The "Management of Acute Coronary Event (MACE) Registry"

INDIAN COUNCIL OF MEDICAL RESEARCH

PATIENT INFORMATION SHEET

PATIENT ID NUMBER	Tick which is applicable Admission Date: 1st Follow Up after 28 days Date: 2nd Follow up after 6 months Date:

The Indian Council of Medical Research (ICMR) and – hospitals around India, including the ---------- hospital are collecting information about patients like you who have had a heart attack. Around ---------- patients 18 years or more in age and of both sexes from ------hospitals in different parts of country are expected to participate in this study.

The purpose of this study is to understand why so many Indians get heart attacks, what treatment they get, difficulties they face and how they recover. If you agree to be part of this study, you will be asked some questions about your health condition, when you first had chest discomfort and how you came to this hospital. The doctor will treat you in the usual way. Details of the treatment given will be noted. NO NEW OR DIFFERENT TREATMENT OR TESTS WILL BE GIVEN IF YOU TAKE PART IN THE STUDY. After you are discharged you will be requested to return for check up 1 month and again 6 months later, your doctor and his staff will keep in touch with you in between to find out how you are keeping.

You may not have any direct benefits by participating in this study. However, the information collected during this study may be useful in treatment of patients with similar condition.

Any information collected about you will be kept strictly confidential.

Participation in this study is voluntary and you can withdraw at any time from the study.

The cost of treatment are not covered by this study.

You may contact the following if you have any questions about the study:

Principal Investigator: (contact address and Tel No)

I hereby agree, in accordance with the above information, that a doctor or member of the study personnel may contact me in person or by post or telephone (tick one which is appropriate) me to ask questions regarding my state of health and these data may then be anonymously evaluated.

NAME OF PATIENT	
ADDRESS	
PIN CODE	
TELEPHONE NUMBER	
DATE	