# Implantable Electronic Systems Division Product Performance Report 2013 Second Edition



# LETTER FROM ST. JUDE MEDICAL

As a world leader in the development of state-of-the-art technology for cardiac rhythm management devices, St. Jude Medical continuously strives to partner with physicians in reducing risks and facilitating the best possible patient outcomes. We understand that our products are implanted in people whose health and well-being depend on their performance. From product design through patient follow-up, St. Jude Medical employees are dedicated to product quality and patient safety.

In keeping with this commitment, we publish a Product Performance Report (PPR) semi-annually to ensure that the healthcare community and the patients it serves are informed about the overall performance of our cardiac devices, which include implantable cardiac monitors (ICMs), implantable cardioverter defibrillators (ICDs), implantable pacemakers, and implantable pacing and defibrillation leads. St. Jude Medical recognizes that such performance data must be transparent and consistent. In order to meet these goals we continue our commitment to the reporting methods described in the 2009 AdvaMed document "Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads", which set new standards for lead performance reporting and specifically addressed the reporting of active registry performance data. Determined to provide the highest level of transparency, St. Jude Medical goes beyond the AdvaMed recommendations by identifying the root cause of each ICM, ICD, and pacemaker laboratory-confirmed malfunction and providing subcategories of laboratory-confirmed lead abrasion and fracture malfunctions.

Continuing within this edition of the PPR and consistent with the previously published edition, St. Jude Medical reports on expanded data from actively monitored studies. Since 2007, the PPR has featured pacemaker, ICD, and lead data from the St. Jude Medical Product Longevity and Performance Registry (SCORE). Post-Approval studies are now standard practice for St. Jude Medical, providing a rich source of actively collected and continuously monitored reliability and performance data for cardiac rhythm management products. This PPR also features a product performance data set which includes OPTIMUM, SCORE and three Post-Approval Studies. This combined dataset encompasses more than 59,000 implants from multiple product families, including leads, ICDs and pacemakers, making it the most comprehensive actively monitored product performance dataset in the industry. We are continuing to expand the scope of confirmed product malfunction summaries, starting in this addition with world-wide confirmed malfunctions in Durata™ lead models, which will further expand to different devices and leads in future additions.

As we continually strive to provide unbiased and reliable information on the performance of our products, St. Jude Medical is pleased to release the second edition of the 2013 Product Performance Report containing the latest performance information on our ICMs, ICDs, pacemakers and lead systems.

Sincerely,

Philip Tsung

Vice President, Quality Assurance



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# Serving Our Mission

Our vision is to transform the treatment of expensive, epidemic diseases. It is our mission to create cost-effective medical technologies that save and improve lives. We carry out this vision and mission by pursuing new treatments, efficiencies and ideas that improve the lives of people affected by disease; keeping the highest ethical standards in all business practices; and continually adapting and responding to the rapidly changing health care environment.

Toward this mission, we maintain a rigorous approach to ensuring the quality of our products. The key elements of this effort include:

- Compliance with U.S. and international quality system standards, such as the U.S. FDA Quality Systems Regulation (21 CFR Part 820) and ISO 13485 (an international standard for the Quality Management System for medical devices)
- Thorough evaluation of product design, including extensive design verification and validation, as well as product qualification testing
- Rigorous control of the design and manufacturing processes
- Inspection and qualification of externally supplied components and materials
- Timely analysis of returned products, including extensive malfunction investigation
- Extensive internal auditing
- Post market surveillance
- Continuous improvement programs
- Ensuring the highest ethical standards

We continue to be committed to answering your questions and keeping you informed. If you have any questions or concerns, please contact your St. Jude Medical Representative or St. Jude Medical Technical Services at 1-800-722-3774. Thank you for your input and continued support, allowing St. Jude Medical to positively impact the lives of thousands of patients every year.

## What You'll Find in This Report

- Table of Contents
- A summary of the methods St. Jude Medical has used for measuring product performance, including key definitions of terms used in preparing this report
- For each Implantable Cardioverter Defibrillator (ICD), Pacemaker, Implantable Cardiac Monitor (ICM), and Lead model with at least 500 active devices in service, St. Jude Medical provides product performance data, according to industry guidelines, collected through June 30, 2013, including:
  - A table of basic information about each model
  - Survival probability provided in graphical and tabular format
  - For the more recent products, the quantity, rate, and type of product malfunctions are detailed
  - For the more recent lead models, the quantity, rate, and type of customer complaints (acute observations and chronic complications) are detailed
- Summary tables of performance data, organized by product type and model
- For all ICD, pacemaker, ICM, and lead models that meet Actively Monitored Study Data Registry inclusion criteria, St. Jude Medical provides active registry performance data, collected through June 30, 2013, including:
  - A table of basic information about each model
  - Survival probability provided in graphical and tabular format
  - A table of all Qualifying Complications including quantity and rate
  - A table with quantity, rate, and type of product malfunctions
- A Focus on Clinical Performance section which provides product performance data on a variety of unique topics, including:
  - Riata<sup>™</sup> lead performance
  - Durata<sup>™</sup> lead performance including an independent analysis of active registry data by PHRI
  - The effect of Optim<sup>™</sup> lead insulation on HV lead abrasion
- An updated summary of advisories on all implantable devices since 1999
- An index by product type and model name
- An index of phased-out models by product type and model name



# What's New in This Report

#### **Update on Actively Monitored Study Data**

Since 2007 the Product Performance Report has included data from the St. Jude Medical Product Longevity and Performance Registry (SCORE). This comprehensive, monitored study provided key performance data on pacemakers, ICDs, and leads. Now that product-specific, post-market registries have become standard practice, St. Jude Medical has decided to complement the SCORE registry with data from the SJ4 Post-Approval Study, the Quickflex™ µ Post-Approval Study, the Quadripolar Pacing System Post-Approval Study, and OPTIMUM registry. The purpose of the OPTIMUM registry is to produce a prospective, outcome-oriented registry of patients implanted with St. Jude Medical Optim™ leads and further complement the updated SCORE registry and Post-Approval Study data. Representing >59,000 implants, this compilation of actively monitored study data continues to be a valuable source of product performance information.

#### Update on Riata<sup>™</sup> Lead Performance

In order to provide our physician customers and patients the most up-to-date information, St. Jude Medical has included an update on Riata lead performance in the Focus on Clinical Performance section (see pages 259-263). This section provides the latest Riata externalized conductor rates from the St. Jude Medical Riata Lead Evaluation Study, passive complaint and returns handling, and describes in considerable detail the rates of other types of Riata insulation abrasion failure mechanisms that St. Jude Medical has identified from returns analysis.

## **Update on Durata**<sup>™</sup> **Lead Performance**

Durata lead performance continues to meet expectations by all measures. Our confidence in the Durata lead performance is based on combined data from three prospective, actively monitored registries that include over 11,000 Optim<sup>™</sup> insulated defibrillation leads. Additionally, this section provides details on the very low rate of abrasion failures that have been identified on Optim insulated St. Jude Medical defibrillation leads. A statistical analysis of this registry data performed by PHRI, an independent, third-party, is presented in this special Focus on Clinical Performance section (see pages 264-268).

#### Update on Optim<sup>™</sup> Lead Insulation

St. Jude Medical's Optim lead insulation combines the best characteristics of two established lead insulation materials, polyurethane and silicone. This novel insulation technology imparts lubricity, strength, and abrasion resistance while still maintaining flexibility and biostability. This product performance report provides an up-to-date statistical assessment of the benefits of Optim lead insulation on St. Jude Medical tachycardia leads (see pages 269-270).

## World-Wide Laboratory Analysis of Durata<sup>™</sup> Leads

Added to this Product Performance Report are world-wide laboratory analysis results of returned Durata<sup>™</sup> leads, categorized into the five categories of malfunctions as outlined on pages 10-11. This summary can be found on page 166. St. Jude Medical is dedicated to full transparency, and will continue to incorporate additional world-wide laboratory analysis results of specific models in future publications of this report.

## Customer Reported Performance Data

Product performance data derived from customer-initiated complaints and returned products is referred to as Customer Reported Performance Data. While St. Jude Medical strongly encourages the submission of any relevant complaints and product returns, this data is not proactively solicited or regularly monitored like data from the SCORE registry or Post-Approval studies. Underreporting of events within customer reported performance data is recognized throughout our industry. St. Jude Medical is constantly improving the accuracy and utility of the data within this Product Performance Report.

## **Summary Information**

The Customer Reported Performance Data page for each model or model group includes a table of model-specific information. Several terms from this table that are relevant to performance data calculations are defined below:

**Registered U.S. Implants -** The total number of U.S. implanted devices for which patient and device information has been provided to St. Jude Medical. This total includes devices which have been explanted or are otherwise out of service.

**Estimated Active U.S. Implants -** The total number of U.S. registered implants that have not been identified to St. Jude Medical as explanted or otherwise out of service. An adjustment is made to account for the underreporting of patient mortality.



Estimated Longevity - The estimated number of years in which a device is expected to reach its Elective Replacement Indicator (ERI), as stated in the product literature. The estimate is based on battery life approximations and empirical battery performance distributions. It is strongly affected by many factors such as programmed parameters, percentage of time paced, internal impedance, etc. For example, the 9.2 year estimated longevity of an Accent™ DR model PM2110 pacemaker is based on the mean longevity (or 50%) value in the product literature corresponding to a 2.5V dual-chamber output, 500 ohm lead impedance, 100% DDD pacing, and Stored EGMs On. Actual performance can vary considerably, depending on the actual programmed settings and operations.

**Normal Battery Depletion -** The condition where a returned device met its electrical specification and reached its elective replacement indicator voltage (1) with an implant duration meeting or exceeding the nominal predicted longevity at default shipped settings, or (2) with an implant duration exceeding 75% of its estimated longevity, based on longevity calculations using information from device usage and the actual device settings. The quantity of normal battery depletions reported is determined directly from laboratory analysis and does not represent any adjustment to account for underreporting.

#### **Survival Calculation General Methods**

For ICDs, pacemakers, ICMs, and leads, we compile cumulative survival data based on the actuarial (or life-table) method of survival analysis, consistent with ISO 5841-2:2000(E) "Reporting of Clinical Performance of Populations of Pulse Generators and Leads" and the 2009 AdvaMed document "Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads". Product performance is plotted over a maximum range of 20 years, with a minimum of 500 registered implants required for inclusion in the report, and a minimum sample size for each reported time period of 200 devices. "Survival" refers to the proper function of the device, not the survival of the patient, and is intended to illustrate the calculated probability of device survival at a given point in time. A survival probability of 99% at five years, for example, indicates that at five years after implant, the system has a 1% risk of incurring a malfunction and/or normal battery depletion. All domestically implanted devices within each model family are included in the calculations.

Because of the large size of the U.S. data pool, and because the same products are generally used both in the U.S. and internationally, we consider the data in this report to accurately represent each device's performance, regardless of where in the world it was implanted.

#### ICD, Pacemaker, and ICM Survival Analysis

The data used for the analysis of ICDs, pacemakers, and ICMs includes up-to-date device registration information and the laboratory analysis of all domestically implanted devices returned to St. Jude Medical. The analysis measures device performance to specification, and does not reflect medical complications, such as infection, erosion, muscle stimulation or inhibition, or units implanted for fewer than 24 hours.

In accordance with the AdvaMed guidance document, the survival calculations for ICDs, pacemakers, and ICMs are adjusted to reduce the bias caused by underreporting of malfunctions and normal battery depletions.

Survival data are presented in a single table and graph. The survival data is separated into "Including Normal Battery Depletion" and "Excluding Normal Battery Depletion" categories. For the purposes of this data, non-returned devices removed from service for battery depletion with no associated complaint are considered as normal battery depletions. The "Including Normal Battery Depletion" data reflects the frequency of device removal due to normal battery depletion and malfunction of any type. The "Excluding Normal Battery Depletion" category reflects the frequency of device removal due to malfunctions only.

#### ICD, Pacemaker, and ICM Malfunction Reporting

The quantity and rate of malfunctions recorded for each ICD, pacemaker, and ICM model are presented in a tabular format on both the Customer Reported Performance Data and Actively Monitored Study Data pages. The root cause of all laboratory-confirmed malfunctions is classified into one of eight categories: Electrical Component, Electrical Interconnect, Battery, High Voltage Capacitor (ICDs and CRT-Ds only), Software/Firmware, Mechanical, Possible Premature Battery Depletion, or Other. Note that in the rare cases where multiple malfunctions are identified in a single device, a single malfunction category will be selected with priority given in the order of the list above. Consistent with previous performance reports, all malfunctions are further classified as with or without compromised therapy.

#### **Malfunction Definitions**

**Malfunction** - Having characteristics that are outside the performance limits established by the manufacturer while implanted and in service, as confirmed by laboratory analysis, except changes to characteristics due to normal battery depletion or induced malfunction. Device damage caused after or during explant is not considered a malfunction. Note that lead-related malfunctions of a pacemaker or ICD system are assigned to the lead.

Malfunction with Compromised Therapy - The condition when a device is found to have "malfunctioned," as defined above, in a manner that compromised pacing or defibrillation therapy (including complete loss or partial degradation) while implanted and in service. Therapy is considered to have been compromised if no therapy is available or critical patient-protective pacing or defibrillation therapy is not available.

A malfunction with compromised therapy does not imply that a patient has actually experienced a serious complication or death as a result of the malfunction although it does imply that the potential for a serious complication or death did exist during the period of the malfunction.

**Malfunction without Compromised Therapy** - The condition when a device is found to have "malfunctioned," as defined above, in a manner that did not compromise pacing or defibrillation therapy while implanted and in service, as confirmed by laboratory analysis. Therapy is not compromised as long as the critical patient-protective pacing and defibrillation therapies are available. Changes in device settings that occur as intended by the design (for example, reversion to a designed Safe Mode) that do not result in loss of critical patient-protective therapies but are the reported reasons for explant are categorized as a Malfunction without Compromised Therapy.

#### **Malfunction Root Cause Category Definitions**

**Electrical Component -** Findings linked to electrical components such as integrated circuits, resistors, low voltage capacitors, diodes, etc.. Does not include high voltage capacitors.

Electrical Interconnect - Findings linked to the connections between electrical components such as wires, solder joints, wire bonds, feedthroughs, etc.

**Battery -** Findings linked to the battery and its components.

High Voltage Capacitor - Findings linked to the high voltage capacitor and its components.

**Software/Firmware -** Findings linked to software or firmware function.

Mechanical - Findings linked to mechanical components such as headers, setscrews, fluid seals, internal supports, the hermetic case, etc.

**Possible Early Battery Depletion -** Findings where the actual reported implant time is less than 75% of the expected longevity calculated using the available device setting information and no root cause was able to be identified. Additionally, in the absence of a specific root cause finding, returned devices with insufficient device setting information to determine conclusively if battery depletion was normal or premature are conservatively classified as Possible Early Battery Depletion malfunctions.

Other - Findings linked to other components such as packaging and accessories, and findings where analysis is inconclusive.

## **Leads Survival Analysis**

Implanted cardiac leads are subjected to constant, complex flexural and torsional forces, interactions with other leads and/or the pulse generator device, plus other forces associated with cardiac contractions, patient physical activity, posture, and anatomy. Therefore, the functional lifetime of cardiac leads is limited and cannot be predicted with a high degree of confidence. Understanding these limitations, survival estimates are provided for all leads included in this report.

The data used for the survival analysis of leads includes up-to-date device registration information, chronic complications (>30 days) reported by the field, and the laboratory analysis of all domestically implanted leads returned to St. Jude Medical. Complaints reported within 30 days of implant (acute observations), are considered to be related to factors other than lead malfunction, such as patient specific characteristics or implant technique, and are therefore excluded from the survival calculations, consistent with industry practice. If there is laboratory data that determines the lead to have exhibited a malfunction, and the lead is known to have been implanted, the lead is counted as a non-survivor. If a lead is the subject of a complaint (chronic complication) report, is no longer in service as a result of the complication, and was implanted for more than 30 days, then the lead is counted as a non-survivor. These criteria are also

followed for partial lead returns. This method for non-returned complications is used to ensure a conservative failure estimate for lead performance. Chronic complications commonly associated with non-returned leads and partial lead returns include, but are not limited to, reports of sensing, pacing, and capture anomalies, perforation, and dislodgement.

#### **Leads Observation and Complication Reporting**

Reporting for recently released lead models provides detail on specific chronic complications (more than 30 days implant), as well as acute observations (post implant to 30 days), that are reported to St. Jude Medical as complaints. Each complication and observation is categorized into one of the eleven categories below, irrespective of whether the lead has been returned for analysis. The quantity and rate of each complication and observation type is provided in a tabular format on the Customer Reported Performance Data page. Note that in the rare cases where multiple complaints are identified for a single device, a single category will be selected with priority given in the order of the list below.

**Cardiac Perforation:** Penetration of the lead tip through the myocardium, clinically suspected and confirmed by chest x-ray, fluoroscopy, echocardiogram, or visual observation, which results in clinical symptoms, typically degradation of pacing/ICD lead electrical performance (high thresholds), chest pain, or tamponade.

**Conductor Fracture:** A mechanical break within a lead conductor (includes connectors, coils, cables and/or electrodes) observed visually, electrically, or radiographically.

**Lead Dislodgement:** Radiographic, electrical or electrocardiographic evidence of electrode displacement from the original implant site or electrode displacement that adversely affects pacing and/or lead performance.

**Failure to Capture:** Intermittent or complete failure to achieve cardiac stimulation (atrial or ventricular) at programmed output delivered outside of the cardiac refractory period. A sudden and significant increase in the pacing threshold value (elevated thresholds compared to previous measured value) at which 2:1 safety margin can no longer be achieved.

**Oversensing:** Misinterpretation of cardiac or non-cardiac events as cardiac depolarization, e.g. T-waves, skeletal muscle potentials, and extracardiac electromagnetic interference (EMI).

**Failure to Sense (undersensing):** Intermittent or complete loss of sensing or failure to detect intended intrinsic cardiac signals (atrial or ventricular) during non-refractory periods at programmed sensitivity settings.

**Insulation Breach:** A disruption or break in lead insulation observed visually, electrically, or radiographically.

**Abnormal Pacing Impedance:** Pacing impedance is typically considered abnormal if a measurement is  $< 200 \Omega$  or  $> 2000 \Omega$  (based on lead model and measurement range of the device).

**Abnormal Defibrillation Impedance:** Defibrillation impedance is typically considered abnormal if a measurement is  $< 20 \Omega$  or  $> 200 \Omega$  (based on lead model and measurement range of the device).

Extracardiac Stimulation: Clinical observation of inadvertent nerve/muscle stimulation other than cardiac muscle.

**Other:** Specific proprietary lead mechanical attributes such as lead incorporated sensors, connectors or seal rings which affect a lead's ability to perform as designed or remain in service, as well as other complications not included above.

#### **Leads Malfunction Reporting**

As a supplement to the survival estimates, the categorization of lead malfunctions emphasizes the root cause of malfunction rather than a functional longevity prediction. In accordance with AdvaMed guidelines, laboratory analysis results of returned leads are categorized into one of the following five categories of malfunctions. The quantity and rate of each malfunction type is provided in a tabular format on the Customer Reported Performance Data and the Actively Monitored Study Data pages. Note that in the rare cases where multiple malfunctions are identified in a single lead, a single malfunction category will be selected with priority given in the order of the list below. The definition for each malfunction type is provided below:

**Conductor Fracture:** Conductor break with complete or intermittent loss of continuity that could interrupt current flow. This type of malfunction includes any conductor fracture such as those associated with flex-fatigue or clavicular crush damage.

In an effort to further increase customer understanding of St. Jude Medical defibrillation lead performance, subcategories of conductor fracture are also provided. The definitions of these subcategories are provided below:

Clavicular Crush: Conductor fracture due to strong compression and bending at the approximation of the first rib and clavicle.

In the Pocket: Conductor fracture not within the vascular or cardiac systems, typically within the subcutaneous pocket or associated with the suture sleeve, excluding the mechanism of clavicular crush.

Intravascular: Conductor fracture within the vascular or cardiac systems.

**Insulation Breach:** Any lead insulation breach, such as: 1) proximal abrasion associated with lead-to-lead or lead-to-can contact in the pocket, 2) mid-lead insulation damage caused by clavicular crush or insulation wear in the region of vein insertion, 3) distal abrasion due to lead-to-lead interactions or contact with anatomic structures, and 4) externalized conductors in the distal region.

Subcategories of insulation breach are also provided. The definitions of these subcategories are provided below:

Lead-to-Can Contact: Direct contact between the lead and the can (i.e. pacemaker, ICD, or CRT-D) combined with repetitive skeletal movement caused abrasion that resulted in a full thickness outer insulation breach.

Lead-to-Lead Contact: Repetitive contact between two leads caused abrasion that resulted in a full thickness outer insulation breach.

Clavicular Crush: Damage due to strong compression between the first rib and clavicle resulted in a full thickness outer insulation breach.

Externalized Conductors: Abrasion resulted in an outer insulation breach within the vascular or cardiac systems allowing the normally contained conductors to become visible outside the lead body. Externalized conductors were described in our December 2010 and November 2011 communications regarding insulation abrasion failures on silicone Riata™ and Riata™ ST lead families (summary on pages 282-283) and in our April 2012 communication regarding insulation abrasion failures on QuickSite™ and QuickFlex™ lead families. Additional information regarding externalized conductors on Riata™ and Riata™ ST leads can be found at www.RiataCommunication.com.

**Other (Insulation Breach):** Insulation breaches that resulted from a failure mode not represented by the other four categories. This includes a variety of failure modes, such as damage at the suture sleeve and contact with patient anatomy. Also includes insulation breaches for which analysis was unable to isolate a specific cause.

Crimps, Welds and Bonds: Any interruption in the conductor or lead body associated with a point of connection.

**Other:** Includes specific proprietary lead mechanical attributes, such as lead incorporated sensors, connectors, and seal rings, as well as other analysis results not included in the alternate categories.

**Extrinsic Factors:** The lead was removed from service and returned for analysis, however analysis was inconclusive because (1) only portions of the lead were available, or (2) the returned lead was damaged by the explantation process, or (3) lab analysis could not determine an out of specification condition (typically with complaints such as dislodgements, perforations, or failure to capture). For this particular category, malfunctions will only be included in survival calculations for leads implanted greater than 30 days.

## Actively Monitored Study Data

#### **Summary Information**

Since 2007 the Product Performance Report has included data from the St. Jude Medical Product Longevity and Performance Registry (SCORE). This comprehensive study provided monitored performance data on pacemakers, ICDs, and leads. Now that product-specific, post-market registries have become standard practice, St. Jude Medical has decided to complement the SCORE registry with data from the SJ4 Post-Approval Study, the QuickFlex™ µ Post-Approval Study, and the Quadripolar CRT-D Post-Approval Study. The SCORE registry and three Post-Approval Studies are now further complemented with the OPTIMUM registry. This registry evaluates the chronic clinical performance of leads with Optim™ insulation material. With the OPTIMUM registry, this actively monitored study data now represents >59,000 implanted devices, and continues to be a very powerful source of product performance information which complements the data collected from Customer Reported Performance Data. Actively monitored study data is not susceptible to underreporting and provides the most accurate understanding of product performance. The many sites participating in these actively monitored studies are individually providing data on the performance of St. Jude Medical cardiac rhythm management products using common definitions and criteria. In addition, each of these sites is regularly audited by St. Jude Medical personnel to ensure comprehensive reporting.

	Study Description	Study Initiated	# Sites	# Patients	Product Types/Families
SCORE (St. Jude Medical Product Longevity and Performance Registry)	Prospective, actively monitored, multicenter registry to evaluate the long-term performance of St. Jude Medical market-released cardiac rhythm management products.	September 2007	60	10957	Pacemakers, ICDs, CRT-Ds, Leads (all types)
SJ4 Post-Approval Study	Prospective, actively monitored, multicenter study to evaluate the acute and chronic performance of the St. Jude Medical SJ4/DF4 connector and SJ4/DF4 defibrillation leads.	June 2009	58	1701	ICDs, CRT-Ds, Leads (all types)
QuickFlex™ μ Post-Approval Study	Prospective, actively monitored, multicenter study to evaluate the acute and chronic performance of the St. Jude Medical QuickFlex™ µ 1258T left ventricular leads.	September 2010	76	1930	CRT-Ds, Leads (all types)
Quadripolar CRT-D Post-Approval Study	Prospective, actively monitored, multicenter study to evaluate the acute and chronic performance of the St. Jude Medical Quadripolar CRT-D system.	February 2012	70	1331	Unify Quadra™ CRT-Ds, Leads (all types)
Optimum Registry	Prospective, actively monitored, multicenter registry to evaluate the long-term performance of market-released St. Jude Medical leads with Optim™ insulation material.	August 2006	241	14124	Leads (any model with Optim™ Insulation)

## INTRODUCTION AND OVERVIEW

The models included in the actively monitored dataset are listed below:

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Unify Quadra<sup>™</sup> CRT-D (Model 3249-40Q)

Unify Quadra<sup>™</sup> CRT-D (Model 3249-40)\*

Unify<sup>™</sup> CRT-D (Model CD3231-40Q)

Unify<sup>™</sup> CRT-D (Model CD3231-40)

Fortify<sup>™</sup> DR (Model CD2231-40Q)

Fortify<sup>™</sup> DR (Model CD2231-40)

Fortify<sup>™</sup> VR (Model CD1231-40Q)

Current<sup>™</sup> + DR (Model CD2211-36Q)

Current<sup>™</sup> + VR (Model 1211-36Q)

Current<sup>™</sup> VR RF (Model 1207-36)

Current<sup>™</sup> DR RF (Model 2207-36)

Current<sup>™</sup> + DR (Model CD2211-36)

Promote<sup>™</sup> RF CRT-D (Model 3207-36)

Promote<sup>™</sup> + CRT-D (Model CD3211-36)

Promote<sup>™</sup> + CRT-D (Model CD3211-36Q)

#### **Defibrillation Leads**

Durata<sup>™</sup> DF4 (Model 7122Q)

Durata<sup>™</sup> DF4 (Models 7120Q/7121Q)

Durata<sup>™</sup> DF4 (Models 7170Q/7171Q)

Durata<sup>™</sup> (Models 7120/7121)

Durata<sup>™</sup> (Model 7122)

Riata<sup>™</sup> (Models 1580/1581)

Riata<sup>™</sup> ST Optim<sup>™</sup> (Models 7020/7021)

Riata<sup>™</sup> ST Optim<sup>™</sup> (Models 7070/7071)

Riata<sup>™</sup> ST (Models 7000/7001)

#### **CRT Leads**

Quartet<sup>™</sup> (Model 1458Q)

QuickFlex<sup>™</sup> µ (Model 1258T)

QuickFlex<sup>™</sup> XL (Model 1158T)

QuickFlex<sup>™</sup> (Model 1156T)

QuickSite<sup>™</sup> XL (Model 1058T)

QuickSite<sup>™</sup> (Model 1056T)

#### **Pacemakers**

Anthem<sup>™</sup> RF CRT-P (Model PM3210)

Accent<sup>™</sup> DR (Model PM2110)

Accent<sup>™</sup> SR RF (Model PM1210)

Accent™ DR RF (Model PM2210)

Zephyr<sup>™</sup> DR (Model 5820)

Zephyr<sup>™</sup> XL DR (Model 5826)

Zephyr<sup>™</sup> XL SR (Model 5626)

Victory<sup>™</sup> XL DR (Model 5816)

Identity ADx™ XL DR (Model 5386)

#### **Pacing Leads**

Tendril™ STS (Model 2088)

Tendril<sup>™</sup> ST Optim<sup>™</sup> (Model 1888)

Tendril<sup>™</sup> ST Optim<sup>™</sup> (Model 1882)

Tendril<sup>™</sup> (Model 1788)

Tendril<sup>™</sup> (Model 1782)

Tendril™ SDX (Model 1688)

Tendril<sup>™</sup> SDX (Model 1488)

Tendril<sup>™</sup> DX (Model 1388)

OptiSense<sup>™</sup> (Model 1999)

OptiSense<sup>™</sup> (Model 1699)

IsoFlex<sup>™</sup> S (Model 1646)

IsoFlex<sup>™</sup> Optim<sup>™</sup> (Model 1948)

IsoFlex<sup>™</sup> Optim<sup>™</sup> (Model 1944)



#### **Qualifying Complications**

When abnormal performance is suspected of an actively monitored study device, the related clinical event and any resulting clinical action is reported to St. Jude Medical. A Qualifying Complication is defined to have occurred if the report identifies one of the following Clinical Events that resulted in one of the following Clinical Actions. Any Clinical Event without a related Clinical Action is not considered a Qualifying Complication.

#### **Qualifying Clinical Events**

Abnormal Defibrillation Impedance

Abnormal Pacing Impedance

Cardiac Perforation

Conductor Fracture

Extracardiac Stimulation

Failure to Capture

Failure to Sense

Inappropriate Shock

Insulation Breach

Lead Dislodgement

Loss of Telemetry

Oversensing

Pericardial Effusion

Premature Battery Depletion

Skin Erosion

#### **Qualifying Clinical Action**

Generator Pacing Mode Changed

Lead Electrically Abandoned/Capped

Lead/Generator Explanted

Lead/Generator Replaced

Lead Polarity Changed

Lead Surgically Abandoned/Capped

Lead Surgically Repositioned



#### **Survival Calculation Methods**

Survival calculations for actively monitored studies are made in a manner consistent with the ISO 5841-2:2000(E) method used for Customer Reported Performance Data. A minimum of 100 devices are required to have been enrolled, with the latest interval to be reported having a minimum of 50 devices which have been followed for at least six months. Any device with a Qualifying Complication is defined as a non-survivor. Consistent with industry practice, Qualifying Complications for leads are included in the survival calculations for events with an implant duration greater than 30 days. For pacemakers and ICDs, Qualifying Complications are included in the survival calculations for events with an implant duration greater than 24 hours. Medical complications unrelated to device performance are not considered as Qualified Complications. Devices included in the actively monitored studies are excluded from the Customer Reported Performance Data. Certain devices and leads, including any which transferred from Customer Reported Performance Data into Actively Monitored Study Data are also subsequently excluded from the Customer Reported Performance Data and subject to these Survival Calculation methods.

#### **Malfunction Reporting**

The actively monitored study data page contains a table of all device malfunctions. The type, quantity, and rate of all laboratory-confirmed malfunctions are listed using the same categories reported in Customer Reported Performance Data. The malfunction data is not utilized in the actively monitored study survival calculations, but does provide important supplementary information about product performance and reliability.

## INTRODUCTION AND OVERVIEW

# Medical Advisory Board Review

St. Jude Medical has an established and independent Medical Advisory Board (MAB) focused on cardiac rhythm management systems, including pulse generators and leads. One of the important tasks assigned to the MAB is the review of the performance data contained in this report prior to its release and publication on a semi-annual basis. MAB members and their location of practice include:

Dr. Steven Bailin, Des Moines, Iowa

Dr. Jim Baker, Nashville, Tennessee

Dr. Anne Curtis, Buffalo, New York

Dr. Roger Freedman, Salt Lake City, Utah

Dr. Steven Kalbfleisch, Columbus, Ohio

Dr. Steven Kutalek, Philadelphia, Pennsylvania

Dr. Thomas Mattioni, Paradise Valley, Arizona

Dr. Raymond Schaerf, Burbank, California

Dr. Gery Tomassoni, Lexington, Kentucky

Dr. Bruce Wilkoff, Cleveland, Ohio

# Returning Devices to St. Jude Medical

To maintain the continued accuracy of our performance reporting, St. Jude Medical strongly encourages physicians to notify our Patient Records department (888-SJM-2763) each time a device is removed from service for any reason. Additionally, all explanted products are requested to be returned to St. Jude Medical for laboratory evaluation whether or not a malfunction is suspected. To facilitate the return of explanted devices, St. Jude Medical offers a no-cost Returned Products Kit comprised of a postage paid explant box with a shipping address label, a removed device information form, a biohazard bag, and biohazard labels to seal the explant box. This kit, #N0004, can be ordered free of charge by contacting St. Jude Medical Customer Service (888-SJM-2763).

## Contact Us

The St. Jude Medical team is always ready to respond to questions, comments or suggestions as well as receive product performance feedback. You can reach us by phone at 888-SJM-2763, on the web at www.SJMprofessional.com, or by contacting your local St. Jude Medical representative.

# CARDIAC RESYNCHRONIZATION THERAPY (CRT) DEVICES

CRT ICDs

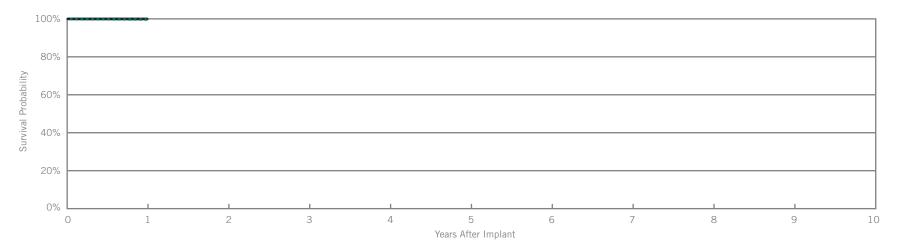


## Quadra Assura<sup>™</sup> CRT-D

Model	CD3265-40Q
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US Regulatory Approval	May 2012
Registered US Implants	7,320
Estimated Active US Implants	6,916
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	1
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	functions ompromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	1	0.01%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	1	0.01%	



#### Including Normal Battery Depletion

Year	1					
Survival Probability	99.72%					
± 1 standard error	0.17%					
Sample Size	370					

#### Excluding Normal Battery Depletion

Year	1					
Survival Probability	99.97%					
± 1 standard error	0.02%					

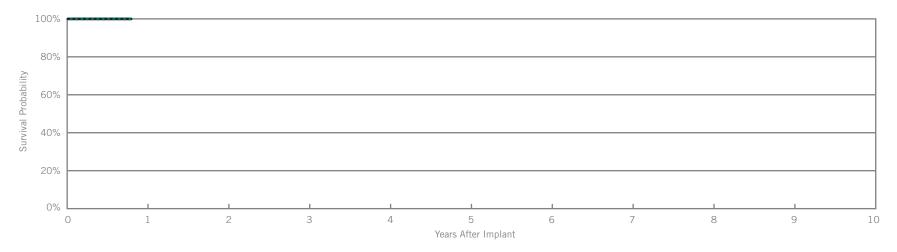
## Quadra Assura<sup>™</sup> CRT-D

Model CD3265-40

Number of US Advisories

JS Regulatory Approval	May 2012
Registered US Implants	2,149
Stimated Active US Implants	2,041
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion -

Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	270					

#### Excluding Normal Battery Depletion \_\_\_\_

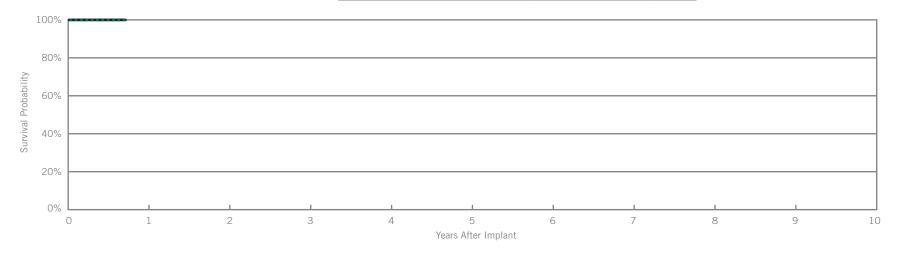
Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

# Unify Assura<sup>™</sup> CRT-D

Model CD3257-40Q

US Regulatory Approval	May 2012
Registered US Implants	1,409
Estimated Active US Implants	1,330
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_\_

Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	240					

#### Excluding Normal Battery Depletion

Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

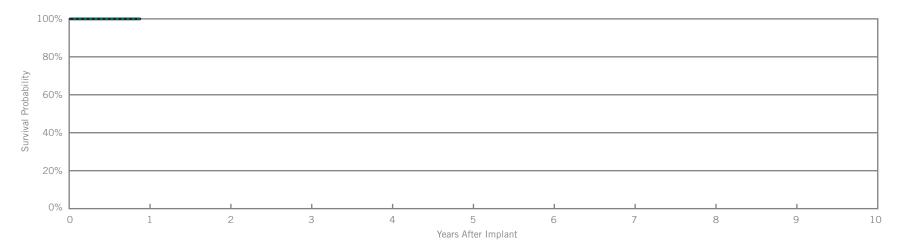
# Unify Assura<sup>™</sup> CRT-D

Model CD3257-40

Number of US Advisories

US Regulatory Approval	May 2012
Registered US Implants	3,677
Estimated Active US Implants	3,468
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_

Year	at 11 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	320					

#### Excluding Normal Battery Depletion -

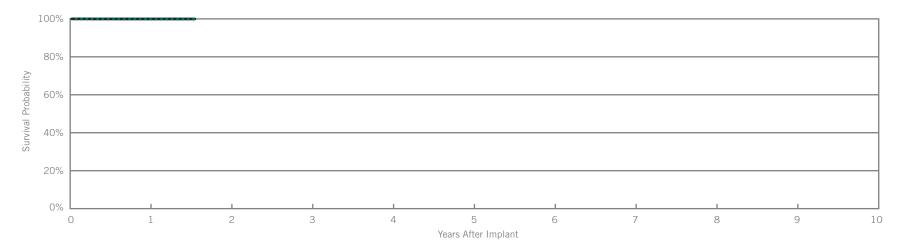
Year	at 11 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

# Unify Quadra<sup>™</sup> CRT-D

Model CD3249-40Q

US Regulatory Approval	Nov 2011
Registered US Implants	8,450
Estimated Active US Implants	7,535
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	2
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	0.01%	0	0.00%
Total	1	0.01%	0	0.00%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	at 19 months				
Survival Probability	99.91%	99.91%				
± 1 standard error	0.04%	0.04%				
Sample Size	6260	240				

#### Excluding Normal Battery Depletion

Year	1	at 19 months				
Survival Probability	99.97%	99.97%				
± 1 standard error	0.02%	0.02%				

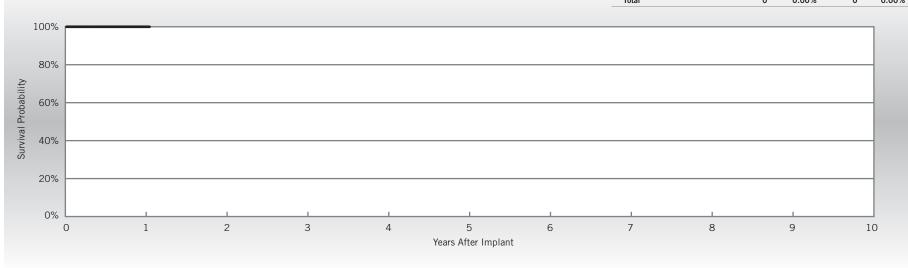
## **Actively Monitored Study Data**

# Unify Quadra<sup>™</sup> CRT-D

## Model CD3249-40Q

US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	869
Cumulative Months of Follow-up	5,023
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	40 joules

	w/ Com	inctions ipromised erapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



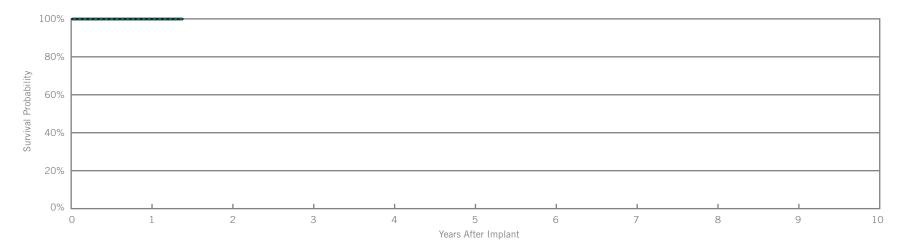
Year	1	at 13 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	470	70				

## Unify Quadra<sup>™</sup> CRT-D

Model (	CD3249-40
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US Regulatory Approval	Nov 2011
Registered US Implants	2,402
Estimated Active US Implants	2,142
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	0.04%	0	0.00%
Total	1	0.04%	0	0.00%



#### Including Normal Battery Depletion -

Year	1	at 17 months								
Survival Probability	99.92%	99.92%								
± 1 standard error	0.06%	0.06%								
Sample Size	1810	380								

#### Excluding Normal Battery Depletion

Year	1	at 17 months				
Survival Probability	99.92%	99.92%				
± 1 standard error	0.06%	0.06%				

## **Actively Monitored Study Data**

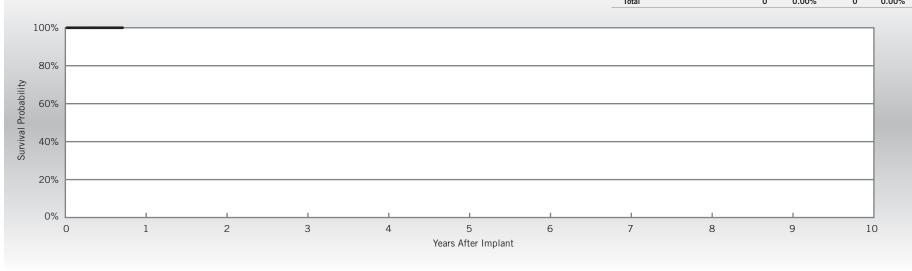
# Unify Quadra<sup>™</sup> CRT-D

#### Model CD3249-40

US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	209
Cumulative Months of Follow-up	1,179
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Com	unctions ipromised erapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	

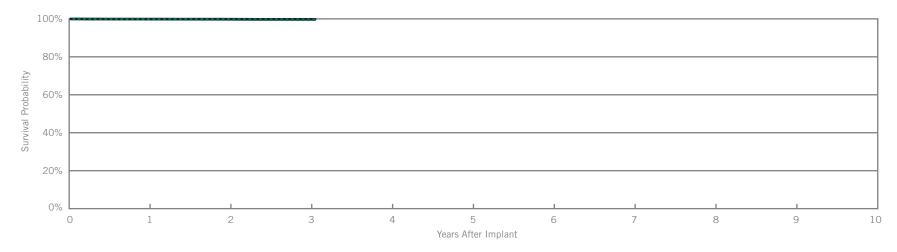


Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	60					

## Unify<sup>™</sup> CRT-D Model CD3231-40Q

US Regulatory Approval	May 2010
Registered US Implants	18,868
Estimated Active US Implants	14,865
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	9
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	3	0.02%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	2	0.01%	1	<0.01%
High Voltage Capacitor	1	<0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	<0.01%	2	0.01%
Possible Early Battery Depletion	1	<0.01%	0	0.00%
Other	1	<0.01%	1	<0.01%
Total	7	0.04%	7	0.04%



#### Including Normal Battery Depletion \_\_\_\_

	1 -	_	_				
Year	1	2	3	at 37 months			
Survival Probability	99.77%	99.73%	99.58%	99.58%			
± 1 standard error	0.04%	0.04%	0.06%	0.06%			
Sample Size	17120	11960	4530	500			

#### Excluding Normal Battery Depletion

Year	1	2	3	at 37 months	
Survival Probability	99.87%	99.83%	99.77%	99.77%	
± 1 standard error	0.03%	0.03%	0.04%	0.04%	

## **Actively Monitored Study Data**

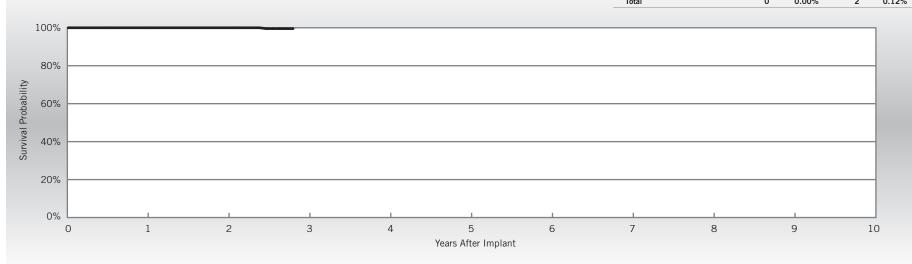
## Unify<sup>™</sup> CRT-D

#### Model CD3231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	1,671
Cumulative Months of Follow-up	33,422
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	40 joules

Qualifying Complications	Qty	Rate
Premature Battery Depletion	1	0.06%

	w/ Con	unctions promised erapy	w/o Con	inctions npromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	1	0.06%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	0.06%
Other	0	0.00%	0	0.00%
Total	0	0.00%	2	0.12%



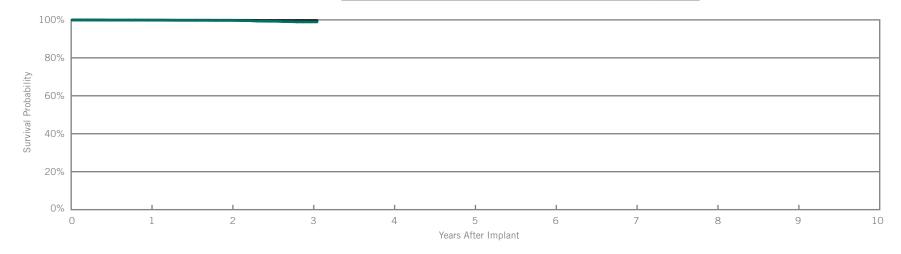
Year	1	2	at 34 months				
Survival Probability	100.00%	100.00%	99.56%				
± 1 standard error	0.00%	0.00%	0.44%				
Sample Size	1550	1030	60				

# Unify<sup>™</sup> CRT-D

## Model CD3231-40

US Regulatory Approval	May 2010
Registered US Implants	20,156
Estimated Active US Implants	16,061
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	17
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	Ifunctions ompromised Therapy	
	Qty	Rate	Qty	Rate	
Electrical Component	3	0.01%	0	0.00%	
Electrical Interconnect	2	<0.01%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	1	<0.01%	1	<0.01%	
Other	4	0.02%	5	0.02%	
Total	10	0.05%	6	0.03%	



#### Including Normal Battery Depletion -

Year	1	2	3	at 37 months			
Survival Probability	99.82%	99.71%	98.92%	98.92%			
± 1 standard error	0.03%	0.04%	0.17%	0.17%			
Sample Size	17720	11230	3740	290			

#### Excluding Normal Battery Depletion

Year	1	2	3	at 37 months	
Survival Probability	99.87%	99.82%	99.70%	99.70%	
± 1 standard error	0.02%	0.03%	0.06%	0.06%	

## **Actively Monitored Study Data**

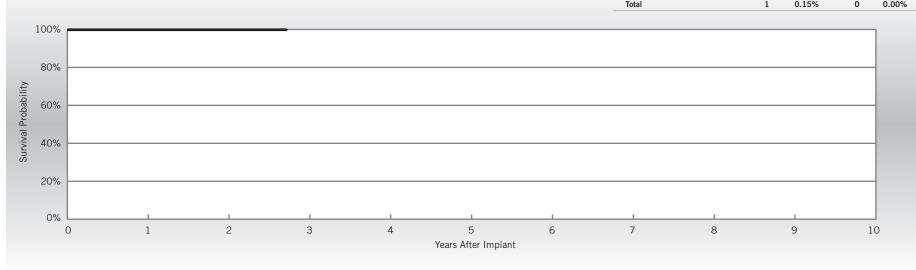
## Unify<sup>™</sup> CRT-D

#### Model CD3231-40

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	670
Cumulative Months of Follow-up	13,470
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions npromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	1	0.15%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	1	0.15%	0	0.00%



Year	1	2	at 33 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	610	400	50				

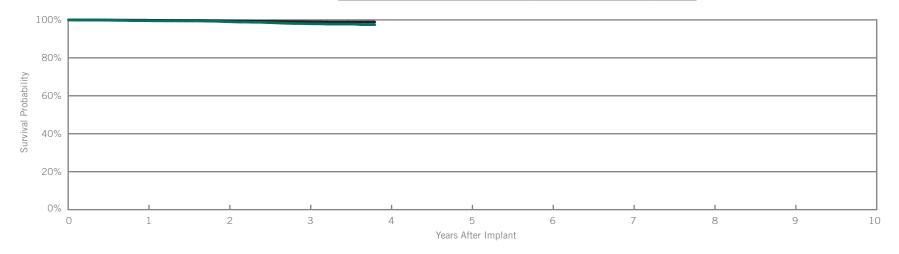
## Promote<sup>™</sup> + CRT-D

Model CD3211-36Q

Number of US Advisories

US Regulatory Approval	February 2009
Registered US Implants	6,867
Estimated Active US Implants	4,723
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	21
Max. Delivered Energy	36 joules

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	4	0.06%	2	0.03%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	7	0.10%	5	0.07%
High Voltage Capacitor	1	0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	0.01%	0	0.00%
Possible Early Battery Depletion	1	0.01%	0	0.00%
Other	2	0.03%	3	0.04%
Total	16	0.23%	10	0.15%



#### Including Normal Battery Depletion \_\_\_\_

V			2	-1 10			
Year	1	2	5	at 46 months			
Survival Probability	99.59%	99.04%	97.97%	97.50%			
± 1 standard error	0.08%	0.12%	0.19%	0.28%			
Sample Size	6330	5430	4640	280			

#### Excluding Normal Battery Depletion

Year	1	2	3	at 46 months			
Survival Probability	99.84%	99.41%	99.01%	98.90%			
± 1 standard error	0.05%	0.09%	0.13%	0.15%			

## **Actively Monitored Study Data**

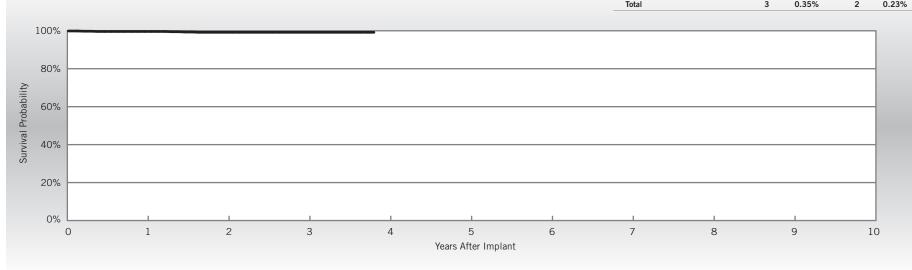
## Promote<sup>™</sup> + CRT-D

#### Model CD3211-36Q

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	853
Cumulative Months of Follow-up	26,586
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty.	Rate
Inappropriate Shock	3	0.35%
Premature Battery Depletion	1	0.12%
Skin Erosion	2	0.23%

	w/ Cor	ompromised w/o Co		lfunctions ompromised Therapy	
	Qty	Rate	Qty	Rate	
Electrical Component	1	0.12%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	1	0.12%	1	0.12%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	1	0.12%	
Possible Early Battery Depletion	1	0.12%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	3	0.35%	2	0.23%	



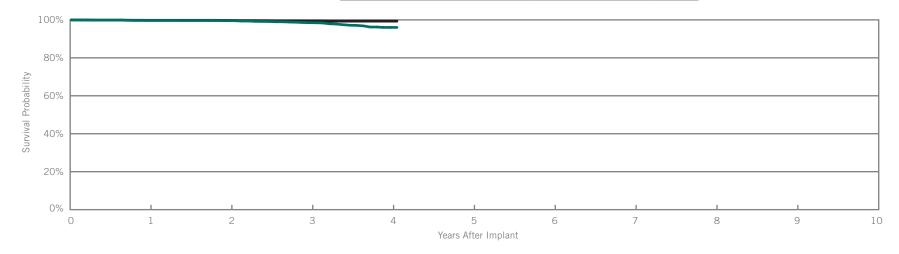
Year	1	2	3	at 46 months			
Survival Probability	99.63%	99.19%	99.19%	99.19%			
± 1 standard error	0.21%	0.33%	0.33%	0.33%			
Sample Size	790	670	570	80			

#### Promote<sup>™</sup> + CRT-D

Model CD3211-36

US Regulatory Approval	February 2009
Registered US Implants	8,575
Estimated Active US Implants	5,581
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	45
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Coi	w/ Compromised Therapy		mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.03%	2	0.02%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	9	0.10%	2	0.02%
High Voltage Capacitor	1	0.01%	0	0.00%
Software/Firmware	0	0.00%	1	0.01%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	0.01%
Other	1	0.01%	0	0.00%
Total	14	0.16%	6	0.07%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 49 months			
Survival Probability	99.67%	99.57%	98.51%	96.02%	96.02%			
± 1 standard error	0.06%	0.07%	0.15%	0.37%	0.37%			
Sample Size	7880	6650	5590	2700	350			

Year	1	2	3	4	at 49 months			
Survival Probability	99.79%	99.72%	99.41%	99.32%	99.32%			
± 1 standard error	0.05%	0.06%	0.10%	0.11%	0.11%			

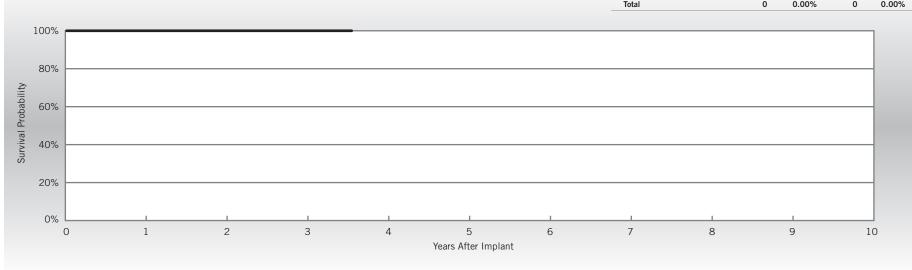
#### Promote<sup>™</sup> + CRT-D

#### Model CD3211-36

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	222
Cumulative Months of Follow-up	6,707
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	36 joules

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



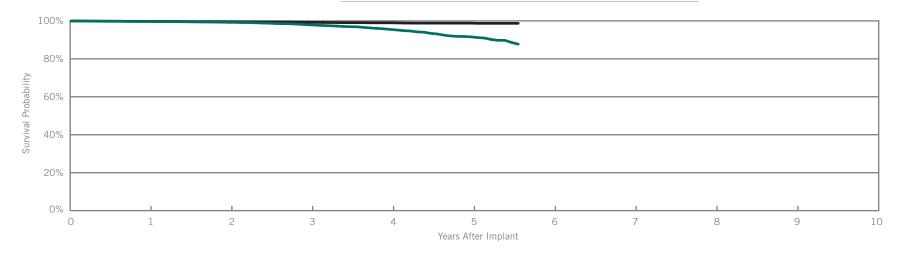
Year	1	2	3	at 43 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			
Sample Size	210	170	130	60			

#### Promote<sup>™</sup> RF CRT-D

Model 3207-36

US Regulatory Approval	September 2007
Registered US Implants	23,974
Estimated Active US Implants	12,190
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	320
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.02%	5	0.02%
Electrical Interconnect	5	0.02%	0	0.00%
Battery	15	0.06%	8	0.03%
High Voltage Capacitor	5	0.02%	1	<0.01%
Software/Firmware	0	0.00%	5	0.02%
Mechanical	2	<0.01%	1	<0.01%
Possible Early Battery Depletion	7	0.03%	4	0.02%
Other	9	0.04%	11	0.05%
Total	47	0.20%	35	0.15%



#### Including Normal Battery Depletion -

morating Norman Datterly Depletion										
Year	1	2	3	4	5	at 67 months				
Survival Probability	99.67%	99.21%	97.92%	95.48%	91.59%	87.73%				
± 1 standard error	0.04%	0.06%	0.10%	0.16%	0.29%	0.66%				
Sample Size	22180	19040	16500	12990	6610	290				

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.77%	99.52%	99.22%	98.98%	98.80%	98.71%		
± 1 standard error	0.03%	0.05%	0.06%	0.08%	0.09%	0.11%		

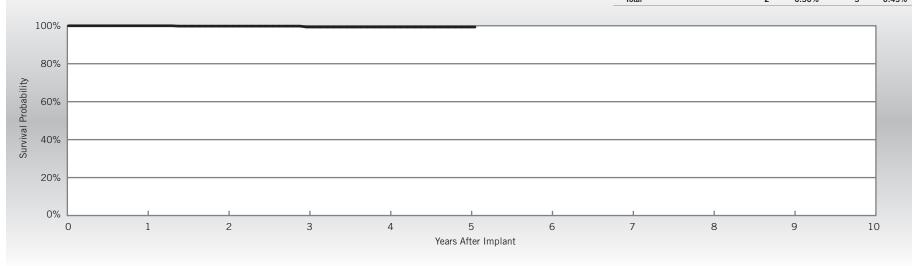
#### Promote<sup>™</sup> RF CRT-D

#### Model 3207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	674
Cumulative Months of Follow-up	25,547
Estimated Longevity	(see table on page 42)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty	Rate
Inappropriate Shock	1	0.15%
Skin Erosion	2	0.30%

	w/ Cor	unctions npromised nerapy	w/o Co	unctions mpromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	1	0.15%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	1	0.15%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	0.15%
Other	2	0.30%	0	0.00%
Total	2	0.30%	3	0.45%



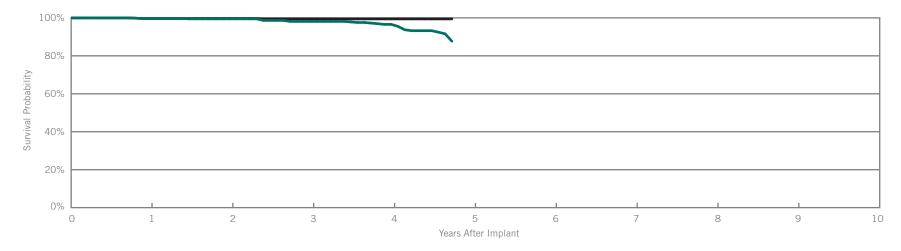
Year	1	2	3	4	5	at 61 months		
Survival Probability	100.00%	99.82%	99.34%	99.34%	99.34%	99.34%		
± 1 standard error	0.00%	0.18%	0.18%	0.38%	0.38%	0.38%		
Sample Size	630	550	460	340	160	60		

#### Promote<sup>™</sup> RF CRT-D

Model 3207-30

US Regulatory Approval	September 2007
Registered US Implants	1,395
Estimated Active US Implants	672
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	24
Max. Delivered Energy	30 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	1	0.07%
Battery	0	0.00%	1	0.07%
High Voltage Capacitor	1	0.07%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	1	0.07%	2	0.14%



#### Including Normal Battery Depletion -

morading mormar bac	cery Depretion -					totaling from an autory population											
Year	1	2	3	4	at 57 months												
Survival Probability	99.67%	99.48%	98.13%	96.57%	87.70%												
± 1 standard error	0.17%	0.21%	0.43%	0.65%	1.32%												
Sample Size	1280	1090	940	680	200												

Year	1	2	3	4	at 57 months			
Survival Probability	99.67%	99.67%	99.46%	99.46%	99.46%			
± 1 standard error	0.17%	0.17%	0.22%	0.22%	0.22%			

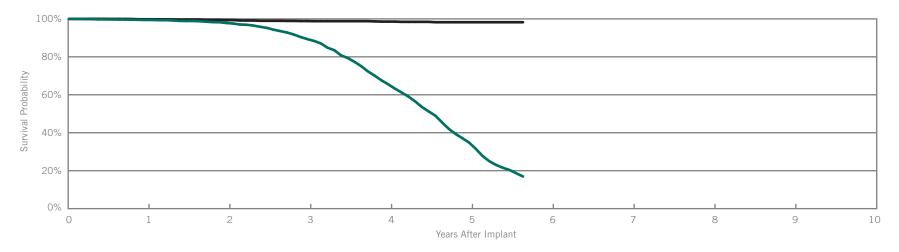
#### Atlas™ II + HF CRT-D

Number of US Advisories (see pgs. 272-284)

Model V-366

US Regulatory Approval	February 2007
Registered US Implants	4,921
Estimated Active US Implants	910
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	740
Max Delivered Energy	36 ioules

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	0.02%	3	0.06%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	4	0.08%	2	0.04%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	2	0.04%	4	0.08%
Other	7	0.14%	0	0.00%
Total	14	0.28%	9	0.18%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	at 68 months		
Survival Probability	99.44%	97.82%	89.33%	65.52%	34.82%	16.96%		
± 1 standard error	0.11%	0.21%	0.50%	0.87%	1.04%	0.97%		
Sample Size	4540	3860	3200	2230	1100	210		

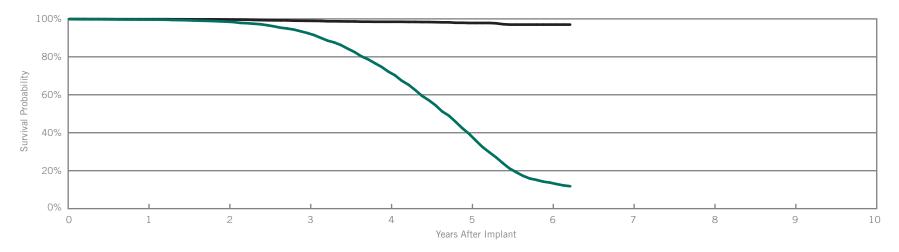
Year	1	2	3	4	5	at 68 months		
Survival Probability	99.79%	99.37%	98.86%	98.57%	98.24%	98.24%		
± 1 standard error	0.07%	0.11%	0.18%	0.21%	0.27%	0.27%		

#### Atlas™ II HF CRT-D

Model V-365

US Regulatory Approval	July 2006
Registered US Implants	8,377
Estimated Active US Implants	764
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	1,555
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	One

	w/ Cor	functions mpromised herapy	w/o Co	unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	1	0.01%	2	0.02%
Electrical Interconnect	2	0.02%	0	0.00%
Battery	16	0.19%	3	0.04%
High Voltage Capacitor	2	0.02%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	6	0.07%	5	0.06%
Other	8	0.10%	5	0.06%
Total	35	0.42%	15	0.18%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.64%	98.53%	92.55%	72.26%	39.44%	13.71%	11.81%		
± 1 standard error	0.07%	0.14%	0.32%	0.60%	0.72%	0.56%	0.55%		
Sample Size	7800	6750	5670	4280	2600	1040	250		

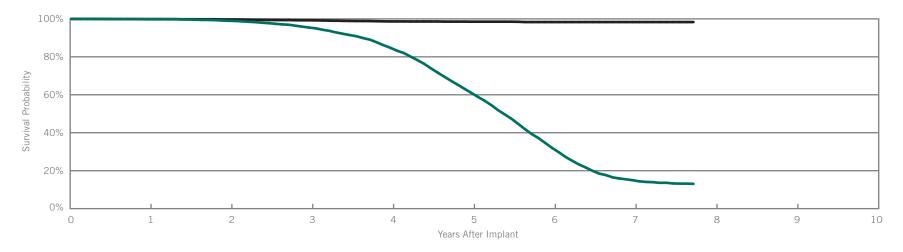
Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.83%	99.68%	98.98%	98.47%	97.84%	96.98%	96.98%		
± 1 standard error	0.05%	0.06%	0.13%	0.17%	0.22%	0.37%	0.37%		

#### Atlas™ + HF CRT-D

Model	V-343
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US Regulatory Approval	November 2004
Registered US Implants	18,739
Estimated Active US Implants	1,692
Estimated Longevity	(see table on page 42)
Normal Battery Depletion	3,013
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	One

	w/ Cor	unctions npromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.02%	1	<0.01%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	37	0.20%	4	0.02%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	1	<0.01%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	5	0.03%	11	0.06%
Other	10	0.05%	4	0.02%
Total	55	0.29%	22	0.12%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.78%	99.01%	95.40%	84.79%	61.07%	32.05%	14.95%	13.05%	
± 1 standard error	0.03%	0.07%	0.17%	0.32%	0.48%	0.51%	0.42%	0.43%	
Sample Size	17440	15130	12960	10350	7170	3980	1610	230	

Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.88%	99.67%	99.26%	98.66%	98.52%	98.33%	98.33%	98.33%	
± 1 standard error	0.03%	0.04%	0.07%	0.10%	0.11%	0.13%	0.13%	0.13%	

# BATTERY LONGEVITY SUMMARY

CRT ICDs



#### **Battery Longevity**

			Approximate Di	uration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD3265-40Q	Quadra Assura™ CRT-D*	11.1	9.9	8.9	7.4
CD3265-40	Quadra Assura™ CRT-D*	11.1	9.9	8.9	7.4
CD3257-40Q	Unify Assura <sup>™</sup> CRT-D*	11.1	9.9	8.9	7.4
CD3257-40	Unify Assura™ CRT-D*	11.1	9.9	8.9	7.4
CD3249-40Q	Unify Quadra™ CRT-D*	10.2	9.0	8.1	6.7
CD3249-40	Unify Quadra™ CRT-D*	10.2	9.0	8.1	6.7
CD3231-40Q	Unify™ CRT-D*	10.1	9.0	8.1	6.7
CD3231-40	Unify™ CRT-D*	10.1	9.0	8.1	6.7
CD3211-36Q	Promote <sup>™</sup> + CRT-D**	8.2	7.2	6.5	5.4
CD3211-36	Promote <sup>™</sup> + CRT-D**	8.2	7.2	6.5	5.4
3207-36	Promote™ RF CRT-D**	8.2	7.2	6.5	5.4
3207-30	Promote™ RF CRT-D**	6.5	5.7	5.1	4.2
V-366	Atlas™ II + HF CRT-D**	8.2	7.2	6.5	5.4
V-365	Atlas™ II HF CRT-D**	8.2	7.2	6.5	5.4
V-343	Atlas™ + HF CRT-D**	7.9	7.1	6.4	5.4

Pacing parameters: DDD-BiV, RV 2.5V, LV 2.5V, A 2.5V, 0.5 ms, 60 ppm, 500 ohms



<sup>\*</sup>Battery voltage range: 3.20-2.59. Three maximum charges per year.

