Follow your physician's instructions carefully.

The Patient Diary is an important part of this procedure. Use this diary to document any symptoms you experience.

Questions? Contact your physician or consult **bardydx.com**.

Traveling through airports: Inform screening personnel that you are wearing the Carnation Ambulatory Monitor before going through scanner. Bring this Patient Diary to show security personnel.

Security Screening Statement

This person is wearing a Carnation Ambulatory Monitor (records ECG). It was applied under the direction of a physician. The device is currently adhered to the patient's chest to monitor the heart.

Bardy Diagnostics, Inc.

US Customer Service:
(844) 422-7393

Medical Product Service GmbH
Borngasse 20
35619 Braunfels
Germany

EU Customer Service:
+31 (0)46 7630422

CE 0459 Carnation Ambulatory Monitor Patient Diary DWG000475A 06/2019

RECORD SYMPTOMS

Symptoms include:

1) Palpitations
2) Dizziness / Lightheadedness
3) Fainted
4) Chest Discomfort / Pain
5) Shortness of Breath
6) Exercise-Related
7) Other

Date/Time:	05 / 25 / 19	6 : 37	AM ☒	PM ☐
Symptom:	2	Other:		

Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		

Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	AM ☐	PM ☐
Symptom:	#	Other:		

Patient Diary

PATIENT NAME: ____________________

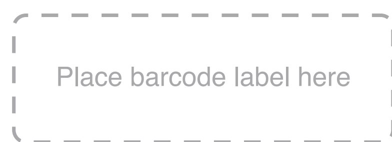
PHYSICIAN NAME: ____________________

HOSPITAL/CLINIC: ____________________

DEVICE APPLIED (Required):

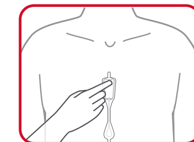
Prescribed Wear Time: ☐ Days

Date/Time: MM / DD / YY HH : MM AM ☐ PM ☐



Wearing the Carnation Ambulatory Monitor (CAM):

1. Following your normal daily activities, wear the CAM for the amount of time prescribed by your physician.
2. If you feel symptoms that may be related to your heart, gently push the button and record date/time in this diary. Do not push button repetitively or forcefully.



PUSH ONLY ONCE when you feel SYMPTOMS

⚠ CAUTION: If your CAM becomes dislodged, contact your physician for assistance.

CLINICAL STAFF USE ONLY:

Register the patient information into BDxCONNECT

Patient Name: ____________________

Patient ID: ____________________

Date of Birth: ____________ Gender: ______

Physician Name: ____________________

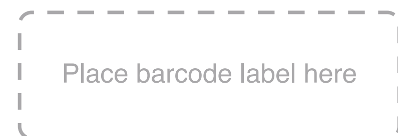
Hospital/Clinic: ____________________

DEVICE APPLIED: (Required)

Prescribed Wear Time: ☐ Days

Date/Time: MM / DD / YY

HH : MM AM ☐ PM ☐



Carnation
Ambulatory Monitor

Indications (Select all that apply)

- ☐ Palpitations
- ☐ Syncope
- ☐ Near-Syncope
- ☐ Dizziness / Lightheadedness
- ☐ Stroke / TIA
- ☐ Atrial Fibrillation (AF) / Atrial Flutter (AFL)
- ☐ Bradycardia
- ☐ Chest Pain
- ☐ Shortness of Breath / Dyspnea
- ☐ Arrhythmia Therapy Evaluation
- ☐ Other: ____________

Underlying Heart Disease (Select all that apply)

- ☐ None Known
- ☐ Known AF
- ☐ CAD
- ☐ CHF
- ☐ Non-Ischemic Cardiomyopathy
- ☐ Congenital Heart Disease
- ☐ Other: ____________

	YES	NO
Pacemaker / ICD	☐	☐

Bardy Diagnostics

www.bardydx.com

INSTRUCTIONS FOR WEARING THE CARNATION AMBULATORY MONITOR

3. Wear the CAM at all times, including showering.

⚠ CAUTION: Avoid showering, bathing, or exercise immediately following application, and thereafter avoid activities or environments that result in excessive perspiration, as this may result in a decreased period of monitoring.

⚠ CAUTION: Strenuous exercise and activities, such as hot yoga or sauna that may result in excessive sweating, should be avoided.

⚠ CAUTION: It is normal for the CAM adhesive material to swell in humid environments or when exposed to moisture. Allow the adhesive to dry following activities such as shower or exercise. If desired, gently pat with a dry towel, but do not attempt to reposition the CAM.

⚠ CAUTION: Submersion (such as during swimming or bathing) is not advised. Keep showers brief and the CAM out of the direct stream of water.

⚠ CAUTION: Skin irritation. Minor itching or irritation is normal. Only remove before the amount of time prescribed by your physician if irritation from the adhesive is not tolerable. Mark date/time of removal, and make note in this Patient Diary.

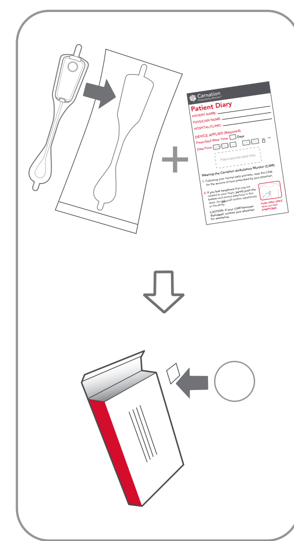
⚠ CAUTION: Poor contact of the CAM with the skin can negatively affect monitoring performance. Secure the CAM back in place if it becomes loose or detached.

4. Removing the CAM:
When the test is complete, remove by pulling the tab at the top of the device and peeling downward. Affix device on top of the outline of the monitor on the exterior of the Battrode pouch.

5. Wipe off any remaining adhesive on the skin with the Adhesive Remover Wipe Pad provided.

6. Returning the CAM:
Place the Carnation Ambulatory Monitor and this Patient Diary inside the box.

7. Seal the mailer with the Mailer Sticker and return per the instructions of your physician/nurse.



Mailer Sticker (Step 7)

For Patient Frequently Asked Questions please visit

www.bardydx.com

RECORD SYMPTOMS

Symptoms include:

1) Palpitations
2) Dizziness / Lightheadedness
3) Fainted
4) Chest Discomfort / Pain
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Date/Time:	MM / DD / YY	HH : MM	AM	PM
Date/Time:	05 / 25 / 19	6 : 37	☒	☐
Symptom:	2	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		

More space for recording symptoms

Date/Time:	MM / DD / YY	HH : MM	AM	PM
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		
Date/Time:	MM / DD / YY	HH : MM	☐	☐
Symptom:	#	Other:		