



Field Site ID: CLINIC
 Participant ID#: PPTID
 Alpha Code: SHHS
 Date form initiated: FORMDATE - 2 0 0
month day year
 Visit ID Code: F 0 2 **VISIT**
month day year
 Form & revision: E T 2 **FORMREV**

A. Transmission of ECG to local Physician Reviewer

1. Was ECG transmitted to local Physician Reviewer: **et201**
 1 Yes 0 No **Skip to item 5.**

2. Date ECG transmitted:
et202 - -
month day year

3. Name of physician to whom transmitted:
et203

4. Mode of transmission: **et204**
 Fax 1
 Hand delivered 2
 Other 3
 specify et204s

Skip to item 6.

5. Reason why not transmitted:
et205s
et205t

B. Transmission of ECG to ECG Reading Center

6. Was ECG transmitted to the ECG Reading Center: **et206**
 1 Yes 0 No **Skip to item 8.**

7. Date ECG transmitted:
et207 - -
month day year
Skip to item 9.

8. Reason why not transmitted:
et208s
et208t

C. Administrative information

Field Site Use Only

9. Reviewer: et209

10. Date: et210 - -
month day year