TESTING USING DRUG-INJECTIONS TO INVESTIGATE THE POSSIBILITY OF A RISK OF SUDDEN CARDIAC DEATH

The Heart Rhythm Charity

Promoting better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias

Arrhythmia Alliance

www.heartrhythmcharity.org.uk

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Arrhythmia Alliance (A-A) is a coalition of charities, patient groups, patient, carers, medical groups and allied professionals.

These groups remain independent however, work together under the A-A umbrella to promote timely and effective diagnosis and treatment of arrhythmias.

A-A supports and promotes the aims and objectives of the individual groups.

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Arrhythmia Alliance patient booklets are reviewed annually.
This booklet will be next updated August 2008.
If you have any comments or suggestions please contact A-A.
Introduction

Sometimes your doctor may wish to conduct tests that can show if you are considered at high-risk of having an inherited arrhythmia, which might give rise to a life-threatening heart rhythm disorder. One example of such a disorder is Brugada Syndrome. An injection of an antiarrhythmic drug, with careful monitoring of your ECG, may show up ECG abnormalities that are useful in making a diagnosis and assessing the risks to an individual patient.

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Adenosine</td>
<td>Antiarrhythmic drug</td>
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<tr>
<td>Ajmaline</td>
<td>Antiarrhythmic drug</td>
</tr>
<tr>
<td>Antiarrhythmics</td>
<td>An action which stops or prevents arrhythmia</td>
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<tr>
<td>Arrhythmia</td>
<td>Irregular heart rhythm.</td>
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<tr>
<td>Atria</td>
<td>Top chambers of the heart</td>
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<tr>
<td>AV Node</td>
<td>Part of the electrical pathway between the atria and the ventricles.</td>
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<tr>
<td>Brugada Syndrome</td>
<td>An inherited condition caused by an abnormal gene.</td>
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<tr>
<td>ECG</td>
<td>Electrocardiogram (ECG) records the electrical activity within the heart.</td>
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<tr>
<td>Echo</td>
<td>Echocardiogram the scanning of the heart providing moving images of the heart muscles and valves.</td>
</tr>
<tr>
<td>Ventricles</td>
<td>Bottom chambers of the heart</td>
</tr>
<tr>
<td>ICD</td>
<td>Implantable Cardioverter Defibrillator is a small device inserted under the skin and connected to the heart making the heart’s chambers pump at the same time.</td>
</tr>
<tr>
<td>SA Node</td>
<td>Sino-atrial node, the natural pacemaker of the heart which is situated in the right atrium.</td>
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The normal electrical system of the heart

The heart has its own electrical conduction system. The conduction system sends signals throughout the upper (atria) and lower (ventricles) chambers of the heart to make it beat in a regular, co-ordinated rhythm. The conduction
system consists of two nodes that contain conduction cells and special pathways that transmit the impulse.

The normal heartbeat begins when an electrical impulse is fired from the sino-atrial (SA node), in the right atrium. The sinoatrial is responsible for setting the rate and rhythm of the heart and is therefore referred to as the heart’s “pacemaker”.

The electrical impulse fired from the SA node spreads throughout the atria, causing them to contract and squeeze blood into the ventricles. Whilst this is happening, the electrical impulse reaches the atrioventricular node (AV node), which acts as a gateway, slowing and regulating the impulses travelling between the atria and the ventricles. As the impulse travels down the pathways into the ventricles the heart contracts and pumps blood around the body. The cycle then begins all over again.

The normal adult heart beats in a regular pattern 60-100 times a minute. This is called sinus rhythm.

**What is arrhythmia?**

Sometimes, if the conduction pathway is damaged or becomes blocked, or if an extra pathway exists, the heart’s rhythm changes. The heart may beat too quickly (tachycardia), too slowly (bradycardia) or irregularly which may affect the heart’s ability to pump blood around the body. These abnormal heartbeats are known as arrhythmia. Arrhythmia can occur in the upper chambers of the heart, the atria, in the lower chambers of the heart, the ventricles and at the junction between the atria and ventricles.

