



L-PVDOMICS STUDY

Electrocardiogram (ECG) Results - Form #644

Instructions: This ECG form is to be completed by a physician at the study site and is used for all participant levels. Please review MOP Chapter 240 for **standardized review parameters**.

- 1) ECG must be done at PVDOMICS study clinical center
- 2) ECG must be at least 6 months past the enrollment date of the PVDOMICS (parent) Study
- 3) ECG must not be more than 3 months prior to or after Form 500 L-PVDOMICS Study enrollment date
- 4) If multiple ECG's, use ECG closest to the Form 500 L-PVDOMICS Study enrollment date.

*There **will not** be a CP Core overread for ECG's in the L-PVDOMICS Study.*

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1. Identification Number

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2. Alphacode

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3. Date of ECG or review (mm/dd/yyyy)

4. Was ECG data available? (0=No, skip to end of form; 1=Yes, go to Q5)..... _____
5. Heart Rate (bpm) _____
6. ECG rhythm (1=Normal (sinus) rhythm, skip to Q6, 2=Abnormal rhythm, complete Q6a-f) _____
 - a. Atrial fibrillation (0=No, 1=Yes) _____
 - b. Atrial flutter (0=No, 1=Yes) _____
 - c. Sinus arrhythmia (0=No, 1=Yes)..... _____
 - d. Sinus bradycardia (0=No, 1=Yes)..... _____
 - e. Supraventricular tachycardia (0=No, 1=Yes) _____
 - f. Sinus tachycardia (0=No, 1=Yes)..... _____
 - g. Ventricular tachycardia (0=No, 1=Yes)..... _____
 - h. Wide complex tachycardia (0=No, 1=Yes) _____
 - i. Junctional rhythm (0=No, 1=Yes) _____
 - j. A paced (0=No, 1=Yes) _____
 - k. V paced (0=No, 1=Yes) _____
 - l. AV paced (0=No, 1=Yes) _____
7. ECG heart block results _____

(0=No heart block, skip to Q8, 1=Heart block present, complete Q7a-g, 9=Unknown)

 - a. First degree AV block (0=No, 1=Yes)..... _____
 - b. Second degree AV block (type I) (0=No, 1=Yes) _____
 - c. Second degree AV block (type II) (0=No, 1=Yes)..... _____
 - d. Third degree (complete) AV block (0=No, 1=Yes)..... _____
 - e. Right bundle branch block (0=No, 1=Yes)..... _____
 - f. Left bundle branch block (0=No, 1=Yes)..... _____
 - g. Intraventricular conduction delay (IVCD) (0=No, 1=Yes) _____

8. Chamber enlargement
(1=Normal morphology, skip to Q9, 2=Abnormal, complete Q8a-f, 9 = Unknown)
- a. Right ventricular hypertrophy (0=No, 1=Yes)
 - b. Right atrial enlargement (0=No, 1=Yes)
 - c. Other right atrial abnormality (0=No, 1=Yes)
 - d. Left ventricular hypertrophy (0=No, 1=Yes).....
 - e. Left atrial enlargement (0=No, 1=Yes).....
 - f. Other left atrial abnormality (0=No, 1=Yes)
9. PR interval (milliseconds).....
10. QTc interval (milliseconds).....
11. QRS duration (milliseconds).....
12. QRS Axis (degrees) (if appropriate, record ‘-’ before degrees).....
13. Q waves present? (0=No, 1=Yes, complete 13a-j, 9 = Unknown)
- a. Anterolateral, age recent or probably acute (0=No, 1=Yes).....
 - b. Anterolateral, age indeterminate or probably old (0=No, 1=Yes).....
 - c. Anterior or anteroseptal, age recent or probably acute (0=No, 1=Yes).....
 - d. Anterior or anteroseptal, age indeterminate or probably old (0=No, 1=Yes).....
 - e. Lateral, age recent or probably acute (0=No, 1=Yes).....
 - f. Lateral, age indeterminate or probably old (0=No, 1=Yes).....
 - g. Inferior, age recent or probably acute (0=No, 1=Yes).....
 - h. Inferior, age indeterminate or probably old (0=No, 1=Yes).....
 - i. Posterior, age recent or probably acute (0=No, 1=Yes)
 - j. Posterior, age indeterminate or probably old (0=No, 1=Yes).....
14. ST segment abnormalities? (0=No, 1=Yes, complete 14a-d, 9 = Unknown).....
- a. Nonspecific ST and/or T wave abnormalities (0=No, 1=Yes)
 - b. ST and/or T wave abnormalities suggesting myocardial ischemia (0=No, 1=Yes)
 - c. ST and/or T wave abnormalities suggesting myocardial injury (0=No, 1=Yes)
 - d. Prolonged QT interval (0=No, 1=Yes)
15. Username of physician reading the ECG and filling out this form.....
(Username of person is the first 6 letters of last name and first initial.)
200. Date form completed (mm/dd/yyyy)...../...../.....
201. Username of person completing/reviewing completeness of this form.....

Center Use Only

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

Username of person entering this form _____