

RANDOMIZATION TO BLINDED THERAPY

Affix Patient I.D. Here

NOT ENTER ON PC, you will receive a confirmation report from the Coordinating Center. Complete this part of form before calling Coordinating Center for randomization assignment to blinded therapy. Do not call for randomization until a few hours before study therapy is to be started.

- 1 Today's date: DATE 13 TIME 13  
 \_\_\_/\_\_\_/\_\_\_ mo dy yr time: \_\_\_:\_\_\_ (24 hr clock)  
 hr min
- 2 Ejection fraction: 0. \_\_\_ EF 13
- 3 Date of qualifying MI: \_\_\_/\_\_\_/\_\_\_ DTQMI 13  
 mo dy yr
- 4 Date of qualifying Holter: \_\_\_/\_\_\_/\_\_\_ DTQHOL 13  
 mo dy yr  
 (Cannot randomize if > 90 days from qualifying Holter.)
- 5 Was qualifying Holter overread? <sub>1</sub> yes <sub>2</sub> no OHDONE 13
- 6 If yes, date of overread: \_\_\_/\_\_\_/\_\_\_ DTORQH 13  
 mo dy yr
- 7 Was a baseline Holter, subsequent to qualifying done? <sub>1</sub> yes <sub>2</sub> no BHDONE 13
- 8 If yes, date of baseline Holter: \_\_\_/\_\_\_/\_\_\_ DTBHOL 13  
 mo dy yr
- 9 From baseline Holter, if done; otherwise from qualifying Holter  
 (use overread if done):  
 Total VPD's: BVPDS 13 Time analyzable: \_\_\_:\_\_\_ BLENTH 13 (sec)  
 \_\_\_  
 VPD runs (≥120 bpm): BRUNS 13 BRUNLN 13 BRUNRT 13  
 VPD/hr: BVPDHR 13 Max length: \_\_\_ Max rate: \_\_\_ bpm
- 10 Patient successfully suppressed? <sub>1</sub> yes <sub>2</sub> no SUPPRS 13
- 11 Date of titration Holter showing suppression or "best" CAST drug and  
 dose: \_\_\_/\_\_\_/\_\_\_ DTFHOL 13  
 mo dy yr  
 Total VPD's: FVPDS 13 Time analyzable: \_\_\_:\_\_\_ FLENTH 13 (sec)  
 \_\_\_  
 VPD runs (≥120 bpm): FRUNS 13 FRUNLN 13 FRUNRT 13  
 \_\_\_ Max length: \_\_\_ Max rate: \_\_\_ bpm  
 (Cannot randomize without this titration Holter.)
- 12 CAST drug and dose on which patient suppressed OR "best" CAST drug and dose  
 (if not suppressed):  
<sub>1</sub> Encainide <sub>2</sub> Flecainide <sub>3</sub> Moricizine  
<sub>1</sub> Dose 1 <sub>2</sub> Dose 2 DOSE 13

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3 Your name: \_\_\_\_\_ Code Number: [ ] [ ] [ ]

14 Name of Coordinating Center respondent: \_\_\_\_\_ Code Number: [ ] [ ] [ ]

OR  Randomized by computer

15 Randomization assignment to X-bottle:

X-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]  
site hos drg bottle# chk

X-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]  
site hos drg bottle# chk

Active or placebo:

ACTPLA13

1 = Active  
2 = Placebo

\_\_\_\_\_  
Name of person filling out form

[ ] [ ] [ ]  
Code Number