

Site	Patient	AE	Complication	Event date	AE code
Xxx	Xxx	X		MM/DD/YYYY	xxx

Patient summary

Admission date: MM/DD/YYYY

Demographic: [age] year old [gender]

Symptoms (Check from below items):

- Stable
- Accelerating chest pain
- New chest pain
- Pain at rest
- Typical chest pain
- Atypical chest pain
- Other (explain)...

EKG1 finding (MM/DD/YYYY at XX:XX):

- No change
- ST elevation
- ST depression
- T wave inversion
- Other (explain)...

EKG2 finding (MM/DD/YYYY at XX:XX):

- No change
- ST elevation
- ST depression
- T wave inversion
- Other (explain)...

Heart biomarkers:

Date	Time	CKMB (NL ratio)	Troponin (NL ratio)
MM/DD/YYYY	XX:XX		

Past Medical History: [eg. CAD, severe mitral stenosis, former tobacco use, dyslipidemia, ...]

Past Surgical History: [including date]

Medications: [relevant to the event not all]

Procedure

- **Index Procedure Date/Time:** MM/DD/YYYY at XX:XX [insert date and time]
- **Index Procedure Detail:**
 - On [insert date and time] the subject underwent a [select surgical correction] for [select etiology].
 - Enter access site details
 - Baseline MR severity was classified as [select none, trace, mild, mild-moderate, moderate, moderate-severe-severe] and post-implant MR was classified as [select severity].
 - The site reported that there were/were not procedural complication(s).

Event(s)

Event (1):

- **Site Reported Event Onset Date:** MM/DD/YYYY
- **Event summary:**
 - Symptoms and sign: Subject presented with [sign and symptom] on mm/dd/YYYY.
 - Important characteristics of the chief complaint such as severity, site, and duration
 - Other important symptoms related to the chief complaint.
 - Physical assessment:
 - Vital signs
 - Positive physical examinations or related negative examinations

Event (2):

- **Site Reported Event Onset Date:** MM/DD/YYYY
- **Event summary:**
 - Symptoms and sign: Subject presented with [sign and symptom] on mm/dd/YYYY.
 - Important characteristics of the chief complaint such as severity, site, and duration
 - Other important symptoms related to the chief complaint.
 - Physical assessment:
 - Vital signs
 - Positive physical examinations or related negative examinations

Other Laboratory data and Imaging

- **ECHO/ date:**
 - Trans-thoracic:
 - Trans-esophagus:
- **CXR / date:**
- **Other relevant imaging and diagnostic tests / date:**

Consults

- Date and time of consult
- Suggested treatments

Clinical course

- Date and time of events
- Patient condition got worse or better.

Treatment and outcome

- List of relevant medical treatments
- Outcome [Discharge / Hospice / Death]