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Site Number

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Subject Number

Form EG - Central Reading**1 EG - Central Reading**

1.1	Was an ECG performed?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	EGPERF										
1.2	ECG Reference Identifier/ Accession Number		EGREFID										
1.3	Method	<input type="radio"/> [12 LEAD STANDARD] 12 LEAD STANDARD <input type="radio"/> [HOLTER CONTINUOUS ECG RECORDING] HOLTER CONTINUOUS ECG RECORDING	EGMETHOD										
1.4	Position	<input type="radio"/> [SITTING] Sitting <input type="radio"/> [STANDING] Standing <input type="radio"/> [SUPINE] Supine <input type="radio"/> [SEMI-RECUMBENT] Semi-Recumbent <input type="radio"/> [SEMI-FOWLERS] Semi-Fowler's	EGPOS										
1.5	Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											EGDAT