



Lab Data

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

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.

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Affix Patient ID # Here **seqnum06**

1 Date of lab test:

days06

		/			/				
Month			Day			Year			

2 Reason for completion:

1 Baseline

follow06 Closest to scheduled follow-up:

- | | | | |
|---|---|---|--------------------------------------|
| 2 <input type="radio"/> 3 mo | 3 <input type="radio"/> 6 mo | 4 <input type="radio"/> 9 mo | 5 <input type="radio"/> 1 yr |
| 6 <input type="radio"/> 1 yr 3 mo | 7 <input type="radio"/> 1 yr 6 mo | 8 <input type="radio"/> 1 yr 9 mo | 9 <input type="radio"/> 2 yr |
| 10 <input type="radio"/> 2 yr 3 mo | 11 <input type="radio"/> 2 yr 6 mo | 12 <input type="radio"/> 2 yr 9 mo | 13 <input type="radio"/> 3 yr |
| 14 <input type="radio"/> 3 yr 3 mo | 15 <input type="radio"/> 3 yr 6 mo | 16 <input type="radio"/> 3 yr 9 mo | 17 <input type="radio"/> 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: / /

Month Day Year

- -

Affix Patient ID # Here

4 Test results:

TEST	RESULT	Unit	Test Not Done	Outside Normal Range		If Yes, Specify Possible Cause of Abnormality *
				Yes	No	
Clinical Chemistry:						
AST (SGOT)	sgot06 <input type="text"/>	IU/L	<input type="radio"/> absgot06	<input checked="" type="radio"/> 1	<input type="radio"/> 0	<input type="text"/> cssgot06
ALT (SGPT)	sgpt06 <input type="text"/>	IU/L	<input type="radio"/> absgpt06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> cssgpt06
Alk Phos (ALK PHOS)	alp06 <input type="text"/>	IU/L	<input type="radio"/> abalp06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> csalp06
Bilirubin (Total)	bilt06 <input type="text"/>	mg/dL	<input type="radio"/> abbilt06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> csbilt06
OR						
Bilirubin (Direct)	bild06 <input type="text"/>	mg/dL	<input type="radio"/> abbild06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> csbild06
TSH	tsh06 <input type="text"/>	uIU/mL	<input type="radio"/> abtsh06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> cstsh06
Thyroxine (T4)	thy406 <input type="text"/>	ug/dL or mcg/dL	<input type="radio"/> abthy406	<input type="radio"/>	<input type="radio"/>	<input type="text"/> csthy406
OR						
Thyroxine (Free)	thyf06 <input type="text"/>	ng/dL	<input type="radio"/> abthyf06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> csthyf06

Pulmonary Function Evaluation:

TEST	RESULT	Unit	Test Not Done	Outside Normal Range		If Yes, Specify Possible Cause of abnormality *
				Yes	No	
Diffusion capacity, hemoglobin corrected (DLCO)						
dlcpre06 predicted	<input type="text"/>	ml/min/mmHg				
dlcact06 actual	<input type="text"/>	ml/min/mmHg	<input type="radio"/> abdico06	<input checked="" type="radio"/> 2	<input type="radio"/> 0	<input type="text"/> csdlco06
AND/OR						
Chest X-ray	-----		<input type="radio"/> abxray06	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 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:

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Signature of person filling out this form

code number

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

<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>	2	0	6	0	4	0	1
CTC Code			LABDATA page 2 of 2 09/01/96						