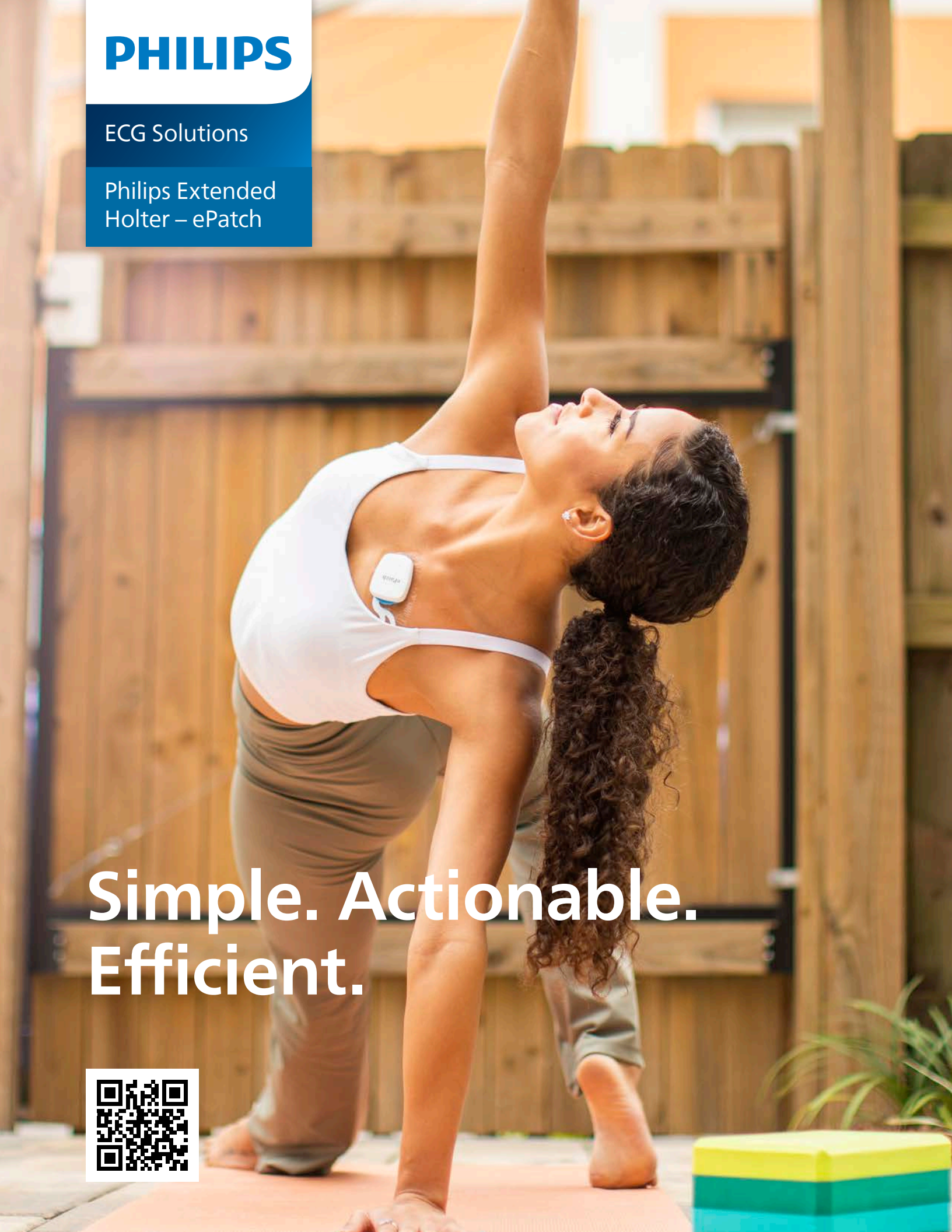


**PHILIPS**

ECG Solutions

Philips Extended  
Holter – ePatch

**Simple. Actionable.  
Efficient.**



# Extended Holter monitoring made easy



**Philips extended Holter – ePatch** provides 3-14<sup>1</sup> day extended Holter monitoring that is simple, actionable, and efficient.

Powered by Philips medical-grade AI and flexible wear options, ePatch is designed to deliver comprehensive, actionable reports quickly based on your prescribed study length – every time.

