



PVDOMICS STUDY

Center Electrocardiogram (ECG)

Data Transmittal Form #245

Instructions: The ECG must be done specifically for the PVDOMICS Study. Form 245 is completed by the local technician or study coordinator and entered into the database once for each participant who consents to the PVDOMICS Study. Data will be reviewed by the Cardiovascular Physiology Core (CPC) at the DCC.

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1. Identification Number

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2. Alphacode

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3. Date of most recent ECG (mm/dd/yyyy)

4. Was a 12-lead ECG performed? (0=No, complete 4a; 1=Yes, skip to Q5) _____

a. Primary reason ECG was not done _____

1=Participant refused

2=Participant has other medical condition that makes completing ECG difficult

3=Equipment malfunction or lack of supplies

Skip to Q200

5. ECG results status? (0=Normal (skip to Q7), 1=Abnormal) _____

6. Are any circumstances in Q6a-c present that may explain an abnormal result? (0=No (skip to Q7), 1=Yes) _____

a. Extraneous movement/tremors? (0=No, 1=Yes) _____

b. Extreme obesity? (0=No, 1=Yes) _____

c. Medications causing bradycardia? (0=No, 1=Yes) _____

(Medications may include but are not limited to: beta-blockers [propranolol, atenolol, metoprolol],

verapamil, diltiazem, digoxin (toxicity), opiates [opium, morphine, and codeine])

7. Is the ECG technician name known (0=No, 1=Yes) _____

a. If yes, Username of ECG Technician who performed test _____

(Note: Username of ECG Tech is the first 6 letters of last name and first initial of first name)

8. Date PDF of rhythm strip transmitted to CPC? (mm/dd/yyyy) _____/_____/_____

200. Date form completed (mm/dd/yyyy) _____/_____/_____

201. Username of person completing/reviewing completeness of this form _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) _____/_____/_____

Username of person entering this form _____