

Early Imaging ECG

2 of 9 completed

Assessment Date

10/12/2020



1. Was the electrocardiogram performed?



No

Yes

2. Time performed:



00:00



Please transcribe the results from the electrocardiogram report cover page:

3. Heart Rate: (bpm)



Input a number

4. PR Interval: (msec)



Input a number

5. QRS Duration: (msec)



Input a number

6. QT Interval: (msec)



Input a number

7. QTc: (msec)



Input a number

Interpretation

8. Electrocardiogram results are:



Normal

Abnormal, not clinically significant

Abnormal, clinically significant

If abnormal and clinically significant, please specify the finding from the ECG final report:



Input text

Any abnormality that is not noted on the Medical Conditions Log at Screening, or has changed in severity from the medical history, should be recorded on the Adverse Event Log



Vital Signs

Adverse Event Telephone Assessment

