

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
CENTRAL ECG MAILING FORM # 114

Central ECGs are performed at baseline (C0), C24 and C48. This mailing form should be completed when a technically satisfactory ECG is reviewed at the Clinical Center. If an ECG is not technically satisfactory, it must be repeated, and this form should not be completed until the repeat ECG is reviewed.

The following problems should be checked before the resting ECG is considered of adequate quality. These abnormalities should be ruled out: lead reversal, missing leads, excessive baseline drifts or artifacts. The clinic physician should be notified when any of the following are observed: acute myocardial injury, bradycardia (heart rate less than 45 bpm), ventricular tachycardia (heart rate greater than 130 bpm), atrial fibrillation, and atrial flutter.

1. Identification Number... (grid of 6 boxes)

2. Name Code... (grid of 5 boxes)

3. Visit Number... (grid of 2 boxes)

- 4. Date ECG performed (mm/dd/yyyy) ... ECG_DT
5. Date ECG mailed (mm/dd/yyyy) ... ECG_MAIL_DT
6. Reason for ECG ... ECG_REASON
7. Manufacturer of ECG machine being used ... ECG_MFT
200. Date this form completed (mm/dd/yyyy) ... COMPL_DT
201. Certification ID of person completing this form ... COMPL_BY

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ___/___/___

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