

RANDOMIZATION TO DRUG SEQUENCE

Affix Patient I.D. Here

NOT ENTER ON PC, you will receive a confirmation report from the Coordinating Center

Complete this part of form before calling Coordinating Center for randomization assignment to drug sequence. Do not call for randomization until a few hours before study therapy is to be started.

1 Today's date: DATE II / / and time: TIME II : (24 hr clock)
mo dy yr hr min

2 Hospital:

3 Patient's name: _____

4 Patient's age: ~~AGE W~~ Date of birth: / /
mo dy yr

Do not randomize if patient older than 79 at time of qualifying Holter.

5 Signed Informed Consent obtained? ₁ yes ₂ no INFCON II
 (Cannot randomize if no)

6 Baseline forms and Exclusion Checklist complete & no exclusions? ₁ yes ₂ no BASLIN II
 (Cannot randomize if no)

7 Date of qualifying MI: / / DTQMI II
mo dy yr

8 Date of qualifying Holter: / / DTQHOL II
mo dy yr

(Cannot randomize if Holter < 6 days or ≥ 2 years post MI)

9 Ejection fraction: 0. EF II Date obtained / / DTEF II
mo dy yr
 (Cannot randomize if EF > 0.55
 or EF > 0.40 and Holter ≥ 90 days post MI
 or EF ≥ 0.30 and obtained ≥ 90 days from qualifying Holter
 or EF obtained < 1 day after qualifying MI)

10 Off antiarrhythmic agents for 4 half-lives (or 48 hr if greater) before qualifying Holter? ₁ yes ₂ no OFFARR II

11 Time analyzable: LENGTH II : (Cannot randomize if < 18 hrs)
[sec.]

12 Total VPD's: VPDS II

13 Calculated VPD's per hr: VPDHR II (Cannot randomize if < 6 VPD's/hr)

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14 Does patient's private physician understand the desirability not to change certain of the patient's medications during dose titration?
₁ yes ₂ no MDOK11

15 Your name: _____ Code Number: _____

16 Name of Coordinating Center respondent: _____ Code Number: _____

OR Randomized by computer

17 Randomization assignment to drug sequence: ₁ a. Enc / Mor / Flec
ASSIGN 11 ₂ b. Flec / Mor / Enc
₃ c. Enc / Mor
₄ d. Mor / Enc

TITRTY11 (titration type)
ACTPLA11 (titration therapy)
STDRUG11 (starting titration drug)
DTSTRT11 (first allowed drug start date)
DTEVAL11 ()