



41475

End of Randomization Status

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

		-				-						
--	--	---	--	--	--	---	--	--	--	--	--	--

Affix Patient ID # Here **seqnum26**

Complete this form for each AVID patient requested on the CTC list. Contact with the patient should take place between April 7, 1997 and May 6, 1997. Fax this form to the CTC by May 13, 1997.

days26 1 Date of contact:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

2 Type of contact:
(Check all applicable)

Clinic
clinic26

Phone
phone26

Unable to contact
nocont26

Mail
mail26

With:
source26

1 Patient

0 Other -> Date of last contact with patient: **dycont26**

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

vs26 3 Status of patient:

0 Alive

dydth26

1 Dead -> Date of death:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

4 Antiarrhythmic therapy on April 7, 1997 (or date of death):

No Therapy
txnone26

ICD
txicd26

Antiarrhythmic drug
txanti26

Unknown
txunk26

If antiarrhythmic drug, specify:

dramio26 Amiodarone

dose:

--	--	--	--

amiomg26

mg/day

drsot26 Sotalol

dose:

--	--	--

sotmg26

mg/day

droth26 Other:

dose:

--	--	--	--	--	--	--	--

 mg/day

dose:

--	--	--	--	--	--	--	--

 mg/day



41475

ENDORAND

/ /

		-				-					
--	--	---	--	--	--	---	--	--	--	--	--

Affix Patient ID # Here

5 After the announcement of AVID results (April 9, 1997), what recommendation was made regarding patient's antiarrhythmic therapy? (Check all applicable)

nochgr26 ○ No change in therapy

adicdr26 O Add ICD

addrgr26 ○ Add antiarrhythmic drug

othrec26 Other -> Specify: _____

unablr26 ○ Unable to make recommendation

Date recommendation made: / / **dyrec26**

To whom: Patient Patient's MD

Action taken or planned since recommendation: (Check all applicable)

nochga26 ○ No change in therapy

adicda26 Add ICD

addrga26 ○ Add antiarrhythmic drug

othact26 Other -> Specify:

Date action taken or planned: / / dyact26

If therapy changed, complete Change of Therapy form.

Comments:

Signature of person filling out this form

For Clinical Trial Center Use Only: rtnum26

		Yes	No	2	2	6	0	1	0	0
		<input type="radio"/>	<input type="radio"/>							
CTC Code		ENDORAND page 2 of 2 04/25/97								