SLEEP DATA	EEP - PET A RETRIEVAL	L FORM
ID NUMBER: FORM CODE:	S D R	DATE: 12/06/2016 Version 1.0
ADMINISTRATIVE INFORMATION 0a. Study Completion Date:	0b. Tec	sh ID:
0c. Monitor ID#:	0d. Reviewe	er ID:
1. Was PSG data file sent to Sleep Reading Center? Y 1a. If no, why not? 1 Equipment failure 2 Hook-up problem 3 Participant problem	☐ Yes <b>GO TO ITE</b>	E <b>M 2</b> <sub>N</sub>
2. Are there signals on each of the channels? (i.e., no "flat-	·lined" signal) <sub>Y</sub> [	☐ Yes N ☐ No
3. Is each channel mostly clear of artifact (thick fuzzy lines)	? <sub>Y</sub> [	Yes <sub>N</sub> No
4. Is there at least 6 hours of recorded data?	Y [	Yes <sub>N</sub> No
5. Is there at least 4 hours of oximetry data?	Y [	☐ Yes N ☐ No
If the answer to any of questions 2, 3, 4, or 5 is "No", review	study with Sleep St	tudy Resource.

If the answer to question 5 is "No", record study on Study Log as "inadequate" and do not transfer to Sleep Reading Center. Notify Study Coordinator of need to repeat study.

## Medical Alerts:

## Notify Physician Immediately and Place Note in participant's RemLogic file

6.	Heart Rate > 150 bpm for $\ge 2$ minutes	<sub>Y</sub> Yes	<sub>N</sub> 🗌 No	<sub>A</sub> 🗌 N/A
7.	Heart Rate < 30 bpm for $\ge$ 2 minutes	<sub>Y</sub> Yes	<sub>N</sub> 🗌 No	<sub>A</sub> 🗌 N/A
8.	Oxygen saturation < 75% for $\ge$ 2 minutes	<sub>Y</sub> Yes	<sub>N</sub> 🗌 No	<sub>A</sub> 🗌 N/A
9.	Any ECG concern	<sub>Y</sub> Ves	<sub>N</sub> 🗌 No	<sub>A</sub> 🗌 N/A

## Notify Physician within 48 hours and Place Note in participant's RemLogic file

10. AHI  $\geq$  30 (on pre-review)

Y □ Yes N □ No A □ N/A

11. Other Sleep Technologist Concerns for Physician Review:

2. Study physician notified of potential Medical Alert: $_{\rm Y}$ Yes $_{\rm N}$ No $_{\rm A}$ N/A
12a. Date physician notified: Month Day Year
12b. Physician:
12c. Name of Notifier:
12d. Action taken