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ACUTE MYOCARDIAL INFARCT DEATH NOTIFICATION FORM

SINGAPORE MYOCARDIAL INFARCT REGISTRY
Reg. No.
Health Promotion Board
Level 5, 3 Second Hospital Avenue Singapore
168937
Tel: 6435 3089
or E-mail: hpb_servicenrdo@hpb.gov.sg

National Registry of Diseases Office

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 ☐ Female ☐ Male
Date of Birth _____ / _____ /_____ (dd / mm / yyyy)	Ethnic Group
Residential Postal Code	
Date Of Death _____ / _____ / _____ (dd / mm / yyyy)	Time of Death : _____hrs

State condition or presenting symptoms of deceased when you were called upon to see Deceased?

☐ Chest Pain ☐ Breathlessness ☐ Diaphoresis ☐ Syncope

☐ Back Pain ☐ Epigastric Pain ☐ Jaw Pain ☐ Shoulder Pain

☐ ECG changes ☐ Elevated Cardiac Enzymes ☐ Others : _____

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? ☐ Yes ☐ No ☐ Unknown	Was there a previous history of myocardial infarction? ☐ Yes ☐ No ☐ 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

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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)

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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