1922

AVID Final Closeout

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

Complete this form for each AVID patient on the CTC list. Contact should take place between Aug. 24 and Sept. 7, 1998. Fax this form to the CTC by Sept 18, 1998. If contact occurred after Aug. 31, report status as of Aug. 31, 1998.

Affix Patient ID # Here seqnum27

days27 **Date of contact:** Month / Day / Year

2 Type of contact: (Check all applicable)

○ Clinic clinic27 ○ Phone phone27 ○ Unable to contact nocont27 ○ Mail mail27

(include a letter of explanation signed by coordinator and PI if unable to contact)

With: source27

1 ○ Patient

0 ○ Other -> Date of last contact with patient: dycont27 Month / Day / Year

vs27 **3 Status of patient:**

0 ○ Alive

1 ○ Dead -> Date of death: dydth27 Month / Day / Year

Complete Death Form and letter if death occurred prior to Sept. 1, 1998.

4 Antiarrhythmic therapy (if contact is after Aug. 31, record therapy on Aug. 31):

○ No Therapy txnone27 ○ ICD txicd27 ○ Antiarrhythmic drug txanti27 ○ Unknown txunk27

If antiarrhythmic drug, specify:

dramio27 ○ Amiodarone dose: amiomg27 mg/day

drsot27 ○ Sotalol dose: mg/day sotmg27

droth27 ○ Other:

dose: mg/day

dose: mg/day

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: rtnum27

CTG Code | Yes ○ No ○ | 2 2 7 0 2 0 0

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