



Exam 6

Atrial Fibrillation Study Completion

Participant ID #:

Acrostic:

Technician ID:

1. ZioPatch 1 applied: Yes No

Date: / /
Month Day Year

Time ____ : ____
Record in military time (e.g. 5PM = 17:00)

Self-applied Applied by FC staff

Serial Number: _____

↓
Technician ID:

2. Check in call at day 2-3 after first patch applied: Yes No

Date: / /
Month Day Year

3. Phone call reminder to mail in patch, booklet, & sleep/wake log at day 14 after 1st patch applied: Yes No

Date: / /
Month Day Year

4. Zio Patch #2 mailed to participant: Yes No

ZioPatch 2: Self-applied Applied by FC staff

Date: / /
Month Day Year

Serial Number: _____

↓
Technician ID:

5. Check in call at day 1-2 after second patch mailed: Yes No

Date: / /
Month Day Year

Date participant says he/she applied or will apply ZioPatch #2: / /
Month Day Year

Target date for removal of Patch #2 (14 days after application): / /
Month Day Year

6. Phone call reminder to mail in patch #2 at day 14 after patch #2 applied Yes No

Date: / /
Month Day Year



Exam 6

Atrial Fibrillation Study Completion

7. If a replacement patch is needed due to wear time less than 48 hours:

Replacement Zio Patch mailed to participant:

Date mailed: / /

Month Day Year

Patch 1 Patch 2

Self-applied Applied by FC staff

Serial Number: _____



Technician ID:

Comments:

8. Brain MRI scheduling call:

/ /

Month Day Year

MRI scheduled:

/ /

Month Day Year

Time ____ : ____

Record in military time (e.g. 5PM = 17:00)

MRI completed:

/ /

Month Day Year

(imported from MRI completion)