



ZIOPATCH REVIEWER FORM

ID NUMBER:

FORM CODE:

Z	D	X
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DATE: 12/15/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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0c. Serial Number of ZioPatch: N _____

Instructions: This form is completed by the EpiCare Reading Center for each associated (and attached) iRhythms printout.

1. Were there any alerts?

Yes.....Y

NoN → **Go to item 2**

Select all of the alerts that apply:

- 1a. Wide QRS tachycardia >120 bpm and sustained for > 30 seconds (includes monomorphic ventricular tachycardia, polymorphic ventricular tachycardia, ventricular fibrillation).....
 - 1b. Complete heart block.....
 - 1c. 2nd degree AV Block, Mobitz II.....
 - 1d. Pause > 6 seconds.....
 - 1e. Bradycardia < 40 bpm and sustained for > 30 seconds.....
 - 1f. Atrial fibrillation/atrial flutter with average heart rate <40bpm or >180 bpm and sustained for 60 seconds.....
 - 1g. Narrow QRS tachycardia > 180 bpm and sustained for 60 seconds.....
 - 1h. Other abnormalities deemed important by EPICARE.....
- Specify other alert: _____

2. Were there any abnormalities?

Y = Yes

N = No → Go to item 3

Select all of the abnormalities that apply:

- 2a. Atrial fibrillation
 - 2b. Atrial flutter.....
 - 2c. Supraventricular ectopy (SVE)
 - 2d. Supraventricular tachycardia
 - 2e. Ventricular ectopy (VE).....
 - 2f. Nonsustained ventricular tachycardia - duration ≤ 30 seconds
 - 2g. 2nd degree AV block, Mobitz I (AV Wenkebach).....
 - 2h. Paced beats.....
 - 2i. Other abnormalities deemed important by EPICARE:
- Specify other abnormality: _____

3. Type of Letter to Send

- No Abnormal Findings 1
- Abnormal Findings..... 2
- Alerts Present 3

4. Comments: