AUSTRALIAN
Clinicalabs

myPatch Holter Monitoring

General Information

This test records your heart activity over 24, 48 or 72 hours while you go about your normal daily activities.

On the Day of the Test

- Do not use powder or body lotion on your chest.
- Chest hair must be removed.
- Wear loose clothing that is easy to remove from the waist up.
- Wear wireless bra.
- Allow about 15 minutes for the monitor to be fitted.

Procedure

Important: Do not drop the monitor or expose it to electrical fields (e.g. electric blankets and welders). *Any negligent or accidental damage to the monitor may result in the cost of repair being charged to the patient.*

- Take short showers and pat the device dry. DO NOT bathe or submerge the device in water.
- If you have symptoms (e.g. chest pain, shortness of breath, palpitations, dizziness), double tap the device firmly and quickly. A blue light indicates the event has been marked.
- Write down the event in your diary on the next page. Note the time, the symptoms and what you were doing (for example, were you sitting, running, taking medications, etc.).
- The monitor is programmed to detect abnormal heartbeats and may record events even if you have not pressed the button.
- If you experience any severe symptoms while wearing the myPatch Holter monitor, then follow the medical advice of your health professional and seek help immediately.

myPatch Light Guide

No Light will show during your test.

Do not press the power button (grey button) at any other time during your test. myPatch will automatically turn OFF once your test is complete.

Blue light	If you feel mild symptoms, double-tap the device firmly and quickly to time stamp symptoms; blue light confirms it's recorded.
Red light	The device may be off; contact the collection centre.
Yellow light	The device may have a low battery; contact the collection centre.

Continued

After the Test

At the end of the test, return the Holter monitor and this document to the Clinical Labs collection centre where the Holter monitor was fitted.

Patient Details

Patient Name:

Date of Birth: / / Sex:

Length of Test (hours):

Test Start Date: **Start Time:** **Finish Time:**

Pacemaker: ☐ Yes ☐ No

Date	Time	Symptoms	Activity
01/01/2025	10.00am	Dizzy/heart flutters	Walking