HCHS/SOL-RHYTHM
SOL-RHYTHM Reviewer Form – ZBX QxQ

5/16/2023

Introduction

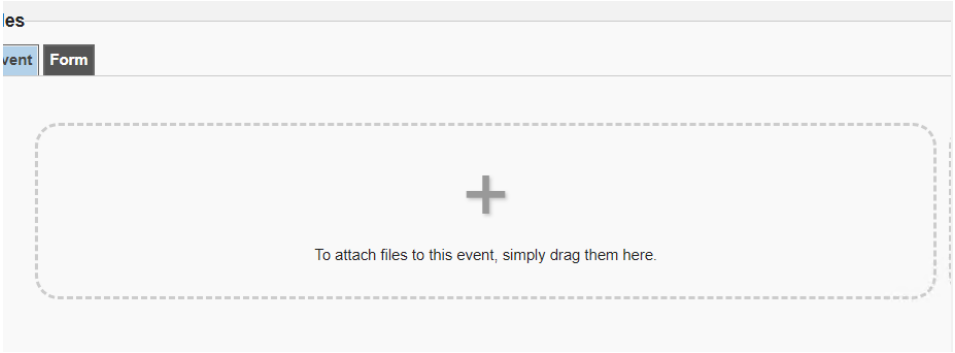
The SOL-RHYTHM Reviewer form is completed by the EPICARE Reading Center after review of the iRhythm standard report.

Procedures

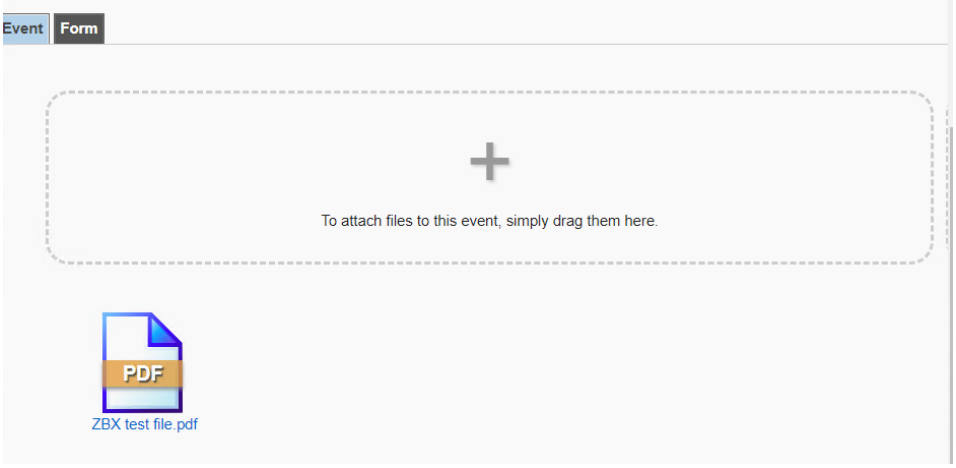
After downloading the iRhythm standard report from the iRhythm secure website and reviewing the report, the EPICARE Reading Center will upload the report to the ZBX form in CDART and answer the form questions.

Attach iRhythm Standard Report

First, save the form. Then upload the iRhythm standard report by dragging the PDF icon into the file attachment section at the bottom of the form:



Once attached, the file icon will appear at the bottom of the form:



Save the form again before continuing.

Question by Question Instructions

For each question, enter or select the appropriate response.

ADMINISTRATIVE INFORMATION

Q0a. Enter the date the form was completed.

Q0b. Enter the ID of the person reviewing the iRhythm standard report and completing the form.

Q0c. The serial number for the device will automatically appear in this form. Verify that the pre-filled serial number matches the serial number in the iRhythm report. If they do not match, first check to make sure the Subjet ID is correct. If the Subject ID is correct but the serial numbers do not match, notify the CSCC and the Field Center. Discrepancies will be resolved on a case-by-case basis.

ALERTS AND ABNORMALITIES

Q1. Select whether there were any abnormalities requiring an **urgent** participant alert.

Q1a-1h. For each question, indicate whether the listed alert was noted in the iRhythm standard report or seen in the ECG scan. Specify 'Yes' if the listed alert was noted. Specify 'No' or leave blank if the alert was not noted. Blank fields from Q1a-1h will be interpreted to mean the alert was not noted for that participant.

Q1h1. If there were any abnormalities in the iRhythm standard report or seen in the ECG scan that are not listed in Q1a-1g (Q1h=1), specify other alert here.

Q2. Select whether there were any abnormalities requiring non-urgent participant notification.

Q2a-2m. For each question, indicate whether the listed abnormality was noted in the iRhythm standard report or seen in the ECG scan. Specify 'Yes' if the abnormality was noted. Specify 'No' or leave blank if the abnormality was not noted. Blank fields from Q2a-2m will be interpreted to mean the abnormality was not noted for that participant.

Q2m1. If there were any abnormalities in the iRhythm standard report or seen in the ECG scan that are not listed in Q2a-2m (Q2m=1), specify other alert here.

Q3. Select which type of letter the Field Center should send to the participant.

If Q1=1, select Q3=2 "Alerts Present"
If Q1=0 and Q2=1, select Q3=1 "Abnormal Findings"
If both Q1=0 and Q2=0, select either Q3=0 "No Abnormal Findings", or, if ECG scan could not be read due to poor data quality, select Q3=3 "Poor Data Quality. No Results."
If both Q1=1 and Q2=1, abnormalities and alerts are present, select Option 2, Q3=2 Alerts Present, for the type of letter to send.

Q4. Add any additional comments related to participant results.