## ePatch is:

### Simple

- Enrollment in Philips portal or EMR
- Application with flexible wear options to maximize patient comfort and compliance
- Design with no charging required

### Actionable

- Reports with easy-to-read summary and infographics
- Results available anytime, anywhere
- Data powered by Philips medical-grade AI

### Efficient

- 24-hour report turnaround<sup>2</sup> once report is received by Philips
- Expedited return shipping or in-office upload
- Workflow to interpret and sign reports with EMR integration

# Simplicity is more than a single patch

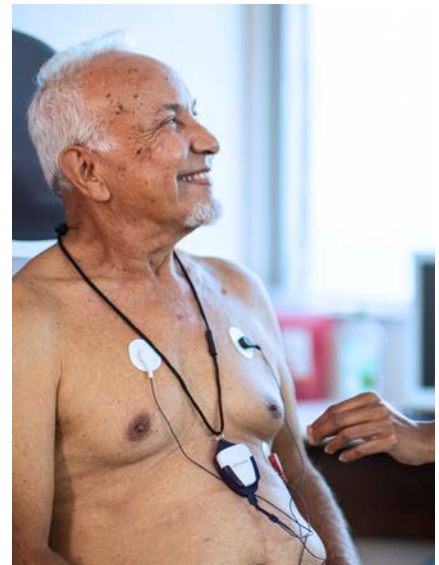
- Maximize the patient experience and compliance with comfortable and flexible wear options that require minimal skin preparation
- Complete the full prescribed study – from 3-14-days – with the ability for patient to continue study if a patch falls off
- Patients can shower<sup>3</sup>, sleep, or exercise while wearing ePatch



**Patch**  
Single-channel  
up to 14 days



**Flex**  
Single-channel  
up to 14 days



**Lead Wire Adapter**  
Three-channel  
3-5 days only

“From a patient satisfaction, a provider satisfaction and an access perspective, ePatch is great.”

Anas Daghestani, MD,  
ARC President & CEO

# Easy to read reports with actionable details powered by Philips medical-grade AI



Philips medical-grade AI detects and reports on more than 20 meaningful cardiac events and parameters.<sup>4</sup>

**ePatch Monitoring Report**  
P: 877-593-6421 F: 877-989-0700 www.gobio.com

<b>Patient Name:</b> Holter Extended	<b>Location:</b> Conshohocken
<b>Date of Birth:</b> 01/01/1980 (41 yrs.)	<b>Referring Physician:</b> J. Doe, MD
<b>Gender:</b> Female	<b>Ordering Physician:</b> J. Doe, MD
<b>MRN:</b> 1234-4568-563	<b>Rx Duration:</b> 14d
<b>Pacemaker:</b> --	<b>Diagnosis (ICD10):</b> Chest Pain, Unspecified

**Study Summary**

**Start Date:** 01/25/21

**End Date:** 02/08/21

**Analysis Length:** 14d

**Total Beats:** 1,917,696

**Patient Events:** 5

**Analysis Date:** 08/25/21

**Analysis By:** Dan Costello

**Device ID:** 241167

<b>Afib / Flutter</b>	<b>Burden</b> 100.00%	<b>Longest Episode</b> 13d 23h on 01/25/21 at 04:51:21 pm	<b>Max HR</b> 199bpm
<b>Fastest Episode</b> HR: 199bpm		Duration: 13d 23h on 01/25/21 at 04:51:21 pm	

<b>Other SVT</b>	<b>Count</b> --	<b>Longest Episode</b> --	<b>Max HR</b> --
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<b>Pause</b>	<b>Count</b> 33
<b>Longest R-R</b> Duration: 2.4sec on 02/02/21 at 04:27:42 pm	

<b>AV Block</b>	<b>Highest Grade</b> --
-----------------	-------------------------

<b>VT</b>	<b>Count</b> 2	<b>Longest Episode</b> 13 beats on 02/03/21 at 07:56:28 pm	<b>Max HR</b> 156bpm
<b>Fastest Episode</b> HR: 156bpm		Duration: 13 beats on 02/03/21 at 07:56:28 pm	

<b>Heart Rate Summary</b>
<b>Max:</b> 199bpm 02/03/21 05:57:27 am
<b>Min:</b> 49bpm 02/02/21 04:30:05 pm
<b>Avg:</b> 95bpm
<b>Brady Episodes:</b> --
<b>Tachy Episodes:</b> 4,685 (24.16%)

<b>Supraventricular Summary</b>
<b>Total SVEs:</b> --
<b>Isolated:</b> --
<b>Couplets:</b> --

<b>Ventricular Summary</b>
<b>Morphologies:</b> 4
<b>Total PVCs:</b> 9,006 (0.47%)
<b>Isolated:</b> 8,948 (0.47%)
<b>Couplets:</b> 20 (<0.01%)
<b>Bigeminy:</b> 24 (<0.01%)
<b>Trigeminy:</b> 3 (<0.01%)

<b>Paced Beats</b>
<b>Count:</b> --

**Preliminary Findings:**

Patient monitored for 14d starting on 01/25/2021 04:47 pm.  
Average heart rate was 95 bpm, Minimum heart rate was 49 bpm on Day 9 / 04:30:05 pm, Max heart rate was 199 bpm on Day 10 / 05:57:27 am

Atrial Fibrillation or Flutter: Burden was 100 %, longest event 13d 23h on Day 1 / 04:51:21 pm, fastest rate 199 bpm on Day 1 / 04:51:21 pm.  
SVE(s): Burden was 0 %, max count per 24 hours 0  
SVT (AT, RT): 0 events, longest event 0 s on --, fastest event -- bpm on --

Pause: 33 events, longest pause 2352 ms on Day 9 / 04:27:42 pm  
AV Block: 0 %, longest R-R interval 0 ms, most severe block demonstrated --

PVC(s): Burden was 0.47 %, max count per 24 hours 647, 4 disparate morphologies  
Ventricular Tachycardia: 2 events, longest event 13 beats at Day 10 / 07:56:28 pm, fastest rate 156 bpm at Day 10 / 07:56:28 pm

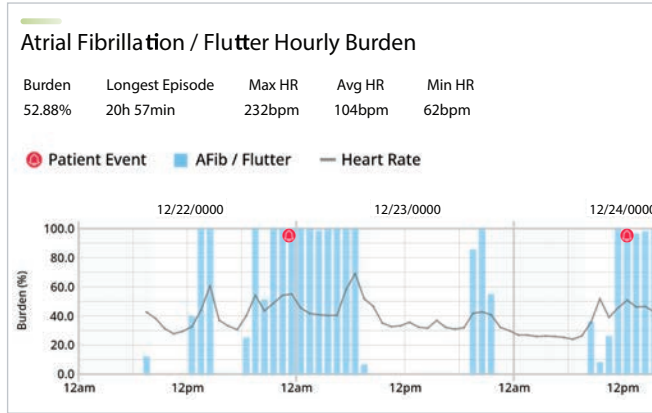
**Physician Comments:**

- 1 Front-page summary with detailed sub-reports.
- 2 Your analysis in ≤ 24 hours.
- 3 PVC morphology.
- 4 Dynamic coloring allows for easier recognition of arrhythmia detection.
- 5 Afib, SVT and VT include date and timestamps for both longest and fastest episodes.

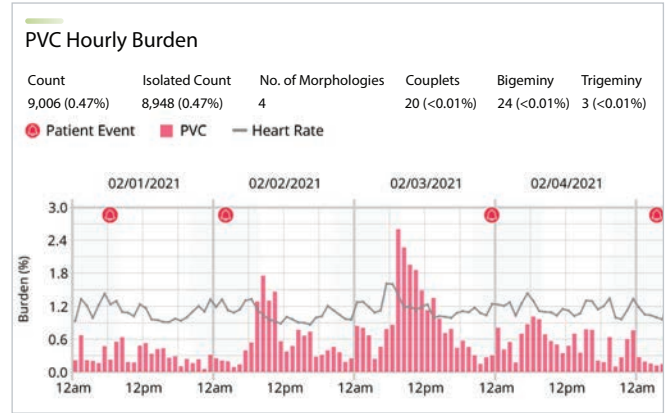
“Philips met with us to give us a summary page that is actually useful.”

