



Complete this form (only for patients receiving amiodarone) at:

- Baseline.
- Follow-up visits (testing recommended every 3 - 6 months).
- Event where lab data was obtained.

Lab Data

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

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Affix Patient ID # Here **seqnum06**

1 Date of lab test:

days06

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 /

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Month

Day

Year

2 Reason for completion:

1 Baseline

follow06 Closest to scheduled follow-up:

2 3 mo

3 6 mo

4 9 mo

5 1 yr

6 1 yr 3 mo

7 1 yr 6 mo

8 1 yr 9 mo

9 2 yr

10 2 yr 3 mo

11 2 yr 6 mo

12 2 yr 9 mo

13 3 yr

14 3 yr 3 mo

15 3 yr 6 mo

16 3 yr 9 mo

17 4 yr

3 Event

Note: Reason = 2 when
a follow-up bubble is
checked.

3 Current antiarrhythmic therapy:

txnone06

txicd06

txanti06

No Therapy ICD Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio06 Amiodarone

dose:

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amiomg06

mg/day

droth06 Other:

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dose:

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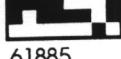
mg/day

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dose:

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mg/day



61885

LABDATA

Date: / / Year
 Month Day

- -

Affix Patient ID # Here

4 Test results:

TEST	RESULT		Outside Normal Range	If Yes, Specify Possible Cause of Abnormality *
		Test Not Done	Yes No	
Clinical Chemistry:				
AST (SGOT)	sgot06 <input type="text"/> <input type="text"/> <input type="text"/>	IU/L	2 <input type="radio"/> absgot06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> cssgot06
ALT (SGPT)	sgpt06 <input type="text"/> <input type="text"/> <input type="text"/>	IU/L	<input type="radio"/> absgpt06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> cssgpt06
Alk Phos (ALK PHOS)	alp06 <input type="text"/> <input type="text"/> <input type="text"/>	IU/L	<input type="radio"/> abalp06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> csalp06
Bilirubin (Total)	bilt06 <input type="text"/> <input type="text"/>	mg/dL	<input type="radio"/> abbilt06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> csbilt06
OR				
Bilirubin (Direct)	bild06 <input type="text"/> <input type="text"/>	mg/dL	<input type="radio"/> abbild06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> csbild06
TSH	tsh06 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	uIU/mL	<input type="radio"/> abtsh06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> cstsh06
Thyroxine (T4)	thy406 <input type="text"/> <input type="text"/> . <input type="text"/>	ug/dL or mcg/dL	<input type="radio"/> abthy406 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> csthy406
OR				
Thyroxine (Free)	thyf06 <input type="text"/> . <input type="text"/>	ng/dL	<input type="radio"/> abthyf06 <input type="radio"/> <input type="radio"/>	<input type="checkbox"/> csthyf06

Pulmonary Function Evaluation:

Diffusion capacity, hemoglobin corrected (DLCO)		Outside Normal Range	If Yes, Specify Possible Cause of Abnormality *
		Test Not Done	Yes No
Diffusion capacity, hemoglobin corrected (DLCO) predicted	dlicpre06 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	ml/min/ mmHg	
Diffusion capacity, hemoglobin corrected (DLCO) actual	dlicact06 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	ml/min/mmHg	abdlico06 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
AND/OR			
Chest X-ray	- - - - -	abxray06 <input type="radio"/>	<input type="radio"/> <input type="radio"/>
			<input type="checkbox"/> csxray06

* Possible Cause of Abnormality:

- 1 = Amiodarone
- 2 = Concurrent drug therapy (provide explanation)
- 3 = Concurrent illness (provide explanation)
- 4 = Other known cause (provide explanation)
- 5 = Uncertain, not clinically significant
- 6 = Uncertain, clinically significant

If possible causes coded as 1, 2, 3, or 4 provide an explanation:

<input type="text"/>													
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Signature of person filling out this form

<input type="text"/>	<input type="text"/>	<input type="text"/>
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code number

For Clinical Trial Center Use Only: **rtnum06**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CTC Code	Yes <input type="radio"/>	No <input type="radio"/>	2	0	6	0	4	0	1			
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