



Cardiac Monitoring Notification Order

PLEASE FAX THIS FORM TO: 1-888-817-0787 OR EMAIL TO: NOTIFICATIONCRITERIA@GOBIO.COM

Notifications Times for MCOT, ECAT, wEvent & Event*	
24 Hours/Day 7 Days/Week	*Emergent & Urgent Criteria

Notification Times for Holter, CardioKey & ePatch*		
M-F 8 AM-8:30 PM ET SAT 8 AM-4:30PM ET	Emergent & Urgent Criteria Emergent Criteria Only Opt Out of All Holter Notifications	Select ONE : Call Fax Email

Practice/Physician Name: _____

Applies to this physician only

Phone Number: _____ Email Address: _____

All All Locations or Specific Location(s): _____

Patient Name & DOB: _____ Keep Current Customizable Criteria in Addition to These Changes

Physician Approving: _____

► Emergent Criteria

BioTel Heart will attempt to call both the physician and the patient.*

If the patient is contacted prior to the physician, the patient will be advised to go to the Emergency Department.

The Required Emergent Criteria cannot be altered.

Required Emergent Criteria	Rate	Duration
Pause	All Events	≥10 Seconds
Severe Tachycardia (All Atrial Rhythms)	≥220 BPM	≥30 Seconds
Severe Bradycardia (All Atrial Rhythms)	<20 BPM	≥ 30 Seconds
Ventricular Tachycardia (Symptomatic)	>100 BPM	≥ 30 Beats
Ventricular Fibrillation	All Events	All Events

Customizable Emergent Criteria	Rate	Duration	Criteria Changes
Sustained VTach	>150 BPM	>30 Seconds	
Rapid VTach	≥190 BPM	>6 Beats	

► Urgent Criteria

BioTel Heart will attempt to call the physician for direction. The patient will not be contacted unless directed to do so by the physician.

Customizable Urgent Criteria	Rate	Duration	Criteria Changes
Pause/Asystole	All Events	>3 Seconds	
Syncope	All Events	All Events	
Severe Tachycardia (All Atrial Rhythms) - Asymptomatic	>190 BPM	>30 Seconds	
Severe Tachycardia (All Atrial Rhythms) - Symptomatic	>170 BPM	>30 Seconds	
Severe Bradycardia	<35 BPM	> 30 Seconds	
Atrial Fibrillation/Flutter	New Onset	>10 Seconds Notify 9A-5P, 7 Days a Week	
Ventricular Tachycardia	>100 BPM	>3 Beats w/ symptoms	
2 nd Degree AVB – Mobitz Type II	All Events	All Events	
3 rd Degree AV Block – Complete HB/AV Dissociation	All Events	All Events	
Defibrillator/Pacemaker – Failure to Capture/Sense	All Events	All Events	

***CardioNet, a BioTel Heart Company, is a Diagnostic Service and NOT an Emergency Service**

_____ My initials allow BioTel Heart to notify any member of my office staff during normal business hours for Urgent and Emergent notifications. It will be the responsibility of the office staff to ensure that the Physician receives the notification information and corresponding report.

Signature: _____

Date: _____

(Physician)