



Affix Patient I.D. Here

1 Date recording started: <sup>DATE 04</sup> / /   
mo dy yr

2 Time recording started: <sup>TIME 04</sup> :  (24 hour)  
hr min

3 Holter technician code:

REASON FOR RECORDING

- 4 REASON 04  1 Qualifying Holter (original baseline).  
 2 New baseline obtained prior to open label titration (optional).  
 3 New baseline obtained prior to restarting open label titration.  
 4 Verification of suppression (or best drug and dose) during initial titration.  
 5 Followup Holter. Complete page 1 and send with the Holter tape. DO NOT READ THE HOLTER.  
 6 Holter obtained after washout and prior to blinded retitration.  
 7 Blinded retitration Holter obtained on new drug and/or dose after blinded retitration. Complete page 1 and send with Holter tape. DO NOT READ THE HOLTER.  
 8 Prospective new baseline obtained during open label titration (must be approved by Coordinating Center).

STUDY DRUG

- 5 THERAPY 04  1 No drug (before open label titration)  
 2 CAST Therapy <sup>DRUG 04</sup>  
 1 CAST-ENC  2 CAST-FLEC  3 CAST-MOR  
 1 Dose 1  2 Dose 2  3 Other:  mg/day  
 3 Washout <sup>DOSE 04</sup>  
 4 Individualized Therapy  
 1 No antiarrhythmic therapy  
 2 Non-CAST antiarrhythmic therapy  
specify:

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