



Holter

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

1 Date recording started: **days08**

		/			/				
Month			Day			Year			

		-					-					
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Affix Patient ID # Here **seqnum08**

2 Reason for recording: **reason08**

- 1 Baseline
- 2 Testing for sotalol or other drug suppression

3 Current study therapy:

- No Therapy **txnone08**
 - ICD **txicd08**
 - Antiarrhythmic drug **txanti08**
- If antiarrhythmic drug, specify:

dramio08 Amiodarone

dose:

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amiomg08
mg/day

drsot08 Sotalol

dose:

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sotmg08
mg/day

droth08 Other:

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dose:

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

mg/day

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dose:

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

mg/day

4 Length of analyzable recording: **tmanal08**

		:		
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(hh:mm)

5 Total number of VPDs: **vpds08**

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6 Total number of couplets at a rate of ≥ 100 bpm: **couplt08**

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7 Total number of runs of ventricular repetitive complexes (≥ 3 beats) at rate ≥ 100 bpm: **runs08**

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Signature of person filling out this form

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code number

For Clinical Trial Center Use Only: **rtnum08**

		Yes	No	2	0	8	0	2	0	0
CTC Code		<input type="radio"/>	<input type="radio"/>	Holter page 1 of 1 08/16/93						