Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

12-Lead ECG

Date and Time	Findings	Staff Initials
___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) OR Not done → Specify reason (see codelist below): _____	Is ECG (check only one): ☐ 1 Normal ☐ 2 Abnormal, not clinically significant (specify): _____ ☐ 3 Abnormal, clinically significant (specify): _____	___ ___ ___ (first middle last)

Safety Labs (Potassium Surveillance)

Date and time of sample collection: ___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Sample	Sample Complete?	If Not Done, Reason (Use codelist below)	Staff Initials
Blood	☐ 0 No ☐ 1 Yes	_____	___ ___ ___ (first middle last)

Not Done Codelist: 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required