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: DATE13 ___/___/___ (mo dy yr) time: TIME13 ___:___ (hr min) (24 hr clock)

2 Ejection fraction: 0.___ EF13

3 Date of qualifying MI: ___/___/___ (mo dy yr) DTQMI13

4 Date of qualifying Holter: ___/___/___ (mo dy yr) DTQHOL13

(Cannot randomize if > 90 days from qualifying Holter.)

5 Was qualifying Holter overread? ☐1 yes ☐2 no OHDONE13

6 If yes, date of overread: ___/___/___ (mo dy yr) DTORQH13

7 Was a baseline Holter, subsequent to qualifying done? ☐1 yes ☐2 no BHDONE13

8 If yes, date of baseline Holter: ___/___/___ (mo dy yr) DTBHOL13

9 From baseline Holter, if done; otherwise from qualifying Holter (use overread if done):

Total VPD's: BVPDS13 ____ Time analyzable: BLENTH13 (sec) ___:___

VPD runs (≥120 bpm): BRUNS13 ____ Max length: BRUNLN13 ___ Max rate: BRUNRT13 ___bpm

VPD/hr: BVPDHR13

10 Patient successfully suppressed? ☐1 yes ☐2 no SUPPRS13

11 Date of titration Holter showing suppression or "best" CAST drug and dose: ___/___/___ (mo dy yr) DTFHOL13

Total VPD's: FVPDS13 ____ Time analyzable: FLENTH13 (sec) ___:___

VPD runs (≥120 bpm): FRUNS13 ____ Max length: FRUNLN13 ___ Max rate: FRUNRT13 ___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):

DRUG13

☐1 Encainide ☐2 Flecainide ☐3 Moricizine

☐1 Dose 1 ☐2 Dose 2 DOSE13

13 Your name: _____ Code Number: ___

14 Name of Coordinating Center respondent:

_____ Code Number: ___

OR ☐1 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