimer¹⁴⁶¹³ _____ ng/mL µg/L Not Drawn¹⁴⁶¹⁵

Lactate Dehydrogenase (LDH)¹⁴⁶¹⁹: _____ IU/L U/L Not Drawn¹⁴⁶²⁰

HOSPITAL COURSE

COVID-19 Therapies¹⁴⁶¹⁶: (select all that apply) None Administered¹⁴⁶²¹

<input type="checkbox"/> Aivaptadil	<input type="checkbox"/> Convalescent Plasma	<input type="checkbox"/> Fingolimod	<input type="checkbox"/> Intravenous Immunoglobulin	<input type="checkbox"/> Tocilizumab
<input type="checkbox"/> Azithromycin	<input type="checkbox"/> Eculizumab	<input type="checkbox"/> Hydroxychloroquine	<input type="checkbox"/> Pirfenidone	<input type="checkbox"/> Clinical Drug/ Treatment Trial
<input type="checkbox"/> Bevacizumab	<input type="checkbox"/> Famotidine	<input type="checkbox"/> Interferon	<input type="checkbox"/> Remdesivir	
<input type="checkbox"/> Chloroquine	<input type="checkbox"/> Fibrinolysis	<input type="checkbox"/> Intravenous Corticosteroids	<input type="checkbox"/> Sarilumab	

Patient Enrolled in Clinical Trial¹⁴⁶²²: No Yes → If Yes, **COVID-19 Clinical Trial Identification**¹⁴⁶²⁸: _____, _____

Episode Events¹⁴⁶¹⁷: (select all that apply) None Documented¹⁴⁶¹⁸

CATEGORY	EPISODE EVENTS	CATEGORY	EPISODE EVENTS
Arrhythmias	<input type="checkbox"/> Atrial Fibrillation	Respiratory Support	<input type="checkbox"/> Invasive Mechanical Ventilation
	<input type="checkbox"/> Ventricular Fibrillation		<input type="checkbox"/> Noninvasive Positive Pressure Ventilation
	<input type="checkbox"/> Ventricular Tachycardia		<input type="checkbox"/> V-V Extracorporeal Membrane Oxygenation
Cardiac Involvement	<input type="checkbox"/> Heart Failure	Renal Therapy	<input type="checkbox"/> Renal Replacement Therapy
	<input type="checkbox"/> Myocarditis	Acute Stroke	<input type="checkbox"/> Embolic Stroke
	<input type="checkbox"/> Pericarditis		<input type="checkbox"/> Hemorrhagic Stroke
Hemodynamic Support	<input type="checkbox"/> Intravenous Inotrope(s)	Thrombotic Events	<input type="checkbox"/> Ischemic Stroke
	<input type="checkbox"/> Intravenous Vasopressor(s)		<input type="checkbox"/> Undetermined Stroke
	<input type="checkbox"/> Mechanical Ventricular Support		<input type="checkbox"/> Deep Venous Thrombosis
Respiratory Involvement	<input type="checkbox"/> Pneumonia		<input type="checkbox"/> Disseminated Intravascular Coagulation
	<input type="checkbox"/> Acute Respiratory Distress Syndrome		<input type="checkbox"/> Pulmonary Embolus
			<input type="checkbox"/> Other Thrombotic Event

→ If Invasive Mechanical Ventilation, **Number of Days Intubated**¹⁴⁶²⁵: _____ days

→ If Mechanical Ventricular Support, **Device(s)**¹⁴⁶²⁶: (select all that apply) _____