# PVDOMICS STUDY

## Electrocardiogram Incidental Finding(s) Form #247

Data on this form is collected by the Cardiovascular Physiology Core (CPC) when an incidental finding(s) has been identified on the electrocardiogram (ECG). The Core staff will enter this form in the study database and an email message will be sent automatically to the Clinical Center PI and Study Coordinator. *A Form 138 will need to be completed by the clinical center to acknowledge receipt of these findings.*

<table>
<thead>
<tr>
<th>1. Identification Number</th>
<th>2. Alphacode</th>
<th>3. Date of ECG (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

4. Date image received by CPC (mm/dd/yyyy) ............................................ _ _ / _ _ / _ _ _ _ _ _

5. Date data read by CPC (mm/dd/yyyy) ................................................... _ _ / _ _ / _ _ _ _ _ _

6. Username of physician who identified findings .................................... _ _ _ _ _ _ _ _ _ _
   *(Username of physician is the first 6 letters of last name and first initial.)*

### Incidental Findings: Please comment on what was found on this ECG.

7. Evidence of acute MI? (0=No, 1=Yes) ................................................................. _

8. SVT sustained for 30+ seconds with heart rate > 150 bpm? (0=No, 1=Yes) ....................... _

9. Marked bradycardia? (30 bpm for 6 seconds or greater) (0=No, 1=Yes) ............................ _

10. Wide QRS tachycardia? (>4 beats with rate >100 bpm) (0=No, 1=Yes) ............................ _

11. Second degree atrioventricular (AV) block Mobitz Type II? (0=No, 1=Yes) ....................... _

12. Third degree AV block? (0=No, 1=Yes) ........................................................................ _

13. Atrial fibrillation/atrial flutter with rate >150 bpm? (0=No, 1=Yes) ............................... _

14. a. Other ECG incidental findings (0=No, 1=Yes, specify in Q14a-comments) ..................... _

   b. Comments:  
   _
   _
   _
   _
   _
   _
15. Has someone at the CP Core spoken to someone at the center? (0=No, not necessary, 1=Yes) ........... ___
   a. Date contacted (mm/dd/yyyy) ............................................................ ____ ____ / ____ ____ / _____ _____ ___
   b. CPC personnel spoke to? ............................................................................................. ___
   1=PVDOMICS PI
   2=PVDOMICS Co-PI
   3=Other Physician
   4=PVDOMICS Study Coordinator
   5=Other clinical center person

   Name of person contacted: (not entered into database):
   ________________________________________________________________
   ________________________________________________________________

16. a. Date of review with CPC PI (mm/dd/yyyy) ........................................ _____ ____ / _____ ____ / _______ ______
   b. CPC PI (1=Tang, 2=Jacob) ................................................................................................. ___

200. Date form completed (mm/dd/yyyy) ............................................................ _____ ____ / _____ ____ / _______ ______
201. Username of person completing/reviewing completeness of this form ...... ____________________________

CPC Use Only:
Date Form Entered (mm/dd/yyyy) _____ ____ / _____ ____ / _______ ______
Username of person entering this form ________________________________