Parul M. Desai, MD, ARC Chief Cardiology

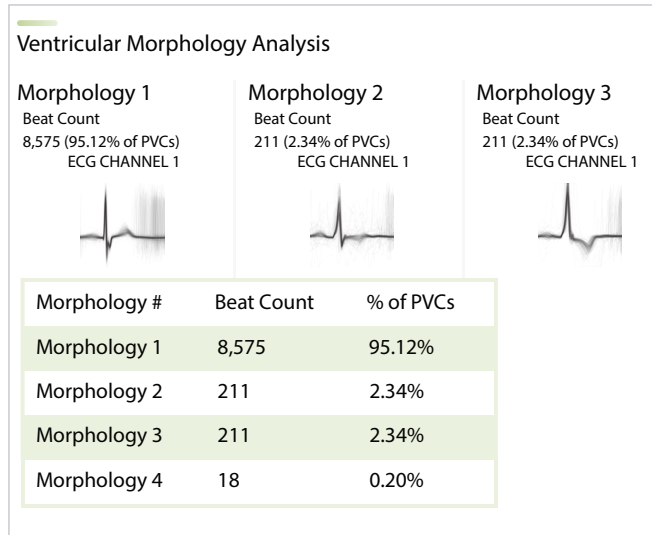
## Atrial Fibrillation / Flutter Burden



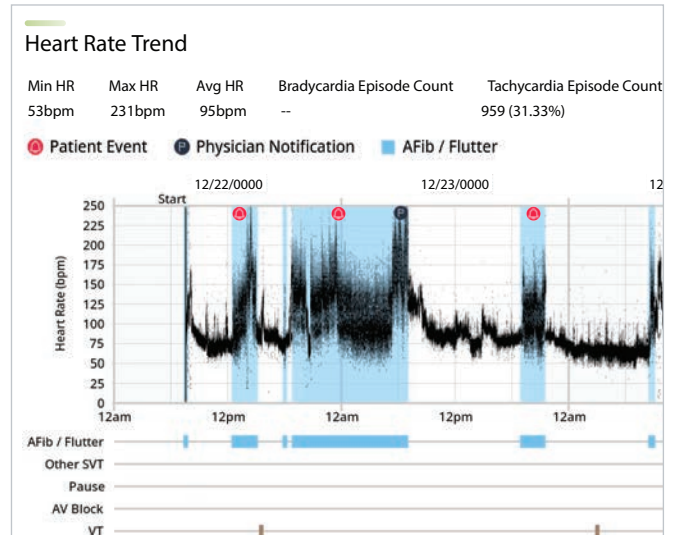
## PVC / PAC Burden



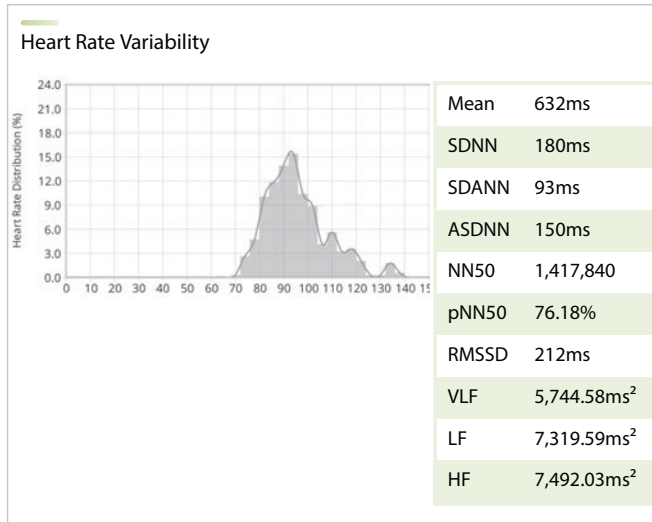
## PVC Morphology



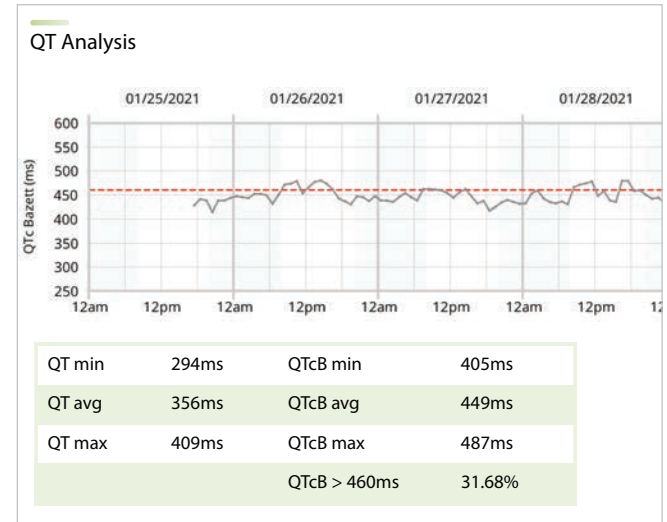
## Heart rate trend



## Heart Rate Variability



## QT Analysis



# Efficient end-to-end workflow

## Easy enrollment and application

Order ePatch in Philips portal or your EMR

Apply in-office or choose mail to patient option



## Simple and fast return

Pre-paid return envelope accelerates report availability

In-office upload allows results to be available in 24 hours



## Efficient report reading and accessibility

Easy-to-read reports for fast diagnosis

Access patient data plus interpret and sign reports in Philips portal or your EMR



