

Source Data Transfer Tool

Site Number: _____ Subject ID: _____

Note: It is not required to complete this source worksheet if lab reports are readily available.

Was the cardiac enzyme sample collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Lab	___ / ___ / ___ (DD/MMM/YYYY)	
Time of Lab (24 HR)	__ : __	
Was CK collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total CK:
		Unit: <input type="checkbox"/> U/L <input type="checkbox"/> Other, specify: _____
Was CK-MB collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CK-MB:
		Unit: <input type="checkbox"/> ng/mL <input type="checkbox"/> Other, specify: _____
Was Troponin I collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troponin I:
		Unit: <input type="checkbox"/> ng/mL <input type="checkbox"/> Other, specify: _____
Was Troponin T collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troponin T:
		Unit: <input type="checkbox"/> ng/mL <input type="checkbox"/> Other, specify: _____

Site Personnel Signature

___ / ___ / ___
Date (DD/MMM/YYYY)