# IMPLANTABLE ELECTRONIC SYSTEMS DIVISION PRODUCT PERFORMANCE REPORT 2014 FIRST 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 61,000 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 worldwide confirmed malfunctions in Durata<sup>™</sup> 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 first edition of the 2014 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 December 31, 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 December 31, 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™ lead performance including an independent analysis of active registry data by Public Health Research Institute, PHRI
  - The effect of Optim<sup>™</sup> lead insulation on HV lead abrasion
- An updated summary of advisories on all implantable devices since 1999
- A summary of communications to Healthcare Professionals
- 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 Riata™ 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 267-271). 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 272-276).

### **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 277-278).

### **Worldwide Laboratory Analysis**

In addition to the previously added worldwide laboratory analysis results of returned Durata™ leads, this Product Performance Report includes worldwide laboratory analysis results for various low voltage leads, CRT leads, pacemakers and defibrillators categorized into the malfunction types as outlined on pages 8 and 10-11. These worldwide malfunction summaries can be found following the US malfunction summaries in their respective sections. St. Jude Medical is dedicated to full transparency, and will continue to incorporate worldwide laboratory analysis results of additional models in future publications of this report.

### **Healthcare Professional Communications**

As part of St. Jude Medical's commitment to communications on device performance, St. Jude Medical now provides a new section summarizing communications made to Healthcare Professionals. This section can be found on page 293 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 Early 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, ICD and Pacemaker 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, as well as other complications not included above.

### **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 and left-heart 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 for defibrillation and left-heart leads 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 290-291) 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. With product-specific, post-market registries being standard practice, St. Jude Medical continues to complement the SCORE registry with data from the SJ4 Post-Approval Study, the QuickFlex<sup>TM</sup> µ Post-Approval Study, the Quadripolar CRT-D Post-Approval Study, and the OPTIMUM registry. These actively monitored study data now represent >61,000 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	10,957	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	1,701	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	1,930	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	71	1,971	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 <sup>™</sup> insulation material.	August 2006	241	14,124	Leads (any model with Optim™ Insulation)

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

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Quadra<sup>™</sup> Assura CRT-D (Model CD3265-40Q)\*

Unify Quadra<sup>™</sup> CRT-D (Model CD3249-40Q)

Unify Quadra<sup>™</sup> CRT-D (Model CD3249-40)

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 CD1211-36Q)

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<sup>™</sup> 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<sup>™</sup> XL DR (Model 5386)

### Pacing Leads

Tendril<sup>™</sup> 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<sup>™</sup> SDX (Model 1688)

Tendril<sup>™</sup> SDX (Model 1488)

Tendril<sup>™</sup> SDX (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 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.

# 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. Steven Kutalek, Philadelphia, Pennsylvania

Dr. Jim Baker, Nashville, Tennessee Dr. Thomas Mattioni, Paradise Valley, Arizona

Dr. Anne Curtis, Buffalo, New York Dr. Raymond Schaerf, Burbank, California

Dr. Roger Freedman, Salt Lake City, Utah Dr. Gery Tomassoni, Lexington, Kentucky

Dr. Steven Kalbfleisch, Columbus, Ohio 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



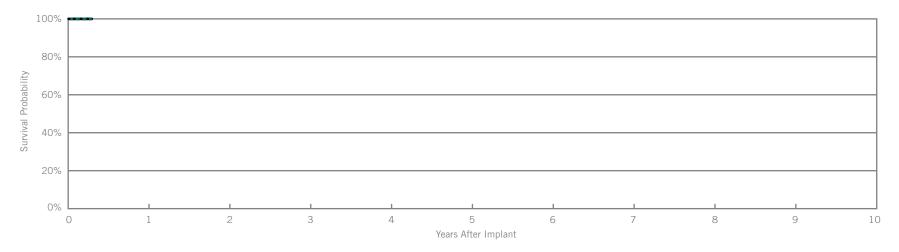
# **Customer Reported Performance Data**

# Quadra Assura<sup>™</sup> CRT-D

Model CD3365-40Q

US Regulatory Approval	Jun 2013
Registered US Implants	1,690
Estimated Active US Implants	1,659
Estimated Longevity	(see table on page 45)
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 4 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	270					

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

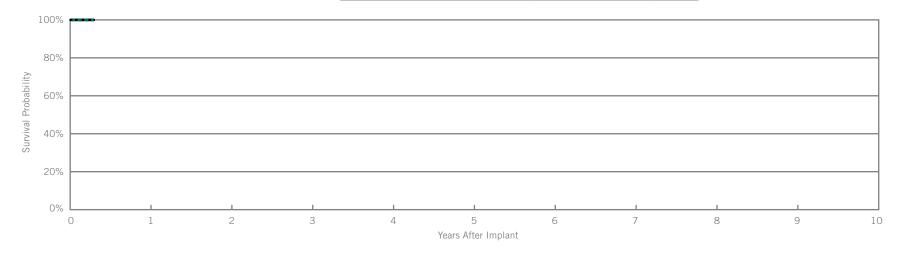
# Unify Assura<sup>™</sup> CRT-D

## Model CD3357-40C

US Regulatory Approval	Jun 2013
Registered US Implants	544
Estimated Active US Implants	530
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Cor	Malfunctions Malfunctions w/ Compromised w/o Compror Therapy 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 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	260					

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

40 joules

None

# **Customer Reported Performance Data**

# Quadra Assura<sup>™</sup> CRT-D

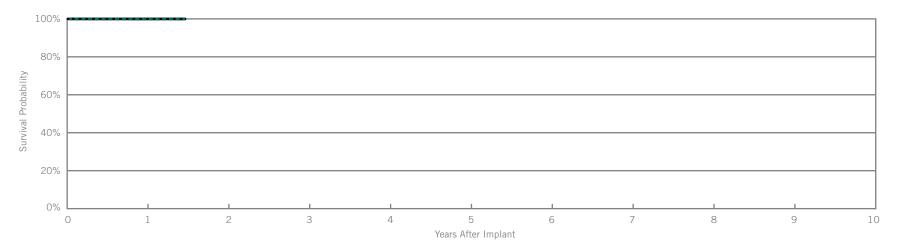
Model CD3265-40Q

Max. Delivered Energy

Number of US Advisories

US Regulatory Approval	May 2012
Registered US Implants	11,754
Estimated Active US Implants	10,737
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	2

	w/ Cor	Malfunctions w/ Compromised Therapy		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	at 18 months				
Survival Probability	99.90%	99.90%				
± 1 standard error	0.04%	0.04%				
Sample Size	6,950	360				

Year	1	at 18 months				
Survival Probability	99.98%	99.98%				
± 1 standard error	0.01%	0.01%				

# **Actively Monitored Study Data**

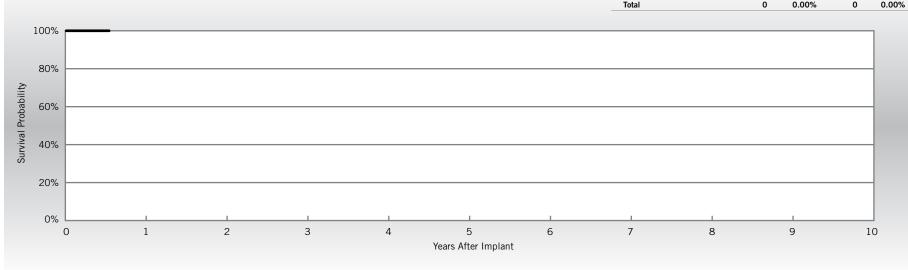
# Quadra Assura<sup>™</sup> CRT-D

### Model CD3265-40Q

US Regulatory Approval	May 2012
Number of Devices Enrolled in Study	365
Cumulative Months of Follow-up	1,483
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Com	unctions ipromised erapy	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	0	0.00%	0	0.00%	
Total	0	0.00%	0	0.00%	



Year	at 7 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	100					

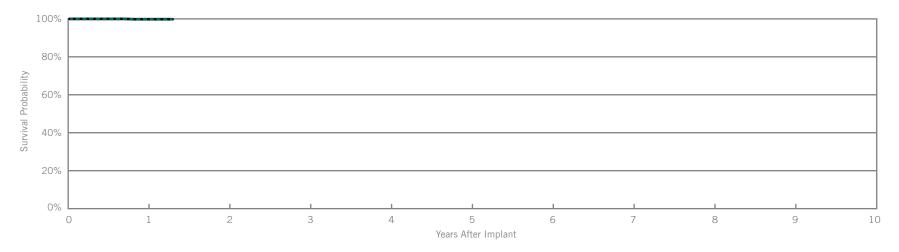
# **Customer Reported Performance Data**

# Quadra Assura<sup>™</sup> CRT-D

Model CD3265-40

JS Regulatory Approval	May 2012
egistered US Implants	3,331
Estimated Active US Implants	3,038
Estimated Longevity	(see table on page 45)
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%	1	0.03%
Total	0	0.00%	1	0.03%



### Including Normal Battery Depletion -

Year	1	at 16 months				
Survival Probability	99.82%	99.82%				
± 1 standard error	0.13%	0.13%				
Sample Size	1,960	260				

Year	1	at 16 months				
Survival Probability	99.82%	99.82%				
± 1 standard error	0.13%	0.13%				

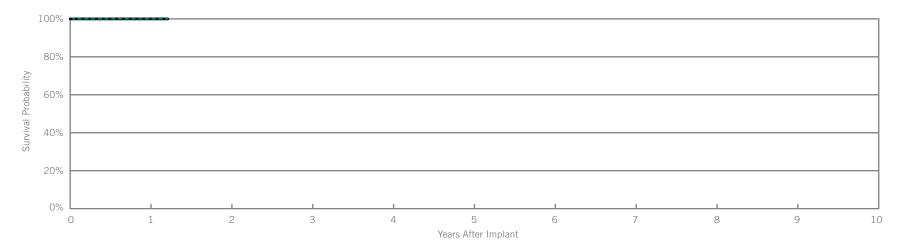
# Unify Assura<sup>™</sup> CRT-D

### Model CD3257-40Q

US Regulatory Approval	May 2012
Registered US Implants	2,295
Estimated Active US Implants	2,087
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	1
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions 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	1	at 15 months				
Survival Probability	99.90%	99.90%				
± 1 standard error	0.07%	0.07%				
Sample Size	1,350	240				

Year	1	at 15 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				

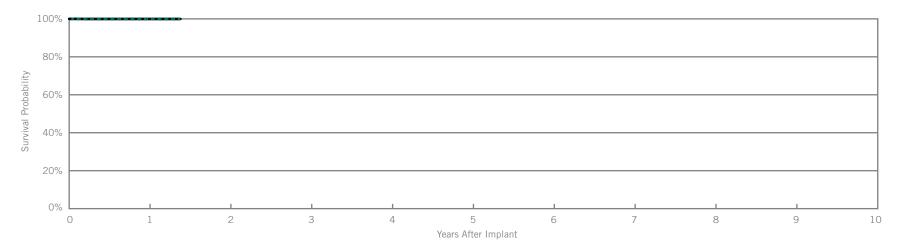
# **Customer Reported Performance Data**

# Unify Assura<sup>™</sup> CRT-D

Model CD3257-40

US Regulatory Approval	May 2012
Registered US Implants	5,716
Estimated Active US Implants	5,190
Estimated Longevity	(see table on page 45)
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%	1	0.02%
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	0.02%



### Including Normal Battery Depletion -

	· · · · · · · · · · · · · · · · · · ·									
Year	1	at 17 months								
Survival Probability	99.96%	99.96%								
± 1 standard error	0.03%	0.03%								
Sample Size	3,510	330								

Year	1	at 17 months				
Survival Probability	99.96%	99.96%				
± 1 standard error	0.03%	0.03%				

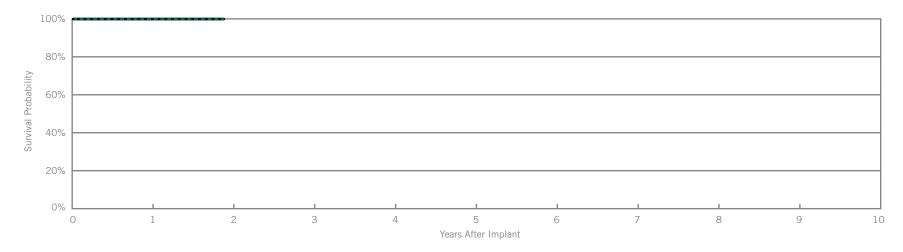
# Unify Quadra<sup>™</sup> CRT-D

### Model CD3249-40Q

US Regulatory Approval	Nov 2011
Registered US Implants	8,779
Estimated Active US Implants	7,465
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	3
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	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	2	0.02%	0	0.00%
Total	2	0.02%	0	0.00%



### Including Normal Battery Depletion -

Year	1	2	at 25 months				
Survival Probability	99.86%	99.86%	99.86%				
± 1 standard error	0.04%	0.04%	0.04%				
Sample Size	7,580	3,310	230				

Year	1	2	at 25 months	
Survival Probability	99.95%	99.95%	99.95%	
± 1 standard error	0.03%	0.03%	0.03%	

# **Actively Monitored Study Data**

# Unify Quadra<sup>™</sup> CRT-D

### Model CD3249-40Q

US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	975
Cumulative Months of Follow-up	10,311
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Con	Malfunctions w/ Compromised Therapy		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%
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 19 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	680	70				

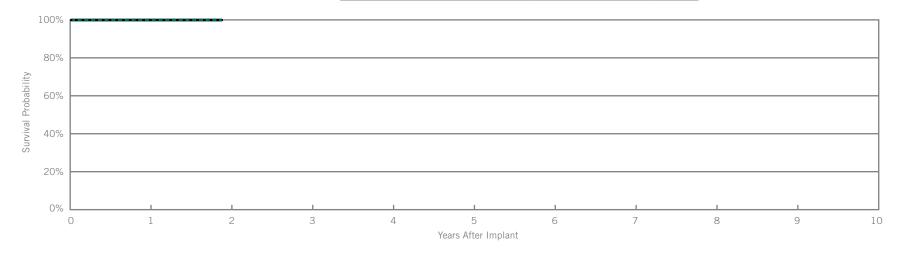
# Unify Quadra<sup>™</sup> CRT-D

# Model CD3249-40 US Regulatory Approval Nov 2011

Registered US Implants	2,515
Estimated Active US Implants	2,145
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	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 23 months								
Survival Probability	99.92%	99.92%								
± 1 standard error	0.06%	0.06%								
Sample Size	2,190	360								

Year	1	at 23 months				
Survival Probability	99.92%	99.92%				
± 1 standard error	0.06%	0.06%				

# **Actively Monitored Study Data**

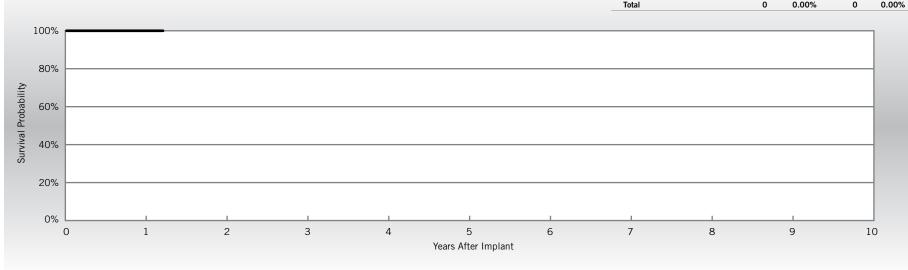
# Unify Quadra<sup>™</sup> CRT-D

### Model CD3249-40

US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	236
Cumulative Months of Follow-up	2,453
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	w/ Com	Malfunctions w/ Compromised Therapy		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%
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 15 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	170	60				

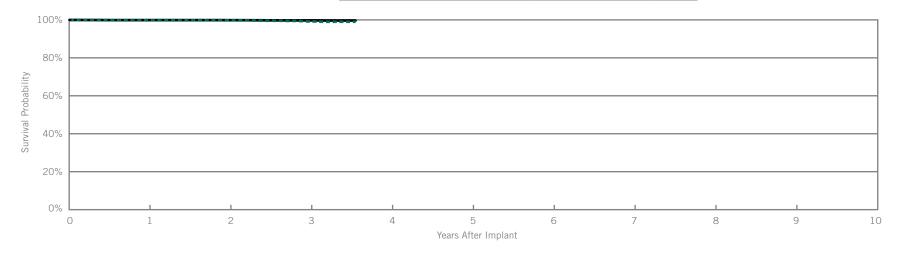
# Unify<sup>™</sup> CRT-D

# Model CD3231-40Q US Regulatory Approval May 2010 Registered US Implants 18,917

Estimated Active US Implants	14,171
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	19
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Compromis Therapy	
	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	2	0.01%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	<0.01%	2	0.01%
Possible Early Battery Depletion	2	0.01%	0	<0.01%
Other	2	0.01%	1	0.00%
Total	10	0.05%	7	0.04%



### Including Normal Battery Depletion

0	· · · · · · · · · · · · · · · · · · ·									
Year	1	2	3	at 43 months						
Survival Probability	99.78%	99.75%	99.17%	99.01%						
± 1 standard error	0.03%	0.04%	0.08%	0.13%						
Sample Size	17,540	14,300	8,260	490						

Year	1	2	3	at 43 months	
Survival Probability	99.88%	99.85%	99.72%	99.66%	
± 1 standard error	0.03%	0.03%	0.05%	0.07%	

