Cardiac Testing Notification Criteria

Empowering people to save their lives

MySleep
DIAGNOSTIC SERVICES

Account / Location Name			
Clinical Contact Name		**Direct Phone Number**	
Clinic Phone Number		**Fax Number for Report Notification**	
After Hours Phone Number		**Any Alternative Phone Numbers**	

Facility Hours	**Monday - Friday**		**Weekend or Holiday**		**Time Zone**

Is it acceptable to leave a voicemail instead of directly speaking to someone in the office to report that a notifiable event has occurred?	**Office Hours**	☐ Yes ☑ No	**After Hours**	☐ Yes ☑ No	Defaults to "No" unless specified

Critical Notification Criteria

If severe or potentially life-threatening conditions are observed, MySleep will contact the patient first. Instruct them to seek emergency medical attention if deemed appropriate, and dispatch EMS if necessary. MySleep will then notify the physician as instructed below.

Description	Rate	Duration	MCT & CEM		Holter & ExH		*Considered Revealing for Holter+ Patients
			After Hours	Next Bus Day	After Hours	Next Bus Day	
Ventricular Fibrillation/Torsades de Pointes/Agonal	All episodes	All episodes	✔		✔		Yes
Any Rhythm	≥200 BPM	≥10 beats	✔		✔		No
	≤30 BPM	≥15 seconds	✔		✔		No
Ventricular Tachycardia	Any Rate	≥30 seconds	✔		✔		Yes
Asystole or Pauses		≥6 seconds	✔		✔		Yes
3rd Degree AVB/Complete Heart Block/Alternating BBB	All episodes	All episodes	✔		✔		Yes
Marked ST Segment Elevation or Depression	All episodes	All episodes	✔		✔		Yes
ICD Discharge/Pacemaker Malfunctions	All episodes	All episodes	✔		✔		Yes

Standard Notification Criteria

Description	Rate	Duration	MCT & CEM		Holter & ExH		*Considered Revealing for Holter+ Patients
			After Hours	Next Bus Day	After Hours	Next Bus Day	
Symptom Reported: Syncopal Episode	Any Rate	Any Duration		✔		✔	No
Any Rhythm	≥180 BPM	≥10 seconds		✔		✔	No
Bradycardia (Excluding Afib/Flutter)	Symptomatic: ≤40 BPM	>30 seconds		✔		✔	Yes
	Asymptomatic: ≤35 BPM			✔		✔	Yes
New onset Afib/Flutter	Any Rate	Any Duration		✔		✔	Yes
Atrial Fibrillation/Flutter	RVR ≥ 150 BPM or SVR ≤ 40 BPM	>30 seconds		✔		✔	No
				✔		✔	Yes
Pauses		≥4 seconds		✔		✔	Yes
Ventricular Tachycardia	≥120 BPM	≥10 beats		✔		✔	Yes
2nd Degree AVB, Mobitz II	Any Rate	Any Duration		✔		✔	Yes
Supraventricular Tachycardia	≥150 BPM	≥10 beats		✔		✔	Yes
	≥130 BPM	≥60 seconds		✔		✔	Yes

*Holter+ is a specific service consisting of a 24-72 Hour Holter test followed by a Cardiac Event or MCT test if the Holter is not revealing.

Upon receiving ECG data that meets the specified criteria, MySleep will fax a report to the provided number. Following this, our monitoring center will attempt to reach your office at the number provided above or on the order form. If initial contact attempts after hours are unsuccessful, a follow-up will be conducted on the next business day. MySleep is authorized to issue notification alerts to any member of your organization's clinical or phone staff.

MySleep accepts patient-specific verbal notification modifications from any affiliated physician, nurse practitioner (NP), or physician assistant (PA). Changes made verbally by someone other than the ordering provider will be verified with that provider on the following business day. Without confirmation, these verbal modifications will expire at the end of the next business day's hours.

If any item on this notification criteria is not acceptable, please contact MySleep BEFORE enrolling a patient to determine if an amended criteria can be followed. All changes to this criteria must be submitted in writing and acknowledged by MySleep before the changes will be enacted.

Printed Name			
Signature		**Date**	