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|---------------------|--|--|------------------|--|--|--------------------------|--|--|-------------------------------------|
| Site Number | | | Screening Number | | | Participant Study Number | | | Protocol Number: MoCk - Up-1-001-06 |
| | | | | | | | | | |
| VISIT 1 (SCREENING) | | | | | | ECG | | | |

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|-----------------------|---|-----------------------------|--|
| Was an ECG performed? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Complete below |
| Date of ECG: | ___ / ___ / _____ (DD / MMM / YYYY) | | |
| The ECG is: | <input type="checkbox"/> Within normal limits <input type="checkbox"/> Abnormal, NOT clinically significant <input type="checkbox"/> Abnormal, clinically significant, please specify: <hr/> | | |