<sup>\*\*</sup>Battery voltage range: 3.20-2.45. Four maximum charges per year as well as monthly charging during the battery's mid-life voltage range.

SUMMARY INFORMATION

CRT ICDs



## Survival Summary

		Survival Probability										
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year	
CD3265-40Q	Quadra Assura™ CRT-D	99.72%										
CD3265-40	Quadra Assura™CRT-D*											
CD3257-40Q	Unify Assura™ CRT-D*											
CD3257-40	Unify Assura™ CRT-D*											
CD3249-40Q	Unify Quadra™ CRT-D	99.91%										
CD3249-40	Unify Quadra™ CRT-D	99.92%										
CD3231-40Q	Unify™ CRT-D	99.77%	99.73%	99.58%								
CD3231-40	Unify™ CRT-D	99.82%	99.71%	98.92%								
CD3211-36Q	Promote™ + CRT-D	99.59%	99.04%	97.97%								
CD3211-36	Promote <sup>™</sup> + CRT-D	99.67%	99.57%	98.51%	96.02%							
3207-36	Promote™ RF CRT-D	99.67%	99.21%	97.92%	95.48%	91.59%						
3207-30	Promote™ RF CRT-D	99.67%	99.48%	98.13%	96.57%							
V-366	Atlas™ II + HF CRT-D	99.44%	97.82%	89.33%	65.52%	34.82%						
V-365	Atlas™ II HF CRT-D	99.64%	98.53%	92.55%	72.26%	39.44%	13.71%					
V-343	Atlas™ + HF CRT-D	99.78%	99.01%	95.40%	84.79%	61.07%	32.05%	14.95%				

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

## Survival Summary

		Survival Probability										
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year	
CD3265-40Q	Quadra Assura™ CRT-D	99.97%										
CD3265-40	Quadra Assura™ CRT-D*											
CD3257-40Q	Unify Assura™ CRT-D*											
CD3257-40	Unify Assura™ CRT-D*											
CD3249-40Q	Unify Quadra™ CRT-D	99.97%										
CD3249-40	Unify Quadra™ CRT-D	99.92%										
CD3231-40Q	Unify™ CRT-D	99.87%	99.83%	99.77%								
CD3231-40	Unify™ CRT-D	99.87%	99.82%	99.70%								
CD3211-36Q	Promote™ + CRT-D	99.84%	99.41%	99.01%								
CD3211-36	Promote™ + CRT-D	99.79%	99.72%	99.41%	99.32%							
3207-36	Promote™ RF CRT-D	99.77%	99.52%	99.22%	98.98%	98.80%						
3207-30	Promote™ RF CRT-D	99.67%	99.67%	99.46%	99.46%							
V-366	Atlas™ II + HF CRT-D	99.79%	99.37%	98.86%	98.57%	98.24%						
V-365	Atlas™ II HF CRT-D	99.83%	99.68%	98.98%	98.47%	97.84%	96.98%					
V-343	Atlas™ + HF CRT-D	99.88%	99.67%	99.26%	98.66%	98.52%	98.33%	98.33%				

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

## Malfunction Summary

									Ma	alfunctions	w/ Com	promised	Therapy	/						
		Registered		trical conent		ctrical connect	Ва	ttery		Voltage pacitor		tware/ nware	Mecl	hanical	Ba	ole Early attery oletion	0	ther	To	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3265-40Q	Quadra Assura™ CRT-D	7320	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3265-40	Quadra Assura™ CRT-D	2149	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3257-40Q	Unify Assura™ CRT-D	1409	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3257-40	Unify Assura™ CRT-D	3677	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40Q	Unify Quadra™ CRT-D	8450	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	1	0.01%
CD3249-40	Unify Quadra™ CRT-D	2402	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	1	0.04%
CD3231-40Q	Unify™ CRT-D	18868	0	0.00%	1	<0.01%	2	0.01%	1	<0.01%	0	0.00%	1	<0.01%	1	<0.01%	1	<0.01%	7	0.04%
CD3231-40	Unify™ CRT-D	20156	3	0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	4	0.02%	10	0.05%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	6867	4	0.06%	0	0.00%	7	0.10%	1	0.01%	0	0.00%	1	0.01%	1	0.01%	2	0.03%	16	0.23%
CD3211-36	Promote <sup>™</sup> + CRT-D	8575	3	0.03%	0	0.00%	9	0.10%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	14	0.16%
3207-36	Promote™ RF CRT-D	23974	4	0.02%	5	0.02%	15	0.06%	5	0.02%	0	0.00%	2	<0.01%	7	0.03%	9	0.04%	47	0.20%
3207-30	Promote™ RF CRT-D	1395	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.07%
V-366	Atlas™ II + HF CRT-D	4921	1	0.02%	0	0.00%	4	0.08%	0	0.00%	0	0.00%	0	0.00%	2	0.04%	7	0.14%	14	0.28%
V-365	Atlas™ II HF CRT-D	8377	1	0.01%	2	0.02%	16	0.19%	2	0.02%	0	0.00%	0	0.00%	6	0.07%	8	0.10%	35	0.42%
V-343	Atlas™ + HF CRT-D	18739	3	0.02%	0	0.00%	37	0.20%	0	0.00%	0	0.00%	0	0.00%	5	0.03%	10	0.05%	55	0.29%

## Malfunction Summary

									Ma	Ifunctions	w/o Con	npromised	Therap	у						
		Registered		trical conent		ctrical connect	Ва	ittery		Voltage pacitor		tware/ nware	Mec	hanical	Ba	ole Early ttery letion	0	ther	To	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3265-40Q	Quadra Assura™ CRT-D	7320	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%
CD3265-40	Quadra Assura™ CRT-D	2149	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3257-40Q	Unify Assura™ CRT-D	1409	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3257-40	Unify Assura™ CRT-D	3677	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40Q	Unify Quadra™ CRT-D	8450	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40	Unify Quadra™ CRT-D	2402	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40Q	Unify™ CRT-D	18868	3	0.02%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	2	0.01%	0	0.00%	1	<0.01%	7	0.04%
CD3231-40	Unify™ CRT-D	20156	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	5	0.02%	6	0.03%
CD3211-36Q	Promote™ + CRT-D	6867	2	0.03%	0	0.00%	5	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.04%	10	0.15%
CD3211-36	Promote <sup>™</sup> + CRT-D	8575	2	0.02%	0	0.00%	2	0.02%	0	0.00%	1	0.01%	0	0.00%	1	0.01%	0	0.00%	6	0.07%
3207-36	Promote™ RF CRT-D	23974	5	0.02%	0	0.00%	8	0.03%	1	<0.01%	5	0.02%	1	<0.01%	4	0.02%	11	0.05%	35	0.15%
3207-30	Promote™ RF CRT-D	1395	0	0.00%	1	0.07%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.14%
V-366	Atlas™ II + HF CRT-D	4921	3	0.06%	0	0.00%	2	0.04%	0	0.00%	0	0.00%	0	0.00%	4	0.08%	0	0.00%	9	0.18%
V-365	Atlas™ II HF CRT-D	8377	2	0.02%	0	0.00%	3	0.04%	0	0.00%	0	0.00%	0	0.00%	5	0.06%	5	0.06%	15	0.18%
V-343	Atlas™ + HF CRT-D	18739	1	<0.01%	0	0.00%	4	0.02%	0	0.00%	1	<0.01%	1	<0.01%	11	0.06%	4	0.02%	22	0.12%

## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative Months of		ropriate lock		ss of metry		ardial Ision	Bat	nature tery etion		kin sion	То	otal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3249-40Q	869	5023	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40	209	1179	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40Q	1671	33422	0	0.00%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	1	0.06%
CD3231-40	670	13470	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3211-36Q	853	26586	3	0.35%	0	0.00%	0	0.00%	1	0.12%	2	0.23%	6	0.70%
CD3211-36	222	6707	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	674	25547	1	0.15%	0	0.00%	0	0.00%	0	0.00%	2	0.30%	3	0.45%

## Actively Monitored Study Data Summary

#### Malfunctions

									Malf	unctions v	w/ Comp	romised 1	herapy							
		Number of Devices		trical conent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early ttery letion	Ot	her	To	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3249-40Q	Unify Quadra™ CRT-D	869	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40	Unify Quadra™ CRT-D	209	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40Q	Unify™ CRT-D	1671	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40	Unify™ CRT-D	670	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.15%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	853	1	0.12%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	0	0.00%	1	0.12%	0	0.00%	3	0.35%
CD3211-36	Promote <sup>™</sup> + CRT-D	222	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	Promote™ RF CRT-D	674	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.30%	2	0.30%

									Malf	unctions w	ı/o Com	promised	Therapy							
		Number of Devices		trical oonent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early ttery letion	Ot	her	То	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3249-40Q	Unify Quadra™ CRT-D	869	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40	Unify Quadra™ CRT-D	209	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40Q	Unify™ CRT-D	1671	1	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	2	0.12%
CD3231-40	Unify™ CRT-D	670	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	853	0	0.00%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	2	0.23%
CD3211-36	Promote <sup>™</sup> + CRT-D	222	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	Promote <sup>™</sup> RF CRT-D	674	1	0.15%	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	1	0.15%	0	0.00%	3	0.45%

# CARDIAC RESYNCHRONIZATION THERAPY (CRT) DEVICES

**CRT Pacemakers** 

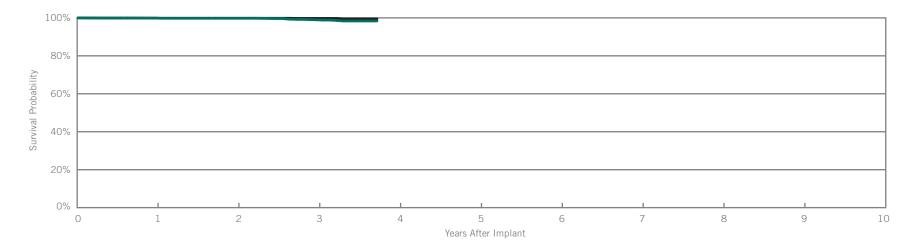


#### Anthem<sup>™</sup> RF CRT-P

Model PM3210

US Regulatory Approval	July 2009
Registered US Implants	15,001
Estimated Active US Implants	11,877
Estimated Longevity	8 Years
Normal Battery Depletion	10
Number of US Advisories (see pgs. 272-284)	One

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.02%	0	0.00%
Electrical Interconnect	3	0.02%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	3	0.02%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	1	<0.01%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	7	0.05%	4	0.03%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	at 45 months			
Survival Probability	99.87%	99.81%	98.97%	98.36%			
± 1 standard error	0.03%	0.04%	0.18%	0.32%			
Sample Size	11990	6910	3170	230			

Year	1	2	3	at 45 months		
Survival Probability	99.87%	99.81%	99.72%	99.46%		
± 1 standard error	0.03%	0.04%	0.08%	0.20%		

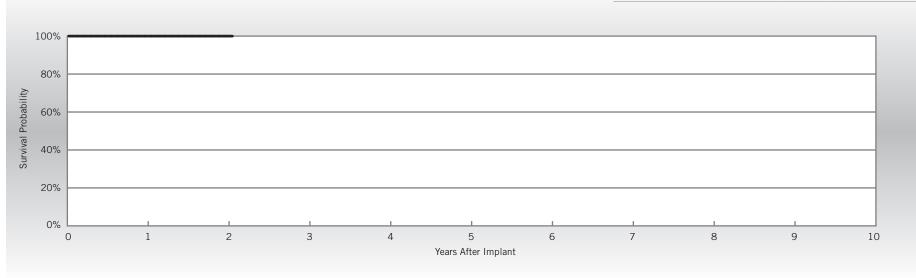
#### Anthem<sup>™</sup> RF CRT-P

#### Model PM3210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	195
Cumulative Months of Follow-up	3,270
Estimated Longevity	8 Years

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised nerapy	w/o Co	unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



Year	1	2	at 25 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	160	90	50				

None

## **Customer Reported Performance Data**

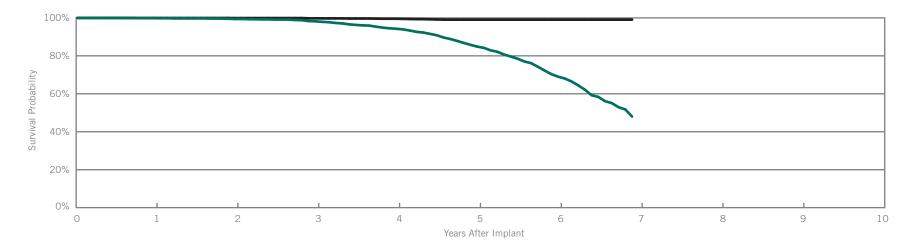
#### Frontier™ II CRT-P

Number of US Advisories

Model 5586

August 2004
6,807
2,459
6.5 Years
310

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	7	0.10%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	7	0.10%
Other	1	0.01%	0	0.00%
Total	1	0.01%	14	0.21%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 83 months					
Survival Probability	99.84%	99.42%	98.20%	94.26%	84.87%	69.03%	48.00%					
± 1 standard error	0.05%	0.09%	0.19%	0.36%	0.66%	1.16%	1.76%					
Sample Size	6150	5110	4370	3520	2300	1080	220					

Year	1	2	3	4	5	6	at 83 months		
Survival Probability	99.93%	99.89%	99.77%	99.55%	99.07%	99.07%	99.07%		
± 1 standard error	0.03%	0.03%	0.07%	0.11%	0.17%	0.17%	0.17%		

# SUMMARY INFORMATION

**CRT Pacemakers** 



## Survival Summary

#### **Including Normal Battery Depletion**

		Survival Probability									
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM3210	Anthem™ RF CRT-P	99.87%	99.81%	98.97%							
5586	Frontier™ II CRT-P	99.84%	99.42%	98.20%	94.26%	84.87%	69.03%				

		Survival Probability									
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM3210	Anthem™ RF CRT-P	99.87%	99.81%	99.72%							
5586	Frontier™ II CRT-P	99.93%	99.89%	99.77%	99.55%	99.07%	99.07%				

## Malfunction Summary

				Malfunctions w/ Compromised Therapy														
		Registered		trical conent		ctrical connect	Ва	ttery		tware/ nware	Mecl	hanical	Ba	ole Early ettery eletion	Ot	her	To	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3210	Anthem™ RF CRT-P	15001	3	0.02%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	7	0.05%
5586	Frontier™ II CRT-P	6807	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	1	0.01%

				Malfunctions w/o Compromised Therapy														
		Registered		trical oonent		ctrical connect	Ва	ttery		tware/ nware	Mecl	nanical	Ba	ble Early attery oletion	Ot	her	To	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3210	Anthem™ RF CRT-P	15001	0	0.00%	0	0.00%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	1	<0.01%	4	0.03%
5586	Frontier™ II CRT-P	6807	7	0.10%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	0.10%	0	0.00%	14	0.21%

# LEFT-HEART LEADS



## **Left-Heart Leads**

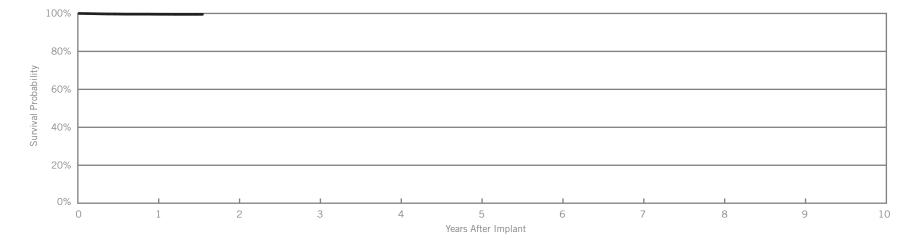
## **Customer Reported Performance Data**

# Quartet<sup>™</sup> Model 1458Q

US Regulatory Approval	November 2011
Registered US Implants	20,592
Estimated Active US Implants	18,606
Insulation	Optim™*
Type and/or Fixation	S-Curve
Polarity	Quadpolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)	Chronic Complications (>30 days)			
	Qty.	Rate	Qty.	Rate		
Cardiac Perforation	0	0.00%	0	0.00%		
Conductor Fracture	0	0.00%	0	0.00%		
Lead Dislodgement	18	0.09%	39	0.19%		
Failure to Capture	5	0.02%	8	0.04%		
Oversensing	0	0.00%	0	0.00%		
Failure to Sense	0	0.00%	0	0.00%		
Insulation Breach	0	0.00%	0	0.00%		
Abnormal Pacing Impedance	1	<0.01%	1	<0.01%		
Extracardiac Stimulation	9	0.04%	2	<0.01%		
Other	1	<0.01%	2	<0.01%		
Total	34	0.17%	52	0.25%		
Total Returned for Analysis	10		32			

Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	1	<0.01%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	1	<0.01%
Crimps, Welds & Bonds	0	0.00%
Other	2	<0.01%
Extrinsic Factors	37	0.18%
Total	40	0.19%



Year	1	at 19 months				
Survival Probability	99.57%	99.52%				
± 1 standard error	0.05%	0.07%				
Sample Size	13080	430				



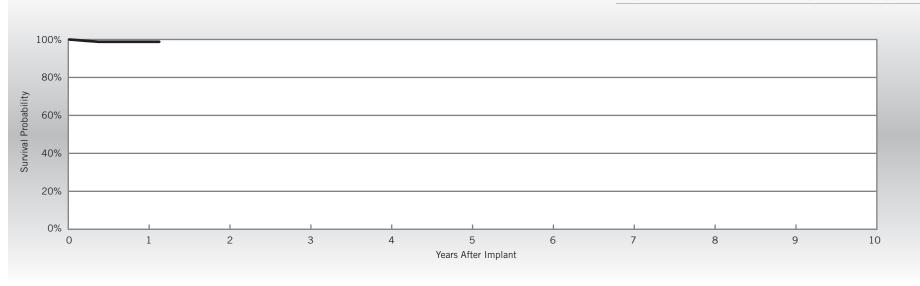
## Quartet™

#### Model 1458Q

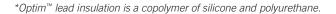
US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	1,199
Cumulative Months of Follow-up	6,582
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	S-Curve
Polarity	Quadpolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Lead Dislodgement	11	0.92%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	3	0.25%
Total	3	0.25%



Year	1	at 14 months				
Survival Probability	98.79%	98.79%				
± 1 standard error	0.37%	0.37%				
Sample Size	650	60				





#### **Left-Heart Leads**

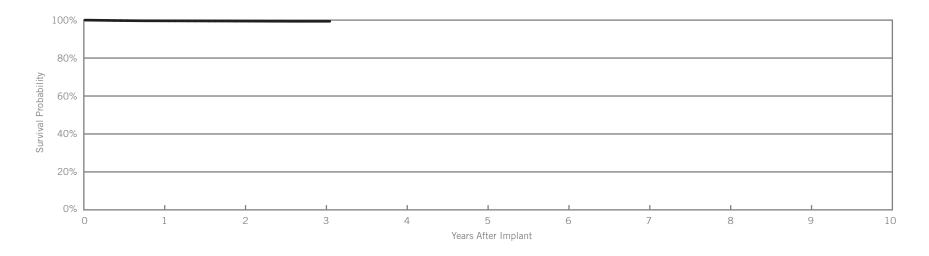
## **Customer Reported Performance Data**

# QuickFlex<sup>™</sup> µ Model 1258T

US Regulatory Approval	May 2010
Registered US Implants	31,964
Estimated Active US Implants	25,885
Insulation	Optim™*
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	<0.01%
Lead Dislodgement	23	0.07%	61	0.19%
Failure to Capture	8	0.03%	26	0.08%
Oversensing	0	0.00%	1	<0.01%
Failure to Sense	1	<0.01%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	2	<0.01%	0	0.00%
Extracardiac Stimulation	6	0.02%	10	0.03%
Other	4	0.01%	3	<0.01%
Total	44	0.14%	103	0.32%
Total Returned for Analysis	25		72	

Malfunctions	Qty.	Rate
Conductor Fracture	1	<0.01%
Clavicular Crush	1	<0.01%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	1	<0.01%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	1	<0.01%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	97	0.30%
Total	100	0.31%



Year	1	2	3	at 37 months	
Survival Probability	99.62%	99.48%	99.38%	99.38%	
± 1 standard error	0.04%	0.05%	0.06%	0.06%	
Sample Size	26240	15330	5380	620	

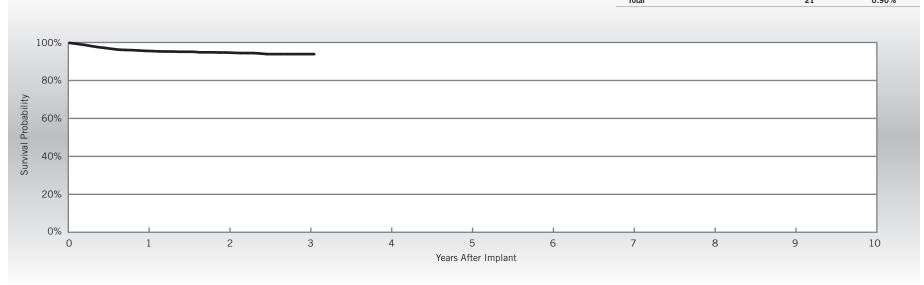
## $\mathsf{QuickFlex}^{\scriptscriptstyle\mathsf{TM}}\;\mu$

#### Model 1258T

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	2,339
Cumulative Months of Follow-up	44,651
Insulation	Optim™*
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	3	0.13%
Conductor Fracture	1	0.04%
Extracardiac Stimulation	45	1.92%
Failure to Capture	28	1.20%
Lead Dislodgement	37	1.58%

Malfunctions	Qty	Rate
Conductor Fracture	1	0.04%
Clavicular Crush	1	0.04%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	20	0.86%
Total	21	0.90%



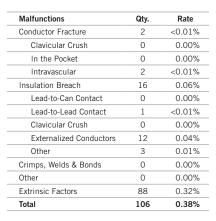
Year	1	2	3	at 37 months			
Survival Probability	95.57%	94.72%	93.88%	93.88%			
± 1 standard error	0.43%	0.50%	0.66%	0.66%			
Sample Size	2100	1320	420	60			

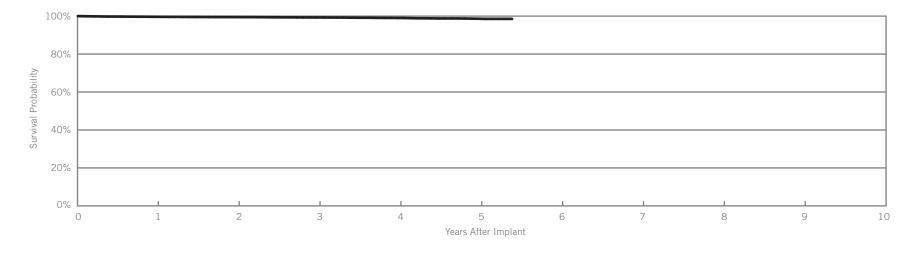
#### QuickFlex™

#### Model 1156T

US Regulatory Approval	July 2007
Registered US Implants	27,589
Estimated Active US Implants	17,677
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

	Acute Observations (Post Implant, ≤30 days)			omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	1	<0.01%
Lead Dislodgement	11	0.04%	64	0.23%
Failure to Capture	4	0.01%	48	0.17%
Oversensing	0	0.00%	4	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	5	0.02%
Abnormal Pacing Impedance	0	0.00%	4	0.01%
Extracardiac Stimulation	13	0.05%	30	0.11%
Other	9	0.03%	1	<0.01%
Total	37	0.13%	157	0.57%
Total Returned for Analysis	13		80	





Year	1	2	3	4	5	at 65 months		
Survival Probability	99.64%	99.48%	99.29%	99.02%	98.62%	98.54%		
± 1 standard error	0.04%	0.05%	0.06%	0.08%	0.12%	0.16%		
Sample Size	25260	20730	15980	9930	3950	400		

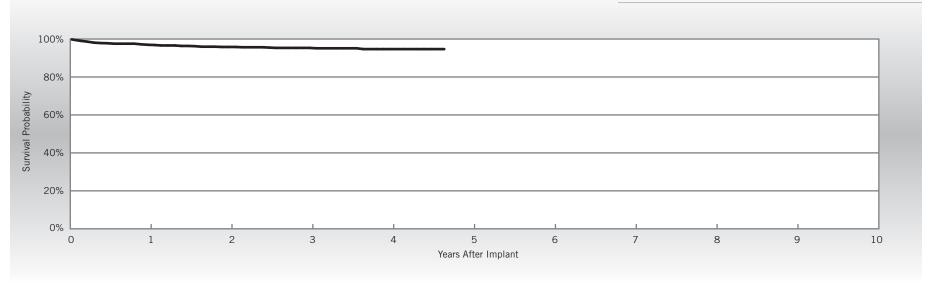
#### QuickFlex™

#### Model 1156T

US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	980
Cumulative Months of Follow-up	29,943
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	1	0.10%
Extracardiac Stimulation	13	1.33%
Failure to Capture	10	1.02%
Lead Dislodgement	18	1.84%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	12	1.22%
Total	12	1.22%



Year	1	2	3	4	at 56 months			
Survival Probability	96.97%	95.82%	95.33%	94.69%	94.69%			
± 1 standard error	0.54%	0.68%	0.73%	0.87%	0.87%			
Sample Size	900	740	570	290	50			

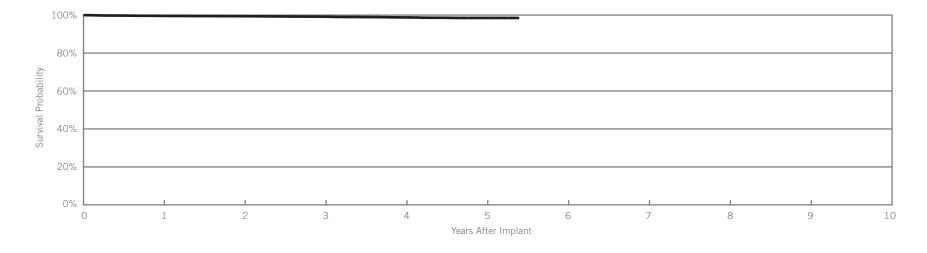
#### QuickFlex<sup>™</sup> XL

#### Model 1158T

US Regulatory Approval	July 2007
Registered US Implants	15,311
Estimated Active US Implants	9,904
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

		Acute Observations (Post Implant, ≤30 days)		omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	0.01%
Lead Dislodgement	9	0.06%	47	0.31%
Failure to Capture	2	0.01%	34	0.22%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	1	<0.01%
Insulation Breach	0	0.00%	3	0.02%
Abnormal Pacing Impedance	2	0.01%	1	<0.01%
Extracardiac Stimulation	5	0.03%	10	0.07%
Other	6	0.04%	3	0.02%
Total	24	0.16%	101	0.66%
Total Returned for Analysis	13		56	

Malfunctions	Qty.	Rate
Conductor Fracture	2	0.01%
Clavicular Crush	0	0.00%
In the Pocket	1	<0.01%
Intravascular	1	<0.01%
Insulation Breach	14	0.09%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	7	0.05%
Other	7	0.05%
Crimps, Welds & Bonds	1	<0.01%
Other	0	0.00%
Extrinsic Factors	60	0.39%
Total	77	0.50%



Year	1	2	3	4	5	at 65 months		
Survival Probability	99.59%	99.43%	99.17%	98.80%	98.50%	98.50%		
± 1 standard error	0.05%	0.07%	0.08%	0.12%	0.16%	0.16%		
Sample Size	14050	11440	8650	5370	2250	250		

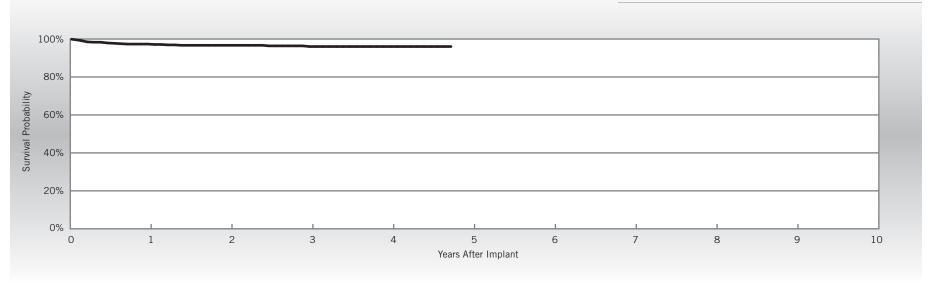
#### QuickFlex<sup>™</sup> XL

#### Model 1158T

US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	558
Cumulative Months of Follow-up	17,679
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Extracardiac Stimulation	7	1.25%
Failure to Capture	5	0.90%
Lead Dislodgement	5	0.90%
Oversensing	1	0.18%
Skin Erosion	1	0.18%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	1	0.18%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	1	0.18%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	7	1.25%
Total	8	1.43%



Year	1	2	3	4	at 57 months			
Survival Probability	97.34%	96.69%	96.04%	96.04%	96.04%			
± 1 standard error	0.70%	0.79%	0.84%	0.91%	0.91%			
Sample Size	510	420	330	190	50			

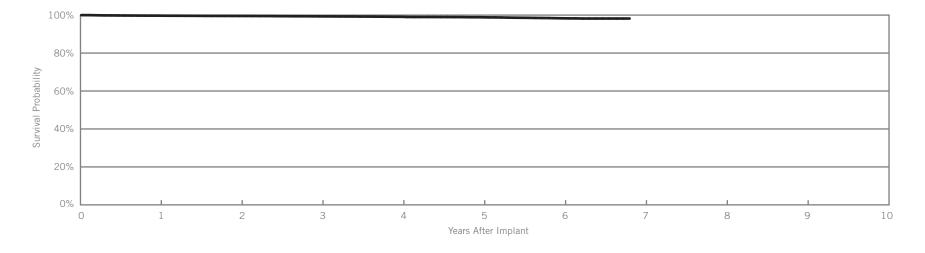
## QuickSite<sup>™</sup> XL

#### Model 1058T

US Regulatory Approval	February 2006
Registered US Implants	9,943
Estimated Active US Implants	5,153
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

		oservations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	0.02%
Lead Dislodgement	10	0.10%	19	0.19%
Failure to Capture	3	0.03%	31	0.31%
Oversensing	1	0.01%	1	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	3	0.03%
Abnormal Pacing Impedance	2	0.02%	3	0.03%
Extracardiac Stimulation	9	0.09%	9	0.09%
Other	1	0.01%	1	0.01%
Total	26	0.26%	69	0.69%
Total Returned for Analysis	8		21	

Malfunctions	Qty.	Rate
Conductor Fracture	2	0.02%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	2	0.02%
Insulation Breach	10	0.10%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	6	0.06%
Other	4	0.04%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.01%
Extrinsic Factors	19	0.19%
Total	32	0.32%



Year	1	2	3	4	5	6	at 82 months		
Survival Probability	99.72%	99.54%	99.34%	99.12%	98.87%	98.32%	98.20%		
± 1 standard error	0.06%	0.07%	0.09%	0.11%	0.13%	0.18%	0.20%		
Sample Size	9170	7910	6960	5990	4980	3270	280		

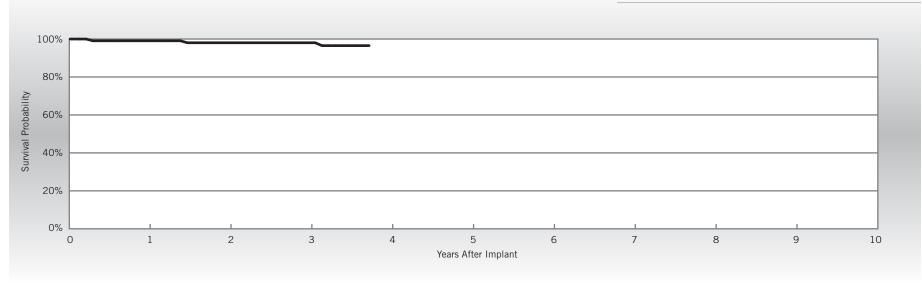
## QuickSite<sup>™</sup> XL

#### Model 1058T

February 2006
111
4,464
Polyurethane/Silicone
S-Curve
Bipolar
Yes

Qualifying Complications	Qty.	Rate
Failure to Capture	3	2.70%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	0	0.00%



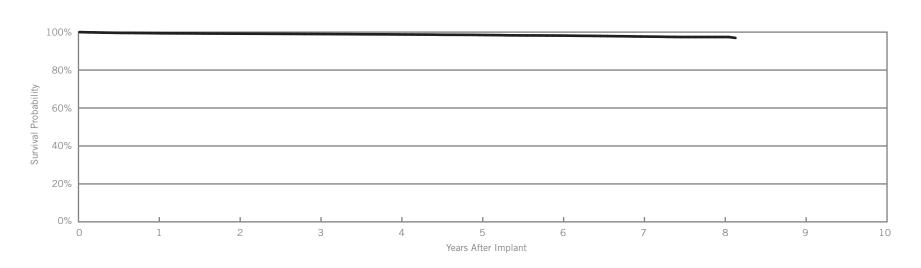
Year	1	2	3	at 45 months			
Survival Probability	99.07%	98.04%	98.04%	96.52%			
± 1 standard error	0.92%	1.38%	1.38%	2.03%			
Sample Size	100	90	80	50			

## QuickSite™

#### Model 1056T

US Regulatory Approval	April 2005			
Registered US Implants	32,306			
Estimated Active US Implants	14,678			
Insulation	Polyurethane/Silicone			
Type and/or Fixation	S-Curve			
Polarity	Bipolar			
Steroid	Yes			
Number of US Advisories (see pgs. 272-284)	One			

		bservations int, ≤30 days)	Chronic Complications (>30 days)		
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	0	0.00%	0	0.00%	
Conductor Fracture	0	0.00%	5	0.02%	
Lead Dislodgement	30	0.09%	114	0.35%	
Failure to Capture	14	0.04%	117	0.36%	
Oversensing	1	<0.01%	6	0.02%	
Failure to Sense	0	0.00%	1	<0.01%	
Insulation Breach	1	<0.01%	11	0.03%	
Abnormal Pacing Impedance	3	<0.01%	4	0.01%	
Extracardiac Stimulation	22	0.07%	56	0.17%	
Other	9	0.03%	9	0.03%	
Total	80	0.25%	323	1.00%	
Total Returned for Analysis	27		130		



Year	1	2	3	4	5	6	7	8	at 98 months	
Survival Probability	99.42%	99.18%	98.99%	98.77%	98.50%	98.17%	97.67%	97.41%	96.95%	
± 1 standard error	0.04%	0.05%	0.06%	0.07%	0.08%	0.09%	0.12%	0.15%	0.15%	
Sample Size	29750	25550	22370	19210	16060	12240	7540	2840	300	

Malfunctions

Conductor Fracture

In the Pocket Intravascular

Insulation Breach

Other

Extrinsic Factors

Other

Lead-to-Can Contact

Lead-to-Lead Contact

Externalized Conductors

Clavicular Crush

Crimps, Welds & Bonds

Clavicular Crush

Qty.

4

0

3

0

25

11

0

121

168

Rate

0.01%

0.00%

<0.01%

0.13%

0.00%

0.02%

0.00%

0.08%

0.03%

0.00%

<0.01%

0.37%

0.52%

## **Actively Monitored Study Data**

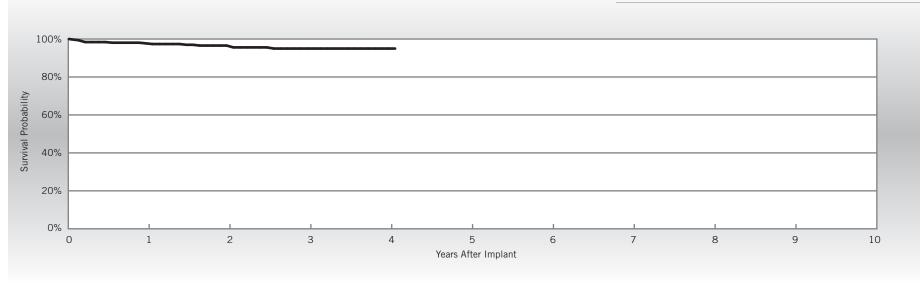
# $\mathsf{QuickSite}^{^{\!{\scriptscriptstyle\mathsf{TM}}}}$

#### Model 1056T

US Regulatory Approval	April 2005
Number of Devices Enrolled in Study	320
Cumulative Months of Follow-up	9,755
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	1	0.31%
Extracardiac Stimulation	2	0.63%
Failure to Capture	4	1.25%
Lead Dislodgement	6	1.88%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	3	0.94%
Total	3	0.94%



Year	1	2	3	4	at 49 months			
Survival Probability	97.72%	96.56%	94.98%	94.98%	94.98%			
± 1 standard error	0.78%	1.08%	1.39%	1.39%	1.39%			
Sample Size	300	240	160	90	50			

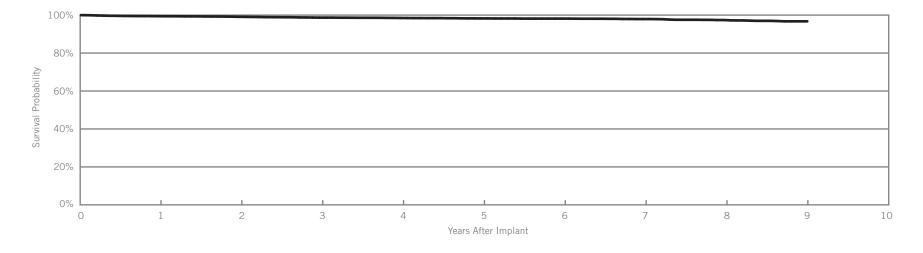
## QuickSite™

#### Model 1056K

US Regulatory Approval	June 2004
Registered US Implants	7,802
Estimated Active US Implants	2,485
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Unipolar
Steroid	Yes
Number of US Advisories	None

		oservations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	0.03%
Lead Dislodgement	10	0.13%	31	0.40%
Failure to Capture	3	0.04%	41	0.53%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	3	0.04%
Extracardiac Stimulation	10	0.13%	17	0.22%
Other	2	0.03%	9	0.12%
Total	25	0.32%	103	1.32%
Total Returned for Analysis	13		43	

Malfunctions	Qty.	Rate
Conductor Fracture	2	0.03%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	2	0.03%
Insulation Breach	1	0.01%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	1	0.01%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	44	0.56%
Total	47	0.60%



Year	1	2	3	4	5	6	7	8	9	
Survival Probability	99.43%	99.11%	98.68%	98.48%	98.25%	98.16%	97.92%	97.40%	96.72%	
± 1 standard error	0.09%	0.11%	0.14%	0.16%	0.17%	0.18%	0.21%	0.26%	0.35%	
Sample Size	7170	6120	5300	4530	3820	3150	2530	2070	310	

# SUMMARY INFORMATION

Left-Heart Leads



# Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
1458Q	Quartet™	99.57%									
1258T	QuickFlex™ µ	99.62%	99.48%	99.38%							
1156T	QuickFlex™	99.64%	99.48%	99.29%	99.02%	98.62%					
1158T	QuickFlex™ XL	99.59%	99.43%	99.17%	98.80%	98.50%					
1058T	QuickSite™ XL	99.72%	99.54%	99.34%	99.12%	98.87%	98.32%				
1056T	QuickSite™	99.42%	99.18%	98.99%	98.77%	98.50%	98.17%	97.67%	97.41%		
1056K	QuickSite™	99.43%	99.11%	98.68%	98.48%	98.25%	98.16%	97.92%	97.40%	96.72%	

# Acute Observation Summary

#### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		ead dgement		lure to	Ov	ersensing		lure to		sulation Breach	F	normal acing pedance		acardiac nulation		Other	-	Total	Total Returned for
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Analysis
1458Q	Nov-11	20592	18606	0	0.00%	0	0.00%	18	0.09%	5	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	9	0.04%	1	<0.01%	34	0.17%	10
1258T	May-10	31964	25885	0	0.00%	0	0.00%	23	0.07%	8	0.03%	0	0.00%	1	<0.01%	0	0.00%	2	<0.01%	6	0.02%	4	0.01%	44	0.14%	25
1156T	Jul-07	27589	17677	0	0.00%	0	0.00%	11	0.04%	4	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	13	0.05%	9	0.03%	37	0.13%	13
1158T	Jul-07	15311	9904	0	0.00%	0	0.00%	9	0.06%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	2	0.01%	5	0.03%	6	0.04%	24	0.16%	13
1058T	Feb-06	9943	5153	0	0.00%	0	0.00%	10	0.10%	3	0.03%	1	0.01%	0	0.00%	0	0.00%	2	0.02%	9	0.09%	1	0.01%	26	0.26%	8
1056T	Apr-05	32306	14678	0	0.00%	0	0.00%	30	0.09%	14	0.04%	1	<0.01%	0	0.00%	1	<0.01%	3	<0.01%	22	0.07%	9	0.03%	80	0.25%	27
1056K	Jun-04	7802	2485	0	0.00%	0	0.00%	10	0.13%	3	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	10	0.13%	2	0.03%	25	0.32%	13

# Chronic Complication Summary

#### >30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		ead dgement		lure to pture	Ove	rsensing		ilure to Sense		sulation Breach	F	onormal Pacing pedance		racardiac mulation	c	Other	Т	otal	Total Returned
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	for Analysis
1458Q	Nov-11	20592	18606	0	0.00%	0	0.00%	39	0.19%	8	0.04%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	2	<0.01%	52	0.25%	32
1258T	May-10	31964	25885	0	0.00%	2	<0.01%	61	0.19%	26	0.08%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	10	0.03%	3	<0.01%	103	0.32%	72
1156T	Jul-07	27589	17677	0	0.00%	1	<0.01%	64	0.23%	48	0.17%	4	0.01%	0	0.00%	5	0.02%	4	0.01%	30	0.11%	1	<0.01%	157	0.57%	80
1158T	Jul-07	15311	9904	0	0.00%	2	0.01%	47	0.31%	34	0.22%	0	0.00%	1	<0.01%	3	0.02%	1	<0.01%	10	0.07%	3	0.02%	101	0.66%	56
1058T	Feb-06	9943	5153	0	0.00%	2	0.02%	19	0.19%	31	0.31%	1	0.01%	0	0.00%	3	0.03%	3	0.03%	9	0.09%	1	0.01%	69	0.69%	21
1056T	Apr-05	32306	14678	0	0.00%	5	0.02%	114	0.35%	117	0.36%	6	0.02%	1	<0.01%	11	0.03%	4	0.01%	56	0.17%	9	0.03%	323	1.00%	130
1056K	Jun-04	7802	2485	0	0.00%	2	0.03%	31	0.40%	41	0.53%	0	0.00%	0	0.00%	0	0.00%	3	0.04%	17	0.22%	9	0.12%	103	1.32%	43

# Malfunction Summary

		Conductor Fracture													Insulatio	n Brea	ch												
	Registered US		vicular Crush	In t	he Pocket	Intra	vascular	Con	otal ductor acture		l-to-Can intact		-to-Lead ontact		vicular rush		rnalized ductors	0	ther	Ins	Total ulation reach	We	imps, elds & onds	0	ther		rinsic ctors	Т	otal
Models	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1458Q	20592	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	37	0.18%	40	0.19%
1258T	31964	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	97	0.30%	100	0.31%
1156T	27589	0	0.00%	0	0.00%	2	<0.01%	2	<0.01%	0	0.00%	1	<0.01%	0	0.00%	12	0.04%	3	0.01%	16	0.06%	0	0.00%	0	0.00%	88	0.32%	106	0.38%
1158T	15311	0	0.00%	1	<0.01%	1	<0.01%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	7	0.05%	7	0.05%	14	0.09%	1	<0.01%	0	0.00%	60	0.39%	77	0.50%
1058T	9943	0	0.00%	0	0.00%	2	0.02%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	6	0.06%	4	0.04%	10	0.10%	0	0.00%	1	0.01%	19	0.19%	32	0.32%
1056T	32306	0	0.00%	1	<0.01%	3	<0.01%	4	0.01%	0	0.00%	6	0.02%	0	0.00%	25	0.08%	11	0.03%	42	0.13%	0	0.00%	1	<0.01%	121	0.37%	168	0.52%
1056K	7802	0	0.00%	0	0.00%	2	0.03%	2	0.03%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	44	0.56%	47	0.60%

# Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Pa	ormal cing edance		rdiac oration		ductor cture		acardiac nulation		ilure to pture		ilure to ense		ılation each		Lead dgement	Overs	ensing		ardial ision		ikin osion	To	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1458Q	1199	6582	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	0.92%	0	0.00%	0	0.00%	0	0.00%	11	0.92%
1258T	2339	44651	3	0.13%	0	0.00%	1	0.04%	45	1.92%	28	1.20%	0	0.00%	0	0.00%	37	1.58%	0	0.00%	0	0.00%	0	0.00%	114	4.87%
1156T	980	29943	1	0.10%	0	0.00%	0	0.00%	13	1.33%	10	1.02%	0	0.00%	0	0.00%	18	1.84%	0	0.00%	0	0.00%	0	0.00%	42	4.29%
1158T	558	17679	0	0.00%	0	0.00%	0	0.00%	7	1.25%	5	0.90%	0	0.00%	0	0.00%	5	0.90%	1	0.18%	0	0.00%	1	0.18%	19	3.41%
1058T	111	4464	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	2.70%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	2.70%
1056T	320	9755	1	0.31%	0	0.00%	0	0.00%	2	0.63%	4	1.25%	0	0.00%	0	0.00%	6	1.88%	0	0.00%	0	0.00%	0	0.00%	13	4.06%

#### Malfunctions

					Conductor	Fractur	e								Insulatio	n Bread	ch												
	Number of Devices		vicular rush	In ti	ne Pocket	Intra	vascular	Con	otal ductor acture		-to-Can ntact		-to-Lead ntact		vicular rush		rnalized ductors	0	ther	Inst	otal ulation each	We	imps, elds & onds	0	ther		rinsic ctors	т	-otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1458Q	1199	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.25%	3	0.25%
1258T	2339	1	0.04%	0	0.00%	0	0.00%	1	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	20	0.86%	21	0.90%
1156T	980	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	12	1.22%	12	1.22%
1158T	558	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.18%	0	0.00%	1	0.18%	0	0.00%	0	0.00%	7	1.25%	8	1.43%
1058T	111	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1056T	320	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.94%	3	0.94%

# IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEVICES

**Dual-Chamber** 

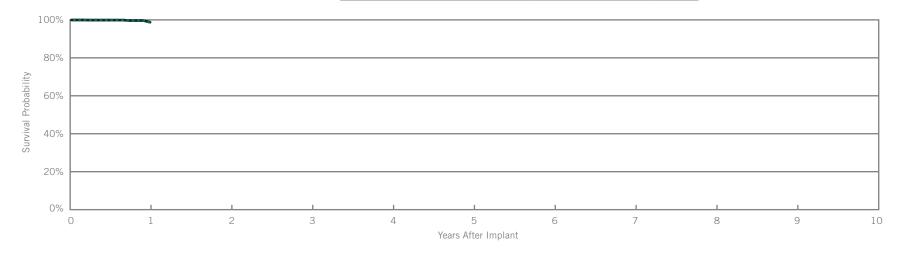


# Ellipse<sup>™</sup> DR

## Model CD2311-36Q

US Regulatory Approval	May 2012
Registered US Implants	3,608
Estimated Active US Implants	3,367
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	0
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised nerapy	
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	1	0.03%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	2	0.06%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	1	0.03%	
Total	2	0.06%	2	0.06%	



#### Including Normal Battery Depletion \_\_\_\_

Year	1					
Survival Probability	98.76%					
± 1 standard error	0.17%					
Sample Size	290					

Year	1					
Survival Probability	98.76%					
± 1 standard error	0.17%					

36 joules

None

## **Customer Reported Performance Data**

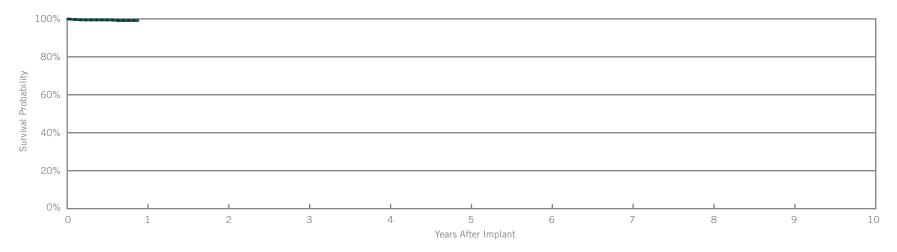
## Ellipse<sup>™</sup> DR

Model CD2311-36

Max. Delivered Energy
Number of US Advisories

US Regulatory Approval	May 2012
Registered US Implants	2,144
Estimated Active US Implants	2,012
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	0

	w/ Cor	unctions npromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	2	0.09%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	1	0.05%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	2	0.09%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	3	0.14%	2	0.09%



#### Including Normal Battery Depletion \_\_\_

Year	at 11 months					
Survival Probability	99.14%					
± 1 standard error	0.27%					
Sample Size	240					

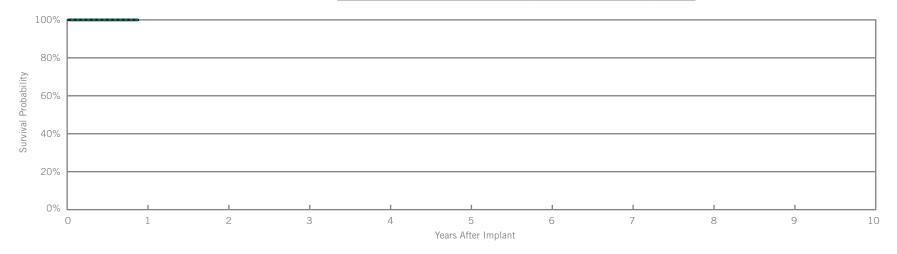
Year	at 11 months					
Survival Probability	99.14%					
± 1 standard error	0.27%					

# Fortify Assura<sup>™</sup> DR

Model	CD2257-40Q	

US Regulatory Approval	May 2012
Registered US Implants	3,656
Estimated Active US Implants	3,439
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_\_

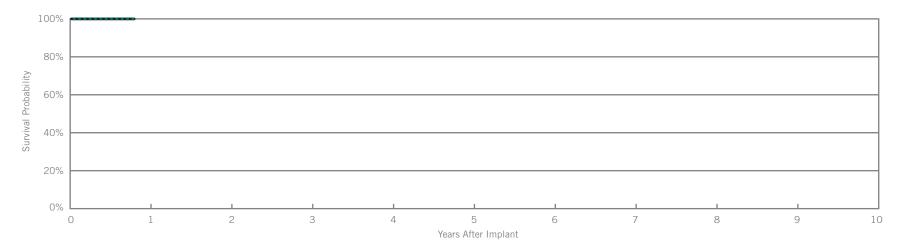
Year	at 11 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	290					

Year	at 11 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

## Fortify Assura<sup>™</sup> DR Model CD2257-40

US Regulatory Approval	May 2012
Registered US Implants	2,285
Estimated Active US Implants	2,164
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_\_

Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	290					

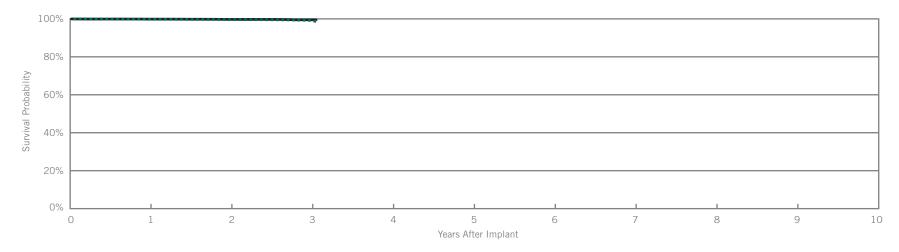
Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

## Fortify<sup>™</sup> DR

Model CD2231-40Q

US Regulatory Approval	May 2010
Registered US Implants	26,529
Estimated Active US Implants	21,008
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	16
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	4	0.02%
Electrical Interconnect	1	<0.01%	2	<0.01%
Battery	2	<0.01%	0	0.00%
High Voltage Capacitor	1	<0.01%	0	0.00%
Software/Firmware	1	<0.01%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	3	0.01%	1	<0.01%
Other	5	0.02%	2	<0.01%
Total	15	0.06%	9	0.03%



#### Including Normal Battery Depletion -

Year	1	2	3	at 37 months	
Survival Probability	99.76%	99.55%	99.21%	98.63%	
± 1 standard error	0.03%	0.05%	0.14%	0.14%	
Sample Size	23300	14930	5160	550	

Year	1	2	3	at 37 months	
Survival Probability	99.86%	99.72%	99.51%	99.51%	
± 1 standard error	0.02%	0.04%	0.10%	0.10%	

## **Actively Monitored Study Data**

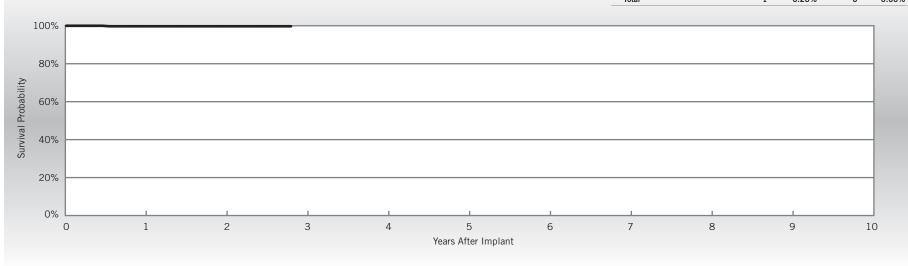
## Fortify<sup>™</sup> DR

#### Model CD2231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	387
Cumulative Months of Follow-up	9,824
Estimated Longevity	(see table on page 99)
Max. Delivered Energy	40 joules

Qualifying Complications	Qty	Rate
Premature Battery Depletion	1	0.26%

	w/ Cor	unctions npromised herapy	Malfunction w/o Compromi Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	1	0.26%	0	0.00%	
Total	1	0.26%	0	0.00%	



