

# Additional file 7: Figure S5

## CMR Cooperative web database: Clinical Outcomes



Choose Patient Patient ID: 585 Name: Doe, John Sex: Male DOB: Dec 31, 1968 MRN: 11111111 [Edit](#)  
Choose Study Not Selected

### Outcome

Date of contact:    Contacted by:  Medical Record Only  [Add](#)  
Date of Last Medical Record Review:

### Outcome Details

	Month	Day	Year		
Unstable Angina: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date: <input type="text" value="January"/>	<input type="text" value="3"/>	<input type="text" value="2002"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
Acute MI: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date: <input type="text" value="February"/>	<input type="text" value="3"/>	<input type="text" value="2003"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
CHF: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
Significant VT/VF: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
CVA: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
Heart Transplant: <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
Death: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date of occurrence: <input type="text"/>	<input type="text"/>	<input type="text"/>		
CV death: <input type="radio"/> Yes <input checked="" type="radio"/> No					
Arry death: <input type="radio"/> Yes <input checked="" type="radio"/> No					
Date last known alive: <input type="text" value="September"/>	<input type="text" value="8"/>	<input type="text" value="2010"/>			

### Outcome Description

another MI in April 2003

### Coronary or EP Intervention

	Month	Day	Year		
PCI after MRI: <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
CABG after MRI: <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>	Delete <input type="checkbox"/>	<a href="#">Add</a>
ICD Implantation: <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>		
Pacer Implation <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>	<input type="text"/>	<input type="text"/>		

Revascularization Description: