42087

AVID

Change of Study Therapy

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

Affix Patient ID # Here seqnum16

Complete this form for these changes in assigned AVID therapy:

- **Intended long-term addition/discontinuation of an antiarrhythmic drug (class I or III) to either drug or ICD assigned patient, patient discharged from hospital on changed therapy.**
- **Addition of ICD to a drug assigned patient.**
- **Explantation of ICD.**

FAX this form to the CTC within 14 days of change in therapy. If change of therapy is a cross-over, the AVID Principal Investigator must submit a letter describing the situation leading to the change in therapy (within 14 days).

1 Date of change: days16

Month / Day / Year

2 Current antiarrhythmic therapy (prior to change):

O No therapy txnone16 O ICD txicd16 O Antiarrhythmic drug txanti16

If antiarrhythmic drug, specify:

dramio16 O Amiodarone dose: amiomg16 mg/day

drsot16 O Sotalol dose: sotmg16 mg/day

droth16 O Other: dose: mg/day

dose: mg/day

reason16 3 Primary reason for change in therapy (choose the one reason which best describes):

2 O Intolerable adverse symptoms *(Complete Adverse Symptoms form)* spadv16

Indicate primary adverse symptom:

3 O Frequent ICD shocks

13 O ICD Complication *(Complete Adverse Symptoms form if after baseline hospital discharge)*

4 O Recurrent ventricular arrhythmia *(Complete Recurrent Arrhythmia form)*

5 O Recurrent supraventricular arrhythmia

6 O Patient request:

7 O Physician request:

10 O New or worsened CHF *(Complete Adverse Symptoms form)*

14 O Bradycardia *(Complete Adverse Symptoms form)*

11 O Other:

42087

CHANGETX

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

4 Therapy changed to (check all applicable):

ntxnon16 O No Therapy

ntxicd16 O ICD

ntxant16 O Antiarrhythmic drug

narsrg16 O Ventricular arrhythmia surgery or procedure performed

If antiarrhythmic drug, specify:

ndrami16 O Amiodarone dose: ☐☐☐☐ namimg16 mg/day at discharge

For amiodarone, cumulative dose (mg) given during in-hospital loading phase: ☐☐☐☐☐ ntotam16 mg

ndrsot16 O Sotalol dose: ☐☐☐ nsotmg16 mg/day at discharge

ndroth16 O Other: ☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

icdchg16 5 If therapy change involved ICD, was the ICD

2 O Explanted

3 O Implanted

4 O Turned off

For IMPLANTATION or EXPLANTATION, complete an ICD Implantation form, a Lead/Generator Identification form and an ICD Implantation Complications form.

For IMPLANTATION, also complete an ICD Evaluation form at hospital discharge.

If the ICD was turned off, complete an ICD evaluation form.

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: rtnum16

CTC Code	Yes	No							
☐☐	O	O	2	1	6	0	5	0	0