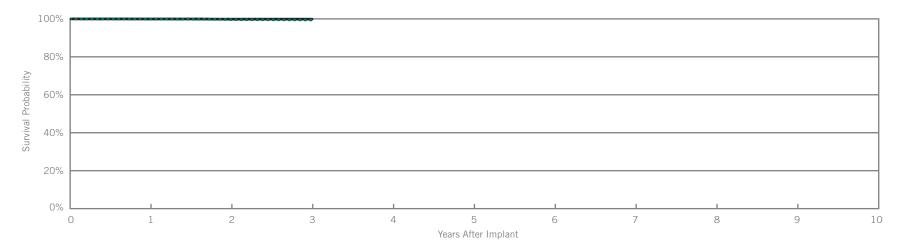
Year	1	2	at 34 months				
Survival Probability	99.74%	99.74%	99.74%				
± 1 standard error	0.26%	0.26%	0.26%				
Sample Size	380	310	50				

## Fortify<sup>™</sup> DR

Model CD2231-40

US Regulatory Approval	May 2010
Registered US Implants	11,863
Estimated Active US Implants	9,454
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	8
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	1	<0.01%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	1	<0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	<0.01%	0	0.00%
Total	4	0.03%	1	<0.01%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3				
Survival Probability	99.87%	99.63%	99.45%				
± 1 standard error	0.03%	0.06%	0.12%				
Sample Size	10310	6320	420				

Year	1	2	3				
Survival Probability	99.94%	99.86%	99.86%				
± 1 standard error	0.02%	0.05%	0.05%				

## **Actively Monitored Study Data**

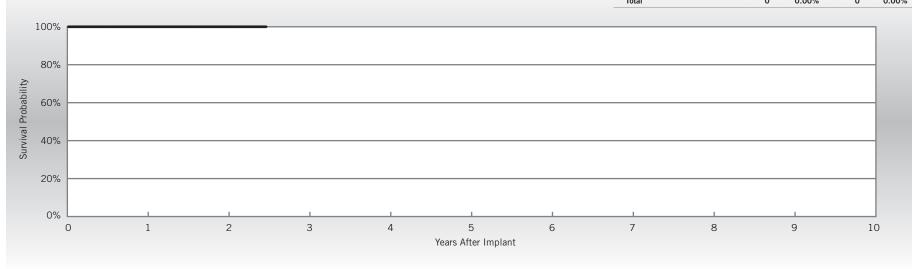
## Fortify<sup>™</sup> DR

#### Model CD2231-40

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	176
Cumulative Months of Follow-up	3,960
Estimated Longevity	(see table on page 99)
Max. Delivered Energy	40 joules

	Qualifying Complications
	None Reported
_	Hone Reported

	w/ Cor	mpromised herapy	w/o Compromis Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%

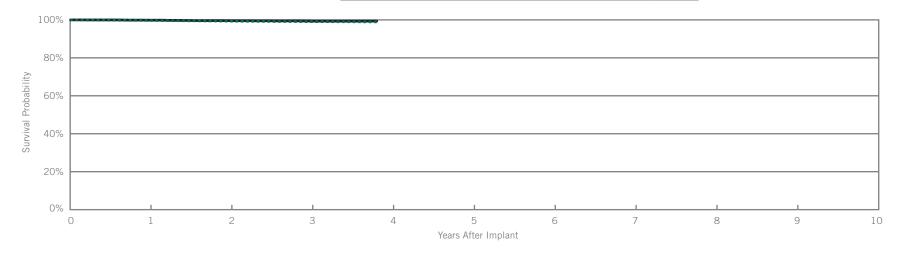


Year	1	2	at 30 months			
Survival Probability	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%			
Sample Size	160	120	60			

## Current<sup>™</sup> + DR Model CD2211-36Q

US Regulatory Approval	February 2009
Registered US Implants	8,110
Estimated Active US Implants	5,557
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	9
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Coi	Malfunctions w/ Compromised Therapy		unctions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.05%	1	0.01%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	3	0.04%	5	0.06%
High Voltage Capacitor	1	0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	0.01%
Possible Early Battery Depletion	1	0.01%	1	0.01%
Other	1	0.01%	1	0.01%
Total	10	0.12%	9	0.11%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	at 46 months			
Survival Probability	99.85%	99.38%	99.00%	98.96%			
± 1 standard error	0.04%	0.09%	0.12%	0.13%			
Sample Size	7500	6400	5400	330			

Year	1	2	3	at 46 months			
Survival Probability	99.85%	99.57%	99.38%	99.34%			
± 1 standard error	0.04%	0.08%	0.09%	0.10%			

36 joules

## **Actively Monitored Study Data**

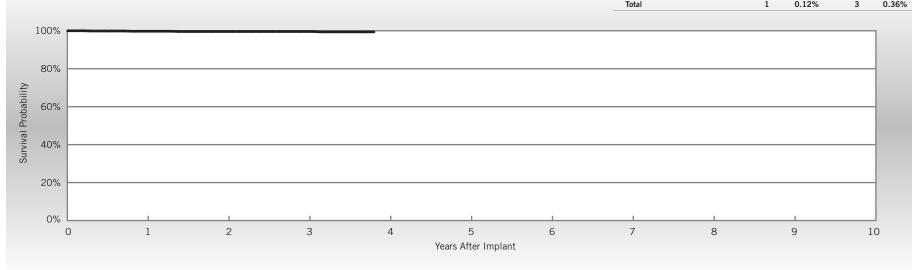
## Current<sup>™</sup> + DR Model CD2211-36Q

Max. Delivered Energy

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	834
Cumulative Months of Follow-up	28,588
Estimated Longevity	(see table on page 99)

Qualifying Complications	Qty	Rate
Premature Battery Depletion	3	0.36%
Skin Erosion	1	0.12%

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	1	0.12%	2	0.24%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	1	0.12%	
Other	0	0.00%	0	0.00%	
Total	1	0.12%	3	0.36%	

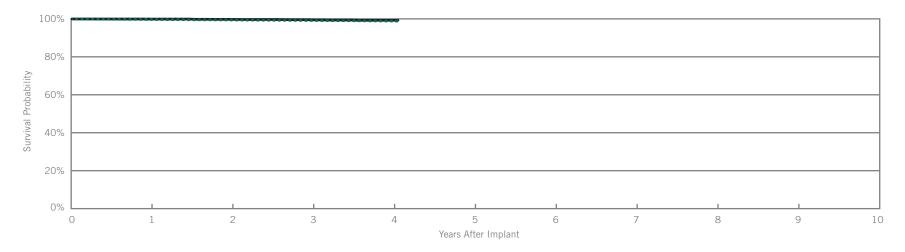


Year	1	2	3	at 46 months			
Survival Probability	99.75%	99.61%	99.61%	99.42%			
± 1 standard error	0.18%	0.23%	0.23%	0.29%			
Sample Size	790	710	640	90			

## Current<sup>™</sup> + DR Model CD2211-36

US Regulatory Approval	February 2009
Registered US Implants	6,214
Estimated Active US Implants	4,198
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	8
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.03%	1	0.02%
Electrical Interconnect	1	0.02%	0	0.00%
Battery	2	0.03%	3	0.05%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	2	0.03%	2	0.03%
Other	1	0.02%	0	0.00%
Total	8	0.13%	6	0.10%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 49 months					
Survival Probability	99.78%	99.55%	99.25%	98.84%	98.84%					
± 1 standard error	0.06%	0.09%	0.12%	0.18%	0.18%					
Sample Size	5750	4820	3960	1920	290					

Year	1	2	3	4	at 49 months			
Survival Probability	99.90%	99.75%	99.50%	99.26%	99.26%			
± 1 standard error	0.03%	0.07%	0.10%	0.15%	0.15%			

## **Actively Monitored Study Data**

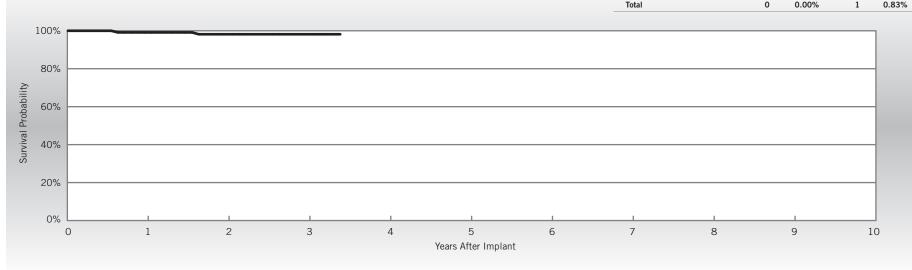
## Current<sup>™</sup> + DR

#### Model CD2211-36

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	121
Cumulative Months of Follow-up	4,027
Estimated Longevity	(see table on page 99)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty	Rate
Inappropriate Shock	1	0.83%
Premature Battery Depletion	1	0.83%

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	1	0.83%	
Total	0	0.00%	1	0.83%	



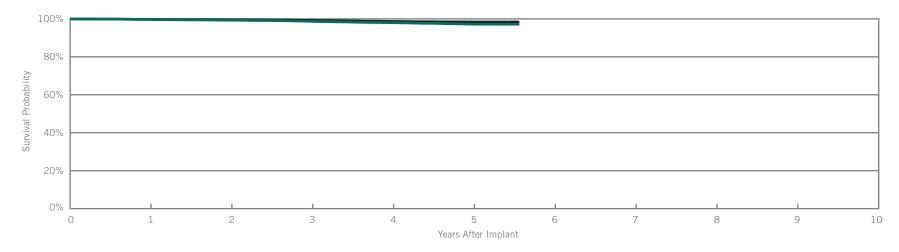
Year	1	2	3	at 41 months			
Survival Probability	99.13%	98.17%	98.17%	98.17%			
± 1 standard error	0.87%	1.28%	1.28%	1.28%			
Sample Size	120	100	80	50			

#### Current<sup>™</sup> DR RF

Model 2207-36

US Regulatory Approval	September 2007
Registered US Implants	22,359
Estimated Active US Implants	12,741
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	53
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	5	0.02%	9	0.04%
Electrical Interconnect	6	0.03%	2	<0.01%
Battery	7	0.03%	7	0.03%
High Voltage Capacitor	1	<0.01%	0	0.00%
Software/Firmware	0	0.00%	4	0.02%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	20	0.09%	13	0.06%
Other	17	0.08%	5	0.02%
Total	56	0.25%	41	0.18%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.69%	99.31%	98.73%	97.99%	97.18%	97.18%		
± 1 standard error	0.04%	0.06%	0.08%	0.11%	0.15%	0.17%		
Sample Size	20810	18030	15740	12700	6820	360		

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.73%	99.56%	99.19%	98.65%	98.37%	98.37%		
± 1 standard error	0.03%	0.05%	0.07%	0.09%	0.11%	0.12%		

## **Actively Monitored Study Data**

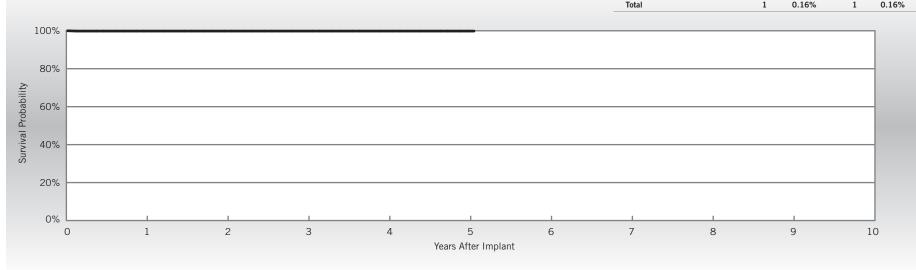
#### Current<sup>™</sup> DR RF

#### Model 2207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	631
Cumulative Months of Follow-up	24,596
Estimated Longevity	(see table on page 99)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty.	Rate
Inappropriate Shock	1	0.16%

	w/ Cor	functions mpromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	1	0.16%	1	0.16%	
Other	0	0.00%	0	0.00%	
Total	1	0.16%	1	0.16%	



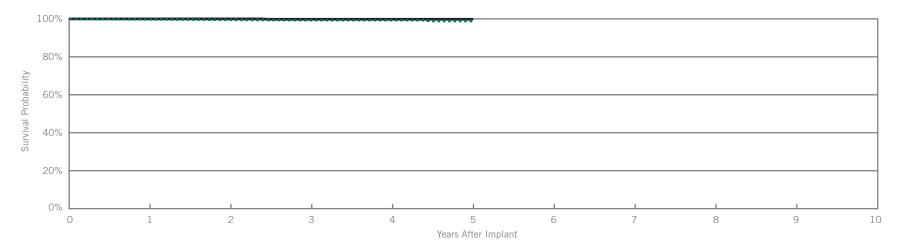
Year	1	2	3	4	5	at 61 months		
Survival Probability	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%		
± 1 standard error	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%		
Sample Size	600	520	430	330	170	50		

#### Current<sup>™</sup> DR RF

Model 2207-30

US Regulatory Approval	September 2007
Registered US Implants	1,522
Estimated Active US Implants	885
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	4
Max. Delivered Energy	30 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	1	0.07%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	1	0.07%



#### Including Normal Battery Depletion -

moraumg mormar bac	cery Depretion -							
Year	1	2	3	4	5			
Survival Probability	99.71%	99.56%	99.37%	99.37%	98.91%			
± 1 standard error	0.10%	0.18%	0.22%	0.22%	0.40%			
Sample Size	1420	1230	1080	840	230			

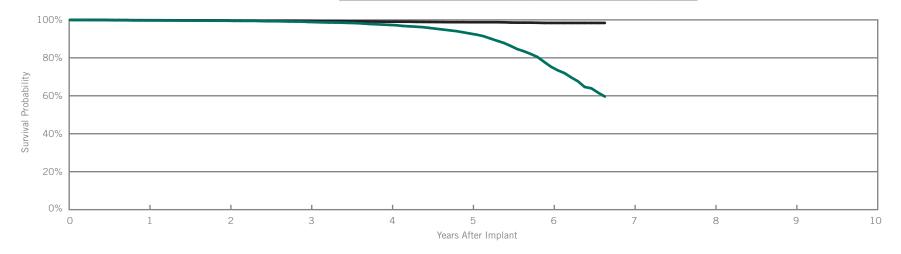
Year	1	2	3	4	5			
Survival Probability	100.00%	100.00%	99.81%	99.81%	99.81%			
± 1 standard error	0.00%	0.00%	0.13%	0.13%	0.13%			

## Atlas™ II + DR

Model V-268

US Regulatory Approval	July 2006
Registered US Implants	14,682
Estimated Active US Implants	6,001
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	526
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	One

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	5	0.03%	3	0.02%	
Electrical Interconnect	4	0.03%	0	0.00%	
Battery	9	0.06%	2	0.01%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	14	0.10%	6	0.04%	
Other	13	0.09%	2	0.01%	
Total	45	0.31%	13	0.09%	



#### Including Normal Battery Depletion \_\_\_

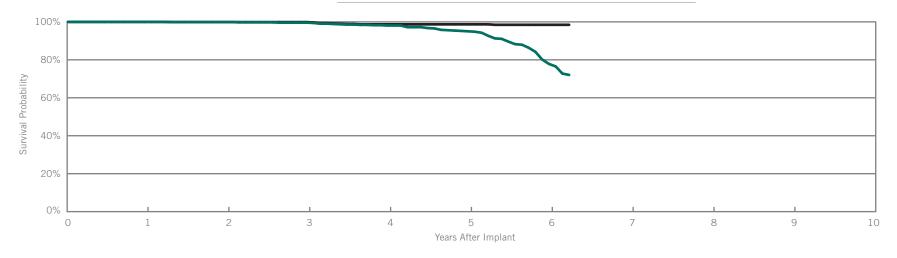
Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.71%	99.55%	98.91%	97.35%	92.79%	75.32%	59.60%		
± 1 standard error	0.04%	0.06%	0.09%	0.16%	0.28%	0.62%	1.24%		
Sample Size	13680	11930	10440	8860	6810	3710	200		

Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.81%	99.69%	99.41%	99.04%	98.77%	98.39%	98.39%		
± 1 standard error	0.04%	0.05%	0.07%	0.09%	0.11%	0.16%	0.16%		

#### Atlas<sup>™</sup> II DR Model V-265

US Regulatory Approval	July 2006
Registered US Implants	1,918
Estimated Active US Implants	748
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	79
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	One

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	4	0.21%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	2	0.10%	3	0.16%	
Other	0	0.00%	0	0.00%	
Total	6	0.31%	3	0.16%	



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	6	at 75 months		
Survival Probability	100.00%	99.88%	99.59%	98.08%	95.03%	77.85%	72.04%		
± 1 standard error	0.00%	0.09%	0.17%	0.36%	0.63%	1.51%	1.94%		
Sample Size	1800	1580	1400	1230	1040	630	220		

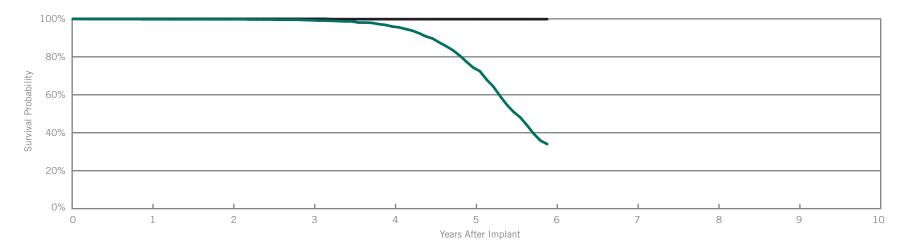
Year	1	2	3	4	5	6	at 75 months		
Survival Probability	100.00%	99.88%	99.88%	98.70%	98.70%	98.46%	98.46%		
± 1 standard error	0.00%	0.09%	0.09%	0.31%	0.31%	0.36%	0.36%		

## Epic<sup>™</sup> II + DR

#### Model V-258

US Regulatory Approval	March 2006
Registered US Implants	2,111
Estimated Active US Implants	504
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	255
Max. Delivered Energy	30 joules
Number of US Advisories (see pgs. 272-284)	One

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	1	0.05%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	1	0.05%



#### Including Normal Battery Depletion \_\_\_\_

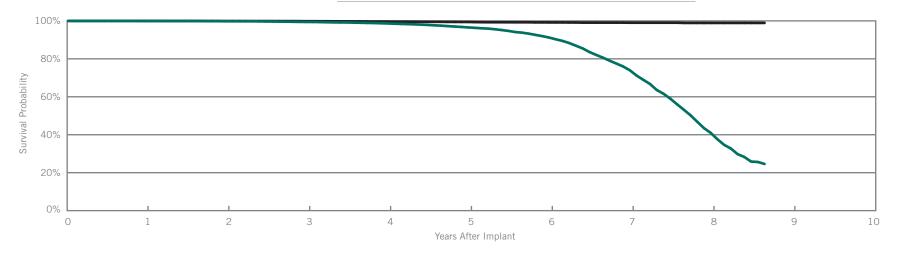
Year	1	2	3	4	5	at 71 months		
Survival Probability	99.79%	99.79%	99.26%	95.96%	74.38%	34.02%		
± 1 standard error	0.10%	0.10%	0.19%	0.48%	1.28%	1.72%		
Sample Size	1970	1720	1510	1270	920	210		

Year	1	2	3	4	5	at 71 months		
Survival Probability	100.00%	100.00%	100.00%	99.85%	99.85%	99.85%		
± 1 standard error	0.00%	0.00%	0.00%	0.10%	0.10%	0.10%		

#### Atlas<sup>™</sup> + DR Model V-243

US Regulatory Approval	October 2003
Registered US Implants	21,020
Estimated Active US Implants	5,465
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	1,407
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	Three

	w/ Co	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate		
Electrical Component	4	0.02%	2	<0.01%		
Electrical Interconnect	1	<0.01%	0	0.00%		
Battery	10	0.05%	4	0.02%		
High Voltage Capacitor	1	<0.01%	0	0.00%		
Software/Firmware	0	0.00%	0	0.00%		
Mechanical	0	0.00%	1	<0.01%		
Possible Early Battery Depletion	6	0.03%	4	0.02%		
Other	15	0.07%	2	<0.01%		
Total	37	0.18%	13	0.06%		



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.93%	99.79%	99.43%	98.66%	96.55%	91.23%	73.99%	41.00%	24.60%	
± 1 standard error	0.01%	0.03%	0.06%	0.09%	0.16%	0.26%	0.48%	0.80%	0.99%	
Sample Size	19720	17340	15260	13290	11320	9150	6090	2530	210	

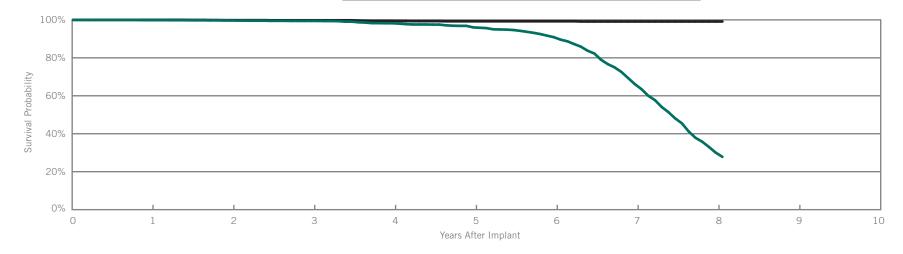
Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.97%	99.90%	99.82%	99.63%	99.43%	99.18%	99.03%	98.92%	98.92%	
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.07%	0.08%	0.09%	0.13%	0.13%	

## $\mathsf{Atlas}^{^{\mathsf{TM}}}\;\mathsf{DR}$

woaei	V-242

October 2003
4,654
1,009
(see table on page 99)
450
36 joules
Three

	w/ Cor	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate		
Electrical Component	0	0.00%	0	0.00%		
Electrical Interconnect	1	0.02%	0	0.00%		
Battery	6	0.13%	1	0.02%		
High Voltage Capacitor	0	0.00%	0	0.00%		
Software/Firmware	0	0.00%	1	0.02%		
Mechanical	0	0.00%	0	0.00%		
Possible Early Battery Depletion	1	0.02%	0	0.00%		
Other	2	0.04%	0	0.00%		
Total	10	0.21%	2	0.04%		



#### Including Normal Battery Depletion \_\_\_\_

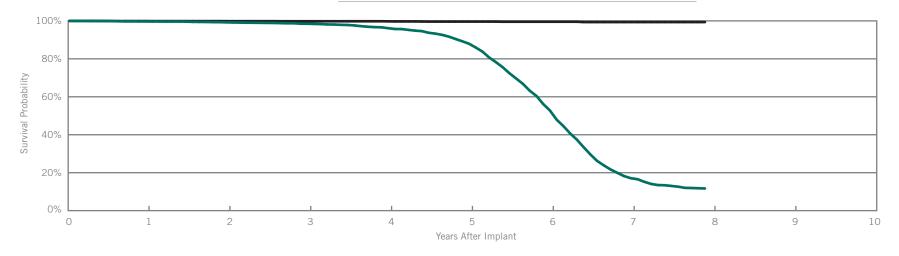
Year	1	2	3	4	5	6	7	8	at 97 months	
Survival Probability	99.88%	99.67%	99.44%	98.22%	96.06%	90.86%	66.16%	30.07%	27.83%	
± 1 standard error	0.05%	0.09%	0.12%	0.23%	0.32%	0.55%	1.05%	1.37%	1.38%	
Sample Size	4370	3870	3440	3010	2600	2190	1500	620	220	

Year	1	2	3	4	5	6	7	8	at 97 months	
Survival Probability	100.00%	99.84%	99.78%	99.48%	99.26%	99.26%	99.15%	99.15%	99.15%	
± 1 standard error	0.00%	0.06%	0.08%	0.13%	0.16%	0.16%	0.17%	0.17%	0.17%	

Epic<sup>™</sup> + DR Model V-239

US Regulatory Approval	October 2003
Registered US Implants	7,862
Estimated Active US Implants	716
Estimated Longevity	(see table on page 99)
Normal Battery Depletion	1,266
Max. Delivered Energy	30 joules
Number of US Advisories (see pgs. 272-284)	Two

	w/ Cor	mpromised herapy	w/o Co	functions mpromised herapy
Clectrical Interconnect Sattery High Voltage Capacitor Software/Firmware Mechanical Possible Early Battery Depletion	Qty	Rate	Qty	Rate
Electrical Component	2	0.03%	1	0.01%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	4	0.05%
High Voltage Capacitor	2	0.03%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	0.01%	2	0.03%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	0.01%
Total	5	0.06%	8	0.10%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 95 months	
Survival Probability	99.69%	99.23%	98.48%	96.14%	87.95%	52.76%	17.09%	11.68%	
± 1 standard error	0.07%	0.10%	0.15%	0.24%	0.45%	0.80%	0.67%	0.60%	
Sample Size	7400	6580	5840	5050	4090	2700	1180	200	

Year	1	2	3	4	5	6	7	at 95 months	
Survival Probability	99.89%	99.83%	99.80%	99.75%	99.62%	99.55%	99.38%	99.38%	
± 1 standard error	0.04%	0.04%	0.05%	0.05%	0.08%	0.10%	0.15%	0.15%	

# BATTERY LONGEVITY SUMMARY

Dual-Chamber ICDs



#### **Battery Longevity**

			Approximate D	uration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD2311-36Q	Ellipse™ DR*	10.4	9.6	8.9	7.7
CD2311-36	Ellipse™ DR*	10.4	9.6	8.9	7.7
CD2257-40Q	Fortify Assura <sup>™</sup> DR*	11.1	10.2	9.5	8.3
CD2257-40	Fortify Assura <sup>™</sup> DR*	11.1	10.2	9.5	8.3
CD2231-40Q	Fortify <sup>™</sup> DR*	10.1	9.3	8.6	7.5
CD2231-40	Fortify™ DR*	10.1	9.3	8.6	7.5
CD2211-36Q	Current <sup>™</sup> + DR**	8.2	7.5	7.0	6.1
CD2211-36	Current™ + DR**	8.2	7.5	7.0	6.1
2207-36	Current™ DR RF**	8.2	7.5	7.0	6.1
2207-30	Current™ DR RF**	6.5	5.9	5.4	4.6
V-268	Atlas™ II + DR**	8.2	7.5	7.0	6.1
V-265	Atlas™ II DR**	8.2	7.5	7.0	6.1
V-258	Epic™ II + DR**	6.5	5.9	5.4	4.6
V-243	Atlas™ + DR**	7.9	7.3	6.9	6.1
V-242	Atlas™ DR**	7.9	7.3	6.9	6.1
V-239	Epic™ + DR**	6.4	6.0	5.6	4.5

Pacing parameters: DDD, 2.5V, 0.5 ms, 60 ppm, 500 ohms

<sup>\*</sup>Battery voltage range: 3.20-2.59. Three maximum charges per year.

<sup>\*\*</sup>Battery voltage range: 3.20-2.45. Four maximum charges per year as well as monthly charging during the battery's mid-life voltage range.

# SUMMARY INFORMATION

Dual-Chamber ICDs



## Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2311-36Q	Ellipse™ DR	98.76%									
CD2311-36	Ellipse™ DR*										
CD2257-40Q	Fortify Assura™ DR*										
CD2257-40	Fortify Assura™ DR*										
CD2231-40Q	Fortify™ DR	99.76%	99.55%	99.21%							
CD2231-40	Fortify™ DR	99.87%	99.63%	99.45%							
CD2211-36Q	Current <sup>™</sup> + DR	99.85%	99.38%	99.00%							
CD2211-36	Current <sup>™</sup> + DR	99.78%	99.55%	99.25%	98.84%						
2207-36	Current™ DR RF	99.69%	99.31%	98.73%	97.99%	97.18%					
2207-30	Current™ DR RF	99.71%	99.56%	99.37%	99.37%	98.91%					
V-268	Atlas™ II + DR	99.71%	99.55%	98.91%	97.35%	92.79%	75.32%				
V-265	Atlas™ II DR	100.00%	99.88%	99.59%	98.08%	95.03%	77.85%				
V-258	Epic™ II + DR	99.79%	99.79%	99.26%	95.96%	74.38%					
V-243	Atlas™ + DR	99.93%	99.79%	99.43%	98.66%	96.55%	91.23%	73.99%	41.00%		
V-242	Atlas™ DR	99.88%	99.67%	99.44%	98.22%	96.06%	90.86%	66.16%	30.07%		
V-239	Epic™ + DR	99.69%	99.23%	98.48%	96.14%	87.95%	52.76%	17.09%			

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

## Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2311-36Q	Ellipse™ DR	98.76%									
CD2311-36	Ellipse™ DR*										
CD2257-40Q	Fortify Assura™ DR*										
CD2257-40	Fortify Assura™ DR*										
CD2231-40Q	Fortify™ DR	99.86%	99.72%	99.51%							
CD2231-40	Fortify™ DR	99.94%	99.86%	99.86%							
CD2211-36Q	Current <sup>™</sup> + DR	99.85%	99.57%	99.38%							
CD2211-36	Current <sup>™</sup> + DR	99.90%	99.75%	99.50%	99.26%						
2207-36	Current™ DR RF	99.73%	99.56%	99.19%	98.65%	98.37%					
2207-30	Current™ DR RF	100.00%	100.00%	99.81%	99.81%	99.81%					
V-268	Atlas™ II + DR	99.81%	99.69%	99.41%	99.04%	98.77%	98.39%				
V-265	Atlas™ II DR	100.00%	99.88%	99.88%	98.70%	98.70%	98.46%				
V-258	Epic™ II + DR	100.00%	100.00%	100.00%	99.85%	99.85%					
V-243	Atlas™ + DR	99.97%	99.90%	99.82%	99.63%	99.43%	99.18%	99.03%	98.92%		
V-242	Atlas™ DR	100.00%	99.84%	99.78%	99.48%	99.26%	99.26%	99.15%	99.15%		
V-239	Epic™ + DR	99.89%	99.83%	99.80%	99.75%	99.62%	99.55%	99.38%			

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

# Malfunction Summary

									Ma	functions w	/ Compr	omised Th	nerapy							
		Registered		trical conent	Electrical Interconnect		Battery			Voltage pacitor	Software/ Firmware		Mechanical		Possible Early Battery Depletion		Other		Total	
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2311-36Q	Ellipse™ DR	3608	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.06%	0	0.00%	0	0.00%	2	0.06%
CD2311-36	Ellipse™ DR	2144	0	0.00%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	2	0.09%	0	0.00%	0	0.00%	3	0.14%
CD2257-40Q	Fortify Assura <sup>™</sup> DR	3656	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2257-40	Fortify Assura <sup>™</sup> DR	2285	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2231-40Q	Fortify <sup>™</sup> DR	26529	2	<0.01%	1	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	3	0.01%	5	0.02%	15	0.06%
CD2231-40	Fortify <sup>™</sup> DR	11863	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	4	0.03%
CD2211-36Q	Current <sup>™</sup> + DR	8110	4	0.05%	0	0.00%	3	0.04%	1	0.01%	0	0.00%	0	0.00%	1	0.01%	1	0.01%	10	0.12%
CD2211-36	Current <sup>™</sup> + DR	6214	2	0.03%	1	0.02%	2	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	1	0.02%	8	0.13%
2207-36	Current™ DR RF	22359	5	0.02%	6	0.03%	7	0.03%	1	<0.01%	0	0.00%	0	0.00%	20	0.09%	17	0.08%	56	0.25%
2207-30	Current™ DR RF	1522	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V-268	Atlas™ II + DR	14682	5	0.03%	4	0.03%	9	0.06%	0	0.00%	0	0.00%	0	0.00%	14	0.10%	13	0.09%	45	0.31%
V-265	Atlas™ II DR	1918	0	0.00%	0	0.00%	4	0.21%	0	0.00%	0	0.00%	0	0.00%	2	0.10%	0	0.00%	6	0.31%
V-258	Epic™ II + DR	2111	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V-243	Atlas™ + DR	21020	4	0.02%	1	<0.01%	10	0.05%	1	<0.01%	0	0.00%	0	0.00%	6	0.03%	15	0.07%	37	0.18%
V-242	Atlas™ DR	4654	0	0.00%	1	0.02%	6	0.13%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	2	0.04%	10	0.21%
V-239	Epic™ + DR	7862	2	0.03%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	5	0.06%

# Malfunction Summary

									Malf	unctions	w/o Com	promised	Therapy							
		Registered		trical ponent	Electrical Interconnect		Battery		High Voltage Capacitor			tware/ nware	Mec	hanical	В	ible Early attery pletion	Other		Total	
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2311-36Q	Ellipse™ DR	3608	0	0.00%	0	0.00%	0	0.00%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	2	0.069
CD2311-36	Ellipse™ DR	2144	2	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.099
CD2257-40Q	Fortify Assura™ DR	3656	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2257-40	Fortify Assura™ DR	2285	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2231-40Q	Fortify™ DR	26529	4	0.02%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	9	0.03%
CD2231-40	Fortify™ DR	11863	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
CD2211-36Q	Current <sup>™</sup> + DR	8110	1	0.01%	0	0.00%	5	0.06%	0	0.00%	0	0.00%	1	0.01%	1	0.01%	1	0.01%	9	0.11%
CD2211-36	Current <sup>™</sup> + DR	6214	1	0.02%	0	0.00%	3	0.05%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	6	0.10%
2207-36	Current™ DR RF	22359	9	0.04%	2	<0.01%	7	0.03%	0	0.00%	4	0.02%	1	<0.01%	13	0.06%	5	0.02%	41	0.18%
2207-30	Current™ DR RF	1522	1	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.07%
V-268	Atlas™ II + DR	14682	3	0.02%	0	0.00%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	6	0.04%	2	0.01%	13	0.09%
V-265	Atlas™ II DR	1918	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.16%	0	0.00%	3	0.16%
V-258	Epic™ II + DR	2111	0	0.00%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%
V-243	Atlas™ + DR	21020	2	<0.01%	0	0.00%	4	0.02%	0	0.00%	0	0.00%	1	<0.01%	4	0.02%	2	<0.01%	13	0.06%
V-242	Atlas™ DR	4654	0	0.00%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	2	0.04%
V-239	Epic™ + DR	7862	1	0.01%	0	0.00%	4	0.05%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	1	0.01%	8	0.10%

### Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative per of Months of		ropriate nock		ss of metry		ardial ision	Bat	ature tery etion		kin sion	То	tal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2231-40Q	387	9824	0	0.00%	0	0.00%	0	0.00%	1	0.26%	0	0.00%	1	0.26%
CD2231-40	176	3960	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2211-36Q	834	28588	0	0.00%	0	0.00%	0	0.00%	3	0.36%	1	0.12%	4	0.48%
CD2211-36	121	4027	1	0.83%	0	0.00%	0	0.00%	1	0.83%	0	0.00%	2	1.65%
2207-36	631	24596	1	0.16%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%

#### Malfunctions

				Malfunctions w/ Compromised Therapy																
	Number of Devices	Electrical Component		Electrical Interconnect		Battery			Voltage acitor	Software/ Firmware		Mechanical		Possible Early Battery Depletion		Other		Total		
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2231-40Q	Fortify™ DR	387	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.26%	1	0.26%
CD2231-40	Fortify™ DR	176	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2211-36Q	Current <sup>™</sup> + DR	834	0	0.00%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.12%
CD2211-36	Current <sup>™</sup> + DR	121	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
2207-36	Current™ DR RF	631	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%	0	0.00%	1	0.16%

			Malfunctions w/o Compromised Therapy																	
	Number of Devices	Electrical Component		Electrical Interconnect		Battery		High Voltage Capacitor		Software/ Firmware		Mechanical		Possible Early Battery Depletion		Other		Total		
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2231-40Q	Fortify™ DR	387	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2231-40	Fortify <sup>™</sup> DR	176	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2211-36Q	Current <sup>™</sup> + DR	834	0	0.00%	0	0.00%	2	0.24%	0	0.00%	0	0.00%	0	0.00%	1	0.12%	0	0.00%	3	0.36%
CD2211-36	Current <sup>™</sup> + DR	121	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.83%	1	0.83%
2207-36	Current™ DR RF	631	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%	0	0.00%	1	0.16%

# IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEVICES

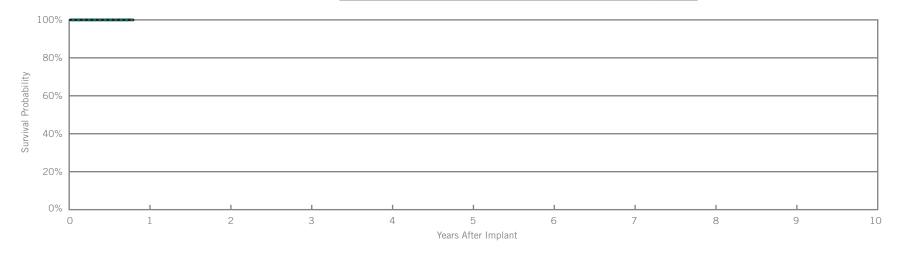
Single-Chamber



### Fortify Assura<sup>™</sup> VR Model CD1257-40Q

US Regulatory Approval	May 2012
Registered US Implants	2,695
Estimated Active US Implants	2,557
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	functions mpromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion -

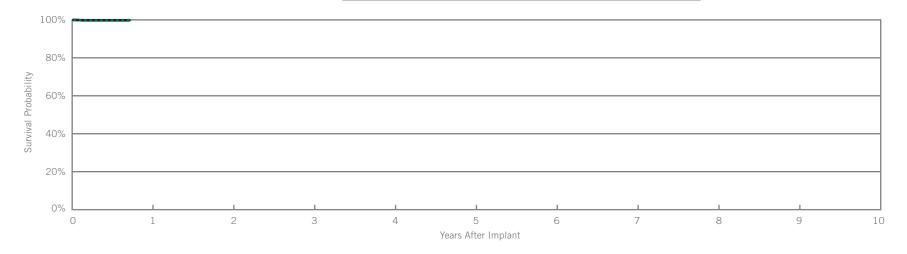
_						
Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	280					

Year	at 10 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

### Fortify Assura<sup>™</sup> VR Model CD1257-40

US Regulatory Approval	May 2012
Registered US Implants	1,180
Estimated Active US Implants	1,108
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	functions mpromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	0.08%
Total	0	0.00%	1	0.08%



#### Including Normal Battery Depletion \_\_\_\_

Year	at 9 months					
Survival Probability	99.79%					
± 1 standard error	0.15%					
Sample Size	260					

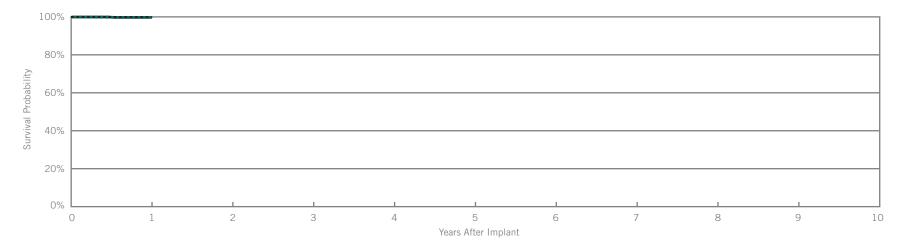
Year	at 9 months					
Survival Probability	99.79%					
± 1 standard error	0.15%					

### Ellipse<sup>™</sup> VR

#### Model CD1311-36Q

US Regulatory Approval	May 2012
Registered US Implants	2,864
Estimated Active US Implants	2,685
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	0
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	1	0.03%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	1	0.03%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	1	0.03%	1	0.03%	



#### Including Normal Battery Depletion \_\_\_\_

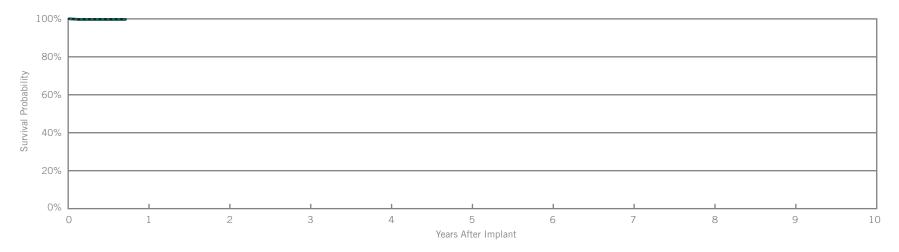
Year	1					
Survival Probability	99.74%					
± 1 standard error	0.14%					
Sample Size	240					

Year	1					
Survival Probability	99.74%					
± 1 standard error	0.14%					

### Ellipse<sup>™</sup> VR Model CD1311-36

US Regulatory Approval	May 2012
Registered US Implants	901
Estimated Active US Implants	849
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	0
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	1	0.11%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	0.11%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	1	0.11%	1	0.11%



#### Including Normal Battery Depletion

Year	at 9 months					
Survival Probability	99.73%					
± 1 standard error	0.19%					
Sample Size	240					

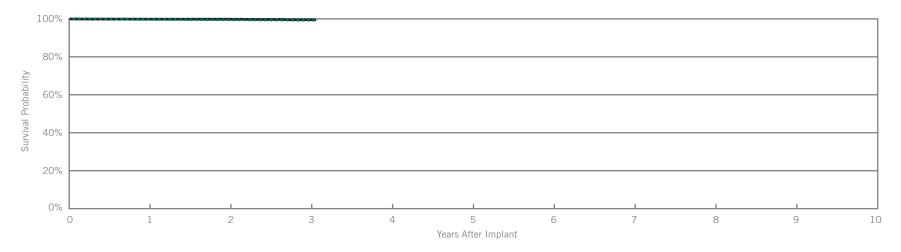
Year	at 9 months					
Survival Probability	99.73%					
± 1 standard error	0.19%					

### Fortify<sup>™</sup> VR

Model CD1231-40Q

US Regulatory Approval	May 2010
Registered US Implants	15,892
Estimated Active US Implants	12,668
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	10
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	4	0.03%	1	<0.01%	
Electrical Interconnect	1	<0.01%	0	0.00%	
Battery	1	<0.01%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	1	<0.01%	2	0.01%	
Other	3	0.02%	1	<0.01%	
Total	10	0.06%	4	0.03%	



#### Including Normal Battery Depletion -

	, - op.ou.o —				
Year	1	2	3	at 37 months	
Survival Probability	99.75%	99.70%	99.30%	99.30%	
± 1 standard error	0.04%	0.05%	0.14%	0.14%	
Sample Size	13840	8530	2760	230	

Year	1	2	3	at 37 months			
Survival Probability	99.85%	99.84%	99.56%	99.56%			
± 1 standard error	0.03%	0.03%	0.12%	0.12%			

### **Actively Monitored Study Data**

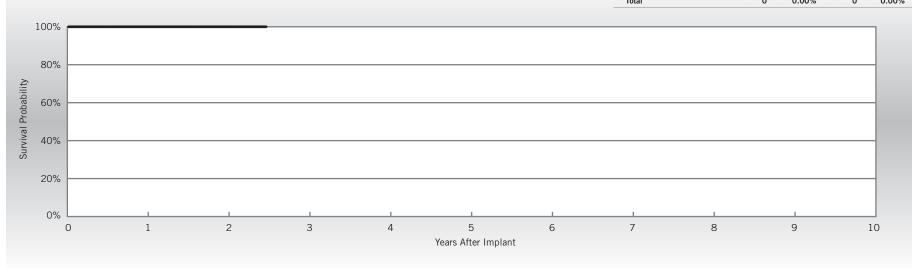
### Fortify<sup>™</sup> VR

#### Model CD1231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	160
Cumulative Months of Follow-up	4,142
Estimated Longevity	(see table on page 125)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Cor	npromised herapy	w/o Co	mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%

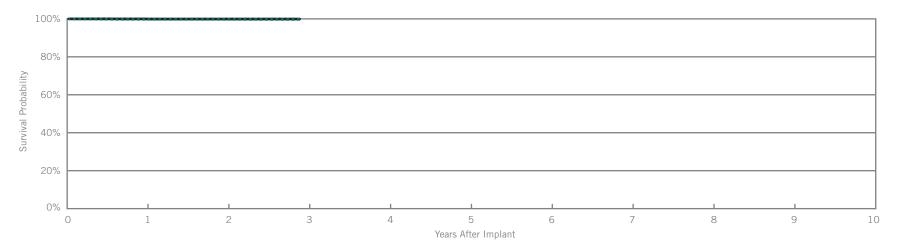


Year	1	2	at 30 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	160	130	60				

### Fortify<sup>™</sup> VR Model CD1231-40

US Regulatory Approval	May 2010
Registered US Implants	6,643
Estimated Active US Implants	5,276
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	5
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	2	0.03%
Total	0	0.00%	2	0.03%



#### Including Normal Battery Depletion \_\_\_\_

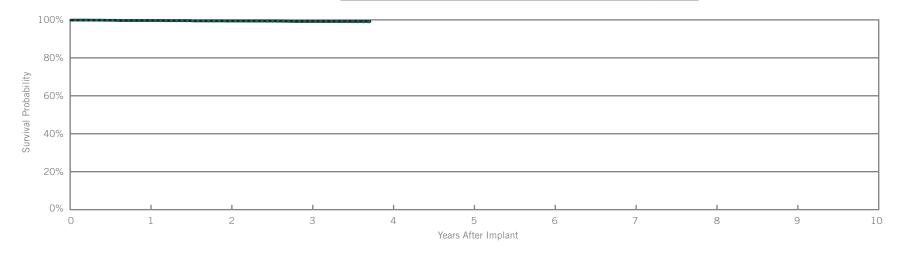
Year	1	2	at 35 months				
Survival Probability	99.76%	99.72%	99.72%				
± 1 standard error	0.06%	0.07%	0.07%				
Sample Size	5820	3600	340				

Year	1	2	at 35 months				
Survival Probability	99.97%	99.92%	99.92%				
± 1 standard error	0.02%	0.04%	0.04%				

### Current<sup>™</sup> + VR Model CD1211-36Q

US Regulatory Approval	February 2009
Registered US Implants	4,386
Estimated Active US Implants	3,018
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	3
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.05%	2	0.05%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	3	0.07%	3	0.07%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	2	0.05%	0	0.00%
Other	1	0.02%	0	0.00%
Total	8	0.18%	5	0.11%



#### Including Normal Battery Depletion =

moraumg reormar bac	normal pattery populari									
Year	1	2	3	at 45 months						
Survival Probability	99.61%	99.34%	99.06%	98.96%						
± 1 standard error	0.09%	0.12%	0.16%	0.18%						
Sample Size	4040	3440	2870	330						

Year	1	2	3	at 45 months	
Survival Probability	99.66%	99.40%	99.18%	99.18%	
± 1 standard error	0.09%	0.12%	0.15%	0.15%	

Malfunctions

### **Actively Monitored Study Data**

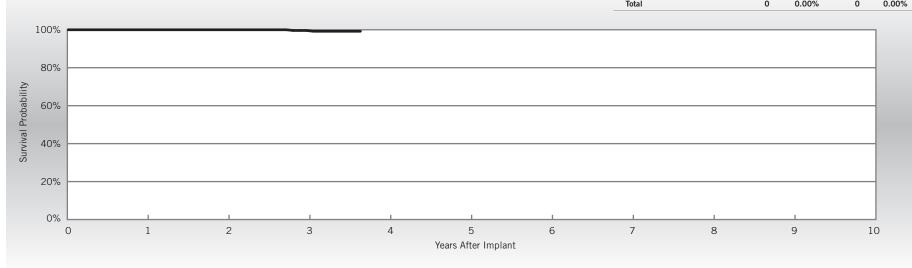
### Current<sup>TM</sup> + VR Model CD1211-36Q

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	363
Cumulative Months of Follow-up	12,142
Estimated Longevity	(see table on page 125)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty	Rate
Inappropriate Shock	1	0.28%
Premature Battery Depletion	1	0.28%

		promised erapy	w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	

Malfunctions

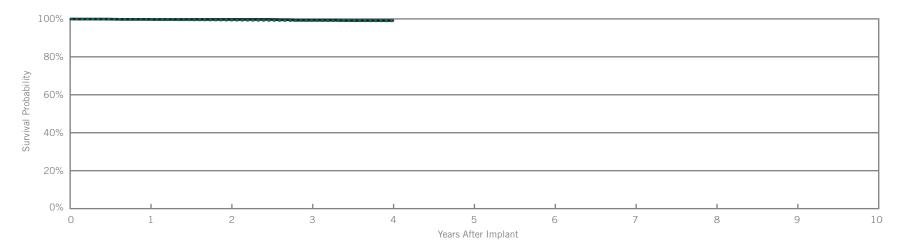


Year	1	2	3	at 44 months			
Survival Probability	100.00%	100.00%	99.62%	99.21%			
± 1 standard error	0.00%	0.00%	0.38%	0.56%			
Sample Size	350	310	270	60			

### Current<sup>TM</sup> + VR Model CD1211-36

US Regulatory Approval	February 2009
Registered US Implants	3,528
Estimated Active US Implants	2,399
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	2
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.06%	1	0.03%
Electrical Interconnect	1	0.03%	0	0.00%
Battery	1	0.03%	0	0.00%
High Voltage Capacitor	2	0.06%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	2	0.06%	0	0.00%
Other	1	0.03%	0	0.00%
Total	9	0.26%	1	0.03%



#### Including Normal Battery Depletion -

Year	1	2	3	4						
Survival Probability	99.76%	99.54%	99.12%	98.95%						
± 1 standard error	0.09%	0.12%	0.19%	0.22%						
Sample Size	3240	2700	2210	300						

Year	1	2	3	4			
Survival Probability	99.76%	99.69%	99.27%	99.11%			
± 1 standard error	0.09%	0.10%	0.17%	0.21%			

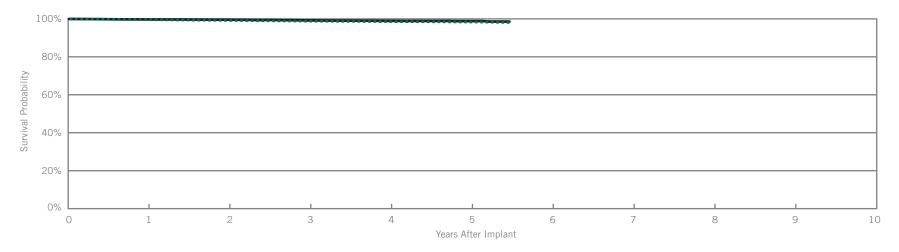
### Current™ VR RF

#### Model 1207-36

US Regulatory Approval	September 2007
Registered US Implants	13,268
Estimated Active US Implants	7,695
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	18
Max. Delivered Energy	36 joules
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	6	0.05%	5	0.04%
Electrical Interconnect	7	0.05%	0	0.00%
Battery	2	0.02%	3	0.02%
High Voltage Capacitor	1	<0.01%	1	<0.01%
Software/Firmware	0	0.00%	1	<0.01%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	5	0.04%	8	0.06%
Other	6	0.05%	3	0.02%
Total	27	0.20%	22	0.17%



#### Including Normal Battery Depletion -

morading Horman Bac	moraum province success succes									
Year	1	2	3	4	5	at 66 months				
Survival Probability	99.60%	99.23%	98.81%	98.44%	98.32%	98.10%				
± 1 standard error	0.05%	0.08%	0.10%	0.12%	0.14%	0.21%				
Sample Size	12340	10690	9330	7420	3830	350				

Year	1	2	3	4	5	at 66 months		
Survival Probability	99.71%	99.55%	99.19%	98.94%	98.82%	98.59%		
± 1 standard error	0.04%	0.06%	0.08%	0.10%	0.12%	0.20%		

### **Actively Monitored Study Data**

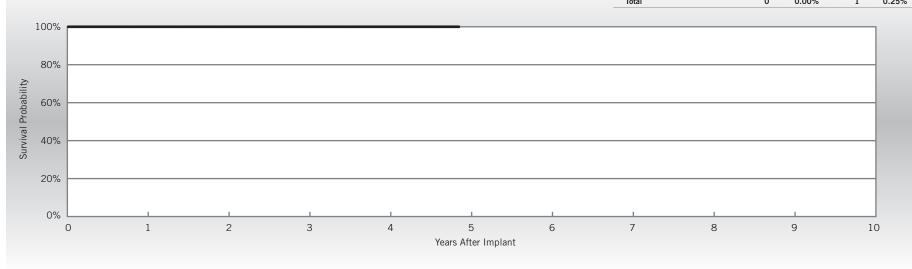
### Current™ VR RF

#### Model 1207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	396
Cumulative Months of Follow-up	15,581
Estimated Longevity	(see table on page 125)
Max. Delivered Energy	36 joules

Qualifying Complications	
None Reported	

	w/ Cor	npromised herapy	w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	1	0.25%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
High Voltage Capacitor	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	1	0.25%	



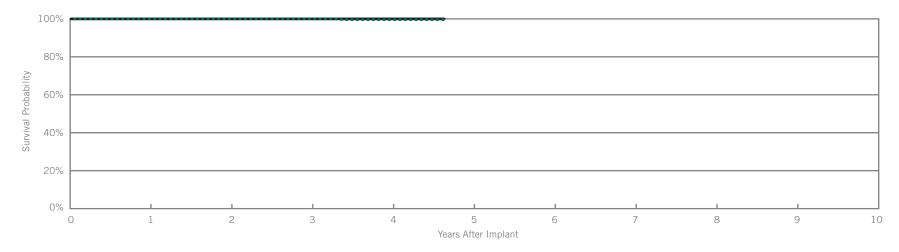
Year	1	2	3	4	at 59 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%			
Sample Size	380	340	280	210	50			

### Current<sup>™</sup> VR RF

Model 1207-30

US Regulatory Approval	September 2007
Registered US Implants	861
Estimated Active US Implants	511
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	1
Max. Delivered Energy	30 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	at 56 months			
Survival Probability	100.00%	100.00%	100.00%	99.60%	99.60%			
± 1 standard error	0.00%	0.00%	0.00%	0.28%	0.28%			
Sample Size	810	710	620	470	200			

Year	1	2	3	4	at 56 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%			

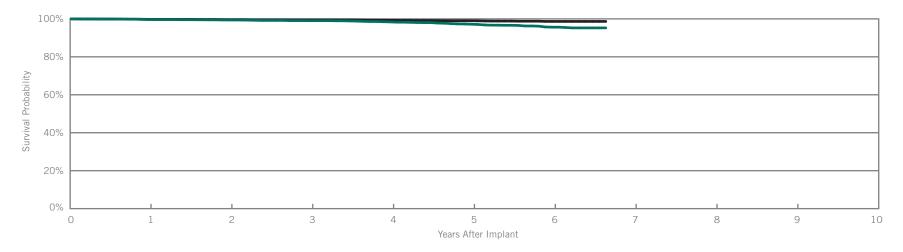
### Atlas™ II VR

#### Model V-168

US Regulatory Approval	July 2006
Registered US Implants	10,478
Estimated Active US Implants	5,092
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	55
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	One

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.02%	2	0.02%
Electrical Interconnect	2	0.02%	0	0.00%
Battery	8	0.08%	1	<0.01%
High Voltage Capacitor	1	<0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	<0.01%	0	0.00%
Possible Early Battery Depletion	9	0.09%	4	0.04%
Other	6	0.06%	3	0.03%
Total	29	0.28%	10	0.10%



#### Including Normal Battery Depletion -

	,								
Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.64%	99.41%	99.05%	98.39%	97.18%	95.63%	95.25%		
± 1 standard error	0.05%	0.08%	0.10%	0.14%	0.21%	0.31%	0.37%		
Sample Size	9800	8560	7470	6310	4900	2800	210		

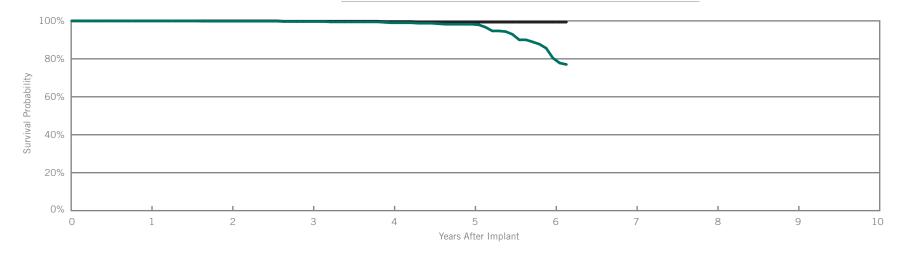
Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.77%	99.59%	99.44%	99.23%	99.00%	98.66%	98.66%		
± 1 standard error	0.04%	0.06%	0.08%	0.10%	0.12%	0.16%	0.16%		

### Epic™ II VR

Model V-158
US Regulatory Approval

US Regulatory Approval	March 2006
Registered US Implants	1,578
Estimated Active US Implants	608
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	55
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	Three

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	1	0.06%
Battery	0	0.00%	2	0.13%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	3	0.19%



#### Including Normal Battery Depletion \_\_\_\_

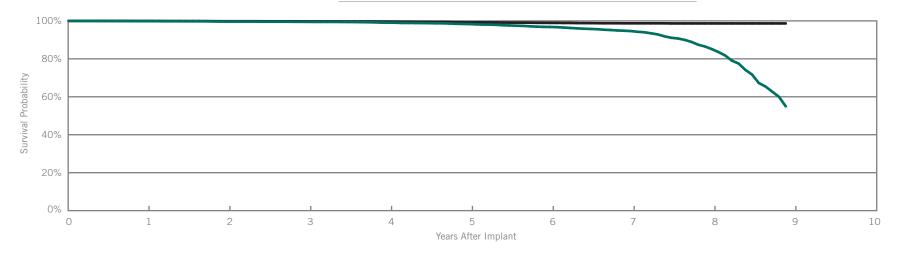
Year	1	2	3	4	5	6	at 74 months		
Survival Probability	100.00%	99.84%	99.66%	99.00%	98.23%	80.39%	77.03%		
± 1 standard error	0.00%	0.11%	0.17%	0.27%	0.44%	1.55%	2.03%		
Sample Size	1470	1280	1120	940	760	460	220		

Year	1	2	3	4	5	6	at 74 months		
Survival Probability	100.00%	100.00%	99.81%	99.59%	99.34%	99.34%	99.34%		
± 1 standard error	0.00%	0.00%	0.13%	0.21%	0.27%	0.27%	0.27%		

Atlas<sup>™</sup> + VR Model V-193

US Regulatory Approval	October 2003
Registered US Implants	20,703
Estimated Active US Implants	7,165
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	353
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 272-284)	Three

	w/ Con	Malfunctions w/ Compromised Therapy		unctions mpromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	2	<0.01%
Electrical Interconnect	5	0.02%	1	<0.01%
Battery	7	0.03%	2	<0.01%
High Voltage Capacitor	2	<0.01%	1	<0.01%
Software/Firmware	0	0.00%	1	<0.01%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	25	0.12%	4	0.02%
Other	10	0.05%	4	0.02%
Total	50	0.24%	15	0.07%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	6	7	8	at 107 months	
Survival Probability	99.84%	99.63%	99.49%	99.07%	98.32%	96.79%	94.63%	85.16%	54.96%	
± 1 standard error	0.03%	0.04%	0.05%	0.08%	0.11%	0.17%	0.24%	0.55%	1.75%	
Sample Size	19410	17010	14860	12850	10970	9010	6520	3290	200	

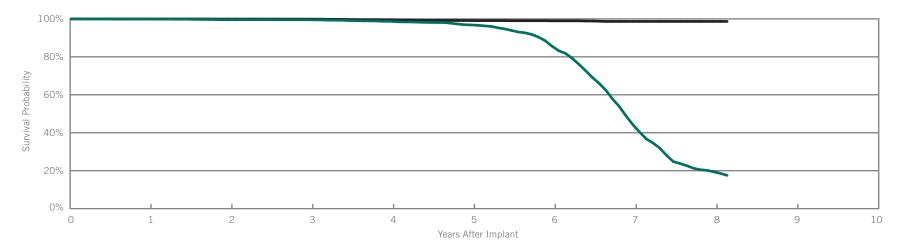
Fycluding	Normal	Ratten	/ Depletion	
LACIUUIIIS	HUIIII	Datter	DCDICTION	

Year	1	2	3	4	5	6	7	8	at 107 months	
Survival Probability	99.95%	99.81%	99.74%	99.60%	99.20%	98.94%	98.72%	98.66%	98.66%	
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.08%	0.09%	0.11%	0.12%	0.12%	

Epic<sup>™</sup> + VR Model V-196

US Regulatory Approval	April 2003
Registered US Implants	7,978
Estimated Active US Implants	1,158
Estimated Longevity	(see table on page 125)
Normal Battery Depletion	904
Max. Delivered Energy	30 joules
Number of US Advisories (see pgs. 272-284)	Three

	w/ Coi	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.04%	2	0.03%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	16	0.20%
High Voltage Capacitor	1	0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	1	0.01%	0	0.00%
Other	3	0.04%	0	0.00%
Total	8	0.10%	18	0.23%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	at 98 months		
Survival Probability	99.85%	99.58%	99.51%	98.72%	96.81%	85.65%	44.28%	19.41%	17.53%		
± 1 standard error	0.04%	0.08%	0.08%	0.15%	0.25%	0.52%	0.92%	0.86%	0.86%		
Sample Size	7500	6660	5910	5140	4350	3410	2020	710	220		

Year	1	2	3	4	5	6	7	8	at 98 months	
Survival Probability	99.95%	99.91%	99.88%	99.44%	99.13%	98.96%	98.66%	98.66%	98.66%	
± 1 standard error	0.03%	0.03%	0.04%	0.10%	0.13%	0.14%	0.19%	0.19%	0.19%	

# BATTERY LONGEVITY SUMMARY

Single-Chamber ICDs



### **Battery Longevity**

			Approximate D	uration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD1257-40Q	Fortify Assura <sup>™</sup> VR*	11.7	11.3	10.8	10.1
CD1257-40	Fortify Assura <sup>™</sup> VR*	11.7	11.3	10.8	10.1
CD1311-36Q	Ellipse™ VR*	11.1	10.6	10.1	9.4
CD1311-36	Ellipse™ VR*	11.1	10.6	10.1	9.4
CD1231-40Q	Fortify <sup>™</sup> VR*	10.8	10.3	9.9	9.1
CD1231-40	Fortify <sup>™</sup> VR*	10.8	10.3	9.9	9.1
CD1211-36Q	Current™ + VR**	8.4	8.0	7.6	7.0
CD1211-36	Current™ + VR**	8.4	8.0	7.6	7.0
1207-36	Current™ VR RF**	8.4	8.0	7.6	7.0
1207-30	Current™ VR RF**	6.7	6.4	6.1	5.6
V-168	Atlas™ II VR**	8.4	8.0	7.6	7.0
V-158	Epic™ II VR**	6.7	6.4	6.1	5.6
V-193	Atlas™ + VR**	8.6	8.2	7.9	7.3
V-196	Epic™ + VR <115000**	6.3	6	5.8	5.4
V-196	Epic <sup>™</sup> + VR >115000**	6.9	6.6	6.4	5.9

Pacing parameters: VVI, 2.5V, 0.5 ms, 60 ppm, 500 ohms

<sup>\*</sup>Battery voltage range: 3.20-2.59. Three maximum charges per year.

