Participant ID: _____ Participant Initials: _____

Clinical Center: _____ Site: _____ Visit Number: _____ Reset Patient / RC

CRF Date: ____ / ____ / ____ RC ID: _____ Reset All

URGENT ALERT

RC/PI completes upon receiving report containing alert values..
Completion of Urgent Alert CRF may require an EVENT investigation/confirmation and completion of EVENT CRF.

1. Date of Alert Value (s): __ __ / __ __ / __ __ __ __ (MM / DD / YYYY)

Type of Alert Value(s):

2. **LAB:**
   - a. Potassium ≥ 6 mEq/L or ≤ 3.0 mEq/L: ❑1 Yes ❑0 No
   - b. Sodium <125 mEq/L or >155 mEq/L: ❑1 Yes ❑0 No
   - c. Total Bicarbonate <15 mEq/L or > 40 mEq/L: ❑1 Yes ❑0 No
   - d. Calcium <6.5 or >13.5 mg/dL: ❑1 Yes ❑0 No
   - e. Glucose < 50 mgdL or > 350 mg/dL: ❑1 Yes ❑0 No
   - f. Creatinine doubling from last value: ❑1 Yes ❑0 No
   - g. CBC Hb < 7 gm/dL: ❑1 Yes ❑0 No
   - h. Other abnormal lab value. ***Specify***: _____ ❑1 Yes ❑0 No
3. **ECG:**
   - a. Date of Reading; __ __ / __ __ / __ __ __ __ (MM / DD / YYYY) ❑98 Not Done

Skip to Question #4, if ECG was not ordered.

   - b. Reading: ❑1 Local ❑2 Central
     - i. Bradycardia (<45 beats/min): ❑1 Yes ❑0 No ❑2 False Positive
     - ii. Tachycardia (>120 beats/min): ❑1 Yes ❑0 No ❑2 False Positive
     - iii. Acute Myocardial Infarction or acute ischemia: ❑1 Yes ❑0 No ❑2 False Positive
     - iv. Ventricular Tachycardia: ❑1 Yes ❑0 No ❑2 False Positive
     - v. Atrial Fibrillation: ❑1 Yes ❑0 No ❑2 False Positive
     - vi. Atrial Flutter: ❑1 Yes ❑0 No ❑2 False Positive
     - vii. Mobitz Type II 2nd degree Heart Block: ❑1 Yes ❑0 No ❑2 False Positive
     - viii. 3rd degree Heart Block: ❑1 Yes ❑0 No ❑2 False Positive
     - ix. Complete Left Bundle Branch Block: ❑1 Yes ❑0 No ❑2 False Positive
4. **Action Taken:**
   - a. Primary MD notified: ❑1 Yes ❑0 No
   - b. Report sent to primary MD: ❑1 Yes ❑0 No
5. **Participant notified of outcome?** ❑1 Yes ❑0 No ❑99 N/A