



35652

RECARR

Date: / /

Month Day Year

- -

Affix Patient ID # Here

term21 4 How was the arrhythmia terminated? (choose one)

- 1 Spontaneously
- 6 By IV antiarrhythmic drugs only
- 4 By non-ICD pacing
- 5 By external cardioversion
- 3 By ICD without other intervention
- 7 By ICD after reprogramming
- 9 By ICD and IV antiarrhythmic drugs
- 10 Other:

locat21 5 Location of initial arrhythmia:

- 1 In-hospital
- 2 Out-of-hospital

hosp21 If out-of-hospital, was the patient subsequently hospitalized as a result of the arrhythmia?

- 1 Yes
- 0 No (If NO, this form should not be completed)

chgtx21 6 Was there an intended long term change in study therapy?

- 1 Yes
- 0 No

If YES, complete Change of Study Therapy form

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: **rtnum21**

<input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>	2	2	1	0	5	0	0
CTC Code	RECARR page 2 of 2 09/01/96								