<sup>\*\*</sup>Battery voltage range: 3.20-2.45. Four maximum charges per year as well as monthly charging during the battery's mid-life voltage range.

# SUMMARY INFORMATION

Single-Chamber ICDs



### Survival Summary

						Survival P	Probability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1257-40Q	Fortify Assura™ VR*										
CD1257-40	Fortify Assura <sup>™</sup> VR*										
CD1311-36Q	Ellipse™ VR	99.74%									
CD1311-36	Ellipse™ VR*										
CD1231-40Q	Fortify™ VR	99.75%	99.70%	99.30%							
CD1231-40	Fortify™ VR	99.76%	99.72%								
CD1211-36Q	Current <sup>™</sup> + VR	99.61%	99.34%	99.06%							
CD1211-36	Current <sup>™</sup> + VR	99.76%	99.54%	99.12%	98.95%						
1207-36	Current™ VR RF	99.60%	99.23%	98.81%	98.44%	98.32%					
1207-30	Current™ VR RF	100.00%	100.00%	100.00%	99.60%						
V-168	Atlas™ II VR	99.64%	99.41%	99.05%	98.39%	97.18%	95.63%				
V-158	Epic™ II VR	100.00%	99.84%	99.66%	99.00%	98.23%	80.39%				
V-193	Atlas™ + VR	99.84%	99.63%	99.49%	99.07%	98.32%	96.79%	94.63%	85.16%		
V-196	Epic™ + VR	99.85%	99.58%	99.51%	98.72%	96.81%	85.65%	44.28%	19.41%		

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

### Survival Summary

						Survival P	robability				ı
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1257-40Q	Fortify Assura™ VR*										
CD1257-40	Fortify Assura™ VR*										
CD1311-36Q	Ellipse™ VR	99.74%									
CD1311-36	Ellipse™ VR*										
CD1231-40Q	Fortify™ VR	99.85%	99.84%	99.56%							
CD1231-40	Fortify™ VR	99.97%	99.92%								
CD1211-36Q	Current <sup>™</sup> + VR	99.66%	99.40%	99.18%							
CD1211-36	Current <sup>™</sup> + VR	99.76%	99.69%	99.27%	99.11%						
1207-36	Current™ VR RF	99.71%	99.55%	99.19%	98.94%	98.82%					
1207-30	Current™ VR RF	100.00%	100.00%	100.00%	100.00%						
V-168	Atlas™ II VR	99.77%	99.59%	99.44%	99.23%	99.00%	98.66%				
V-158	Epic™ II VR	100.00%	100.00%	99.81%	99.59%	99.34%	99.34%				
V-193	Atlas™ + VR	99.95%	99.81%	99.74%	99.60%	99.20%	98.94%	98.72%	98.66%		
V-196	Epic™ + VR	99.95%	99.91%	99.88%	99.44%	99.13%	98.96%	98.66%	98.66%		

<sup>\*</sup>No survival probability is stated at one year due to the device not meeting the required minimum sample size of 200 U.S. implants with 12 consecutive months of data. Please refer to the individual graphs for data up to one year.

### Malfunction Summary

									Mali	unctions w	// Comp	romised T	herapy							
		Registered		ctrical ponent		ctrical connect	Ва	ttery	_	Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early ttery letion	Ot	ther	To	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1257-40Q	Fortify Assura™ VR	2695	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1257-40	Fortify Assura™ VR	1180	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1311-36Q	Ellipse™ VR	2864	0	0.00%	0	0.00%	0	0.00%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%
CD1311-36	Ellipse™ VR	901	0	0.00%	1	0.11%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.11%
CD1231-40Q	Fortify™ VR	15892	4	0.03%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	3	0.02%	10	0.06%
CD1231-40	Fortify™ VR	6643	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	Current <sup>™</sup> + VR	4386	2	0.05%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	2	0.05%	1	0.02%	8	0.18%
CD1211-36	Current <sup>™</sup> + VR	3528	2	0.06%	1	0.03%	1	0.03%	2	0.06%	0	0.00%	0	0.00%	2	0.06%	1	0.03%	9	0.26%
1207-36	Current™ VR RF	13268	6	0.05%	7	0.05%	2	0.02%	1	<0.01%	0	0.00%	0	0.00%	5	0.04%	6	0.05%	27	0.20%
1207-30	Current™ VR RF	861	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V-168	Atlas™ II VR	10478	2	0.02%	2	0.02%	8	0.08%	1	<0.01%	0	0.00%	1	<0.01%	9	0.09%	6	0.06%	29	0.28%
V-158	Epic™ II VR	1578	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V-193	Atlas™ + VR	20703	1	<0.01%	5	0.02%	7	0.03%	2	<0.01%	0	0.00%	0	0.00%	25	0.12%	10	0.05%	50	0.24%
V-196	Epic™ + VR	7978	3	0.04%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	1	0.01%	3	0.04%	8	0.10%

### Malfunction Summary

									Malf	unctions w	/o Comp	oromised T	herapy							
		Registered		ctrical ponent		ctrical connect	Ва	ttery	_	Voltage acitor		tware/ nware	Mec	nanical	Ba	ole Early ttery letion	Ot	her	Tı	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1257-40Q	Fortify Assura™ VR	2695	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1257-40	Fortify Assura™ VR	1180	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.08%	1	0.08%
CD1311-36Q	Ellipse™ VR	2864	1	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%
CD1311-36	Ellipse™ VR	901	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.11%	0	0.00%	0	0.00%	1	0.11%
CD1231-40Q	Fortify™ VR	15892	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.01%	1	<0.01%	4	0.03%
CD1231-40	Fortify™ VR	6643	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	2	0.03%
CD1211-36Q	Current <sup>™</sup> + VR	4386	2	0.05%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.11%
CD1211-36	Current <sup>™</sup> + VR	3528	1	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%
1207-36	Current™ VR RF	13268	5	0.04%	0	0.00%	3	0.02%	1	<0.01%	1	<0.01%	1	<0.01%	8	0.06%	3	0.02%	22	0.17%
1207-30	Current™ VR RF	861	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
V-168	Atlas™ II VR	10478	2	0.02%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	0.04%	3	0.03%	10	0.10%
V-158	Epic™ II VR	1578	0	0.00%	1	0.06%	2	0.13%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.19%
V-193	Atlas™ + VR	20703	2	<0.01%	1	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	4	0.02%	4	0.02%	15	0.07%
V-196	Epic™ + VR	7978	2	0.03%	0	0.00%	16	0.20%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	18	0.23%

### Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative umber of Months of		ropriate nock		ss of metry		ardial Ision	Bat	ature tery etion		kin sion	То	tal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1231-40Q	160	4142	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	363	12142	1	0.28%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	2	0.55%
1207-36	396	15581	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

#### Malfunctions

									Malf	unctions \	w/ Comp	oromised 1	Therapy							
		Number of Devices		trical oonent	3			Mech	nanical	Ba	ole Early ttery letion	Ot	her	To	otal					
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1231-40Q	Fortify™ VR	160	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	Current <sup>™</sup> + VR	363	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1207-36	Current™ VR RF	396	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

									Malfi	ınctions w	ı/o Com	oromised <sup>*</sup>	Therapy							
		Number of Devices		trical oonent		ctrical connect	Ba	ttery		Voltage acitor		Software/ Firmware		nanical	Ba	ole Early ttery letion	Ot	her	To	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1231-40Q	Fortify <sup>™</sup> VR	160	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	Current <sup>™</sup> + VR	363	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1207-36	Current <sup>™</sup> VR RF	396	1	0.25%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.25%

# DEFIBRILLATION LEADS



### **Defibrillation Leads**

### **Customer Reported Performance Data**

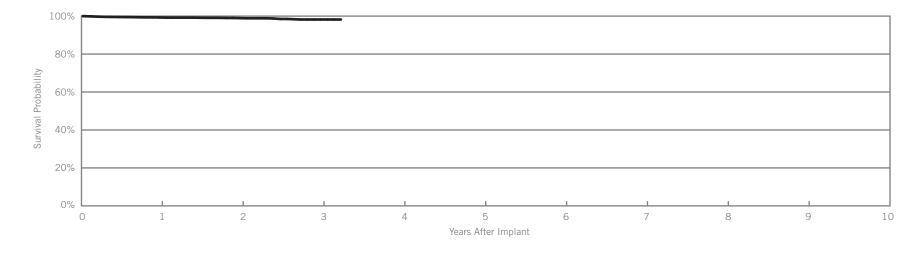
## Durata<sup>™</sup> DF4

### Models 7170Q & 7171Q

US Regulatory Approval	July 2009
Registered US Implants	3,398
Estimated Active US Implants	2,650
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			complications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	0.06%	0	0.00%
Conductor Fracture	0	0.00%	1	0.03%
Lead Dislodgement	4	0.12%	7	0.21%
Failure to Capture	3	0.09%	14	0.41%
Oversensing	2	0.06%	4	0.12%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	2	0.06%
Abnormal Pacing Impedance	0	0.00%	1	0.03%
Abnormal Defibrillation Impedance	0	0.00%	1	0.03%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.03%	0	0.00%
Total	12	0.35%	30	0.88%
Total Returned for Analysis	8		21	

Malfunctions	Qty.	Rate
Conductor Fracture	1	0.03%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	1	0.03%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	22	0.65%
Total	23	0.68%



Year	1	2	3	at 39 months	
Survival Probability	99.29%	98.93%	98.21%	98.21%	
± 1 standard error	0.15%	0.20%	0.37%	0.37%	
Sample Size	2790	1700	810	260	

### **Actively Monitored Study Data**

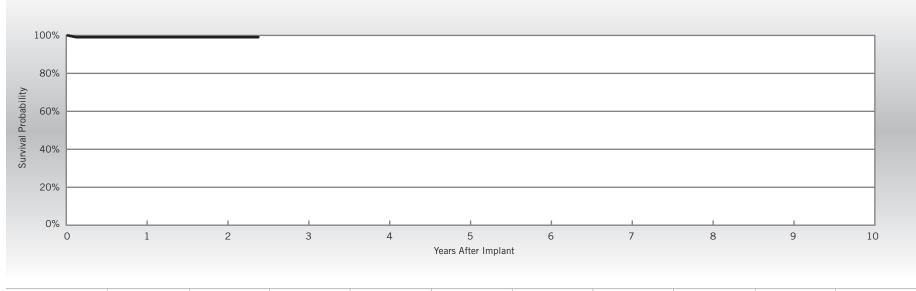
### Durata<sup>™</sup> DF4

#### Models 7170Q & 7171Q

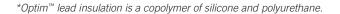
US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	113
Cumulative Months of Follow-up	2,865
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Lead Dislodgement	1	0.88%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.88%
Total	1	0.88%



Year	1	2	at 29 months				
Survival Probability	99.08%	99.08%	99.08%				
± 1 standard error	0.91%	0.91%	0.91%				
Sample Size	110	80	50				





### **Defibrillation Leads**

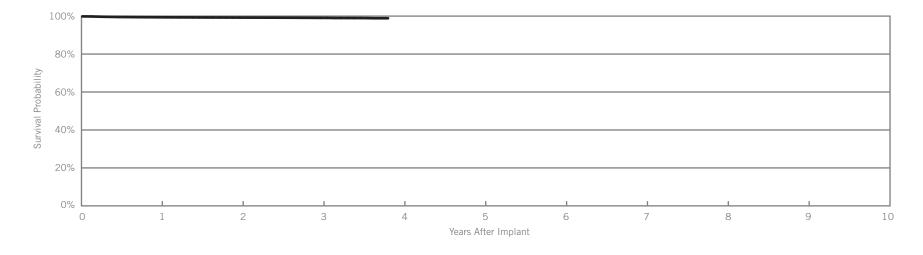
### **Customer Reported Performance Data**

# Durata<sup>™</sup> DF4 Models 7120Q & 7121Q

US Regulatory Approval	January 2009
Registered US Implants	80,495
Estimated Active US Implants	63,350
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic Complications (>30 days)	
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	36	0.04%	15	0.02%
Conductor Fracture	0	0.00%	16	0.02%
Lead Dislodgement	108	0.13%	232	0.29%
Failure to Capture	46	0.06%	117	0.15%
Oversensing	27	0.03%	62	0.08%
Failure to Sense	7	<0.01%	15	0.02%
Insulation Breach	0	0.00%	8	<0.01%
Abnormal Pacing Impedance	4	<0.01%	8	<0.01%
Abnormal Defibrillation Impedance	5	<0.01%	18	0.02%
Extracardiac Stimulation	1	<0.01%	2	<0.01%
Other	8	<0.01%	18	0.02%
Total	242	0.30%	511	0.63%
Total Returned for Analysis	142		359	

Malfunctions	Qty.	Rate
Conductor Fracture	10	0.01%
Clavicular Crush	1	<0.01%
In the Pocket	2	<0.01%
Intravascular	7	<0.01%
Insulation Breach	12	0.01%
Lead-to-Can Contact	6	<0.01%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	2	<0.01%
Externalized Conductors	0	0.00%
Other	4	<0.01%
Crimps, Welds & Bonds	2	<0.01%
Other	27	0.03%
Extrinsic Factors	365	0.45%
Total	416	0.52%



Year	1	2	3	at 46 months	
Survival Probability	99.38%	99.22%	99.06%	98.87%	
± 1 standard error	0.03%	0.03%	0.04%	0.09%	
Sample Size	67150	42700	21390	670	

### **Actively Monitored Study Data**

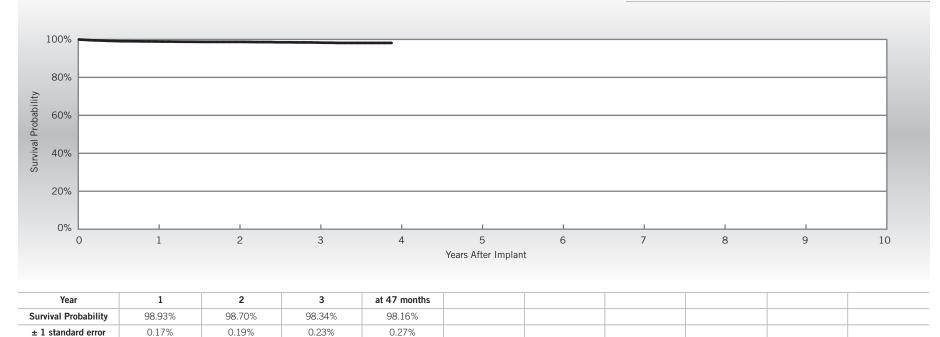
### Durata<sup>™</sup> DF4

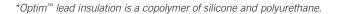
#### Models 7120Q & 7121Q

US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	4,045
Cumulative Months of Follow-up	101,136
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Defibrillation Impedance	4	0.10%
Cardiac Perforation	1	0.02%
Conductor Fracture	3	0.07%
Failure to Capture	10	0.25%
Failure to Sense	2	0.05%
Inappropriate Shock	2	0.05%
Lead Dislodgement	31	0.77%
Oversensing	1	0.02%

Malfunctions	Qty	Rate
Conductor Fracture	1	0.02%
Clavicular Crush	0	0.00%
In the Pocket	1	0.02%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.02%
Extrinsic Factors	32	0.79%
Total	34	0.84%





2710

3610

Sample Size

1770



100

### **Defibrillation Leads**

### **Customer Reported Performance Data**

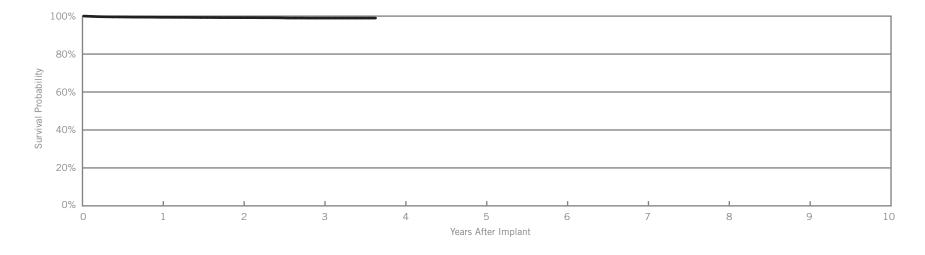
### Durata<sup>™</sup> DF4

#### Model 7122Q

US Regulatory Approval	January 2009
Registered US Implants	23,177
Estimated Active US Implants	19,142
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		servations nt, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	16	0.07%	12	0.05%
Conductor Fracture	1	<0.01%	3	0.01%
Lead Dislodgement	25	0.11%	51	0.22%
Failure to Capture	15	0.06%	22	0.09%
Oversensing	5	0.02%	17	0.07%
Failure to Sense	3	0.01%	5	0.02%
Insulation Breach	0	0.00%	2	<0.01%
Abnormal Pacing Impedance	0	0.00%	4	0.02%
Abnormal Defibrillation Impedance	1	<0.01%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	<0.01%	4	0.02%
Total	67	0.29%	120	0.52%
Total Returned for Analysis	47		88	

Malfunctions	Qty.	Rate
Conductor Fracture	2	<0.01%
Clavicular Crush	0	0.00%
In the Pocket	2	<0.01%
Intravascular	0	0.00%
Insulation Breach	7	0.03%
Lead-to-Can Contact	3	0.01%
Lead-to-Lead Contact	2	<0.01%
Clavicular Crush	1	<0.01%
Externalized Conductors	0	0.00%
Other	1	<0.01%
Crimps, Welds & Bonds	0	0.00%
Other	10	0.04%
Extrinsic Factors	87	0.38%
Total	106	0.46%



Year	1	2	3	at 44 months	
Survival Probability	99.38%	99.19%	98.95%	98.95%	
± 1 standard error	0.06%	0.07%	0.12%	0.12%	
Sample Size	17560	8750	3540	240	

### **Actively Monitored Study Data**

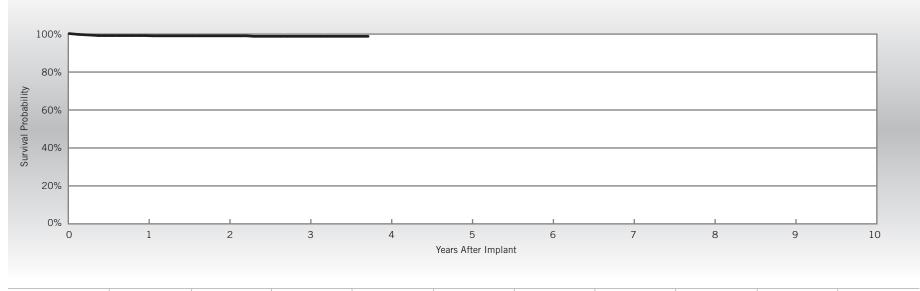
### Durata<sup>™</sup> DF4

#### Model 7122Q

US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	1,168
Cumulative Months of Follow-up	23,129
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Defibrillation Impedance	1	0.09%
Conductor Fracture	1	0.09%
Failure to Capture	1	0.09%
Lead Dislodgement	5	0.43%
Pericardial Effusion	2	0.17%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	1	0.09%
Lead-to-Can Contact	1	0.09%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	8	0.68%
Total	9	0.77%



Year	1	2	3	at 45 months	
Survival Probability	99.21%	99.08%	98.82%	98.82%	
± 1 standard error	0.28%	0.31%	0.40%	0.40%	
Sample Size	950	600	370	50	

### **Defibrillation Leads**

### **Customer Reported Performance Data**

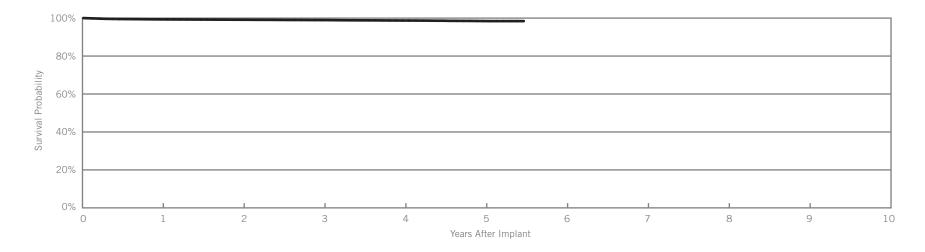
### Durata™

#### Models 7120 & 7121

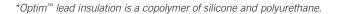
US Regulatory Approval	September 2007
Registered US Implants	56,947
Estimated Active US Implants	36,889
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		servations nt, ≤30 days)		mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	36	0.06%	6	0.01%
Conductor Fracture	1	<0.01%	29	0.05%
Lead Dislodgement	65	0.11%	128	0.22%
Failure to Capture	17	0.03%	76	0.13%
Oversensing	45	0.08%	86	0.15%
Failure to Sense	4	<0.01%	20	0.04%
Insulation Breach	0	0.00%	13	0.02%
Abnormal Pacing Impedance	1	<0.01%	38	0.07%
Abnormal Defibrillation Impedance	17	0.03%	36	0.06%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	18	0.03%	16	0.03%
Total	204	0.36%	448	0.79%
Total Returned for Analysis	81		249	

Malfunctions	Qty.	Rate
Conductor Fracture	21	0.04%
Clavicular Crush	1	<0.01%
In the Pocket	16	0.03%
Intravascular	4	<0.01%
Insulation Breach	27	0.05%
Lead-to-Can Contact	9	0.02%
Lead-to-Lead Contact	7	0.01%
Clavicular Crush	6	0.01%
Externalized Conductors	0	0.00%
Other	5	<0.01%
Crimps, Welds & Bonds	1	<0.01%
Other	9	0.02%
Extrinsic Factors	233	0.41%
Total	291	0.51%



Year	1	2	3	4	5	at 66 months		
Survival Probability	99.34%	99.15%	98.96%	98.73%	98.45%	98.42%		
± 1 standard error	0.03%	0.04%	0.05%	0.06%	0.08%	0.09%		
Sample Size	51890	42670	34310	24400	11060	280		





### **Actively Monitored Study Data**

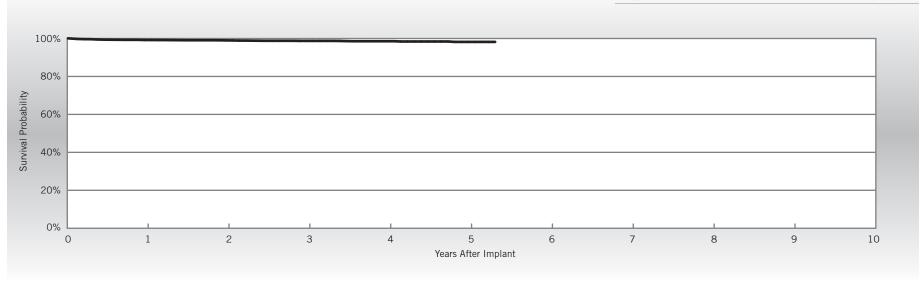
### Durata™

#### Models 7120 & 7121

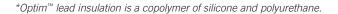
US Regulatory Approval	September 2007			
Number of Devices Enrolled in Study	3,560			
Cumulative Months of Follow-up	140,167			
Insulation	Optim™*			
Type and/or Fixation	Dual Coil, Active			
Polarity	Bipolar			
Steroid	Yes			

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	1	0.03%
Conductor Fracture	8	0.22%
Failure to Capture	9	0.25%
Failure to Sense	1	0.03%
Inappropriate Shock	2	0.06%
Insulation Breach	4	0.11%
Lead Dislodgement	19	0.53%
Oversensing	3	0.08%

Malfunctions	Qty	Rate		
Conductor Fracture	1	0.03%		
Clavicular Crush	0	0.00%		
In the Pocket	1	0.03%		
Intravascular	0	0.00%		
Insulation Breach	3	0.08%		
Lead-to-Can Contact	2	0.06%		
Lead-to-Lead Contact	1	0.03%		
Clavicular Crush	0	0.00%		
Externalized Conductors	0	0.00%		
Other	0	0.00%		
Crimps, Welds & Bonds	0	0.00%		
Other	1	0.03%		
Extrinsic Factors	19	0.53%		
Total	24	0.67%		



Year	1	2	3	4	5	at 64 months		
Survival Probability	99.21%	99.01%	98.74%	98.56%	98.21%	98.21%		
± 1 standard error	0.14%	0.17%	0.20%	0.22%	0.31%	0.31%		
Sample Size	3370	2960	2530	1950	920	60		





## **Customer Reported Performance Data**

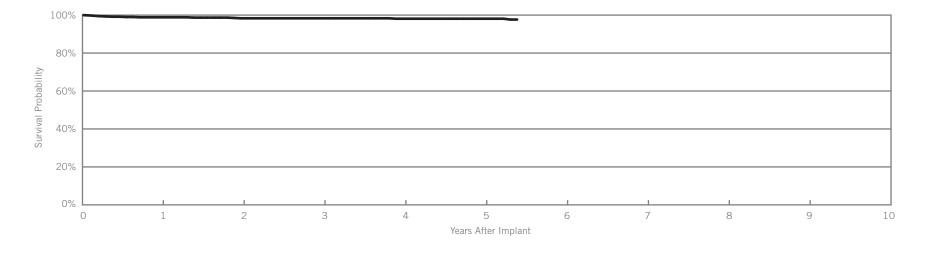
## Riata<sup>™</sup> ST Optim<sup>™</sup>

### Models 7030 & 7031

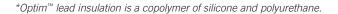
US Regulatory Approval	July 2006
Registered US Implants	768
Estimated Active US Implants	419
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories	None

		servations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	1	0.13%
Conductor Fracture	0	0.00%	1	0.13%
Lead Dislodgement	4	0.52%	0	0.00%
Failure to Capture	0	0.00%	4	0.52%
Oversensing	2	0.26%	6	0.78%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	1	0.13%
Abnormal Pacing Impedance	0	0.00%	2	0.26%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	6	0.78%	15	1.95%
Total Returned for Analysis	3		3	

Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	1	0.13%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	1	0.13%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	4	0.52%
Total	5	0.65%



Year	1	2	3	4	5	at 65 months		
Survival Probability	98.85%	98.32%	98.32%	98.10%	98.10%	97.66%		
± 1 standard error	0.41%	0.47%	0.50%	0.55%	0.55%	0.70%		
Sample Size	690	580	520	450	340	210		





## **Customer Reported Performance Data**

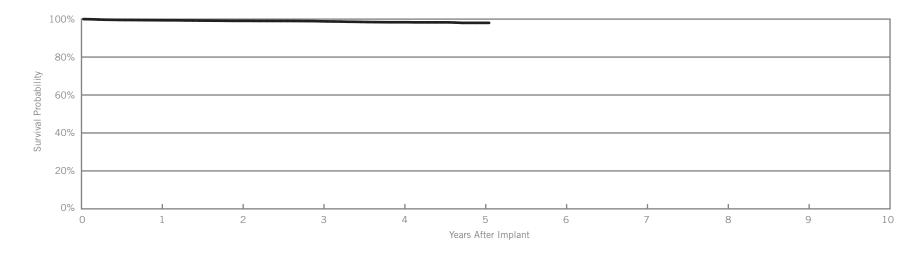
### Durata™

### Model 7122

US Regulatory Approval	September 2007
Registered US Implants	10,929
Estimated Active US Implants	7,688
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		oservations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	6	0.05%	2	0.02%
Conductor Fracture	1	<0.01%	4	0.04%
Lead Dislodgement	10	0.09%	23	0.21%
Failure to Capture	10	0.09%	18	0.16%
Oversensing	4	0.04%	18	0.16%
Failure to Sense	0	0.00%	5	0.05%
Insulation Breach	0	0.00%	8	0.07%
Abnormal Pacing Impedance	1	<0.01%	11	0.10%
Abnormal Defibrillation Impedance	1	<0.01%	4	0.04%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	4	0.04%
Total	33	0.30%	97	0.89%
Total Returned for Analysis	19		74	

Malfunctions	Qty.	Rate
Conductor Fracture	8	0.07%
Clavicular Crush	0	0.00%
In the Pocket	6	0.05%
Intravascular	2	0.02%
Insulation Breach	17	0.16%
Lead-to-Can Contact	10	0.09%
Lead-to-Lead Contact	5	0.05%
Clavicular Crush	0	0.00%
Externalized Conductors	1	<0.01%
Other	1	<0.01%
Crimps, Welds & Bonds	0	0.00%
Other	4	0.04%
Extrinsic Factors	60	0.55%
Total	89	0.81%



						ĺ		
Year	1	2	3	4	5	at 61 months		
Survival Probability	99.40%	99.08%	98.85%	98.35%	98.02%	98.02%		
± 1 standard error	0.08%	0.10%	0.11%	0.17%	0.27%	0.27%		
Sample Size	9710	7420	5260	3090	1130	240		



## **Actively Monitored Study Data**

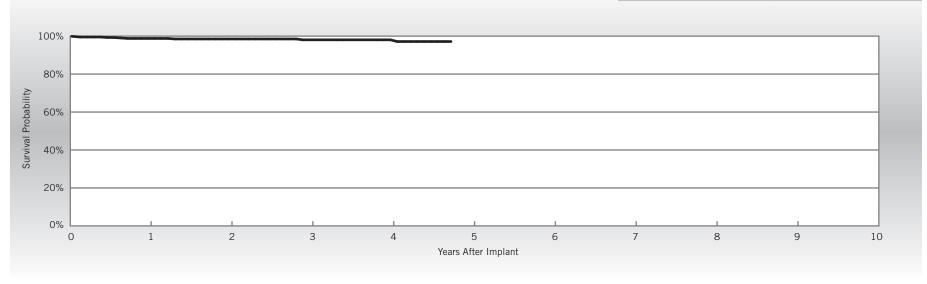
## Durata™

### Model 7122

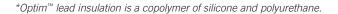
US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	427
Cumulative Months of Follow-up	14,815
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes

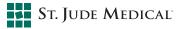
Qualifying Complications	Qty.	Rate	
Abnormal Pacing Impedance	2	0.47%	
Failure to Capture	1	0.23%	
Lead Dislodgement	4	0.94%	
Oversensing	1	0.23%	

Malfunctions	Qty	Rate
Conductor Fracture	1	0.23%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	1	0.23%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	3	0.70%
Total	4	0.94%



Year	1	2	3	4	at 57 months			
Survival Probability	98.78%	98.51%	98.06%	98.06%	97.16%			
± 1 standard error	0.54%	0.60%	0.75%	0.75%	1.16%			
Sample Size	400	350	260	160	50			





## **Customer Reported Performance Data**

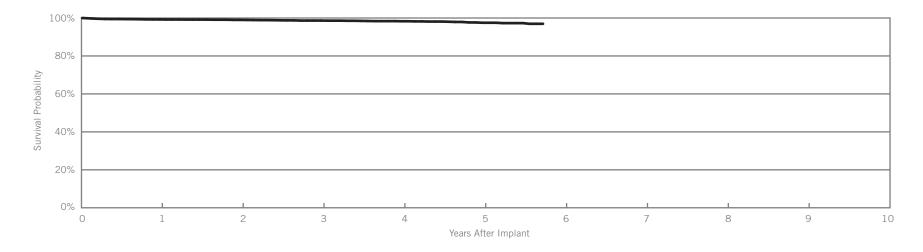
## Riata<sup>™</sup> ST Optim<sup>™</sup>

### Models 7070 & 7071

US Regulatory Approval	July 2006
Registered US Implants	3,308
Estimated Active US Implants	2,062
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		oservations nt, ≤30 days)		Complications 30 days)	
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	3	0.09%	2	0.06%	
Conductor Fracture	1	0.03%	8	0.24%	
Lead Dislodgement	3	0.09%	6	0.18%	
Failure to Capture	5	0.15%	5	0.15%	
Oversensing	4	0.12%	9	0.27%	
Failure to Sense	3	0.09%	2	0.06%	
Insulation Breach	0	0.00%	3	0.09%	
Abnormal Pacing Impedance	0	0.00%	2	0.06%	
Abnormal Defibrillation Impedance	0	0.00%	2	0.06%	
Extracardiac Stimulation	0	0.00%	0	0.00%	
Other	0	0.00%	1	0.03%	
Total	19	0.57%	40	1.21%	
Total Returned for Analysis	6		15		

Malfunctions	Qty.	Rate
Conductor Fracture	1	0.03%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	1	0.03%
Insulation Breach	6	0.18%
Lead-to-Can Contact	1	0.03%
Lead-to-Lead Contact	2	0.06%
Clavicular Crush	1	0.03%
Externalized Conductors	1	0.03%
Other	1	0.03%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	11	0.33%
Total	18	0.54%



Year	1	2	3	4	5	at 69 months		
Survival Probability	99.25%	99.01%	98.65%	98.29%	97.50%	96.95%		
± 1 standard error	0.16%	0.18%	0.22%	0.26%	0.37%	0.57%		
Sample Size	3040	2570	2140	1650	1000	210		

## **Actively Monitored Study Data**

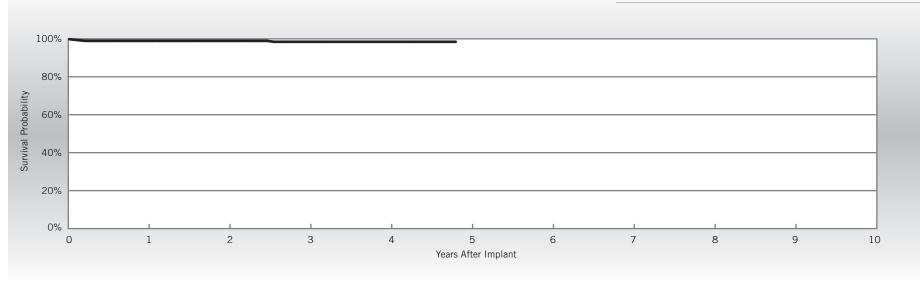
## Riata<sup>™</sup> ST Optim<sup>™</sup>

### Models 7070 & 7071

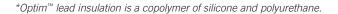
US Regulatory Approval	July 2006
Number of Devices Enrolled in Study	287
Cumulative Months of Follow-up	11,420
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Cardiac Perforation	1	0.35%
Conductor Fracture	1	0.35%
Failure to Capture	1	0.35%
Lead Dislodgement	1	0.35%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.35%
Total	1	0.35%



Year	1	2	3	4	at 58 months			
Survival Probability	98.93%	98.93%	98.44%	98.44%	98.44%			
± 1 standard error	0.61%	0.61%	0.79%	0.79%	0.79%			
Sample Size	270	240	200	150	50			





## **Customer Reported Performance Data**

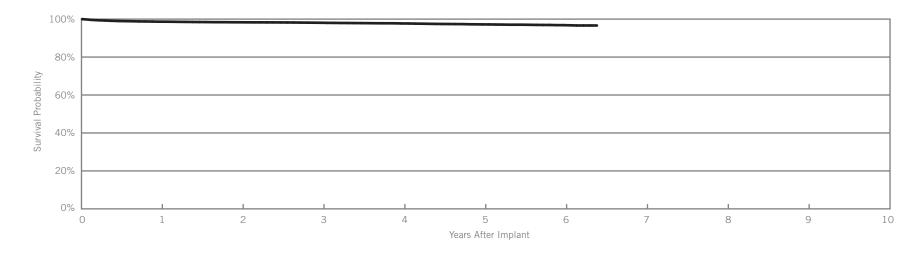
## Riata<sup>™</sup> ST Optim<sup>™</sup>

### Models 7020 & 7021

US Regulatory Approval	July 2006
Registered US Implants	14,212
Estimated Active US Implants	7,630
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	33	0.23%	9	0.06%
Conductor Fracture	0	0.00%	22	0.15%
Lead Dislodgement	27	0.19%	47	0.33%
Failure to Capture	17	0.12%	57	0.40%
Oversensing	18	0.13%	57	0.40%
Failure to Sense	8	0.06%	11	0.08%
Insulation Breach	0	0.00%	10	0.07%
Abnormal Pacing Impedance	1	<0.01%	6	0.04%
Abnormal Defibrillation Impedance	4	0.03%	13	0.09%
Extracardiac Stimulation	3	0.02%	2	0.01%
Other	0	0.00%	13	0.09%
Total	111	0.78%	247	1.74%
Total Returned for Analysis	53		139	

Malfunctions	Qty.	Rate
Conductor Fracture	7	0.05%
Clavicular Crush	1	<0.01%
In the Pocket	1	<0.01%
Intravascular	5	0.04%
Insulation Breach	17	0.12%
Lead-to-Can Contact	6	0.04%
Lead-to-Lead Contact	2	0.01%
Clavicular Crush	3	0.02%
Externalized Conductors	0	0.00%
Other	6	0.04%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	133	0.94%
Total	157	1.10%



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	98.65%	98.33%	98.08%	97.71%	97.20%	96.82%	96.64%		
± 1 standard error	0.10%	0.11%	0.12%	0.14%	0.16%	0.19%	0.23%		
Sample Size	13050	11200	9890	8630	7190	3920	290		

## **Actively Monitored Study Data**

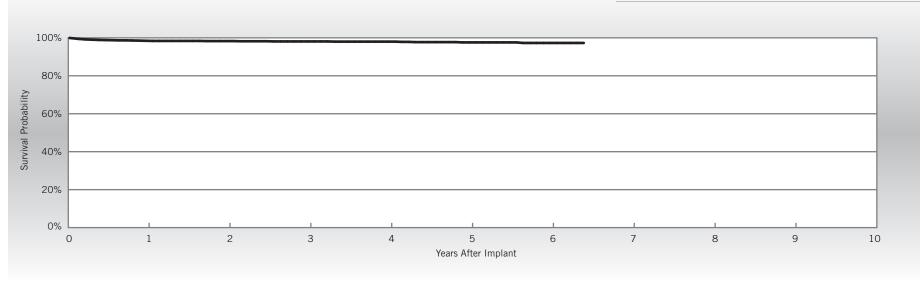
## Riata™ ST Optim™

### Models 7020 & 7021

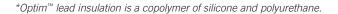
US Regulatory Approval	July 2006
Number of Devices Enrolled in Study	1,471
Cumulative Months of Follow-up	67,198
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	3	0.20%
Cardiac Perforation	1	0.07%
Conductor Fracture	4	0.27%
Failure to Capture	8	0.54%
Failure to Sense	1	0.07%
Insulation Breach	2	0.14%
Lead Dislodgement	10	0.68%
Oversensing	1	0.07%
Skin Erosion	1	0.07%

Malfunctions	Qty	Rate
Conductor Fracture	3	0.20%
Clavicular Crush	0	0.00%
In the Pocket	3	0.20%
Intravascular	0	0.00%
Insulation Breach	1	0.07%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	1	0.07%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	13	0.88%
Total	17	1.16%



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	98.45%	98.29%	98.10%	98.00%	97.59%	97.30%	97.30%		
± 1 standard error	0.32%	0.35%	0.37%	0.38%	0.45%	0.53%	0.53%		
Sample Size	1380	1200	1030	880	700	390	60		





## **Customer Reported Performance Data**

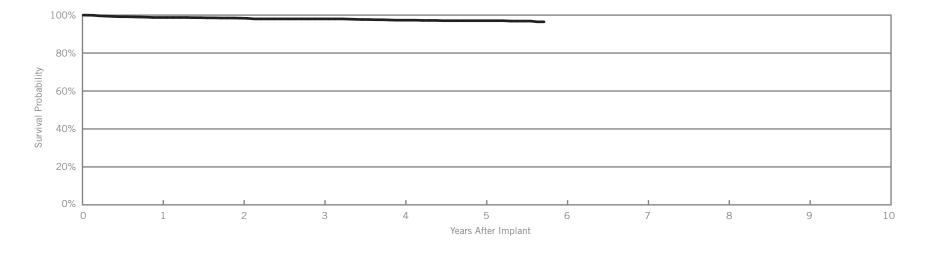
## Riata<sup>™</sup> ST Optim<sup>™</sup>

### Model 7022

US Regulatory Approval	July 2006
Registered US Implants	1,387
Estimated Active US Implants	789
Insulation	Optim*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		servations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	5	0.36%	2	0.14%
Conductor Fracture	0	0.00%	4	0.29%
Lead Dislodgement	3	0.22%	6	0.43%
Failure to Capture	1	0.07%	1	0.07%
Oversensing	0	0.00%	6	0.43%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	3	0.22%
Abnormal Pacing Impedance	1	0.07%	0	0.00%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	10	0.72%	22	1.59%
Total Returned for Analysis	3		13	

** **	٥.	
Malfunctions	Qty.	Rate
Conductor Fracture	1	0.07%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	1	0.07%
Insulation Breach	2	0.14%
Lead-to-Can Contact	1	0.07%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	1	0.07%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	14	1.01%
Total	17	1.23%



Year	1	2	3	4	5	at 69 months		
Survival Probability	98.74%	98.38%	98.00%	97.32%	97.05%	96.47%		
± 1 standard error	0.31%	0.35%	0.41%	0.49%	0.52%	0.67%		
Sample Size	1290	1120	990	860	690	220		



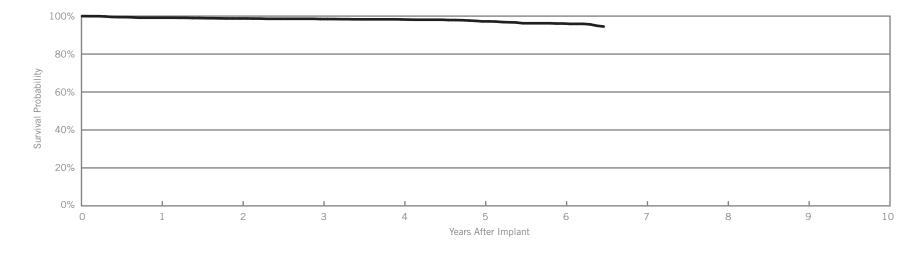
Riata<sup>™</sup> ST

### Models 7010 & 7011

US Regulatory Approval	March 2006
Registered US Implants	2,185
Estimated Active US Implants	1,118
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

		servations nt, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	3	0.14%	1	0.05%
Conductor Fracture	0	0.00%	1	0.05%
Lead Dislodgement	1	0.05%	6	0.27%
Failure to Capture	2	0.09%	3	0.14%
Oversensing	2	0.09%	7	0.32%
Failure to Sense	1	0.05%	2	0.09%
Insulation Breach	0	0.00%	10	0.46%
Abnormal Pacing Impedance	1	0.05%	3	0.14%
Abnormal Defibrillation Impedance	0	0.00%	3	0.14%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.05%	1	0.05%
Total	11	0.50%	37	1.69%
Total Returned for Analysis	3		13	

Malfunctions	Qty.	Rate
Conductor Fracture	1	0.05%
Clavicular Crush	0	0.00%
In the Pocket	1	0.05%
Intravascular	0	0.00%
Insulation Breach	14	0.64%
Lead-to-Can Contact	4	0.18%
Lead-to-Lead Contact	6	0.27%
Clavicular Crush	0	0.00%
Externalized Conductors	1	0.05%
Other	3	0.14%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	7	0.32%
Total	22	1.01%



Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.15%	98.76%	98.45%	98.24%	97.22%	96.09%	94.49%		
± 1 standard error	0.20%	0.25%	0.27%	0.30%	0.40%	0.54%	0.80%		
Sample Size	2030	1780	1590	1400	1200	840	240		

Riata<sup>™</sup> ST Models **7040 & 7041** 

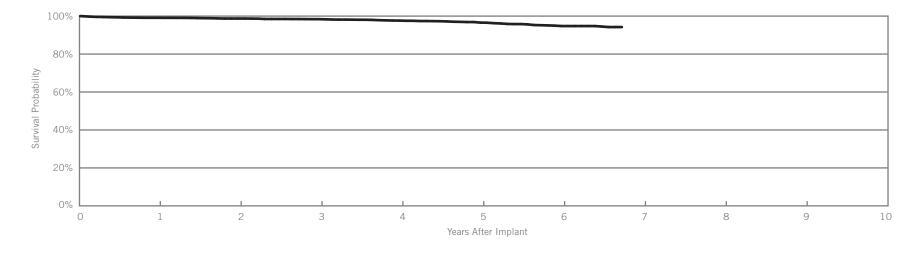
Number of US Advisories (see pgs. 272-284)

US Regulatory Approval	March 2006
Registered US Implants	4,013
Estimated Active US Implants	2,089
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar

Yes

		servations nt, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	0.10%	2	0.05%
Conductor Fracture	0	0.00%	14	0.35%
Lead Dislodgement	5	0.12%	3	0.07%
Failure to Capture	0	0.00%	16	0.40%
Oversensing	3	0.07%	30	0.75%
Failure to Sense	0	0.00%	4	0.10%
Insulation Breach	0	0.00%	14	0.35%
Abnormal Pacing Impedance	2	0.05%	5	0.12%
Abnormal Defibrillation Impedance	0	0.00%	6	0.15%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.02%	0	0.00%
Total	15	0.37%	94	2.34%
Total Returned for Analysis	3		28	

Malfunctions	Qty.	Rate
Conductor Fracture	2	0.05%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	2	0.05%
Insulation Breach	22	0.55%
Lead-to-Can Contact	10	0.25%
Lead-to-Lead Contact	7	0.17%
Clavicular Crush	0	0.00%
Externalized Conductors	1	0.02%
Other	4	0.10%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	14	0.35%
Total	38	0.95%



Year	1	2	3	4	5	6	at 81 months		
Survival Probability	99.12%	98.72%	98.39%	97.63%	96.58%	94.76%	94.23%		
± 1 standard error	0.15%	0.19%	0.22%	0.27%	0.34%	0.50%	0.64%		
Sample Size	3730	3250	2870	2450	1930	1210	240		

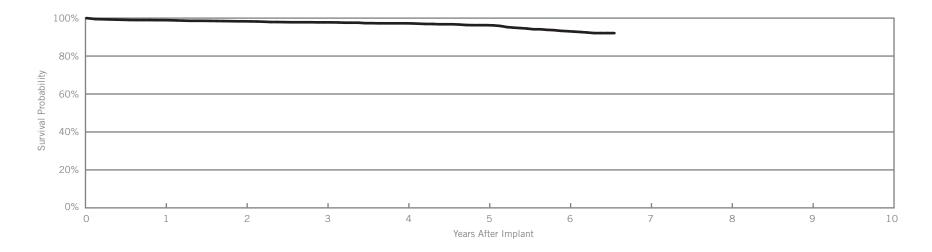
## Riata™ ST

### Model 7002

US Regulatory Approval	June 2005
Registered US Implants	2,391
Estimated Active US Implants	1,213
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

	Acute Observations (Post Implant, ≤30 days)		Chronic Complications (>30 days)		
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	6	0.25%	3	0.13%	
Conductor Fracture	0	0.00%	5	0.21%	
Lead Dislodgement	2	0.08%	9	0.38%	
Failure to Capture	4	0.17%	9	0.38%	
Oversensing	4	0.17%	21	0.88%	
Failure to Sense	0	0.00%	0	0.00%	
Insulation Breach	0	0.00%	17	0.71%	
Abnormal Pacing Impedance	2	0.08%	1	0.04%	
Abnormal Defibrillation Impedance	1	0.04%	1	0.04%	
Extracardiac Stimulation	0	0.00%	0	0.00%	
Other	1	0.04%	5	0.21%	
Total	20	0.84%	71	2.97%	
Total Returned for Analysis	11		35		

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.13%
Clavicular Crush	0	0.00%
In the Pocket	1	0.04%
Intravascular	2	0.08%
Insulation Breach	31	1.30%
Lead-to-Can Contact	18	0.75%
Lead-to-Lead Contact	3	0.13%
Clavicular Crush	0	0.00%
Externalized Conductors	3	0.13%
Other	7	0.29%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	18	0.75%
Total	52	2.17%



Year	1	2	3	4	5	6	at 79 months		
Survival Probability	98.93%	98.32%	97.76%	97.26%	96.28%	93.10%	92.10%		
± 1 standard error	0.22%	0.28%	0.33%	0.37%	0.46%	0.75%	0.91%		
Sample Size	2210	1930	1720	1510	1240	760	210		

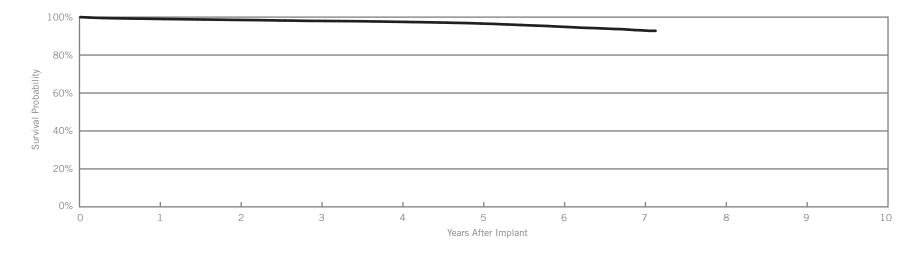
Riata™ ST

### Models 7000 & 7001

US Regulatory Approval	June 2005
Registered US Implants	34,769
Estimated Active US Implants	17,140
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

		oservations nt, ≤30 days)	Chronic Complications (>30 days)		
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	42	0.12%	18	0.05%	
Conductor Fracture	0	0.00%	60	0.17%	
Lead Dislodgement	38	0.11%	47	0.14%	
Failure to Capture	43	0.12%	132	0.38%	
Oversensing	40	0.12%	256	0.74%	
Failure to Sense	7	0.02%	29	0.08%	
Insulation Breach	1	<0.01%	223	0.64%	
Abnormal Pacing Impedance	8	0.02%	43	0.12%	
Abnormal Defibrillation Impedance	4	0.01%	35	0.10%	
Extracardiac Stimulation	3	<0.01%	2	<0.01%	
Other	11	0.03%	39	0.11%	
Total	197	0.57%	884	2.54%	
Total Returned for Analysis	95		358		

Malfunctions	Qty.	Rate
Conductor Fracture	14	0.04%
Clavicular Crush	2	<0.01%
In the Pocket	5	0.01%
Intravascular	7	0.02%
Insulation Breach	263	0.76%
Lead-to-Can Contact	151	0.43%
Lead-to-Lead Contact	50	0.14%
Clavicular Crush	9	0.03%
Externalized Conductors	17	0.05%
Other	36	0.10%
Crimps, Welds & Bonds	1	<0.01%
Other	0	0.00%
Extrinsic Factors	204	0.59%
Total	482	1.39%



Year	1	2	3	4	5	6	7	at 86 months	
Survival Probability	99.06%	98.52%	98.00%	97.51%	96.63%	94.94%	93.02%	92.78%	
± 1 standard error	0.05%	0.07%	0.08%	0.09%	0.11%	0.15%	0.25%	0.32%	
Sample Size	32320	28180	25000	21980	18670	13480	5560	540	

## **Actively Monitored Study Data**

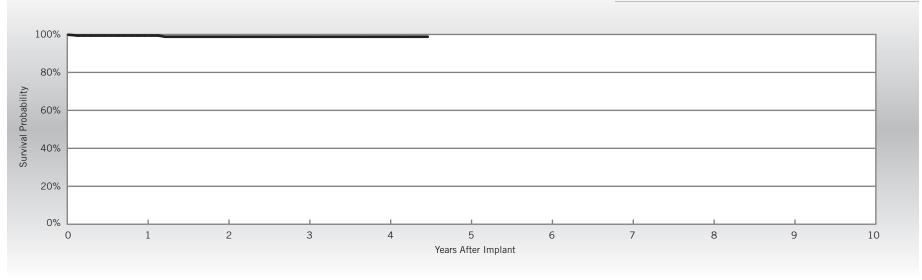
Riata<sup>™</sup> ST

### Models 7000 & 7001

US Regulatory Approval	June 2005
Number of Devices Enrolled in Study	180
Cumulative Months of Follow-up	6,571
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Insulation Breach	1	0.56%
Lead Dislodgement	1	0.56%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	3	1.67%
Lead-to-Can Contact	2	1.11%
Lead-to-Lead Contact	1	0.56%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	1	0.56%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	4	2.22%



Year	1	2	3	4	at 54 months			
Survival Probability	99.43%	98.81%	98.81%	98.81%	98.81%			
± 1 standard error	0.56%	0.84%	0.84%	0.84%	0.84%			
Sample Size	170	140	110	70	50			

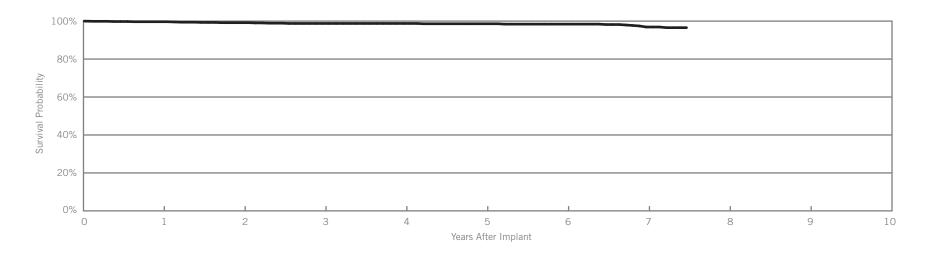
## **Customer Reported Performance Data**

Riata™ *i* 

### Models 1560 & 1561

US Regulatory Approval	April 2004
Registered US Implants	958
Estimated Active US Implants	461
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	4	0.42%
Lead-to-Can Contact	2	0.21%
Lead-to-Lead Contact	1	0.10%
Clavicular Crush	0	0.00%
Externalized Conductors	1	0.10%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.10%
Total	5	0.52%



Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.67%	99.17%	98.76%	98.76%	98.60%	98.41%	96.89%	96.55%	
± 1 standard error	0.19%	0.31%	0.39%	0.39%	0.42%	0.46%	0.67%	0.84%	
Sample Size	900	790	720	640	570	510	410	210	

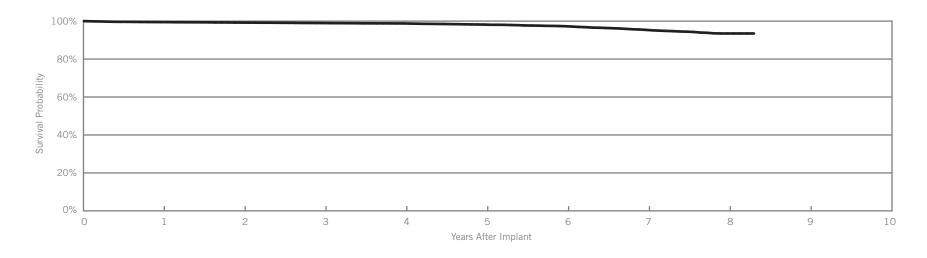
## **Customer Reported Performance Data**

Riata™ *i* 

### Models 1590 & 1591

US Regulatory Approval	April 2004
Registered US Implants	9,630
Estimated Active US Implants	4,226
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

Malfunctions	Qty.	Rate
Conductor Fracture	6	0.06%
Clavicular Crush	1	0.01%
In the Pocket	1	0.01%
Intravascular	4	0.04%
Insulation Breach	77	0.80%
Lead-to-Can Contact	24	0.25%
Lead-to-Lead Contact	19	0.20%
Clavicular Crush	0	0.00%
Externalized Conductors	13	0.13%
Other	21	0.22%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.01%
Extrinsic Factors	35	0.36%
Total	119	1.24%



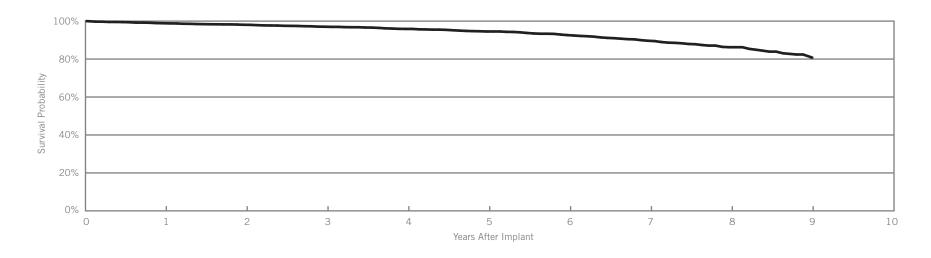
Year	1	2	3	4	5	6	7	8	at 100 months	
Survival Probability	99.47%	99.23%	98.97%	98.78%	98.17%	97.30%	95.37%	93.48%	93.48%	
± 1 standard error	0.07%	0.09%	0.11%	0.12%	0.16%	0.20%	0.29%	0.42%	0.42%	
Sample Size	9050	8060	7230	6400	5590	4770	3820	2040	260	

## Riata™

### Model 1582

US Regulatory Approval	March 2003
Registered US Implants	3,103
Estimated Active US Implants	1,224
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.10%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	3	0.10%
Insulation Breach	103	3.32%
Lead-to-Can Contact	39	1.26%
Lead-to-Lead Contact	10	0.32%
Clavicular Crush	2	0.06%
Externalized Conductors	28	0.90%
Other	24	0.77%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	25	0.81%
Total	131	4.22%



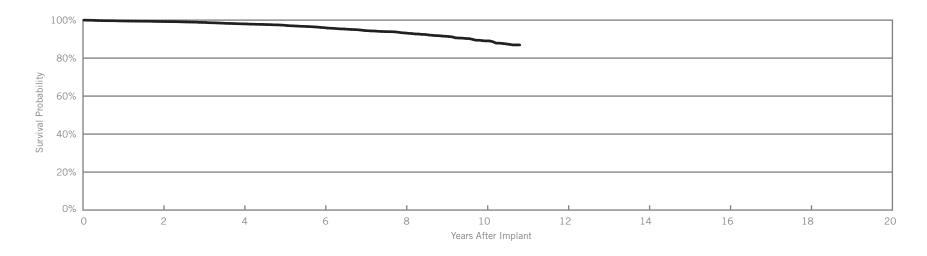
Year	1	2	3	4	5	6	7	8	9	
Survival Probability	98.88%	98.07%	97.05%	95.88%	94.53%	92.63%	89.65%	86.24%	81.18%	
± 1 standard error	0.19%	0.25%	0.33%	0.40%	0.48%	0.58%	0.74%	0.97%	1.36%	
Sample Size	2890	2550	2290	2010	1710	1410	1100	710	210	

Riata™

### Models 1570 & 1571

US Regulatory Approval	March 2002
Registered US Implants	10,186
Estimated Active US Implants	4,052
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

Malfunctions	Qty.	Rate
Conductor Fracture	4	0.04%
Clavicular Crush	2	0.02%
In the Pocket	2	0.02%
Intravascular	0	0.00%
Insulation Breach	108	1.06%
Lead-to-Can Contact	52	0.51%
Lead-to-Lead Contact	10	0.10%
Clavicular Crush	1	<0.01%
Externalized Conductors	23	0.23%
Other	22	0.22%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	32	0.31%
Total	144	1.41%



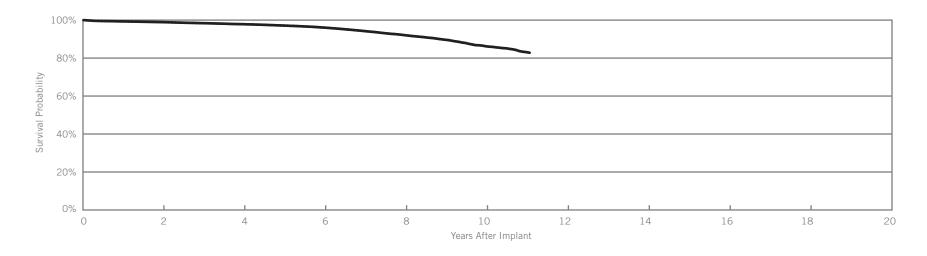
Year	2	4	6	8	10	At 130 months		
Survival Probability	99.26%	98.02%	96.01%	93.22%	89.05%	86.94%		
± 1 standard error	0.09%	0.15%	0.24%	0.36%	0.63%	0.88%		
Sample Size	8600	6850	4890	2930	1070	230		

Riata™

### Models 1580 & 1581

US Regulatory Approval	March 2002
Registered US Implants	68,317
Estimated Active US Implants	25,767
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 272-284)	One

Malfunctions	Qty.	Rate
Conductor Fracture	19	0.03%
Clavicular Crush	2	<0.01%
In the Pocket	8	0.01%
Intravascular	9	0.01%
Insulation Breach	889	1.30%
Lead-to-Can Contact	375	0.55%
Lead-to-Lead Contact	146	0.21%
Clavicular Crush	14	0.02%
Externalized Conductors	186	0.27%
Other	171	0.25%
Crimps, Welds & Bonds	3	<0.01%
Other	0	0.00%
Extrinsic Factors	359	0.53%
Total	1270	1.86%



Year	2	4	6	8	10	At 133 months		
Survival Probability	98.93%	97.85%	96.06%	92.04%	86.21%	82.81%		
± 1 standard error	0.04%	0.06%	0.09%	0.15%	0.32%	0.62%		
Sample Size	56640	44780	32720	18700	4510	320		

## **Actively Monitored Study Data**

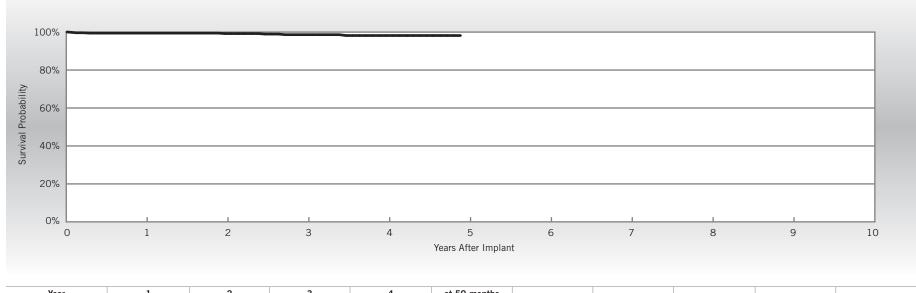
## Riata™

### Models 1580 & 1581

US Regulatory Approval	March 2002
Number of Devices Enrolled in Study	564
Cumulative Months of Follow-up	19,786
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Insulation Breach	4	0.71%
Lead Dislodgement	2	0.35%
Oversensing	1	0.18%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	0	0.00%
Insulation Breach	8	1.42%
Lead-to-Can Contact	1	0.18%
Lead-to-Lead Contact	2	0.35%
Clavicular Crush	0	0.00%
Externalized Conductors	5	0.89%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	4	0.71%
Total	12	2.13%



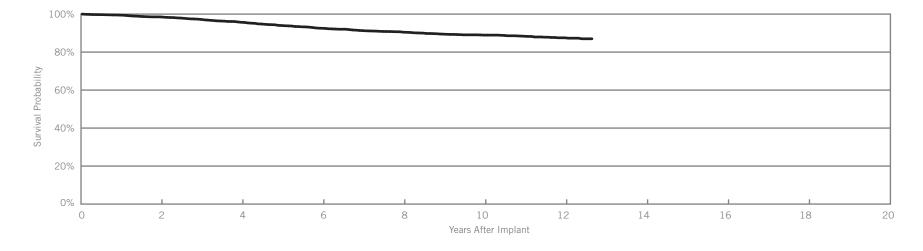
Year	1	2	3	4	at 59 months		
Survival Probability	99.46%	99.22%	98.64%	98.19%	98.19%		
± 1 standard error	0.31%	0.31%	0.56%	0.72%	0.72%		
Sample Size	530	460	350	220	60		

## **Customer Reported Performance Data**

## $\mathsf{TVL}^{\scriptscriptstyle\mathsf{TM}}\mathsf{ADX}$

### Model 1559

US Regulatory Approval	November 1999
Registered US Implants	4,551
Estimated Active US Implants	920
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None



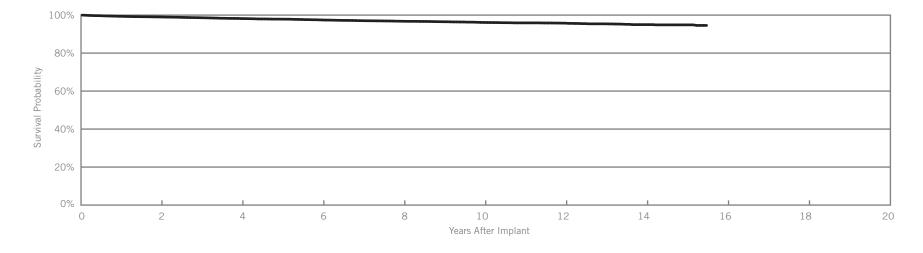
Year	2	4	6	8	10	12	At 152 months		
Survival Probability	98.53%	95.68%	92.54%	90.48%	88.94%	87.53%	87.01%		
± 1 standard error	0.19%	0.34%	0.48%	0.56%	0.64%	0.74%	0.83%		
Sample Size	3720	2930	2250	1670	1210	710	200		

## **Customer Reported Performance Data**

 $\mathsf{SPL}^{\mathsf{TM}}$ 

### Models SP01, SP02, SP03 & SP04

US Regulatory Approval	September 1997
Registered US Implants	12,336
Estimated Active US Implants	2,836
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None



Year	2	4	6	8	10	12	14	At 186 months	
Survival Probability	99.04%	98.18%	97.44%	96.75%	96.13%	95.77%	94.99%	94.57%	
± 1 standard error	0.09%	0.13%	0.16%	0.20%	0.23%	0.25%	0.33%	0.46%	
Sample Size	10360	8450	6840	5390	4120	2830	1290	210	

## SUMMARY INFORMATION

Defibrillation Leads



## Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
7170Q/7171Q	Durata™ DF4	99.29%	98.93%	98.21%							
7120Q/7121Q	Durata™ DF4	99.38%	99.22%	99.06%							
7122Q	Durata™ DF4	99.38%	99.19%	98.95%							
7120/7121	Durata™	99.34%	99.15%	98.96%	98.73%	98.45%					
7030/7031	Riata™ ST Optim™	98.85%	98.32%	98.32%	98.10%	98.10%					
7122	Durata™	99.40%	99.08%	98.85%	98.35%	98.02%					
7070/7071	Riata™ ST Optim™	99.25%	99.01%	98.65%	98.29%	97.50%					
7020/7021	Riata™ ST Optim™	98.65%	98.33%	98.08%	97.71%	97.20%	96.82%				
7022	Riata™ ST Optim™	98.74%	98.38%	98.00%	97.32%	97.05%					
7010/7011	Riata™ ST	99.15%	98.76%	98.45%	98.24%	97.22%	96.09%				
7040/7041	Riata™ ST	99.12%	98.72%	98.39%	97.63%	96.58%	94.76%				
7002	Riata™ ST	98.93%	98.32%	97.76%	97.26%	96.28%	93.10%				
7000/7001	Riata™ ST	99.06%	98.52%	98.00%	97.51%	96.63%	94.94%	93.02%			
1560/1561	Riata™ i	99.67%	99.17%	98.76%	98.76%	98.60%	98.41%	96.89%			
1590/1591	Riata™ i	99.47%	99.23%	98.97%	98.78%	98.17%	97.30%	95.37%	93.48%		
1582	Riata™	98.88%	98.07%	97.05%	95.88%	94.53%	92.63%	89.65%	86.24%	81.18%	
1570/1571	Riata™	99.56%	99.26%	98.78%	98.02%	97.31%	96.01%	94.51%	93.22%	91.49%	89.05%
1580/1581	Riata™	99.31%	98.93%	98.38%	97.85%	97.13%	96.06%	94.22%	92.04%	89.64%	86.21%
1559	TVL™ ADX	99.47%	98.53%	97.22%	95.68%	93.99%	92.54%	91.30%	90.48%	89.45%	88.94%
SP01/SP02/SP03/SP04	SPL™	99.35%	99.04%	98.62%	98.18%	97.87%	97.44%	97.06%	96.75%	96.50%	96.13%

## Acute Observation Summary

### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		ead dgement		lure to pture	Over	sensing		lure to ense		sulation Breach	P	normal acing pedance	Defil	normal orillation edance		acardiac nulation	c	ther	T	otal	Total Returned for
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Analysis
7170Q/7171Q	Jul-09	3398	2650	2	0.06%	0	0.00%	4	0.12%	3	0.09%	2	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	12	0.35%	8
7120Q/7121Q	Jan-09	80495	63350	36	0.04%	0	0.00%	108	0.13%	46	0.06%	27	0.03%	7	<0.01%	0	0.00%	4	<0.01%	5	<0.01%	1	<0.01%	8	<0.01%	242	0.30%	142
7122Q	Jan-09	23177	19142	16	0.07%	1	<0.01%	25	0.11%	15	0.06%	5	0.02%	3	0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	67	0.29%	47
7120/7121	Sep-07	56947	36889	36	0.06%	1	<0.01%	65	0.11%	17	0.03%	45	0.08%	4	<0.01%	0	0.00%	1	<0.01%	17	0.03%	0	0.00%	18	0.03%	204	0.36%	81
7030/7031	Jul-06	768	419	0	0.00%	0	0.00%	4	0.52%	0	0.00%	2	0.26%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	0.78%	3
7122	Sep-07	10929	7688	6	0.05%	1	<0.01%	10	0.09%	10	0.09%	4	0.04%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	33	0.30%	19
7070/7071	Jul-06	3308	2062	3	0.09%	1	0.03%	3	0.09%	5	0.15%	4	0.12%	3	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	19	0.57%	6
7020/7021	Jul-06	14212	7630	33	0.23%	0	0.00%	27	0.19%	17	0.12%	18	0.13%	8	0.06%	0	0.00%	1	<0.01%	4	0.03%	3	0.02%	0	0.00%	111	0.78%	53
7022	Jul-06	1387	789	5	0.36%	0	0.00%	3	0.22%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	10	0.72%	3
7010/7011	Mar-06	2185	1118	3	0.14%	0	0.00%	1	0.05%	2	0.09%	2	0.09%	1	0.05%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	1	0.05%	11	0.50%	3
7040/7041	Mar-06	4013	2089	4	0.10%	0	0.00%	5	0.12%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	2	0.05%	0	0.00%	0	0.00%	1	0.02%	15	0.37%	3
7002	Jun-05	2391	1213	6	0.25%	0	0.00%	2	0.08%	4	0.17%	4	0.17%	0	0.00%	0	0.00%	2	0.08%	1	0.04%	0	0.00%	1	0.04%	20	0.84%	11
7000/7001	Jun-05	34769	17140	42	0.12%	0	0.00%	38	0.11%	43	0.12%	40	0.12%	7	0.02%	1	<0.01%	8	0.02%	4	0.01%	3	<0.01%	11	0.03%	197	0.57%	95

## Chronic Complication Summary

### >30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		ead Igement		lure to pture	Over	sensing		lure to ense		sulation Breach	P	normal acing pedance	Defit	normal orillation edance		acardiac nulation	o	ther	T	otal	Total Returned for
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Analysis
7170Q/7171Q	Jul-09	3398	2650	0	0.00%	1	0.03%	7	0.21%	14	0.41%	4	0.12%	0	0.00%	2	0.06%	1	0.03%	1	0.03%	0	0.00%	0	0.00%	30	0.88%	21
7120Q/7121Q	Jan-09	80495	63350	15	0.02%	16	0.02%	232	0.29%	117	0.15%	62	0.08%	15	0.02%	8	<0.01%	8	<0.01%	18	0.02%	2	<0.01%	18	0.02%	511	0.63%	359
7122Q	Jan-09	23177	19142	12	0.05%	3	0.01%	51	0.22%	22	0.09%	17	0.07%	5	0.02%	2	<0.01%	4	0.02%	0	0.00%	0	0.00%	4	0.02%	120	0.52%	88
7120/7121	Sep-07	56947	36889	6	0.01%	29	0.05%	128	0.22%	76	0.13%	86	0.15%	20	0.04%	13	0.02%	38	0.07%	36	0.06%	0	0.00%	16	0.03%	448	0.79%	249
7030/7031	Jul-06	768	419	1	0.13%	1	0.13%	0	0.00%	4	0.52%	6	0.78%	0	0.00%	1	0.13%	2	0.26%	0	0.00%	0	0.00%	0	0.00%	15	1.95%	3
7122	Sep-07	10929	7688	2	0.02%	4	0.04%	23	0.21%	18	0.16%	18	0.16%	5	0.05%	8	0.07%	11	0.10%	4	0.04%	0	0.00%	4	0.04%	97	0.89%	74
7070/7071	Jul-06	3308	2062	2	0.06%	8	0.24%	6	0.18%	5	0.15%	9	0.27%	2	0.06%	3	0.09%	2	0.06%	2	0.06%	0	0.00%	1	0.03%	40	1.21%	15
7020/7021	Jul-06	14212	7630	9	0.06%	22	0.15%	47	0.33%	57	0.40%	57	0.40%	11	0.08%	10	0.07%	6	0.04%	13	0.09%	2	0.01%	13	0.09%	247	1.74%	139
7022	Jul-06	1387	789	2	0.14%	4	0.29%	6	0.43%	1	0.07%	6	0.43%	0	0.00%	3	0.22%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	22	1.59%	13
7010/7011	Mar-06	2185	1118	1	0.05%	1	0.05%	6	0.27%	3	0.14%	7	0.32%	2	0.09%	10	0.46%	3	0.14%	3	0.14%	0	0.00%	1	0.05%	37	1.69%	13
7040/7041	Mar-06	4013	2089	2	0.05%	14	0.35%	3	0.07%	16	0.40%	30	0.75%	4	0.10%	14	0.35%	5	0.12%	6	0.15%	0	0.00%	0	0.00%	94	2.34%	28
7002	Jun-05	2391	1213	3	0.13%	5	0.21%	9	0.38%	9	0.38%	21	0.88%	0	0.00%	17	0.71%	1	0.04%	1	0.04%	0	0.00%	5	0.21%	71	2.97%	35
7000/7001	Jun-05	34769	17140	18	0.05%	60	0.17%	47	0.14%	132	0.38%	256	0.74%	29	0.08%	223	0.64%	43	0.12%	35	0.10%	2	<0.01%	39	0.11%	884	2.54%	358



## Malfunction Summary

					Conductor	Fractur	re								Insulati	on Brea	ch												
	Registered US		avicular Crush	In th	ne Pocket	Intra	avascular	Con	otal ductor acture		d-to-Can ontact		-to-Lead ontact		vicular crush		ernalized aductors		Other	Ins	Total ulation reach	W	rimps, elds & Bonds	0	ther		rinsic ctors	To	<b>Total</b>
Models	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7170Q/7171Q	3398	0	0.00%	0	0.00%	1	0.03%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	22	0.65%	23	0.68%
7120Q/7121Q	80495	1	<0.01%	2	<0.01%	7	<0.01%	10	0.01%	6	<0.01%	0	0.00%	2	<0.01%	0	0.00%	4	<0.01%	12	0.01%	2	<0.01%	27	0.03%	365	0.45%	416	0.52%
7122Q	23177	0	0.00%	2	<0.01%	0	0.00%	2	<0.01%	3	0.01%	2	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	7	0.03%	0	0.00%	10	0.04%	87	0.38%	106	0.46%
7120/7121	56947	1	<0.01%	16	0.03%	4	<0.01%	21	0.04%	9	0.02%	7	0.01%	6	0.01%	0	0.00%	5	<0.01%	27	0.05%	1	<0.01%	9	0.02%	233	0.41%	291	0.51%
7030/7031	768	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	1	0.13%	0	0.00%	0	0.00%	4	0.52%	5	0.65%
7122	10929	0	0.00%	6	0.05%	2	0.02%	8	0.07%	10	0.09%	5	0.05%	0	0.00%	1	<0.01%	1	<0.01%	17	0.16%	0	0.00%	4	0.04%	60	0.55%	89	0.81%
7070/7071	3308	0	0.00%	0	0.00%	1	0.03%	1	0.03%	1	0.03%	2	0.06%	1	0.03%	1	0.03%	1	0.03%	6	0.18%	0	0.00%	0	0.00%	11	0.33%	18	0.54%
7020/7021	14212	1	<0.01%	1	<0.01%	5	0.04%	7	0.05%	6	0.04%	2	0.01%	3	0.02%	0	0.00%	6	0.04%	17	0.12%	0	0.00%	0	0.00%	133	0.94%	157	1.10%
7022	1387	0	0.00%	0	0.00%	1	0.07%	1	0.07%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	1	0.07%	2	0.14%	0	0.00%	0	0.00%	14	1.01%	17	1.23%
7010/7011	2185	0	0.00%	1	0.05%	0	0.00%	1	0.05%	4	0.18%	6	0.27%	0	0.00%	1	0.05%	3	0.14%	14	0.64%	0	0.00%	0	0.00%	7	0.32%	22	1.01%
7040/7041	4013	0	0.00%	0	0.00%	2	0.05%	2	0.05%	10	0.25%	7	0.17%	0	0.00%	1	0.02%	4	0.10%	22	0.55%	0	0.00%	0	0.00%	14	0.35%	38	0.95%
7002	2391	0	0.00%	1	0.04%	2	0.08%	3	0.13%	18	0.75%	3	0.13%	0	0.00%	3	0.13%	7	0.29%	31	1.30%	0	0.00%	0	0.00%	18	0.75%	52	2.17%
7000/7001	34769	2	<0.01%	5	0.01%	7	0.02%	14	0.04%	151	0.43%	50	0.14%	9	0.03%	17	0.05%	36	0.10%	263	0.76%	1	<0.01%	0	0.00%	204	0.59%	482	1.39%
1560/1561	958	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.21%	1	0.10%	0	0.00%	1	0.10%	0	0.00%	4	0.42%	0	0.00%	0	0.00%	1	0.10%	5	0.52%
1590/1591	9630	1	0.01%	1	0.01%	4	0.04%	6	0.06%	24	0.25%	19	0.20%	0	0.00%	13	0.13%	21	0.22%	77	0.80%	0	0.00%	1	0.01%	35	0.36%	119	1.24%
1582	3103	0	0.00%	0	0.00%	3	0.10%	3	0.10%	39	1.26%	10	0.32%	2	0.06%	28	0.90%	24	0.77%	103	3.32%	0	0.00%	0	0.00%	25	0.81%	131	4.22%
1570/1571	10186	2	0.02%	2	0.02%	0	0.00%	4	0.04%	52	0.51%	10	0.10%	1	<0.01%	23	0.23%	22	0.22%	108	1.06%	0	0.00%	0	0.00%	32	0.31%	144	1.41%
1580/1581	68317	2	<0.01%	8	0.01%	9	0.01%	19	0.03%	375	0.55%	146	0.21%	14	0.02%	186	0.27%	171	0.25%	889	1.30%	3	<0.01%	0	0.00%	359	0.53%	1270	1.86%

## Worldwide Malfunction Summary (Durata)

					Conductor	Fractur	e								Insulat	ion Brea	ch												
	Worldwide		avicular Crush	In th	e Pocket	Intra	vascular	Con	otal ductor ecture		I-to-Can ontact		-to-Lead ontact		vicular crush		rnalized ductors	(	Other	Ins	Total ulation reach	W	rimps, elds & sonds	0	Other		rinsic ctors	T/	<b>Total</b>
Models	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7170Q/7171Q	11161	0	0.00%	1	0.01%	4	0.04%	5	0.04%	1	0.01%	0	0.00%	2	0.02%	0	0.00%	1	0.01%	4	0.04%	7	0.06%	0	0.00%	40	0.36%	56	0.50%
7120Q/7121Q	129031	2	<0.01%	5	<0.01%	9	0.01%	16	0.01%	10	0.01%	0	0.00%	8	0.01%	0	0.00%	5	<0.01%	23	0.02%	3	<0.01%	40	0.03%	621	0.48%	703	0.54%
7122Q	59602	1	<0.01%	3	0.01%	1	<0.01%	5	0.01%	16	0.03%	3	0.01%	6	0.01%	0	0.00%	1	<0.01%	26	0.04%	1	<0.01%	19	0.03%	294	0.49%	345	0.58%
7120/7121	120054	3	<0.01%	61	0.05%	14	0.01%	78	0.06%	31	0.03%	8	0.01%	9	0.01%	0	0.00%	10	0.01%	58	0.05%	2	<0.01%	35	0.03%	474	0.39%	647	0.54%
7122	44707	0	0.00%	63	0.14%	5	0.01%	68	0.15%	28	0.06%	8	0.02%	5	0.01%	0	0.00%	4	0.01%	45	0.10%	1	<0.01%	11	0.02%	231	0.52%	356	0.80%

## Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Defil	normal orillation oedance	Pa	ormal cing edance		rdiac oration		ductor cture		acardiac nulation		ailure to pture		ilure to ense		oropriate hock		ılation each		Lead dgement	Overs	sensing		ardial usion	1	Skin rosion	To	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7170Q/7171Q	113	2865	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.88%	0	0.00%	0	0.00%	0	0.00%	1	0.88%
7120Q/7121Q	4045	101136	4	0.10%	0	0.00%	1	0.02%	3	0.07%	0	0.00%	10	0.25%	2	0.05%	2	0.05%	0	0.00%	31	0.77%	1	0.02%	0	0.00%	0	0.00%	54	1.33%
7122Q	1168	23129	1	0.09%	0	0.00%	0	0.00%	1	0.09%	0	0.00%	1	0.09%	0	0.00%	0	0.00%	0	0.00%	5	0.43%	0	0.00%	2	0.17%	0	0.00%	10	0.86%
7120/7121	3560	140167	0	0.00%	1	0.03%	0	0.00%	8	0.22%	0	0.00%	9	0.25%	1	0.03%	2	0.06%	4	0.11%	19	0.53%	3	0.08%	0	0.00%	0	0.00%	47	1.32%
7122	427	14815	0	0.00%	2	0.47%	0	0.00%	0	0.00%	0	0.00%	1	0.23%	0	0.00%	0	0.00%	0	0.00%	4	0.94%	1	0.23%	0	0.00%	0	0.00%	8	1.87%
7070/7071	287	11420	0	0.00%	0	0.00%	1	0.35%	1	0.35%	0	0.00%	1	0.35%	0	0.00%	0	0.00%	0	0.00%	1	0.35%	0	0.00%	0	0.00%	0	0.00%	4	1.39%
7020/7021	1471	67198	0	0.00%	3	0.20%	1	0.07%	4	0.27%	0	0.00%	8	0.54%	1	0.07%	0	0.00%	2	0.14%	10	0.68%	1	0.07%	0	0.00%	1	0.07%	31	2.11%
7000/7001	180	6571	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.56%	1	0.56%	0	0.00%	0	0.00%	0	0.00%	2	1.11%
1580/1581	564	19786	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.71%	2	0.35%	1	0.18%	0	0.00%	0	0.00%	7	1.24%

#### Malfunctions

					Conductor	Fractur	re .								Insulatio	n Brea	ch												
	Number of Devices		vicular rush	In ti	ne Pocket	Intra	vascular	Con	otal ductor cture		I-to-Can ontact		-to-Lead ontact		vicular rush		rnalized ductors	c	Other	Ins	Total ulation reach	We	imps, elds & onds	С	ther		trinsic actors	Т	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7170Q/7171Q	113	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.88%	1	0.88%
7120Q/7121Q	4045	0	0.00%	1	0.02%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	32	0.79%	34	0.84%
7122Q	1168	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.09%	0	0.00%	0	0.00%	8	0.68%	9	0.77%
7120/7121	3560	0	0.00%	1	0.03%	0	0.00%	1	0.03%	2	0.06%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	3	0.08%	0	0.00%	1	0.03%	19	0.53%	24	0.67%
7122	427	0	0.00%	0	0.00%	1	0.23%	1	0.23%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.70%	4	0.94%
7070/7071	287	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.35%	1	0.35%
7020/7021	1471	0	0.00%	3	0.20%	0	0.00%	3	0.20%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	13	0.88%	17	1.16%
7000/7001	180	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	1.11%	1	0.56%	0	0.00%	0	0.00%	0	0.00%	3	1.67%	1	0.56%	0	0.00%	0	0.00%	4	2.22%
1580/1581	564	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.18%	2	0.35%	0	0.00%	5	0.89%	0	0.00%	8	1.42%	0	0.00%	0	0.00%	4	0.71%	12	2.13%



# PACEMAKERS

Dual-Chamber



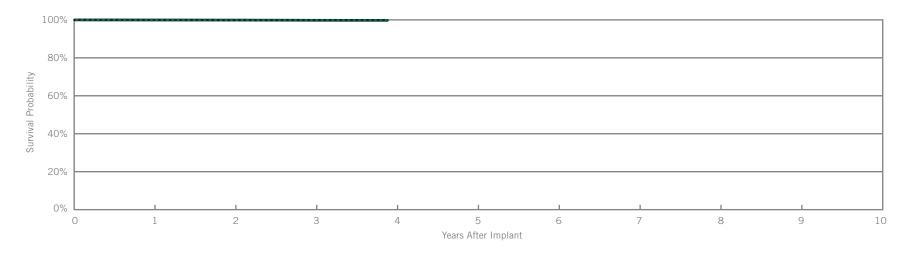
## Accent<sup>™</sup> DR RF

### Model PM2210

US Regulatory Approval	July 2009
Registered US Implants	183,177
Estimated Active US Implants	146,418
Estimated Longevity	8 Years
Normal Battery Depletion	15
Number of US Advisories (see pgs. 272-284)	One

## **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	11	<0.01%	9	<0.01%
Electrical Interconnect	4	<0.01%	20	0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	8	<0.01%
Possible Early Battery Depletion	4	<0.01%	8	<0.01%
Other	4	<0.01%	8	<0.01%
Total	23	0.01%	53	0.03%



### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	at 47 months			
Survival Probability	99.93%	99.86%	99.75%	99.70%			
± 1 standard error	0.01%	0.01%	0.02%	0.03%			
Sample Size	149320	89950	44180	1030			

### Excluding Normal Battery Depletion

Year	1	2	3	at 47 months	
Survival Probability	99.94%	99.88%	99.79%	99.77%	
± 1 standard error	0.01%	0.01%	0.02%	0.02%	

## **Actively Monitored Study Data**

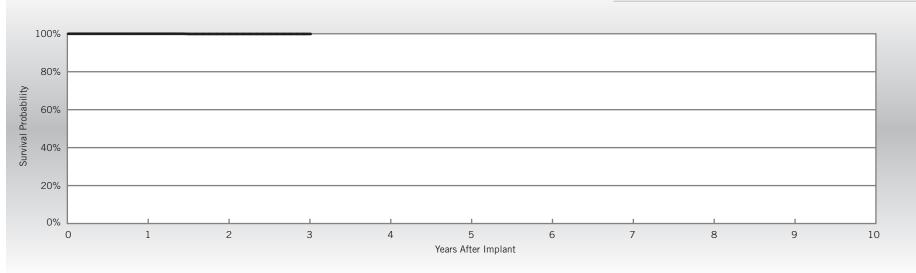
## Accent<sup>™</sup> DR RF

### Model PM2210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	1,769
Cumulative Months of Follow-up	33,617
Estimated Longevity	8 Years

Qualifying Complications	Qty.	Rate
Premature Battery Depletion	1	0.06%

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	1	0.06%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	1	0.06%	



Year	1	2	3	at 37 months			
Survival Probability	100.00%	99.90%	99.90%	99.90%			
± 1 standard error	0.00%	0.10%	0.10%	0.10%			
Sample Size	1540	980	360	60			

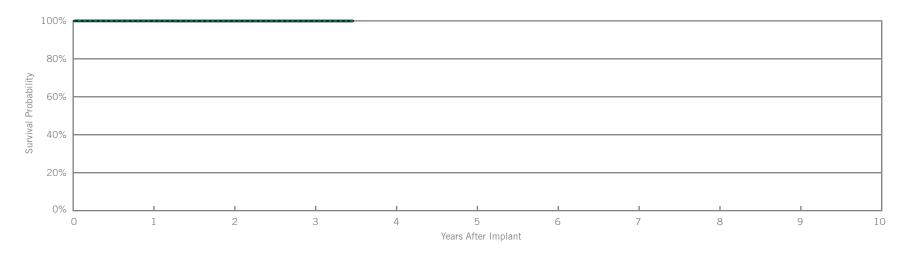
## Accent<sup>™</sup> DR

### Model PM2110

US Regulatory Approval	July 2009
Registered US Implants	36,961
Estimated Active US Implants	30,278
Estimated Longevity	9.2 Years
Normal Battery Depletion	2
Number of US Advisories (see pgs. 272-284)	One

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate		
Electrical Component	1	<0.01%	2	<0.01%		
Electrical Interconnect	1	<0.01%	0	0.00%		
Battery	0	0.00%	0	0.00%		
Software/Firmware	0	0.00%	0	0.00%		
Mechanical	0	0.00%	2	<0.01%		
Possible Early Battery Depletion	0	0.00%	0	0.00%		
Other	0	0.00%	0	0.00%		
Total	2	<0.01%	4	0.01%		



### Including Normal Battery Depletion \_\_\_\_

Year	1	2	2	at 42 months			
Icai	1			at 42 months			
Survival Probability	99.98%	99.94%	99.91%	99.91%			
± 1 standard error	0.01%	0.02%	0.02%	0.02%			
Sample Size	29750	16630	6340	270			

### Excluding Normal Battery Depletion

Year	1	2	3	at 42 months	
Survival Probability	99.98%	99.94%	99.94%	99.94%	
± 1 standard error	0.01%	0.02%	0.02%	0.02%	

## **Actively Monitored Study Data**

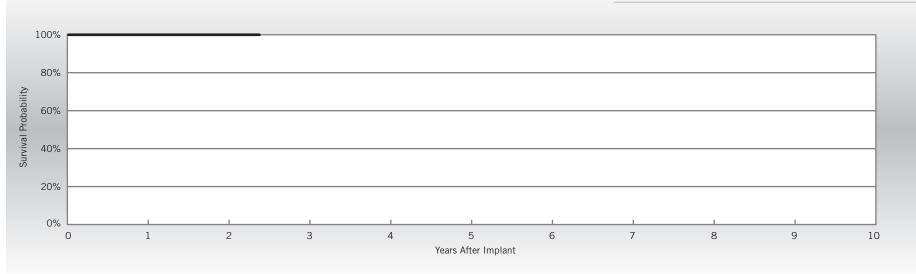
## Accent<sup>™</sup> DR

### Model PM2110

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	226
Cumulative Months of Follow-up	4,859
Estimated Longevity	9.2 Years

Qualifying Complications	
None Reported	

	Malfunctions w/ Compromised Therapy		w/o Con	inctions npromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



Year	1	2	at 29 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	210	140	60				

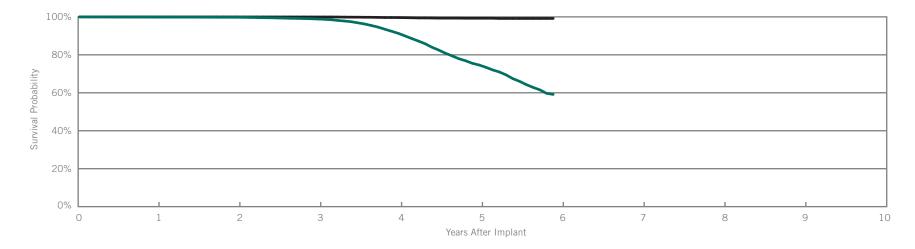
## **Customer Reported Performance Data**

## Zephyr<sup>™</sup> DR

### Model 5820

US Regulatory Approval	March 2007
Registered US Implants	46,643
Estimated Active US Implants	29,442
Estimated Longevity	6.5 Years
Normal Battery Depletion	1,109
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions empromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	33	0.07%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	0	0.00%	2	<0.01%
Total	2	<0.01%	37	0.08%



### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	at 71 months		
Survival Probability	99.86%	99.79%	98.87%	91.34%	74.64%	59.13%		
± 1 standard error	0.02%	0.02%	0.06%	0.22%	0.47%	1.07%		
Sample Size	41000	30740	22160	14310	6720	270		

### Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 71 months		
Survival Probability	99.97%	99.96%	99.95%	99.63%	99.27%	99.17%		
± 1 standard error	0.01%	0.01%	0.01%	0.05%	0.09%	0.11%		

## **Actively Monitored Study Data**

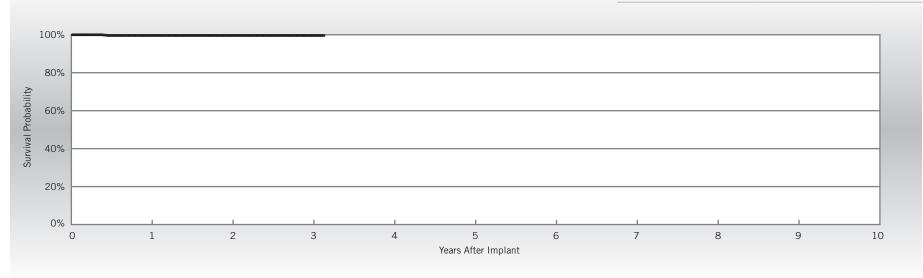
## Zephyr<sup>™</sup> DR

### Model 5820

US Regulatory Approval	March 2007
Number of Devices Enrolled in Study	283
Cumulative Months of Follow-up	7,003
Estimated Longevity	6.5 Years

Qualifying Complications	Qty.	Rate
Skin Erosion	1	0.35%

	w/ Cor	unctions npromised herapy	Malfunction w/o Compromi Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



Year	1	2	3	at 38 months			
Survival Probability	99.62%	99.62%	99.62%	99.62%			
± 1 standard error	0.38%	0.38%	0.38%	0.38%			
Sample Size	260	200	110	50			

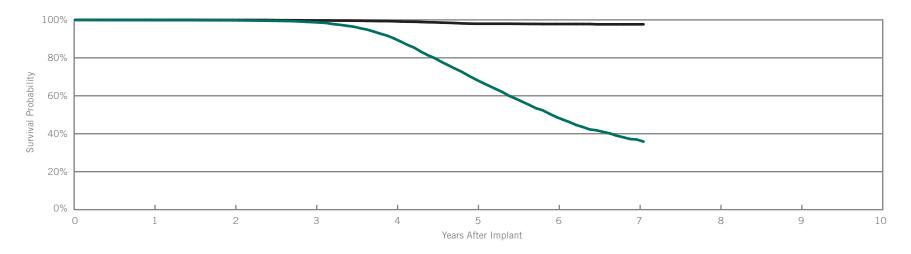
## Victory<sup>™</sup> DR

### Model 5810

US Regulatory Approval	December 2005
Registered US Implants	26,223
Estimated Active US Implants	7,712
Estimated Longevity	6.5 Years
Normal Battery Depletion	2,449
Number of US Advisories	None

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	89	0.34%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	17	0.06%
Other	0	0.00%	0	0.00%
Total	1	<0.01%	107	0.41%



### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.89%	99.77%	98.77%	90.18%	68.80%	48.88%	36.95%	35.86%	
± 1 standard error	0.02%	0.03%	0.07%	0.22%	0.40%	0.50%	0.71%	0.73%	
Sample Size	24460	21350	18600	15070	10200	5250	1630	220	

### Excluding Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.98%	99.93%	99.70%	99.26%	97.97%	97.81%	97.66%	97.66%	
± 1 standard error	0.01%	0.02%	0.04%	0.06%	0.13%	0.14%	0.18%	0.18%	

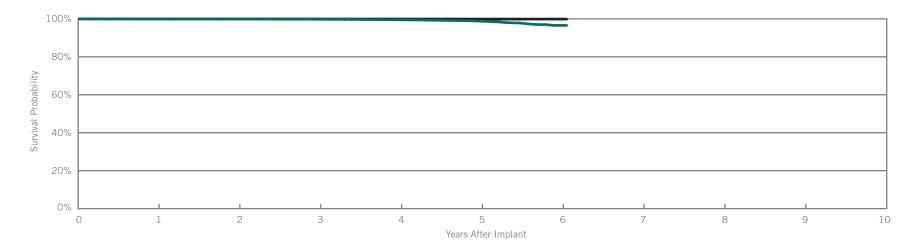
### Model 5826

Zephyr<sup>™</sup> XL DR

US Regulatory Approval	March 2007
Registered US Implants	108,535
Estimated Active US Implants	67,428
Estimated Longevity	11.7 Years
Normal Battery Depletion	231
Number of US Advisories	None

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	16	0.01%
Electrical Interconnect	3	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	5	<0.01%
Possible Early Battery Depletion	0	0.00%	2	<0.01%
Other	1	<0.01%	4	<0.01%
Total	5	<0.01%	27	0.02%



### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.92%	99.88%	99.78%	99.52%	98.81%	96.56%	96.56%		
± 1 standard error	0.01%	0.01%	0.02%	0.03%	0.05%	0.26%	0.26%		
Sample Size	100320	85070	71360	54350	29440	7610	340		

### Excluding Normal Battery Depletion

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.96%	99.95%	99.94%	99.93%	99.90%	99.89%	99.89%		
± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.01%	0.02%	0.02%		

## **Actively Monitored Study Data**

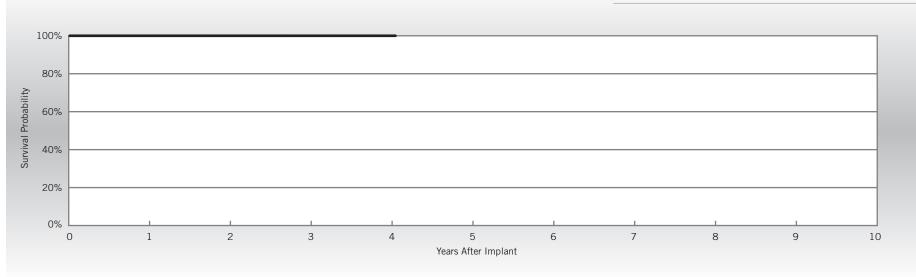
## Zephyr<sup>™</sup> XL DR

#### Model 5826

US Regulatory Approval	March 2007
Number of Devices Enrolled in Study	1,518
Cumulative Months of Follow-up	47,084
Estimated Longevity	11.7 Years

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	1	0.07%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	1	0.07%



Year	1	2	3	4	at 49 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%			
Sample Size	1450	1270	900	340	50			

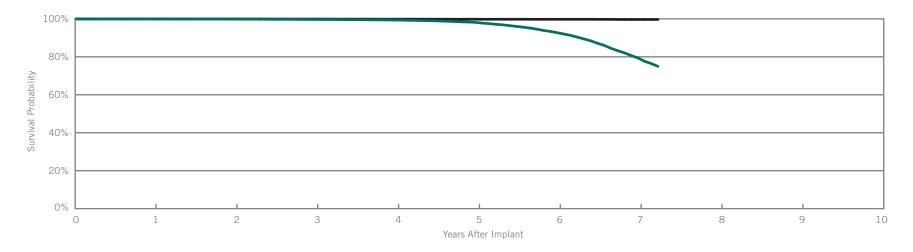
## **Customer Reported Performance Data**

## $\mathsf{Victory}^{^{\mathsf{TM}}}\,\mathsf{XL}\;\mathsf{DR}$

Model 5816

JS Regulatory Approval	December 2005
Registered US Implants	62,522
Estimated Active US Implants	31,215
Estimated Longevity	11.7 Years
Normal Battery Depletion	1,051
Normalia and A. L. C. Antonia and an	M

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	25	0.04%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	5	<0.01%
Possible Early Battery Depletion	0	0.00%	4	<0.01%
Other	1	<0.01%	4	<0.01%
Total	3	<0.01%	38	0.06%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.92%	99.86%	99.69%	99.36%	98.13%	92.76%	79.42%	74.96%	
± 1 standard error	0.01%	0.01%	0.02%	0.04%	0.07%	0.16%	0.47%	0.77%	
Sample Size	58760	51840	45620	39010	31150	20640	7790	360	

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.97%	99.95%	99.91%	99.85%	99.82%	99.78%	99.69%	99.69%	
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.02%	0.02%	0.05%	0.05%	

## **Actively Monitored Study Data**

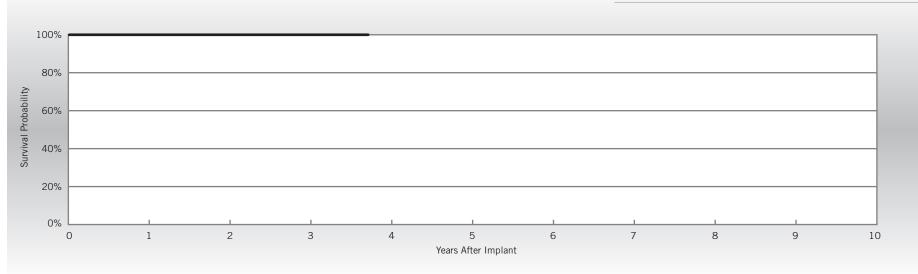
## Victory<sup>™</sup> XL DR

#### Model 5816

US Regulatory Approval	December 2005
Number of Devices Enrolled in Study	333
Cumulative Months of Follow-up	10,658
Estimated Longevity	11.7 Years

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



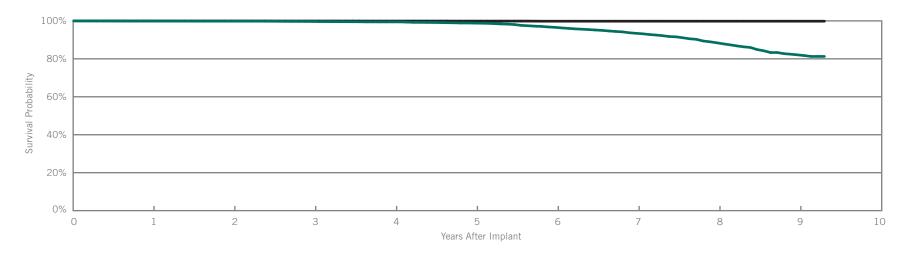
Year	1	2	3	at 45 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			
Sample Size	320	280	210	50			

## Verity $ADx^{TM}$ XL DR **Model 5356** Verity $ADx^{TM}$ XL DR M/S **Model 5357M/S** Verity $ADx^{TM}$ XL DC **Model 5256**

US Regulatory Approval	May 2003
Registered US Implants	17,124
Estimated Active US Implants	6,803
Estimated Longevity	6.9 Years
Normal Battery Depletion	269
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	6	0.04%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	0	0.00%	1	<0.01%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	0	0.00%	0	0.00%
Total	1	<0.01%	8	0.05%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	99.89%	99.83%	99.69%	99.46%	98.82%	96.60%	93.46%	88.46%	82.10%	81.26%
± 1 standard error	0.03%	0.03%	0.05%	0.07%	0.10%	0.20%	0.31%	0.48%	0.81%	0.94%
Sample Size	15960	13960	12240	10530	8900	7040	4900	2880	1200	260

Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	99.96%	99.95%	99.93%	99.91%	99.89%	99.83%	99.83%	99.83%	99.83%	99.83%
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.03%	0.04%	0.04%	0.04%	0.04%	0.04%

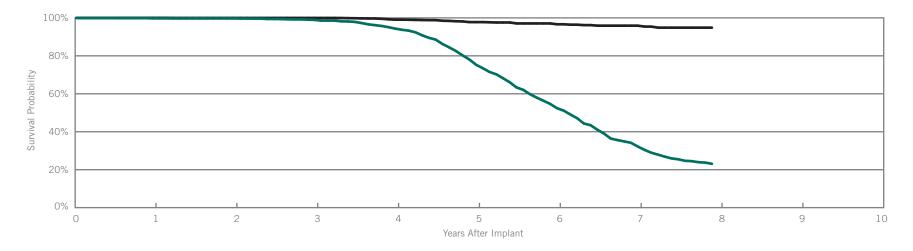
## **Customer Reported Performance Data**

## Integrity<sup>™</sup> ADx DR

Model 5360

US Regulatory Approval	May 2003
Registered US Implants	5,829
Estimated Active US Implants	588
Estimated Longevity	3.8 Years
Normal Battery Depletion	662
Number of US Advisories	None

	w/ Coi	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	39	0.67%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	0.02%
Total	0	0.00%	40	0.69%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 95 months	
Survival Probability	99.74%	99.70%	98.95%	94.34%	75.31%	52.41%	32.21%	23.11%	
± 1 standard error	0.05%	0.07%	0.14%	0.35%	0.75%	0.98%	1.08%	1.10%	
Sample Size	5420	4710	4140	3520	2610	1560	740	200	

Year	1	2	3	4	5	6	7	at 95 months	
Survival Probability	100.00%	99.96%	99.96%	99.07%	97.77%	96.62%	95.90%	94.85%	
± 1 standard error	0.00%	0.03%	0.03%	0.15%	0.28%	0.34%	0.49%	0.71%	

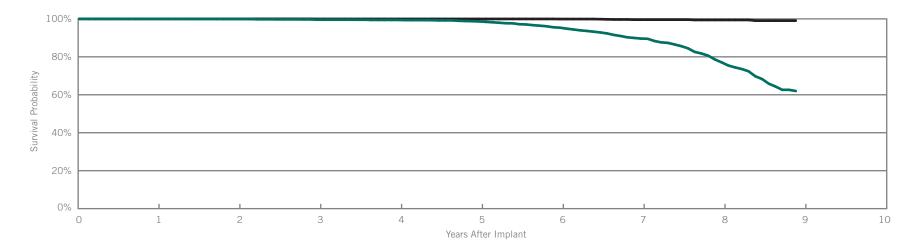
## **Customer Reported Performance Data**

## Integrity<sup>™</sup> ADx DR

Model 5366

US Regulatory Approval	May 2003
Registered US Implants	8,038
Estimated Active US Implants	3,165
Estimated Longevity	6.9 Years
Normal Battery Depletion	274
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	7	0.09%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	0.01%
Other	0	0.00%	0	0.00%
Total	0	0.00%	8	0.10%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	6	7	8	at 107 months	
Survival Probability	100.00%	99.94%	99.57%	99.44%	98.65%	95.36%	89.62%	77.07%	61.99%	
± 1 standard error	0.00%	0.03%	0.07%	0.10%	0.15%	0.31%	0.52%	0.92%	1.54%	
Sample Size	7600	6780	6030	5350	4740	3930	2760	1480	220	

Year	1	2	3	4	5	6	7	8	at 107 months	
Survival Probability	100.00%	100.00%	99.96%	99.96%	99.96%	99.91%	99.59%	99.43%	99.07%	
± 1 standard error	0.00%	0.00%	0.02%	0.02%	0.02%	0.02%	0.12%	0.17%	0.30%	

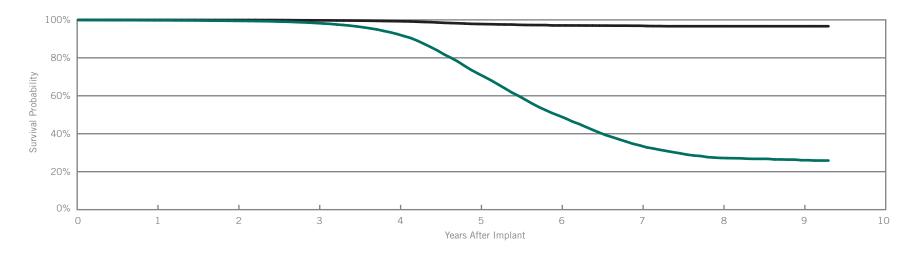
## Identity ADx<sup>™</sup> DR

#### Model 5380

US Regulatory Approval	March 2003
Registered US Implants	54,013
Estimated Active US Implants	6,659
Estimated Longevity	3.8 Years
Normal Battery Depletion	6,005
Number of US Advisories (see pgs. 272-284)	One

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	<0.01%	262	0.49%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	5	<0.01%
Possible Early Battery Depletion	0	0.00%	11	0.02%
Other	0	0.00%	3	<0.01%
Total	5	<0.01%	281	0.52%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	99.78%	99.47%	98.32%	92.52%	71.69%	49.50%	33.86%	27.24%	26.04%	25.87%
± 1 standard error	0.02%	0.03%	0.06%	0.13%	0.26%	0.33%	0.36%	0.38%	0.41%	0.44%
Sample Size	50540	44490	39150	32620	23070	12940	6230	2620	880	230

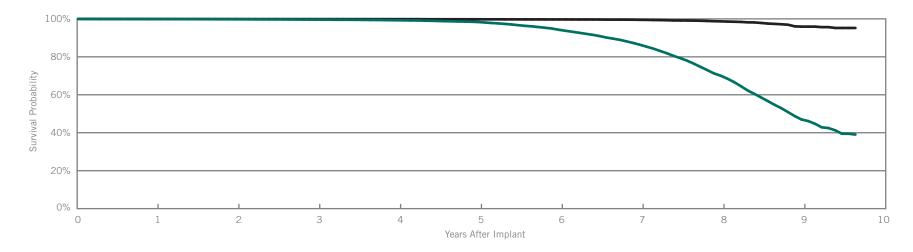
Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	99.96%	99.93%	99.75%	99.29%	97.84%	97.07%	96.91%	96.65%	96.65%	96.65%
± 1 standard error	0.01%	0.01%	0.02%	0.04%	0.09%	0.12%	0.13%	0.16%	0.16%	0.16%

## **Customer Reported Performance Data**

# Identity ADx<sup>™</sup> XL DR **Model 5386** Identity ADx<sup>™</sup> XL DC **Model 5286**

US Regulatory Approval	March 2003
Registered US Implants	67,205
Estimated Active US Implants	25,135
Estimated Longevity	6.9 Years
Normal Battery Depletion	2,871
Number of US Advisories (see pgs. 272-284)	One

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	126	0.19%
Electrical Interconnect	0	0.00%	2	<0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	7	0.01%
Possible Early Battery Depletion	0	0.00%	6	<0.01%
Other	0	0.00%	3	<0.01%
Total	2	<0.01%	144	0.21%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.88%	99.78%	99.60%	99.27%	98.34%	94.25%	86.38%	70.05%	46.97%	39.03%
± 1 standard error	0.01%	0.02%	0.03%	0.04%	0.06%	0.12%	0.21%	0.35%	0.59%	0.89%
Sample Size	63320	56170	49550	42810	35940	28910	21350	12080	4040	210

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.92%	99.90%	99.87%	99.85%	99.79%	99.70%	99.51%	98.70%	95.92%	95.21%
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.02%	0.03%	0.04%	0.09%	0.33%	0.50%

## **Actively Monitored Study Data**

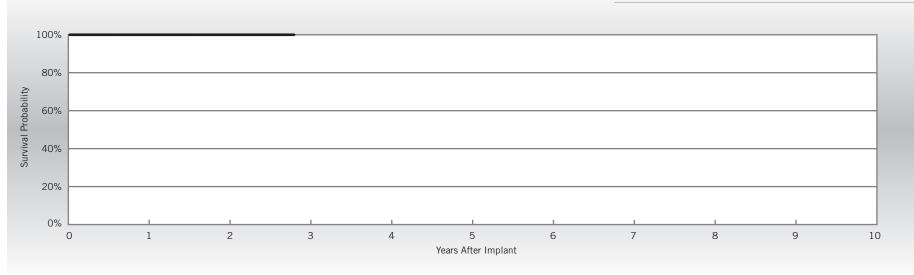
## Identity ADx<sup>™</sup> XL DR

#### Model 5386

US Regulatory Approval	March 2003
Number of Devices Enrolled in Study	102
Cumulative Months of Follow-up	3,251
Estimated Longevity	6.9 Years

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromis Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



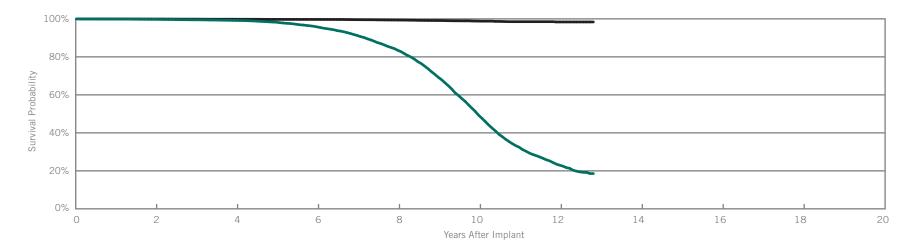
Year	1	2	at 34 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	100	80	50				

## **Customer Reported Performance Data**

## Integrity<sup>™</sup> AFx DR Models 5342 & 5346

US Regulatory Approval	(5342) April 2000
	(5346) July 2001
Registered US Implants	47,429
Estimated Active US Implants	3,615
Estimated Longevity	6.3 Years
Normal Battery Depletion	4,474
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	92	0.19%
Electrical Interconnect	3	<0.01%	1	<0.01%
Battery	0	0.00%	2	<0.01%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	<0.01%	2	<0.01%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	6	0.01%	98	0.21%



#### Including Normal Battery Depletion

merading Normal Batt	cry Depiction								
Year	2	4	6	8	10	12	At 154 months		
Survival Probability	99.74%	99.18%	95.80%	83.44%	49.21%	22.97%	18.57%		
± 1 standard error	0.02%	0.05%	0.11%	0.24%	0.41%	0.42%	0.50%		
Sample Size	40520	33460	26160	17380	8000	2170	230		

Year	2	4	6	8	10	12	At 154 months		
Survival Probability	99.92%	99.81%	99.71%	99.36%	98.81%	98.38%	98.38%		
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.09%	0.16%	0.16%		

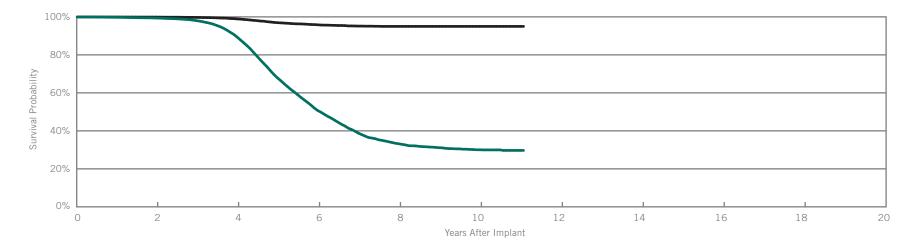
## Identity™

#### Model 5370

US Regulatory Approval	November 2001
Registered US Implants	58,352
Estimated Active US Implants	3,200
Estimated Longevity	3.8 Years
Normal Battery Depletion	6,006
Number of US Advisories (see pgs. 272-284)	One

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	<0.01%	398	0.68%
Electrical Interconnect	2	<0.01%	2	<0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	5	<0.01%
Possible Early Battery Depletion	0	0.00%	12	0.02%
Other	0	0.00%	11	0.02%
Total	5	<0.01%	428	0.73%



#### Including Normal Battery Depletion \_\_\_

Year	2	4	6	8	10	At 133 months		
Survival Probability	99.39%	89.47%	50.64%	33.20%	30.04%	29.70%		
± 1 standard error	0.03%	0.15%	0.32%	0.38%	0.41%	0.43%		
Sample Size	48130	35150	12520	3450	1380	210		

Year	2	4	6	8	10	At 133 months		
Survival Probability	99.88%	98.94%	95.83%	94.99%	94.99%	94.99%		
± 1 standard error	0.01%	0.05%	0.14%	0.19%	0.19%	0.19%		

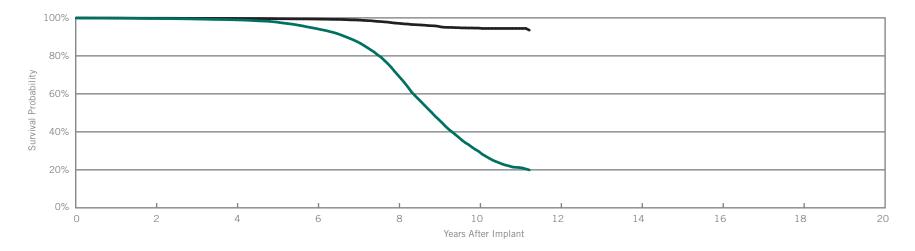
## Identity™XL

#### Model 5376

US Regulatory Approval	November 2001
Registered US Implants	51,439
Estimated Active US Implants	9,243
Estimated Longevity	6.9 Years
Normal Battery Depletion	4,988
Number of US Advisories (see pgs. 272-284)	One

## **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	2	<0.01%	309	0.60%	
Electrical Interconnect	4	<0.01%	2	<0.01%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	2	<0.01%	5	<0.01%	
Possible Early Battery Depletion	0	0.00%	5	<0.01%	
Other	0	0.00%	7	0.01%	
Total	8	0.02%	328	0.64%	



#### Including Normal Battery Depletion \_\_\_

Year	2	4	6	8	10	At 135 months		
Survival Probability	99.65%	98.96%	94.31%	69.91%	29.70%	19.94%		
± 1 standard error	0.03%	0.05%	0.13%	0.31%	0.39%	0.47%		
Sample Size	44080	35620	27020	16090	4750	260		

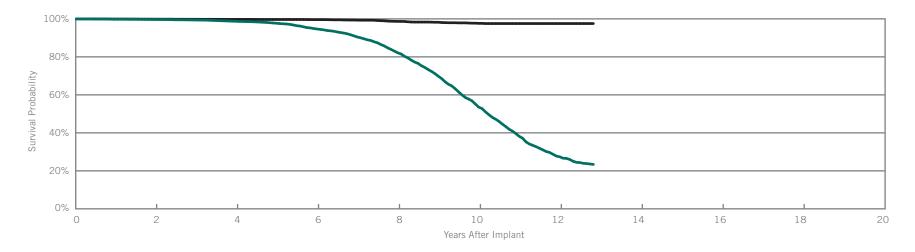
Year	2	4	6	8	10	At 135 months		
Survival Probability	99.81%	99.71%	99.37%	97.16%	94.61%	93.53%		
± 1 standard error	0.02%	0.03%	0.04%	0.12%	0.22%	0.23%		

## **Customer Reported Performance Data**

## Entity<sup>™</sup> DR Model **5326** Entity<sup>™</sup> DC Model **5226**

US Regulatory Approval	June 1999
Registered US Implants	21,822
Estimated Active US Implants	1,213
Estimated Longevity	6.3 Years
Normal Battery Depletion	1,495
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	1	<0.01%	65	0.30%	
Electrical Interconnect	2	<0.01%	2	<0.01%	
Battery	0	0.00%	1	<0.01%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	1	<0.01%	
Other	0	0.00%	0	0.00%	
Total	3	0.01%	69	0.32%	



