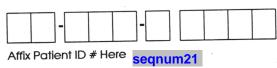




Recurrent Arrhythmia

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



Complete this form for each post-randomization episode of recurrent ventricular arrhythmia that

- results in hospitalization

or

 occurs while the patient is hospitalized and requires external cardioversion/pacing, IV antiarrhythmic drugs, and/or ICD reprogramming.

Do not complete this form for terminal arrhythmias.

1 Date of initial arrhythmia: Storm21 Nature of event O Single episode O Storm 1													
If storm, date of last event													
1 2 Type of initial sustained ventricular tachyarrhythmia (requiring treatment):													
3 O VT with syncope													
2 O VT without syncope													
4 O Torsade de pointes													
6 O Syncope presumed due to ventricular tachyarrhythmia													
5 O Other:													
3 Current antiarrhythmic therapy (at time of initial event): txnone21 txicd21 txanti21 O No Therapy O ICD O Antiarrhythmic drug													
If antiarrhythmic drug, specify:													
ramio21 O Amiodarone dose: amiomg21 mg/day													
Irsot21 O Sotalol dose: sotmg21 mg/day													
droth21 O Other: dose: mg,	/day												
dose: mg	/day												

	35652							_			_		\neg
	Da	te: Month	/ Day		/ _Y	ear					A	Affix Patient ID # Here	
term21 4	Но	w was the	e arrhy	hmi	ia te	rmina	ted	?	(c	hoo	se i	one)	
	1	O Spontan											
	6	O By IV antiarrhythmic drugs only											
	4	O By non-l											
	5	O By exter	rsion										
	3	O By ICD v					1						
	7												
	7 O By ICD after reprogramming9 O By ICD and IV antiarrhythmic drugs												
		O Other:		1	T		Γ	Ι		1		7	
	10	o Omer.											
locat21 5	Lo	cation of	initial c	ırrhy	<i>r</i> thm	ila:							
		0 In-hosp	ital										
		O Out-of-	hospital										
hosp2	1 If (out-of-hospi	tal, was	the	patie	ent subs	equ	ently	y hospi	talize	ed a	as a result of the arrhythmia?	
	1	O Yes											
	0		(If NO,	this 1	form	should	not	be c	comple	ted)			
chgtx21	W	as there c	ın inter	ded	d lon	ng tern	n ch	nan	ge in	stud	y ti	herapy?	
		O Yes											
	ď	O No											
	_												
	. If	YES, comple	ete Cha	nge	of Stu	udy The	rapy	/ for	m				
	_		6			bla 6 a v ma		For C	linical 1	rial C	ente	er Use Only: rtnum21	
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										111111	0	0 2 2 1 0 5 0 0	
	C	ode numbe	er e					CTC	Code			RECARR page 2 of 2 09/01/96	

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