



Affix Patient I.D. Here

COMPLETE THIS FORM IF CAST THERAPY IS DISCONTINUED PERMANENTLY

1 Date CAST therapy discontinued permanently: DATE24
mo / dy / yr

STUDY DRUG AT TIME DISCONTINUED

2 To which CAST therapy had patient been assigned?

DRUG24 1 CAST-ENC 2 CAST-FLEC 3 CAST-MOR
DOSE24 1 Dose 1 2 Dose 2 3 Other: mg/day

PRIMARY REASON FOR DISCONTINUATION (Check only one)

- 3 REASON24
- 1 Disqualifying VT (Complete VT form, CAST 21)
 - 2 Proarrhythmia (Complete Adverse Symptoms form, CAST 08)
 - 3 Disqualifying ECG effect (Complete Adverse Symptoms form, CAST 08)
 - 4 Congestive Heart Failure (Complete New or Worsened CHF form, CAST 19)
 - 5 Other adverse clinical symptom (Complete Adverse Symptoms form, CAST 08)
 - 6 Institution of other antiarrhythmic therapy for AF or other arrhythmia requiring treatment
 - 7 Patient refusal
 - 8 Physician refusal
 - 9 Other (specify):

THERAPY ASSIGNED

4 Individualized therapy assigned:

- TXASN24
- 1 No antiarrhythmic therapy
 - 2 Non-CAST antiarrhythmic therapy

Date started: DTASN24
mo / dy / yr

specify:

Complete Concurrent Drugs form, CAST 09

Name of person filling out form

Code Number