Malfunctions

# **Actively Monitored Study Data**

# Unify<sup>™</sup> CRT-D

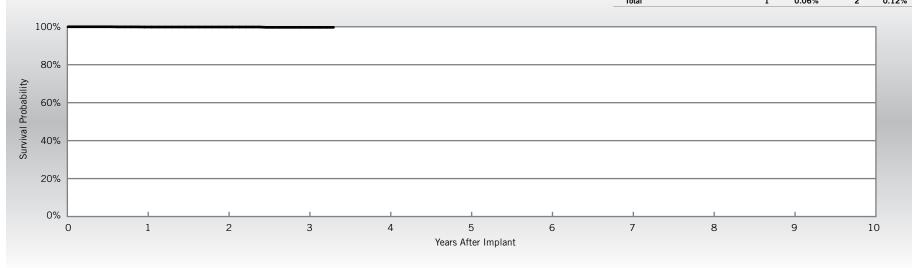
### Model CD3231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	1,672
Cumulative Months of Follow-up	40,895
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	40 joules

Qualifying Complications	Qty	Rate
Inappropriate Shock	2	0.12%
Premature Battery Depletion	1	0.06%

		promised erapy		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	1	0.06%	1	0.06%
Other	0	0.00%	0	0.00%
Total	1	0.06%	2	0.12%

Malfunctions



Year	1	2	3	at 40 months			
Survival Probability	99.87%	99.87%	99.70%	99.70%			
± 1 standard error	0.07%	0.09%	0.19%	0.19%			
Sample Size	1,570	1,250	610	50			

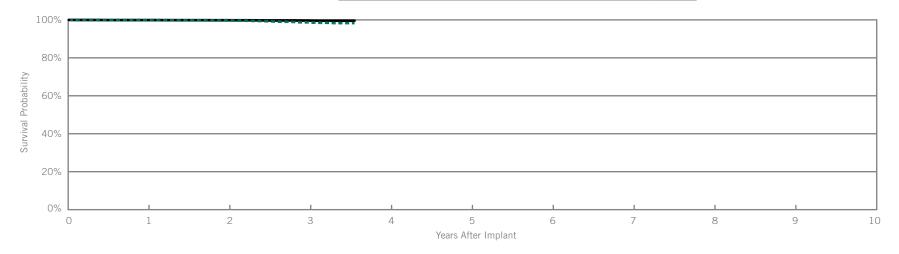
# Unify<sup>™</sup> CRT-D

### Model CD3231-40

US Regulatory Approval	May 2010
Registered US Implants	20,382
Estimated Active US Implants	15,342
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	31
Max. Delivered Energy	40 joules
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.01%	1	<0.01%
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	1	<0.01%	0	0.00%
Possible Early Battery Depletion	2	<0.01%	1	<0.01%
Other	6	0.03%	5	0.02%
Total	14	0.07%	7	0.03%



### Including Normal Battery Depletion -

Year	1	2	3	at 43 months			
Survival Probability	99.81%	99.69%	98.72%	98.32%			
± 1 standard error	0.03%	0.04%	0.13%	0.19%			
Sample Size	18,660	13,870	6,950	290			

Year	1	2	3	at 43 months	
Survival Probability	99.88%	99.82%	99.63%	99.56%	
± 1 standard error	0.02%	0.03%	0.06%	0.08%	

Malfunctions

# **Actively Monitored Study Data**

# Unify<sup>™</sup> CRT-D

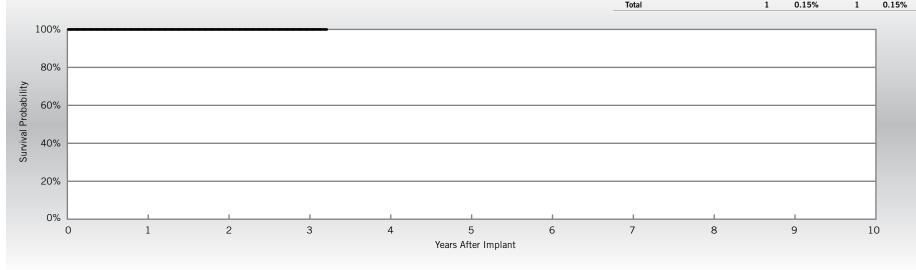
#### Model CD3231-40

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	673
Cumulative Months of Follow-up	16,129
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	40 joules

-

		npromised nerapy		mpromised nerapy
	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%	1	0.15%
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%	1	0.15%

Malfunctions



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%	
Sample Size	620	480	250	50	

36 joules

None

# **Customer Reported Performance Data**

# Promote<sup>™</sup> + CRT-D

Model CD3211-36Q

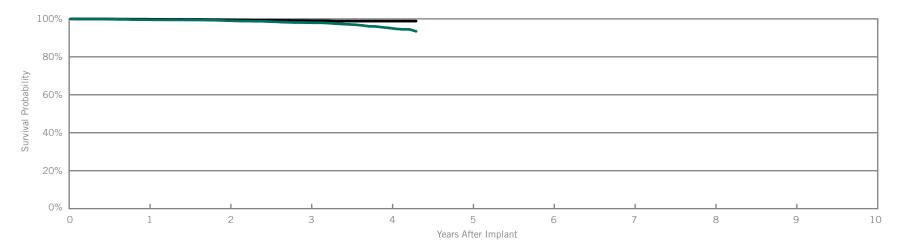
Normal Battery Depletion

Max. Delivered Energy

Number of US Advisories

US Regulatory Approval	February 2009
Registered US Implants	6,880
Estimated Active US Implants	4,396
Estimated Longevity	(see table on page 45)

	w/ Cor	functions mpromised herapy	Malfunctions w/o Compromis Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	4	0.06%	2	0.03%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	8	0.12%	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%	4	0.06%
Total	17	0.25%	11	0.16%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 52 months			
Survival Probability	99.59%	99.05%	97.98%	95.22%	93.43%			
± 1 standard error	0.08%	0.12%	0.19%	0.33%	0.46%			
Sample Size	6,360	5,500	4,840	2,840	280			

Year	1	2	3	4	at 52 months			
Survival Probability	99.84%	99.42%	99.03%	98.83%	98.83%			
± 1 standard error	0.05%	0.09%	0.13%	0.15%	0.15%			

# **Actively Monitored Study Data**

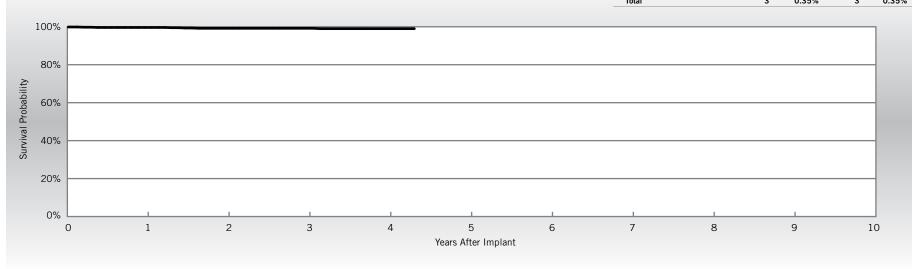
# Promote<sup>™</sup> + CRT-D

#### Model CD3211-36Q

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	853
Cumulative Months of Follow-up	29,492
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	36 joules

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

	w/ Cor	unctions npromised nerapy	Malfunction: w/o Compromi: Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	1	0.12%	1	0.12%	
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%	3	0.35%	



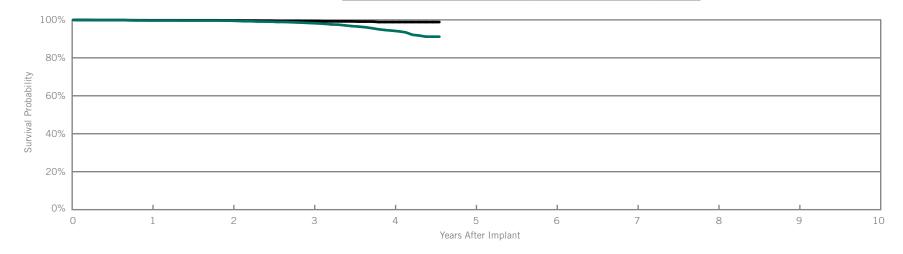
Year	1	2	3	4	at 52 months	
Survival Probability	99.63%	99.19%	99.19%	99.00%	99.00%	
± 1 standard error	0.21%	0.33%	0.33%	0.38%	0.38%	
Sample Size	790	670	570	360	70	

# Promote<sup>™</sup> + CRT-D

Model CD3211-36

JS Regulatory Approval	February 2009
Registered US Implants	8,607
Estimated Active US Implants	5,098
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	102
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Coi	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.03%	2	0.02%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	10	0.12%	3	0.03%
High Voltage Capacitor	2	0.02%	0	0.00%
Software/Firmware	0	0.00%	1	0.01%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	1	0.01%	1	0.01%
Other	3	0.03%	2	0.02%
Total	19	0.22%	9	0.10%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 55 months			
Survival Probability	99.67%	99.58%	98.29%	94.31%	91.15%			
± 1 standard error	0.06%	0.07%	0.15%	0.33%	0.58%			
Sample Size	7,950	6,800	5,870	3,840	320			

Year	1	2	3	4	at 55 months			
Survival Probability	99.79%	99.72%	99.38%	98.85%	98.85%			
± 1 standard error	0.05%	0.06%	0.10%	0.15%	0.15%			

# **Actively Monitored Study Data**

# 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	7,327
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	36 joules

Qualifying Complications	
None Reported	

	w/ Cor	mpromised herapy	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%	



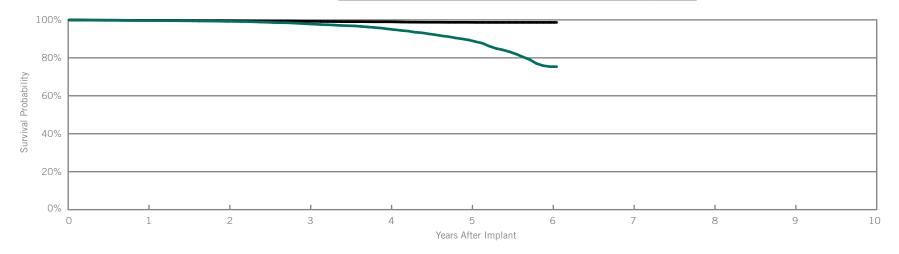
Year	1	2	3	4			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			
Sample Size	210	170	130	50			

# Promote<sup>™</sup> RF CRT-D

Model 3207-36

10.0	0 1 1 0007
US Regulatory Approval	September 2007
Registered US Implants	23,982
Estimated Active US Implants	10,441
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	589
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions empromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.02%	5	0.02%
Electrical Interconnect	5	0.02%	1	<0.01%
Battery	16	0.07%	9	0.04%
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	9	0.04%	5	0.02%
Other	9	0.04%	11	0.05%
Total	50	0.21%	38	0.16%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.67%	99.21%	97.91%	95.20%	89.36%	75.35%	75.35%		
± 1 standard error	0.04%	0.06%	0.10%	0.16%	0.28%	0.85%	0.92%		
Sample Size	22,220	19,130	16,670	13,990	8,840	2,710	210		

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.77%	99.54%	99.24%	98.99%	98.71%	98.67%	98.67%		
± 1 standard error	0.03%	0.04%	0.06%	0.08%	0.09%	0.09%	0.09%		

# **Actively Monitored Study Data**

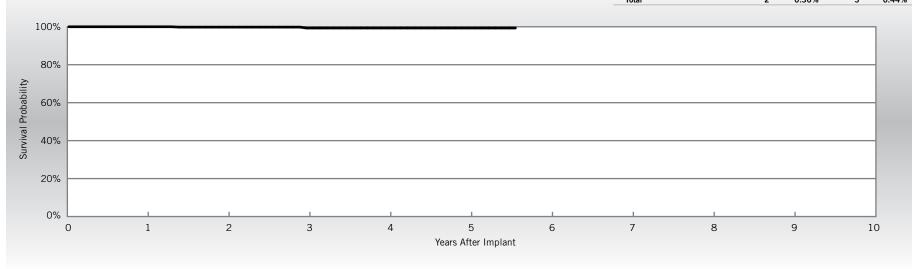
# Promote<sup>™</sup> RF CRT-D

#### Model 3207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	675
Cumulative Months of Follow-up	27,040
Estimated Longevity	(see table on page 45)
Max. Delivered Energy	36 joules

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

	w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised nerapy
	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	0.44%



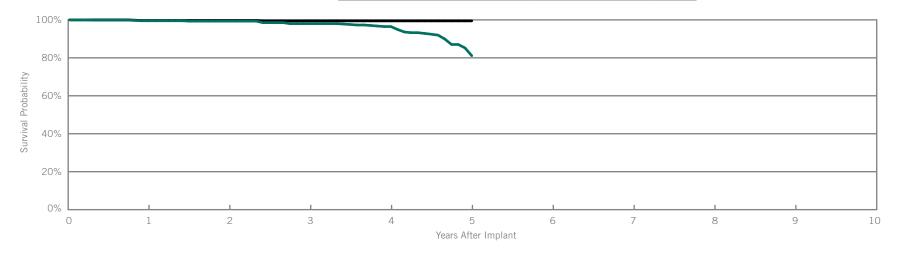
Year	1	2	3	4	5	at 67 months		
Survival Probability	100.00%	99.82%	99.34%	99.34%	99.34%	99.34%		
± 1 standard error	0.00%	0.18%	0.18%	0.39%	0.39%	0.39%		
Sample Size	630	550	460	350	220	50		

# Promote<sup>™</sup> RF CRT-D

Model 3207-30

US Regulatory Approval	September 2007
Registered US Implants	1,414
Estimated Active US Implants	535
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	46
Max. Delivered Energy	30 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions mpromised herapy
	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 =

Year	1	2	3	4	5			
Survival Probability	99.53%	99.34%	98.02%	96.48%	81.13%			
± 1 standard error	0.19%	0.23%	0.43%	0.61%	1.68%			
Sample Size	1,300	1,110	960	770	220			

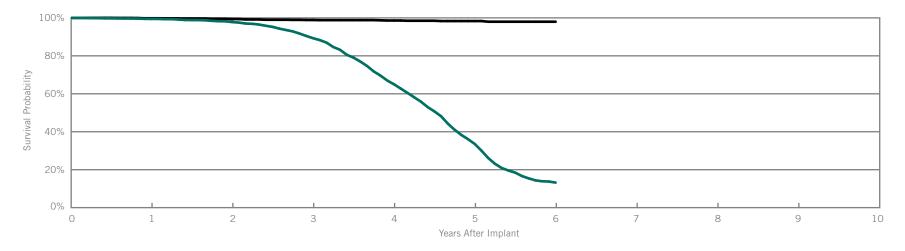
Year	1	2	3	4	5			
Survival Probability	99.67%	99.67%	99.47%	99.47%	99.47%			
± 1 standard error	0.16%	0.16%	0.22%	0.22%	0.22%			

# $\mathsf{Atlas}^{^{\mathsf{TM}}}\mathsf{II} + \mathsf{HF}\;\mathsf{CRT-D}$

Model V-366

US Regulatory Approval	February 2007
Registered US Implants	5,010
Estimated Active US Implants	698
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	870
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

	w/ Cor	w/ Compromised Therapy		runctions 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	8	0.16%	0	0.00%
Total	15	0.30%	9	0.18%



#### Including Normal Battery Depletion =

Year	1	2	3	4	5	6					
Survival Probability	99.45%	97.79%	89.29%	65.02%	33.55%	13.20%					
± 1 standard error	0.10%	0.21%	0.49%	0.85%	0.96%	0.77%					
Sample Size	4,620	3,940	3,270	2,340	1,240	210					

Year	1	2	3	4	5	6		
Survival Probability	99.79%	99.38%	98.88%	98.61%	98.33%	97.98%		
± 1 standard error	0.07%	0.11%	0.17%	0.20%	0.25%	0.35%		

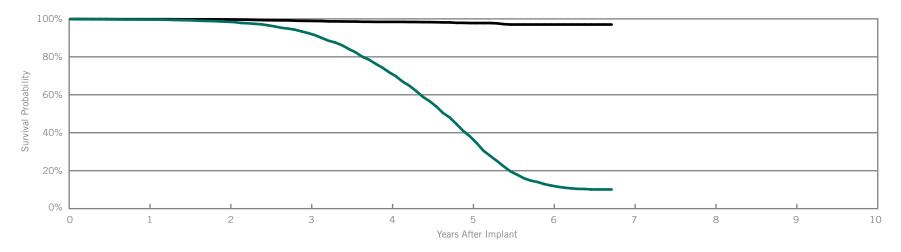
# Atlas™ II HF CRT-D

#### Model V-365

US Regulatory Approval	July 2006
Registered US Implants	8,425
Estimated Active US Implants	614
Estimated Longevity	(see table on page 45)
Normal Battery Depletion	1,695
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

# **Customer Reported Performance Data**

	w/ Cor	unctions npromised herapy	w/o Co	functions mpromised herapy	
	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	0.09%	5	0.06%	
Total	35	0.42%	15	0.18%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 81 months		
Survival Probability	99.64%	98.48%	92.48%	71.83%	38.02%	12.19%	10.11%		
± 1 standard error	0.07%	0.14%	0.32%	0.60%	0.71%	0.49%	0.45%		
Sample Size	7,840	6,790	5,710	4,310	2,640	1,160	230		

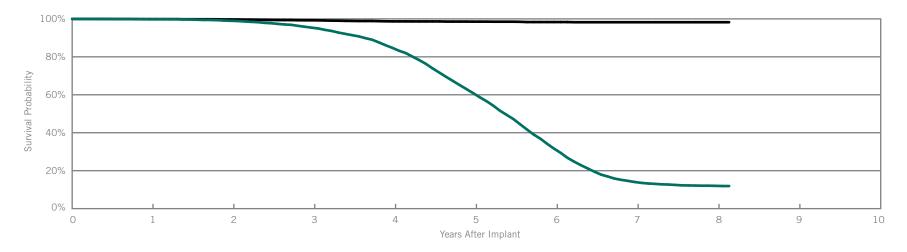
Year	1	2	3	4	5	6	at 81 months		
Survival Probability	99.83%	99.68%	98.93%	98.42%	97.80%	97.02%	97.02%		
± 1 standard error	0.05%	0.06%	0.13%	0.17%	0.22%	0.35%	0.35%		

