35652

AVID

Recurrent Arrhythmia

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

Affix Patient ID # Here seqnum21

Complete this form for each post-randomization episode of recurrent ventricular arrhythmia that
- results in hospitalization
  or
- occurs while the patient is hospitalized and requires external cardioversion/pacing, IV anti-arrhythmic drugs, and/or ICD reprogramming.

Do not complete this form for terminal arrhythmias.

1 **Date of initial arrhythmia:** days21 Month / Day / Year

Nature of event storm21 O Single episode (0) O Storm (1)

If storm, date of last event Month / Day / Year dystrm21

2 **Type of initial sustained ventricular tachyarrhythmia (requiring treatment):** type21

1 O VF
3 O VT with syncope
2 O VT without syncope
4 O Torsade de pointes
6 O Syncope presumed due to ventricular tachyarrhythmia
5 O Other:

3 **Current antiarrhythmic therapy (at time of initial event):**

txnone21 O No Therapy txicd21 O ICD txanti21 O Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio21 O Amiodarone dose: amiomg21 mg/day

drsot21 O Sotalol dose: sotmg21 mg/day

droth21 O Other: dose: mg/day

dose: mg/day

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Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

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Affix Patient ID # Here

term21 **4 How was the arrhythmia terminated?** ***(choose one)***

1 O Spontaneously
6 O By IV antiarrhythmic drugs only
4 O By non-ICD pacing
5 O By external cardioversion
3 O By ICD without other intervention
7 O By ICD after reprogramming
9 O By ICD and IV antiarrhythmic drugs
10 O Other: ☐☐☐☐☐☐☐☐☐☐☐☐

locat21 **5 Location of initial arrhythmia:**

1 O In-hospital
2 O Out-of-hospital

hosp21 If out-of-hospital, was the patient subsequently hospitalized as a result of the arrhythmia?

1 O Yes
0 O No (If NO, this form should not be completed)

chgtx21 **6 Was there an intended long term change in study therapy?**

1 O Yes
0 O No

If YES, complete Change of Study Therapy form

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: rtnum21

CTC Code	Yes	No						
☐☐	O	O	2	2	1	0	5	0	0

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