### CPT Codes<sup>5</sup>

#### 3-7 days

#### 7+ days

Global

93241

93245

Hook-Up

93242

93246

Technical

93243

93247

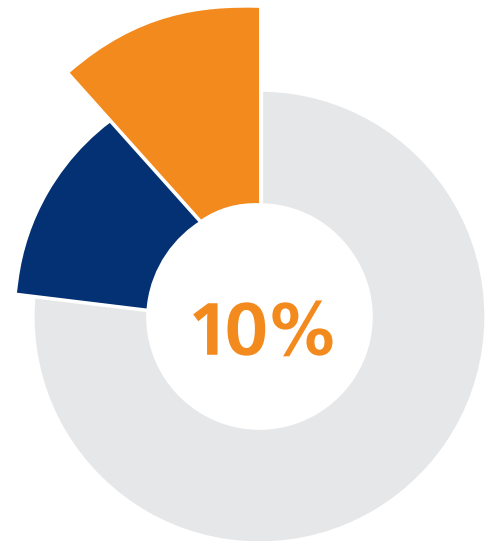
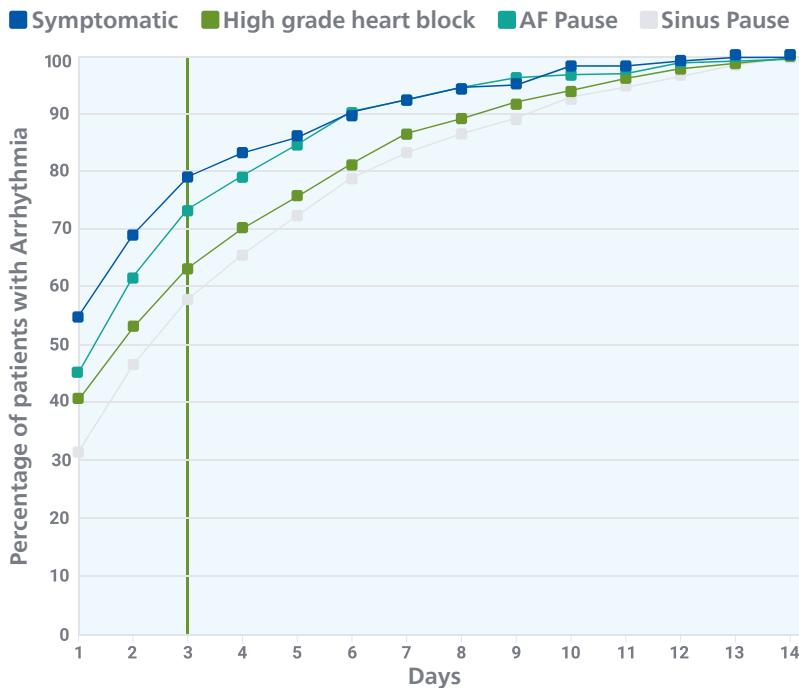
Professional

93244

93248

# Going beyond traditional patient care with extended Holter monitoring

What are you missing with 24-48 hour monitoring?  
ePatch gives you more diagnostic yield in a single test.



**>10% with extra day**

By extending Holter monitoring from 48 hours to 3 days, evidence shows a 10% greater yield in potentially high-risk arrhythmia detection.<sup>7</sup>

## 3x greater findings

When comparing physician notifications of traditional Holter at 24 hours with ePatch at 14 days.<sup>6</sup>

Prescribe ePatch today for a complete diagnostic solution that is simple, actionable, and efficient.



**For sales and inquiries or to schedule a demo,  
visit [gobio.com/epatch](https://gobio.com/epatch) or scan the QR code.**

1. Patients will need to replace the patch on day 5 of wear or sooner, as required.
2. Internal data on file. Based on the average processing time in 2022 after Holter files are uploaded to Cardiologs.
3. Patch only. Flex and LWA needs to be taken off for showering.
4. The Cardiologs Holter Platform is a medical device intended for use by qualified healthcare professionals for the assessment of arrhythmias using ECG data in subjects over 18 years of age. Class II in the USA according to the 510K clearance.
5. Information contained in this publication is not to be construed as legal or billing advice. CPT® is a registered trademark of the American Medical Association. All CPT® information provided in this publication is intended for illustration purposes only, and should be independently verified prior to billing application.
6. Internal data on file, supplied to Clinical Affairs as of 2021.
7. Reiffel JA, Schwarzberg R, Murry M. Comparison of autotriggered memory loop recorders versus standard loop recorders versus 24-hour Holter monitors for arrhythmia detection. *Am J Cardiol.* 2005 May 1;95(9):1055-9. doi:10.1016/j.amjcard.2005.01.025. PMID: 15842970.