# $Atlas^{TM} + HF CRT-D$

Model V-343

JS Regulatory Approval	November 2004
Registered US Implants	18,772
Estimated Active US Implants	1,308
Estimated Longevity	(see table on page 45)
Iormal Battery Depletion	3,196
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

	w/ Cor	unctions npromised herapy	w/o Co	functions impromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.02%	1	<0.01%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	39	0.21%	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	9	0.05%	4	0.02%
Total	56	0.30%	22	0.12%



#### Including Normal Battery Depletion -

	,									
Year	1	2	3	4	5	6	7	8	at 98 months	
Survival Probability	99.76%	98.99%	95.38%	84.76%	60.89%	31.65%	14.03%	12.01%	11.91%	
± 1 standard error	0.03%	0.07%	0.17%	0.32%	0.48%	0.50%	0.39%	0.37%	0.38%	
Sample Size	17,470	15,170	13,000	10,400	7,230	4,120	1,860	620	230	

Year	1	2	3	4	5	6	7	8	at 98 months	
Survival Probability	99.88%	99.67%	99.26%	98.68%	98.55%	98.33%	98.24%	98.24%	98.24%	
± 1 standard error	0.03%	0.04%	0.07%	0.10%	0.11%	0.13%	0.15%	0.15%	0.15%	

# BATTERY LONGEVITY SUMMARY

CRT ICDs



# **Battery Longevity**

			Approximate [	Ouration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD3365-40Q	Quadra Assura™ CRT-D*	11.1	9.9	8.9	7.4
CD3357-40C	Unify Assura™ CRT-D*	11.1	9.9	8.9	7.4
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™ 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™ + 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

			I	ı		Survival P	robability	I			
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD3365-40Q	Quadra Assura™ CRT-D*										
CD3357-40C	Unify Assura™ CRT-D*										
CD3265-40Q	Quadra Assura™ CRT-D	99.90%									
CD3265-40	Quadra Assura™ CRT-D	99.82%									
CD3257-40Q	Unify Assura™ CRT-D	99.90%									
CD3257-40	Unify Assura™ CRT-D	99.96%									
CD3249-40Q	Unify Quadra™ CRT-D	99.86%	99.86%								
CD3249-40	Unify Quadra™ CRT-D	99.92%									
CD3231-40Q	Unify™ CRT-D	99.78%	99.75%	99.17%							
CD3231-40	Unify™ CRT-D	99.81%	99.69%	98.72%							
CD3211-36Q	Promote™ + CRT-D	99.59%	99.05%	97.98%	95.22%						
CD3211-36	Promote™ + CRT-D	99.67%	99.58%	98.29%	94.31%						
3207-36	Promote™ RF CRT-D	99.67%	99.21%	97.91%	95.20%	89.36%	75.35%				
3207-30	Promote™ RF CRT-D	99.53%	99.34%	98.02%	96.48%	81.13%					
V-366	Atlas™ II + HF CRT-D	99.45%	97.79%	89.29%	65.02%	33.55%	13.20%				
V-365	Atlas™ II HF CRT-D	99.64%	98.48%	92.48%	71.83%	38.02%	12.19%				
V-343	Atlas™ + HF CRT-D	99.76%	98.99%	95.38%	84.76%	60.89%	31.65%	14.03%	12.01%		

<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

					I	Survival P	Probability	ı	I		
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD3365-40Q	Quadra Assura™ CRT-D*										
CD3357-40C	Unify Assura™ CRT-D*										
CD3265-40Q	Quadra Assura™ CRT-D	99.98%									
CD3265-40	Quadra Assura™ CRT-D	99.82%									
CD3257-40Q	Unify Assura™ CRT-D	100.00%									
CD3257-40	Unify Assura™ CRT-D	99.96%									
CD3249-40Q	Unify Quadra™ CRT-D	99.95%	99.95%								
CD3249-40	Unify Quadra™ CRT-D	99.92%									
CD3231-40Q	Unify™ CRT-D	99.88%	99.85%	99.72%							
CD3231-40	Unify™ CRT-D	99.88%	99.82%	99.63%							
CD3211-36Q	Promote™ + CRT-D	99.84%	99.42%	99.03%	98.83%						
CD3211-36	Promote™ + CRT-D	99.79%	99.72%	99.38%	98.85%						
3207-36	Promote™ RF CRT-D	99.77%	99.54%	99.24%	98.99%	98.71%	98.67%				
3207-30	Promote™ RF CRT-D	99.67%	99.67%	99.47%	99.47%	99.47%					
V-366	Atlas™ II + HF CRT-D	99.79%	99.38%	98.88%	98.61%	98.33%	97.98%				
V-365	Atlas™ II HF CRT-D	99.83%	99.68%	98.93%	98.42%	97.80%	97.02%				
V-343	Atlas™ + HF CRT-D	99.88%	99.67%	99.26%	98.68%	98.55%	98.33%	98.24%	98.24%		

<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

									M	alfunctions	w/ Com	promised	Therapy	y						
		Registered		trical conent		ctrical connect	Ва	ttery		Voltage pacitor		tware/ nware	Mec	hanical	Ва	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
CD3365-40Q	Quadra Assura™ CRT-D	1,690	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%
CD3357-40C	Unify Assura™ CRT-D	544	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%
CD3265-40Q	Quadra Assura™ CRT-D	11,754	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	3,331	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	2,295	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	5,716	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	8,779	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	2	0.02%
CD3249-40	Unify Quadra™ CRT-D	2,515	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	18,917	0	0.00%	1	<0.01%	2	0.01%	2	0.01%	0	0.00%	1	<0.01%	2	0.01%	2	0.01%	10	0.05%
CD3231-40	Unify™ CRT-D	20,382	3	0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	6	0.03%	14	0.07%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	6,880	4	0.06%	0	0.00%	8	0.12%	1	0.01%	0	0.00%	1	0.01%	1	0.01%	2	0.03%	17	0.25%
CD3211-36	Promote <sup>™</sup> + CRT-D	8,607	3	0.03%	0	0.00%	10	0.12%	2	0.02%	0	0.00%	0	0.00%	1	0.01%	3	0.03%	19	0.22%
3207-36	Promote™ RF CRT-D	23,982	4	0.02%	5	0.02%	16	0.07%	5	0.02%	0	0.00%	2	<0.01%	9	0.04%	9	0.04%	50	0.21%
3207-30	Promote™ RF CRT-D	1,414	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	5,010	1	0.02%	0	0.00%	4	0.08%	0	0.00%	0	0.00%	0	0.00%	2	0.04%	8	0.16%	15	0.30%
V-365	Atlas™ II HF CRT-D	8,425	1	0.01%	2	0.02%	16	0.19%	2	0.02%	0	0.00%	0	0.00%	6	0.07%	8	0.09%	35	0.42%
V-343	Atlas™ + HF CRT-D	18,772	3	0.02%	0	0.00%	39	0.21%	0	0.00%	0	0.00%	0	0.00%	5	0.03%	9	0.05%	56	0.30%

# Malfunction Summary

									Ma	Ifunctions	w/o Con	npromised	Therap	у						
		Registered		ctrical ponent		ctrical connect	Ва	ittery		Voltage pacitor		tware/ nware	Mec	hanical	Ва	ble Early attery oletion	0	ther	Tr	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	1,690	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%
CD3357-40C	Unify Assura™ CRT-D	544	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%
CD3265-40Q	Quadra Assura™ CRT-D	11,754	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	3,331	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	1	0.03%
CD3257-40Q	Unify Assura™ CRT-D	2,295	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	5,716	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%
CD3249-40Q	Unify Quadra™ CRT-D	8,779	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	2,515	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	18,917	3	0.02%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	2	0.01%	1	<0.01%	0	0.00%	7	0.04%
CD3231-40	Unify™ CRT-D	20,382	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	5	0.02%	7	0.03%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	6,880	2	0.03%	0	0.00%	5	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.06%	11	0.16%
CD3211-36	Promote <sup>™</sup> + CRT-D	8,607	2	0.02%	0	0.00%	3	0.03%	0	0.00%	1	0.01%	0	0.00%	1	0.01%	2	0.02%	9	0.10%
3207-36	Promote™ RF CRT-D	23,982	5	0.02%	1	<0.01%	9	0.04%	1	<0.01%	5	0.02%	1	<0.01%	5	0.02%	11	0.05%	38	0.16%
3207-30	Promote™ RF CRT-D	1,414	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	5,010	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	8,425	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	18,772	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%

# Worldwide Malfunction Summary

									Worldw	de Malfun	ctions w	/ Compron	nized T	nerapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	attery		Voltage pacitor		tware/ nware	Mec	hanical	Ba	ole Early attery oletion	0	ther	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	3,525	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%
CD3357-40C	Unify Assura™ CRT-D	1,148	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%
CD3265-40Q	Quadra Assura™ CRT-D	13,309	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	3,662	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	2,504	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	6,257	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	9,942	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	2	0.02%
CD3249-40	Unify Quadra™ CRT-D	2,807	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	20,845	1	<0.01%	1	<0.01%	2	<0.01%	2	<0.01%	0	0.00%	1	<0.01%	3	0.01%	2	<0.01%	12	0.06%
CD3231-40	Unify™ CRT-D	21,227	3	0.01%	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	2	<0.01%	6	0.03%	16	0.08%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	12,791	6	0.05%	0	0.00%	9	0.07%	2	0.02%	0	0.00%	2	0.02%	2	0.02%	2	0.02%	23	0.18%
CD3211-36	Promote <sup>™</sup> + CRT-D	16,592	5	0.03%	1	<0.01%	12	0.07%	2	0.01%	0	0.00%	0	0.00%	1	<0.01%	5	0.03%	26	0.16%
3207-36	Promote <sup>™</sup> RF CRT-D	25,843	4	0.02%	5	0.02%	18	0.07%	5	0.02%	0	0.00%	2	<0.01%	9	0.03%	12	0.05%	55	0.21%
3207-30	Promote™ RF CRT-D	1,430	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	5,184	1	0.02%	0	0.00%	4	0.08%	0	0.00%	0	0.00%	0	0.00%	2	0.04%	8	0.15%	15	0.29%
V-365	Atlas™ II HF CRT-D	8,478	1	0.01%	2	0.02%	16	0.19%	2	0.02%	0	0.00%	0	0.00%	6	0.07%	8	0.09%	35	0.41%
V-343	Atlas™ + HF CRT-D	19,292	3	0.02%	0	0.00%	40	0.21%	0	0.00%	0	0.00%	0	0.00%	5	0.03%	9	0.05%	57	0.30%

# Worldwide Malfunction Summary

									Worldwi	de Malfunc	tions w/	o Comproi	mized T	herapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	attery		Voltage pacitor		tware/ nware	Mec	hanical	Ba	ole Early attery oletion	0	ther	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	3,525	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%
CD3357-40C	Unify Assura™ CRT-D	1,148	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%
CD3265-40Q	Quadra Assura™ CRT-D	13,309	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	3,662	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	1	0.03%
CD3257-40Q	Unify Assura™ CRT-D	2,504	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	6,257	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%
CD3249-40Q	Unify Quadra™ CRT-D	9,942	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	2,807	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	20,845	4	0.02%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	2	<0.01%	2	<0.01%	0	0.00%	9	0.04%
CD3231-40	Unify™ CRT-D	21,227	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	5	0.02%	9	0.04%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	12,791	4	0.03%	0	0.00%	7	0.05%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	4	0.03%	16	0.13%
CD3211-36	Promote™ + CRT-D	16,592	4	0.02%	0	0.00%	3	0.02%	0	0.00%	1	<0.01%	1	<0.01%	1	<0.01%	3	0.02%	13	0.08%
3207-36	Promote™ RF CRT-D	25,843	6	0.02%	1	<0.01%	10	0.04%	1	<0.01%	5	0.02%	1	<0.01%	6	0.02%	11	0.04%	41	0.16%
3207-30	Promote™ RF CRT-D	1,430	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	5,184	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	0.17%
V-365	Atlas™ II HF CRT-D	8,478	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	19,292	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	0.11%

# Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative Months of		ropriate lock		ss of metry		ardial Ision	Bat	ature tery etion		cin sion	То	otal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3265-40Q	365	1,483	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40Q	975	10,311	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40	236	2,453	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3231-40Q	1,672	40,895	2	0.12%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	3	0.18%
CD3231-40	672	16,129	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3211-36Q	853	29,492	3	0.35%	0	0.00%	0	0.00%	2	0.23%	2	0.23%	7	0.82%
CD3211-36	222	7,327	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	675	27,040	1	0.15%	0	0.00%	0	0.00%	0	0.00%	2	0.30%	3	0.44%

# Actively Monitored Study Data Summary

#### Malfunctions

									Malf	unctions	w/ Comp	romised 1	Гһегару							
		Number of Devices		trical conent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early attery oletion	Ot	her	Tı	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3265-40Q	Quadra Assura™ CRT-D	365	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	975	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	236	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	1,672	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	1	0.06%
CD3231-40	Unify™ CRT-D	672	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™ + 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™ + 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	675	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%

									Malfu	ınctions 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	To	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3265-40Q	Quadra Assura™ CRT-D	365	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	975	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	236	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	1,672	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	672	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.15%	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%	1	0.12%	0	0.00%	0	0.00%	3	0.35%
CD3211-36	Promote™ + 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	675	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	0.44%

# CARDIAC RESYNCHRONIZATION THERAPY (CRT) DEVICES

**CRT Pacemakers** 

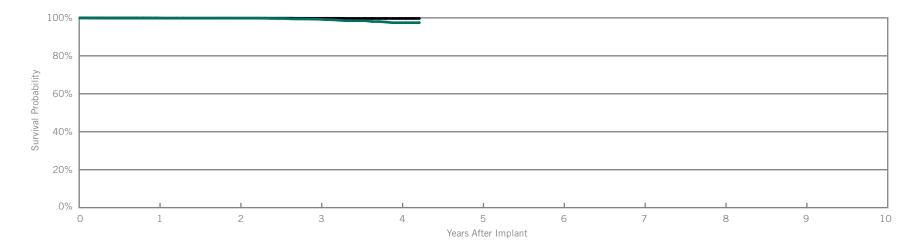


# Anthem<sup>™</sup> RF CRT-P

Model PM3210

US Regulatory Approval	July 2009
Registered US Implants	17,434
Estimated Active US Implants	13,529
Estimated Longevity	8 Years
Normal Battery Depletion	19
Number of US Advisories (see pgs. 280-292)	One

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised 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	0.04%	4	0.02%



#### Including Normal Battery Depletion -

	,							
Year	1	2	3	4	at 51 months			
Survival Probability	99.89%	99.84%	99.29%	97.46%	97.46%			
± 1 standard error	0.03%	0.03%	0.11%	0.42%	0.42%			
Sample Size	14,080	8,560	4,540	1,540	210			

#### Excluding Normal Battery Depletion

Year	1	2	3	4	at 51 months			
Survival Probability	99.89%	99.84%	99.79%	99.69%	99.69%			
± 1 standard error	0.03%	0.03%	0.05%	0.09%	0.09%			

**CRT Pacemakers** 

Malfunctions

# **Actively Monitored Study Data**

# Anthem™ RF CRT-P

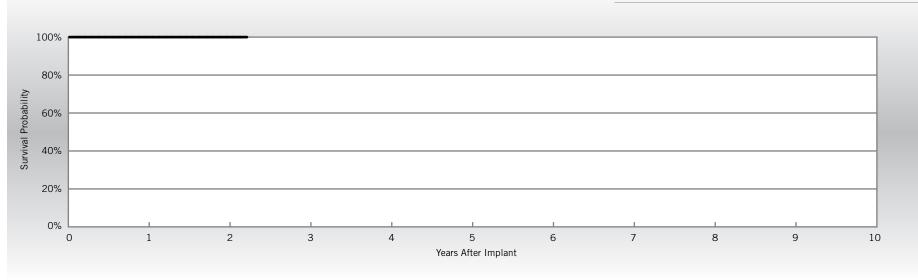
#### Model PM3210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	195
Cumulative Months of Follow-up	3,461
Estimated Longevity	8 Years

Qualifying Complications	
None Reported	

		mpromised herapy		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%

Malfunctions



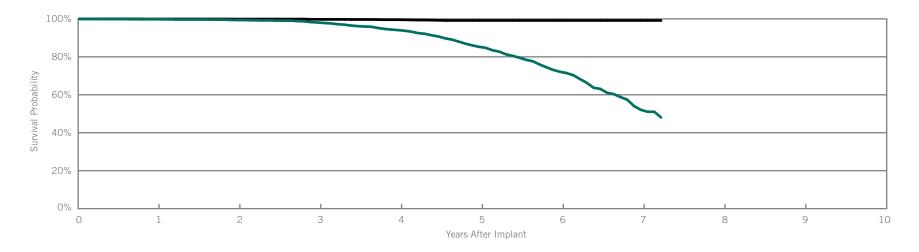
Year	1	2	at 27 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	160	100	50				

# Frontier™ II CRT-P

Model 5586

JS Regulatory Approval	August 2004
Registered US Implants	6,899
Estimated Active US Implants	2,175
Estimated Longevity	6.5 Years
Normal Battery Depletion	356
Number of LIS Advisories	None

	w/ Coi	unctions npromised nerapy	w/o Co	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	0.20%