**The Flecaainide Challenge for Brugada Syndrome**

**What is Brugada syndrome?**

In Brugada syndrome, the underlying fault may be due to changes within the cells of the heart (ion channels). Ion channels alter the chemical balance of the cardiac cells, by adjusting the amount of electrical charge to them, therefore if the electrical properties of the cell are faulty this can result in a disturbance of the heart rhythm (arrhythmia). In Brugada syndrome the ion affected is...
the sodium channel. Brugada syndrome is referred to as a channelopathy, which is the term given to conditions where there are changes in genes that determine the ion channels. The heart is otherwise structurally normal.

In some cases, genes have been identified for Brugada syndrome however, the list identified is not complete. It is therefore not possible to be absolutely sure that a patient does not have Brugada syndrome even if genetic screening is negative. Please remember that if you are advised to have genetic screening it will take some time to perform.

In Brugada syndrome some patients may be at risk of developing fast heart rhythms that may result in a blackout or, very rarely sudden death. If the ventricles start beating at an abnormally fast rate this results in the heart not working as efficiently, which can cause symptoms such as weakness, dizziness, chest pain, shortness of breath or even collapse. However, it is important to remember that the majority of patients who have the Brugada appearance on the ECG do not experience arrhythmia and feel perfectly well.

If you have a close family member either diagnosed with the condition or who dies young, it is very important that all remaining relatives are screened for the Brugada syndrome.

If your doctor suspects that you may have Brugada syndrome he will advise you to have a simple test known as a flecainide challenge to confirm diagnosis. Occasionally other drugs which work in a similar way to flecainide (for example, Ajmaline) are used.

**Why do I need a flecainide challenge?**

Your doctor has advised you to undergo a flecainide challenge to exclude Brugada syndrome. Flecainide challenge is a well-established clinical test, the purpose of which is to use a drug called flecainide to uncover the characteristic ECG changes of Brugada syndrome.

**What is a flecainide challenge?**

Flecainide is a drug known as a sodium channel blocker. It is routinely used by doctors to prevent abnormal heart rhythms. These drugs are called antiarrhythmics. Flecainide is used by doctors in this test as it blocks the faulty sodium channels and unmasks ECG changes in those patients who have the Brugada syndrome. In patients with normal cardiac cells, flecainide has little or no effect on the ECG.

Your doctor will administer the drug through a vein in your arm and record your ECG every three minutes. ECGs record the electrical signals (activity) from inside your heart. The ECG will record how your heart reacts to
flecainide, which allows your doctor to collect detailed information about the cause of your potential arrhythmia. The flecainide challenge is undertaken in a setting allowing continuous cardiac monitoring. Children may be taken to the intensive care area for monitoring during the test.

**Is the flecainide challenge safe?**

Yes, the flecainide challenge is safe. However, as with any procedure, there are potential risks. The risks are outlined below and will be fully explained by your doctor before you have your procedure. The flecainide challenge is performed safely in both children and adults.

**Risks of the procedure**

Complications associated with this procedure are very rare. However, it is important that you are aware that on rare occasions there are some risks associated with this procedure that may occur either during, or after the procedure. The risks are outlined below, can be treated and are rarely life threatening.

**At the time of the procedure**

It is common to experience a metallic taste in your mouth during the administration of the flecainide. Also, you may experience visual disturbance such as double vision. Such side effects usually resolve quickly once the infusion is completed. Very rarely, in less than 1% of patients the flecainide may cause your heart to go into a very fast ventricular rhythm; if this happens the doctor will need to correct your arrhythmia quickly by cardioversion. Cardioversion is a well-established and effective treatment for fast heart rhythms. Before you are cardioverted you may be given a short-acting sedative to make you sleepy. Once you are asleep a special machine called a defibrillator is used to send electrical energy to the heart muscle to restore the normal rhythm and rate.

**After the procedure**

There is a very low risk that you may experience an arrhythmia after the flecainide has finished. You may therefore be kept in hospital overnight to monitor your heart rhythm. You will normally be able to go home by the following day. Sometimes, the test may also be performed as a day case procedure.

**Preparation for the procedure before admission**

You may be asked to have nothing to eat or drink for a period of time before the test.
Before the procedure

On your arrival to the ward you will be introduced to the nurse who will be looking after you. The nurse will talk to you and your family about your hospital admission and answer any questions you may have. Before the procedure you will have blood taken and an ECG recorded. A doctor will also see you and explain the procedure to you, he will then ask you to sign a consent form; this is to ensure you understand the procedure and its associated risks. If you have any worries or questions, please do not be afraid to ask. It is important to tell your nurse or doctor if you have any allergies or have had a previous reaction to drugs or other tests.

Just before the procedure a nurse will help to get you ready. The doctor or nurse will need to insert a small needle (cannula) into a vein in your hand or arm. This is to allow the doctor to give you the flecainide during the procedure. You will then be given a hospital gown to wear, making it easier to record the ECG.

In order that you do not worry, we encourage your family to stay with you during the test to allay any anxieties you may have.

During the flecainide challenge

It is unlikely that you will experience any adverse sensations at all during the test. Although you may feel very anxious during the procedure, the staff involved in your care are very aware of your possible concerns. Your doctor and nurse will stay with you and be there to reassure you throughout the test. There will be equipment by your bedside, which is used to monitor your heart rhythm and record your blood pressure. You will be connected to the ECG machine for the duration of the test. You will be awake during the test and able to talk.

You will be connected to the ECG machine. The nurse or doctor will then connect you to the flecainide infusion - this may sting a little and you may feel some mild discomfort. Once the infusion is running, your doctor will record the ECG at three-minute intervals for the duration of the test. You should not feel anything, however, occasional brief side effects occur as described above. These side effects usually resolve quickly once the test is complete. If you do have any uncomfortable symptoms during the test for example chest pain, dizziness, shortness of breath, please tell your nurse or doctor. Do not be alarmed that the doctor is looking closely at the ECG during the test, it does not mean there is anything wrong. The doctor must look closely at your ECG to note changes.

After the doctor has performed the test, you will be kept in the monitored bed and continue to be monitored for approximately one hour after the procedure.
After the procedure

After the procedure you will be moved to the ward area where your heart rhythm will be monitored for the next several hours. On return to the ward you will be able to eat and drink. The nurse will check your blood pressure and pulse. The nurse will remove the small needle in your hand. If you feel any palpitations or dizziness after the test, please let the nurse know.

The doctor will then show your ECGs to your consultant. Your doctor will then discuss the findings of the test with you and your family.

When will I know the result of my procedure?

After your test your doctor will discuss the ECG recordings with your consultant. The doctor will then discuss your results and ongoing treatment plan with you and your family.

What treatment options are available to me?

If the test is negative, your doctor will consider your individual risk and advise you if you need to have further tests performed. If the test is positive and you appear to be at risk of a fast rhythm coming from the ventricles (ventricular tachycardia), your doctor may advise you to have an electrophysiology study (EPS) ultimately, you may be advised to have an implantable cardioverter defibrillator (ICD) fitted. An ICD will not prevent the arrhythmia but can treat it when it happens and make you safer. Your consultant will discuss the risks and benefits of the ICD with you should you appear to need one.

Your discharge

If the test is negative you may be able to go home the same day or the following day. However, it is advisable that you do not drive and have someone with you for the rest of the day after the test. If the test is positive you may be advised to stay in and have further tests.

When can I resume my normal activities?

You can resume your normal daily activities (walking, bathing, showering, etc.) and return to work upon discharge from hospital.

Will I come back to hospital for follow-ups?

After you have been discharged from the hospital, you will receive specific follow-up instructions from your doctors, who will also write a detailed letter to your GP describing your hospital stay and treatment.
What if I have any questions?

If you have any questions about the flecainide challenge or Brugada syndrome please call your electrophysiology clinical nurse specialist.

If you wish to contact us direct please phone on 01789 450 787 or email heartrhythm@stars.org.uk.

Adenosine challenge for WPW syndrome

Introduction

Sometimes your doctor may wish to conduct tests that can show if you are considered at high-risk of having an inherited arrhythmia, which might give rise to a life-threatening heart rhythm disorder. One example of such a disorder is Wolff Parkinson White Syndrome (WPW). An injection of an antiarrhythmic drug, with careful monitoring of your ECG, may show up ECG abnormalities that are useful in making a diagnosis and assessing the risks to an individual patient.

