ECG Patch Sensor Initialization Form

ARIC

ID NUMBER: ☐☐☐☐☐☐☐   FORM CODE: ☐E ☐I ☐O   DATE: 12/6/2023
Version 2.0

Instructions: *When the participant is determined to be eligible and has agreed to participate, the form records the sensor serial number. This form is completed immediately before the BioTel ePatch sensor or iRhythm Zio XT Monitor sensor is placed on the participant.*

Administrative Information

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐
 Month   Day   Year

0b. Staff ID: ☐☐☐

0c. Would you be interested in participating in this part of the study, as I've described?

 Y ☐ Yes → **Go to item 1a**

 N ☐ No

 0c1. If no, why not?_____ **Save and close form**

A. Sensor Exclusion Information

1a. Does the participant have an MRI scan, CT scan, X-ray, or diathermy treatment scheduled in the next 14 days?
 Yes ..... ☐ Y
 No .... ☐ N

1b. Does the participant have any air travel scheduled over the next 14 days?
 Yes ..... ☐ Y
 No ☐ N

1c. Does the participant have an implanted neurostimulator?
 Yes ☐ Y
 No ☐ N

1d. Does the participant meet eligibility criteria to wear the ECG patch?
 Yes ..... ☐ Y
 No ☐ N **Save and close form**

B. Sensor Initialization Information

2. Sensor serial number:

(max length=25)

3. Date of sensor application: .... ☐☐ / ☐☐ / ☐☐☐☐
                                                           M   M   D   D   Y   Y   Y   Y

4. Which ECG patch was the participant given?
        BioTel ePatch   ☐ E
        Zio XT Monitor   ☐ Z