#### Including Normal Battery Depletion -

	,								
Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.79%	99.38%	98.11%	94.08%	85.26%	72.13%	52.09%	48.07%	
± 1 standard error	0.06%	0.10%	0.19%	0.36%	0.61%	0.96%	1.57%	1.66%	
Sample Size	6,240	5,190	4,450	3,720	2,660	1,420	560	220	

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.93%	99.89%	99.77%	99.56%	99.16%	99.16%	99.16%	99.16%	
± 1 standard error	0.03%	0.03%	0.07%	0.10%	0.15%	0.15%	0.15%	0.15%	

# SUMMARY INFORMATION

**CRT 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
PM3210	Anthem™ RF CRT-P	99.89%	99.84%	99.29%	97.46%						
5586	Frontier™ II CRT-P	99.79%	99.38%	98.11%	94.08%	85.26%	72.13%	52.09%			

						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
PM3210	Anthem™ RF CRT-P	99.89%	99.84%	99.79%	99.69%						
5586	Frontier™ II CRT-P	99.93%	99.89%	99.77%	99.56%	99.16%	99.16%	99.16%			

# Malfunction Summary

								Malf	unctions	w/ Comp	romised	Therapy						
		Registered		trical conent		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	17,434	3	0.02%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	7	0.04%
5586	Frontier™ II CRT-P	6,899	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	1	0.01%

								Malfu	ınctions	w/o Comp	romised	Therapy						
		Registered		trical oonent		ctrical connect	Ва	ttery		tware/ nware	Mech	nanical	Ва	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	17,434	0	0.00%	0	0.00%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	1	<0.01%	4	0.02%
5586	Frontier™ II CRT-P	6,899	7	0.10%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	0.10%	0	0.00%	14	0.20%

# Worldwide Malfunction Summary (Anthem<sup>™</sup>)

								Worldwide	Malfund	ctions w/	Comproi	mised The	rapy						
		Worldwide		trical ponent		Electrical Interconnect				Software/ Battery Firmware		Mec	hanical	Ba	ble Early attery pletion	Ot	her	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	
PM3210	Anthem™ RF CRT-P	17,969	3	0.02%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	7	0.04%	

								Worldwide	Malfunc	tions w/o	Compro	mised The	erapy					
		Worldwide		trical onent		trical connect	Ba	ttery		tware/ nware	Mecl	nanical	Ва	ole Early ittery letion	Ot	her	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3210	Anthem™ RF CRT-P	17,969	0	0.00%	0	0.00%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	1	<0.01%	4	0.02%

# LEFT-HEART LEADS



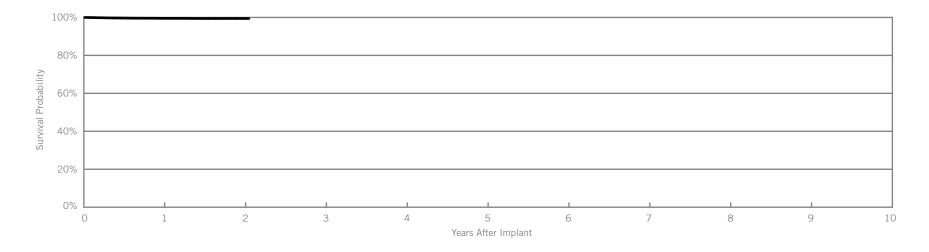
# Quartet™

#### Model 1458Q

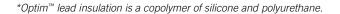
US Regulatory Approval	November 2011
Registered US Implants	29,309
Estimated Active US Implants	25,766
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	S-Curve
Polarity	Quadpolar
Steroid	Yes
Number of US Advisories	None

		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	32	0.11%	76	0.26%
Failure to Capture	11	0.04%	13	0.04%
Oversensing	1	<0.01%	0	0.00%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	1	<0.01%
Abnormal Pacing Impedance	3	0.01%	1	<0.01%
Extracardiac Stimulation	15	0.05%	2	<0.01%
Other	5	0.02%	3	0.01%
Total	67	0.23%	96	0.33%
Total Returned for Analysis	21		68	

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	3	0.01%
Extrinsic Factors	76	0.26%
Total	80	0.27%



Year	1	2	at 25 months				
Survival Probability	99.53%	99.46%	99.46%				
± 1 standard error	0.05%	0.06%	0.06%				
Sample Size	20,180	5,740	420				





# **Actively Monitored Study Data**

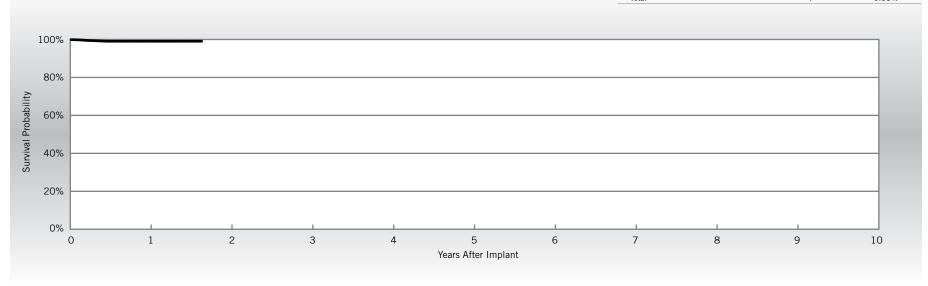
# Quartet™

#### Model 1458Q

US Regulatory Approval	Nov 2011
Number of Devices Enrolled in Study	1,834
Cumulative Months of Follow-up	15,145
Insulation	Optim™*
Type and/or Fixation	S-Curve
Polarity	Quadpolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Failure to Capture	1	0.05%
Lead Dislodgement	13	0.71%

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	7	0.38%
Total	7	0.38%



Year	1	at 20 months				
Survival Probability	99.08%	99.08%				
± 1 standard error	0.25%	0.25%				
Sample Size	1,170	50				

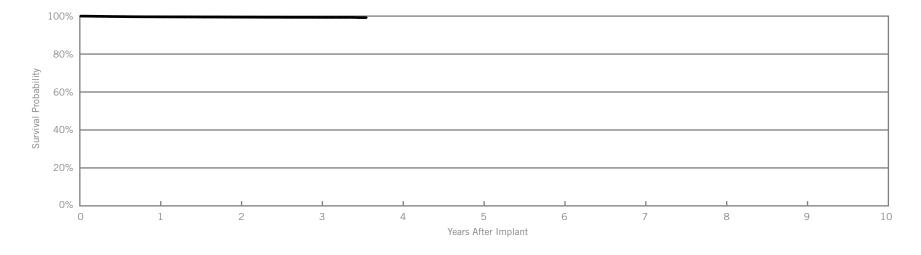
<sup>\*</sup>Optim $^{\text{\tiny{M}}}$  lead insulation is a copolymer of silicone and polyurethane.

# QuickFlex<sup>™</sup> µ Model 1258T

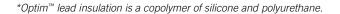
US Regulatory Approval	May 2010
Registered US Implants	36,181
Estimated Active US Implants	28,294
Insulation	Optim™*
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	<0.01%
Lead Dislodgement	30	0.08%	81	0.22%
Failure to Capture	11	0.03%	35	0.10%
Oversensing	0	0.00%	1	<0.01%
Failure to Sense	1	<0.01%	0	0.00%
Insulation Breach	0	0.00%	1	<0.01%
Abnormal Pacing Impedance	4	0.01%	0	0.00%
Extracardiac Stimulation	12	0.03%	16	0.04%
Other	6	0.02%	4	0.01%
Total	64	0.18%	140	0.39%
Total Returned for Analysis	29		92	

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	118	0.33%
Total	121	0.33%



Year	1	2	3	at 43 months	
Survival Probability	99.61%	99.45%	99.33%	99.21%	
± 1 standard error	0.04%	0.05%	0.05%	0.13%	
Sample Size	30,010	19,520	9,780	590	





# **Actively Monitored Study Data**

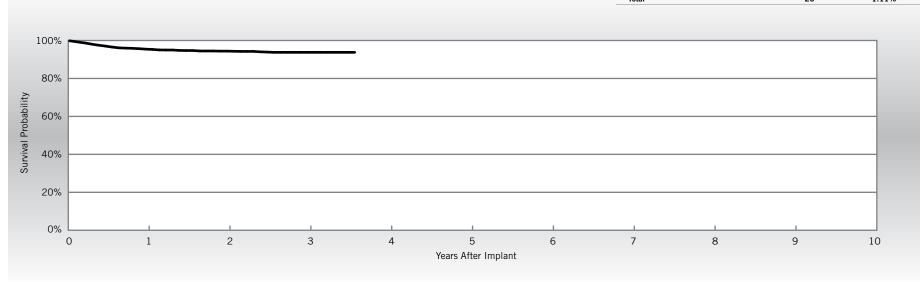
# QuickFlex<sup>™</sup> µ

#### Model 1258T

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	2,341
Cumulative Months of Follow-up	53,927
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	48	2.05%
Failure to Capture	35	1.50%
Lead Dislodgement	38	1.62%

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	25	1.07%
Total	26	1.11%



Year	1	2	3	at 43 months			
Survival Probability	95.44%	94.40%	93.76%	93.76%			
± 1 standard error	0.43%	0.50%	0.56%	0.56%			
Sample Size	2,130	1,600	770	60			

<sup>\*</sup>Optim $^{\text{\tiny{M}}}$  lead insulation is a copolymer of silicone and polyurethane.

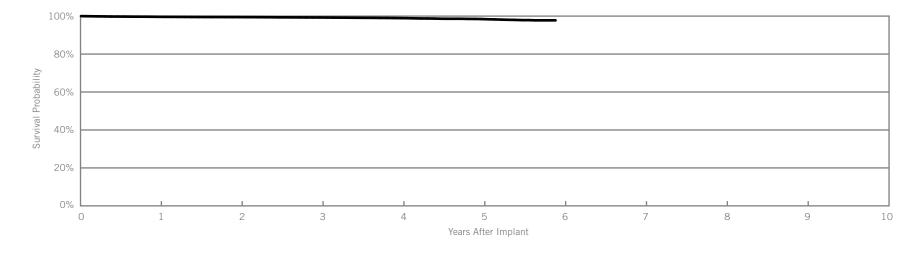
# QuickFlex™

### Model 1156T

US Regulatory Approval	July 2007
Registered US Implants	27,596
Estimated Active US Implants	16,747
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

		Acute Observations (Post Implant, ≤30 days)		Complications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	<0.01%
Lead Dislodgement	11	0.04%	75	0.27%
Failure to Capture	4	0.01%	70	0.25%
Oversensing	0	0.00%	4	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	7	0.03%
Abnormal Pacing Impedance	0	0.00%	4	0.01%
Extracardiac Stimulation	13	0.05%	39	0.14%
Other	9	0.03%	1	<0.01%
Total	37	0.13%	202	0.73%
Total Returned for Analysis	13		104	

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.01%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	3	0.01%
Insulation Breach	27	0.10%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	2	<0.01%
Clavicular Crush	0	0.00%
Externalized Conductors	12	0.04%
Other	13	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	104	0.38%
Total	134	0.49%



Year	1	2	3	4	5	at 71 months		
Survival Probability	99.63%	99.48%	99.27%	98.94%	98.45%	97.78%		
± 1 standard error	0.04%	0.05%	0.06%	0.07%	0.11%	0.22%		
Sample Size	25,320	21,490	17,660	12,300	6,300	340		

# **Actively Monitored Study Data**

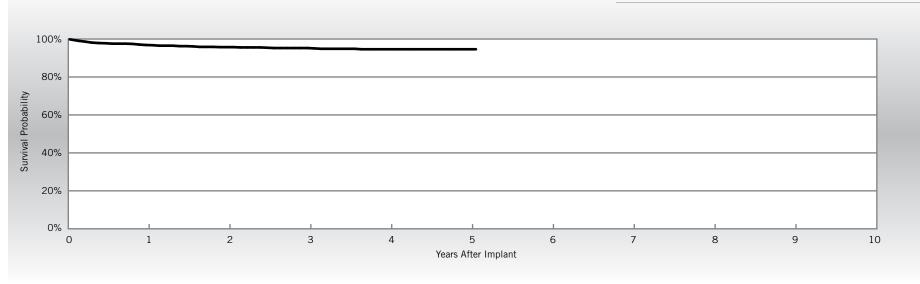
# QuickFlex™

## Model 1156T

US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	981
Cumulative Months of Follow-up	32,698
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	8	0.82%	
Lead Dislodgement	22	2.24%	

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	13	1.33%
Total	13	1.33%



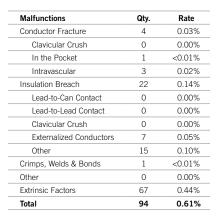
Year	1	2	3	4	5	at 61 months		
Survival Probability	96.86%	95.73%	95.25%	94.61%	94.61%	94.61%		
± 1 standard error	0.55%	0.68%	0.73%	0.81%	0.81%	0.81%		
Sample Size	900	750	600	370	140	50		

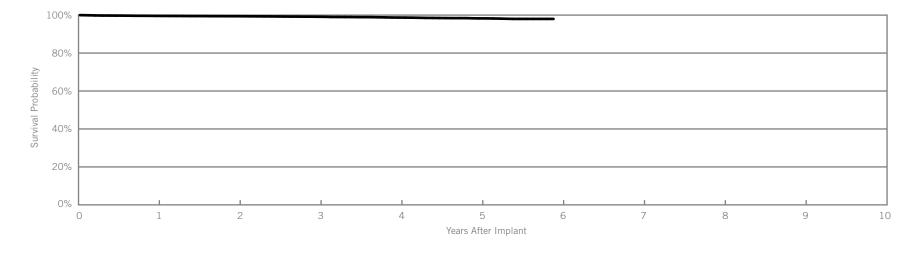
## QuickFlex<sup>™</sup> XL

#### Model 1158T

US Regulatory Approval	July 2007
Registered US Implants	15,315
Estimated Active US Implants	9,348
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	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%	3	0.02%
Lead Dislodgement	9	0.06%	51	0.33%
Failure to Capture	2	0.01%	46	0.30%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	1	<0.01%
Insulation Breach	0	0.00%	4	0.03%
Abnormal Pacing Impedance	2	0.01%	1	<0.01%
Extracardiac Stimulation	5	0.03%	12	0.08%
Other	6	0.04%	5	0.03%
Total	24	0.16%	123	0.80%
Total Returned for Analysis	13		69	





Year	1	2	3	4	5	at 71 months		
Survival Probability	99.58%	99.42%	99.14%	98.71%	98.27%	98.00%		
± 1 standard error	0.05%	0.07%	0.08%	0.12%	0.16%	0.21%		
Sample Size	14,070	11,950	9,630	6,520	3,420	240		

# **Actively Monitored Study Data**

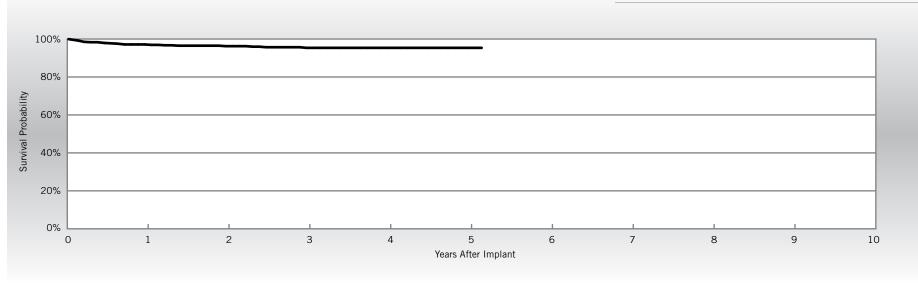
# QuickFlex<sup>™</sup> XL

#### Model 1158T

US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	558
Cumulative Months of Follow-up	19,050
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Extracardiac Stimulation	8	1.43%
Failure to Capture	5	0.90%
Insulation Breach	1	0.18%
Lead Dislodgement	6	1.08%
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	5	at 62 months		
Survival Probability	97.14%	96.24%	95.35%	95.35%	95.35%	95.35%		
± 1 standard error	0.73%	0.82%	0.93%	0.99%	0.99%	0.99%		
Sample Size	510	430	340	220	100	50		

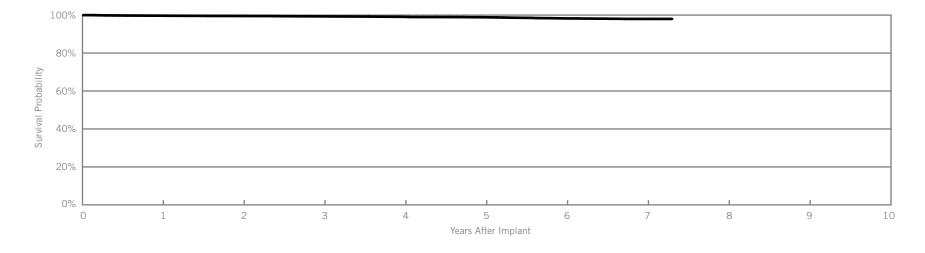
# QuickSite<sup>™</sup> XL

#### Model 1058T

US Regulatory Approval	February 2006
Registered US Implants	9,945
Estimated Active US Implants	4,848
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

		oservations int, ≤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%	20	0.20%
Failure to Capture	3	0.03%	34	0.34%
Oversensing	1	0.01%	1	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	4	0.04%
Abnormal Pacing Impedance	2	0.02%	3	0.03%
Extracardiac Stimulation	9	0.09%	13	0.13%
Other	1	0.01%	2	0.02%
Total	26	0.26%	79	0.79%
Total Returned for Analysis	9		23	

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	13	0.13%
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	7	0.07%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.01%
Extrinsic Factors	21	0.21%
Total	37	0.37%



