59857

AVID

Holter

Fax to: (206) 685-7569
or (800) 253-6404

1 Date recording started: days08

Month / Day / Year

Affix Patient ID # Here seqnum08

2 Reason for recording: reason08

1 ○ Baseline

2 ○ Testing for sotalol or other drug suppression

3 Current study therapy:

○ No Therapy txnone08 ○ ICD txicd08 ○ Antiarrhythmic drug txanti08

If antiarrhythmic drug, specify:

dramio08 ○ Amiodarone dose: amiomg08 mg/day

drsot08 ○ Sotalol dose: sotmg08 mg/day

droth08 ○ Other:

dose: mg/day

dose: mg/day

4 Length of analyzable recording: tmanal08 : (hh:mm)

5 Total number of VPDs: vpds08

6 Total number of couplets at a rate of ≥ 100 bpm: couplt08

7 Total number of runs of ventricular repetitive complexes (≥ 3 beats) at rate ≥100 bpm: runs08

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: rtnum08

CTC Code | Yes ○ No ○ | 2 0 8 0 2 0 0

Holter page 1 of 1 08/16/93