

ZIO[®] BY iRHYTHM

Zio[®] ECG Utilization Software (ZEUS) Instructions for Use

Rx
ONLY



Depictions of screens or reports included in this manual are examples only.

Features available are dependent on your account settings.

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DESCRIPTION

The ZioSuite® web portal and ZioSuite® mobile application are for healthcare professionals to manage and streamline clinical workflows associated with the Zio service. The Zio system consists of a long-term cardiac recording using a prescribed Zio device in combination with Zio ECG Utilization Software (ZEUS), a software system utilizing proprietary deep-learned algorithms for data analysis.

The ZioSuite software module within the ZEUS System offers capabilities to enroll patients into the Zio service, access clinical reports, manage/perform clinical report interpretation, and administer user settings/access.

INDICATIONS FOR USE

The device is intended to capture, analyze and report symptomatic and asymptomatic cardiac events and continuous electrocardiogram information for long-term monitoring. After wear, ECG data from compatible monitoring devices is processed and analyzed by the ZEUS System. A final report is generated on the beat-to-beat information from the entire ECG recording. For the Zio AT service, the ZEUS System supports the capture and analysis of automatically-detected arrhythmia events, as well as the analysis of uploaded patient-triggered events.

The ZEUS System is indicated for use on patients 18 years or older who may be asymptomatic or who may suffer from transient symptoms such as palpitations, shortness of breath, dizziness, light-headedness, pre-syncope, syncope, fatigue, or anxiety and patients who are asymptomatic. The reports are provided for review by the intended user to render a diagnosis based on clinical judgment and experience. It is not intended for use on critical care patients.

Intended Patient Population

18 years or older

Intended Use Environment

Professional use only

CONTRAINDICATIONS

- Do not use the ZEUS System for critical care patients.
- Do not use ZEUS for patients with symptomatic episodes where variations in cardiac performance could result in immediate danger to the patient or when real-time or in-patient monitoring should be prescribed.
- Do not use ZEUS for patients with known history of life threatening arrhythmias.
- QT interval measurements from the ZEUS System are not intended to replace measurements from a 12-lead ECG. The ZEUS System does not independently diagnose drug-induced QT interval changes or QT interval prolongation.

PRECAUTIONS

- ZEUS System QT interval measurements are likely to underestimate the global QT measurement from a 12-lead ECG. The user should consider this when interpreting the ZEUS System QT measurements.
- AF/AFL burden estimates presented during wear in the Daily Report are algorithm generated estimates. However, AF burden presented in the Final Report is human reviewed.
- The Zio AT device has a maximum threshold of transmitting 100 Patient-Triggers and 500 Auto-Triggers during wear, after which point the device no longer transmits for whichever trigger limit has been reached. If this occurs, unless a patch is promptly replaced when the patient is approaching a maximum transmission limit, there will be time during the wear period in which transmissions of that type are captured but not transmitted, and information will not become available until the final report.
- Activation of the Zio AT monitor does not initiate monitoring services. A completed patient registration is the prescription order for monitoring services. If you activate a Zio AT monitor before completing the patient registration, notifications of clinically actionable arrhythmias will be delayed until patient registration is complete.

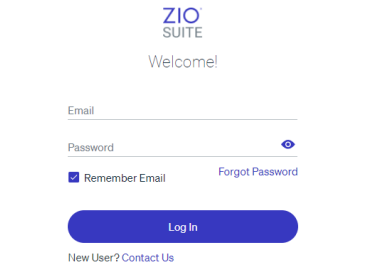
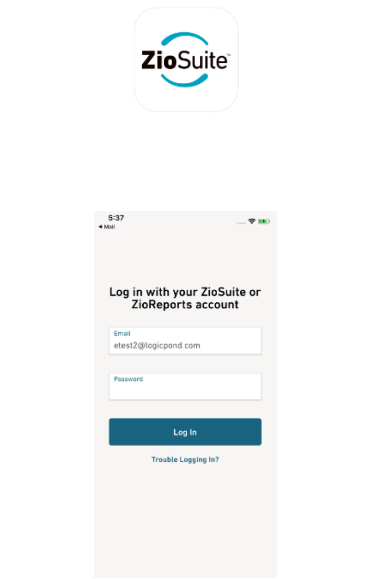
NOTICE OF PRIVACY PRACTICES

iRhythm is committed to upholding patient privacy and protecting personal information, in particular Protected Health Information (PHI) collected and processed in conjunction with our Zio Service. We commit to complying with all applicable privacy laws and allowing patients to exercise their rights via their doctor. Our full Notice of Privacy Practices, found at <https://www.irhythmtech.com/content/privacy> describes our privacy practices, our legal duties, and patients' rights concerning PHI.

ZIOSUITE APPLICATIONS

Prior to accessing ZioSuite, a user account must be setup by your site administrator. The ZioSuite mobile application can be accessed by iPhone devices at the Apple App store and for Android devices using Google Play.

LOGIN

| ZioSuite Website | |
|--|--|
| <ol style="list-style-type: none">1. Open a browser and go to www.ziosuite.com.2. Enter email address and then select "Continue".3. Enter password and then select "Log In". |  |
| ZioSuite Mobile Application | |
| <ol style="list-style-type: none">1. Select the ZioSuite app icon on your mobile phone.2. Enter email address and password, and then select "Log In". |  |

DASHBOARD

ZioSuite Website

Based on your user role, a targeted dashboard will be displayed. Below are the short list and actions available.

Allied Health Professionals

- Register Patient
- Posted Final Reports (Download, Print, or Archive Report)
- Unregistered Monitors
- Zio AT Trigger Limit [Zio AT only]*
- Active Patients
- Reports Pending Interpretation (Print or Download)
- Transmission Reports (Download, Print, or Archive Report) [Zio AT Only]

Physicians

- Reports Pending Interpretation (Assign, Print, Download)
- Posted Final Reports (Download, Print, or Archive Report)
- My Interpretation History (Print or Download Report)
- Zio AT Trigger Limit [Zio AT only]*
- Active Patients
- Transmission Reports (Download, Print, or Archive Report) [Zio AT Only]

*Displays names of patients wearing the Zio AT patch who are approaching or have reached the trigger limit.

The screenshot shows a user interface for Allied Health Professionals. It features a top navigation bar with 'ZIO' and 'My Interpretation History' tabs. The main content area is divided into several sections: 'Posted Final Reports' with a table of reports, 'Reports Pending Interpretation' with a table of pending reports, and 'Transmission Reports' with a table of transmission reports. On the right side, there is a 'My Interpretation History' section with a table of history entries. The interface includes search bars, filters, and action buttons for each report.

The screenshot shows a user interface for Physicians. It features a top navigation bar with 'ZIO' and 'My Interpretation History' tabs. The main content area is divided into several sections: 'Reports Pending Interpretation' with a table of pending reports, 'My Interpretation History' with a table of history entries, and 'Posted Final Reports' with a table of final reports. On the right side, there is a 'My Interpretation History' section with a table of history entries. The interface includes search bars, filters, and action buttons for each report.

