**Electrocardiogram**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ |

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| Date of ECG: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY) | |
| Type of assessment | ☐ Baseline assessment  ☐ 2 week assessment  ☐ Planned monthly assessment visit: Month \_\_\_ \_\_\_  ☐ Other assessment  ☐ End of treatment assessment  ☐ 6 Month post-treatment assessment |

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| Rhythm (check one) | ☐ Sinus rhythm  ☐ Atrial fibrillation  ☐ Premature ventricular complexes  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Heart rate | \_\_\_\_\_\_\_\_\_\_\_\_ beats per minute (bpm) |
| QT interval | \_\_\_\_\_\_\_\_\_\_\_\_\_ milliseconds (ms) |
| QTcF interval  [*Note: QTcF = QT / 3√RR]* | \_\_\_\_\_\_\_\_\_\_\_\_\_ milliseconds (ms) |

**Adverse Event Reporting (if ECG related AE)**

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| Are you reporting an abnormal ECG as an Adverse Event? | ☐ Yes ☐ No ☐ Unknown |
| If yes, what is the AE ID #? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |