

ACUTE MYOCARDIAL INFARCT
DEATH NOTIFICATION FORM

SINGAPORE MYOCARDIAL INFARCT REGISTRY
National Registry of Diseases Office
Health Promotion Board
Level 5, 3 Second Hospital Avenue
Singapore 168937
Tel: 6435 3089
or E-mail: hpb_servicenrdo@hpb.gov.sg

Reg. No.

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Registry Use

Please complete and return this form for all Myocardial Infarction deaths	
Clinic Notifying Case	Name of Doctor making Notification
Name of Deceased	Resident Status
NRIC/Passport No. / Foreign Identification No. (FIN)*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ____ / ____ / ____ (dd / mm / yyyy)	Ethnic Group
Residential Postal Code	
Date Of Death ____ / ____ / ____ (dd / mm / yyyy)	Time of Death : _____ hrs
<p>State condition or presenting symptoms of deceased when you were called upon to see Deceased?</p> <p><input type="checkbox"/> Chest Pain <input type="checkbox"/> Breathlessness <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Syncope</p> <p><input type="checkbox"/> Back Pain <input type="checkbox"/> Epigastric Pain <input type="checkbox"/> Jaw Pain <input type="checkbox"/> Shoulder Pain</p> <p><input type="checkbox"/> ECG Changes <input type="checkbox"/> Elevated Cardiac Enzymes <input type="checkbox"/> Others: _____</p>	
Date of onset of present attack (if known) ____ / ____ / ____ (dd / mm / yyyy)	Time of Onset of Attack (if known) _____ hrs
Was there chest pain lasting 20 minutes or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	Was there a previous history of myocardial infarction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known If yes, state when last attack occurred _____ * days/months/years ago

* Delete where not applicable



Ministry of Health, Singapore
College of Medicine Building
16 College Road
Singapore 169854
TEL (65) 6325 9220
FAX (65) 6224 1677
WEB www.moh.gov.sg

Were Cardiac Enzyme tests done?

Yes No Not known

If yes,

Enzyme Tests Findings:

Date	CPK (U/L)	CKMB (MASS) (µg/L)	CPKMB (%)	Trop T (µg/L)	Trop I (µg/L)

ECG

Done Not Done

NOTE: Please supply photocopies of all available ECGs done for this attack.

Place of Death

Residence Work Clinic/Nursing Home Others



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EXPLANATORY NOTES

CASES TO BE NOTIFIED

1. Please notify cases within than 3 months after patient has been diagnosed with Acute Myocardial Infarction.

PROCEDURE FOR SUBMISSION

2. Submission may be made in the following manner:
 - a) E-services – available at www.hpp.moh.gov.sg;
or
 - b) Hardcopy form - by hand (including courier services) or registered mail;
or
 - c) by using such secured electronic notification system as may be approved by the Registrar.

N.B. Please DO NOT submit the notification form via email or fax.

NATIONAL REGISTRY OF DISEASES ACT (Chapter 201B) (ACUTE MYOCARDIAL INFARCTION NOTIFICATION) REGULATIONS 2012

Notification of Acute Myocardial Infarction is mandatory in accordance to Section 6(1) of the National Registry of Diseases Act.

Please duly fill in all the data items in the form.

In pursuant to Section 7(2) of the NRD Act, you may also choose to submit information on the other items in the form or alternatively the Registry Coordinator will visit your premise to collect the additional data.



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