Year	1	2	3	4	5	6	7	at 88 months	
Survival Probability	99.71%	99.53%	99.33%	99.12%	98.88%	98.27%	98.00%	98.00%	
± 1 standard error	0.06%	0.07%	0.09%	0.11%	0.13%	0.17%	0.21%	0.21%	
Sample Size	9,180	7,920	6,990	6,110	5,210	4,100	2,050	260	

# **Actively Monitored Study Data**

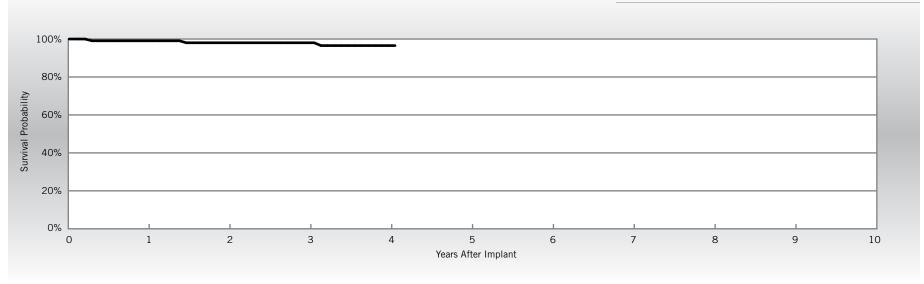
# QuickSite<sup>™</sup> XL

#### Model 1058T

US Regulatory Approval	February 2006
Number of Devices Enrolled in Study	111
Cumulative Months of Follow-up	4,747
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Failure to Capture	3	2.70%

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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	4	at 49 months			
Survival Probability	99.07%	98.03%	98.03%	96.54%	96.54%			
± 1 standard error	0.92%	1.39%	1.39%	2.01%	2.01%			
Sample Size	100	90	80	60	50			

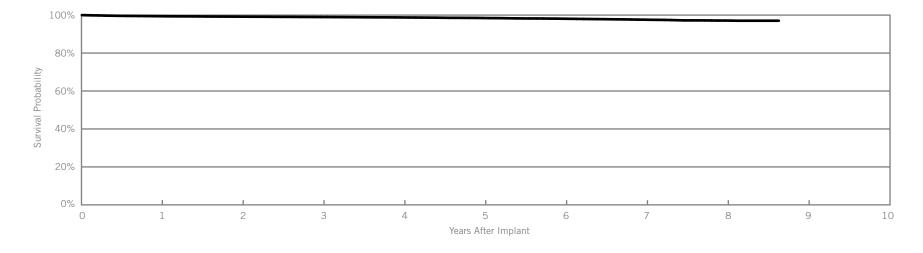
# QuickSite™

#### Model 1056T

US Regulatory Approval	April 2005
Registered US Implants	32,310
Estimated Active US Implants	13,798
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

		bservations ant, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	5	0.02%
Lead Dislodgement	31	0.10%	123	0.38%
Failure to Capture	14	0.04%	127	0.39%
Oversensing	1	<0.01%	6	0.02%
Failure to Sense	0	0.00%	1	<0.01%
Insulation Breach	1	<0.01%	15	0.05%
Abnormal Pacing Impedance	3	<0.01%	4	0.01%
Extracardiac Stimulation	22	0.07%	64	0.20%
Other	9	0.03%	9	0.03%
Total	81	0.25%	354	1.10%
Total Returned for Analysis	27		146	

Malfunctions	Qty.	Rate
Conductor Fracture	4	0.01%
Clavicular Crush	0	0.00%
In the Pocket	1	<0.01%
Intravascular	3	<0.01%
Insulation Breach	58	0.18%
Lead-to-Can Contact	1	<0.01%
Lead-to-Lead Contact	8	0.02%
Clavicular Crush	0	0.00%
Externalized Conductors	28	0.09%
Other	21	0.06%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	131	0.41%
Total	194	0.60%



Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.42%	99.19%	99.00%	98.77%	98.47%	98.10%	97.59%	97.13%	97.04%	
± 1 standard error	0.04%	0.05%	0.06%	0.07%	0.08%	0.09%	0.12%	0.15%	0.16%	
Sample Size	29,750	25,580	22,480	19,480	16,540	13,530	9,510	4,780	290	

# **Actively Monitored Study Data**

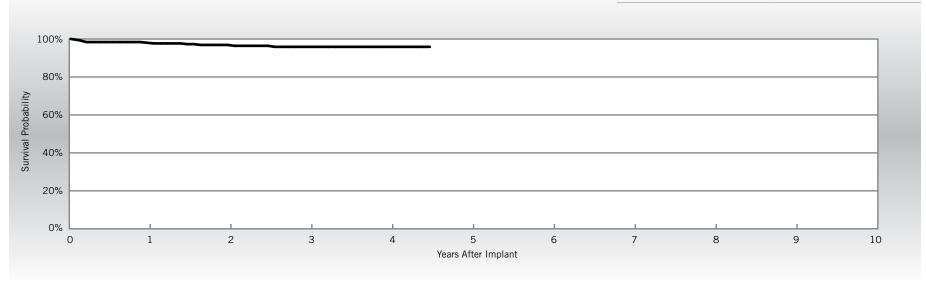
# $\mathsf{QuickSite}^{^{\!{\scriptscriptstyle\mathsf{TM}}}}$

#### Model 1056T

US Regulatory Approval	April 2005
Number of Devices Enrolled in Study	321
Cumulative Months of Follow-up	10,568
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	0.62%
Failure to Capture	4	1.25%
Lead Dislodgement	4	1.25%

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	4	1.25%
Total	4	1.25%



Year	1	2	3	4	at 54 months			
Survival Probability	98.05%	96.89%	95.88%	95.88%	95.88%			
± 1 standard error	0.71%	1.03%	1.24%	1.24%	1.24%			
Sample Size	300	240	180	110	50			

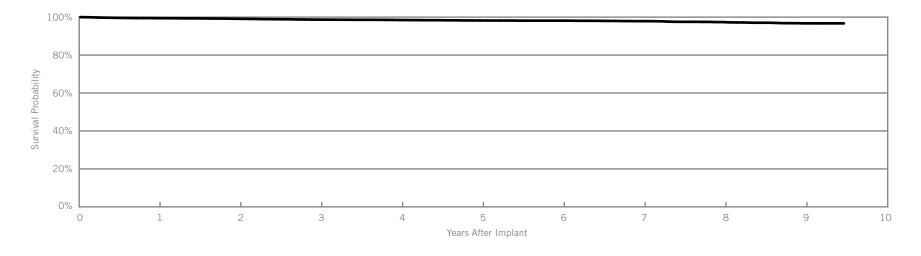
# QuickSite™

#### Model 1056K

US Regulatory Approval	June 2004
Registered US Implants	7,871
Estimated Active US Implants	2,384
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Unipolar
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	0.03%
Lead Dislodgement	10	0.13%	31	0.39%
Failure to Capture	3	0.04%	45	0.57%
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%	18	0.23%
Other	2	0.03%	9	0.11%
Total	25	0.32%	108	1.37%
Total Returned for Analysis	13		45	

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.04%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	3	0.04%
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	46	0.58%
Total	50	0.64%



Year	1	2	3	4	5	6	7	8	9	at 114 months
Survival Probability	99.43%	99.11%	98.66%	98.47%	98.21%	98.13%	97.87%	97.38%	96.71%	96.71%
± 1 standard error	0.08%	0.11%	0.14%	0.16%	0.18%	0.18%	0.21%	0.25%	0.31%	0.32%
Sample Size	7,240	6,190	5,380	4,610	3,910	3,280	2,690	2,200	1,500	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 yea
1458Q	Quartet™	99.53%	99.46%								
1258T	QuickFlex™ µ	99.61%	99.45%	99.33%							
1156T	QuickFlex™	99.63%	99.48%	99.27%	98.94%	98.45%					
1158T	QuickFlex™ XL	99.58%	99.42%	99.14%	98.71%	98.27%					
1058T	QuickSite™ XL	99.71%	99.53%	99.33%	99.12%	98.88%	98.27%	98.00%			
1056T	QuickSite™	99.42%	99.19%	99.00%	98.77%	98.47%	98.10%	97.59%	97.13%		
1056K	QuickSite™	99.43%	99.11%	98.66%	98.47%	98.21%	98.13%	97.87%	97.38%	96.71%	

# Acute Observation Summary

#### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac rforation		nductor acture		.ead dgement		lure to	Ov	ersensing		ilure to Sense		sulation Breach	F	onormal Pacing pedance		racardiac mulation		Other	1	<b>Total</b>	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	29,309	25,766	0	0.00%	0	0.00%	32	0.11%	11	0.04%	1	<0.01%	0	0.00%	0	0.00%	3	0.01%	15	0.05%	5	0.02%	67	0.23%	21
1258T	May-10	36,181	28,294	0	0.00%	0	0.00%	30	0.08%	11	0.03%	0	0.00%	1	<0.01%	0	0.00%	4	0.01%	12	0.03%	6	0.02%	64	0.18%	29
1156T	Jul-07	27,596	16,747	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	15,315	9,348	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	9,945	4,848	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%	9
1056T	Apr-05	32,310	13,798	0	0.00%	0	0.00%	31	0.10%	14	0.04%	1	<0.01%	0	0.00%	1	<0.01%	3	<0.01%	22	0.07%	9	0.03%	81	0.25%	27
1056K	Jun-04	7,871	2,384	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		acardiac 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	29,309	25,766	0	0.00%	0	0.00%	76	0.26%	13	0.04%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	2	<0.01%	3	0.01%	96	0.33%	68
1258T	May-10	36,181	28,294	0	0.00%	2	<0.01%	81	0.22%	35	0.10%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	16	0.04%	4	0.01%	140	0.39%	92
1156T	Jul-07	27,596	16,747	0	0.00%	2	<0.01%	75	0.27%	70	0.25%	4	0.01%	0	0.00%	7	0.03%	4	0.01%	39	0.14%	1	<0.01%	202	0.73%	104
1158T	Jul-07	15,315	9,348	0	0.00%	3	0.02%	51	0.33%	46	0.30%	0	0.00%	1	<0.01%	4	0.03%	1	<0.01%	12	0.08%	5	0.03%	123	0.80%	69
1058T	Feb-06	9,945	4,848	0	0.00%	2	0.02%	20	0.20%	34	0.34%	1	0.01%	0	0.00%	4	0.04%	3	0.03%	13	0.13%	2	0.02%	79	0.79%	23
1056T	Apr-05	32,310	13,798	0	0.00%	5	0.02%	123	0.38%	127	0.39%	6	0.02%	1	<0.01%	15	0.05%	4	0.01%	64	0.20%	9	0.03%	354	1.10%	146
1056K	Jun-04	7,871	2,384	0	0.00%	2	0.03%	31	0.39%	45	0.57%	0	0.00%	0	0.00%	0	0.00%	3	0.04%	18	0.23%	9	0.11%	108	1.37%	45

# Malfunction Summary

					Conductor	Fractur	e								Insulatio	n Bread	:h												
	Registered US		vicular Crush	In t	he Pocket	Intra	vascular	Con	Total Iductor acture		I-to-Can ontact		-to-Lead ontact		vicular rush		rnalized ductors	0	ther	Ins	Total ulation reach	We	imps, elds & onds	c	Other		trinsic actors	1	<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
1458Q	29,309	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%	3	0.01%	76	0.26%	80	0.27%
1258T	36,181	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%	118	0.33%	121	0.33%
1156T	27,596	0	0.00%	0	0.00%	3	0.01%	3	0.01%	0	0.00%	2	<0.01%	0	0.00%	12	0.04%	13	0.05%	27	0.10%	0	0.00%	0	0.00%	104	0.38%	134	0.49%
1158T	15,315	0	0.00%	1	<0.01%	3	0.02%	4	0.03%	0	0.00%	0	0.00%	0	0.00%	7	0.05%	15	0.10%	22	0.14%	1	<0.01%	0	0.00%	67	0.44%	94	0.61%
1058T	9,945	0	0.00%	0	0.00%	2	0.02%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	6	0.06%	7	0.07%	13	0.13%	0	0.00%	1	0.01%	21	0.21%	37	0.37%
1056T	32,310	0	0.00%	1	<0.01%	3	<0.01%	4	0.01%	1	<0.01%	8	0.02%	0	0.00%	28	0.09%	21	0.06%	58	0.18%	0	0.00%	1	<0.01%	131	0.41%	194	0.60%
1056K	7,871	0	0.00%	0	0.00%	3	0.04%	3	0.04%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	46	0.58%	50	0.64%

# Worldwide Malfunction Summary (Quartet<sup>™</sup>)

					Conductor	Fractur	e								Insulatio	n Bread	:h												
	Worldwide		Crush In the Pocket Intravascular Fracture							I-to-Can ontact		-to-Lead ontact		vicular rush		rnalized ductors	Of	ther	Inst	otal ulation reach	We	imps, elds & onds	0	ther		rinsic ctors	Т	otal	
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
1458Q	64,588	2	0.00%	4	0.01%	1	<0.01%	7	0.01%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	3	<0.01%	0	0.00%	11	0.02%	172	0.27%	193	0.30%

# Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Pa	normal ncing edance		rdiac oration		ductor acture		acardiac nulation		ilure to pture		ilure to ense		llation each		Lead odgement	Overs	sensing		ardial usion		Skin 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	1,834	15,145	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	13	0.71%	0	0.00%	0	0.00%	0	0.00%	14	0.769
1258T	2,341	53,927	3	0.13%	0	0.00%	1	0.04%	48	2.05%	35	1.50%	0	0.00%	0	0.00%	38	1.62%	0	0.00%	0	0.00%	0	0.00%	125	5.349
1156T	981	32,698	1	0.10%	0	0.00%	0	0.00%	13	1.33%	8	0.82%	0	0.00%	0	0.00%	22	2.24%	0	0.00%	0	0.00%	0	0.00%	44	4.499
1158T	558	19,050	0	0.00%	0	0.00%	0	0.00%	8	1.43%	5	0.90%	0	0.00%	1	0.18%	6	1.08%	1	0.18%	0	0.00%	1	0.18%	22	3.949
1058T	111	4,747	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	2.709
1056T	321	10,568	1	0.31%	0	0.00%	0	0.00%	2	0.62%	4	1.25%	0	0.00%	0	0.00%	4	1.25%	0	0.00%	0	0.00%	0	0.00%	11	3.43

#### Malfunctions

					Conductor	Fractur	e								Insulatio	n Bread	:h												
	Number of Devices		vicular crush	In ti	ne Pocket	Intra	vascular	Con	otal ductor acture		I-to-Can ontact		to-Lead		vicular rush		rnalized ductors	0	ther	Insi	otal ulation reach	We	mps, lds & onds	С	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	1,834	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%	7	0.38%	7	0.38%
1258T	2,341	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%	25	1.07%	26	1.11%
1156T	981	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%	13	1.33%	13	1.33%
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	321	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%	4	1.25%	4	1.25%

# IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEVICES

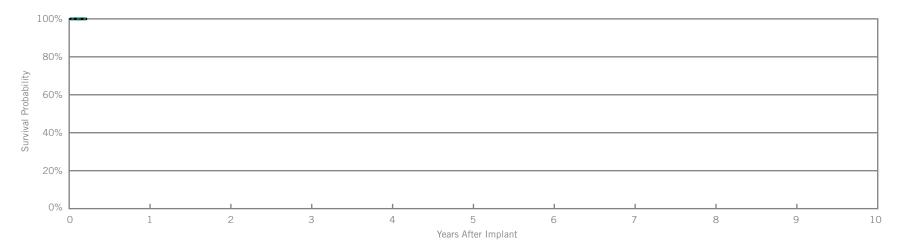
Dual-Chamber



# Fortify Assura<sup>™</sup> DR Model CD2357-40C

US Regulatory Approval	Jun 2013
Registered US Implants	519
Estimated Active US Implants	505
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised 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 -

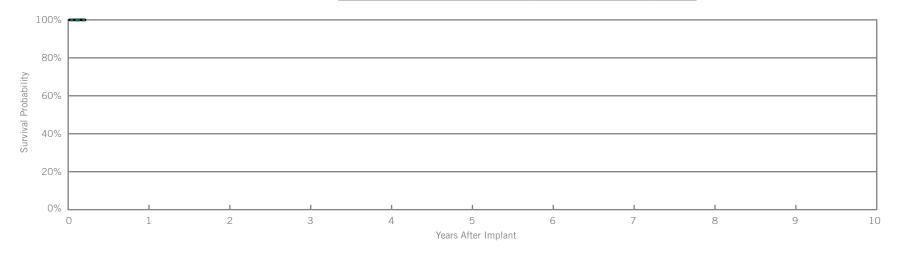
_						
Year	at 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	240					

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

# Fortify Assura<sup>™</sup> DR Model CD2357-40Q

US Regulatory Approval	Jun 2013
Registered US Implants	675
Estimated Active US Implants	664
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised 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 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	280					

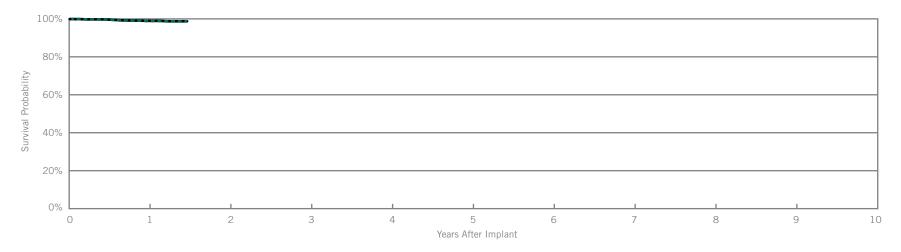
Year	at 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

# Ellipse<sup>™</sup> DR

## Model CD2311-36Q

US Regulatory Approval	May 2012
Registered US Implants	5,112
Estimated Active US Implants	4,582
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	1
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	iunctions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	0.02%	1	0.02%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	7	0.14%	2	0.04%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	2	0.04%	1	0.02%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	0.02%
Total	10	0.20%	5	0.10%