#### Including Normal Battery Depletion -

Year	2	4	6	8	10	12	At 154 months		
Survival Probability	99.66%	98.73%	94.68%	82.14%	53.54%	27.40%	23.39%		
± 1 standard error	0.04%	0.09%	0.20%	0.41%	0.67%	0.77%	0.81%		
Sample Size	17830	14040	10250	6250	2840	860	230		

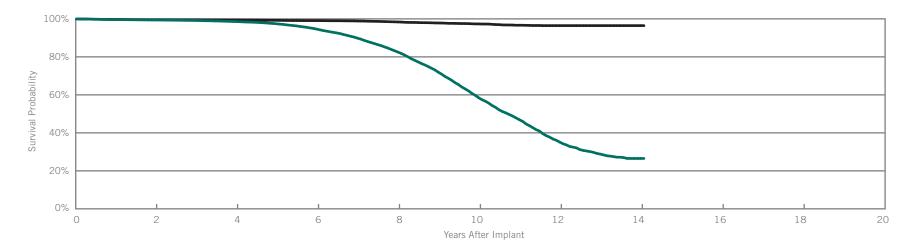
Year	2	4	6	8	10	12	At 154 months		
Survival Probability	99.85%	99.74%	99.60%	98.67%	97.64%	97.54%	97.54%		
± 1 standard error	0.03%	0.04%	0.05%	0.13%	0.21%	0.23%	0.23%		

## **Customer Reported Performance Data**

# $\begin{array}{ll} \text{Affinity}^{^{\text{\tiny{TM}}}} \ \mathsf{DR} \ \ \textbf{Models} \ \textbf{5330} \ \textbf{\&} \ \textbf{5331} \\ \text{Affinity}^{^{^{\text{\tiny{TM}}}}} \ \mathsf{DC} \ \ \textbf{Model} \ \textbf{5230} \end{array}$

US Regulatory Approval	(5330) January 1999
	(5230/5331) June 1999
Registered US Implants	65,696
Estimated Active US Implants	3,411
Estimated Longevity	6.3 Years
Normal Battery Depletion	4,477
Number of US Advisories (see pgs. 272-284)	One

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	5	<0.01%	283	0.43%	
Electrical Interconnect	9	0.01%	13	0.02%	
Battery	0	0.00%	6	<0.01%	
Software/Firmware	0	0.00%	2	<0.01%	
Mechanical	0	0.00%	5	<0.01%	
Possible Early Battery Depletion	0	0.00%	1	<0.01%	
Other	1	<0.01%	3	<0.01%	
Total	15	0.02%	313	0.48%	



#### Including Normal Battery Depletion \_\_\_

Year	2	4	6	8	10	12	14	At 169 months	
Survival Probability	99.42%	98.58%	94.59%	82.54%	58.44%	35.14%	26.52%	26.52%	
± 1 standard error	0.03%	0.05%	0.11%	0.22%	0.36%	0.45%	0.50%	0.50%	
Sample Size	55280	44810	33780	21020	9580	3540	810	200	

Year	2	4	6	8	10	12	14	At 169 months	
Survival Probability	99.56%	99.36%	99.08%	98.38%	97.35%	96.45%	96.45%	96.45%	
± 1 standard error	0.03%	0.03%	0.04%	0.07%	0.12%	0.17%	0.17%	0.17%	

## **SUMMARY INFORMATION**

**Dual-Chamber Pacemakers** 



## Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2210	Accent™ DR RF	99.93%	99.86%	99.75%							
PM2110	Accent™ DR	99.98%	99.94%	99.91%							
5820	Zephyr™ DR	99.86%	99.79%	98.87%	91.34%	74.64%					
5810	Victory™ DR	99.89%	99.77%	98.77%	90.18%	68.80%	48.88%	36.95%			
5826	Zephyr™ XL DR	99.92%	99.88%	99.78%	99.52%	98.81%	96.56%				
5816	Victory™ XL DR	99.92%	99.86%	99.69%	99.36%	98.13%	92.76%	79.42%			
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	99.89%	99.83%	99.69%	99.46%	98.82%	96.60%	93.46%	88.46%	82.10%	
5360	Integrity™ ADx DR	99.74%	99.70%	98.95%	94.34%	75.31%	52.41%	32.21%			
5366	Integrity™ ADx XL DR	100.00%	99.94%	99.57%	99.44%	98.65%	95.36%	89.62%	77.07%		
5380	Identity ADx™ DR	99.78%	99.47%	98.32%	92.52%	71.69%	49.50%	33.86%	27.24%	26.04%	
5386/5286	Identity ADx™ XL DR/DC	99.88%	99.78%	99.60%	99.27%	98.34%	94.25%	86.38%	70.05%	46.97%	
5342/5346	Integrity™ AFx DR	99.87%	99.74%	99.50%	99.18%	98.24%	95.80%	91.23%	83.44%	69.26%	49.21%
5370	Identity™	99.77%	99.39%	98.01%	89.47%	67.90%	50.64%	38.80%	33.20%	31.13%	30.04%
5376	Identity™ XL	99.79%	99.65%	99.41%	98.96%	97.81%	94.31%	87.43%	69.91%	46.72%	29.70%
5326/5226	Entity™ DR/DC	99.79%	99.66%	99.40%	98.73%	97.70%	94.68%	90.46%	82.14%	69.82%	53.54%
5330/5331/5230	Affinity™ DR/DC	99.64%	99.42%	99.16%	98.58%	97.43%	94.59%	89.86%	82.54%	71.94%	58.44%

## Survival Summary

						Survival F	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2210	Accent™ DR RF	99.94%	99.88%	99.79%							
PM2110	Accent™ DR	99.98%	99.94%	99.94%							
5820	Zephyr™ DR	99.97%	99.96%	99.95%	99.63%	99.27%					
5810	Victory <sup>™</sup> DR	99.98%	99.93%	99.70%	99.26%	97.97%	97.81%	97.66%			
5826	Zephyr™ XL DR	99.96%	99.95%	99.94%	99.93%	99.90%	99.89%				
5816	Victory™ XL DR	99.97%	99.95%	99.91%	99.85%	99.82%	99.78%	99.69%			
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	99.96%	99.95%	99.93%	99.91%	99.89%	99.83%	99.83%	99.83%	99.83%	
5360	Integrity™ ADx DR	100.00%	99.96%	99.96%	99.07%	97.77%	96.62%	95.90%			
5366	Integrity™ ADx XL DR	100.00%	100.00%	99.96%	99.96%	99.96%	99.91%	99.59%	99.43%		
5380	Identity ADx™ DR	99.96%	99.93%	99.75%	99.29%	97.84%	97.07%	96.91%	96.65%	96.65%	
5386/5286	Identity ADx™ XL DR/DC	99.92%	99.90%	99.87%	99.85%	99.79%	99.70%	99.51%	98.70%	95.92%	
5342/5346	Integrity™ AFx DR	99.96%	99.92%	99.86%	99.81%	99.73%	99.71%	99.57%	99.36%	99.13%	98.81%
5370	Identity™	99.93%	99.88%	99.71%	98.94%	96.94%	95.83%	95.15%	94.99%	94.99%	94.99%
5376	Identity™ XL	99.90%	99.81%	99.76%	99.71%	99.56%	99.37%	98.87%	97.16%	95.55%	94.61%
5326/5226	Entity™ DR/DC	99.91%	99.85%	99.79%	99.74%	99.67%	99.60%	99.32%	98.67%	98.22%	97.64%
5330/5331/5230	Affinity™ DR/DC	99.69%	99.56%	99.46%	99.36%	99.23%	99.08%	98.87%	98.38%	97.84%	97.35%

## Malfunction Summary

								M	alfunction	ons w/ Co	mpromis	ed Therapy						
		Registered		etrical conent		ctrical connect	Ва	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	Other		1	<b>Total</b>
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	183177	11	<0.01%	4	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	<0.01%	4	<0.01%	23	0.01%
PM2110	Accent <sup>™</sup> DR	36961	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%
5820	Zephyr <sup>™</sup> DR	46643	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%
5810	Victory™ DR	26223	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5826	Zephyr™ XL DR	108535	1	<0.01%	3	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	5	<0.01%
5816	Victory™ XL DR	62522	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	3	<0.01%
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	17124	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5360	Integrity™ ADx DR	5829	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5366	Integrity™ ADx XL DR	8038	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5380	Identity ADx™ DR	54013	4	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%
5386/5286	Identity ADx™ XL DR/DC	67205	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%
5342/5346	Integrity™ AFx DR	47429	2	<0.01%	3	<0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	6	0.01%
5370	Identity™	58352	3	<0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%
5376	Identity™ XL	51439	2	<0.01%	4	<0.01%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	0	0.00%	8	0.02%
5326/5226	Entity™ DR/DC	21822	1	<0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.01%
5330/5331/5230	Affinity™ DR/DC	65696	5	<0.01%	9	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	15	0.02%

## Malfunction Summary

								N	/lalfunct	ions w/o Co	mpromis	ed Therapy	,					
		Registered		trical conent		ectrical connect	Ва	ittery		ftware/ mware	Med	hanical	В	ible Early attery pletion	0	ther	ī	- otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	183177	9	<0.01%	20	0.01%	0	0.00%	0	0.00%	8	<0.01%	8	<0.01%	8	<0.01%	53	0.03%
PM2110	Accent™ DR	36961	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	0	0.00%	4	0.01%
5820	Zephyr™ DR	46643	33	0.07%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	2	<0.01%	37	0.08%
5810	Victory™ DR	26223	89	0.34%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	17	0.06%	0	0.00%	107	0.41%
5826	Zephyr™ XL DR	108535	16	0.01%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	2	<0.01%	4	<0.01%	27	0.02%
5816	Victory™ XL DR	62522	25	0.04%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	4	<0.01%	38	0.06%
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	17124	6	0.04%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	8	0.05%
5360	Integrity™ ADx DR	5829	39	0.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	40	0.69%
5366	Integrity™ ADx XL DR	8038	7	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	8	0.10%
5380	Identity ADx™ DR	54013	262	0.49%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	11	0.02%	3	<0.01%	281	0.52%
5386/5286	Identity ADx™ XL DR/DC	67205	126	0.19%	2	<0.01%	0	0.00%	0	0.00%	7	0.01%	6	<0.01%	3	<0.01%	144	0.21%
5342/5346	Integrity™ AFx DR	47429	92	0.19%	1	<0.01%	2	<0.01%	0	0.00%	2	<0.01%	0	0.00%	1	<0.01%	98	0.21%
5370	Identity™	58352	398	0.68%	2	<0.01%	0	0.00%	0	0.00%	5	<0.01%	12	0.02%	11	0.02%	428	0.73%
5376	Identity™ XL	51439	309	0.60%	2	<0.01%	0	0.00%	0	0.00%	5	<0.01%	5	<0.01%	7	0.01%	328	0.64%
5326/5226	Entity™ DR/DC	21822	65	0.30%	2	<0.01%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	69	0.32%
5330/5331/5230	Affinity™ DR/DC	65696	283	0.43%	13	0.02%	6	<0.01%	2	<0.01%	5	<0.01%	1	<0.01%	3	<0.01%	313	0.48%

## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Cumulative Devices Months of		umulative Loss Telemetry		Pericardial Effusion		Premature Battery Depletion		Skin Erosion		Total	
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	1769	33617	0	0.00%	0	0.00%	1	0.06%	0	0.00%	1	0.06%
PM2110	226	4859	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5820	283	7003	0	0.00%	0	0.00%	0	0.00%	1	0.35%	1	0.35%
5826	1518	47084	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5816	333	10658	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5386	102	3251	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

#### Malfunctions

		Malfunctions w/ Compromised Therapy															
	Number of Devices		trical oonent		ctrical connect	Ва	ttery		tware/	Mech	anical	Ва	le Early ttery letion	Ot	ner	То	tal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	1769	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM2110	226	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5820	283	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5826	1518	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5816	333	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5386	102	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

			Malfunctions w/o Compromised Therapy														
	Number of Devices		trical oonent		ctrical connect	Ba	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	To	ıtal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	1769	0	0.00%	1	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%
PM2110	226	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5820	283	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5826	1518	1	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.07%
5816	333	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5386	102	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%



## PACEMAKERS

Single-Chamber

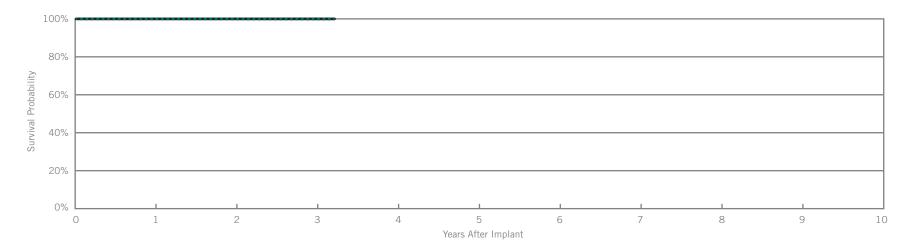


## **Customer Reported Performance Data**

### Accent<sup>™</sup> SR Model PM1110

JS Regulatory Approval	July 2009
egistered US Implants	9,913
stimated Active US Implants	8,154
stimated Longevity	12.9 Years
ormal Battery Depletion	2
umber of US Advisories	None

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromise Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	0	0.00%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	at 39 months	
Survival Probability	99.97%	99.90%	99.90%	99.90%	
± 1 standard error	0.02%	0.05%	0.05%	0.05%	
Sample Size	7740	3970	1380	210	

Year	1	2	3	at 39 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			

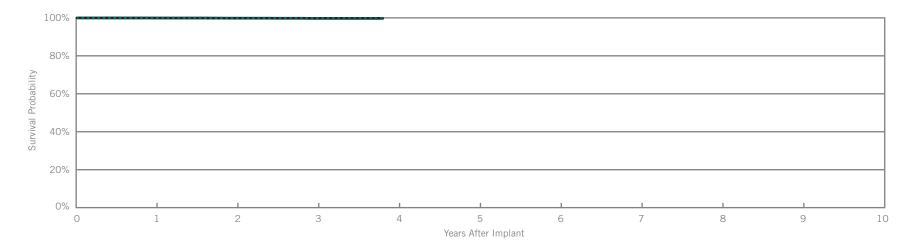
## **Customer Reported Performance Data**

### Accent<sup>™</sup> SR RF

Model PM1210

US Regulatory Approval	July 2009
Registered US Implants	29,654
Estimated Active US Implants	23,524
Estimated Longevity	10.9 Years
Normal Battery Depletion	5
Normals and a fill O. Antoin and an	NI

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	3	0.01%
Electrical Interconnect	1	<0.01%	3	0.01%
Battery	0	0.00%	1	<0.01%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	2	<0.01%
Possible Early Battery Depletion	2	<0.01%	1	<0.01%
Other	0	0.00%	1	<0.01%
Total	4	0.01%	11	0.04%



#### Including Normal Battery Depletion \_\_\_

Year	1	2	3	at 46 months			
Survival Probability	99.88%	99.78%	99.70%	99.70%			
± 1 standard error	0.02%	0.04%	0.06%	0.06%			
Sample Size	23630	13440	6300	340			

Year	1	2	3	at 46 months			
Survival Probability	99.92%	99.83%	99.75%	99.75%			
± 1 standard error	0.01%	0.03%	0.05%	0.05%			

## **Actively Monitored Study Data**

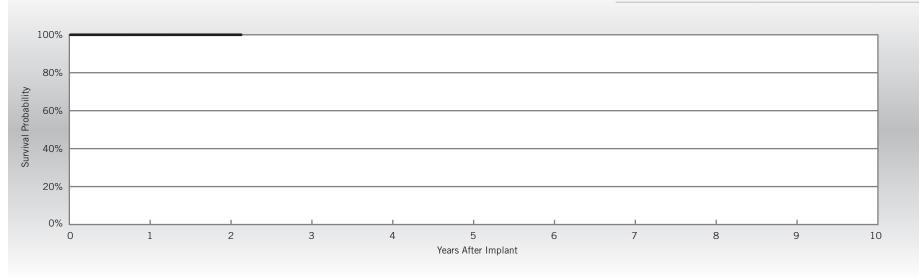
### Accent<sup>™</sup> SR RF

#### Model PM1210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	235
Cumulative Months of Follow-up	3,942
Estimated Longevity	10.9 Years

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



Year	1	2	at 26 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	200	110	50				

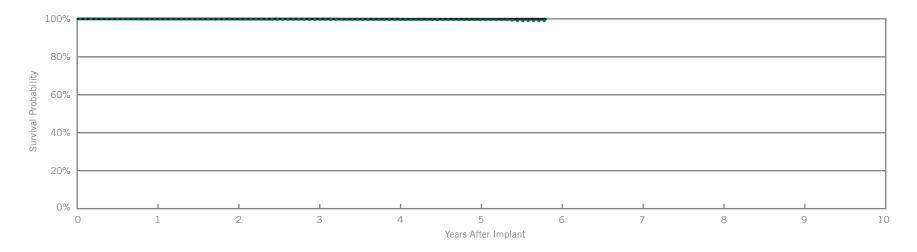
## **Customer Reported Performance Data**

## Zephyr<sup>™</sup> XL SR

Model 5626

US Regulatory Approval	May 2007
Registered US Implants	19,934
Estimated Active US Implants	12,162
Estimated Longevity	15.8 Years
Normal Battery Depletion	19
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	4	0.02%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	<0.01%	3	0.02%
Total	2	0.01%	7	0.04%



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	at 70 months		
Survival Probability	99.93%	99.83%	99.72%	99.60%	99.51%	99.01%		
± 1 standard error	0.02%	0.03%	0.05%	0.06%	0.08%	0.26%		
Sample Size	17980	14630	11900	8670	4420	210		

Year	1	2	3	4	5	at 70 months		
Survival Probability	99.95%	99.94%	99.94%	99.87%	99.84%	99.84%		
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.04%	0.04%		

## **Actively Monitored Study Data**

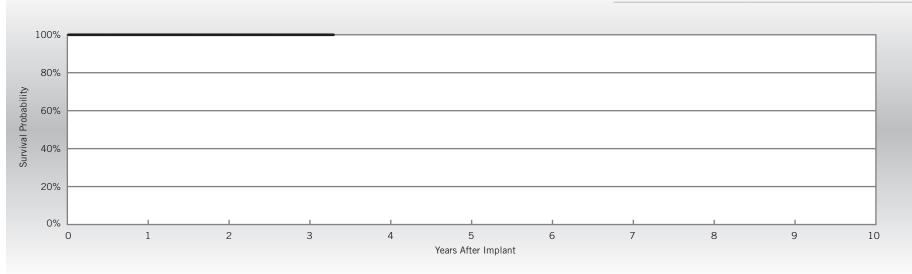
## Zephyr<sup>™</sup> XL SR

#### Model 5626

May 2007
230
6,481
15.8 Years

Qualifying Complications	
None Reported	

	w/ Cor	functions mpromised herapy	Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	0	0.00%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



Year	1	2	3	at 40 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			
Sample Size	220	180	120	50			

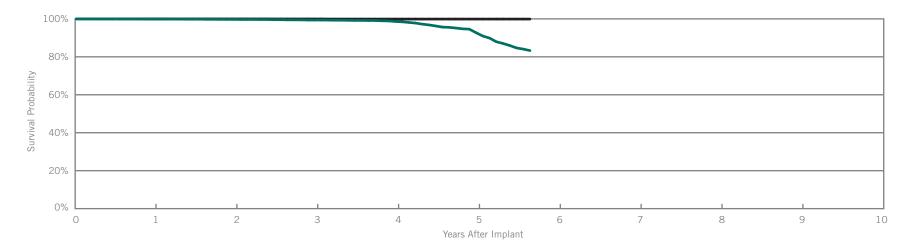
## **Customer Reported Performance Data**

## Zephyr™SR

Model 5620	
US Regulatory Approval	Marc

US Regulatory Approval	March 2007
Registered US Implants	14,696
Estimated Active US Implants	9,240
Estimated Longevity	8.8 Years
Normal Battery Depletion	89
Number of US Advisories	None

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	3	0.02%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	3	0.02%	



#### Including Normal Battery Depletion \_\_\_\_

Year	1	2	3	4	5	at 68 months		
Survival Probability	99.87%	99.72%	99.38%	98.63%	92.72%	83.31%		
± 1 standard error	0.03%	0.05%	0.09%	0.15%	0.50%	1.34%		
Sample Size	12480	8680	5930	3750	1800	240		

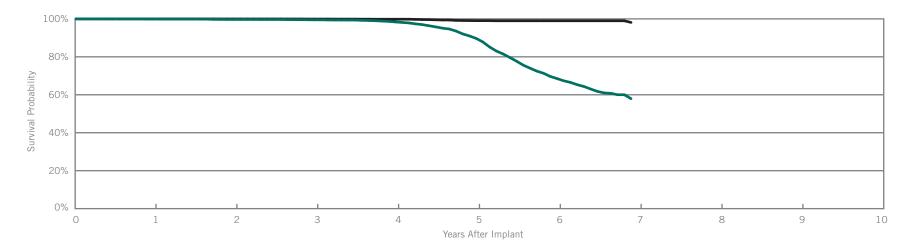
Year	1	2	3	4	5	at 68 months		
Survival Probability	100.00%	99.98%	99.95%	99.90%	99.90%	99.90%		
± 1 standard error	0.00%	0.01%	0.03%	0.04%	0.04%	0.04%		

## **Customer Reported Performance Data**

## Victory<sup>™</sup> SR Model **5610**

US Regulatory Approval	December 2005
Registered US Implants	13,611
Estimated Active US Implants	4,678
Estimated Longevity	8.8 Years
Normal Battery Depletion	567
Number of US Advisories	None

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromis Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	23	0.17%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	1	<0.01%	
Other	1	<0.01%	0	0.00%	
Total	1	<0.01%	24	0.18%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 83 months		
Survival Probability	99.92%	99.70%	99.50%	98.38%	89.73%	68.55%	57.94%		
± 1 standard error	0.02%	0.05%	0.07%	0.13%	0.39%	0.73%	1.00%		
Sample Size	12260	10020	8330	6730	4950	2860	270		

Year	1	2	3	4	5	6	at 83 months		
Survival Probability	99.98%	99.96%	99.91%	99.82%	99.05%	98.99%	98.13%		
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.13%	0.14%	0.14%		

## **Customer Reported Performance Data**

## Integrity<sup>™</sup> ADx SR

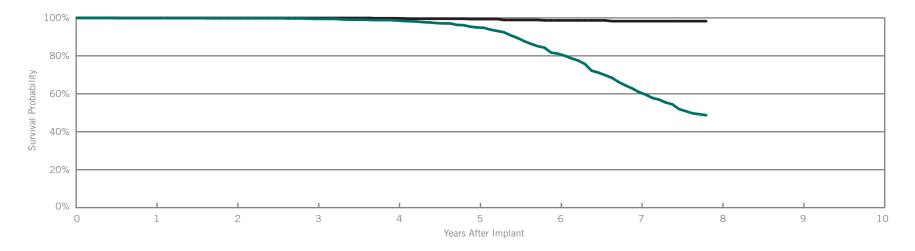
Number of US Advisories

Model 5160

US Regulatory Approval	May 2003
Registered US Implants	3,396
Estimated Active US Implants	518
Estimated Longevity	5.7 Years
Normal Battery Depletion	179

None

	w/ Coi	functions mpromised herapy	Malfunctions w/o Compromis Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	8	0.24%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	0	0.00%	0	0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	0	0.00%	1	0.03%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	9	0.27%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.86%	99.78%	99.46%	98.69%	94.95%	81.15%	60.92%	48.71%	
± 1 standard error	0.07%	0.09%	0.14%	0.25%	0.55%	1.16%	1.65%	1.94%	
Sample Size	3020	2430	2020	1670	1330	960	560	200	

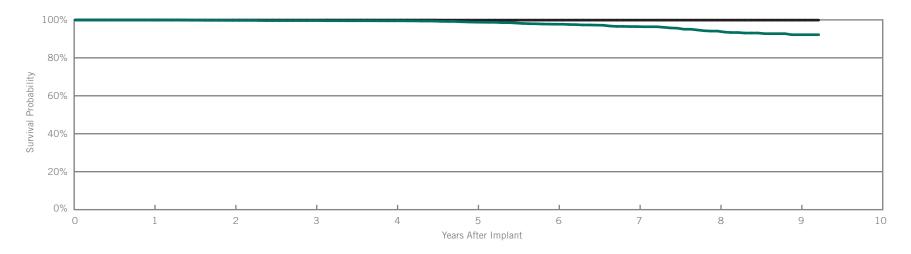
Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.93%	99.93%	99.93%	99.81%	99.37%	98.67%	98.27%	98.27%	
± 1 standard error	0.05%	0.05%	0.05%	0.10%	0.20%	0.34%	0.43%	0.43%	

## Verity $ADx^{TM}$ XL SR **Model 5156** Verity $ADx^{TM}$ XL SR **M/S Model 5157M/S** Verity $ADx^{TM}$ XL SC **Model 5056**

US Regulatory Approval	May 2003
Registered US Implants	14,326
Estimated Active US Implants	5,210
Estimated Longevity	10.2 Years
Normal Battery Depletion	85
Number of IIS Advisories	None

### **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	3	0.02%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	1	<0.01%	5	0.03%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.87%	99.73%	99.62%	99.50%	98.79%	97.71%	96.47%	94.09%	92.18%	92.18%
± 1 standard error	0.03%	0.05%	0.06%	0.07%	0.13%	0.20%	0.30%	0.50%	0.75%	0.75%
Sample Size	12950	10650	8900	7280	5740	4190	2670	1450	600	200

Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.96%	99.91%	99.91%	99.91%	99.87%	99.87%	99.87%	99.87%	99.87%	99.87%
± 1 standard error	0.02%	0.03%	0.03%	0.03%	0.04%	0.04%	0.04%	0.04%	0.04%	0.04%

## **Customer Reported Performance Data**

## Integrity<sup>™</sup> ADx SR

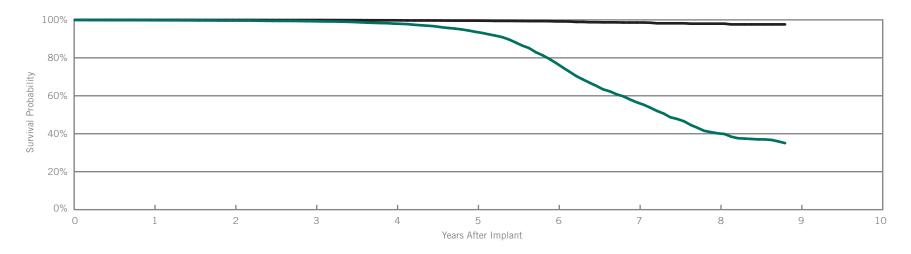
Number of US Advisories

Model 5180

US Regulatory Approval	May 2003
Registered US Implants	20,826
Estimated Active US Implants	4,241
Estimated Longevity	5.7 Years
Normal Battery Depletion	1,162

None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	35	0.17%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	8	0.04%
Other	0	0.00%	0	0.00%
Total	0	0.00%	44	0.21%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	at 106 months		
Survival Probability	99.81%	99.65%	99.28%	98.02%	93.73%	77.30%	56.56%	40.21%	35.06%		
± 1 standard error	0.03%	0.05%	0.07%	0.12%	0.24%	0.49%	0.69%	0.86%	1.00%		
Sample Size	18750	15300	12710	10320	8000	5530	3090	1280	220		

Year	1	2	3	4	5	6	7	8	at 106 months	
Survival Probability	99.96%	99.94%	99.91%	99.78%	99.60%	99.19%	98.61%	98.00%	97.62%	
± 1 standard error	0.02%	0.02%	0.02%	0.04%	0.06%	0.09%	0.17%	0.27%	0.38%	

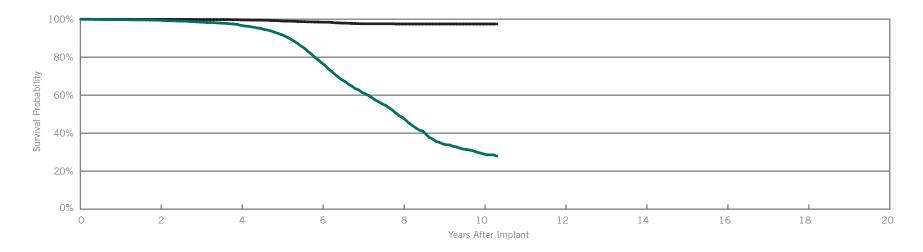
## **Customer Reported Performance Data**

## Identity<sup>™</sup> SR

#### Model 5172

US Regulatory Approval	November 2001
Registered US Implants	21,873
Estimated Active US Implants	1,816
Estimated Longevity	7.8 Years
Normal Battery Depletion	1,429
Number of US Advisories (see pgs. 272-284)	One

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	64	0.29%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	8	0.04%
Other	0	0.00%	1	<0.01%
Total	1	<0.01%	73	0.33%



#### Including Normal Battery Depletion -

Year	2	4	6	8	10	At 124 months		
Survival Probability	99.46%	96.79%	77.08%	48.23%	29.11%	27.94%		
± 1 standard error	0.05%	0.14%	0.46%	0.71%	0.89%	0.91%		
Sample Size	16200	11340	6420	2150	480	230		

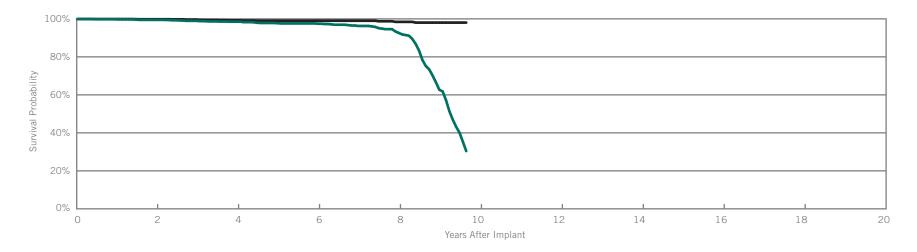
Year	2	4	6	8	10	At 124 months		
Survival Probability	99.92%	99.64%	98.43%	97.50%	97.50%	97.50%		
± 1 standard error	0.02%	0.04%	0.13%	0.22%	0.22%	0.22%		

## **Customer Reported Performance Data**

## $\mathsf{Microny}^{\scriptscriptstyle\mathsf{TM}}$

#### Models 2425T, 2525T & 2535K

US Regulatory Approval	April 2001
Registered US Implants	7,324
Estimated Longevity	7.5 Years
Number of US Advisories	None



#### Including Normal Battery Depletion -

Year	2	4	6	8	at 116 months			
Survival Probability	99.48%	98.51%	97.44%	92.60%	30.39%			
± 1 standard error	0.10%	0.20%	0.29%	0.77%	1.98%			
Sample Size	4490	2680	1430	720	220			

Year	2	4	6	8	at 116 months			
Survival Probability	99.81%	99.20%	99.01%	98.43%	98.04%			
± 1 standard error	0.06%	0.15%	0.18%	0.34%	0.44%			

## **Customer Reported Performance Data**

## Integrity<sup>™</sup> µ SR

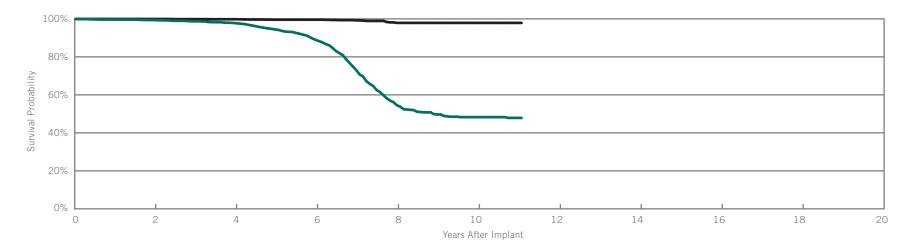
Number of US Advisories

Model 5136

	B 1 0000
US Regulatory Approval	December 2000
Registered US Implants	12,017
Estimated Active US Implants	479
Estimated Longevity	5.3 Years
Normal Battery Depletion	525

None

	w/ Cor	w/ Compromised w/o Com		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	22	0.18%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	0	0.00%	23	0.19%



#### Including Normal Battery Depletion -

	,   -   -   -   -   -   -   -   -   -							
Year	2	4	6	8	10	At 133 months		
Survival Probability	99.37%	97.76%	88.90%	54.56%	48.27%	47.87%		
± 1 standard error	0.08%	0.17%	0.45%	1.07%	1.19%	1.21%		
Sample Size	8670	5960	3630	1170	460	200		

Year	2	4	6	8	10	At 133 months		
Survival Probability	99.92%	99.81%	99.57%	97.89%	97.89%	97.89%		
± 1 standard error	0.03%	0.05%	0.09%	0.36%	0.40%	0.40%		

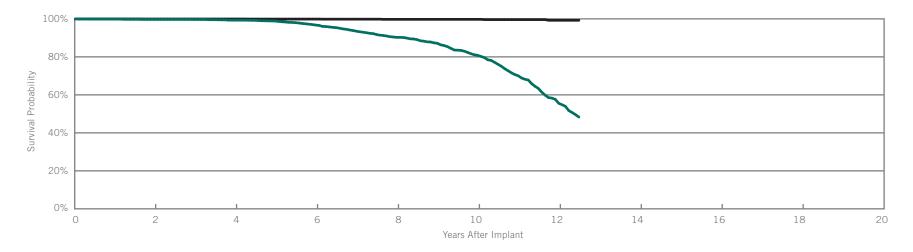
## **Customer Reported Performance Data**

## Integrity<sup>™</sup> SR

Model 5142

US Regulatory Approval	April 2000
Registered US Implants	10,486
Estimated Active US Implants	1,224
Estimated Longevity	8.6 Years
Normal Battery Depletion	365
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	5	0.05%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	1	<0.01%	0	0.00%
Total	1	<0.01%	7	0.07%



#### Including Normal Battery Depletion -

	,								
Year	2	4	6	8	10	12	At 150 months		
Survival Probability	99.71%	99.31%	96.74%	90.26%	80.80%	55.57%	48.30%		
± 1 standard error	0.06%	0.10%	0.25%	0.49%	0.77%	1.32%	1.59%		
Sample Size	8050	5860	4180	2800	1650	640	210		

Year	2	4	6	8	10	12	At 150 months		
Survival Probability	99.93%	99.93%	99.89%	99.76%	99.76%	99.25%	99.25%		
± 1 standard error	0.03%	0.03%	0.04%	0.08%	0.08%	0.29%	0.29%		

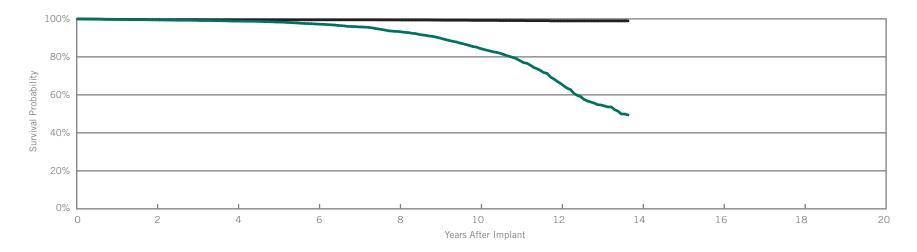
## **Customer Reported Performance Data**

## $\mathsf{Affinity}^{\scriptscriptstyle\mathsf{TM}}\,\mathsf{SR}$

#### Models 5130 & 5131

JS Regulatory Approval	(5130) January 1999
	(5131) June 1999
Registered US Implants	28,788
Stimated Active US Implants	2,303
stimated Longevity	8.6 Years
lormal Battery Depletion	748
Number of US Advisories (see pgs. 272-284)	One

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	46	0.16%
Electrical Interconnect	3	0.01%	2	<0.01%
Battery	0	0.00%	3	0.01%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	<0.01%	3	0.01%
Total	4	0.01%	55	0.19%



#### Including Normal Battery Depletion -

Year	2	4	6	8	10	12	At 164 months		
Survival Probability	99.47%	98.84%	97.25%	93.35%	84.53%	65.99%	49.39%		
± 1 standard error	0.05%	0.08%	0.14%	0.25%	0.44%	0.77%	1.21%		
Sample Size	21450	15240	10650	7090	4310	2030	210		

Year	2	4	6	8	10	12	At 164 months		
Survival Probability	99.64%	99.54%	99.49%	99.44%	99.19%	98.93%	98.93%		
± 1 standard error	0.04%	0.05%	0.05%	0.06%	0.09%	0.14%	0.14%		

# **SUMMARY INFORMATION**

Single-Chamber Pacemakers



# Survival Summary

### **Including Normal Battery Depletion**

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM1110	Accent™ SR	99.97%	99.90%	99.90%							
PM1210	Accent™ SR RF	99.88%	99.78%	99.70%							
5626	Zephyr™ XL SR	99.93%	99.83%	99.72%	99.60%	99.51%					
5620	Zephyr™ SR	99.87%	99.72%	99.38%	98.63%	92.72%					
5610	Victory™ SR	99.92%	99.70%	99.50%	98.38%	89.73%	68.55%				
5160	Integrity™ ADx SR	99.86%	99.78%	99.46%	98.69%	94.95%	81.15%	60.92%			
5156/5157/5056	Verity ADx™ XL SR/SR(M/S) / SC	99.87%	99.73%	99.62%	99.50%	98.79%	97.71%	96.47%	94.09%	92.18%	
5180	Integrity™ ADx SR	99.81%	99.65%	99.28%	98.02%	93.73%	77.30%	56.56%	40.21%		
5172	Identity™ SR	99.77%	99.46%	98.51%	96.79%	91.98%	77.08%	61.48%	48.23%	34.33%	29.11%
2425T/2525T/2535T	Microny™	99.75%	99.48%	98.97%	98.51%	97.72%	97.44%	96.28%	92.60%	62.71%	
5136	Integrity™ μ SR	99.65%	99.37%	98.73%	97.76%	94.42%	88.90%	72.96%	54.56%	49.67%	48.27%
5142	Integrity™ SR	99.86%	99.71%	99.68%	99.31%	98.86%	96.74%	93.51%	90.26%	87.17%	80.80%
5130/5131	Affinity™ SR	99.69%	99.47%	99.23%	98.84%	98.32%	97.25%	95.77%	93.35%	90.02%	84.53%

# Survival Summary

### **Excluding Normal Battery Depletion**

		Survival Probability												
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year			
PM1110	Accent™ SR	100.00%	100.00%	100.00%										
PM1210	Accent™ SR RF	99.92%	99.83%	99.75%										
5626	Zephyr™ XL SR	99.95%	99.94%	99.94%	99.87%	99.84%								
5620	Zephyr™ SR	100.00%	99.98%	99.95%	99.90%	99.90%								
5610	Victory <sup>™</sup> SR	99.98%	99.96%	99.91%	99.82%	99.05%	98.99%							
5160	Integrity™ ADx SR	99.93%	99.93%	99.93%	99.81%	99.37%	98.67%	98.27%						
5156/5157/5056	Verity ADx™ XL SR/SR(M/S) / SC	99.96%	99.91%	99.91%	99.91%	99.87%	99.87%	99.87%	99.87%	99.87%				
5180	Integrity™ ADx SR	99.96%	99.94%	99.91%	99.78%	99.60%	99.19%	98.61%	98.00%					
5172	Identity™ SR	99.97%	99.92%	99.82%	99.64%	99.11%	98.43%	97.61%	97.50%	97.50%	97.50%			
2425T/2525T/2535T	Microny™	99.90%	99.81%	99.60%	99.20%	99.01%	99.01%	99.01%	98.43%	98.04%				
5136	Integrity™ μ SR	99.94%	99.92%	99.85%	99.81%	99.57%	99.57%	99.21%	97.89%	97.89%	97.89%			
5142	Integrity™ SR	99.98%	99.93%	99.93%	99.93%	99.89%	99.89%	99.84%	99.76%	99.76%	99.76%			
5130/5131	Affinity™ SR	99.78%	99.64%	99.58%	99.54%	99.51%	99.49%	99.49%	99.44%	99.33%	99.19%			

## Malfunction Summary

								M	alfuncti	ons w/ Co	mpromis	ed Therapy	,					
		Registered		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Med	hanical	В	ble Early attery pletion	0	ther	1	Total
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1110	Accent <sup>™</sup> SR	9913	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM1210	Accent™ SR RF	29654	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	4	0.01%
5626	Zephyr™ XL SR	19934	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	0.01%
5620	Zephyr™ SR	14696	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5610	Victory™ SR	13611	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%
5160	Integrity™ ADx SR	3396	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5356/5357/5256	Verity ADx™ XL SR/SR(M/S) / SC	14326	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5180	Integrity™ ADx SR	20826	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5172	Identity™ SR	21873	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5136	Integrity <sup>™</sup> μ SR	12017	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5142	Integrity <sup>™</sup> SR	10486	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%
5130/5131	Affinity™ SR	28788	0	0.00%	3	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	4	0.01%

								Ma	lfunctio	ns w/o Co	mpromi	sed Therapy	/					
		Registered		trical conent		ctrical connect	Ва	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	C	ther	Т	<b>Total</b>
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1110	Accent™ SR	9913	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM1210	Accent™ SR RF	29654	3	0.01%	3	0.01%	1	<0.01%	0	0.00%	2	<0.01%	1	<0.01%	1	<0.01%	11	0.04%
5626	Zephyr™ XL SR	19934	4	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.02%	7	0.04%
5620	Zephyr <sup>™</sup> SR	14696	3	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.02%
5610	Victory <sup>™</sup> SR	13611	23	0.17%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	24	0.18%
5160	Integrity™ ADx SR	3396	8	0.24%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	0	0.00%	9	0.27%
5356/5357/5256	Verity ADx™ XL SR/SR(M/S) / SC	14326	3	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	5	0.03%
5180	Integrity™ ADx SR	20826	35	0.17%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	8	0.04%	0	0.00%	44	0.21%
5172	Identity™ SR	21873	64	0.29%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	0.04%	1	<0.01%	73	0.33%
5136	Integrity™ μ SR	12017	22	0.18%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	23	0.19%
5142	Integrity <sup>™</sup> SR	10486	5	0.05%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	7	0.07%
5130/5131	Affinity™ SR	28788	46	0.16%	2	<0.01%	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	3	0.01%	55	0.19%

## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Loss Te	Loss Telemetry		Pericardial Effusion		nature tery etion	Skin E	Erosion	Total	
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	3942	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	6481	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

#### Malfunctions

							Malf	unctions	w/ Comp	romised	Therapy						
	Number of Devices		trical oonent		ctrical connect	Ва	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	To	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

							Malfu	ınctions	w/o Comp	romised	Therapy						
	Number of Devices		trical oonent		ctrical connect	Ва	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	То	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

# PACING LEADS



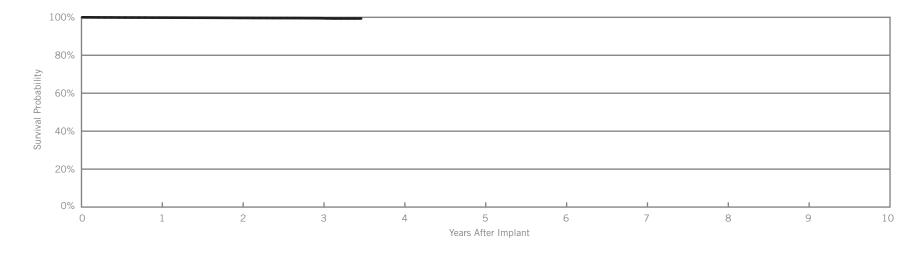
### Tendril<sup>™</sup> STS

#### Model 2088TC

US Regulatory Approval	May 2009
Registered US Implants	214,435
Estimated Active US Implants	176,937
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	23	0.01%	9	<0.01%
Conductor Fracture	1	<0.01%	13	<0.01%
Lead Dislodgement	129	0.06%	129	0.06%
Failure to Capture	22	0.01%	74	0.03%
Oversensing	6	<0.01%	93	0.04%
Failure to Sense	7	<0.01%	14	<0.01%
Insulation Breach	4	<0.01%	37	0.02%
Abnormal Pacing Impedance	7	<0.01%	14	<0.01%
Extracardiac Stimulation	0	0.00%	1	<0.01%
Other	4	<0.01%	15	<0.01%
Total	203	0.09%	399	0.19%
Total Returned for Analysis	126		280	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	8	<0.01%
Insulation Breach	82	0.04%
Crimps, Welds & Bonds	0	0.00%
Other	13	<0.01%
Extrinsic Factors	239	0.11%
Total	342	0.16%



Year	1	2	3	at 42 months	
Survival Probability	99.84%	99.68%	99.52%	99.39%	
± 1 standard error	0.01%	0.02%	0.03%	0.05%	
Sample Size	167650	87250	31050	430	

### Tendril<sup>™</sup> STS

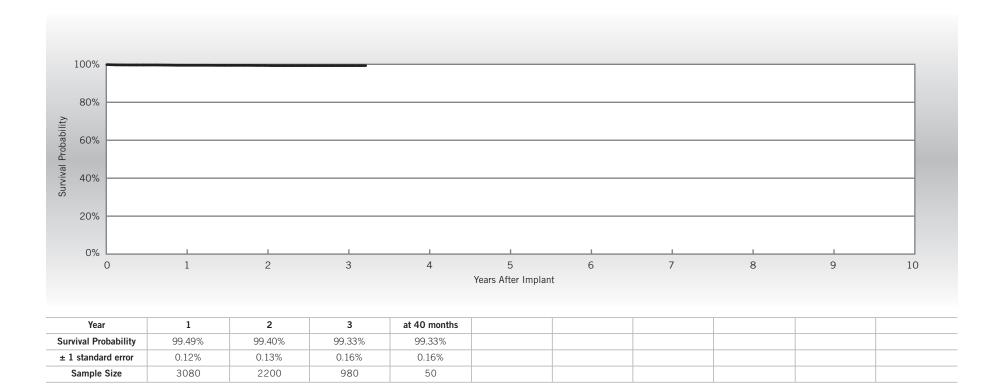
#### Model 2088TC

US Regulatory Approval	May 2009
Number of Devices Enrolled in Study	3,437
Cumulative Months of Follow-up	74,297
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

## **Actively Monitored Study Data**

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	1	0.03%
Cardiac Perforation	1	0.03%
Failure to Capture	2	0.06%
Failure to Sense	1	0.03%
Insulation Breach	4	0.12%
Lead Dislodgement	9	0.26%
Pericardial Effusion	1	0.03%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	3	0.09%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	2	0.06%
Total	5	0.15%

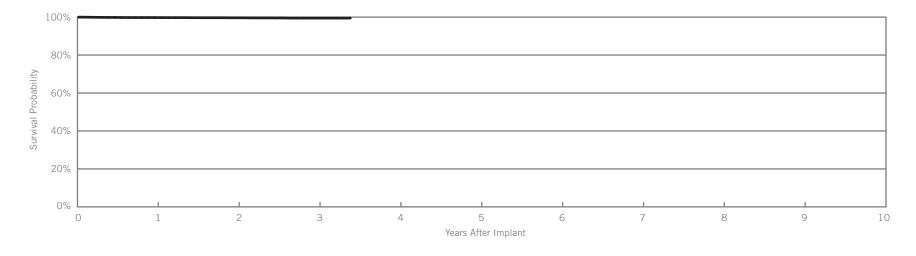


# OptiSense™

US Regulatory Approval	May 2007
Registered US Implants	23,849
Estimated Active US Implants	19,545
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)	Chronic Complications (>30 days)		
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	0	0.00%	0	0.00%	
Conductor Fracture	0	0.00%	0	0.00%	
Lead Dislodgement	15	0.06%	39	0.16%	
Failure to Capture	2	<0.01%	9	0.04%	
Oversensing	1	<0.01%	6	0.03%	
Failure to Sense	1	<0.01%	1	<0.01%	
Insulation Breach	1	<0.01%	8	0.03%	
Abnormal Pacing Impedance	0	0.00%	0	0.00%	
Extracardiac Stimulation	0	0.00%	0	0.00%	
Other	0	0.00%	2	<0.01%	
Total	20	0.08%	65	0.27%	
Total Returned for Analysis	12		46		

Lead Malfunctions	Qty.	Rate
Conductor Fracture	2	<0.01%
Insulation Breach	3	0.01%
Crimps, Welds & Bonds	0	0.00%
Other	3	0.01%
Extrinsic Factors	45	0.19%
Total	53	0.22%



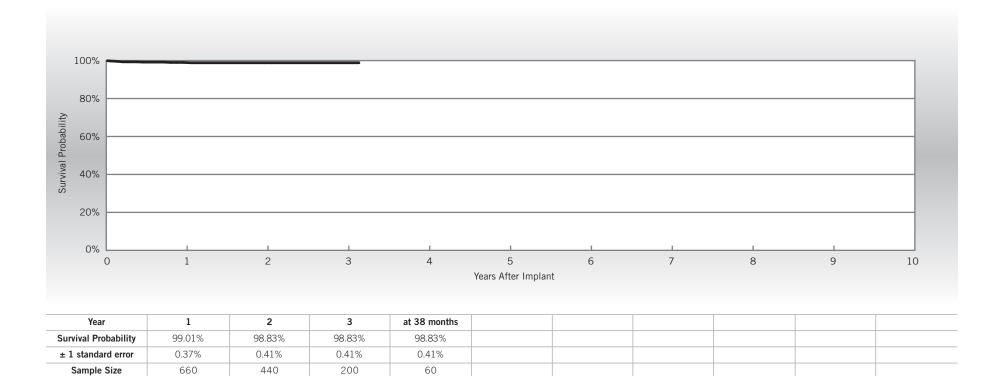
Year	1	2	3	at 41 months			
Survival Probability	99.75%	99.63%	99.47%	99.47%			
± 1 standard error	0.03%	0.05%	0.08%	0.08%			
Sample Size	19310	11250	4600	220			

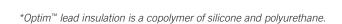
## $\mathsf{OptiSense}^{^{\!\top\!\!}}$

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	767
Cumulative Months of Follow-up	15,408
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	1	0.13%
Lead Dislodgement	7	0.91%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.26%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	3	0.39%
Total	5	0.65%





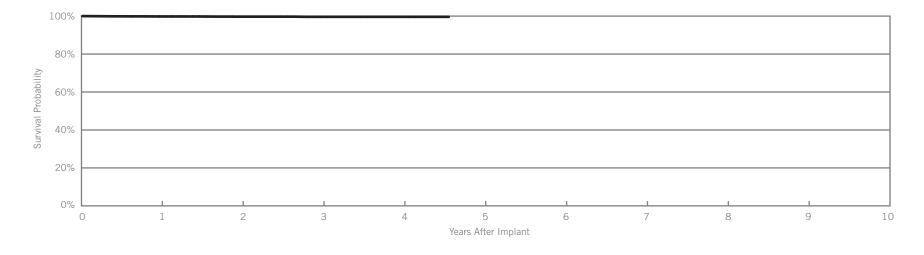


# IsoFlex<sup>™</sup> Optim<sup>™</sup>

US Regulatory Approval	March 2008
Registered US Implants	9,343
Estimated Active US Implants	7,208
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	24	0.26%	14	0.15%
Failure to Capture	3	0.03%	1	0.01%
Oversensing	0	0.00%	2	0.02%
Failure to Sense	2	0.02%	2	0.02%
Insulation Breach	0	0.00%	1	0.01%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	1	0.01%
Total	29	0.31%	21	0.22%
Total Returned for Analysis	19		9	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	1	0.01%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.01%
Extrinsic Factors	7	0.07%
Total	9	0.10%



Year	1	2	3	4	at 55 months			
Survival Probability	99.81%	99.71%	99.62%	99.62%	99.62%			
± 1 standard error	0.05%	0.07%	0.09%	0.09%	0.09%			
Sample Size	7710	4950	2860	1240	220			

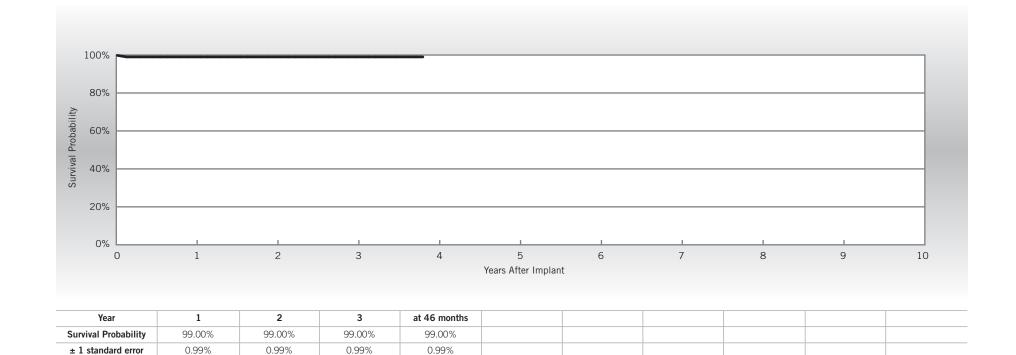
# IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1944

US Regulatory Approval	March 2008
Number of Devices Enrolled in Study	101
Cumulative Months of Follow-up	3,765
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Lead Dislodgement	1	0.99%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	0	0.00%



80

70

90

Sample Size

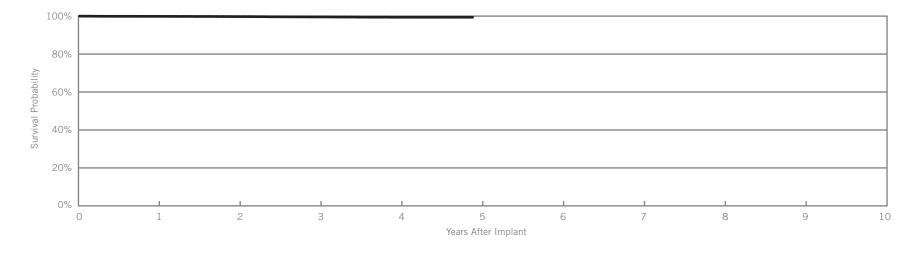
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# IsoFlex<sup>™</sup> Optim<sup>™</sup>

US Regulatory Approval	March 2008
Registered US Implants	33,739
Estimated Active US Implants	26,007
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	1	<0.01%	3	<0.01%
Conductor Fracture	0	0.00%	13	0.04%
Lead Dislodgement	18	0.05%	10	0.03%
Failure to Capture	8	0.02%	20	0.06%
Oversensing	0	0.00%	14	0.04%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	1	<0.01%	5	0.01%
Abnormal Pacing Impedance	0	0.00%	5	0.01%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	<0.01%	0	0.00%
Total	29	0.09%	70	0.21%
Total Returned for Analysis	19		25	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	2	<0.01%
Insulation Breach	9	0.03%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	25	0.07%
Total	37	0.11%



Year	1	2	3	4	at 59 months			
Survival Probability	99.87%	99.74%	99.57%	99.40%	99.40%			
± 1 standard error	0.02%	0.03%	0.05%	0.09%	0.09%			
Sample Size	27340	16850	9620	4230	210			

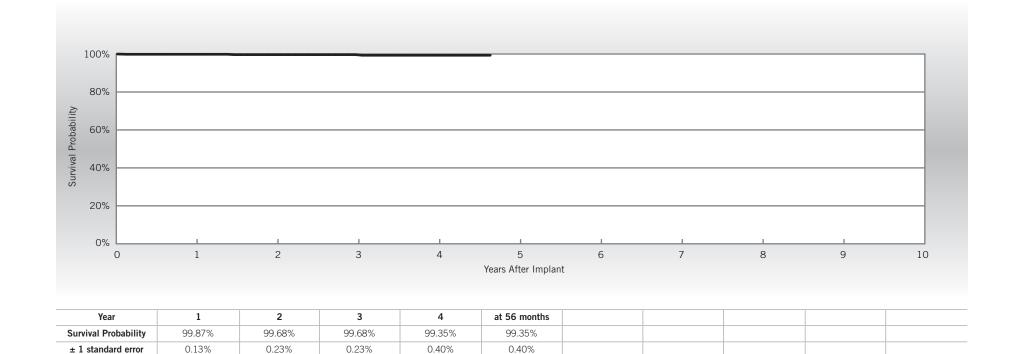
# IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1948

US Regulatory Approval	March 2008
Number of Devices Enrolled in Study	766
Cumulative Months of Follow-up	22,740
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Failure to Capture	1	0.13%
Insulation Breach	1	0.13%
Lead Dislodgement	1	0.13%

Malfunctions	Qty	<b>Rate</b> 0.00%	
Conductor Fracture	0		
Insulation Breach	1	0.13%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	1	0.13%	
Total	2	0.26%	



530

380

240

690

Sample Size

50

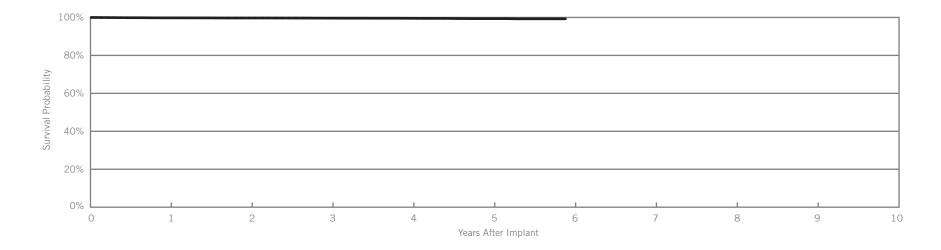
# $\mathsf{OptiSense}^{^{\!\top\!\!}}$

#### Models 1699T & 1699TC

US Regulatory Approval	May 2007		
Registered US Implants	22,845		
Estimated Active US Implants	14,340		
Insulation	Silicone		
Type and/or Fixation	Active		
Polarity	Bipolar		
Steroid	Yes		
Number of US Advisories	None		

	Acute Observations (Post Implant, ≤30 days)			omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	1	<0.01%	0	0.00%
Conductor Fracture	0	0.00%	6	0.03%
Lead Dislodgement	4	0.02%	23	0.10%
Failure to Capture	3	0.01%	11	0.05%
Oversensing	2	<0.01%	13	0.06%
Failure to Sense	8	0.04%	7	0.03%
Insulation Breach	0	0.00%	2	<0.01%
Abnormal Pacing Impedance	0	0.00%	5	0.02%
Extracardiac Stimulation	0	0.00%	2	<0.01%
Other	2	<0.01%	0	0.00%
Total	20	0.09%	69	0.30%
Total Returned for Analysis	16		41	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	8	0.04%
Insulation Breach	10	0.04%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	39	0.17%
Total	57	0.25%



Year	1	2	3	4	5	at 71 months		
Survival Probability	99.78%	99.71%	99.61%	99.54%	99.37%	99.28%		
± 1 standard error	0.03%	0.04%	0.04%	0.05%	0.07%	0.10%		
Sample Size	21280	18560	16020	11870	6360	200		

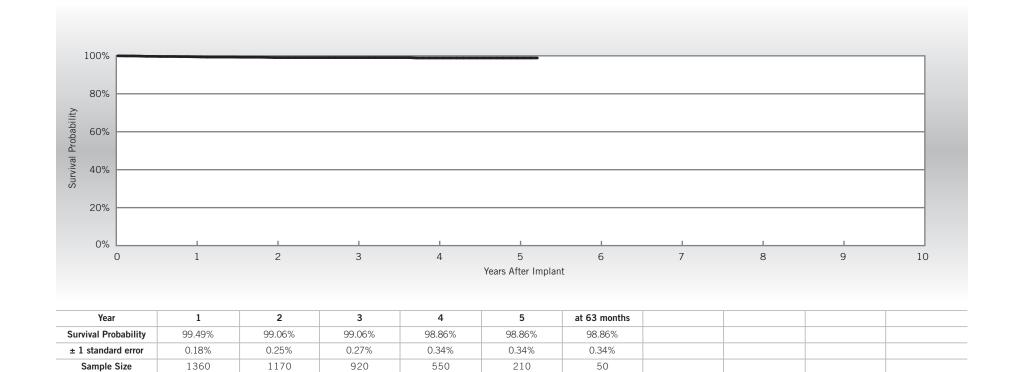
## $\mathsf{OptiSense}^{^{\!\top\!\!}}$

#### Models 1699T & 1699TC

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	1,451
Cumulative Months of Follow-up	50,355
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Ovelifying Commissations	04	Rate
Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	1	0.07%
Conductor Fracture	1	0.07%
Failure to Capture	2	0.14%
Insulation Breach	1	0.07%
Lead Dislodgement	7	0.48%
Oversensing	1	0.07%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	5	0.34%
Total	5	0.34%