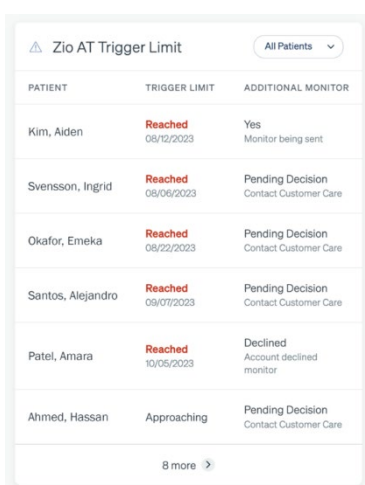
Zio AT Trigger Limit [Zio AT only]

Reached indicates the patient has reached one of the thresholds for maximum transmissions.

Approaching indicates the patient is nearing a maximum threshold.

Additional monitor provides information about an additional monitor that may be sent to this patient.

See pages 19 to 21 for more details on trigger limits.



The screenshot shows a dashboard titled "Zio AT Trigger Limit" with a filter set to "All Patients". Below the title is a table with three columns: "PATIENT", "TRIGGER LIMIT", and "ADDITIONAL MONITOR". The table lists several patients with their names, trigger limit dates, and the status of their additional monitors.

| PATIENT | TRIGGER LIMIT | ADDITIONAL MONITOR |
|-------------------|-----------------------|---|
| Kim, Aiden | Reached 05/12/2023 | Yes Monitor being sent |
| Svensson, Ingrid | Reached 08/06/2023 | Pending Decision Contact Customer Care |
| Okafor, Emeka | Reached 08/22/2023 | Pending Decision Contact Customer Care |
| Santos, Alejandro | Reached 09/07/2023 | Pending Decision Contact Customer Care |
| Patel, Amara | Reached 10/05/2023 | Declined Account declined monitor |
| Ahmed, Hassan | Approaching | Pending Decision Contact Customer Care |

At the bottom of the table, there is a link that says "8 more >".

ZioSuite Mobile Application

Located at the bottom of the application, dashboard allows the user to switch to one of the following screens:

- **Reports:** List of accessible final reports.
- **Interpret:** List of reports available to the logged in user pending interpretation.
- **Transmissions (Zio AT Only):** List of Transmission Reports.
- **Patients:** List of patient records accessible to the logged in user.
- **Settings:** Change Password, PIN/Face ID Setup, Call/Email Customer Support



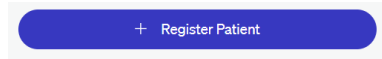
ENROLLMENT

ZioSuite Website

1. Select “+ Register Patient” on the Dashboard. Or, select “Patients>+Register Patient” from the menu.
2. Select the account location.
3. For “Enrollment Type,” select “In-Clinic” or “Home” and select “Next.”
4. Provide the enrollment details.

Entries in all fields are required unless “(Optional)” is indicated.

5. To submit a completed registration, select “Complete Registration”.
6. To save entries for later completion, create a draft registration and enter only the “Last Name”, “First Name”, “Sex”, and “Date of Birth”, then select “Save As Draft”.
7. To exit registration without saving changes, select “Cancel”.



Start Registration

Location

Traditional

Enrollment Type

In-Clinic Home

Cancel

Save As Draft

Complete Registration

PATIENT DETAIL

ZioSuite Website

1. To access the detailed view of a patient record, select the “Patients>Active Patient or Patients>All Patients” menu option.
2. Scroll through the patient list and select the name of the patient record of interest. Note: If unable to locate the patient, type the name into the search window and select the name.
3. The following information is provided in the Patient Detail screen:
 - Patient Demographics
 - Prescriptions
 - Prescription Clinical Reports

Note: Clinical Report can be viewed by selecting the link.

The screenshot displays the ZioSuite website interface. The top navigation bar includes 'Dashboard', 'Registration', 'Patients', 'Reports', and 'Admin'. The main content area is titled 'Active Patients (10/25)' and shows a list of patients with columns for Name, Gender, DOB, Race, Ethnicity, and Location. Below the list, there is a 'Search ID' section with a search bar and a 'Go' button. The 'Prescription Information' section is visible, showing a table with columns for Prescription Name, Dosage Form, Strength, Unit, Start Date, and Prescription Status. The table contains one row with the following data: Prescription Name: 200mg, Dosage Form: TABLETS, Strength: 200mg, Unit: TABLETS, Start Date: 04/18/2018, and Prescription Status: Active. Below the table, there are links for 'Prescription History' and 'Prescription Clinical Reports'.

ZioSuite Mobile Application

1. To access the detailed view of a patient record, select the Patients tab.
2. Scroll through the patient list and select the name of the patient record of interest.

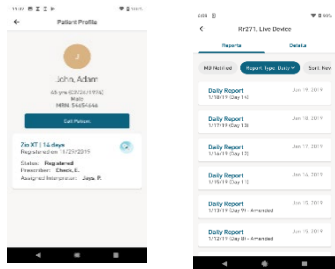
Note: If unable to locate the patient, type the name into the search window and select the name.

3. The following information is provided in the Patient Detail screen:

- Patient Demographics
- Prescriptions

4. Click on a Prescription to access associate reports and Rx details.

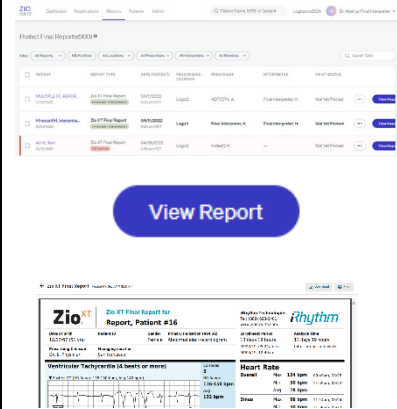
Note: Clinical Report can be viewed by selecting in the Report Name link.



REPORT ACCESS

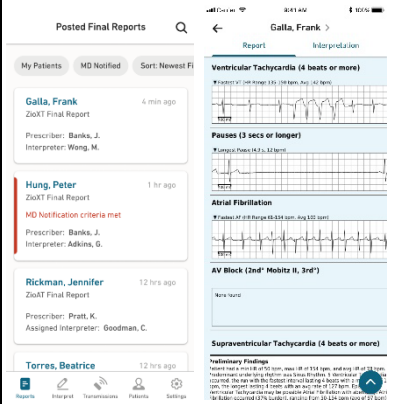
ZioSuite Website

1. To access a clinical report, select the “Reports>REPORT TYPE” menu option.
2. Scroll through the report list and select “View Report” of the report of interest.
3. Upon selection, the Clinical Report will be visible with options to download the Report.



ZioSuite Mobile Application

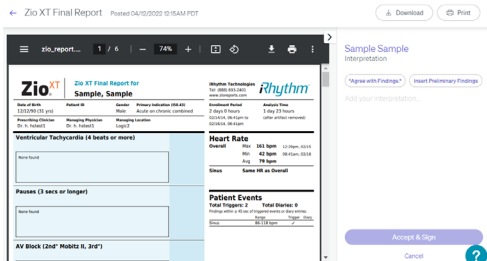
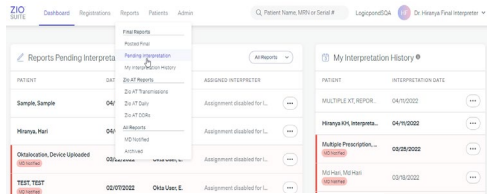
1. To access a clinical report, select the Report tab.
2. Scroll through the report list and select tab of interest. Note: If unable to locate the patient, type the patient name into the search window and select the associated tab.
3. Upon selection, the Clinical Report will be visible with options to view the Report and the associated interpretation.