#### Including Normal Battery Depletion -

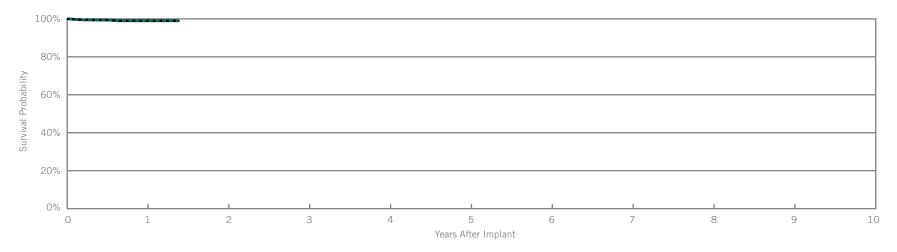
Year	1	at 18 months				
Survival Probability	98.91%	98.69%				
± 1 standard error	0.17%	0.25%				
Sample Size	3,300	290				

Year	1	at 18 months				
Survival Probability	98.96%	98.74%				
± 1 standard error	0.17%	0.25%				

## Ellipse<sup>™</sup> DR Model CD2311-36

IC Demileters Assessed	M 2010
US Regulatory Approval	May 2012
Registered US Implants	3,162
Estimated Active US Implants	2,859
Estimated Longevity	(see table on page 106)
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	1	0.03%	2	0.06%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	2	0.06%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	3	0.09%	2	0.06%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	6	0.19%	4	0.13%



#### Including Normal Battery Depletion -

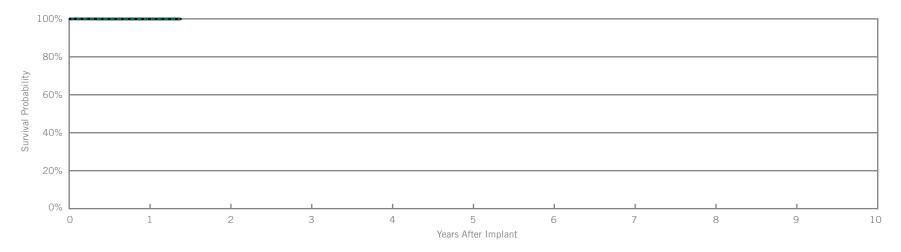
Year	1	at 17 months				
Survival Probability	99.00%	99.00%				
± 1 standard error	0.21%	0.21%				
Sample Size	2,000	250				

Year	1	at 17 months				
Survival Probability	99.00%	99.00%				
± 1 standard error	0.21%	0.21%				

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

US Regulatory Approval	May 2012
Registered US Implants	5,854
Estimated Active US Implants	5,345
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions 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%	1	0.02%
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	0.02%



#### Including Normal Battery Depletion -

Year	1	at 17 months				
Survival Probability	99.95%	99.95%				
± 1 standard error	0.03%	0.03%				
Sample Size	3,460	290				

Year	1	at 17 months				
Survival Probability	99.95%	99.95%				
± 1 standard error	0.03%	0.03%				

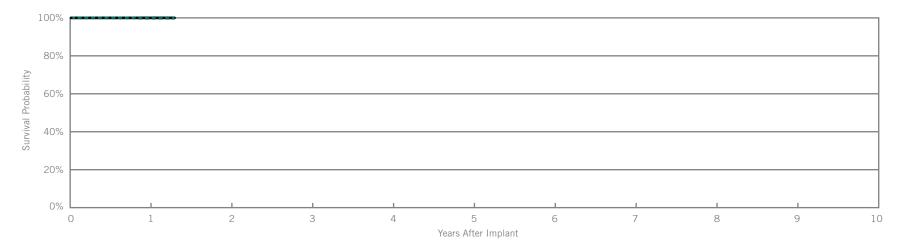
# Fortify Assura<sup>™</sup> DR

Model CD2257-40

Number of US Advisories

US Regulatory Approval	May 2012
Registered US Implants	3,602
Estimated Active US Implants	3,286
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	1
Max. Delivered Energy	40 joules

	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	at 16 months				
Survival Probability	99.80%	99.80%				
± 1 standard error	0.14%	0.14%				
Sample Size	2,160	280				

Year	1	at 16 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				

None

# **Customer Reported Performance Data**

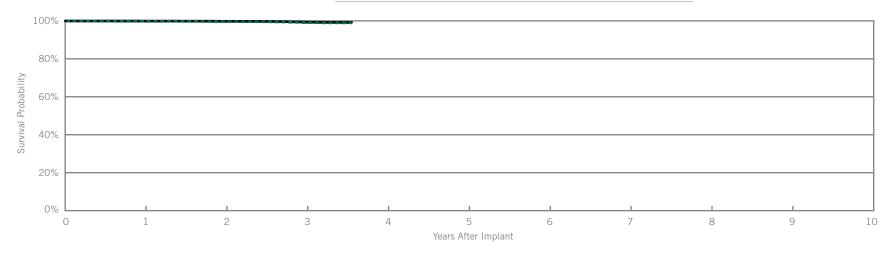
# Fortify<sup>™</sup> DR

Model CD2231-40Q

Number of US Advisories

May 2010
26,767
20,221
(see table on page 106)
18
40 joules

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.01%	4	0.01%
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	10	0.04%	4	0.01%
Other	3	0.01%	3	0.01%
Total	21	0.08%	13	0.05%



#### Including Normal Battery Depletion -

Year	1	2	3	at 43 months	
Survival Probability	99.78%	99.61%	99.08%	98.95%	
± 1 standard error	0.03%	0.04%	0.08%	0.12%	
Sample Size	24,550	18,230	9,380	540	

Year	1	2	3	at 43 months			
Survival Probability	99.88%	99.78%	99.33%	99.20%			
± 1 standard error	0.02%	0.03%	0.07%	0.11%			

Malfunctions

# **Actively Monitored Study Data**

# Fortify<sup>™</sup> DR

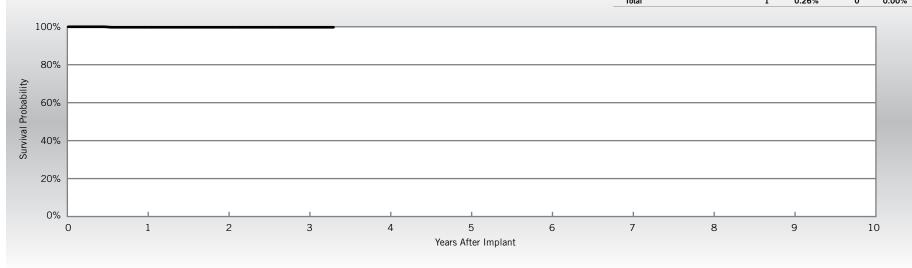
#### Model CD2231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	388
Cumulative Months of Follow-up	11,638
Estimated Longevity	(see table on page 106)
Max. Delivered Energy	40 joules

Qualifying	Complications	Qty	Rate
Premature	Battery Depletion	1	0.26%

		npromised nerapy	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	1	0.26%	0	0.00%	
Total	1	0.26%	0	0.00%	

Malfunctions



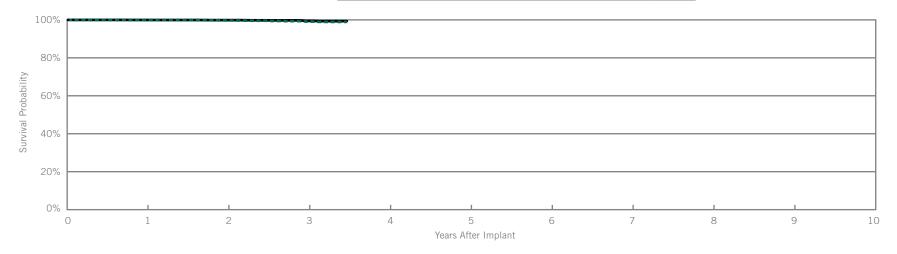
Year	1	2	3	at 40 months		
Survival Probability	99.74%	99.74%	99.74%	99.74%		
± 1 standard error	0.26%	0.26%	0.26%	0.26%		
Sample Size	380	350	220	50		

# Fortify<sup>™</sup> DR

Model CD2231-40

US Regulatory Approval	May 2010
Registered US Implants	12,020
Estimated Active US Implants	9,071
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	10
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions impromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	2	0.02%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	0	0.00%	3	0.02%
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	2	0.02%	0	0.00%
Other	1	<0.01%	1	<0.01%
Total	6	0.05%	6	0.05%



#### Including Normal Battery Depletion -

Year	1	2	3	at 42 months	
Survival Probability	99.88%	99.67%	99.08%	98.93%	
± 1 standard error	0.03%	0.05%	0.11%	0.19%	
Sample Size	10,980	7,890	3,800	410	

Year	1	2	3	at 42 months	
Survival Probability	99.94%	99.87%	99.46%	99.32%	
± 1 standard error	0.02%	0.04%	0.07%	0.17%	

# **Actively Monitored Study Data**

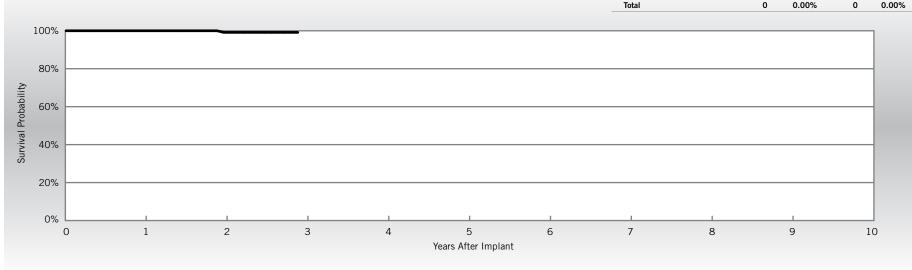
# Fortify<sup>™</sup> DR

## Model CD2231-40

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	176
Cumulative Months of Follow-up	4,559
Estimated Longevity	(see table on page 106)
Max. Delivered Energy	40 joules

Qualifying Complications	Qty	Rate
Premature Battery Depletion	1	0.57%

	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%
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%

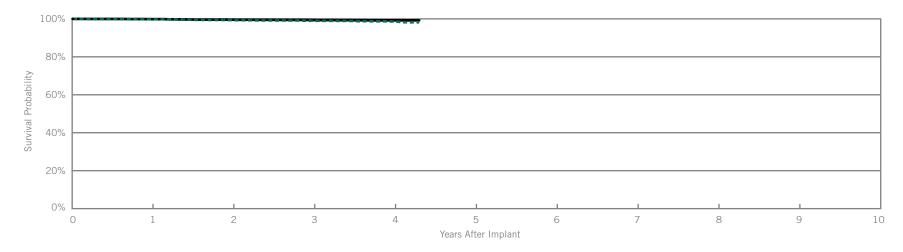


Year	1	2	at 35 months				
Survival Probability	100.00%	99.15%	99.15%				
± 1 standard error	0.00%	0.00%	0.85%				
Sample Size	160	130	50				

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

US Regulatory Approval	February 2009
Registered US Implants	8,121
Estimated Active US Implants	5,227
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	14
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	w/ Compromised Therapy		unctions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	5	0.06%	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%	2	0.02%
Other	1	0.01%	2	0.02%
Total	11	0.14%	11	0.14%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 52 months					
Survival Probability	99.85%	99.39%	99.03%	98.62%	98.21%					
± 1 standard error	0.04%	0.09%	0.12%	0.15%	0.27%					
Sample Size	7540	6520	5660	3320	330					

Year	1	2	3	4	at 52 months			
Survival Probability	99.85%	99.58%	99.40%	99.22%	99.22%			
± 1 standard error	0.04%	0.08%	0.09%	0.12%	0.12%			

Malfunctions

# **Actively Monitored Study Data**

# Current<sup>™</sup> + DR

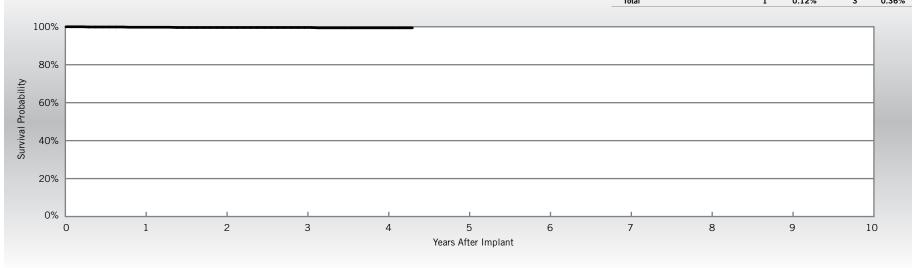
## Model CD2211-36Q

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	834
Cumulative Months of Follow-up	31,905
Estimated Longevity	(see table on page 106)
Max. Delivered Energy	36 joules

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

		mpromised herapy		mpromised nerapy
	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%

Malfunctions

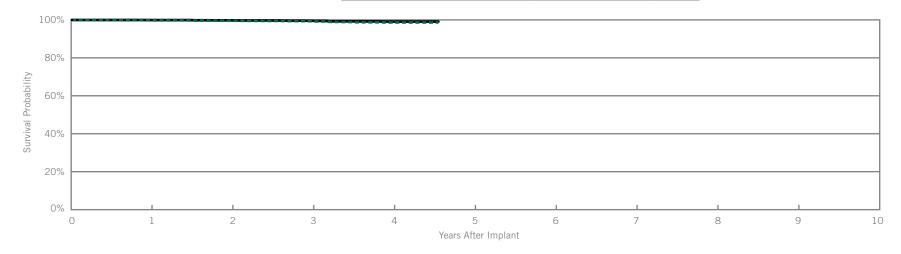


Year	1	2	3	4	at 52 months			
Survival Probability	99.75%	99.61%	99.61%	99.44%	99.44%			
± 1 standard error	0.18%	0.23%	0.23%	0.28%	0.28%			
Sample Size	790	710	640	420	80			

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

US Regulatory Approval	February 2009
Registered US Implants	6,237
Estimated Active US Implants	3,976
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	9
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Coi	nunctions mpromised herapy	w/o Co	unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.03%	1	0.02%
Electrical Interconnect	1	0.02%	0	0.00%
Battery	3	0.05%	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	3	0.05%	0	0.00%
Total	11	0.18%	6	0.10%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 55 months			
Survival Probability	99.78%	99.56%	99.28%	98.63%	98.63%			
± 1 standard error	0.05%	0.09%	0.12%	0.18%	0.18%			
Sample Size	5,800	4,960	4,210	2,820	290			

Year	1	2	3	4	at 55 months			
Survival Probability	99.90%	99.75%	99.52%	99.09%	99.09%			
± 1 standard error	0.03%	0.07%	0.09%	0.15%	0.15%			

# **Actively Monitored Study Data**

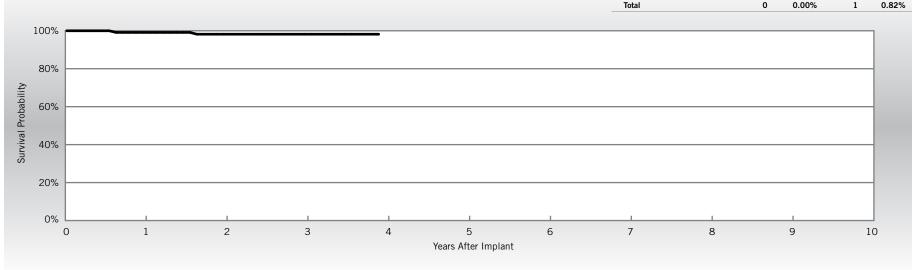
## Current<sup>™</sup> + DR

#### Model CD2211-36

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	122
Cumulative Months of Follow-up	4,428
Estimated Longevity	(see table on page 106)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty	Rate
Inappropriate Shock	1	0.82%
Premature Battery Depletion	1	0.82%

	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%
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	0.82%
Total	0	0.00%	1	0.82%



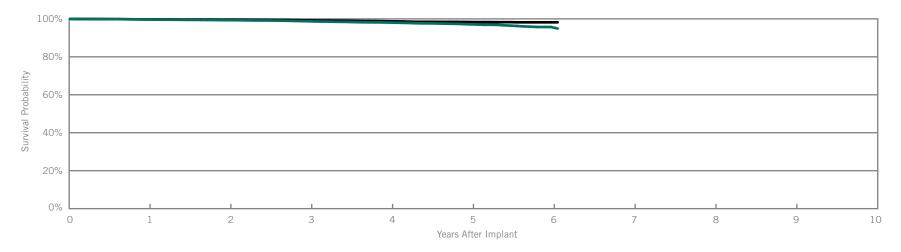
Year	1	2	3	at 47 months		
Survival Probability	99.13%	98.19%	98.19%	98.19%		
± 1 standard error	0.86%	1.27%	1.27%	1.27%		
Sample Size	120	100	80	50		

# Current<sup>™</sup> DR RF

Model 2207-36

JS Regulatory Approval	September 2007
Registered US Implants	22,362
Estimated Active US Implants	11,978
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	77
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	6	0.03%	11	0.05%	
Electrical Interconnect	6	0.03%	2	<0.01%	
Battery	12	0.05%	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	23	0.10%	14	0.06%	
Other	14	0.06%	5	0.02%	
Total	62	0.28%	44	0.20%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.69%	99.32%	98.75%	98.06%	97.12%	95.72%	94.92%		
± 1 standard error	0.04%	0.06%	0.08%	0.11%	0.14%	0.28%	0.28%		
Sample Size	20,850	18,150	15,980	13,810	9,320	3,190	350		

Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.73%	99.58%	99.21%	98.73%	98.36%	98.19%	98.19%		
± 1 standard error	0.03%	0.05%	0.06%	0.09%	0.10%	0.13%	0.13%		

Malfunctions

# **Actively Monitored Study Data**

## Current<sup>™</sup> DR RF

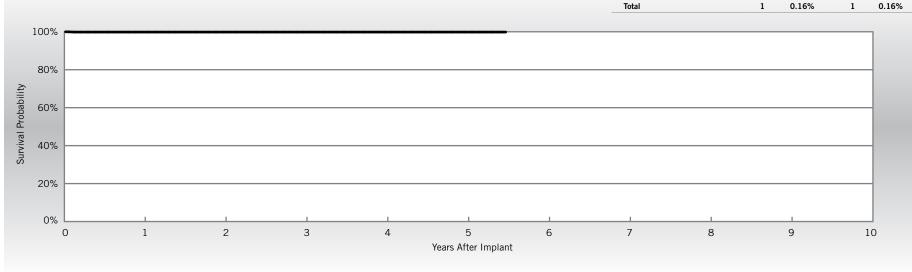
#### Model 2207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	631
Cumulative Months of Follow-up	26,206
Estimated Longevity	(see table on page 106)
Max. Delivered Energy	36 joules

Qualifying Complications	Qty.	Rate
Inappropriate Shock	1	0.16%

		npromised nerapy	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	1	0.16%	1	0.16%
Other	0	0.00%	0	0.00%
Total	1	0.16%	1	0.16%

Malfunctions



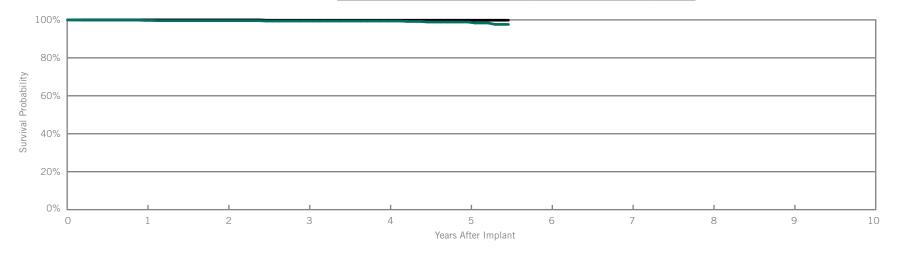
Year	1	2	3	4	5	at 66 months		
Survival Probability	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%		
± 1 standard error	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%		
Sample Size	600	520	430	350	230	60		

# Current<sup>™</sup> DR RF

Model 2207-30

US Regulatory Approval	September 2007
Registered US Implants	1,559
Estimated Active US Implants	846
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	8
Max. Delivered Energy	30 joules
Number of US Advisories	None

	Maltunctions w/ Compromised Therapy		Malfunctions w/o Compromise Therapy		
	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%	0	0.00%	
Other	0	0.00%	0	0.00%	
Total	0	0.00%	1	0.06%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	at 66 months		
Survival Probability	99.72%	99.57%	99.39%	99.39%	98.86%	97.62%		
± 1 standard error	0.09%	0.18%	0.22%	0.22%	0.34%	0.71%		
Sample Size	1,460	1,270	1,120	970	640	220		

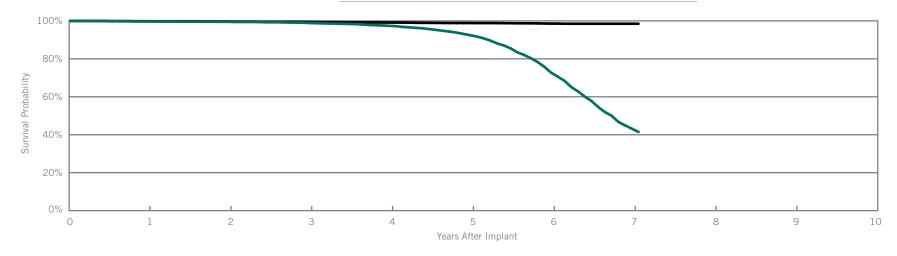
Year	1	2	3	4	5	at 66 months		
Survival Probability	100.00%	100.00%	99.82%	99.82%	99.82%	99.82%		
± 1 standard error	0.00%	0.00%	0.13%	0.13%	0.13%	0.13%		

# Atlas<sup>™</sup> II + DR

Model V-268

US Regulatory Approval	July 2006
Registered US Implants	14,788
Estimated Active US Implants	4,836
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	934
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions mpromised herapy
	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	15	0.10%	6	0.04%
Other	10	0.07%	5	0.03%
Total	43	0.29%	16	0.11%



#### Including Normal Battery Depletion -

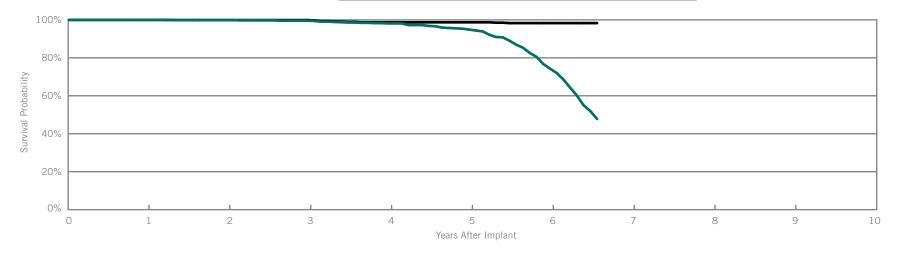
Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.68%	99.51%	98.88%	97.40%	92.46%	72.78%	43.20%	41.46%	
± 1 standard error	0.05%	0.06%	0.09%	0.15%	0.27%	0.55%	1.03%	1.10%	
Sample Size	13,770	12,040	10,590	9,170	7,470	4,860	1,750	240	

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.80%	99.68%	99.41%	99.12%	98.87%	98.57%	98.50%	98.50%	
± 1 standard error	0.04%	0.05%	0.07%	0.09%	0.11%	0.13%	0.14%	0.14%	

## Atlas™ II DR Model V-265

US Regulatory Approval	July 2006
Registered US Implants	1,926
Estimated Active US Implants	568
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	173
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

	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	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	1	0.05%	0	0.00%
Total	7	0.36%	3	0.16%



#### Including Normal Battery Depletion -

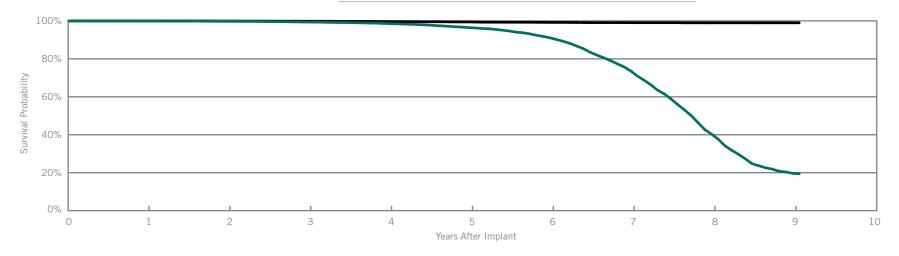
Year	1	2	3	4	5	6	at 79 months		
Survival Probability	100.00%	99.88%	99.60%	98.13%	94.89%	74.33%	47.73%		
± 1 standard error	0.00%	0.09%	0.16%	0.35%	0.61%	1.36%	1.91%		
Sample Size	1,810	1,590	1,420	1,260	1,090	800	240		

Year	1	2	3	4	5	6	at 79 months		
Survival Probability	100.00%	99.88%	99.88%	98.73%	98.73%	98.30%	98.30%		
± 1 standard error	0.00%	0.09%	0.09%	0.31%	0.31%	0.37%	0.37%		

## Atlas<sup>™</sup> + DR Model V-243

US Regulatory Approval	October 2003
Registered US Implants	21,048
Estimated Active US Implants	4,346
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	1,868
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	Three

	w/ Co	w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.02%	3	0.01%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	11	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	14	0.07%	2	<0.01%
Total	37	0.18%	14	0.07%



Year	1	2	3	4	5	6	7	8	9	at 109 months
Survival Probability	99.89%	99.75%	99.38%	98.59%	96.45%	91.08%	73.59%	40.30%	19.65%	19.44%
± 1 standard error	0.02%	0.03%	0.06%	0.09%	0.16%	0.26%	0.45%	0.66%	0.76%	0.77%
Sample Size	19,760	17,400	15,360	13,440	11,540	9,580	6,990	3,450	840	200

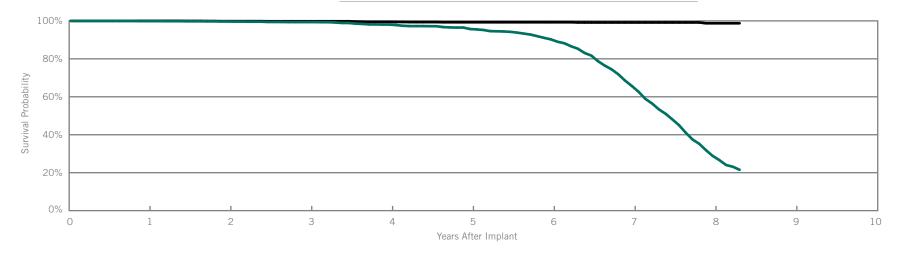
<b>Excluding</b>	Normal	Rattery	Depletion	
Excluding	Homman	Dattery	Depiction	

Year	r	1	2	3	4	5	6	7	8	9	at 109 months
Survival Pro	obability	99.97%	99.91%	99.81%	99.63%	99.43%	99.19%	99.04%	98.97%	98.97%	98.97%
± 1 standa	rd error	0.01%	0.02%	0.03%	0.05%	0.06%	0.08%	0.09%	0.11%	0.11%	0.11%

# Atlas<sup>™</sup> DR **Model V-242**

US Regulatory Approval	October 2003
Registered US Implants	4,657
Estimated Active US Implants	775
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	582
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	Three

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise 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%	1	0.02%	
Possible Early Battery Depletion	1	0.02%	0	0.00%	
Other	2	0.04%	0	0.00%	
Total	10	0.21%	3	0.06%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	at 100 months	
Survival Probability	99.88%	99.67%	99.36%	98.06%	95.70%	90.24%	65.71%	28.85%	21.54%	
± 1 standard error	0.05%	0.09%	0.13%	0.24%	0.34%	0.56%	1.00%	1.15%	1.10%	
Sample Size	4,380	3,890	3,480	3,060	2,650	2,250	1,660	840	240	

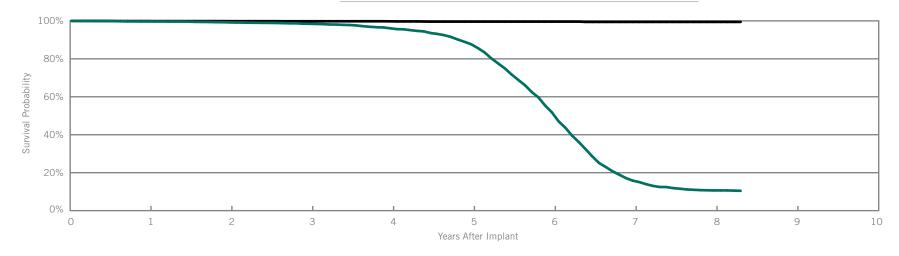
	Year	1	2	3	4	5	6	7	8	at 100 months	
:	Survival Probability	100.00%	99.84%	99.79%	99.49%	99.27%	99.27%	99.16%	98.74%	98.74%	
	± 1 standard error	0.00%	0.06%	0.08%	0.12%	0.15%	0.15%	0.17%	0.35%	0.35%	

# Epic<sup>™</sup> + DR Model V-239

US Regulatory Approval	October 2003
Registered US Implants	7,862
Estimated Active US Implants	543
Estimated Longevity	(see table on page 106)
Normal Battery Depletion	1,362
Max. Delivered Energy	30 joules
Number of US Advisories (see pgs. 280-292)	Two

		w/ Compromised Therapy		mpromised herapy	
	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%	0	0.00%	
Total	5	0.06%	7	0.09%	

Malfunctions



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	at 100 months	
Survival Probability	99.69%	99.22%	98.47%	96.08%	87.70%	51.77%	15.80%	10.65%	10.45%	
± 1 standard error	0.07%	0.10%	0.15%	0.25%	0.46%	0.80%	0.62%	0.52%	0.52%	
Sample Size	7,390	6,560	5,800	5,010	4,060	2,710	1,250	430	210	

	Year	1	2	3	4	5	6	7	8	at 100 months	
S	urvival Probability	99.89%	99.83%	99.80%	99.75%	99.61%	99.61%	99.46%	99.46%	99.46%	
±	: 1 standard error	0.04%	0.04%	0.05%	0.05%	0.08%	0.08%	0.14%	0.14%	0.14%	

# BATTERY LONGEVITY SUMMARY

Dual-Chamber ICDs



## **Battery Longevity**

			Approximate D	Ouration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD2357-40C	Fortify Assura <sup>™</sup> DR*	11.1	10.2	9.5	8.3
CD2357-40Q	Fortify Assura <sup>™</sup> DR*	11.1	10.2	9.5	8.3
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™ 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™ DR*	10.1	9.3	8.6	7.5
CD2231-40	Fortify <sup>™</sup> DR*	10.1	9.3	8.6	7.5
CD2211-36Q	Current™ + 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-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

				ı		Survival P	robability	I	I		ı
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2357-40C	Fortify Assura™ DR*										
CD2357-40Q	Fortify Assura™ DR*										
CD2311-36Q	Ellipse™ DR	98.91%									
CD2311-36	Ellipse™ DR	99.00%									
CD2257-40Q	Fortify Assura™ DR	99.95%									
CD2257-40	Fortify Assura™ DR	99.80%									
CD2231-40Q	Fortify™ DR	99.78%	99.61%	99.08%							
CD2231-40	Fortify™ DR	99.88%	99.67%	99.08%							
CD2211-36Q	Current <sup>™</sup> + DR	99.85%	99.39%	99.03%	98.62%						
CD2211-36	Current™ + DR	99.78%	99.56%	99.28%	98.63%						
2207-36	Current™ DR RF	99.69%	99.32%	98.75%	98.06%	97.12%	95.72%				
2207-30	Current™ DR RF	99.72%	99.57%	99.39%	99.39%	98.86%					
V-268	Atlas™ II + DR	99.68%	99.51%	98.88%	97.40%	92.46%	72.78%	43.20%			
V-265	Atlas™ II DR	100.00%	99.88%	99.60%	98.13%	94.89%	74.33%				
V-243	Atlas™ + DR	99.89%	99.75%	99.38%	98.59%	96.45%	91.08%	73.59%	40.30%	19.65%	
V-242	Atlas™ DR	99.88%	99.67%	99.36%	98.06%	95.70%	90.24%	65.71%	28.85%		
V-239	Epic™ + DR	99.69%	99.22%	98.47%	96.08%	87.70%	51.77%	15.80%	10.65%		

<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

			I	I	ı	Survival P	robability	ı	ı		
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2357-40C	Fortify Assura™ DR*										
CD2357-40Q	Fortify Assura™ DR*										
CD2311-36Q	Ellipse™ DR	98.96%									
CD2311-36	Ellipse™ DR	99.00%									
CD2257-40Q	Fortify Assura™ DR	99.95%									
CD2257-40	Fortify Assura™ DR	100.00%									
CD2231-40Q	Fortify™ DR	99.88%	99.78%	99.33%							
CD2231-40	Fortify™ DR	99.94%	99.87%	99.46%							
CD2211-36Q	Current™ + DR	99.85%	99.58%	99.40%	99.22%						
CD2211-36	Current™ + DR	99.90%	99.75%	99.52%	99.09%						
2207-36	Current™ DR RF	99.73%	99.58%	99.21%	98.73%	98.36%	98.19%				
2207-30	Current™ DR RF	100.00%	100.00%	99.82%	99.82%	99.82%					
V-268	Atlas™ II + DR	99.80%	99.68%	99.41%	99.12%	98.87%	98.57%	98.50%			
V-265	Atlas™ II DR	100.00%	99.88%	99.88%	98.73%	98.73%	98.30%				
V-243	Atlas™ + DR	99.97%	99.91%	99.81%	99.63%	99.43%	99.19%	99.04%	98.97%	98.97%	
V-242	Atlas™ DR	100.00%	99.84%	99.79%	99.49%	99.27%	99.27%	99.16%	98.74%		
V-239	Epic™ + DR	99.89%	99.83%	99.80%	99.75%	99.61%	99.61%	99.46%	99.46%		