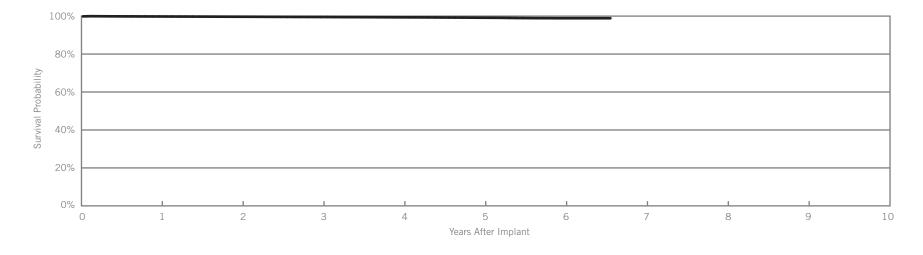
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

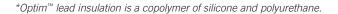
US Regulatory Approval	June 2006
Registered US Implants	261,798
Estimated Active US Implants	172,940
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	32	0.01%	23	<0.01%
Conductor Fracture	6	<0.01%	58	0.02%
Lead Dislodgement	98	0.04%	249	0.10%
Failure to Capture	64	0.02%	214	0.08%
Oversensing	10	<0.01%	225	0.09%
Failure to Sense	10	<0.01%	27	0.01%
Insulation Breach	6	<0.01%	83	0.03%
Abnormal Pacing Impedance	5	<0.01%	39	0.01%
Extracardiac Stimulation	4	<0.01%	10	<0.01%
Other	18	<0.01%	42	0.02%
Total	253	0.10%	970	0.37%
Total Returned for Analysis	135		547	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	19	<0.01%
Insulation Breach	222	0.08%
Crimps, Welds & Bonds	1	<0.01%
Other	10	<0.01%
Extrinsic Factors	464	0.18%
Total	716	0.27%



Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.80%	99.67%	99.53%	99.36%	99.14%	98.88%	98.88%		
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.03%	0.06%	0.06%		
Sample Size	232400	180860	136890	88740	43600	14420	220		





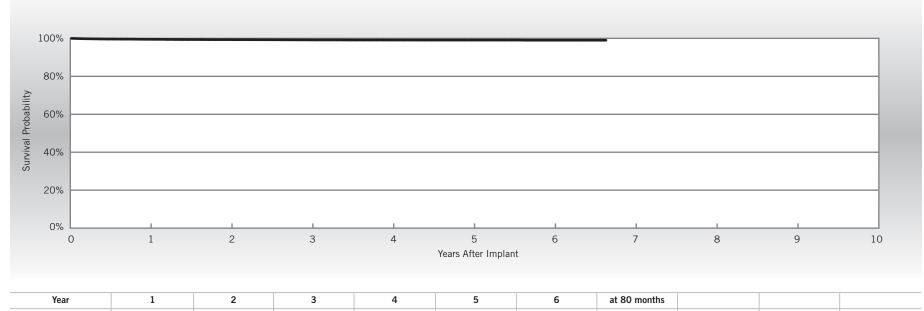
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

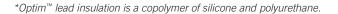
US Regulatory Approval	June 2006
Number of Devices Enrolled in Study	14,387
Cumulative Months of Follow-up	562,618
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	6	0.04%
Cardiac Perforation	2	0.01%
Conductor Fracture	4	0.03%
Extracardiac Stimulation	3	0.02%
Failure to Capture	16	0.11%
Failure to Sense	4	0.03%
Insulation Breach	11	0.08%
Lead Dislodgement	53	0.37%
Oversensing	9	0.06%
Skin Erosion	1	<0.01%

Malfunctions	Qty	Rate
Conductor Fracture	1	<0.01%
Insulation Breach	12	0.08%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	23	0.16%
Total	36	0.25%



Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.51%	99.34%	99.20%	99.12%	99.10%	99.03%	99.03%		
± 1 standard error	0.06%	0.07%	0.08%	0.08%	0.09%	0.11%	0.11%		
Sample Size	13580	11720	9500	6790	3950	1690	60		





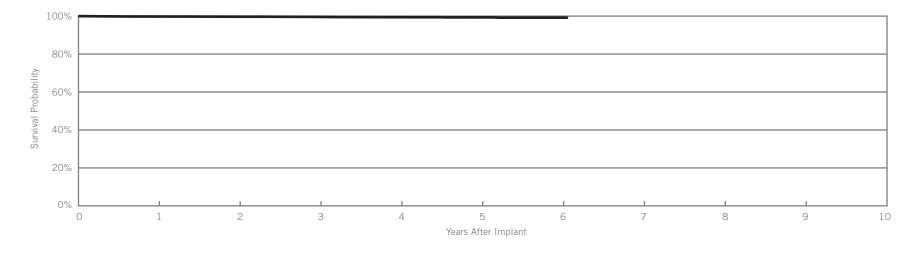
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

US Regulatory Approval	June 2006
Registered US Implants	30,999
Estimated Active US Implants	22,670
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		complications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	1	<0.01%	0	0.00%
Conductor Fracture	0	0.00%	2	<0.01%
Lead Dislodgement	15	0.05%	39	0.13%
Failure to Capture	5	0.02%	18	0.06%
Oversensing	2	<0.01%	11	0.04%
Failure to Sense	2	<0.01%	3	<0.01%
Insulation Breach	0	0.00%	8	0.03%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	2	<0.01%	7	0.02%
Total	27	0.09%	88	0.28%
Total Returned for Analysis	12		51	

Qty.	Rate
1	<0.01%
14	0.05%
0	0.00%
3	<0.01%
46	0.15%
64	0.21%
	1 14 0 3 46



Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.78%	99.69%	99.59%	99.43%	99.34%	99.19%	99.19%		
± 1 standard error	0.03%	0.04%	0.05%	0.07%	0.08%	0.14%	0.14%		
Sample Size	26270	18060	11850	6990	3300	980	200		

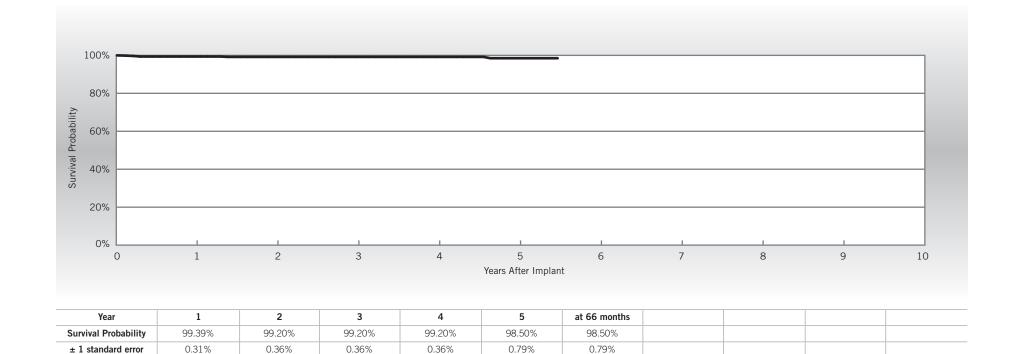
## Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

US Regulatory Approval	June 2006
Number of Devices Enrolled in Study	673
Cumulative Months of Follow-up	24,366
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Extracardiac Stimulation	1	0.15%
Failure to Capture	1	0.15%
Lead Dislodgement	2	0.30%
Oversensing	1	0.15%
Skin Erosion	1	0.15%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	1	0.15%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	1	0.15%



530

400

290

630

Sample Size

170

50

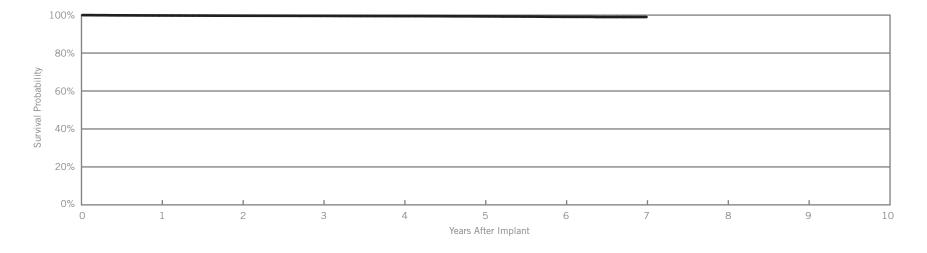
Tendril™

#### Models 1782T & 1782TC

US Regulatory Approval	February 2006
Registered US Implants	16,330
Estimated Active US Implants	10,430
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		complications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	6	0.04%	0	0.00%
Conductor Fracture	0	0.00%	1	<0.01%
Lead Dislodgement	13	0.08%	29	0.18%
Failure to Capture	5	0.03%	16	0.10%
Oversensing	0	0.00%	4	0.02%
Failure to Sense	0	0.00%	3	0.02%
Insulation Breach	0	0.00%	1	<0.01%
Abnormal Pacing Impedance	2	0.01%	4	0.02%
Extracardiac Stimulation	1	<0.01%	1	<0.01%
Other	2	0.01%	1	<0.01%
Total	29	0.18%	60	0.37%
Total Returned for Analysis	16		40	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	1	<0.01%
Insulation Breach	7	0.04%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	42	0.26%
Total	50	0.31%



Year	1	2	3	4	5	6	7		
Survival Probability	99.80%	99.68%	99.60%	99.49%	99.34%	99.09%	99.00%		
± 1 standard error	0.03%	0.05%	0.05%	0.07%	0.08%	0.11%	0.15%		
Sample Size	15120	12850	10630	8280	5860	3340	210		

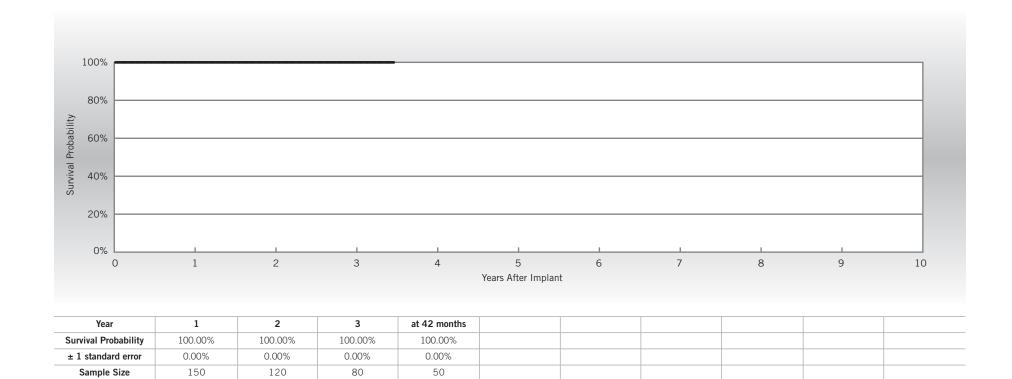
## Tendril™

#### Models 1782T & 1782TC

February 2006
166
5,171
Silicone
Active
Bipolar
Yes

Qualifying Complications	
None Reported	

Malfunctions	Qty	Rate	
Conductor Fracture	0	0.00%	
Insulation Breach	0	0.00%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	0	0.00%	
Total	0	0.00%	



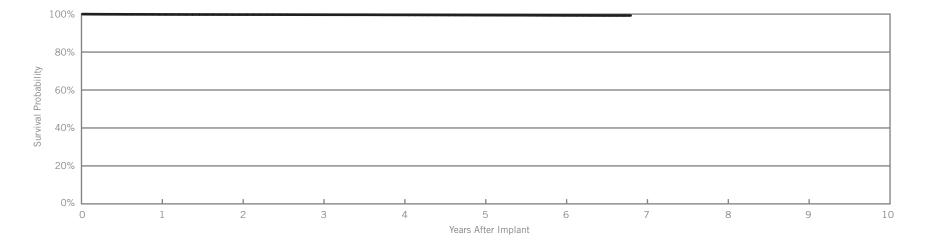
Tendril™

#### Models 1788T & 1788TC

US Regulatory Approval	February 2006
Registered US Implants	65,079
Estimated Active US Implants	36,421
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	12	0.02%	3	<0.01%
Conductor Fracture	1	<0.01%	7	0.01%
Lead Dislodgement	31	0.05%	42	0.06%
Failure to Capture	30	0.05%	53	0.08%
Oversensing	2	<0.01%	39	0.06%
Failure to Sense	2	<0.01%	7	0.01%
Insulation Breach	1	<0.01%	11	0.02%
Abnormal Pacing Impedance	9	0.01%	15	0.02%
Extracardiac Stimulation	2	<0.01%	2	<0.01%
Other	20	0.03%	8	0.01%
Total	110	0.17%	187	0.29%
Total Returned for Analysis	43		98	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	3	<0.01%
Insulation Breach	43	0.07%
Crimps, Welds & Bonds	1	<0.01%
Other	1	<0.01%
Extrinsic Factors	83	0.13%
Total	131	0.20%



Year	1	2	3	4	5	6	at 82 months		
Survival Probability	99.83%	99.75%	99.68%	99.60%	99.46%	99.32%	99.27%		
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.04%	0.04%	0.05%		
Sample Size	60430	52550	45850	38330	29610	18760	610		

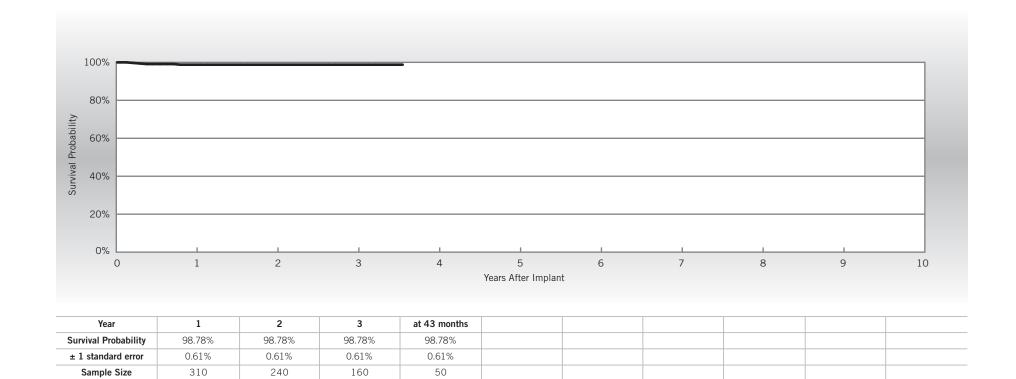
## Tendril™

#### Models 1788T & 1788TC

US Regulatory Approval	February 2006
Number of Devices Enrolled in Study	360
Cumulative Months of Follow-up	9,284
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Extracardiac Stimulation	1	0.28%
Lead Dislodgement	3	0.83%

Malfunctions	Qty	<b>Rate</b> 0.00%	
Conductor Fracture	0		
Insulation Breach	0	0.00%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	0	0.00%	
Total	0	0.00%	



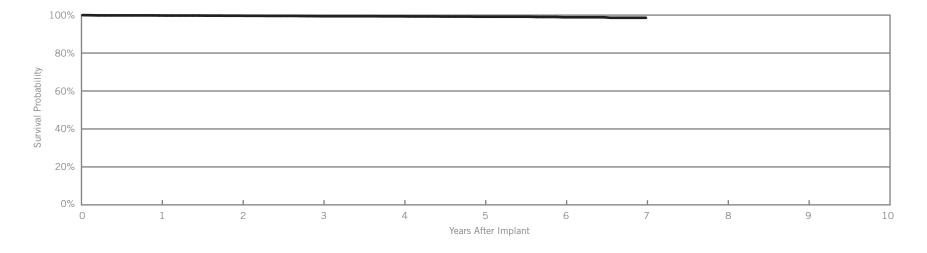
### IsoFlex<sup>™</sup> P

#### Model 1648T

US Regulatory Approval	April 2005
Registered US Implants	2,823
Estimated Active US Implants	1,448
Insulation	Polyurethane
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	0.07%
Lead Dislodgement	2	0.07%	1	0.04%
Failure to Capture	2	0.07%	3	0.11%
Oversensing	0	0.00%	1	0.04%
Failure to Sense	1	0.04%	0	0.00%
Insulation Breach	0	0.00%	2	0.07%
Abnormal Pacing Impedance	0	0.00%	3	0.11%
Extracardiac Stimulation	1	0.04%	0	0.00%
Other	0	0.00%	2	0.07%
Total	6	0.21%	14	0.50%
Total Returned for Analysis	1		5	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	4	0.14%
Crimps, Welds & Bonds	0	0.00%
Other	2	0.07%
Extrinsic Factors	4	0.14%
Total	10	0.35%



Year	1	2	3	4	5	6	7		
Survival Probability	99.81%	99.68%	99.42%	99.36%	99.15%	98.87%	98.60%		
± 1 standard error	0.07%	0.11%	0.15%	0.17%	0.21%	0.24%	0.40%		
Sample Size	2600	2240	1970	1730	1410	910	220		

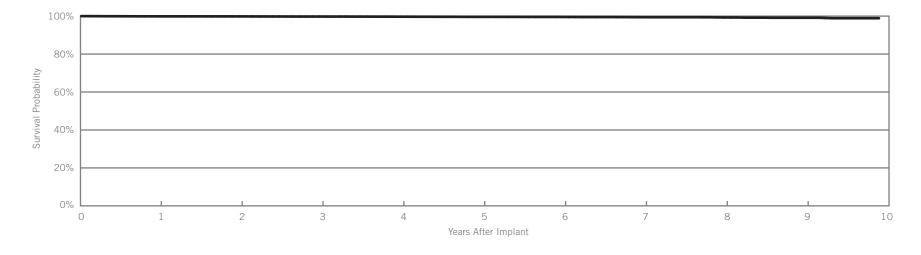
## IsoFlex<sup>™</sup> S

#### Model 1642T

US Regulatory Approval	May 2002		
Registered US Implants	26,871		
Estimated Active US Implants	14,029		
Insulation	Silicone		
Type and/or Fixation	Passive		
Polarity	Bipolar		
Steroid	Yes		
Number of US Advisories	None		

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	3	0.01%
Lead Dislodgement	49	0.18%	22	0.08%
Failure to Capture	6	0.02%	24	0.09%
Oversensing	0	0.00%	5	0.02%
Failure to Sense	3	0.01%	5	0.02%
Insulation Breach	0	0.00%	2	<0.01%
Abnormal Pacing Impedance	3	0.01%	2	<0.01%
Extracardiac Stimulation	1	<0.01%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	62	0.23%	64	0.24%
Total Returned for Analysis	38		18	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	9	0.03%
Crimps, Welds & Bonds	1	<0.01%
Other	2	<0.01%
Extrinsic Factors	17	0.06%
Total	29	0.11%



Year	1	2	3	4	5	6	7	8	9	at 119 months
Survival Probability	99.87%	99.84%	99.77%	99.69%	99.61%	99.56%	99.42%	99.28%	99.14%	98.89%
± 1 standard error	0.02%	0.03%	0.03%	0.04%	0.05%	0.05%	0.07%	0.09%	0.13%	0.22%
Sample Size	24880	21450	18510	15380	12090	8840	5960	3660	1860	210

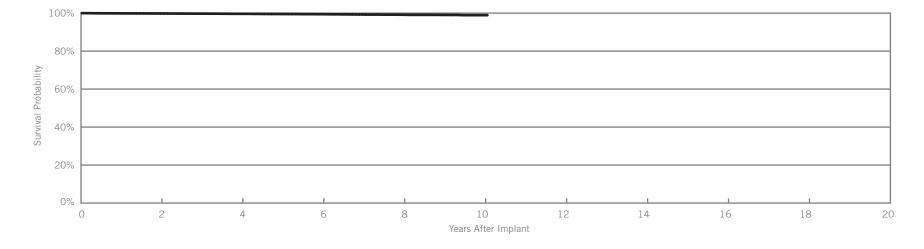
### IsoFlex<sup>™</sup> S

#### Model 1646T

US Regulatory Approval	May 2002		
Registered US Implants	90,098		
Estimated Active US Implants	46,116		
Insulation	Silicone		
Type and/or Fixation	Passive		
Polarity	Bipolar		
Steroid	Yes		
Number of US Advisories	None		

		bservations ant, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	<0.01%	2	<0.01%
Conductor Fracture	2	<0.01%	50	0.06%
Lead Dislodgement	37	0.04%	28	0.03%
Failure to Capture	33	0.04%	119	0.13%
Oversensing	0	0.00%	27	0.03%
Failure to Sense	2	<0.01%	5	<0.01%
Insulation Breach	2	<0.01%	17	0.02%
Abnormal Pacing Impedance	6	<0.01%	33	0.04%
Extracardiac Stimulation	0	0.00%	1	<0.01%
Other	2	<0.01%	11	0.01%
Total	88	0.10%	293	0.33%
Total Returned for Analysis	38		63	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	16	0.02%
Insulation Breach	21	0.02%
Crimps, Welds & Bonds	0	0.00%
Other	6	<0.01%
Extrinsic Factors	51	0.06%
Total	94	0.10%



Year	2	4	6	8	10	At 121 months		
Survival Probability	99.81%	99.63%	99.42%	99.14%	98.91%	98.91%		
± 1 standard error	0.02%	0.02%	0.03%	0.06%	0.11%	0.11%		
Sample Size	70840	48990	27270	10960	1700	200		

### IsoFlex<sup>™</sup> S

#### Model 1646T

Sample Size

570

410

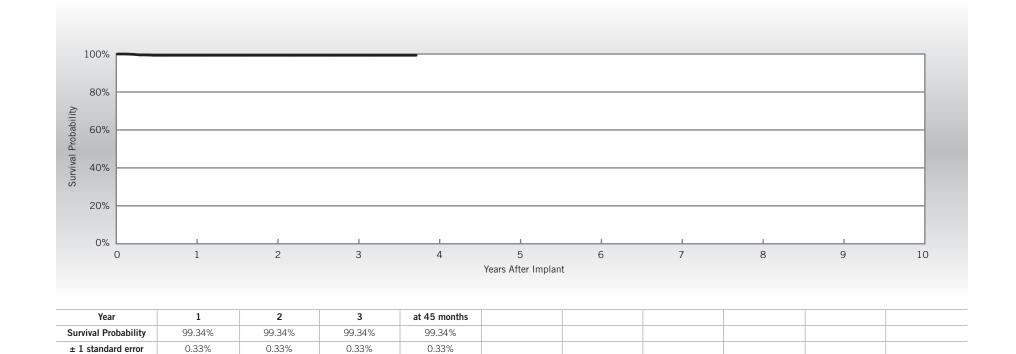
250

50

US Regulatory Approval	May 2002
Number of Devices Enrolled in Study	639
Cumulative Months of Follow-up	15,615
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Failure to Capture	3	0.47%
Lead Dislodgement	1	0.16%

Malfunctions	Qty	Rate	
Conductor Fracture	0	0.00%	
Insulation Breach	0	0.00%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	0	0.00%	
Total	0	0.00%	



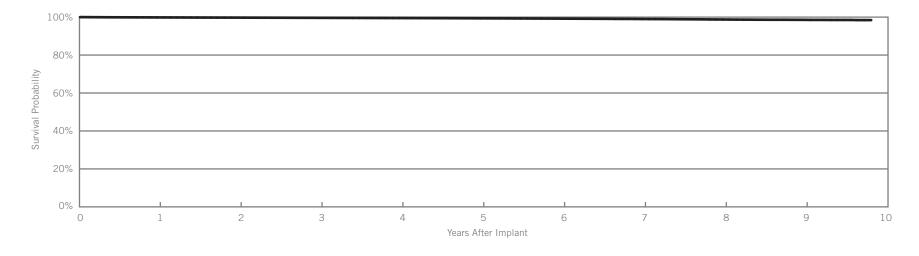
### Tendril<sup>™</sup> SDX

#### Models 1688T & 1688TC

US Regulatory Approval	June 2003
Registered US Implants	417,071
Estimated Active US Implants	226,190
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	54	0.01%	13	<0.01%
Conductor Fracture	4	<0.01%	174	0.04%
Lead Dislodgement	211	0.05%	280	0.07%
Failure to Capture	143	0.03%	527	0.13%
Oversensing	11	<0.01%	285	0.07%
Failure to Sense	22	<0.01%	37	<0.01%
Insulation Breach	7	<0.01%	88	0.02%
Abnormal Pacing Impedance	27	<0.01%	203	0.05%
Extracardiac Stimulation	4	<0.01%	17	<0.01%
Other	30	<0.01%	78	0.02%
Total	513	0.12%	1702	0.41%
Total Returned for Analysis	232		722	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	141	0.03%
Insulation Breach	324	0.08%
Crimps, Welds & Bonds	2	<0.01%
Other	7	<0.01%
Extrinsic Factors	465	0.11%
Total	939	0.23%



Year	1	2	3	4	5	6	7	8	9	at 118 months
Survival Probability	99.84%	99.73%	99.61%	99.50%	99.36%	99.20%	99.00%	98.74%	98.57%	98.43%
± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.02%	0.02%	0.02%	0.03%	0.04%	0.09%
Sample Size	378400	312380	259530	209780	164040	124390	86750	49290	19740	590

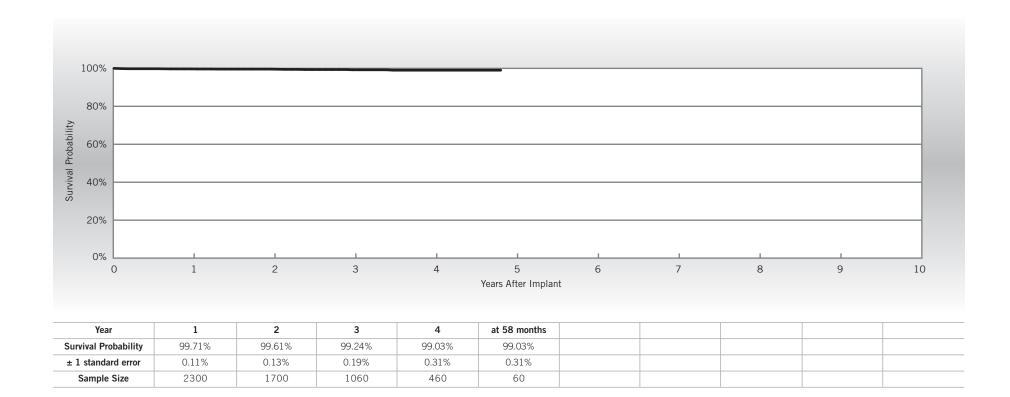
### Tendril<sup>™</sup> SDX

#### Models 1688T & 1688TC

US Regulatory Approval	June 2003
Number of Devices Enrolled in Study	2,577
Cumulative Months of Follow-up	65,936
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qty	Rate
2	0.08%
2	0.08%
3	0.12%
2	0.08%
3	0.12%
1	0.04%
1	0.04%
	2 2 3 2

Malfunctions	Qty	Rate
Conductor Fracture	1	0.04%
Insulation Breach	3	0.12%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	5	0.19%
Total	9	0.35%

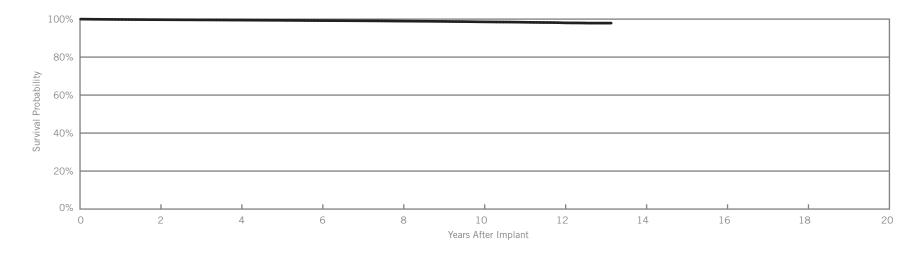


### Tendril<sup>™</sup> SDX

#### Models 1488T & 1488TC

US Regulatory Approval	March 2000
Registered US Implants	270,663
Estimated Active US Implants	88,747
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

Lead Malfunctions	Qty.	Rate	
Conductor Fracture	142	0.05%	
Insulation Breach	142	0.05%	
Crimps, Welds & Bonds	5	<0.01%	
Other	2	<0.01%	
Extrinsic Factors	319	0.12%	
Total	610	0.23%	



Year	2	4	6	8	10	12	At 158 months		
Survival Probability	99.69%	99.48%	99.22%	98.95%	98.55%	98.04%	97.89%		
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.03%	0.06%	0.08%		
Sample Size	224620	182250	140770	100690	58730	16480	430		

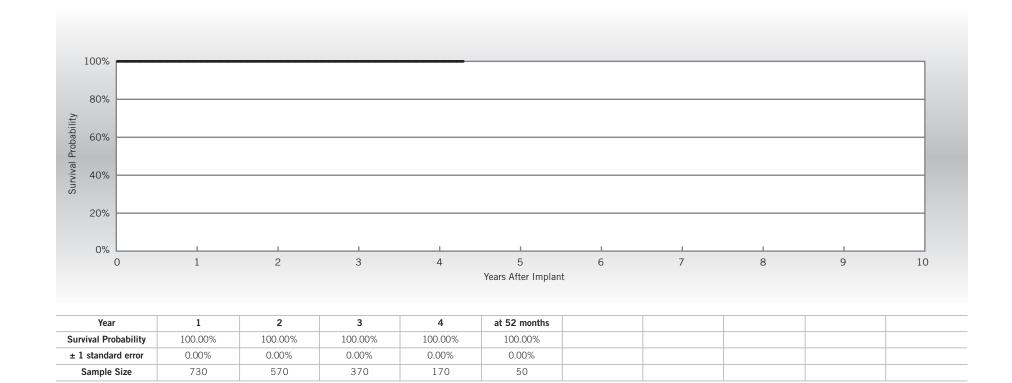
### Tendril<sup>™</sup> SDX

#### Models 1488T & 1488TC

March 2000
796
22,288
Silicone
Active
Bipolar
Yes

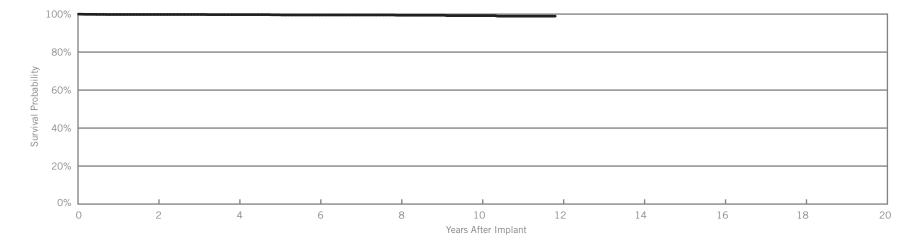
Qualifying Complications	
None Reported	

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.25%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.13%
Total	3	0.38%



### AV Plus<sup>™</sup> DX

US Regulatory Approval	May 1999
Registered US Implants	2,690
Estimated Active US Implants	893
Insulation	Silicone
Type and/or Fixation	Passive
Atrial Polarity	Bipolar
Ventricular Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

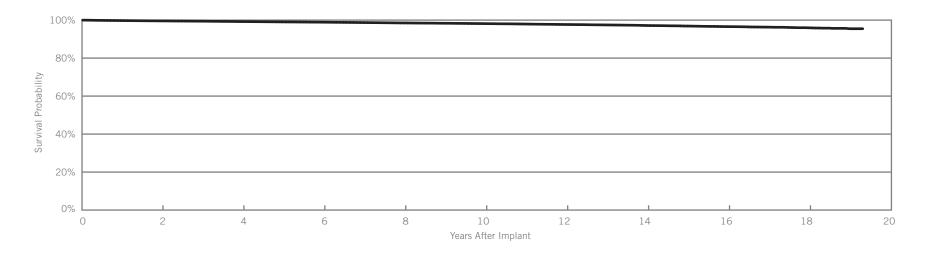


Year	2	4	6	8	10	At 142 months		
Survival Probability	99.80%	99.73%	99.55%	99.40%	99.20%	98.91%		
± 1 standard error	0.09%	0.11%	0.17%	0.23%	0.30%	0.42%		
Sample Size	1980	1450	1010	710	450	200		

Tendril<sup>™</sup> Tendril<sup>™</sup> DX

Models 1148T & 1188T Models 1388T & 1388TC

US Regulatory Approval	(1148) June 1993; (1188T) June 1994; (1388T) June 1997			
Registered US Implants	323,656			
Estimated Active US Implants	71,391			
Insulation	Silicone			
Type and/or Fixation	Active			
Polarity	Bipolar			
Steroid	(1148/1188) No; (1388) Yes			
Number of US Advisories	None			



Year	2	4	6	8	10	12	14	16	18	At 232 months
Survival Probability	99.58%	99.22%	98.89%	98.50%	98.15%	97.68%	97.15%	96.58%	95.95%	95.46%
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.03%	0.04%	0.06%	0.09%	0.16%	0.30%
Sample Size	266830	215400	168140	123090	83660	52380	27330	9110	2680	250

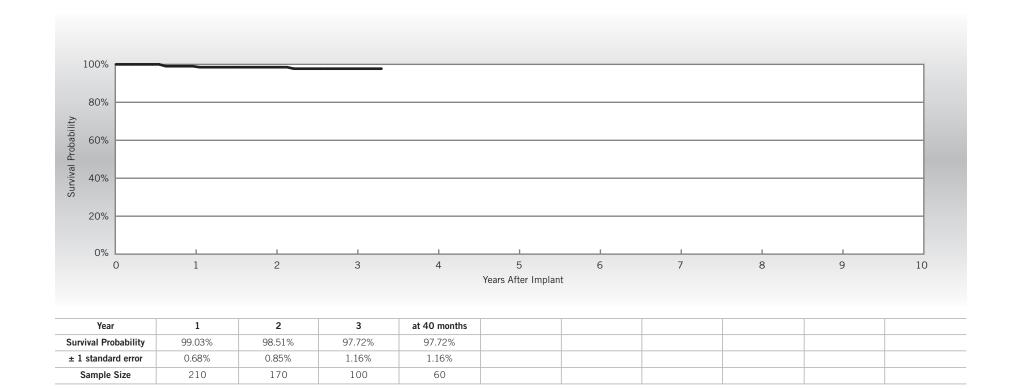
### Tendril<sup>™</sup> DX

#### Models 1388T & 1388TC

US Regulatory Approval	June 1997
Number of Devices Enrolled in Study	228
Cumulative Months of Follow-up	6,216
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Conductor Fracture	1	0.44%
Failure to Capture	2	0.88%
Insulation Breach	1	0.44%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	1	0.44%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.44%
Total	2	0.88%



Passive Plus<sup>™</sup>

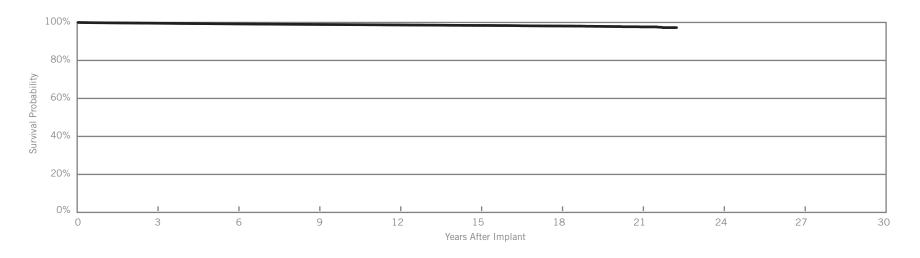
Passive Plus<sup>™</sup> DX

Models 1136T, 1142T, 1146T, 1222T, 1226T, 1236T, 1243T, 1246T

Models 1336T, 1342T & 1346T

1236T,	1242T	&	1246T
HC Dog	Ilatoni Anni		1

US Regulatory Approval	(1336T) August 1999; (1342T, 1346T) January 1998; (1136T, 1142T, 1146T) June 1994;
	(1222T, 1226T, 1236T, 1242T, 1246T) April 1990
Registered US Implants	371,176
Estimated Active US Implants	63,694
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	(1136T, 1142T, 1146T, 1222T, 1226T, 1236T, 1242T, 1246T) No;
	(1336T, 1342T, 1346T) Yes
Number of US Advisories	None



Year	3	6	9	12	15	18	21	at 268 months	
Survival Probability	99.58%	99.22%	98.94%	98.68%	98.43%	98.14%	97.66%	97.28%	
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.04%	0.06%	0.13%	0.31%	
Sample Size	271520	189200	124010	68350	29400	9570	1840	220	

# SUMMARY INFORMATION

Pacing Leads



# Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
2088TC	Tendril™ STS	99.84%	99.68%	99.52%							
1999	OptiSense™ Optim™	99.75%	99.63%	99.47%							
1944	IsoFlex™ Optim™	99.81%	99.71%	99.62%	99.62%						
1948	IsoFlex™ Optim™	99.87%	99.74%	99.57%	99.40%						
1699T/TC	OptiSense™	99.78%	99.71%	99.61%	99.54%	99.37%					
1888T/TC	Tendril™ ST Optim™	99.80%	99.67%	99.53%	99.36%	99.14%	98.88%				
1882T/TC	Tendril™ ST Optim™	99.78%	99.69%	99.59%	99.43%	99.34%	99.19%				
1782T/TC	Tendril™	99.80%	99.68%	99.60%	99.49%	99.34%	99.09%	99.00%			
1788T/TC	Tendril™	99.83%	99.75%	99.68%	99.60%	99.46%	99.32%				
1648T	IsoFlex™ P	99.81%	99.68%	99.42%	99.36%	99.15%	98.87%	98.60%			
1642T	IsoFlex™ S	99.87%	99.84%	99.77%	99.69%	99.61%	99.56%	99.42%	99.28%	99.14%	
1646T	IsoFlex™ S	99.86%	99.81%	99.71%	99.63%	99.52%	99.42%	99.26%	99.14%	99.06%	98.91%
1688T/TC	Tendril™ SDX	99.84%	99.73%	99.61%	99.50%	99.36%	99.20%	99.00%	98.74%	98.57%	
1488T/TC	Tendril™ SDX	99.81%	99.69%	99.59%	99.48%	99.36%	99.22%	99.11%	98.95%	98.79%	98.55%

## Acute Observation Summary

### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		.ead dgement		lure to	Ove	ersensing		ilure to Sense		sulation Breach	Р	normal acing pedance		racardiac mulation		Other	1	<b>Total</b>	Total Returned
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	for Analysis
2088TC	May-09	214435	176937	23	0.01%	1	<0.01%	129	0.06%	22	0.01%	6	<0.01%	7	<0.01%	4	<0.01%	7	<0.01%	0	0.00%	4	<0.01%	203	0.09%	126
1999	May-07	23849	19545	0	0.00%	0	0.00%	15	0.06%	2	<0.01%	1	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	20	0.08%	12
1944	Mar-08	9343	7208	0	0.00%	0	0.00%	24	0.26%	3	0.03%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	29	0.31%	19
1948	Mar-08	33739	26007	1	<0.01%	0	0.00%	18	0.05%	8	0.02%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	29	0.09%	19
1699T/TC	May-07	22845	14340	1	<0.01%	0	0.00%	4	0.02%	3	0.01%	2	<0.01%	8	0.04%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	20	0.09%	16
1888T/TC	Jun-06	261798	172940	32	0.01%	6	<0.01%	98	0.04%	64	0.02%	10	<0.01%	10	<0.01%	6	<0.01%	5	<0.01%	4	<0.01%	18	<0.01%	253	0.10%	135
1882T/TC	Jun-06	30999	22670	1	<0.01%	0	0.00%	15	0.05%	5	0.02%	2	<0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	27	0.09%	12
1782T/TC	Feb-06	16330	9848	6	0.04%	0	0.00%	13	0.08%	5	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.01%	1	<0.01%	2	0.01%	29	0.18%	16
1788T/TC	Feb-06	65079	36421	12	0.02%	1	<0.01%	31	0.05%	30	0.05%	2	<0.01%	2	<0.01%	1	<0.01%	9	0.01%	2	<0.01%	20	0.03%	110	0.17%	43
1648T	Apr-05	2823	1448	0	0.00%	0	0.00%	2	0.07%	2	0.07%	0	0.00%	1	0.04%	0	0.00%	0	0.00%	1	0.04%	0	0.00%	6	0.21%	1
1642T	May-02	26871	14029	0	0.00%	0	0.00%	49	0.18%	6	0.02%	0	0.00%	3	0.01%	0	0.00%	3	0.01%	1	<0.01%	0	0.00%	62	0.23%	38
1646T	May-02	90098	46116	4	<0.01%	2	<0.01%	37	0.04%	33	0.04%	0	0.00%	2	<0.01%	2	<0.01%	6	<0.01%	0	0.00%	2	<0.01%	88	0.10%	38
1688T/TC	Jun-03	417071	226190	54	0.01%	4	<0.01%	211	0.05%	143	0.03%	11	<0.01%	22	<0.01%	7	<0.01%	27	<0.01%	4	<0.01%	30	<0.01%	513	0.12%	232

### Chronic Complication Summary

### >30 Days

	US Regulatory	Registered	Estimated Active US		Cardiac rforation		nductor acture		ead dgement		lure to pture	Over	sensing		ilure to Sense		sulation Breach	F	normal Pacing pedance		racardiac mulation		Other	T	otal	Total Returned
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	for Analysis
2088TC	May-09	214435	176937	9	<0.01%	13	<0.01%	129	0.06%	74	0.03%	93	0.04%	14	<0.01%	37	0.02%	14	<0.01%	1	<0.01%	15	<0.01%	399	0.19%	280
1999	May-07	23849	19545	0	0.00%	0	0.00%	39	0.16%	9	0.04%	6	0.03%	1	<0.01%	8	0.03%	0	0.00%	0	0.00%	2	<0.01%	65	0.27%	46
1944	Mar-08	9343	7208	0	0.00%	0	0.00%	14	0.15%	1	0.01%	2	0.02%	2	0.02%	1	0.01%	0	0.00%	0	0.00%	1	0.01%	21	0.22%	9
1948	Mar-08	33739	26007	3	<0.01%	13	0.04%	10	0.03%	20	0.06%	14	0.04%	0	0.00%	5	0.01%	5	0.01%	0	0.00%	0	0.00%	70	0.21%	25
1699T/TC	May-07	22845	14340	0	0.00%	6	0.03%	23	0.10%	11	0.05%	13	0.06%	7	0.03%	2	<0.01%	5	0.02%	2	<0.01%	0	0.00%	69	0.30%	41
1888T/TC	Jun-06	261798	172940	23	<0.01%	58	0.02%	249	0.10%	214	0.08%	225	0.09%	27	0.01%	83	0.03%	39	0.01%	10	<0.01%	42	0.02%	970	0.37%	547
1882T/TC	Jun-06	30999	22670	0	0.00%	2	<0.01%	39	0.13%	18	0.06%	11	0.04%	3	<0.01%	8	0.03%	0	0.00%	0	0.00%	7	0.02%	88	0.28%	51
1782T/TC	Feb-06	16330	9848	0	0.00%	1	<0.01%	29	0.18%	16	0.10%	4	0.02%	3	0.02%	1	<0.01%	4	0.02%	1	<0.01%	1	<0.01%	60	0.37%	40
1788T/TC	Feb-06	65079	36421	3	<0.01%	7	0.01%	42	0.06%	53	0.08%	39	0.06%	7	0.01%	11	0.02%	15	0.02%	2	<0.01%	8	0.01%	187	0.29%	98
1648T	Apr-05	2823	1448	0	0.00%	2	0.07%	1	0.04%	3	0.11%	1	0.04%	0	0.00%	2	0.07%	3	0.11%	0	0.00%	2	0.07%	14	0.50%	5
1642T	May-02	26871	14029	0	0.00%	3	0.01%	22	0.08%	24	0.09%	5	0.02%	5	0.02%	2	<0.01%	2	<0.01%	0	0.00%	1	<0.01%	64	0.24%	18
1646T	May-02	90098	46116	2	<0.01%	50	0.06%	28	0.03%	119	0.13%	27	0.03%	5	<0.01%	17	0.02%	33	0.04%	1	<0.01%	11	0.01%	293	0.33%	63
1688T/TC	Jun-03	417071	226190	13	<0.01%	174	0.04%	280	0.07%	527	0.13%	285	0.07%	37	<0.01%	88	0.02%	203	0.05%	17	<0.01%	78	0.02%	1702	0.41%	722



## Malfunction Summary

	Registered US		onductor racture		ulation reach	W	rimps, elds & Bonds		Other		rinsic ctors	т	otal
Models	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088TC	214435	8	<0.01%	82	0.04%	0	0.00%	13	<0.01%	239	0.11%	342	0.169
1999	23849	2	<0.01%	3	0.01%	0	0.00%	3	0.01%	45	0.19%	53	0.22
1944	9343	0	0.00%	1	0.01%	0	0.00%	1	0.01%	7	0.07%	9	0.10
1948	33739	2	<0.01%	9	0.03%	0	0.00%	1	<0.01%	25	0.07%	37	0.11
1699T/TC	22845	8	0.04%	10	0.04%	0	0.00%	0	0.00%	39	0.17%	57	0.25
1888T/TC	261798	19	<0.01%	222	0.08%	1	<0.01%	10	<0.01%	464	0.18%	716	0.27
1882T/TC	30999	1	<0.01%	14	0.05%	0	0.00%	3	<0.01%	46	0.15%	64	0.21
1782T/TC	16330	1	<0.01%	7	0.04%	0	0.00%	0	0.00%	42	0.26%	50	0.31
1788T/TC	65079	3	<0.01%	43	0.07%	1	<0.01%	1	<0.01%	83	0.13%	131	0.20
1648T	2823	0	0.00%	4	0.14%	0	0.00%	2	0.07%	4	0.14%	10	0.35
1642T	26871	0	0.00%	9	0.03%	1	<0.01%	2	<0.01%	17	0.06%	29	0.11
1646T	90098	16	0.02%	21	0.02%	0	0.00%	6	<0.01%	51	0.06%	94	0.10
1688T/TC	417071	141	0.03%	324	0.08%	2	<0.01%	7	<0.01%	465	0.11%	939	0.23
1488T/TC	270663	142	0.05%	142	0.05%	5	<0.01%	2	<0.01%	319	0.12%	610	0.23

## Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of Devices	Cumulative Months of	F	onormal Pacing pedance		ardiac foration		iductor acture		acardiac nulation		ailure to pture		ilure to ense		ropriate nock		ulation reach		_ead dgement	Over	sensing		icardial fusion	Skin	Erosion	Т	·otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088	3437	74297	1	0.03%	1	0.03%	0	0.00%	0	0.00%	2	0.06%	1	0.03%	4	0.12%	9	0.26%	0	0.00%	1	0.03%	0	0.00%	19	0.55%	13	0.41%
1999	767	15408	1	0.13%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	0.91%	0	0.00%	0	0.00%	0	0.00%	8	1.04%	6	0.86%
1944	101	3765	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.99%	0	0.00%	0	0.00%	0	0.00%	1	0.99%	1	1.00%
1948	766	22740	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	0	0.00%	1	0.13%	1	0.13%	0	0.00%	0	0.00%	0	0.00%	3	0.39%	3	0.39%
1699T/TC	1451	50355	1	0.07%	0	0.00%	1	0.07%	0	0.00%	2	0.14%	0	0.00%	1	0.07%	7	0.48%	1	0.07%	0	0.00%	0	0.00%	13	0.90%	12	0.83%
1888T/TC	14387	562618	6	0.04%	2	0.01%	4	0.03%	3	0.02%	16	0.11%	4	0.03%	11	0.08%	53	0.37%	9	0.06%	0	0.00%	1	<0.01%	109	0.76%	109	0.76%
1882T/TC	673	24366	0	0.00%	0	0.00%	0	0.00%	1	0.15%	1	0.15%	0	0.00%	0	0.00%	2	0.30%	1	0.15%	0	0.00%	1	0.15%	6	0.89%	5	0.76%
1782T/TC	166	5171	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1788T/TC	360	9284	0	0.00%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	0	0.00%	0	0.00%	3	0.83%	0	0.00%	0	0.00%	0	0.00%	4	1.11%	4	1.11%
1646T	639	15615	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.47%	0	0.00%	0	0.00%	1	0.16%	0	0.00%	0	0.00%	0	0.00%	4	0.63%	3	0.47%
1688T/TC	2577	65936	2	0.08%	0	0.00%	2	0.08%	0	0.00%	3	0.12%	0	0.00%	2	0.08%	3	0.12%	1	0.04%	1	0.04%	0	0.00%	14	0.54%	13	0.51%
1488T/TC	796	22288	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1388T/TC	228	6216	0	0.00%	0	0.00%	1	0.44%	0	0.00%	2	0.88%	0	0.00%	1	0.44%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	1.75%	3	1.20%

#### Malfunctions

	Number of Devices		nductor acture		ulation each	We	imps, elds & onds	0	ther		rinsic ctors	Т	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088	3437	0	0.00%	3	0.09%	0	0.00%	0	0.00%	2	0.06%	5	0.15%
1999	767	0	0.00%	2	0.26%	0	0.00%	0	0.00%	3	0.39%	5	0.65%
1944	101	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1948	766	0	0.00%	1	0.13%	0	0.00%	0	0.00%	1	0.13%	2	0.26%
1699T/TC	1451	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.34%	5	0.34%
1888T/TC	14387	1	<0.01%	12	0.08%	0	0.00%	0	0.00%	23	0.16%	36	0.25%
1882T/TC	673	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	1	0.15%
1782T/TC	166	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1788T/TC	360	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1646T	639	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1688T/TC	2577	1	0.04%	3	0.12%	0	0.00%	0	0.00%	5	0.19%	9	0.35%
1488T/TC	796	0	0.00%	2	0.25%	0	0.00%	0	0.00%	1	0.13%	3	0.38%
1388T/TC	228	0	0.00%	1	0.44%	0	0.00%	0	0.00%	1	0.44%	2	0.88%



IMPLANTABLE CARDIAC MONITORS (ICMS)



### **Implantable Cardiac Monitors (ICMs)**

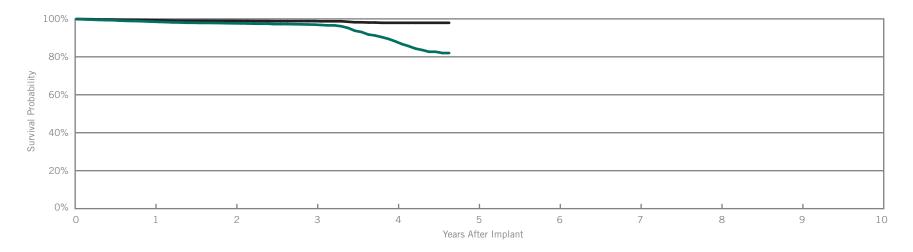
### **Customer Reported Performance Data**

### SJM Confirm<sup>™</sup>

### Model DM2100

US Regulatory Approval	August 2008
Registered US Implants	14,161
Estimated Active US Implants	8,581
Estimated Longevity	3 Years*
Normal Battery Depletion	125
Number of US Advisories (see pgs. 272-284)	One

	Mal	functions
	Qty	Rate
Electrical Component	1	<0.01%
Electrical Interconnect	1	<0.01%
Battery	10	0.07%
Software/Firmware	11	0.08%
Mechanical	0	0.00%
Possible Early Battery Depletion	3	0.02%
Other	25	0.18%
Total	51	0.36%



#### Including Normal Battery Depletion -

moraumg mormar bac	tory Depretion -							
Year	1	2	3	4	at 56 months			
Survival Probability	98.52%	97.66%	96.97%	88.17%	82.00%			
± 1 standard error	0.11%	0.16%	0.21%	0.67%	1.16%			
Sample Size	11100	6390	3660	1780	200			

#### Excluding Normal Battery Depletion

Year	1	2	3	4	at 56 months			
Survival Probability	99.29%	98.96%	98.82%	97.93%	97.93%			
± 1 standard error	0.08%	0.11%	0.12%	0.25%	0.25%			





# SUMMARY INFORMATION

Implantable Cardiac Monitors (ICMs)



### Implantable Cardiac Monitors (ICMs)

### Survival Summary

### **Including Normal Battery Depletion**

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
DM2100	SJM Confirm™	98.52%	97.66%	96.97%	88.17%						

### **Excluding Normal Battery Depletion**

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
DM2100	SJM Confirm™	99.29%	98.96%	98.82%	97.93%						

## Malfunction Summary

			Malfunctions															
		Registered		trical onent		ctrical connect	Bat	tery		tware/ nware	Mech	nanical	Ba	ole Early ttery letion	Ot	her	То	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
DM2100	SJM Confirm™	14161	1	<0.00%	1	<0.00%	10	0.07%	11	0.08%	0	0.00%	3	0.02%	25	0.18%	51	0.36%



## Update on Riata<sup>™</sup> Lead Performance

### **Registry and Post-Market Studies**

Prospective, monitored registries continue to provide the best data to support clinical decision making. St. Jude Medical initiated the Riata Lead Evaluation Study (RLES), which began in December 2011 and has enrolled 782 patients with Riata leads at sites in U.S., Canada and Japan. Phase I of the study involved enrollment, collection of patient information, thorough (3 angle) cinefluoroscopic imaging, and adjudication of cinefluoroscopic data by experienced, independent electrophysiologists for the presence of externalized conductors. U.S., Canadian, and Japanese data from Phase I were first reported by St. Jude Medical in the November 2012 Product Performance Report 2nd Edition. RLES data was subsequently presented at the 2013 Heart Rhythm Society Scientific Sessions and detailed in a peer-reviewed manuscript.<sup>1,2</sup>

In 2013 St. Jude Medical expanded the RLES to include Durata™ and Quicksite™/Quickflex™ leads and to increase the quantity of Riata™ and Riata™ ST leads. The expanded study, known as the "St. Jude Medical Cardiac Lead Assessment Study" (CLAS), began enrollment in February 2013 to ensure at least 500 leads in each of the following lead families: Riata, Riata ST, Durata and Quicksite/Quickflex. Under the new CLAS protocol, patients will be followed every six months for three years and cinefluoroscopy will be done at the enrollment, 1-year, 2-year and 3-year follow-up visits. The main objective of the study is to determine the prevalence and incidence of lead compromise evidenced by imaging (includes externalized conductors and other visual lead anomalies) and electrical dysfunction in Riata, Riata ST, Quicksite/Quickflex and Durata leads. All images were adjudicated by an independent panel of experienced electrophysiologists for determining the presence of externalized conductors. Additionally, upon occurrence of a lead revision during follow-up, another physician panel determined whether electrical dysfunction had occurred based upon predefined criteria. Enrollment is ongoing in CLAS. The following summaries for Riata/Riata ST and QuickSite/QuickFlex leads represent all data collected as of November 19, 2013. The Durata leads CLAS summary is available on page 264.



<sup>&</sup>lt;sup>1</sup>David Hayes, Roger Freedman, Anne Curtis, Mark Niebauer, G. Neal Kay, Jay Dinerman, Scott Beau, Wilson Wong, *Prevalence of Externalized Conductors in Riata and Riata ST Silicone ICD Leads: Results from a Prospective, Multicenter Study*, Heart Rhythm Society's Annual Scientific Sessions, Denver, CO, May 9, 2013.

<sup>&</sup>lt;sup>2</sup>David Hayes, Roger Freedman, Anne B. Curtis, Mark Niebauer, G. Neal Kay, Jay Dinerman, Scott Beau, *Prevalence of Externalized Conductors in Riata and Riata ST Silicone Leads: Results from the Prospective, Multicenter, Riata Lead Evaluation Study*, Heart Rhythm, in press, 2013.

Riata™/Riata™ ST CLAS Summary (as of Nov 19, 2013): A total of 776 patients with Riata/Riata ST silicone leads across 23 centers (8F/7F=66.6%/33.4%) were analyzed at enrollment. The prevalence of externalized conductors (EC) at enrollment was significantly lower in 7F Riata ST leads compared to 8F Riata leads (9.3% vs. 24.0%, p<0.0001). A total of 434 patients completed at least 1 year of follow-up with fluoroscopic evaluation (8F/7F=63.6%/36.4%). The time from implant for 8F Riata leads was 8.1±1.5 years (mean±stdev; median = 8.0 years; IQR = 7.1 to 9.0 years). The time from implant for 7F Riata ST leads was 6.4±0.9 years (mean±stdev; median = 6.6 years; IQR = 5.9 to 7.1 years). The incidence of new EC after 1 year in the study was 1.4% in 7F leads and 3.9% in 8F leads (p=0.21). During a mean follow-up period of 16.7±5.2 months (mean±stdev), a total of 14 leads (5 with EC, 9 without EC) were identified as having electrical dysfunction. There was no significant difference in the proportion of electrical failures in leads with and without EC (3.2% vs. 1.5%, p=0.16). Fluoroscopy data for 8 additional leads are pending adjudication and enrollment of Riata/Riata ST leads is on-going in the Cardiac Lead Assessment Study.

QuickSite™/QuickFlex™ CLAS Summary (as of Nov 19, 2013): A total of 179 patients implanted with QuickSite/QuickFlex Left Ventricular CRT leads at 26 centers underwent fluoroscopic evaluation. These include 20 leads implanted in 2006, 13 leads in 2007, 35 leads in 2008, 64 leads in 2009, and 47 leads in 2010, with an implant duration of 4.6±1.2 years (mean±stdev; median = 4.5 years; IQR = 3.6 to 5.5 years). The prevalence of externalized conductors at enrollment was 1.1%. The mean follow-up was 8.4±7.3 months (mean±stdev), during which there have been no cases of electrical dysfunction. Fluoroscopy data for 217 additional leads are pending adjudication and enrollment of QuickSite/QuickFlex leads is on-going in the Cardiac Lead Assessment Study.

### **Customer Reported Performance Data**

St. Jude Medical understands that the passive system of complaint reporting and returned product analysis results in under-reporting and hence underestimates the true failure rate associated with any given failure mechanism. This is especially true for externalized conductors since most manifest as visual anomalies only with normal electrical performance. While acknowledging these limitations, St. Jude Medical provides externalized conductor rates from the passive data system to maintain continuity with previously published data and to provide full disclosure of the data available to St. Jude Medical. As of August 31, 2013, there were 3402 cases of externalized conductors reported to St. Jude Medical worldwide on Riata™ (8F) and Riata™ ST (7F) silicone defibrillation leads, equating to a 1.85% (2890/156,000) incidence rate for Riata (8F) and 0.73% (512/70,600) for Riata ST (7F) leads. Of these 3402 leads, 2660 were not returned and 742 were returned for analysis.

As with any lead, there are failure mechanisms other than externalized conductors which result from insulation abrasion. Historically, the rate of all-cause insulation abrasion failures has been reported in the range of 3 to 10% (Kleemann et al., Annual Rate of Transvenous Defibrillation Lead Defects in Implantable Cardioverter Defibrillators over a Period > 10 years, Circulation 2007; 115:2474-2480). The most common form of insulation abrasion has been lead-to-can abrasion occurring in the pocket area. Externalization of conductors is another manifestation of insulation abrasion. It is most commonly caused by a mechanism referred to as inside-out abrasion, where the conductor cables become visible outside the insulation body. Approximately 86% of confirmed externalized conductors from product returns analysis are caused by inside-out abrasion, while 14% result from external sources of abrasion.

Flow Diagram of Insulation Abrasion Types and Failure Mechanisms

A flow diagram depicting specific insulation abrasion failure mechanisms for Riata™ and Riata™ ST silicone leads is shown in the following figure.

#### Insulation Abrasion External Internal Abrasion Abrasion Externalized Externalized **Internal Abrasion** Internal Abrasion Intravascular Intravascular Insulation Conductors -Lead-to-Can\* **Short Under** Conductors – Short Under - External\* - Inside Out\* Damage\* External\*\* Inside Out\*\* RV Shock Coil\* SVC Shock Coil\*

<sup>\*</sup>Determined by returned product analysis.

