



Affix Patient I.D. Here

COMPLETE THIS FORM WHEN EVALUATING EACH DRUG/DOSE LEVEL TRIED DURING OPEN LABEL TITRATION

1 Date of evaluation: DATE12
mo dy yr

STUDY DRUG FOR EVALUATION

2 Moricizine DRUG12
Dose 1 Dose 2 Dose 3

3 Date this drug/dose level started: mo dy yr DTSTRT12

4 Was patient hospitalized or kept in hospital to start titration on this drug?
yes HOSP12 no If yes, for how many days?

ECG OR HOLTER INFORMATION

5 Heart rate: HR12 bpm PR interval: PR12 secs
QRS duration: QRS12 secs QT interval: QT12 secs

RESULTS OF EVALUATION ON THIS DRUG AND DOSE (Check all that apply)

- 6 (1) Successful suppression. If checked, date of Holter: DTSUPH12
(2) Lack of suppression (but not proarrhythmia) If checked, was lack of suppression documented?
(3) Disqualifying VT (Complete VT form, CAST 21)
(4) Proarrhythmia (Complete Adverse Symptoms form, CAST 08)
(5) Disqualifying ECG effect (Complete Adverse Symptoms form, CAST 08)
(6) Recurrent MI (Complete Recurrent MI form, CAST 20)
(7) Congestive heart failure (Complete New or Worsened CHF form, CAST 19)
(8) Other intervening event
(9) Other adverse clinical symptoms (Complete Adverse Symptoms form, CAST 08)
(10) Resuscitated cardiac arrest (Complete Death or Cardiac Arrest form, CAST 23)
(11) Death (Complete Death or Cardiac Arrest form, CAST 23)
(12) Other investigator concern, specify
(13) Patient refusal for evaluation
(14) Physician refusal for evaluation

Code (number in parentheses) of primary result RESULT12

SUBSEQUENT TREATMENT

8
NEXT12

- 1 Continuing titration
- 2 Restarting titration because of event. If checked, complete:

Specify event: _____

New baseline: VPD's/hr NEWVPD12 LVEF 0. NEWEF12

VPD runs/hr (≥ 120 bpm) RUNSTR12

Date of confirming call to CC: ____/____/____
mo dy yr

Person at CC: _____

Code number:

- 3 Withdrawn before completing titration, date DTWTHD12
Complete TELENT, CAST-74 ____/____/____
mo dy yr

- 1 Patient refusal to continue
- 2 Physician refusal to continue
- 3 Beyond 90 days WHYWTH12
- 4 Death or cardiac arrest
- 5 Verified disqualification
- 6 End of Study

- 4 Completed titration. If checked, indicate eligibility:

- 1 Main study ($\geq 80\%$ suppression)
- ELG12 2 Substudy (0-79% suppression)
- 3 Neither - (Complete TELENT, CAST 74)

If Main study or substudy, was patient randomized?

- 1 yes 2 no

- If NO, reason:
- 1 Patient refusal
 - 2 Physician refusal
 - 3 Patient death (before randomization)
 - 4 Other,

specify: _____

- 5 Completed titration; randomized on earlier drug/dose level based on prospective new baseline

STUDY DRUG ASSIGNED

9 Indicate next drug/dose level or drug/dose level chosen for randomized trial:

CAST Therapy

ASNDRG12 3 Moricizine
 1 Dose 1

ASNDOS12
 2 Dose 2 3 Dose 3

TITRATE
CAST 12.06
12/5/89
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Name of person filling out form

Code Number