

# Cardiac Testing Notification Criteria

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		After Hours	Defaults to "No" unless specified
			Yes	No	Yes	

Critical Notification Criteria			MCT & CEM		Holter & ExH		*Considered Revealing for Holter+ Patients
Description	Rate	Duration	After Hours	Next Bus Day	After Hours	Next Bus Day	
Ventricular Fibrillation/Toursades de Pointes/Agonal	All episodes	All episodes					
Any Rhythm	≥200 BPM	≥10 beats					
	≤30 BPM	≥15 seconds					
Ventricular Tachycardia	Any Rate	≥30 seconds					
Asystole or Pauses		≥6 seconds					
3rd Degree AVB/Complete Heart Block/Alternating BBB	All episodes	All episodes					
Marked ST Segment Elevation or Depression	All episodes	All episodes					
ICD Discharge/Pacemaker Malfunctions	All episodes	All episodes					

Standard Notification Criteria			MCT & CEM		Holter & ExH		*Considered Revealing for Holter+ Patients
Description	Rate	Duration	After Hours	Next Bus Day	After Hours	Next Bus Day	
Symptom Reported: Syncopal Episode	Any Rate	Any Duration					
Any Rhythm	≥180 BPM	≥10 seconds					
Bradycardia (Excluding Afib/Aflutter)	Symptomatic: ≤40 BPM	>30 seconds					
	Asymptomatic: ≤35 BPM						
New onset Afib/Aflutter	Any Rate	Any Duration					
Atrial Fibrillation/Flutter	RVR ≥ 150	>30 seconds					
	BPM or SVR ≤ 40 BPM						
Pauses		≥4 seconds					
Ventricular Tachycardia	≥120 BPM	≥10 beats					
2nd Degree AVB, Mobitz II	Any Rate	Any Duration					
Supraventricular Tachycardia	≥150 BPM	≥10 beats					
	≥130 BPM	≥60 seconds					

\*Holter+ is a specific service consisting of a 24-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, VirtuOx 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. VirtuOx is authorized to issue notification alerts to any member of your organization's clinical or phone staff.

VirtuOx 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 VirtuOx 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 VirtuOx before the changes will be enacted.

Printed Name	
Signature	Date

