



Send Completed Forms To:
 Email:
 Fax #:

COALA NOTIFICATION CRITERIA

Account Name:		Additional Notification Instructions:	
Location Name:		<input type="checkbox"/> Apply Criteria to all locations	
Contact Name:	Phone:		
Time Zone: <input type="radio"/> PT <input type="radio"/> AZ <input type="radio"/> MT <input type="radio"/> CT <input type="radio"/> ET <input type="radio"/> Other		MD/DO Notification Options (Select one):	
Business Hours: (M-F) ___am to ___pm Notify on weekends/Federal Holidays? <input type="radio"/> YES <input type="radio"/> NO <i>Provide Any additional in the Additional Notification Instructions section</i>		When notifying, if Monitoring Center reaches voicemail	
Business Hours Notification Contact Name:	Phone:		
After Hours Notification Contact Name:	Phone:		
		<input type="radio"/> Make three attempts (default)	
		<input type="radio"/> Consider notification complete after first attempt	

Notification Criteria (Default)	Notify Immediately ¹	Notify During Business Hours* Only ²	Do Not Notify (Only in Report) ³
First Documentation of Atrial Fibrillation (Detected in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial Fibrillation/Atrial Flutter (Detected in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pause/AV Block II (AV Block II or beats longer than 2.2s in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast regular (>100 BPM) (RR interval shorter than 600ms in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast / Slow sequences with P-waves detected (non-AF) (Detected in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bigemini patterns with P-waves detected (Detected in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trigemini patterns with P-waves detected (Detected in both chest and thumb ECG leads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete Heart Block (if observed) (6 beats or greater)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventricular Fibrillation (if observed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please define _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOOTNOTES:	
1	Notification will occur 24/7.
2	Notification will occur during business hours as defined by account.
3	There will be no notification. Report will only be posted to www.coalacare.us
4	Pause modifications must be a whole number.

NOTE: To change notification criteria for a specific patient, please email
 The monitoring center makes 3 attempts to notify account. The account may contact customer service at 888-574-4441.

The Coala and associated services have not been tested on patients receiving any form of pacing therapy or on pediatric patients (younger than 22 years). Coala may pose hazard to pediatric patients if used inappropriately. Pediatric and paced cardiac rhythms may not be accurately detected and may be incorrectly classified.

The provisions of the Notification Criteria form are subject to the applicable Coala Life Inc. Terms of Service or Monitoring Service Agreement, as applicable, for its cardiac monitoring. I have received, reviewed and accepted the Coala Life Inc. Terms of Service and Monitoring Service Agreement, as applicable.

Print Clinician Name: _____ Clinician Signature: _____ Date _____

All modifications are subject to Coala Life Inc. Internal approval.