REPORT INTERPRETATION

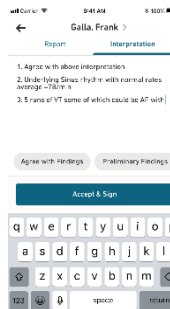
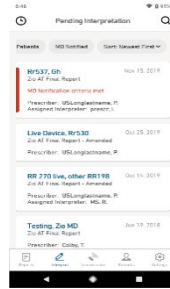
ZioSuite Website

1. To interpret a clinical report, select the “Reports>Pending Interpretation” menu option.
2. Scroll through the report list and select “Interpret Report” of the report of interest.
3. Upon selection, the Clinical Report will be visible with options to indicate “Agree with Findings”, “Insert Preliminary Findings”, as well as to enter physician interpretation.
4. Select “Accept & Sign” to incorporate an electronically signed interpretation into the report PDF.

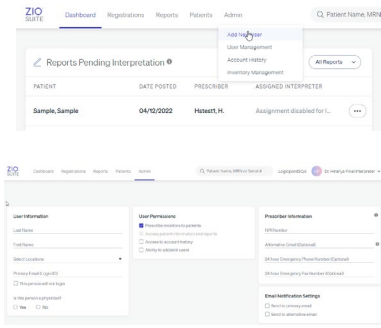
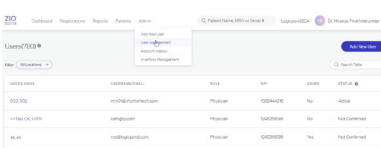
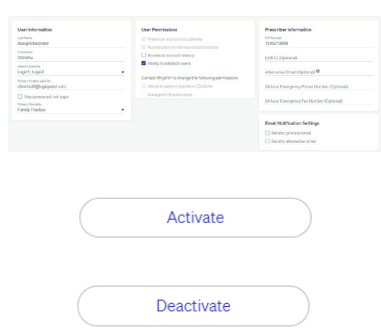


ZioSuite Mobile Application

1. To interpret a clinical report, select the Interpret tab.
2. Scroll through the report list and select report of interest.
3. Upon selection, the Clinical Report will be visible with options to indicate “Agree with Findings”, “Insert Preliminary Findings”, as well as to enter physician interpretation.
4. Select “Accept & Sign” to incorporate an electronically signed interpretation into the report PDF.




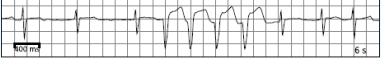
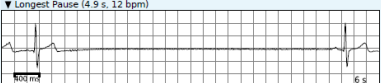
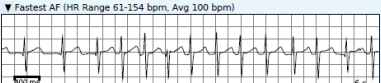
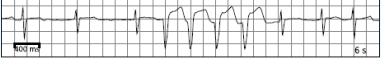
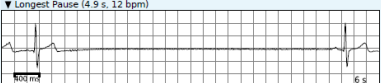
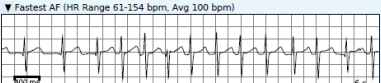
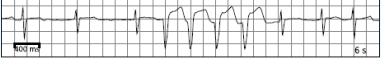
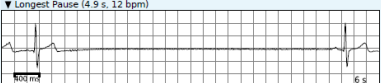
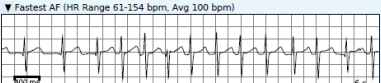
USER MANAGEMENT

| ZioSuite Website | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|----------|----------|--------|--------|----------|-----------------------|----------|----------|-----|--------------|-----------------------|----------|---------|-----|----------|-----------------------|----------|----------|-----|
| <h3 style="text-align: center;">Add User</h3> <ol style="list-style-type: none"> To add a user, select the “Admin>Add New User” menu option. Fill-in the user registration details and select the “Register” option. |  <p>The screenshot shows the ZioSuite Admin dashboard. The 'Admin' menu is open, highlighting 'Add New User'. Below, the 'User Registration' form is visible, with fields for User Information, User Permissions, and Provider Information.</p> | | | | | | | | | | | | | | | | | | | | |
| <h3 style="text-align: center;">User List</h3> <ol style="list-style-type: none"> To view the list of users, select the “Admin>User Management” menu option. |  <p>The screenshot shows the ZioSuite Admin dashboard with the 'User Management' menu option highlighted. Below, a table lists users with columns for Username, Email, Provider, Status, and Action.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Username</th> <th>Email</th> <th>Provider</th> <th>Status</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>ziosuite</td> <td>ziosuite@ziosuite.com</td> <td>Provider</td> <td>DISABLED</td> <td>Yes</td> </tr> <tr> <td>ziosuite.com</td> <td>ziosuite@ziosuite.com</td> <td>Provider</td> <td>ENABLED</td> <td>Yes</td> </tr> <tr> <td>ziosuite</td> <td>ziosuite@ziosuite.com</td> <td>Provider</td> <td>DISABLED</td> <td>Yes</td> </tr> </tbody> </table> | Username | Email | Provider | Status | Action | ziosuite | ziosuite@ziosuite.com | Provider | DISABLED | Yes | ziosuite.com | ziosuite@ziosuite.com | Provider | ENABLED | Yes | ziosuite | ziosuite@ziosuite.com | Provider | DISABLED | Yes |
| Username | Email | Provider | Status | Action | | | | | | | | | | | | | | | | | |
| ziosuite | ziosuite@ziosuite.com | Provider | DISABLED | Yes | | | | | | | | | | | | | | | | | |
| ziosuite.com | ziosuite@ziosuite.com | Provider | ENABLED | Yes | | | | | | | | | | | | | | | | | |
| ziosuite | ziosuite@ziosuite.com | Provider | DISABLED | Yes | | | | | | | | | | | | | | | | | |
| <h3 style="text-align: center;">Deactivate/Activate User Account</h3> <ol style="list-style-type: none"> Select the “Admin>User Management” menu option to view the list of users. Select the user name of interest. Select “Activate” to activate an inactive user. Select “Deactivate” to make a user inactive and unable to access ZioSuite web and mobile application. |  <p>The screenshot shows the ZioSuite Admin dashboard with the 'User Management' form. The 'Activate' and 'Deactivate' buttons are highlighted in blue.</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 5px 20px; display: inline-block; margin-bottom: 10px;">Activate</div> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 5px 20px; display: inline-block;">Deactivate</div> </div> | | | | | | | | | | | | | | | | | | | | |