<sup>\*\*</sup>Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads.

Definitions of the failure mechanisms are provided below:

- **External Abrasion:** Abrasion resulting from direct contact with an implanted device (e.g., pulse generator can, another lead), calcified anatomy, or anatomical structure that results in an outer insulation breach.
- Internal Abrasion: "Inside-out" abrasion between a lead conductor and the outer insulation that results in an insulation breach.
- Intravascular Abrasion External: Direct contact with a foreign body (e.g., another lead), calcified anatomy, or cardiac structure within the vascular system or the heart that results in an outer insulation breach. The nature of the breach does not result in the conductors becoming visible outside the lead body. Determined by returned product analysis.
- Externalized Conductors External Source of Abrasion: Direct contact with a foreign body (e.g., another lead), calcified anatomy, or cardiac structure within the vascular system or the heart that results in an outer insulation breach and the normally contained conductors becoming visible outside the lead body. Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads. For those cases not returned, the assignment of an external source of abrasion is based on the fraction of externalized conductor cases identified by returned product analysis as external.
- Lead-to-Can Abrasion: Direct contact between the lead and the can (i.e. pacemaker, ICD, or CRT-D) that results in an outer insulation breach. Determined by returned product analysis.
- Insulation Damage: Insulation breaches that result from external mechanisms, including clavicular crush and outside-in abrasion by lead conductors.

  Determined by returned product analysis.
- Intravascular Abrasion Inside Out: "Inside-out" abrasion between a lead conductor and the outer insulation within the vascular system or the heart that results in an outer insulation breach. The nature of the breach does not result in the conductors becoming visible outside the lead body. Determined by returned product analysis.
- Externalized Conductors Inside-Out: Outward abrasion of conductors that results in an outer insulation breach within the vascular system or heart and the normally contained conductors becoming visible outside the lead body. Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads. For those cases not returned, the assignment of an inside-out source of abrasion is based on the fraction of externalized conductor cases identified by returned product analysis as inside-out.

- Internal Abrasion Short under RV Shock Coil: Outward abrasion of the conductor cables under the RV shock coil that results in breaches of the outermost silicone insulation and the ETFE cable insulator, allowing the exposed metal surface of the conductor cables to make direct contact with, and potentially short against, the overlying RV shock coil. Determined by returned product analysis.
- Internal Abrasion Short under SVC Shock Coil: Outward abrasion of the conductor cables under the SVC shock coil that results in breaches of the outermost silicone insulation and the ETFE cable insulator, allowing the exposed metal surface of the conductor cables to make direct contact with, and potentially short against, the overlying SVC shock coil. Determined by returned product analysis.

The table below summarizes the incidence of insulation abrasion failure mechanisms confirmed by returns analysis of Riata™ and Riata™ ST leads. Approximately 9,800 Riata and Riata ST leads have been returned for analysis worldwide through August 31, 2013. Returned leads may exhibit more than one failure mechanism; hence the incidence rates presented in the table are not mutually exclusive. Note that the rates for externalized conductors also include visual-only observations that have been reported for leads remaining implanted.

Riata™ (8F) and Riata™ ST (7F) Insulation Abrasion Failure Mechanisms from Complaints and Returns

Insulation Failure Mechanism	Abrasion Type	Riata (8F) Worldwide (WW) Incidence Rate (WW Sales = 156,100)	Riata ST (7F) Worldwide (WW) Incidence Rate (WW Sales = 70,600)
Intravascular – External*	External Abrasion	0.28%	0.24%
Externalized Conductors – External**	External Abrasion	0.25%	0.12%
Lead-to-Can*	External Abrasion	0.60%	0.53%
Insulation Damage*	External Abrasion	0.07%	0.04%
Intravascular - Inside Out*	Internal Abrasion	0.30%	0.14%
Externalized Conductors - Inside Out**	Internal Abrasion	1.62%	0.61%
Internal Abrasion Short Under RV Shock Coil*	Internal Abrasion	0.07%	0.02%
Internal Abrasion Short Under SVC Shock Coil*	Internal Abrasion	0.05%	0.004%

<sup>\*</sup>Determined by returned product analysis.



<sup>\*\*</sup>Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads.

## Update on Durata<sup>™</sup> Lead Performance

### **Registry and Post-Market Studies**

The safety and reliability of our Durata™ high voltage leads is supported by robust post-market surveillance monitoring. Data are collected on case report forms at each scheduled and unscheduled patient visit with additional information documented for any adverse event. We also employ a dedicated field monitoring organization to ensure that the data from the clinical site are accurately and completely submitted. Because of the size and scope of these actively monitored registries, they represent the true commercial experience with our current generation high voltage leads.

As described on pages 259-260, the Durata lead family was added to the CLAS registry study in 2013 to determine the prevalence and incidence of lead compromise evidenced by imaging (includes externalized conductors and other visual lead anomalies) and electrical dysfunction. While CLAS enrollment in ongoing, the data as of November 19, 2013 has found no evidence of conductor externalization in Durata leads. A total of 507 patients implanted with Durata leads at 26 centers underwent fluoroscopic evaluation. These include 111 leads implanted in 2008, 194 leads in 2009, and 202 leads in 2010, with an implant duration of  $3.9\pm0.8$  years (mean $\pm$ stdev; median = 3.8 years; IQR = 3.2 to 4.5 years). None of the 507 leads exhibited externalized conductors. During a mean follow-up period of  $3.5\pm1.8$  months (mean $\pm$ stdev), there have been no cases of electrical dysfunction. Fluoroscopy data for 34 additional leads are pending adjudication and enrollment of Durata leads is on-going in the Cardiac Lead Assessment Study.

Since 2006, three prospective, outcome-oriented, actively monitored registry studies have enrolled Durata and Riata<sup>™</sup> ST Optim<sup>™</sup> leads: the OPTIMUM registry, SCORE registry, and the SJ4 Post Approval Study (PAS). Currently, a total of 11,016 Optim insulated leads (8,149 Durata and 2,867 Riata ST Optim leads) are enrolled in these three studies at 293 sites. The raw data from these three registry studies, current as of August 31, 2013, were independently analyzed by the Population Health Research Institute (PHRI) of McMaster University/Hamilton Health Science.¹ Their results quantify the performance of the Durata and Riata ST Optim leads in the categories of externalized conductors, all-cause insulation breach, and all-cause mechanical failures. An externalized conductor represents an outer insulation breach within the vascular or cardiac systems resulting in the normally contained conductors becoming visible outside the lead body. All-cause insulation breach includes all types of abrasion and other mechanical types of insulation damage, including externalized conductors. The all-cause mechanical failure category includes any insulation breach (including abrasion), conductor fracture, failure of a crimp, weld, or bond, or other mechanical failure. Overall incidence rates for these three failure categories are provided in the table on page 265.

<sup>&</sup>lt;sup>1</sup>John A. Cairns, John Rickard, Christopher E. Buller, Stuart J. Connolly, Andrew E. Epstein, Jeffrey S. Healey, Janice Pogue, Ellison Themeles and Bruce L. Wilkoff, *Optim ICD Lead Failures: Long-term Rates From An Independent Analysis Of >10,000 Leads In 3 Prospective Registries*, Heart Rhythm Society's Annual Scientific Sessions, Denver, CO, May 9, 2013.

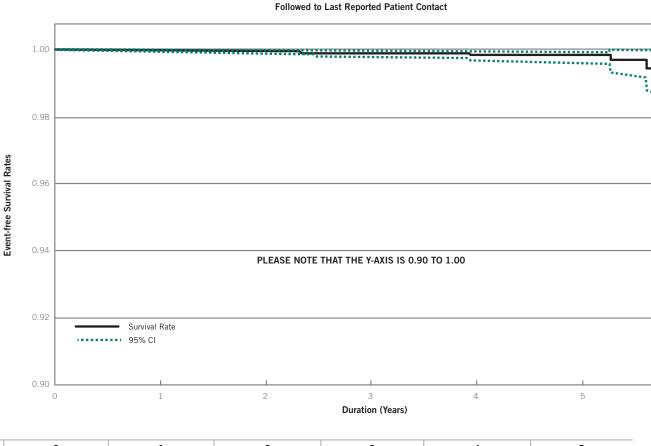


### An Independent Analysis of Durata™ and Riata™ ST Optim™ Lead Failure Rates in Active Registries by PHRI (data through August 31, 2013)

Failure Category	Durata and Riata ST Optim %	Durata and Riata ST Optim 95% CI	Freedom from failures at 5 years (%)
Externalized Conductors	0.00%	0.00% - 0.03%	100%
All-Cause Insulation Abrasion	0.12%	0.06% - 0.19%	99.8%
All-Cause Mechanical Failures	0.46%	0.34% - 0.60%	99.3%

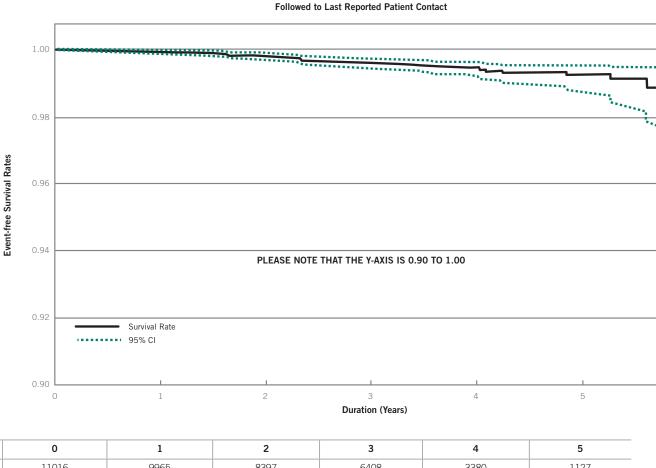
Event-Free Survival Rates for All-Cause Insulation Abrasion (Figure 1), and All-Cause Mechanical Failures (Figure 2) in Optim™ ICD leads were calculated by PHRI. The follow-up duration for active leads was based on last reported patient contact either in office or through remote monitoring. Lead implant date is used as time zero for these survival curves.

Figure 1: Event Free Survival Rates for All-Cause Insulation Abrasion in Optim™ ICD Leads as Calculated by PHRI



Year	0	1	2	3	4	5
Leads at Risk	11016	9971	8407	6426	3391	1131

Figure 2: Event Free Survival Rates for All-Cause Mechanical Failure in Optim™ ICD Leads as Calculated by PHRI



Year	0	1	2	3	4	5
Leads at Risk	11016	9965	8397	6408	3380	1127

#### **Customer Reported Performance Data**

While large active registry data are robust for determining the true incidence rate of failures, passively collected data from worldwide complaints and returns analysis provides an important data source for better understanding the root cause of lead failures, as well as an appropriate method for comparing relative incidence rates of failure between lead models. The table below summarizes the incidence of insulation abrasion failure mechanisms confirmed by returns analysis of Riata™ ST Optim™ and Durata™ leads. Approximately 10,200 Riata ST Optim and Durata leads have been returned for analysis worldwide through August 31, 2013. Returned leads may exhibit more than one failure mechanism; hence the incidence rates presented in the table are not mutually exclusive.

Durata™ (WW Sales 392,300) and Riata™ ST Optim™ (WW Sales = 33,000) Leads Insulation Failure Mechanisms from Complaints and Returns Analysis

Insulation Failure Mechanism	Abrasion Type	Optim Defib Lead Worldwide (WW) Incidence Rate (WW Sales = 425,300)
Intravascular – External*	External Abrasion	0.011%
Externalized Conductors – External**	External Abrasion	0.004%
Lead-to-Can*	External Abrasion	0.030%
Insulation Damage*	External Abrasion	0.013%
Intravascular - Inside Out*	Internal Abrasion	0.0002%***
Externalized Conductors - Inside Out**	Internal Abrasion	0.0002%***
Internal Abrasion Short Under RV Shock Coil*	Internal Abrasion	0.003%
Internal Abrasion Short Under SVC Shock Coil*	Internal Abrasion	0.003%

<sup>\*</sup>Determined by returned product analysis.

These incidence rates from complaints and returns analysis demonstrate the effectiveness of the Riata ST Optim and Durata lead design changes in reducing insulation-related failures when compared to the same type of data for Riata, Riata ST silicone leads (see page 263).

<sup>\*\*</sup>Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads.

<sup>\*\*\*</sup>The Riata ST Optim lead design included short lengths (0.5" nominal) adjacent to the shock coils which were not covered by the Optim sheath. These values reflect a total of two cases of silicone insulation breach due to inside-out abrasion in the short region not protected by Optim.

## Update on Optim<sup>™</sup> Lead Insulation

In 2006 St. Jude Medical brought to the cardiac rhythm management (CRM) market the first novel insulation technology in over 20 years: a silicone-polyurethane co-polymer known as  $Optim^{TM}$  lead insulation, now featured in  $IsoFlex^{TM}$   $Optim^{TM}$ ,  $Tendril^{TM}$  STS,  $OptiSense^{TM}$ ,  $QuickFlex^{TM}$ , and  $Durata^{TM}$  lead families. Optim lead insulation consolidates the best characteristics of two established CRM lead insulation materials, polyurethane and silicone.

The polyurethane content of Optim lead insulation imparts lubricity, strength, and abrasion resistance while the nearly 50% silicone content imparts flexibility and biostability. The clinical performance of >2.3 million Optim insulated pacing and tachycardia leads implanted worldwide continues to be excellent.

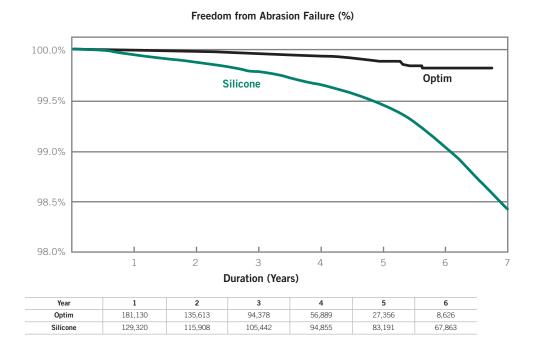
All aspects of Optim lead insulation performance can be appreciated by referring to the Acute Observation, Chronic Complication, Lead Malfunction, and Survival Probability data found in this Product Performance Report. One noteworthy reliability benefit of Optim lead insulation is a significant reduction in the most common mode of lead malfunction: insulation abrasion.<sup>3</sup> Insulation abrasion can occur as a result of lead motion and contact with pacemakers, ICDs, adjacent leads, or anatomical structures and can occur in the subcutaneous, intravascular, or intracardiac areas of the lead. Abrasion within a lead can occur as a result of contact between internal components, as noted in our November 2011 Riata<sup>™</sup> lead advisory. The clinical effects associated with all types of insulation abrasion malfunctions can include sensing noise and changes in both pacing and defibrillation impedances and thresholds. As indicated in our December 2010 Riata communication, the presence of Optim lead insulation on the Riata<sup>™</sup> ST Optim and Durata defibrillator lead family has greatly reduced the quantity of all abrasion types.

This product performance report provides an up-to-date statistical assessment of the benefits of Optim lead insulation on St. Jude Medical tachycardia leads. A Kaplan-Meier analysis including all U.S. data through June 30, 2013 was performed on two groups of leads: (1) tachycardia leads with silicone insulation [Riata ST lead families], and (2) tachycardia leads with Optim lead insulation [Riata ST Optim and Durata lead families]. For each group, the U.S. registration and tracking data was combined with data from all U.S. confirmed abrasion malfunctions. This analysis does not include data from prospective registries or non-returned complaints. A Kaplan-Meier curve representing freedom from abrasion for both groups is provided below. The longest implant duration that is common to both model groups was 80 months. To provide a direct comparison of both model groups, the probability of an abrasion malfunction by 80 months of implant time is also presented in graphical format below.

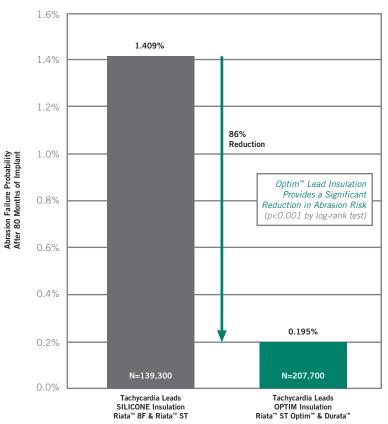
The data show that the presence of Optim<sup>™</sup> lead insulation dramatically reduces the probability of abrasion malfunction in tachycardia leads at 80 months by 86%, which was confirmed to be statistically significant (p<0.001) by a log-rank test.

### Optim<sup>™</sup> Lead Insulation Effects on SJM Tachycardia Lead Abrasion

Kaplan-Meier Analysis of US Returns Analysis Data



### Abrasion Malfunction Probability after 80 Months of Implant



<sup>&</sup>lt;sup>1</sup> C. Jenney, J. Tan, A. Karicherla, J. Burke, and J. Helland, "A New Insulation Material for Cardiac Leads with Potential for Improved Performance," HRS 2005, HeartRhythm, 2, S318-S319 (2005).

<sup>&</sup>lt;sup>3</sup> T. Kleemann, T. Becker, K. Doenges, M. Vater, J. Senges, S. Schneider, W. Saggau, U. Weisse, and K. Seidl, "Annual Rate of Transvenous Defibrillation Lead Defects in Implantable Cardioverter-Defibrillators Over a Period of >10 Years," Circulation, 115, 2474-2480 (2007).



<sup>&</sup>lt;sup>2</sup> J. Tan and C. Jenney, "Comparative In Vivo Biostability Study of A New Lead Insulation Material Versus Polyurethanes," HRS2006, Heart Rhythm, 3, S146 (2006).



The following table summarizes recalls, advisories and safety alerts regarding St. Jude Medical implantable devices since 1999. These advisories have been previously communicated to physicians. Advisories associated with non-implantable devices such as catheters are not included in the table. For more information please contact St. Jude Medical Technical Services at 1-800-722-3774.

#### ICD and CRT-D Devices

#### **Model Identification** Advisory Follow-up Recommendations at Time of Advisory Fortify ST™ (Models CD1235-40, 4/18/2013 In order to prevent the potential for inappropriate therapy during the software upgrade process, consider programming the "Tachy Therapy CD1235-40Q, CD2235-40, and Outside US only Enabled/Disabled" function to Disabled prior to proceeding with the software upgrade. It is imperative to re-interrogate the device and CD2235-40Q) program the "Tachy Therapy Enabled/Disabled" function to Enabled after the upgrade has been successfully completed. As with any device The Merlin™ PCS programmer software Model 3330 versions evaluation and programming, ECG monitoring and availability of back up external defibrillation equipment is recommended during the 14.2.2, 16.2.1 and 17.2.1.1 provide new features for entire software upgrade process. St. Jude Medical ICDs, including an option to enhance the ST diagnostic features in St. Jude Medical Fortify ST™ ICD models Current Status (June 30, 2013): Updates to be provided in the following PPR edition. CD1235-40, CD1235-40Q, CD2235-40 and CD2235-40Q via a device software upgrade. During a device software upgrade, implanted devices are temporarily placed into the back-up pacing (BVVI) and back-up defibrillation only (BDFO) mode. The back-up mode parameter settings will be in effect for the two minute upgrade process. Once the upgrade successfully completes, the device will revert to the previously programmed parameter settings. Depending on the individual patient, this temporary change in parameter values while in back-up defibrillation only mode could make the device susceptible to oversensing and potentially deliver high voltage therapy during the upgrade procedure.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Convert™+ (Model V-195)	5/6/2010 Outside US only A condition where devices programmed to a two-zone tachy therapy configuration, using a Merlin™ Patient Care System (PCS) programmer running version 7.2.1, 8.2.1 or 10.2.0 software, can result in the VT Therapy Timeout parameter being programmed OFF and HV therapy not being available if ATP therapies are unsuccessful.	If a patient's device is already programmed to a two zone configuration with a Merlin™ PCS programmer running version 7.2.1, 8.2.1 or 10.2.0, a follow-up visit should be scheduled to perform the recommendations outlined below:  A permanent correction is available in the new release of the Merlin™ PCS programmer software version 10.2.2 which has received regulatory approval. Subsequently using a Merlin™ programmer with 10.2.2 (or later) software and following the steps outlined below will ensure that the VT Therapy Timeout parameter is programmed 0N.  1. Interrogate the Convert+ ICD and verify that it is programmed to a two zone configuration. 2. Program the device to a single zone, fibrillation only tachycardia mode. This action will program the VT Therapy Timeout parameter ON. 3. Re-program the device to the desired two zone configuration. (VT Therapy Timeout will remain ON).  If your patient's device is programmed to a single zone (fib only) there is no need to perform any reprogramming action.  As these actions fully correct the potential issue there is no need to consider any device explant.  Current Status (June 30, 2013): At the time of the advisory there was one report of this issue out of approximately 330 Convert+ Model V-195 ICDs distributed in Europe and Asia. As of June 30, 2013, there have been no additional reports associated with this advisory.

#### ICD and CRT-D Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic™ ICDs (Models V-197, V-235, V-337, V-338, V-339), Epic™ + ICDs (Models V-196, V-233, V-236, V-239, V-350) Epic™ II ICDs (Models V-158, V-255, V-258, V-355, V-356, V-357) Atlas™ + ICDs (Model V-340, V-341, V-343, V-193, V-242, V-243) Atlas™ II ICDs (Models V-168, V-265, V-268, V-365, V-366, V-367)	1/16/08 Class II A very rare condition (incidence of eight in 143,000 devices worldwide; six in the US and two outside the US) that could lead to a ventricular sensing anomaly in Epic™ and Atlas™ family of implantable cardioverter defibrillators (ICDs) has been identified. A loss of ventricular sensing would prevent an ICD from being able to detect an arrhythmia. The loss of ventricular sensing anomaly can only occur when the device's software writes to a particular memory location and only if there is a precise alignment of two timing parameters that normally do not coincide during routine operation of the device. The precise alignment requires the software write to occur at the exact time that a comparison is made during a specific 61 microsecond (µsec) window.	A simple programmer software/device firmware upgrade will resolve the issue and prevent a future occurrence. Patients who are followed on a routine basis with scheduled follow-up visits every three to six months should continue with their scheduled visit. Upon interrogation of one of the subject devices, the Merlin™ Patient Care System and Model 3510 programmers with the newly provided software will automatically identify a device that can benefit from a firmware upgrade and will instruct the clinician that an upgrade is available.  St. Jude Medical, along with our independent Medical Advisory Board members, has determined that no other action is recommended.  Current Status (June 30, 2013): At the time of the advisory, there were 8 worldwide (6 U.S.) devices confirmed to have been affected by this issue. As of June 30, 2013 there have been no additional devices confirmed to have this issue since the time of the advisory.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory

Photon™ DR (V-230HV) (certain serial numbers), Photon™ Micro VR/DR (Models V-194/V-232), Atlas™ VR/DR (Models V-199/V-240)

10/7/05 Class II

A particular vendor-supplied memory chip can be affected at a low frequency rate by background levels of atmospheric ionizing cosmic radiation ("background cosmic radiation"). The anomaly can trigger a temporary loss of pacing function and permanent loss of defibrillation support.

In the unlikely event that a device chip is affected by background cosmic radiation, the high current drain condition will deplete the battery voltage rapidly. This can result in loss of output for a period up to approximately 48 hours. During this period, the patient would be without pacing or defibrillation therapy. After this initial period, the battery will reach a voltage level at which the device will enter its "Hardware Reset Mode." This safety mode is designed to preserve the device's ability to provide VVI pacing support. A device that has been reset to the Hardware Reset Mode will operate in the VVI mode at 60 ppm, but will not be capable of providing tachycardia detection or therapy. This will be noted by a warning message on the programmer screen upon device interrogation.

To assist in your patient care and following discussions with our independent Medical Advisory Board, St. Jude Medical recommends: If it is not already your current practice, physicians should perform routine device monitoring every three months for patients with the affected models listed above.

In determining whether additional patient management or follow up may be needed, consider the low failure rate for the anomaly and the unique medical needs and situation of each individual patient, including whether the patient is pacemaker dependent or at high risk for life-threatening arrhythmias.

If a patient's device is found in the Hardware Reset Mode, you should arrange for device replacement as soon as possible. You should continue to provide patients with the usual admonitions to keep scheduled appointments and to report all changes in symptoms.

**Current Status (June 30, 2013):** At the time of the advisory, there were 60 worldwide (38 U.S.) devices confirmed to have been affected by this issue. As of June 30, 2013 there were an additional 42 worldwide (28 U.S.) devices confirmed with this issue. This is within the 95% confidence interval prediction made at the time of the advisory. There have been no reports of serious injury or death.



#### ICD and CRT-D Devices

#### ICD and CRT-D Devices

Epic™ DR/HF (V-233/V-337/V-338), Epic™ Plus DR/NR/HF (V-236/V-239/V-196/ V-239T/V-196T/V-350), Atlas™ DR (V-242), and Atlas™ Plus DR/NR/HF (V-243/V-193/V-193C/ V-340/V-341/V-343)

**Model Identification** 

#### Advisory

6/13/05 Class II

Two anomalies have been identified:

- Due to a device software anomaly, it is possible that when the device's battery is nearing its elective replacement indicator (ERI), a charging cycle may be skipped.
- 2. After a capacitor charge, if a rate responsive pacing mode (e.g., DDDR, VVIR, etc.) is programmed "On," this "noise" may be interpreted by the device's accelerometer (activity sensor) as physical activity, causing a temporary increase in the pacing rate that may persist after charging is completed.

#### Follow-up Recommendations at Time of Advisory

Two anomalies were discovered during routine product monitoring. **Neither of these anomalies presents a significant clinical risk** to your patients, and no clinical complications have been reported to St. Jude Medical. **Both are easily corrected** by performing a simple, automated software download to the device. This potentially affects approximately 30,000 implanted ICDs in the United States and includes the following model numbers:

Epic™ DR/HF (V-233\(\bar{N}\)-337\(V-338\), Epic™ Plus DR/VR/HF (V-236\(V-239\(V-196\(V-239\(V-196\(V-239\(V-196\(V-239\(V-391\(V-196\(V-239\(V-196\(V-239\(V-391\(V-336\(V-242\))\), and Atlas™ Plus DR/VR/HF (V-243\(V-341\(V-343\)). The first anomaly can occur when one of the affected devices attempts to deliver multiple shocks in rapid succession. Due to a device software anomaly, it is possible that when the device's battery is nearing its elective replacement indicator (ERI), a charging cycle may be skipped. If this were to occur, the first shock will always be delivered as programmed and, if needed, the next shock in the programmed sequence would be delivered after a delay of only two to four seconds. A skipped charge would result in less than the full number of programmed shocks being available for delivery during that episode, but all delivered shocks would be at their programmed energy. This behavior was discovered as an incidental finding during analysis of one returned device that had delivered a large number of high-voltage shocks over a short time period.

A second anomaly is caused by electrical "noise" generated as a result of the charging of the device's high-voltage capacitors. After a capacitor charge, if a rate responsive pacing mode (e.g., DDDR, VVIR, etc.) is programmed "On," this "noise" may be interpreted by the device's accelerometer (activity sensor) as physical activity, causing a temporary increase in the pacing rate that may persist after charging is completed. The degree and duration of the rate increase will depend on a variety of factors, but the rate will never exceed the programmed Maximum Sensor Rate, and the device will gradually return to the appropriate rate. The anomalous behavior, which has been observed during the performance of manual capacitor maintenance, has been traced back to a component supplied to St. Jude Medical by one vendor; therefore, only the subset of the device models listed above that were manufactured with the affected component (device serial numbers below 141000 for any model) will exhibit this behavior.

St. Jude Medical has developed programmer software that will automatically detect the affected ICDs and download device software that will correct the "skipped charge" anomaly and mitigate the response to electrical noise. Once the upgrade is performed, the potential for a skipped charge will be eliminated. Additionally, once the upgrade is performed if a rate responsive mode is programmed '0n," devices with serial numbers below 141000 will have their rate response functions suspended for the time period during which the electrical noise could be present (i.e., while significant residual voltage remains on the high-voltage capacitors); non-rate responsive pacing at the programmed base rate will continue to be provided as appropriate. This period during which rate response is suspended may last anywhere from a few minutes up to approximately 90 minutes. If rate responsive pacing was ongoing prior to charging, the pacing rate will gradually decrease to the base pacing rate according to the normal rate response recovery algorithm and will remain there while rate responsive pacing is suspended. The rate response behavior for devices with serial numbers greater than 141000 will not be affected by the software download.

The software download for potentially affected devices will automatically be initiated the next time the patient's device is interrogated with the v4.8.5 programmer software. Since a skipped charge is more likely to occur in devices that are closer to their elective replacement indicator (ERI), St. Jude Medical recommends that if the next patient follow-up is not scheduled to occur within the next six months that the patient be seen within this time period.

In addition, if devices are programmed to pacing settings that result in high current consumption, such as high output bi-ventricular pacing, consideration should be given to scheduling the patient for a follow-up visit within three months if it is not scheduled to occur within that time period. As always, St. Jude Medical defers to your clinical judgment on any decisions regarding the management of your patients.

Current Status (June 30, 2013): There have been no implanted devices confirmed to have been affected by this issue since the time of the advisory.



### ICD and CRT-D Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic™ (V-197, V-235), Epic™+ (V-196, V-236), Epic™+ HF CRT-D (V-338), Epic™+ HF CRT-D (V-350), Atlas™+ (V-193, V-243), Atlas™+ HF CRT-D (V-340), or Atlas™ (model V-242) ICDs	3/10/05 Class II A software parameter that affects the sensitivity of the reed switch in the listed devices was being set to an incorrect value which could prevent these devices from entering the magnet mode to inhibit tachy therapy when an external magnet is applied.	During routine product evaluation, St. Jude Medical Quality Assurance identified that a software parameter that affects the sensitivity of the reed switch in the listed devices was being set to an incorrect value during manufacturing beginning in late November of last year. This has the effect of preventing these devices from entering the magnet mode to inhibit tachy therapy when an external magnet is applied. <b>This is a software controlled parameter that can be easily corrected via the programmer.</b> All other bradycardia pacing and tachyarrhythmia detection and therapy features are not affected in devices subject to this notification. Until the magnet sensitivity parameter is corrected via the programmer, tachy therapy may not be properly inhibited as is customary with placement of an external magnet, but can be inhibited by using the programmer to program the device to Defib Off, and then back On as needed.
		The affected devices were manufactured during a three month period beginning November 22, 2004. To date, there have been no field reports of any magnet mode failures, nor have there been any clinical complications reported associated with this issue. Magnet mode application is usually used to inhibit tachycardia therapy such as when a patient is subjected to electrocautery during a surgical procedure. In order to remedy this situation, in addition to this notification, St. Jude Medical Sales Representatives and Field Clinical Engineers have been provided with a simple software tool that can be used to set, via the programmer, the reed switch's magnet sensitivity to the proper value. You may contact them to schedule this reprogramming at the patient's next scheduled follow-up visit or at your discretion.
		Current Status (June 30, 2013): There have been no implanted devices confirmed to have been affected by this issue since the time of the advisory.
Model Identification	Advisor	
	Advisory	Follow-up Recommendations at Time of Advisory
Profile™ V-186	7/13/01 Class II Failure of a ceramic capacitor could lead to sensing anomalies/early battery depletion	This Advisory applies to a well-defined group of Profile™ MD (Model V-186HV3) implantable cardioverter-defibrillators (ICDs) which have been observed to exhibit decreased reliability. These devices had specific modules (subcircuits) manufactured during a five-month period during the first half of 1999. Those potentially affected devices that have not exhibited any anomalous behavior within 24 months of manufacture are not at increased risk of failure at a later date. These failures were caused by a component anomaly that is limited to a specific, traceable lot (group) of capacitors.
	7/13/01 Class II Failure of a ceramic capacitor could lead to sensing anomalies/	This Advisory applies to a well-defined group of Profile™ MD (Model V-186HV3) implantable cardioverter-defibrillators (ICDs) which have been observed to exhibit decreased reliability. These devices had specific modules (subcircuits) manufactured during a five-month period during the first half of 1999. Those potentially affected devices that have not exhibited any anomalous behavior within 24 months of manufacture are not at increased risk of failure at a later date. These failures were caused by a component anomaly that is limited to a

#### Pacemaker and CRT-P Devices

#### **Model Identification** Advisory Follow-up Recommendations at Time of Advisory Accent™ SR (Model PM1110) and 12/7/12 St. Jude Medical makes the following recommendations: Accent™ DR (Model PM2112) Outside US Only ■ Identify affected patient Due to an incorrect software setting, a specific subset of the Review your patient's clinical indications for pacing and determine the clinical need for rate responsive, sensor driven pacing. Accent<sup>™</sup> SR and Accent<sup>™</sup> DR shipped to certain countries ■ In the event that a patient requires rate responsive sensor driven activity pacing and exhibits clinical symptoms due to the lack of outside the US will not provide a change in the sensor driven increased pacing rates with exercise, please contact your local Sales Representative or our Technical Support ■ Continue to follow patients on their standard follow-up schedule. (rate responsive) pacing rates in response to patient physical activity. All other programmed parameters, features and functions operate as designed, e.g. an Accent DR device Current Status (June 30, 2013): The programmer software update was released the software April 2013. At the time of the programmed to DDDR will appropriately track atrial activity and advisory, approximately 6,000 affected devices were implanted. There have been no additional devices confirmed to have this issue since properly function in the DDD mode. A non-invasive programmer the time of the software release in April 2013 through June 30, 2013. software solution that will correct the issue in all affected, implanted devices will be available once regulatory approval has been completed.

#### Model Identification

Accent<sup>™</sup> DR (Models PM2110, PM2112, PM2210 and PM2212) and Anthem<sup>™</sup> CRT-P (Models PM3110, PM3112, PM3210 and PM3212)

#### Advisory

9/22/11 Class II

A small amount of electrical charge may accumulate within an internal capacitor which results in a low or varying pacing lead impedance (PLI) value during the automatic daily measurements. An out of range lead impedance measurement may result in a patient notifier alert, a remote monitoring Merlin.net\* Patient Care Network alert, or a prior alert message to be displayed on the programmer screen at the next in-clinic follow-up.

#### Follow-up Recommendations at Time of Advisory

In order to prevent a false reading, a new Merlin<sup>TM</sup> Patient Care System programmer software version is available. When used to interrogate an Accent DR or Anthem CRT-P pacemaker this software will eliminate the potential for this anomaly to occur. With the new software, the programmer will automatically activate circuitry in the pacemaker during the interrogation process to ensure that any residual charge on the capacitor is discharged prior to performing the daily PLI measurement. The onetime upgrade is performed automatically on affected devices and will not change the operation of the implanted device. Your St. Jude Medical Sales Representative will assist you in loading the new programmer software onto your Merlin programmer.

If you are following any patients implanted with Accent DR pacemakers or Anthem CRT-P devices, St. Jude Medical makes the following recommendations, which are consistent with standard best practices:

- Ensure that the new programmer software version is loaded on your programmers as soon as practical.
- Continue to follow patients on their standard follow-up schedule. Since the likelihood of the low lead impedance measurement is low, the device interrogation can be performed at the patient's next regular scheduled follow-up visit.
- In the event that a patient receives a low lead impedance alert before the new programmer software has been loaded, we suggest that you evaluate the device as you normally would for any such instance. If the daily pacing lead impedance value is out-of range, re-interrogate the device's measured data and look at the lead impedance values. This "in-clinic" measurement is not affected by the aforementioned capacitor charge build-up and will provide an accurate lead impedance measurement.

Current Status (June 30, 2013): World-wide, 13 Accent DR (<0.01%) and 225 Anthem CRT-P (1.6%) devices have exhibited this diagnostic anomaly.



Current Status (June 30, 2013): There have been no implanted devices confirmed to have been affected by this issue since the

### Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Identity™ SR (5172) Identity™ DR (5370) Identity™ XL DR (5376)	10/12/06 Class II A programmer software anomaly can lead to incorrect reporting of battery voltage, expected battery longevity and elective replacement indicator (ERI) status in St. Jude Medical Identity™ pacemakers. The anomaly does not affect the device's actual battery voltage, longevity or functionality, but could result in inaccurate reporting of the status of these measured data parameters. This software anomaly can appear in the St. Jude Medical Identity™ family of pacemakers when programmed by the St. Jude Medical APS™ III Model 3500/3510 or Merlin™ Patient Care System Model 3650 programmers.	No follow-up is recommended at the time of advisory. Devices do not need to be replaced. A programmer software update, pending FDA and other regulatory agency approval, will mitigate this anomaly when the device is interrogated. Before the programmer software update is available, any subsequent measured data update that is performed during the session would be valid and the device operating magnet rate would be up-to-date. After the programmer software update is available, any device affected by this issue will be automatically corrected via the normal interrogation process.  Current Status (June 30, 2013): At the time of the advisory, there were 53 worldwide (50 U.S.) devices confirmed to have been affected by this issue. As of June 30, 2013 there were an additional 78 worldwide (65 U.S.) devices confirmed with this issue, all prior to the distribution of the software fix.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Identity ADx™ DR Models 5286, 5380, 5386 and 5480	7/31/03 Class II An anomaly in the pacemaker code, which under a certain set of programmed settings and specific event timing circumstances could deliver a short coupled pacing interval of 300 ms (200 ppm). Consecutive (up to a maximum of 12) shorter than anticipated pacing intervals could be experienced.	St. Jude Medical's software engineering department has identified an anomaly in the pacemaker code, which under a certain set of programmed settings and specific event timing circumstances has a potential to deliver a short coupled pacing interval of approximately 300 milliseconds (200 ppm). It is also possible, however unlikely, that a patient could experience consecutive (up to a maximum of 12) shorter than anticipated pacing intervals. <b>To date, the only clinical observation has been the delivery of a single short interval. There have been no reports of patient injury as a result of the shortened pacing interval.</b> In order for the above mentioned shortened pacing interval to potentially occur, the programmed settings of the dual-chamber device would have to satisfy both of the following conditions:  Base rate, rate hysteresis or rest rate programmed to 55 ppm or lower  AutoCapture™ pacing system programmed ON  Additionally, it should be noted that even with the following settings, the shortened pacing interval will not occur unless specific internal timing and other conditions are met. If the device is programmed to any other combination of settings (e.g. base rate, hysteresis rate and rest rate all at 60 ppm or above, or AutoCapture programmed OFF), the scenario described above cannot occur.  St. Jude Medical recommends that physicians review their records to identify which, if any, of their patients implanted with a subject device have programmed settings as described above. For these patients, they should schedule a pacemaker programming session as soon as possible to temporarily program AutoCapture OFF or adjust the base rate, rate hysteresis and rest rate to 60 ppm or above. The root cause of potentially delivering the short pacing interval has been identified and a downloadable firmware correction has been developed to prevent any future occurrence. The revised firmware will be made available to the physicians via a new programmer software version immediately following FDA approval. The revised code



time of the advisory.

### Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Tempo™ 2102 and Meta™ 1256D	11/04/02 Class II Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	Decreased reliability has been observed in a group of these devices. The devices in the advisory population were manufactured at the Telectronics' manufacturing facility between the second quarter of 1996 and the second quarter of 1997. Premature battery depletion resulting from bridging between adjacent connectors has resulted in no output or no telemetry in 1% of this population of devices to date. The following recommendations are made:  Physicians are advised to review patients who have 1256D/2102 pacemakers at an early date to evaluate pacemaker function.
		For patients who are pacemaker dependent, the physician should give consideration to explantation and replacement as soon as practicable.
		For patients who are not considered pacemaker dependent, the physician should consider replacement only if any abnormal function is identified (such as no output, telemetry loss, telemetry abnormality or premature end of life indication). All remaining non-pacemaker dependent patients with 1256D/2102 pacemakers should subsequently be reviewed at least every six months.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Tempo™ 1102, 1902, 2102, 2902 and Meta™ 1256D	11/04/02 Class II Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	This Advisory applies to a well-defined group of Tempo™ and Meta™ 1256D pacemakers which have been observed to exhibit premature battery depletion. This is an extension of a previous Tempo™/Meta™ advisory dated 6/6/00. The following recommendations are made:  For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent, unless pacemaker replacement is medically contraindicated.  For patients who are not considered pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Meta™ DDDR 1256	6/6/00 Class II Integrated circuit failure due to electrostatic discharge during manufacturing resulting in no output or sensing anomalies.	This Advisory applies to a well-defined group of Meta™ 1256 pacemakers, which have been observed to exhibit decreased reliability. The following recommendations are made:  For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent, unless pacemaker replacement is medically contraindicated.  For patients who are not considered pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.

### Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Tempo™ 1102, 1902, 2102, 2902, and Meta™ 1256D	6/6/00 Class II Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	This Advisory applies to a well-defined group of Tempo™ and Meta™ 1256D pacemakers, which have been observed to exhibit premature battery depletion. The following recommendations are made:  For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent, unless pacemaker replacement is medically contraindicated.  For patients who are not considered pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Trilogy™ 2250L, 2260L, 2264L, 2308L, 2318L, 2350L, 2360L, 2364L	3/10/00 Class II Risk of malfunction due to an anomaly of the pacemaker's microprocessor. Typical manifestations of this anomaly are dashes observed on the programmer screen, unexpected rate variation, abnormally high battery current drain, and mode change.	Continued monitoring of Trilogy™ devices affected by an Advisory issued in July 1999 has revealed an additional low level of adverse events. A sub-population of the above models, principally those manufactured before January 1999, is potentially affected by a risk of malfunction due to an anomaly of the pacemaker's microprocessor. To date this has been reported in only 0.11% of the implanted population. Typical manifestations of this anomaly are: Interrogation/programming difficulties, including the presence of dashes (—) on the programmer screen for some parameter values after interrogation Unexpected rate variations Abnormally high battery current drain Mode change The presence of dashes on the programmer screen is typically caused by partial programming of one or more of the programmed parameters and may be corrected by reprogramming, please contact your St. Jude Medical representative, as it may be possible to resolve the situation non-invasively via special programming and may not be indicative of a microprocessor anomaly.  Considering the low level of incidence of this anomaly, the following steps are recommended:
		<ol> <li>Assess the patient population, relative to the potential for an inappropriate mode change to single-chamber atrial pacing, to determine which patients are pacemaker-dependent and have an inadequate ventricular escape rhythm.</li> <li>Replacement of a device always remains a matter of clinical judgement, including balancing the clinical risk associated with</li> </ol>

pacemaker replacement against the risk of device malfunction.

3. Almost all microprocessor malfunctions described in this notification were found during routine follow-up. This reinforces the importance that pacemaker patients should be followed regularly in accordance with best prevailing medical practices.

### Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Affinity™ 5130L, 5130R, 5330L, 5330R, 5230L, 5230R	2/14/00 Class II An unsecured resistor connection to the hybrid circuit might cause abnormal measured data, false RRT indication, backup VVI mode, or intermittent loss of output.	This advisory applies to a very specific, well-defined group of Affinity devices that have been implanted worldwide. The device may exhibit any or all of the following output anomalies:  Abnormal measured battery data,  A false recommended replacement (RRT) indication, Reversion to back-up VVI mode, Intermittent loss of output. One marker of an affected device that may be apparent during a routine follow-up interrogation is an abnormally high reading for battery current (taking into consideration the device's programmed output parameters).  If this or an early indication of RRT or reversion to back-up VVI mode is observed, please contact your local St. Jude Medical representative or Technical Services. Although the time course is variable, these behavioral anomalies will occur before there is any affect on device output.
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Trilogy™ 2250L, 2260L, 2264L, 2308L, 2318L, 2350L, 2360L, 2364L	7/19/99 Class II Premature battery depletion caused by a current leakage path that could be created during the laser welding process to attach the battery to the device hybrid	Analysis of the clinical data associated with the failed devices has shown that an early increase in battery impedance could be observed at one or more previous routine follow-up visits prior to reaching RRT. The observed rise in battery impedance is an earlier and more reliable indicator than the reported battery voltage. The battery depletion, although accelerated, does not occur abruptly and patients can be monitored using the measured data telemetry in the pacemaker. The following follow-up schedule and device monitoring is advised.  1. For patients who have had a follow-up visit at least 12 months after their device was implanted, check the measured data printout from the last follow-up evaluation. If a battery impedance of "< 1 k0hm" was recorded, continue to monitor the battery impedance with your routine follow-up schedule for that patient (6-month intervals recommended). If follow-up visits every 6 months is not your routine schedule, then an additional visit at 18 months should be performed.  2. For patients who have not yet had a follow-up visit at least 12 months after their device was implanted, the following is recommended: If the patient has had their device implanted for less than two months or has not had a device interrogation with measured data within the last three months, an evaluation of the battery impedance is recommended as soon as possible. This should be printed and a copy retained in the patient's pacemaker or office chart.  Otherwise, if the battery impedance from the most recent evaluation is "< 1 k0hm," begin an every 3-month follow-up schedule with respect to measured data telemetry until that value has been recorded at least 12 months post-implant. Thereafter, continue to monitor the battery impedance with your routine follow-up schedule for that patient (6-month intervals recommended). If follow-up visits every six months is not your routine schedule, then an additional visit at 18 months should be performed.
		If the battery impedance reading is 1 kOhm or higher and the pacemaker has been implanted for less than two years, it is likely that the system is demonstrating accelerated battery depletion. Please contact your local Field Representative or Technical Services.

### Left-Heart Leads

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
QuickSite™ 1056T and 1058T, QuickFlex™ 1156T and 1158T	A/3/2012 Class II  Abrasion of the silicone insulation in the distal portion of QuickSite and QuickFlex leads has led to visual observations of externalized conductors.  There have been no reports of death or serious injury associated with the externalized conductors; likewise there have been no electrical dysfunctions attributable to the externalized conductors.  The reported rate of externalized conductors in the QuickSite and QuickFlex leads is 0.023%, based on 39 confirmed cases of externalized conductors in a population of approximately 82,000 QuickSite and 89,000 QuickFlex leads sold worldwide.  This issue is under-detected because these cases are visual observations without any signs of electrical dysfunction and fluoroscopic/xray imaging is not routine. Based on a review of returned leads and available fluoroscopic and x-ray images of patients with QuickSite and QuickFlex leads (1,219 leads), it is estimated that the incidence of conductor externalization on these leads may be 3% to 4%.	St. Jude Medical and its Medical Advisory Board recommend that physicians continue to monitor their patient's implanted system at regularly scheduled intervals with attention paid to diagnostic information related to LV pacing performance, in particular LV lead impedance and capture thresholds. Programming of alerts that monitor lead impedance changes outside of the nominal range and enabling the patient notifier should be considered. A special X-ray or fluoroscopic imaging is not recommended for LV CRT leads with normal electrical function. CRT pacing functionality should be evaluated during routine device checks and only leads exhibiting electrical anomalies that cannot be reprogrammed to deliver effective CRT pacing should be considered for replacement.  Current Status (June 30, 2013): At the time of the advisory there was a world-wide reported externalized conductor rate of 0.023% in QuickSite and QuickFlex leads. As of June 30, 2013, the world-wide reported externalized conductor rate for QuickSite and QuickFlex leads was 0.080%.

#### **Defibrillation Leads**

# Riata™ Defibrillation Lead (Models 1570, 1571, 1572, 1580, 1581, 1582) Riata™ i Defibrillation Lead (Models 1560, 1561, 1562, 1590, 1591, 1592)

Riata™ ST Defibrillation Lead (Models

7000, 7001, 7002, 7010, 7011, 7040,

**Model Identification** 

7041, 7042)

#### Advisory

#### 11/28/2011 Class I

Externalized conductors occur when an abrasion results in an outer insulation breach, allowing the normally contained conductors to become visible outside the lead body. Even though causality cannot be established, when externalized conductors are accompanied by reports of electrical malfunction, these reports typically include pacing or defibrillation impedance changes, inappropriate therapy, noise and oversensing, and pacing threshold rise. Externalized conductors have not been observed in Riata ST Optim™ and Durata™ models due to the presence of an abrasion resistant outer Optim™ lead insulation sheath.

A summary of the types and incidence rates of Riata abrasion malfunctions is presented on pages 259-263 of this Product Performance Report.

#### Follow-up Recommendations at Time of Advisory

St. Jude Medical and its Medical Advisory Board (MAB) make the following recommendations, which are consistent with standard best practices and our December 2010 product communication.

Whenever possible, monitor devices and leads remotely and advise your patients of the importance of contacting you should they experience any adverse events. St. Jude Medical remote monitoring features can be used to detect electrical changes early that may be associated with externalized conductors.

Continue to monitor your patient's implanted system at regularly scheduled intervals with particular attention to diagnostic information related to defibrillation lead performance. The recommendations for frequency of in-person are a follow-up period of every 3 - 6 months for ICD/CRT-D devices per the HRS/EHRA consensus.

Review lead measurements including pacing and high voltage lead impedances per your standard follow-up procedures in particular looking for significant changes from the patient's previous follow-up visits.

If there is evidence of a lead electrical failure, manage the patient per standard practice.\(^1\) This may include x-ray or fluoroscopy. Additional testing, if necessary, could include provocative methods such as shoulder and arm movements and deep respiration while looking at the surface ECG and intracardiac electrograms with the programmer, which may reveal an intermittent problem associated with any source of lead electrical failure if one exists.

The value of routine x-ray or fluoroscopy for patients with leads having no electrical abnormalities is unknown at this time and is therefore not recommended.

In addition, prophylactic explant or replacement of a lead without electrical dysfunction is not recommended.

Currently there is no expert consensus regarding whether patients undergoing pulse generator replacement should undergo fluoroscopy or lead replacement should an externalized conductor without electrical anomalies be present. This is, in part, because the risk versus benefit of replacing a lead in such a patient may vary from patient to patient and center to center. Clinical decisions in this setting should be individualized based on specific patient conditions and circumstances.

Based on input from the MAB, St. Jude Medical is conducting a prospective study to evaluate further the incidence of externalized conductors and the long-term performance of leads with externalized conductors that do not exhibit electrical abnormalities.

**Current Status (August 31, 2013):** At the time of the advisory there was a world-wide reported all-cause insulation abrasion rate of 0.63% for Riata silicone leads. The world-wide reported rate for the subcategory of externalized conductors in Riata silicone leads was 0.10%. As of August 31, 2013, there have been additional reports. The world-wide reported rates of all-cause abrasion and externalized conductors for Riata silicone leads was 2.59% and 1.50%, respectively.

The Riata ST Optim<sup>™</sup> lead design included short lengths (0.5" nominal) adjacent to the shock coils which were not covered by the Optim sheath. Two cases of Riata ST Optim silicone insulation breach due to inside-out abrasion in the short region not protected by Optim have been identified.

The latest information related to the silicone Riata lead advisory, including references to independent studies of Riata performance, can be obtained at www.RiataCommunication.com.

<sup>&</sup>lt;sup>1</sup> Epstein, A.E. "Troubleshooting of Implantable Cardioverter-Defibrillators." <u>Clinical Cardiac Pacing, Defibrillation, and Resynchronization</u> Therapy, 3rd ed. Eds. Ellenbogen, K.A., Kay G.N., Lau, C-P., Wilkoff, B.L. Philadelphia: Elsevier, 2007. 1063-1086.



#### **Defibrillation Leads**

#### **Model Identification** Advisory Follow-up Recommendations at Time of Advisory Riata™ Defibrillation Lead (Models 12/15/2010 Continue to monitor your patient's implanted system at regularly scheduled intervals with particular attention to diagnostic information 1570, 1571, 1572, 1580, 1581, 1582) Outside US Only related to defibrillation lead performance. The recommendations for frequency of in-person or remote monitoring are a follow-up period of Riata™ i Defibrillation Lead (Models every 3 - 6 months for ICD/CRT-D devices per the HRS/EHRA consensus. 1560, 1561, 1562, 1590, 1591, 1592) Abrasion of silicone defibrillation leads is acknowledged within Review lead measurements including pacing and high voltage lead impedances per your standard follow-up procedure in particular looking Riata™ ST Defibrillation Lead (Models the clinical community as a well known clinical risk and is 7000, 7001, 7002, 7010, 7011, 7040, documented in the literature as the number one cause of lead for significant changes from the patient's previous follow-up visits. 7041, 7042) failure across the industry with reported failure rates ranging from 3 to 10%. After more than 9 years of clinical use and If there is evidence of a lead electrical failure, manage the patient per standard practice. This may include x-ray or fluoroscopy. Additional approximately 227.000 implants, silicone insulated Riata™. testing if necessary could include provocative methods such as shoulder and arm movements and deep respiration while looking at the Riata<sup>™</sup> i, and Riata<sup>™</sup> ST defibrillation leads have exhibited surface ECG and intracardiac electrograms with the programmer, which may reveal an intermittent problem if one exists. an insulation abrasion rate of 0.47% (inclusive of confirmed returns and complaints/observations with no associated return). Consider remote monitoring and advise your patients of the importance of contacting you if they experience any adverse events. There are several factors that can contribute to lead abrasion in implanted pacing and defibrillation systems, including Current Status (August 31, 2013): At the time of the advisory there was a world-wide reported insulation abrasion rate of physiological stresses placed on the lead due to patient 0.47% for Riata silicone leads. As of August 31, 2013, there have been additional reports and the world-wide reported insulation abrasion anatomy, implant orientation, and mechanical stresses applied rate is 2.59%. from concomitant devices in the body.

A summary of the types and incidence rates of Riata abrasion malfunctions is presented on pages 259-263 of this Product

Performance Report.

<sup>&</sup>lt;sup>1</sup> Epstein, A.E. "Troubleshooting of Implantable Cardioverter-Defibrillators." <u>Clinical Cardiac Pacing, Defibrillation, and Resynchronization Therapy, 3rd ed.</u> Eds. Ellenbogen, K.A., Kay G.N., Lau, C-P., Wilkoff, B.L. Philadelphia: Elsevier, 2007. 1063-1086.



### **ICM** Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
SJM Confirm™ ICM (Models DM2100 and DM2102)	3/11/2011 Class II US and Germany A product firmware upgrade using the Merlin™ Patient Care System (PCS) programmer running software versions 10.1.1.3, 10.1.1.2, or 11.2.2 leaves the implantable cardiac monitor device in a state which results in increased current usage. If not corrected this state could result in premature battery depletion.	If you are following any patients implanted with the SJM Confirm Models DM2100 or DM2102 and their device was upgraded using the Merlin programmer with the above mentioned software versions it is recommended to determine the patient's clinical reason for the implant and their continued need for the device:  If the device has previously been used to record and assist in the diagnosis of an arrhythmia and is no longer needed, no further action is required. The device will exhaust its battery capacity prior to the 3 year expected longevity.  If the unit is still indicated for diagnosing a potential clinical arrhythmia, contact your Field Clinical Engineer and he/she will assist in calculating the projected remaining longevity. If appropriate, the microprocessor operation can be reset to the nominal current drain.  If the device is no longer indicated it can be left implanted until such time that a routine explant is desired.  If the device is determined to be necessary and is experiencing increased current usage as described above, it can be corrected with assistance from your Sales Representative or St. Jude Medical Technical Services.

Current Status (June 30, 2013): At the time of the advisory, 83 implanted devices world-wide were identified as having undergone the problematic firmware upgrade. All of these devices have been corrected using the Merlin PCS programmer or were determined by the clinician to not require further action because the device had already provided the necessary diagnostic information and was no longer required. There have been no additional implanted devices confirmed to have been affected by this issue. Updated Merlin PCS programmer software has been implemented which prevents this issue from occurring in the future.

St. Jude Medical is in the process of developing new Merlin PCS programmer software that will properly upgrade SJM Confirm devices.

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# PHASED-OUT MODELS

As stated in the introduction of this Product Performance Report, product performance is plotted over a maximum range of 20 years, with a minimum of 500 registered implants required for inclusion in the report. As such, models that no longer meet the criteria for inclusion have been phased-out of the Product Performance Report over time. In order to provide our customers with information on these phased-out models, an index including the final edition for each phased-out model has been included. Previous Product Performance Reports can be viewed on the web at www.SJMprofessional.com.

CRT Devices	Final Edition	Pacemakers	Final Edition
Atlas <sup>™</sup> + HF (V-340)	Apr 2011	Meta™ DDDR (1256D)	Oct 2008
Epic <sup>™</sup> HF (V-337)	Apr 2011	Paragon <sup>™</sup> (2010, 2011, 2012)	Nov 2010
Epic <sup>™</sup> HF (V-338)	May 2010	Paragon™ II (2016)	Nov 2010
Epic <sup>™</sup> II HF (V-355)	Apr 2011	Paragon™ III (2304, 2314, 2315)	May 2010
Frontier™ (5508)	May 2010	Phoenix™ III (2204, 2205)	Apr 2009
Promote <sup>™</sup> (3107-36)	Nov 2010	Phoenix <sup>™</sup> II (2005, 2008, 2009)	Nov 2010
		Regency <sup>™</sup> SC+ (2400L, 2402L)	May 2010
ICDs	Final Edition	Solus <sup>™</sup> (2002, 2003)	Nov 2010
Atlas™ DR (V-240)	May 2010	Solus <sup>™</sup> II (2006, 2007)	Nov 2010
Atlas™ VR (V-199)	Nov 2010	Synchrony <sup>™</sup> II (2022, 2023)	Oct 2009
Contour <sup>™</sup> II (V-185, V-185AC, V-185B, V-185C, V-185D)	May 2008	Synchrony <sup>™</sup> III (2028, 2029)	May 2010
Contour <sup>™</sup> MD (V-175, V-175AC, V-175B, V-175C, V-175D)	May 2010	Tempo <sup>™</sup> D (2902)	Oct 2008
Current <sup>™</sup> DR (2107-36)	Nov 2010	Tempo <sup>™</sup> DR (2102)	Oct 2008
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Epic <sup>™</sup> + DR (V-236)	May 2010	Tempo <sup>™</sup> VR (1902)	May 2010
Epic <sup>™</sup> DR (V-233)	Apr 2011	Trilogy™ DC (2308)	Oct 2006
Epic <sup>™</sup> DR (V-235)	Nov 2010	Trilogy™ DC+ (2318)	Oct 2009
Epic™ II DR (V-255)	May 2010	Trilogy™ DR (2350)	Apr 2007
Epic <sup>™</sup> VR (V-197)	Nov 2010	Trilogy <sup>™</sup> SR (2250)	Oct 2009
Photon™ DR (V-230HV)	Oct 2007	Trilogy™ DR+ (2360, 2364)	May 2010
Photon™ µ DR (V-232)	Oct 2009	Trilogy <sup>™</sup> SR+ (2260, 2264)	Nov 2010
Photon <sup>™</sup> μ VR (V-194)	May 2010		
Profile <sup>™</sup> (V-186F, V-186HV3)	Oct 2007	Pacing Leads	Final Edition
Defibrillation Leads	Final Edition	ACE <sup>™</sup> (1015M, 1025M)	Oct 2009
TVL™ RV (RV01, RV02, RV03, RV06, RV07)	May 2010	Fast-Pass™ (1018T, 1028T)	Oct 2009
TVL™ SVC (SV01, SV02, SV03)	May 2010	IsoFlex™ P (1644T)	Apr 2011
172 370 (3701, 3702, 3703)	May 2010	Passive Plus <sup>™</sup> (1135K, 1143K, 1145K,1235K, 1243K, 1245K)	May 2010
Pacemakers	Final Edition	Passive Plus™ DX (1343K, 1345K)	May 2010
AddVent™ (2060)	May 2010	Permathane™ ACE (1035M)	May 2010
Affinity <sup>™</sup> VDR (5430)	May 2010	Permathane <sup>™</sup> ACE (1036T, 1038T)	May 2010
Integrity <sup>™</sup> μ DR (5336)	Nov 2010	Tendril™ (1188K)	May 2010
Meta™ DDDR (1256)	Oct 2008	Tendril™ DX (1388K)	May 2010
		Unipolar Lead (Model 1007)	May 2010

St. Jude Medical is focused on reducing risk by continuously finding ways to put more control into the hands of those who save and enhance lives.

#### IMPLANTABLE ELECTRONIC SYSTEMS

#### CARDIOVASCULAR AND ABLATION TECHNOLOGIES

Global Headquart	ers
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