



Change of Study Therapy

Fax to: (206) 685-7569

(800) 253-6404

Affix Patient ID # Here seqnum16

FAX this form to the CTC within 14 days of

Complete this form for these changes in assigned AVID therapy:

- Intended long-term addition/discontinuation of an antiarrhythmic drug (class I or III) to either drug or ICD assigned patient, patient discharged from hospital on changed therapy.
- Addition of ICD to a drug assigned patient.

- Explantation of ICD.			change in therapy. If change of therapy is a cross-over, the AVID Principal Investigator mu submit a letter describing the situation leading to the change in therapy (within 14 days).			
1 Date of change: days	S16 Year	to the	change in	tnerapy ((Within 12	a days).
2 Current antiarrhythmi txnone16 txicd16 O No Inerapy O ICD	c therapy (prior to					
If antiarrhythmic drug	g, specify:	amio	mg16			
dramio16 O Amiodarone	dose:	m	g/day			
drsot16 O Sotalol	dose:	mg/d sotmg1				
droth16 O Other:					11	
			dose:			mg/do
			dose:			mg/do
					b a a d	!b
Primary reason for ch O Intolerable adverse s Indicate primary ac	symptoms (Complet				best d	
2 O Intolerable adverse sIndicate primary ac3 O Frequent ICD shocks	symptoms (Complet diverse symptom:	te Adverse Sym	ptoms form			spadv16
2 O Intolerable adverse s Indicate primary ad	symptoms (Complet diverse symptom:	re Adverse Sym	ptoms form	o)		spadv16
2 O Intolerable adverse s Indicate primary ad 3 O Frequent ICD shocks 13 O ICD Complication (symptoms (Completed verse symptom: Complete Adverse Symptom Complete Adverse Symptom)	re Adverse Sym	ptoms form	o)		spadv16
 O Intolerable adverse s Indicate primary ac O Frequent ICD shocks O ICD Complication (O Recurrent ventricula 	symptoms (Completed verse symptom: Complete Adverse Symptom Complete Adverse Symptom)	re Adverse Sym	ptoms form	o)		spadv16
2 O Intolerable adverse s Indicate primary ac 3 O Frequent ICD shocks O ICD Complication (4 O Recurrent ventricula 5 O Recurrent supravent	symptoms (Completed verse symptom: Complete Adverse Symptom Complete Adverse Symptom)	re Adverse Sym	ptoms form	o)		spadv16
2 O Intolerable adverse s Indicate primary act 3 O Frequent ICD shocks 13 O ICD Complication (4 O Recurrent ventricula 5 O Recurrent supravent 6 O Patient request:	cymptoms (Completed verse symptom: (Complete Adverse Symptom: (Complete Adverse Symptom) (Complete Adverse Symptom) (Complete Adverse Symptom) (Complete Adverse Symptom)	re Adverse Sym	f after base Arrhythmia	o)		spadv16
2 O Intolerable adverse s Indicate primary ad 3 O Frequent ICD shocks 13 O ICD Complication (4 O Recurrent ventricula 5 O Recurrent supravent 6 O Patient request: 7 O Physician request: 10 O New or worsened Ch	cymptoms (Completed verse symptom: Complete Adverse Symptom: Complete Adverse Symptom: Complete Adverse Symptomia	re Adverse Sym rmptoms form in lete Recurrent in	f after base Arrhythmia	o)		spadv16



CHANGETX

Date:	Month Day Ye	ear	Affix Patient ID # Here	
4. Tho	rapy changed to (che	ack all applicable):		
	ntxnon16 ntxicd16	ntxant16	narsrg16	
기계 중대한 경험 경우 아니는 아들은 아들이 가지 않는 것이 없는 것이 없는 것이 없는데 없다.		O Antiarrhythmic drug	 Ventricular arrhythmia su or procedure performed 	rgery
	If antiarrhythmic drug, sp	pecify:	namimg16	
ndram	i16 O Amlodarone	dose:	mg/day at discharge	
	For amiodard	one, cumulative dose (n spital loading phase:	ng) given	
			ntotam16 mg	
ndrso	ot16 O Sotalol	dose:	nsotmg16 mg/day at discharge	
ndrot	h16 O Other:			
			dose:	mg/day
9			dose:	mg/day
	ah aa aa layahy	ad ICD was the ICD		
	erapy change involve	ed ICD, was me IOD		
2	O Explanted			
3	O Implanted			
. 4	O Turned off			
Fc Le	or IMPLANTATION or EXPLAI ead/Generator Identification	NTATION, complete an l on form and an ICD Imp	CD Implantation form, a plantation Complications form	1.
Fo	r IMPLANTATION, also com	nplete an ICD Evaluation	n form at hospital discharge.	
lf :	the ICD was turned off, co	mplete an ICD evaluation	on form.	

Signature of person filling out this form	For Clinical Trial Center Use Only: rtnum16
	Yes No 2 1 6 0 5 0
code number	CTC Code CHANGETX page 2 of 2 1/31