

MAGIC: Magnesium in Coronaries Form 01 – Randomization & Study Drug Administration Form

A.	Patient Identification and Randomization Information
A1.	Study ID Number: AFFIX STUDY ID LABEL HERE A2. Date of randomization://
A3.	Date of birth: / A4. Gender: 1. Female 2. Male 2. Male
A5.	Is the patient Hispanic? 1. YES 2. NO
A6.	Patient's race (select one): 1. White 2. Black 3. Asian/Pacific Islander
	4. Other, a. specify:
B.	Pre-Randomization Findings
B1.	MI symptom onset: Date:/ / a. Time:: 24-hour clock
B2.	Blood pressure immediately prior to randomization: a. Systolic b. Diastolic
B3.	Heart rate immediately prior to randomization: Beats per minute
B4.	Clinical evidence (x-ray or bilateral rales greater than ½ lung fields) of pulmonary congestion on admission? 1. YES 2. NO
C.	Study Drug Treatment
C1.	Was the 15-minute bolus started? 1. YES 2. NO
	Reason not started:
	a. Sustained Hypotension1. YES2. NO c. Death1. YES2. NO b. Bradycardia / heart block1. YES2. NO d. Other reason1. YES2. NO d1. Specify:
C2.	Date bolus started:// C3. Time bolus started: : 24-hou clock
C4.	Was ischemic discomfort present when study drug was initiated?
C5.	Was the 15-minute bolus completed?
	Discontinued due to: a. Sustained Hypotension
	b. Bradycardia / heart block 1. YES 2. NO d. Other reason 1. YES 2. NO
	d1. Specify:
C6.	Was the 24-hour infusion started? 1. YES 2. NO
	Reason not started:
	a. Sustained Hypotension 1. YES 2. NO c. Death 1. YES 2. NO
	b. Bradycardia / heart block 1. YES 2. NO d. Other reason 1. YES 2. NO d1. Specify:
Pers	son completing form: Date: