EudraCT No.: 2015-005043-13 CONFIDENTIAL WHEN COMPLETE



RATE-AF 24 Hour Tape CRF



IDENTIFYING DETAILS
Patient initials: Trial Number: Trial Number:
Date fitted: D D / M M / Y Y Y
24 HOUR AMBULATORY BLOOD PRESSURE
Please record the following details from the 24 hour tape report:
Number of hours recording: hours, to the nearest hour
Estimated percentage of AF: %
Average heart rate: bpm
Maximal heart rate: bpm
Minimal heart rate: bpm
Normal beats:
Paced beats: SVE beats: SVE beats:
Pauses: No Yes If yes, maximal pause duration: . s
2 nd or 3 rd degree heart block No Yes
Non-sustained ventricular tachycardia No Yes (≥ 3 beats with duration <30 s)
Other significant findings:
24 Hour Tape CRF completed by: You must have signed the trial signature and delegation log Name: (please print)
Date: DD /MM M / YYY Y Signature: