41475

AVID

End of Randomization Status

Fax to: (206) 685-7569
or (800) 253-6404

Complete this form for each AVID patient requested on the CTC list. Contact with the patient should take place between April 7, 1997 and May 6, 1997. Fax this form to the CTC by May 13, 1997.

Affix Patient ID # Here seqnum26

days26 **1 Date of contact:** Month / Day / Year

2 Type of contact: (Check all applicable)
○ Clinic clinic26 ○ Phone phone26 ○ Unable to contact nocont26 ○ Mail mail26

With: source26
1 ○ Patient
0 ○ Other -> Date of last contact with patient: dycont26 Month / Day / Year

vs26 **3 Status of patient:**
0 ○ Alive
1 ○ Dead -> Date of death: dydth26 Month / Day / Year

4 Antiarrhythmic therapy on April 7, 1997 (or date of death):

○ No Therapy txnone26 ○ ICD txicd26 ○ Antiarrhythmic drug txanti26 ○ Unknown txunk26

If antiarrhythmic drug, specify:

dramio26 ○ Amiodarone dose: amiomg26 mg/day

drsot26 ○ Sotalol dose: mg/day sotmg26

droth26 ○ Other:

dose: mg/day

dose: mg/day

Month / Day / Year

Affix Patient ID # Here

5 After the announcement of AVID results (April 9, 1997), what recommendation was made regarding patient's antiarrhythmic therapy? (Check all applicable)

nochgr26 ○ No change in therapy

adicdr26 ○ Add ICD

addrgr26 ○ Add antiarrhythmic drug

othrec26 ○ Other -> Specify:

unablr26 ○ Unable to make recommendation

Date recommendation made: Month / Day / Year dyrec26

To whom: ptrec26 ○ Patient mdrec26 ○ Patient's MD

Action taken or planned since recommendation: (Check all applicable)

nochga26 ○ No change in therapy

adicda26 ○ Add ICD

addrga26 ○ Add antiarrhythmic drug

othact26 ○ Other -> Specify:

Date action taken or planned: Month / Day / Year dyact26

If therapy changed, complete Change of Therapy form.

Comments:

Signature of person filling out this form

code26

code number

For Clinical Trial Center Use Only: rtnum26

CTC Code | Yes ○ No ○ | 2 2 6 0 1 0 0