The normal electrical system of the heart

The heart has its own electrical conduction system. The conduction system sends signals throughout the upper (atria) and lower (ventricles) chambers of the heart to make it beat in a regular, co-ordinated rhythm. The conduction system consists of two nodes that contain conduction cells and special pathways that transmit the impulse.

The normal heartbeat begins when an electrical impulse is fired from the sino-atrial (SA node), in the right atrium. The sino atrial is responsible for setting the rate and rhythm of the heart and is therefore referred to as the heart’s “pacemaker”.

The electrical impulse fired from the SA node spreads throughout the atria, causing them to contract and squeeze blood into the ventricles. Whilst this is happening, the electrical impulse reaches the atrioventricular node (AV node), which acts as a gateway, slowing and regulating the impulses travelling between the atria and the ventricles. As the impulse travels down the pathways into the ventricles the heart contracts and pumps blood around the body. The cycle then begins all over again.

The normal adult heart beats in a regular pattern 60-100 times a minute. This is called sinus rhythm.

What is arrhythmia?

Sometimes, if the conduction pathway is damaged or becomes blocked, or if an extra pathway exists, the heart’s rhythm changes. The heart may beat too quickly (tachycardia), too slowly (bradycardia) or irregularly which may affect the heart’s ability to pump blood around the body. These abnormal
heartbeats are known as arrhythmia. Arrhythmia can occur in the upper chambers of the heart, the atria, in the lower chambers of the heart, the ventricles and at the junction between the atria and ventricles.

**What is Wolff-Parkinson-White syndrome?**

Wolff-Parkinson-White Syndrome (WPW) is also known as Atrio Ventricular Reentry Tachycardia (AVRT).

In WPW, an extra electrical pathway exists that bypasses the normal conduction system. The pathway directly connects the atria (top chambers of the heart) to the ventricles (bottom chambers of the heart). This extra pathway is known as an accessory pathway. The electrical impulses travel along the accessory pathway, therefore bypassing the atrioventricular node, which normally acts as a gateway to the ventricle (lower chambers of the heart). The tissue in the extra pathway does not slow the electrical impulses down, as happens in the AV node, therefore, the electrical impulses reach the ventricles ahead of the ‘normal’ electrical impulse (this is known as pre-excitation and is demonstrated on your ECG by the presence of a delta wave). An ECG recording of a patient with WPW syndrome will often show a delta wave which shows the existence of an extra electrical pathway.

In WPW, some patients may be at risk of developing fast heart rhythms that may result in a blackout or, very rarely sudden cardiac death. If the ventricles start beating at an abnormally fast rate this results in the heart not working as efficiently, which can cause symptoms such as weakness, dizziness, chest pain, shortness of breath or even collapse. However, it is important to remember that the majority of patients who have WPW do not experience sudden cardiac death.

If your doctor suspects that you may have a concealed form of WPW that is hidden he may advise you to have a simple test known as an adenosine challenge to confirm diagnosis.

**Why do I need an adenosine challenge?**

Your doctor has advised you to undergo an adenosine challenge as he suspects you have a concealed (hidden) form of WPW syndrome. The adenosine challenge is a well-established clinical test, the purpose of which is to use a drug called adenosine to uncover the characteristic ECG changes of WPW.

**What is an adenosine challenge?**

Adenosine is a naturally-occurring substance found in all of us, in small quantities, in all cells. It is routinely used by doctors to diagnose and treat abnormal heart rhythms. Adenosine is used by doctors in this test as it blocks
the AV node and unmasks ECG changes in patients who have a concealed (hidden) form of WPW.

Adenosine blocks normal conduction through the AV-node briefly, therefore, slowing your heart rate to unmask the extra pathway. During the challenge you may feel dizzy, breathless, chest pain but this usually lasts for a few seconds. The discomfort is brief, remember the injection is a natural substance, so it is very safe.

