



Final Closeout

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

Complete this form for each AVID patient on the CTC list. Contact should take place between Aug. 24 and Sept. 7, 1998. Fax this form to the CTC by Sept 18, 1998. If contact occurred after Aug. 31, report status as of Aug. 31, 1998.

____ - ____ - ____

Affix Patient ID # Here **seqnum27**

days27 Date of contact:

____ / ____ / _____
Month Day Year

2 Type of contact:
(Check all applicable)

Clinic
clinic27

Phone
phone27

Unable to contact
nocont27

Mail
mail27

(include a letter of explanation signed by coordinator and PI if unable to contact)

With:
source27

Patient

Other -> Date of last contact with patient: **dycont27**

____ / ____ / _____
Month Day Year

vs27 3 Status of patient:

Alive

Dead -> Date of death: **dydth27**

____ / ____ / _____
Month Day Year

Complete Death Form and letter if death occurred prior to Sept. 1, 1998.

4 Antiarrhythmic therapy (if contact is after Aug. 31, record therapy on Aug. 31):

No Therapy
txnone27

ICD
txicd27

Antiarrhythmic drug
txanti27

Unknown
txunk27

If antiarrhythmic drug, specify:

dramio27 Amiodarone dose: _____ mg/day

amiomg27

drsot27 Sotalol dose: _____ mg/day

sotmg27

droth27 Other:

dose: _____ mg/day

dose: _____ mg/day

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: **rtnum27**

Yes No

CTC Code
2 2 7 0 2 0 0
CloseOut page 1 of 1 8/01/98