

PARTICIPANT ID: «subj1»

CO: «co1»

SEQ: «seq1»

EPID: «EPID»

Blind_EPID

EVENT TYPE AND NUMBER: «event1»

RAD0B

EVENT DATE: «date1»

RAD0C

NO:
FAVORIT RSD
Criteria Not
Met

YES:
FAVORIT RSD
Criteria Met

1. Did the patient experience sudden death or cardiac arrest, with or without premonitory heart failure or myocardial infarction, and was resuscitated by cardioversion, defibrillation or cardiopulmonary resuscitation?

RAD1

Date of Event:

2a. SITE REPORTED DATE OF EVENT AS ABOVE

RAD2A

2b. ADJUDICATED DATE OF EVENT ____/____/____
day month year

RAD2B

RAD0D Date final
adjudication received at
Data Coordinating Center

3. CEC Request for Additional Information:

RAD3

4. Additional Information Recd

RAD4

5. Initial review match final adj.? YES NO, explain :

RADB5

6. Comments:

RAD5 & RAD5A

7. Physician Reviewer Signature:

Blind_MD_ID

8. Date: ____/____/____
day month year

RAD7

9. CEC Administrative Signature:

Blind_staff_ID

10. Date: ____/____/____
day month year

RAD9

PARTICIPANT ID: «subj1»

CO: «co1»

SEQ: «seq1»

EPID: «EPID»

Blind_EPID

EVENT TYPE AND NUMBER: «event1»

RAD0B

EVENT DATE «date1»

RAD0C

NO:
FAVORIT RSD
Criteria Not
Met

YES:
FAVORIT RSD
Criteria Met

1. Did the patient experience sudden death or cardiac arrest, with or without premonitory heart failure or myocardial infarction, and was resuscitated by cardioversion, defibrillation or cardiopulmonary resuscitation?

RAD1

Date of Event:

___ 2a. SITE REPORTED DATE OF EVENT AS ABOVE

RAD2A

___ 2b. ADJUDICATED DATE OF EVENT ___/___/___
 day month year

RAD2B

RAD0D Date final
adjudication received at
Data Coordinating Center

3. CEC Request for Additional Information:

RAD3

___ 4. Additional Information Recd

RAD4

5. Comments:

RAD5 & RAD5A

6. Physician Reviewer Signature:

Blind_MD_ID

7. Date:

___/___/___
 day month year

RAD7

8. CEC Administrative Signature:

Blind_staff_ID

9. Date:

___/___/___
 day month year

RAD9