REPORT TYPES

Final Report


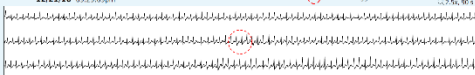
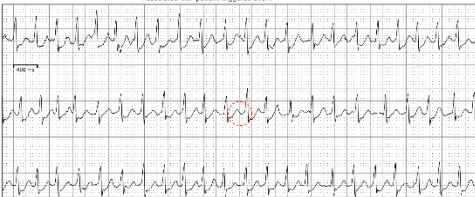
The Final Report is a comprehensive, end-of-wear PDF report showing the findings from the recording. Preliminary findings are provided for clinician review.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|---|----------------------------------|----------------------|--|---------------------------|----------------------------|-------------------------|--|-------------------------------------|--|-------------------------------|--|----------------------|--|--|------------|--|---|-------------------|
| <p>Patient Demographics</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • Patient ID • Gender • Primary Indication • Prescribing Clinician <p><i>If applicable</i></p> <ul style="list-style-type: none"> • Managing Location • Referring Physician | <div style="text-align: center;">  Zio XT Final Report for Report, Patient #16 </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date of Birth 12/12/67 (51 yrs)</td> <td style="width: 25%;">Patient ID</td> <td style="width: 25%;">Gender Female</td> <td style="width: 25%;">Primary Indication (R94.31) Abnormal electrocardiogram</td> </tr> <tr> <td>Prescribing Clinician Dr. E. Physician</td> <td colspan="3">Managing Location San Francisco</td> </tr> </table> | Date of Birth 12/12/67 (51 yrs) | Patient ID | Gender Female | Primary Indication (R94.31) Abnormal electrocardiogram | Prescribing Clinician Dr. E. Physician | Managing Location San Francisco | | | | | | | | | | | | | | | | | | |
| Date of Birth 12/12/67 (51 yrs) | Patient ID | Gender Female | Primary Indication (R94.31) Abnormal electrocardiogram | | | | | | | | | | | | | | | | | | | | | | |
| Prescribing Clinician Dr. E. Physician | Managing Location San Francisco | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Enrollment Details</p> <ul style="list-style-type: none"> • Enrollment Period • Analysis Time | <table style="width: 100%;"> <tr> <td style="width: 50%;">Enrollment Period 13 days 19 hours 03/22/19, 05:24am to 04/05/19, 12:40am</td> <td style="width: 50%;">Analysis Time 13 days 19 hours (after artifact removed)</td> </tr> </table> | Enrollment Period 13 days 19 hours 03/22/19, 05:24am to 04/05/19, 12:40am | Analysis Time 13 days 19 hours (after artifact removed) | | | | | | | | | | | | | | | | | | | | | | |
| Enrollment Period 13 days 19 hours 03/22/19, 05:24am to 04/05/19, 12:40am | Analysis Time 13 days 19 hours (after artifact removed) | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Arrhythmia Summary</p> <ul style="list-style-type: none"> • Ventricular Fibrillation/Torsades de Pointes/Polymorphic VT • Ventricular Tachycardia • Pauses • Atrial Fibrillation/Flutter • AV Block (2nd Mobitz II, 3rd) • Supraventricular Tachycardia | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Ventricular Tachycardia (4 beats or more)</td> <td style="width: 20%;">Episodes 5</td> </tr> <tr> <td> <p>▼ Fastest VT (HR Range 135-150 bpm, Avg 142 bpm)</p>  </td> <td>HR Range 116-150 bpm</td> </tr> <tr> <td></td> <td>Avg 132 bpm</td> </tr> <tr> <td>Pauses (3 secs or longer)</td> <td>Episodes 3</td> </tr> <tr> <td> <p>▼ Longest Pause (4.9 s, 12 bpm)</p>  </td> <td>Range 3.9-4.9 s</td> </tr> <tr> <td>Atrial Fibrillation</td> <td>AF Burden 37%</td> </tr> <tr> <td> <p>▼ Fastest AF (HR Range 61-154 bpm, Avg 100 bpm)</p>  </td> <td>Longest Duration 1 d 19 h</td> </tr> <tr> <td></td> <td>HR Range 50-154 bpm</td> </tr> <tr> <td></td> <td>Avg 97 bpm</td> </tr> <tr> <td>AV Block (2nd Mobitz II, 3rd)</td> <td></td> </tr> <tr> <td style="height: 40px;">None found</td> <td></td> </tr> <tr> <td>Supraventricular Tachycardia (4 beats or more)</td> <td>None found</td> </tr> </table> | Ventricular Tachycardia (4 beats or more) | Episodes 5 | <p>▼ Fastest VT (HR Range 135-150 bpm, Avg 142 bpm)</p>  | HR Range 116-150 bpm | | Avg 132 bpm | Pauses (3 secs or longer) | Episodes 3 | <p>▼ Longest Pause (4.9 s, 12 bpm)</p>  | Range 3.9-4.9 s | Atrial Fibrillation | AF Burden 37% | <p>▼ Fastest AF (HR Range 61-154 bpm, Avg 100 bpm)</p>  | Longest Duration 1 d 19 h | | HR Range 50-154 bpm | | Avg 97 bpm | AV Block (2nd Mobitz II, 3rd) | | None found | | Supraventricular Tachycardia (4 beats or more) | None found |
| Ventricular Tachycardia (4 beats or more) | Episodes 5 | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pauses (3 secs or longer) | Episodes 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>▼ Longest Pause (4.9 s, 12 bpm)</p>  | Range 3.9-4.9 s | | | | | | | | | | | | | | | | | | | | | | | | |
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| | HR Range 50-154 bpm | | | | | | | | | | | | | | | | | | | | | | | | |
| | Avg 97 bpm | | | | | | | | | | | | | | | | | | | | | | | | |
| AV Block (2nd Mobitz II, 3rd) | | | | | | | | | | | | | | | | | | | | | | | | | |
| None found | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supraventricular Tachycardia (4 beats or more) | None found | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Heart Rate Summary</p> <ul style="list-style-type: none"> Overall maximum, minimum and average heart rate Sinus maximum, minimum and average heart rate | <p>Heart Rate</p> <table border="1"> <tr> <td>Overall</td> <td>Max</td> <td>154 bpm</td> <td>09:49am, 03/25</td> </tr> <tr> <td></td> <td>Min</td> <td>50 bpm</td> <td>11:59pm, 03/22</td> </tr> <tr> <td></td> <td>Avg</td> <td>78 bpm</td> <td></td> </tr> <tr> <td>Sinus</td> <td>Max</td> <td>96 bpm</td> <td>11:14am, 03/24</td> </tr> <tr> <td></td> <td>Min</td> <td>50 bpm</td> <td>11:59pm, 03/22</td> </tr> <tr> <td></td> <td>Avg</td> <td>66 bpm</td> <td></td> </tr> </table> | Overall | Max | 154 bpm | 09:49am, 03/25 | | Min | 50 bpm | 11:59pm, 03/22 | | Avg | 78 bpm | | Sinus | Max | 96 bpm | 11:14am, 03/24 | | Min | 50 bpm | 11:59pm, 03/22 | | Avg | 66 bpm | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------|-----------------|-------------------------|-----------------|---|------------|---------------|----------------|----------|-------------|---------------|------|--------------|-------------|---------------|----------------|---------|-------------|---------------|----------------|-------------------------------------|-----|---------------|---|----------|-------------|-------|------|---------|-------------|-------|-----|---------|-------------|-------|----|--------------------------------------|--|--|-----|---------------------------------------|--|--|-----|
| Overall | Max | 154 bpm | 09:49am, 03/25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Min | 50 bpm | 11:59pm, 03/22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Avg | 78 bpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinus | Max | 96 bpm | 11:14am, 03/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Avg | 66 bpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Patient Events Summary</p> <ul style="list-style-type: none"> Count of trigger events Count of diary events Range of findings for each event type | <p>Patient Events</p> <p>Total Triggers: 2 Total Diaries: 1</p> <p>Findings within ± 45 sec of triggered events or diary entries:</p> <table border="1"> <thead> <tr> <th></th> <th>Range</th> <th>Trigger</th> <th>Diary</th> </tr> </thead> <tbody> <tr> <td>AF</td> <td>59-126 bpm</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Pause(s)</td> <td>3.9 s</td> <td>✓</td> <td></td> </tr> <tr> <td>Sinus</td> <td>56-73 bpm</td> <td>✓</td> <td></td> </tr> <tr> <td>SVE(s)</td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>VE(s)</td> <td></td> <td></td> <td>✓</td> </tr> </tbody> </table> | | Range | Trigger | Diary | AF | 59-126 bpm | ✓ | ✓ | Pause(s) | 3.9 s | ✓ | | Sinus | 56-73 bpm | ✓ | | SVE(s) | | ✓ | | VE(s) | | | ✓ | | | | | | | | | | | | | | | | | | | | |
| | Range | Trigger | Diary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AF | 59-126 bpm | ✓ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pause(s) | 3.9 s | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinus | 56-73 bpm | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SVE(s) | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VE(s) | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Ectopic Beats Summary</p> <ul style="list-style-type: none"> Supraventricular Ectopy Ventricular Ectopy | <p>Ectopics</p> <table border="1"> <thead> <tr> <th></th> <th>Rare <1%</th> <th>Occasional 1% to ≤5%</th> <th>Frequent >5%</th> </tr> </thead> <tbody> <tr> <td colspan="4">Supraventricular Ectopy (SVE/PACs)</td> </tr> <tr> <td>Isolated</td> <td>Rare</td> <td><1.0%</td> <td>6723</td> </tr> <tr> <td>Couplet</td> <td>Rare</td> <td><1.0%</td> <td>141</td> </tr> <tr> <td>Triplet</td> <td>Rare</td> <td><1.0%</td> <td>9</td> </tr> <tr> <td colspan="4">Ventricular Ectopy (VE/PVCs)</td> </tr> <tr> <td>Isolated</td> <td>Rare</td> <td><1.0%</td> <td>1716</td> </tr> <tr> <td>Couplet</td> <td>Rare</td> <td><1.0%</td> <td>192</td> </tr> <tr> <td>Triplet</td> <td>Rare</td> <td><1.0%</td> <td>26</td> </tr> <tr> <td>Longest Ventricular Bigeminy Episode</td> <td></td> <td></td> <td>0 s</td> </tr> <tr> <td>Longest Ventricular Trigeminy Episode</td> <td></td> <td></td> <td>0 s</td> </tr> </tbody> </table> | | Rare <1% | Occasional 1% to ≤5% | Frequent >5% | Supraventricular Ectopy (SVE/PACs) | | | | Isolated | Rare | <1.0% | 6723 | Couplet | Rare | <1.0% | 141 | Triplet | Rare | <1.0% | 9 | Ventricular Ectopy (VE/PVCs) | | | | Isolated | Rare | <1.0% | 1716 | Couplet | Rare | <1.0% | 192 | Triplet | Rare | <1.0% | 26 | Longest Ventricular Bigeminy Episode | | | 0 s | Longest Ventricular Trigeminy Episode | | | 0 s |
| | Rare <1% | Occasional 1% to ≤5% | Frequent >5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supraventricular Ectopy (SVE/PACs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Isolated | Rare | <1.0% | 6723 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Couplet | Rare | <1.0% | 141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triplet | Rare | <1.0% | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ventricular Ectopy (VE/PVCs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Isolated | Rare | <1.0% | 1716 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Couplet | Rare | <1.0% | 192 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triplet | Rare | <1.0% | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Longest Ventricular Bigeminy Episode | | | 0 s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Longest Ventricular Trigeminy Episode | | | 0 s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Preliminary Findings</p> <ul style="list-style-type: none"> Summary text of findings | <p>Preliminary Findings</p> <p>Patient had a min HR of 50 bpm, max HR of 154 bpm, and avg HR of 78 bpm. Predominant underlying rhythm was Sinus Rhythm. 5 Ventricular Tachycardia runs occurred, the run with the fastest interval lasting 4 beats with a max rate of 150 bpm, the longest lasting 4 beats with an avg rate of 127 bpm. Episodes of Ventricular Tachycardia may be possible Atrial Fibrillation with aberrancy. Atrial Fibrillation occurred (37% burden), ranging from 50-154 bpm (avg of 97 bpm), the longest lasting 1 day 19 hours with an avg rate of 97 bpm. 3 Pauses occurred, the longest lasting 4.9 secs (12 bpm). Atrial Fibrillation and Pause were detected within +/- 45 seconds of symptomatic patient event(s). Isolated SVEs were rare (<1.0%, 6723), SVE Couplets were rare (<1.0%, 141), and SVE Triplets were rare (<1.0%, 9). Isolated VEs were rare (<1.0%, 1716), VE Couplets were rare (<1.0%, 192), and VE Triplets were rare (<1.0%, 26).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Final Findings</p> <ul style="list-style-type: none"> Clinician interpretation | <p>Final Interpretation</p> <ol style="list-style-type: none"> Agree with above interpretation Underlying Sinus rhythm with normal rates average =78/min 5 runs of VT some of which could be AF with aberrancy Atrial fibrillation with 37% burden and longest run of 42 hours Pauses of up to 4.9 seconds likely post conversion related Triggered events consistent with AF, Pauses <p>Electronically signed by Dr. Example Physician 04/12/19 06:18 PM (CT)</p> <p style="text-align: right;">SIGNATURE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


