



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ELECTROCARDIOGRAPH – TRANSFER

1. Was the ECG performed? ₁ Yes ₀ No
- a. If **NO**, reasons:
- ₁ Participant refused
- ₂ Equipment malfunctioned/lack of supplies
- ₉₈ Other **Specify:** _____

If **NO**, stop here.

2. Date ECG recorded: _____ / _____ / _____
MM DD YYYY

2a. Was an ABPM scheduled at this visit? ₁ Yes ₀ No

3. Time first ECG recorded: _____ : _____ (military time)

4. Test performed by: _____

5. Cart #: _____

6. Gender: ₁ Male ₂ Female

7. Heartsquare Measurement: _____ / _____

8. Date ECG transferred (electronically transferred, faxed or mailed): _____ / _____ / _____
MM DD YYYY

9. Confirmation of receipt at Central Reading Center: ₁ Yes ₀ No