DATE IDNO#

PARTICIPANT NAME

ADDRESS

Dear NAME,

Thank you for your recent participation in the Multi-Ethnic Study of Atherosclerosis (MESA). As part of the study, you wore a CardeaSolo Heart Monitor patch for up to 7 days starting on DATE OF PATCH APPLICATION. The purpose of this letter is to let you know that there were abnormalities found on your CardeaSolo Heart Monitor that require clinical follow-up.

The CardeaSolo Heart Monitor report shows ALERT DESCRIPTION.

*SELECT THE APPROPRIATE DESCRIPTION FROM THIS LIST AND DELETE THE OTHERS. If “OTHER FINDINGS OF CONCERN” PROVIDE THE DESCRIPTION FROM THE HEART MONITOR ALERT EMAIL NOTIFICATION*

|  |
| --- |
| *A fast heart rhythm* |
| *A slow heart beat due to an interruption in the electrical pathway in the heart* |
| *A slow heart beat due to an interruption in the electrical pathway in the heart* |
| *A pause in your heart beat for longer than 6 seconds* |
| *A slow heart rate below 40 beats per minute lasting longer than 30 seconds* |
| *An irregular heart rhythm called atrial fibrillation* |
| *A fast heart rhythm* |
| *Other findings of concern to reader* |

A report descibing the findings has been sent to your medical provider. If you have any questions, please call STUDY COORDINATOR at PHONE NUMBER.

Sincerely,

PI SIGNATURE
TITLE

CC: HEALTHCARE PROVIDER

DATE IDNO#

PHYSICIAN NAME

ADDRESS

Dear Dr. NAME,

Your patient, PARTICIPANT NAME (Date of Birth: DOB), is a participant in the Multi-Ethnic Study of Atherosclerosis (MESA). They volunteered for an examination on DATE, and requested that the findings from the tests and examinations be forwarded to you.

An alert value was reported from the CardeaSolo heart monitor that was worn for up to 7 days after the MESA clinic visit. The details are included in the enclosed patient report for PARTICIPANT NAME’s medical file.

The following alert was observed: LIST ALERT(S)

*SELECT THE APPROPRIATE DESCRIPTION FROM THIS LIST AND DELETE THE OTHERS. If “OTHER FINDINGS OF CONCERN” PROVIDE THE DESCRIPTION FROM THE HEART MONITOR ALERT EMAIL NOTIFICATION*

|  |
| --- |
| *Wide QRS tachycardia >110 bpm and sustained for >30 seconds* |
| *Complete heart block* |
| *2nd degree AV Block, Mobitz II* |
| *Pause >4 seconds* |
| *Bradycardia < 40 bpm and sustained for >30 seconds during waking hours* |
| *Atrial fibrillation with average heart rate < 40 bpm or >180 bpm and sustained for 60 seconds* |
| *Narrow QRS tachycardia >180 bpm and sustained for >60 seconds* |
| *Other findings of concern to reader* |

If you have any questions, please call STUDY COORDINATOR at PHONE NUMBER.

Sincerely,

PI SIGNATURE
TITLE