Transmission Report

Transmission Reports are provided for asymptomatic, symptomatic, scheduled, and baseline transmission events during the wear period of the Zio AT service only.

| | | | | | | | | | |
|--|--|--|--|-------------------------------|--|---|--|--|--|
| <p>Patient Demographics</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • Patient ID • Gender • Primary Indication • Prescribing Clinician <p>If applicable</p> <ul style="list-style-type: none"> • Managing Location • Referring Physician | <div style="text-align: right;">  <p>Zio AT Transmission Report for Report, Sample #4</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date of Birth 12/12/67 (49 yrs)</td> <td style="width: 25%;">Patient ID</td> <td style="width: 25%;">Gender Female</td> <td style="width: 25%;">Primary Indication (I48.0) Paroxysmal atrial fibrillation</td> </tr> <tr> <td>Prescribing Clinician Dr. E. Physician</td> <td colspan="3">Managing Location INCC Lincolnshire</td> </tr> </table> | Date of Birth 12/12/67 (49 yrs) | Patient ID | Gender Female | Primary Indication (I48.0) Paroxysmal atrial fibrillation | Prescribing Clinician Dr. E. Physician | Managing Location INCC Lincolnshire | | |
| Date of Birth 12/12/67 (49 yrs) | Patient ID | Gender Female | Primary Indication (I48.0) Paroxysmal atrial fibrillation | | | | | | |
| Prescribing Clinician Dr. E. Physician | Managing Location INCC Lincolnshire | | | | | | | | |
| <p>Enrollment Details</p> <ul style="list-style-type: none"> • Enrollment Start • Date Received • Report Type • Transmission Count | <table style="width: 100%;"> <tr> <td>Enrollment Start 12/21/16, 01:34pm</td> <td>Date Received 12/21/16, 09:46pm</td> </tr> <tr> <td>Report Type Routine</td> <td>Transmission(s) 1</td> </tr> </table> | Enrollment Start 12/21/16, 01:34pm | Date Received 12/21/16, 09:46pm | Report Type Routine | Transmission(s) 1 | | | | |
| Enrollment Start 12/21/16, 01:34pm | Date Received 12/21/16, 09:46pm | | | | | | | | |
| Report Type Routine | Transmission(s) 1 | | | | | | | | |
| <p>Preliminary Findings</p> <ul style="list-style-type: none"> • Summary text of findings | <p>Preliminary Findings</p> <p>Atrial Fibrillation occurred continuously ranging from 152-187 bpm (avg of 170 bpm).</p> | | | | | | | | |
| <p>Transmission Strip</p> <ul style="list-style-type: none"> • 90-second transmission | <div style="border: 1px solid #ccc; padding: 5px;"> <p>AF (152-187 bpm) 12/21/16 09:29:09pm = Patient Triggered Marker 02:56, 90s</p>  <p><small>Provided strip covers +5 seconds before and after the button areas.</small></p> </div> | | | | | | | | |
| <p>Additional Strips</p> <ul style="list-style-type: none"> • Enlarged segments of ECG | <div style="border: 1px solid #ccc; padding: 5px;"> <p>12/21/16 09:28:58pm Atrial Fibrillation (152-187 bpm) <small>Associated with patient triggered event</small></p>  </div> | | | | | | | | |

