



RATE-AF NT-pro BNP CRF

UNIVERSITY OF
BIRMINGHAM



IDENTIFYING DETAILS

Patient initials:

Trial Number:

Date of visit: / /

TIMEPOINTS

Please indicate below, which visit this CRF relates to:

6 months

12 months

NT-proBNP DATA

To be completed by an unblinded member of the research team

ng/L

NT-pro BNP CRF completed by:

You **must** have signed the trial signature and delegation log

Name:
(please print)

Date: / /

Signature: