

Was ECG performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete a protocol deviation form)		
Date of ECG	____ / ____ / ____ (DD/MMM/YYYY)		
Sinus rhythm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Atrial Arrhythmia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Atrial fibrillation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Atrial flutter	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Paroxysmal atrial fibrillation/flutter	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Atrial tachycardia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Junctional rhythm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AV node conduction disturbance/heart block	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what degree?	<input type="checkbox"/> 1 st Degree <input type="checkbox"/> 2 nd Degree <input type="checkbox"/> 3 rd Degree
Paced Rhythm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Q-Wave present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Left bundle branch block present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Right bundle branch block present	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Site Personnel Signature

____ / ____ / ____
Date (DD/MMM/YYYY)