Daily Report

The Daily Report provides a recap of events detected and reported for the previous day. Daily Reports are available with the Zio AT service only.

| <p>Patient Demographics</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth and Age • Patient ID • Gender • Primary Indication • Prescribing Clinician <p><i>If applicable</i></p> <ul style="list-style-type: none"> • Managing Location • Referring Physician | <div style="display: flex; align-items: center;">  <div> <p>Zio AT Daily Report for Report, Sample #4</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Date of Birth 12/12/67 (49 yrs)</td> <td style="font-size: 8px;">Patient ID</td> <td style="font-size: 8px;">Gender Female</td> <td style="font-size: 8px;">Primary Indication (I48.0) Paroxysmal atrial fibrillation</td> </tr> <tr> <td style="font-size: 8px;">Prescribing Clinician Dr. E. Physician</td> <td colspan="3" style="font-size: 8px;">Managing Location INCC Lincolnshire</td> </tr> </table> | Date of Birth 12/12/67 (49 yrs) | Patient ID | Gender Female | Primary Indication (I48.0) Paroxysmal atrial fibrillation | Prescribing Clinician Dr. E. Physician | Managing Location INCC Lincolnshire | | | | | | |
|---|---|--|--|------------------|--|---|--|------------------------|-------------------|--|---------------------|------------------|--|
| Date of Birth 12/12/67 (49 yrs) | Patient ID | Gender Female | Primary Indication (I48.0) Paroxysmal atrial fibrillation | | | | | | | | | | |
| Prescribing Clinician Dr. E. Physician | Managing Location INCC Lincolnshire | | | | | | | | | | | | |
| <p>Enrollment Details</p> <p>The following information is included in the report header on the first page of the Daily Report:</p> <ul style="list-style-type: none"> • Enrollment Start • Monitoring Date • Number of days since activation • Trigger limit indicators for the quantity of triggers utilized and available for each category: <ul style="list-style-type: none"> – Patient Trigger (symptomatic triggers) – Auto Trigger (asymptomatic triggers) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: 8px;">Enrollment Start</th> <th style="font-size: 8px;">Monitoring Date</th> <th style="font-size: 8px;">Day</th> </tr> </thead> <tbody> <tr> <td style="font-size: 8px;">07/31/23, 08:00am</td> <td style="font-size: 8px;">07/31/23</td> <td style="font-size: 24px; text-align: center;">1</td> </tr> <tr> <td style="font-size: 8px;">Patient Trigger</td> <td style="font-size: 8px;">(16 of 100 used)*</td> <td style="text-align: center;"><input style="width: 100%;" type="range"/></td> </tr> <tr> <td style="font-size: 8px;">Auto Trigger</td> <td style="font-size: 8px;">(0 of 500 used)*</td> <td style="text-align: center;"><input style="width: 100%;" type="range"/></td> </tr> </tbody> </table> | Enrollment Start | Monitoring Date | Day | 07/31/23, 08:00am | 07/31/23 | 1 | Patient Trigger | (16 of 100 used)* | <input style="width: 100%;" type="range"/> | Auto Trigger | (0 of 500 used)* | <input style="width: 100%;" type="range"/> |
| Enrollment Start | Monitoring Date | Day | | | | | | | | | | | |
| 07/31/23, 08:00am | 07/31/23 | 1 | | | | | | | | | | | |
| Patient Trigger | (16 of 100 used)* | <input style="width: 100%;" type="range"/> | | | | | | | | | | | |
| Auto Trigger | (0 of 500 used)* | <input style="width: 100%;" type="range"/> | | | | | | | | | | | |

When the patient approaches a maximum trigger limit, the color of the bar changes and the report displays the following message for the category indicated by the alert icon (ⓘ):

| Enrollment Start | Monitoring Date | Day |
|--|-----------------|-----|
| 07/31/23, 08:00am | 08/07/23 | 8 |
| Patient Trigger (70 of 100 used)* | | |
| Auto Trigger (0 of 500 used)* | | |

Your patient is approaching the max trigger limit for the category noted ⓘ. If the limit is reached, the monitor will continue to record but will not send event data for review during wear for this category.

When the patient reaches a maximum trigger limit, the report displays the following message for the category indicated by the caution icon (⚠):

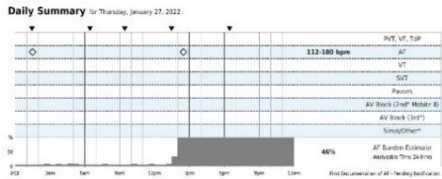
| | | |
|---|--|--|
| Patient Trigger (100 of 100 used)* | | |
| Auto Trigger (122 of 500 used)* | | |

Your patient has reached the max trigger limit for the category noted ⚠, which means the monitor will continue to record but will not send event data for review during wear for this category.

Note: The monitor continues to record data if the maximum limit is reached for a category. Event data will not be sent for review during wear for the category.

Daily Summary

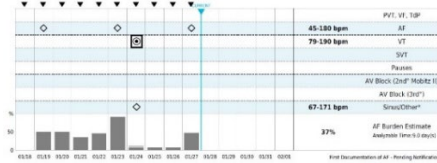
- Events across 24 hours
- Half-hourly AF burden estimates*



Wear Summary

- Events across the wear period
- Daily AF burden estimates*
- Footnote explaining maximum trigger limits for the device

Wear Summary from Tuesday, January 18 to Thursday, January 27



Zio AT provides up to 14 days of continuous monitoring. The monitor has a maximum threshold to send data during wear for two categories of triggers: 100 Patient Triggers (button presses) and 500 Auto Triggers (auto detected ECGs). If the maximum trigger limit is reached for either category, the monitor will **NOT** continue to send event data for the category that reaches the maximum limit. The monitor will continue to send event data for the other category and the daily scheduled transmissions requested by the physician. The monitor will also continue to record ECG data, which will be analyzed and included in the end of wear Final Summary Report.

When a patient is approaching the limit for either category, iRhythm will send the patient an additional monitor and notify the account. Please instruct the patient to wear the replacement monitor. Refer to the Zio AT Clinical Reference Manual for more details.