Your doctor will administer the drug through a vein in your arm and record your ECG continuously. ECGs record the electrical signals (activity) from inside your heart. The ECG will record how your heart reacts to adenosine, which allows your doctor to collect detailed information about the cause of your potential arrhythmia. The flecainide challenge is undertaken in a setting allowing continuous cardiac monitoring. Children may be taken to the intensive care area for monitoring during the test.

Is the adenosine challenge safe?

Yes, the adenosine challenge is safe. However, as with any procedure, there are potential risks. The risks are outlined below and will be fully explained by your doctor before you have your procedure. The flecainide challenge is performed safely in both children and adults.

Risks of the procedure

Complications associated with this procedure are very rare. However, it is important that you are aware that on rare occasions there are some risks associated with this procedure that may occur either during, or after the procedure. These risks as outlined below can be treated and are rarely life threatening. If you are asthmatic, please tell your doctor as an injection of adenosine may bring on asthma attack.

At the time of the procedure

It is common to experience a metallic taste in your mouth during the administration of the adenosine. Also, as adenosine will cause your heart to go into a very slow rhythm you may feel dizzy or experience visual disturbances, such as double vision. Such side effects usually resolve quickly once the infusion is completed. Because the adenosine will cause your heart to go into a very slow rhythm if your heart does not recover quickly you may need external pacing to regulate your heart rhythm. The external pacemaker sends electrical energy from pads placed on your chest, to the heart muscle to restore the normal rhythm and rate, until your own heart rate recovers.
After the procedure
Adenosine is a very short-acting drug, its effect lasts for a few seconds, therefore, you will be able to go home by the same day.

Preparation for the procedure before admission
You may be asked to have nothing to eat or drink for a period of time before the test.

Before the procedure
On your arrival to the ward, you will be introduced to the nurse who will be looking after you. The nurse will talk to you and your family about your hospital admission and answer any questions you may have. Before the procedure, you will have blood taken and an ECG recorded. A doctor will also see you and explain the procedure to you, he will then ask you to sign a consent form; this is to ensure you understand the procedure and its associated risks. If you have any worries or questions, please do not be afraid to ask. It is important to tell your nurse or doctor if you have any allergies or have had a previous reaction to drugs or other tests.

Just before the procedure, a nurse will help to get you ready. The doctor or nurse will need to insert a small needle (cannula) into a vein in your hand or arm. This is to allow the doctor to give you the adenosine during the procedure. You will then be given a hospital gown to wear, making it easier to record the ECG.

In order that you do not worry, we encourage your family to stay with you during the test to allay any anxieties you may have.

During the adenosine challenge
It is unlikely that you will experience any adverse sensations at all during the test. Although you may feel very anxious during the procedure, the staff involved in your care are very aware of your possible concerns. Your doctor and nurse will stay with you and be there to reassure you throughout the test. There will be equipment by your bedside, which is used to monitor your heart rhythm and record your blood pressure. You will be connected to the ECG machine for the duration of the test. You will be awake during the test and able to talk.

Once the ECG is running, your doctor will inject the adenosine into a needle in your arm - this is given in a bolus dose, which means the doctor pushes the drug quickly into your bloodstream, this may sting a little and you may feel some mild discomfort. You may feel a little dizzy or have visual disturbance as your heart rate slows down. These side effects usually resolve quickly once
the test is complete. If you do have any uncomfortable symptoms during the test for example chest pain, dizziness, shortness of breath, please tell your nurse or doctor. Do not be alarmed that the doctor is looking closely at the ECG during the test, it does not mean there is anything wrong. The doctor must look closely at your ECG to note changes.

After the doctor has performed the test, you will be moved back to the ward area.

**After the procedure**

On return to the ward you will be able to eat and drink. The nurse will check your blood pressure and pulse. The small needle in your hand will be removed. If you feel any palpitations or dizziness after the test, please let the nurse know.

The doctor will show your ECGs to your consultant. Your doctor will then discuss the findings of the test with you and your family.

**When will I know the result of my procedure?**

After your test your doctor will discuss the ECG recordings with your consultant. The doctor will then discuss your results and ongoing treatment plan with you and your family.

