



# End of Randomization Status

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

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.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Affix Patient ID # Here **seqnum26**

**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

1 Dead -> Date of death: **dydth26**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
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: \_\_\_\_\_ mg/day **sotmg26**

**droth26**  Other:

\_\_\_\_\_

dose: \_\_\_\_\_ mg/day

\_\_\_\_\_

dose: \_\_\_\_\_ mg/day