MD Notification Criteria

- A summary of the criteria which would prompt clinician notification

MD Notification Criteria

| | Range | Duration | Notification |
|---------------------------|---------------------|----------|--|
| AF | <40 bpm or >180 bpm | 60s | During Business Hours Only |
| First Documentation of AF | Any | 60s | During Business Hours Only |
| VT | >150 bpm | 15s | Notify During Business Hours AND After Hours |
| SVT | >200 bpm | 60s | Notify During Business Hours AND After Hours |
| Pases | - | 6s | Notify During Business Hours AND After Hours |
| AV Block (Chaf) Mobitz II | Symptomatic | Any | Notify During Business Hours AND After Hours |
| AV Block (Chaf) | Any | Any | Notify During Business Hours AND After Hours |
| Bradycardia | Symptomatic <40 bpm | 30s | Notify During Business Hours AND After Hours |

*AF during periods of ventricular regularity or presence of Atrial Flutter may affect the estimated AF/AFL burden reported.

RHYTHM DETECTION

The algorithm can analyze up to 14 days of data and detect the following rhythms:

- Pause ≥ 3 seconds
- Ventricular fibrillation
- Atrial fibrillation
- Complete heart block
- Second degree AV block type II
- Sinus rhythm (normal rhythm)
- Supraventricular tachycardia
- Ventricular bigeminy
- Ventricular tachycardia
- Ventricular trigeminy
- Second degree AV block type I
- Ectopic atrial rhythm
- Junctional rhythm
- Idioventricular rhythm

In addition to this list of arrhythmias, ECG findings in the end-of-wear report are observations from a qualified monitoring service technician.

ASYMPTOMATIC ARRHYTHMIA DETECTION

Asymptomatic arrhythmia events, as detected and transmitted during the monitoring period, are defined by the following parameters:

| Rhythm | Heart Rate | Duration |
|------------------------------|--------------------|--|
| Atrial Fibrillation | ≤40 bpm | ≥60 seconds |
| | Between 40-180 bpm | ≥60 seconds until first confirmation of AF |
| | ≥180 bpm | ≥60 seconds |
| Ventricular Tachycardia | ≥120 bpm | ≥30 seconds |
| | ≥150 bpm | ≥10 seconds |
| Supraventricular Tachycardia | ≥180 bpm | ≥60 seconds |
| Pause | - | ≥4 seconds |
| | - | ≥3 seconds back-to-back |
| Complete Heart Block | ≤50 bpm | ≥6 beats |
| Sinus Tachycardia | ≥200 bpm | ≥60 seconds |
| Sinus Bradycardia | ≤30 bpm | ≥60 seconds |

For each of the arrhythmias listed above, the Zio AT patch will transmit up to four ECG (eight for CHB) strips per hour. Note: Following first confirmation of AF, an AF strip (any rate, ≥30 seconds) will be transmitted on a daily basis if detected on a subsequent day.

In addition to this list of arrhythmias, ECG findings in the reports provided during the monitoring period are observations from a qualified monitoring service technician.

| Sensitivity (%) ¹ | | Positive Predictivity (%) ¹ | |
|------------------------------|---------|--|---------|
| AHA | MIT-BIH | AHA | MIT-BIH |
| 98.99 | 99.31 | 99.63 | 99.41 |

¹ TR01340.01 QRS detection (On file at iRhythm Technologies, Inc.)

HEART RATE CALCULATIONS

| | | |
|-----------------------------------|------------|---|
| Episode Heart Rates | Max | The maximum episode heart rate (i.e., maximum of all instantaneous heart rates within the episode) |
| | Min | The minimum episode heart rate (i.e., minimum of all instantaneous heart rates within the episode) |
| | Avg | The average episode heart rate (i.e., average of all instantaneous heart rates within the episode) |
| Overall Rhythm Heart Rates | Max | The maximum overall heart rate (i.e., maximum of all rhythm episode maximum heart rates within the record) |
| | Min | The minimum overall heart rate (i.e., minimum of all rhythm episode minimum heart rates exclusive of Pause heart rates within the record) |
| | Avg | The average overall heart rate (i.e., duration-weighted average of all rhythm episode heart rates within the record) |

MEASUREMENT INTERVALS

The Zio AT service may be configured to report QT interval measurements, along with a heart rate corrected QTc, from both symptomatic and asymptomatic transmissions using one of the following QT correction factors below.

| | |
|----------------|--|
| QT Interval | The time period from the onset of the QRS interval waveform to the end/offset or the ensuing T-wave. |
| QTc Bazett | A correction factor for heart rate applied to QT as calculated by: QT/\sqrt{RR} |
| QTc Fridericia | A correction factor for heart rate applied to QT as calculated by: $QT/(RR)^{1/3}$ |
| QTc Framingham | A correction factor for heart rate applied to QT as calculated by: $QT + 0.154(1-RR)$ |
| QTc Hodges | A correction factor for heart rate applied to QT as calculated by: $QT + 1.75(\text{heart rate} - 60)$ |

| QT Interval Measurements ² | | | |
|---------------------------------------|----------|-----------|-----------|
| Mean error | SD error | Min error | Max error |
| 8.70 ms | 7.25 ms | 0.00 ms | 45.00 ms |

² TR01521.01 (On file at iRhythm Technologies, Inc.)

ALGORITHMS

ECG Deep Learning Analysis

The ECG Deep Learning Analysis algorithm (ECGDL) analyzes ECG recordings to provide beats, runs, rhythms, ECG segments, and heart rate detection.

AutoTrigger Engine

The AutoTrigger Engine (ATE) is responsible for detecting asymptomatic arrhythmia events during the monitoring period.

Algorithm Training

The source of training data for ECGDL and ATE algorithms are continuous cardiac recordings from compatible cardiac monitors. Training data is collected from thousands of recordings, which have already undergone Certified Cardiographic Technician (CCT) review.

Algorithm Validation

Proprietary databases listed below were used to validate the algorithms. These consist of Zio ECG recordings from patients at least 18 years or older who may be asymptomatic or who may suffer from transient symptoms such as palpitations, shortness of breath, dizziness, light-headedness, pre-syncope, syncope, fatigue, or anxiety and patients who are asymptomatic.

Bourn Database (ECGDL)

The Bourn Database, a proprietary, physician-validated database used for rhythm detection verification, has been developed from unique Zio ECG records for each rhythm class.

| | |
|-------------------------|--|
| Recording device | Zio XT Patch, Zio SR Patch |
| Channel(s) | Single-lead ECG (modified lead II), chest electrodes with hydrogel |
| Recording length | 5 minutes |
| Environment | Ambulatory |
| Demographics | Age: Median = 68 [25%,75%] = [55,77] Gender: 39% Female Regional Demographics (USA): <ul style="list-style-type: none">• West: 44%• Southwest: 5%• Midwest: 18%• Southeast: 22%• Northeast: 11% |

ZBHT Database (ECGDL)

The ZBHT Database, a proprietary, physician-validated database, used for beat detection validation, has been developed from unique Zio ECG records for each beat class.

| | |
|-------------------------|--|
| Recording device | Zio XT Patch, Zio AT Patch |
| Channel(s) | Single-lead ECG (modified lead II), chest electrodes with hydrogel |
| Recording length | 30 seconds |
| Environment | Ambulatory |
| Demographics | Age: Median = 71 [25%,75%] = [60,78] Gender: 49% Female Regional Demographics (USA): <ul style="list-style-type: none">• West: 36%• Southwest: 6%• Midwest: 19%• Southeast: 24%• Northeast: 15% |

QT Database (ECGDL)

The QT database, a proprietary, physician-validated database, used for QT measurement validation, has been developed from unique Zio ECG records.

| | |
|-------------------------|--|
| Recording device | Zio XT Patch |
| Channel(s) | Single-lead ECG (modified lead II), chest electrodes with hydrogel |
| Recording length | 90 seconds |
| Environment | Ambulatory |
| Demographics | Age: Median = 42 [25%,75%] = [31,62] Gender: 61% Female Regional Demographics (USA): <ul style="list-style-type: none">• West: 34%• Southwest: 2%• Midwest: 23%• Southeast: 25%• Northeast: 16% |

ATFR Database (ATE)

The AT Full Recording (ATFR) database, used for asymptomatic event detection validation consists of multi-day ECG recordings obtained from the Zio AT Patch, along with CCT-reviewed reference labels obtained from the commercial Zio AT Service.

| | |
|-------------------------|--|
| Recording device | Zio AT Patch |
| Channel(s) | Single-lead ECG (modified lead II), chest electrodes with hydrogel |
| Recording length | Up to 14 days (median: 13.8 days) |
| Environment | Ambulatory |
| Demographics | Age: Median=72 [25%,75%] = [60,80] Gender: 44.5% Female Regional Demographics (USA): <ul style="list-style-type: none">• West: 18%• Southwest: 6%• Midwest: 16%• Southeast: 27%• Northeast: 33% |

SECURITY

iRhythm Technologies, Inc. uses industry best practices that ensure the confidentiality, integrity, and availability of data. Hosted at Amazon Web Services, our infrastructure is highly durable, scalable, and secure. We develop, manage, and maintain all proprietary software, systems, and associated security.

We are dedicated to exceeding our customer's expectations with respect to protected health information privacy and security by adhering to all relevant security requirements.

As participants in patient health care, we are committed to maintaining the privacy of Protected Health Information (PHI) as directed by applicable federal and state law. Our full Notice of Privacy Practices, found at www.irhythmtech.com/content/privacy describes our privacy practices, our legal duties and rights concerning PHI.

Certifications, Standards, Regulations



SOC 2 Type II

Zio by iRhythm is SOC 2 Type II certified adhering to the AICPA's Trust Services Principles and Criteria for Security, Availability, Confidentiality and Privacy. The SOC 2 Type II is performed by an independent third-party and demonstrates iRhythm's commitment to Security and Privacy.



HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a highly regulated and security-conscious statute in the healthcare industry. Zio by iRhythm is committed to maintaining HIPAA compliance and is regularly audited by independent third party assessors to help ensure we remain compliant.



National Institute of Standards and Technology

FIPS 140-2 Validation

Zio by iRhythm has received the National Institute of Standards and Technology's (NIST) Federal Information Processing Standard (FIPS) 140-2 validation for data encryption. This achieves an added level of security required by specific government healthcare agencies and further demonstrates iRhythm's continued commitment to patient privacy and data security. Certificate number #3118.



CCPA

The California Consumer Privacy Act (CCPA) is a state statute intended to enhance privacy rights and consumer protection for residents of California. Zio by iRhythm performs periodic independent third party Information Security / Data Privacy assessments to help with our compliance with requirements.



GDPR

The General Data Protection Regulation (GDPR) is a regulation on data protection and privacy in the European Union. Zio by iRhythm receives regular independent third party assessments to help ensure we follow best practices in our efforts to comply with GDPR.



Privacy Shield

Zio by iRhythm has chosen to continue our participation in the EU/US Privacy Shield Framework operated by the US Department of Commerce.

Information Security

Security

- Data encrypted in motion and at rest (HTTPS, AES-256)
- Role-based access controls
- 24/7 monitoring
- Regular penetration and vulnerability testing

Cloud-Based

- AWS EC2 platform
- HL7-based EHR integration
- No on-premise hardware
- Highly scalable

Availability

- Highly durable, geographically distributed architecture
- Scalable, virtualized server environment
- Redundant systems, no single point of failure
- Encrypted backups with offsite replication

Auditing

- Comprehensive audit logging and alerting framework
- Activity tracking
- Regular risk assessments

Policies and Procedures

- Extensive internal policy, procedure and operational controls
- Business Continuity Plan, including virtualization, cloud computing and dual site configuration
- Incident Response policy and procedures
- Business Associate Agreement with vendors that are involved with the delivery of the Zio Service.

Cybersecurity Frequently Asked Questions

1) What are the communication protocols used for ZioSuite website?

ZioSuite runs on any current web browser, on any standard operating system. Information is encrypted and securely transmitted using industry-standard TLS 1.2 or greater protocol using regularly reviewed cypher suites.

2) How should I maintain or update cybersecurity?

ZioSuite is a Software as a Service (SaaS), cloud-based application with no on-premises hardware or software. ZioSuite.com runs on any current browser. It is recommend your browser is updated to the most current version before accessing ZioSuite.com.

3) What actions should I take to ensure cybersecurity?

It is recommended that users should only access ZioSuite.com using a trusted network connection. A trusted e-mail account should be used for the account creation process. Additionally, password best practices should be followed when creating an account. Passwords must be at least 8 characters; and should include at least 3 of (i) lower-case letters, (ii) upper-case letters, (iii) numbers, and (iv) special characters

4) What types of cybersecurity events can be detected, and will I be notified?





Data security is ensured using several security controls, including but not limited to, encryption at rest and in transit, firewalls, role-based access control, intrusion detection, audit logging and alerting, multi factor authentication, and complex password requirements. ZioSuite utilizes a comprehensive centralized logging and alerting system which records any data access, read, modification or removal, with associated user and timestamp. In addition, all account events are logged including, but not limited to, when and who created a customer account or related user accounts.


iRhythm complies with all relevant regulations for breach notification, particularly as applies to HIPAA and any security breach will be communicated with further instructions for next steps to mitigate.


5) What should I do if a cybersecurity event is detected or suspected?

If you were to suspect cybersecurity event, please contact Customer Support, available 24 hours a day 7 days a week, at 888-693-2401.

SYMBOLS

| | | |
|---|--|---|
| Serial Number |  Catalogue number | Rx ONLY Prescription use only |
|  Manufacturer |  Date of manufacture | QTY: Net quantity of contents |
|  Consult instructions for use | | |

| Symbol | Standard Reference | Standard Title | Symbol Title | Description/ Explanatory Text |
|---|-----------------------------|--|-------------------|--|
|  | ISO 15223-1 Clause 5.1.1 | Medical devices – Symbols to be used with medical device labels, labeling and information to be supplied | Manu- facturer | Indicates the medical device manufacturer |
| | ISO 7000-3082 | Graphical symbols for use on equipment | | |
| Rx ONLY | 21 CFR 801.15(c) (1)(i)F | Labeling- Medical devices; prominence of required label statements | Prescription only | Requires prescription in the United States |

| Symbol | Standard Reference | Standard Title | Symbol Title | Description/ Explanatory Text |
|---|-----------------------------|---|------------------------------|--|
|  | ISO 15223-1 Clause 5.4.3 | Medical devices – Symbols to be used with medical device labels, labeling and information to be supplied | Consult instructions for use | Indicates the need for the user to consult the instructions for use. |
| | ISO 7000-1641 | Graphical symbols for use on equipment | | |

TROUBLESHOOTING

FOR CUSTOMER CARE, CALL **1.888.693.2401**



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