**What treatment options are available to me?**

If the test is negative, you doctor will consider your individual risk and advise you if you need to have further tests performed. If the test is positive and you appear to be at risk of a fast rhythm coming from the ventricles (ventricular tachycardia), your doctor may advise you to have an electrophysiology study (EPS) and radiofrequency ablation. A radiofrequency ablation will destroy the extra pathway that causes your arrhythmia using heat energy, this is a curative procedure. Your consultant will discuss the risks and benefits of radiofrequency ablation with you should you appear to need one.

**Your discharge**

You will be able to go home a couple of hours after the test. However, it is advisable that you do not drive and have someone with you for the rest of the day for the test. If the test is positive you may be advised to stay in and have further tests.

**When can I resume my normal activities?**

You can resume your normal daily activities (walking, bathing, showering, etc.) and return to work upon discharge from hospital.
Will I come back to hospital for follow-ups?
Upon discharge from the hospital, you will receive specific follow-up instructions from your doctors who will also write a detailed letter to your GP describing your hospital stay and treatment.

Useful websites
A list of useful sites can be found at: www.heartrhythmcharity.org.uk. This list is not exhaustive and it is constantly evolving. If we have excluded anyone, please accept our sincerest apologies and be assured that as soon as the matter is brought to the attention of the Arrhythmia Alliance, we will quickly act to ensure maximum inclusiveness in our endeavours.

If you wish to contact us direct please phone on 01789 450 787 or email heartrhythm@stars.org.uk

Finally
This is the list of Arrhythmia Alliance Patient booklets available by website or emailing.

- Atrial Fibrillation Inc Atrial Flutter
- Bradycardia (slow heart rhythm)
- Cardiac Resynchronisation Therapy ICD/CRT Patient Information
- Catheter Ablation
- Catheter Ablation for Atrial Fibrillation
- Drug treatment for heart rhythm disorders (arrhythmias)
- Electrophysiology Studies
- Exercising with an ICD
- FAQ’s
- Heart Rhythm Charity
- Highlighting the work of the Alliance
- ICD Patient Information
- Implantable Loop Recorder
- National Service Framework Chapter 8
- Pacemaker/CRT
- Pacemaker Patient Information
- Remote follow-up and Remote Monitoring of Pacemakers and ICDs Patient Information
- Sudden Cardiac Arrest
- Supraventricular Tachycardia (SVT) Patient Information
- Tachycardia (fast heart rhythm)
- Testing using Drug injections to investigate the possibility of a risk for Sudden Cardiac Death
- Tilt-Test

Please feel free to discuss any concerns you may have with your doctor, physiologist or specialist nurse at any time.
Please help us to improve services for all those affected by arrhythmias and to save lives by making a donation today. Please complete the donation form below and return to P.O Box 3697 Stratford upon Avon CV37 8YL or click on [www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk) and click the donate icon.

### Membership is free to individuals however if you would like to make a DONATION please complete and return.

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Please tick here if you agree to Gift Aid your subscription/donation

Tick here

### Gift Aid

**Name of taxpayer:**

**Address:**

Postcode: 

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Please allow Arrhythmia Alliance to claim an extra 28p for every £1 you donate at no cost to you. I want Arrhythmia Alliance to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I currently pay an amount of income tax and/or capital gains tax at least equal to the tax that Arrhythmia Alliance reclaims on my donations in the tax year. I may cancel this declaration at any time by notifying A-A. I will notify A-A if I change my address. Please note full details of Gift Aid tax relief are available from your local tax office in leaflet IR 65. If you pay tax at a higher rate you can claim further tax relief in your Self-Assessment tax return.

### Standing Order Authority

**My Bank:**

**Bank Address:**

Please Pay: A-A, Account: 02685818 Sort Code: 30-98-26, Lloyds TSB Plc, 22 Bridge St, Stratford upon Avon, CV37 6AG

**The Sum of £/E/$:**

**On (1st Date):**

**And after this, every:**

**Month / Year (delete):**

**Account No.:**

**Signature:**

**Please hand this form in to your Bank**

### Credit Card Payment

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Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.