<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

									Ма	Ifunctions w	// Comp	romised TI	herapy							
		Registered		ctrical ponent		ctrical connect	Ва	ittery		Voltage pacitor		tware/ nware	Mecl	nanical	Ba	ole Early ottery 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	Qty.	Rate
CD2357-40C	Fortify Assura™ DR	519	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%
CD2357-40Q	Fortify Assura™ DR	675	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%
CD2311-36Q	Ellipse™ DR	5,112	1	0.02%	0	0.00%	0	0.00%	7	0.14%	0	0.00%	2	0.04%	0	0.00%	0	0.00%	10	0.20%
CD2311-36	Ellipse™ DR	3,162	1	0.03%	0	0.00%	0	0.00%	2	0.06%	0	0.00%	3	0.09%	0	0.00%	0	0.00%	6	0.19%
CD2257-40Q	Fortify Assura™ DR	5,854	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	3,602	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	26,767	3	0.01%	1	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	10	0.04%	3	0.01%	21	0.08%
CD2231-40	Fortify™ DR	12,020	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	6	0.05%
CD2211-36Q	Current <sup>™</sup> + DR	8,121	5	0.06%	0	0.00%	3	0.04%	1	0.01%	0	0.00%	0	0.00%	1	0.01%	1	0.01%	11	0.14%
CD2211-36	Current <sup>™</sup> + DR	6,237	2	0.03%	1	0.02%	3	0.05%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	3	0.05%	11	0.18%
2207-36	Current™ DR RF	22,362	6	0.03%	6	0.03%	12	0.05%	1	<0.01%	0	0.00%	0	0.00%	23	0.10%	14	0.06%	62	0.28%
2207-30	Current™ DR RF	1,559	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	14,788	5	0.03%	4	0.03%	9	0.06%	0	0.00%	0	0.00%	0	0.00%	15	0.10%	10	0.07%	43	0.29%
V-265	Atlas™ II DR	1,926	0	0.00%	0	0.00%	4	0.21%	0	0.00%	0	0.00%	0	0.00%	2	0.10%	1	0.05%	7	0.36%
V-243	Atlas™ + DR	21,048	4	0.02%	1	<0.01%	11	0.05%	1	<0.01%	0	0.00%	0	0.00%	6	0.03%	14	0.07%	37	0.18%
V-242	Atlas™ DR	4,657	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	7,862	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 v	v/o Com	promised	Therapy							
		Registered		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mec	hanical	В	ble Early attery pletion	C	ther	T	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2357-40C	Fortify Assura <sup>™</sup> DR	519	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%
CD2357-40Q	Fortify Assura™ DR	675	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%
CD2311-36Q	Ellipse™ DR	5,112	1	0.02%	0	0.00%	0	0.00%	2	0.04%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	5	0.10%
CD2311-36	Ellipse™ DR	3,162	2	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.06%	0	0.00%	0	0.00%	4	0.13%
CD2257-40Q	Fortify Assura™ DR	5,854	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	1	0.02%
CD2257-40	Fortify Assura™ DR	3,602	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	26,767	4	0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.01%	3	0.01%	13	0.05%
CD2231-40	Fortify™ DR	12,020	2	0.02%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	6	0.05%
CD2211-36Q	Current <sup>™</sup> + DR	8,121	1	0.01%	0	0.00%	5	0.06%	0	0.00%	0	0.00%	1	0.01%	2	0.02%	2	0.02%	11	0.14%
CD2211-36	Current <sup>™</sup> + DR	6,237	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	22,362	11	0.05%	2	<0.01%	7	0.03%	0	0.00%	4	0.02%	1	<0.01%	14	0.06%	5	0.02%	44	0.20%
2207-30	Current™ DR RF	1,559	1	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%
V-268	Atlas™ II + DR	14,788	3	0.02%	0	0.00%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	6	0.04%	5	0.03%	16	0.11%
V-265	Atlas™ II DR	1,926	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-243	Atlas™ + DR	21,048	3	0.01%	0	0.00%	4	0.02%	0	0.00%	0	0.00%	1	<0.01%	4	0.02%	2	<0.01%	14	0.07%
V-242	Atlas™ DR	4,657	0	0.00%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	1	0.02%	0	0.00%	0	0.00%	3	0.06%
V-239	Epic™ + DR	7,862	1	0.01%	0	0.00%	4	0.05%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	0	0.00%	7	0.09%

## Worldwide Malfunction Summary

								V	Vorldwid	e Malfunc	tions w/	Comprom	ised The	rapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	ittery		Voltage acitor		tware/ nware	Mec	hanical	В	ble Early attery pletion	C	ther	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2357-40C	Fortify Assura™ DR	1,023	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%
CD2357-40Q	Fortify Assura™ DR	1,703	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%
CD2311-36Q	Ellipse™ DR	5,611	1	0.02%	0	0.00%	0	0.00%	7	0.12%	0	0.00%	2	0.04%	0	0.00%	0	0.00%	10	0.18%
CD2311-36	Ellipse™ DR	3,465	1	0.03%	0	0.00%	0	0.00%	2	0.06%	0	0.00%	3	0.09%	0	0.00%	0	0.00%	6	0.17%
CD2257-40Q	Fortify Assura™ DR	6,339	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	3,895	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	27,585	4	0.01%	1	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	10	0.04%	5	0.02%	24	0.09%
CD2231-40	Fortify™ DR	12,419	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	6	0.05%
CD2211-36Q	Current <sup>™</sup> + DR	12,881	5	0.04%	0	0.00%	5	0.04%	2	0.02%	0	0.00%	0	0.00%	2	0.02%	3	0.02%	17	0.13%
CD2211-36	Current <sup>™</sup> + DR	10,581	2	0.02%	1	<0.01%	3	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	3	0.03%	11	0.10%
2207-36	Current™ DR RF	33,036	12	0.04%	9	0.03%	13	0.04%	1	<0.01%	0	0.00%	0	0.00%	30	0.09%	16	0.05%	81	0.25%
2207-30	Current™ DR RF	1,664	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	25,778	13	0.05%	5	0.02%	13	0.05%	1	<0.01%	0	0.00%	0	0.00%	28	0.11%	16	0.06%	76	0.29%
V-265	Atlas™ II DR	1,945	0	0.00%	0	0.00%	4	0.21%	0	0.00%	0	0.00%	0	0.00%	2	0.10%	1	0.05%	7	0.36%
V-243	Atlas™ + DR	34,104	4	0.01%	3	<0.01%	20	0.06%	1	<0.01%	0	0.00%	0	0.00%	13	0.04%	25	0.07%	66	0.19%
V-242	Atlas™ DR	6,373	0	0.00%	1	0.02%	8	0.13%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	2	0.03%	13	0.20%
V-239	Epic™ + DR	11,241	2	0.02%	1	<0.01%	0	0.00%	3	0.03%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	8	0.07%

## Worldwide Malfunction Summary

								W	orldwide	Malfunct	ions w/o	Compron	nised Th	erapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	ittery		Voltage acitor		tware/ nware	Mec	hanical	В	ible Early attery pletion	c	Other	Т	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2357-40C	Fortify Assura™ DR	1,023	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%
CD2357-40Q	Fortify Assura™ DR	1,703	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%
CD2311-36Q	Ellipse™ DR	5,611	1	0.02%	0	0.00%	0	0.00%	2	0.04%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	5	0.09%
CD2311-36	Ellipse™ DR	3,465	2	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.06%	0	0.00%	0	0.00%	4	0.12%
CD2257-40Q	Fortify Assura™ DR	6,339	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	1	0.02%
CD2257-40	Fortify Assura™ DR	3,895	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	27,585	4	0.01%	2	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	0.01%	3	0.01%	14	0.05%
CD2231-40	Fortify™ DR	12,419	2	0.02%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	6	0.05%
CD2211-36Q	Current <sup>™</sup> + DR	12,881	1	<0.01%	0	0.00%	7	0.05%	0	0.00%	0	0.00%	1	<0.01%	4	0.03%	2	0.02%	15	0.12%
CD2211-36	Current <sup>™</sup> + DR	10,581	1	<0.01%	0	0.00%	3	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	7	0.07%
2207-36	Current™ DR RF	33,036	15	0.05%	4	0.01%	9	0.03%	0	0.00%	5	0.02%	2	<0.01%	19	0.06%	8	0.02%	62	0.19%
2207-30	Current™ DR RF	1,664	1	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%
V-268	Atlas™ II + DR	25,778	5	0.02%	0	0.00%	7	0.03%	1	<0.01%	0	0.00%	0	0.00%	8	0.03%	6	0.02%	27	0.10%
V-265	Atlas™ II DR	1,945	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.15%	0	0.00%	3	0.15%
V-243	Atlas™ + DR	34,104	5	0.01%	0	0.00%	6	0.02%	0	0.00%	0	0.00%	2	<0.01%	5	0.01%	3	<0.01%	21	0.06%
V-242	Atlas™ DR	6,373	0	0.00%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	1	0.02%	0	0.00%	0	0.00%	3	0.05%
V-239	Epic™ + DR	11,241	2	0.02%	0	0.00%	4	0.04%	0	0.00%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	8	0.07%

## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative 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	388	11,638	0	0.00%	0	0.00%	0	0.00%	1	0.26%	0	0.00%	1	0.26%
CD2231-40	176	4,559	0	0.00%	0	0.00%	0	0.00%	1	0.57%	0	0.00%	1	0.57%
CD2211-36Q	834	31,905	0	0.00%	0	0.00%	0	0.00%	3	0.36%	1	0.12%	4	0.48%
CD2211-36	122	4,428	1	0.82%	0	0.00%	0	0.00%	1	0.82%	0	0.00%	2	1.64%
2207-36	631	26,206	1	0.16%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%

#### Malfunctions

									Malf	unctions \	w/ Comp	romised 1	Therapy							
		Number of Devices		trical oonent		ctrical connect	Ba	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early ottery oletion	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
CD2231-40Q	Fortify™ DR	388	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™ + DR	122	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%

									Malf	unctions w	ı/o Com	promised '	Therapy							
		Number of Devices		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ва	ole Early ottery oletion	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
CD2231-40Q	Fortify™ DR	388	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	122	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.82%	1	0.82%
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

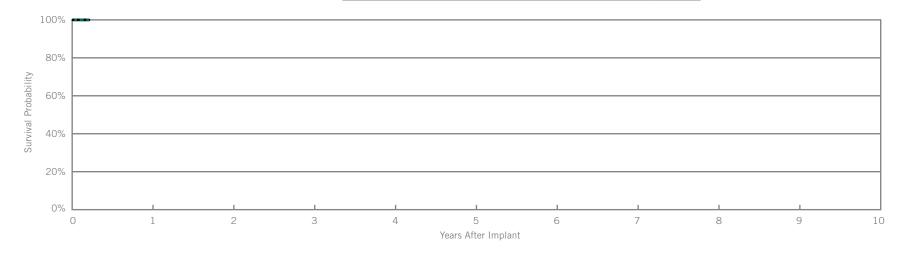
Single-Chamber



#### Fortify Assura<sup>™</sup> VR Model CD1357-40Q

US Regulatory Approval	Jun 2013
Registered US Implants	606
Estimated Active US Implants	594
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	functions mpromised 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%	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 -

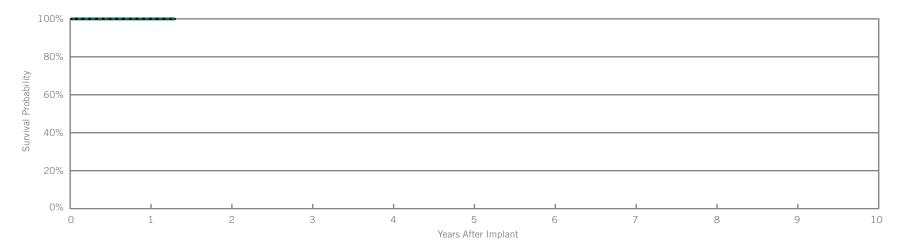
Year	at 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	290					

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

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

US Regulatory Approval	May 2012
Registered US Implants	4,371
Estimated Active US Implants	3,993
Estimated Longevity	(see table on page 133)
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 -

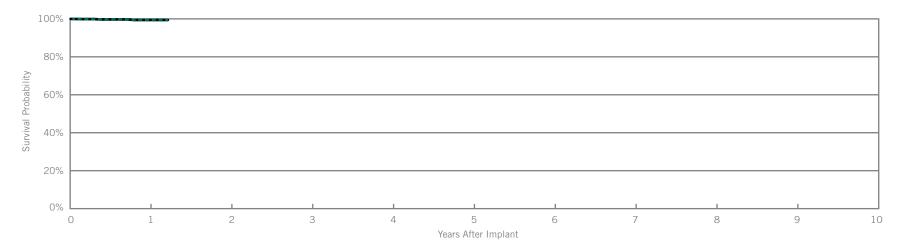
Year	1	at 16 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	2,550	270				

Year	1	at 16 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				

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

US Regulatory Approval	May 2012
Registered US Implants	1,785
Estimated Active US Implants	1,613
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	1	0.06%	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	0.06%	1	0.06%
Total	2	0.11%	1	0.06%



#### Including Normal Battery Depletion -

Year	1	at 15 months				
Survival Probability	99.42%	99.42%				
± 1 standard error	0.25%	0.25%				
Sample Size	1,100	250				

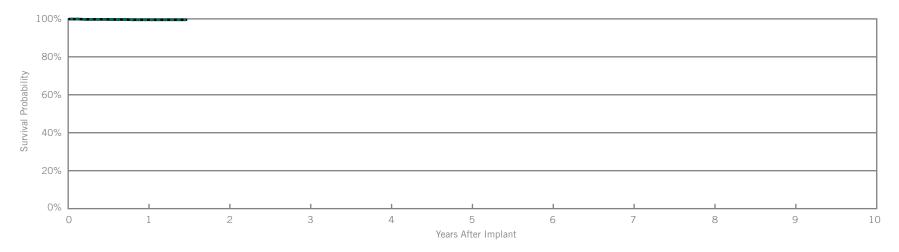
Year	1	at 15 months				
Survival Probability	99.42%	99.42%				
± 1 standard error	0.25%	0.25%				

## Ellipse<sup>™</sup> VR

Model CD1311-36Q

US Regulatory Approval	May 2012
Registered US Implants	4,105
Estimated Active US Implants	3,706
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	0
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	0	0.00%	1	0.02%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	3	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%	2	0.05%
Total	3	0.07%	3	0.07%



#### Including Normal Battery Depletion -

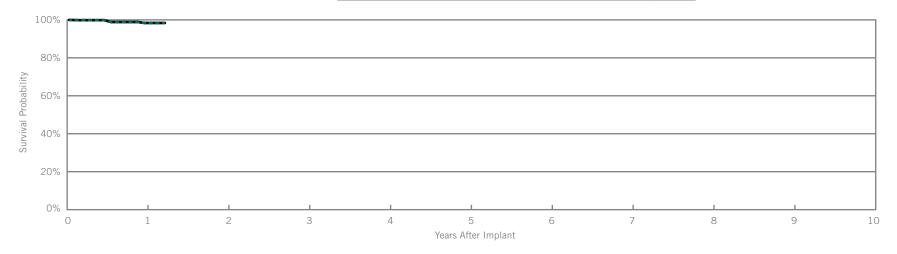
Year	1	at 18 months				
Survival Probability	99.54%	99.54%				
± 1 standard error	0.13%	0.13%				
Sample Size	2,610	240				

Year	1	at 18 months				
Survival Probability	99.54%	99.54%				
± 1 standard error	0.13%	0.13%				

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

US Regulatory Approval	May 2012
Registered US Implants	1,381
Estimated Active US Implants	1,271
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	0
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	0	0.00%	0	0.00%
Electrical Interconnect	1	0.07%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	1	0.07%	1	0.07%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	1	0.07%	1	0.07%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	3	0.22%	2	0.14%



#### Including Normal Battery Depletion -

Year	1	at 15 months				
Survival Probability	98.37%	98.37%				
± 1 standard error	0.36%	0.50%				
Sample Size	870	240				

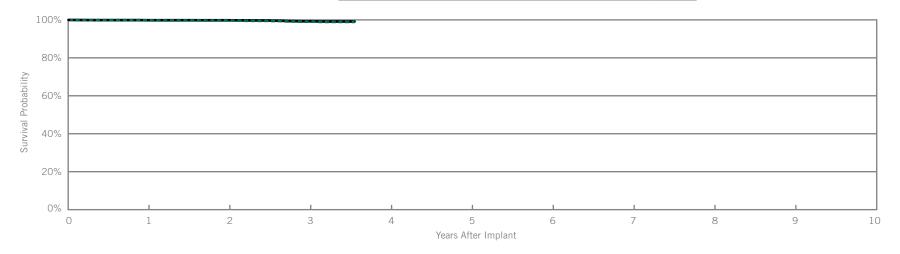
Year	1	at 15 months				
Survival Probability	98.37%	98.37%				
± 1 standard error	0.36%	0.50%				

## Fortify<sup>™</sup> VR

Model CD1231-40Q

US Regulatory Approval	May 2010
Registered US Implants	16,067
Estimated Active US Implants	12,155
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	10
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	5	0.03%	1	<0.01%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	3	0.02%	1	<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	4	0.02%	4	0.02%
Other	4	0.02%	1	<0.01%
Total	17	0.11%	7	0.04%



#### Including Normal Battery Depletion -

Year	1	2	3	at 43 months			
Survival Probability	99.74%	99.67%	99.05%	98.93%			
± 1 standard error	0.04%	0.05%	0.13%	0.15%			
Sample Size	14,660	10,640	5,200	230			

Year	1	2	3	at 43 months	
Survival Probability	99.83%	99.80%	99.25%	99.14%	
± 1 standard error	0.03%	0.04%	0.12%	0.14%	

## **Actively Monitored Study Data**

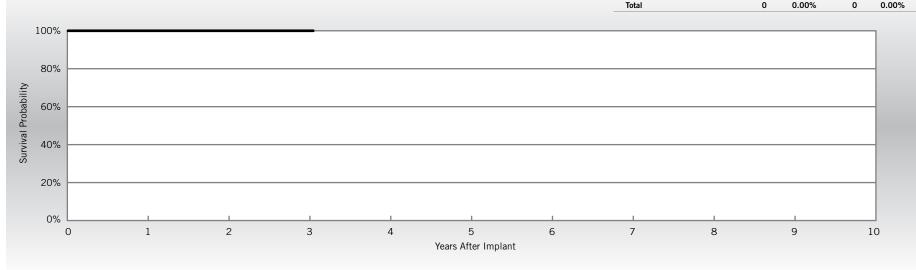
## Fortify<sup>™</sup> VR

#### Model CD1231-40Q

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	162
Cumulative Months of Follow-up	5,025
Estimated Longevity	(see table on page 133)
Max. Delivered Energy	40 joules

Qualifying Complications	
None Reported	

	Malfunctions w/ Compromised Therapy		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%	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%

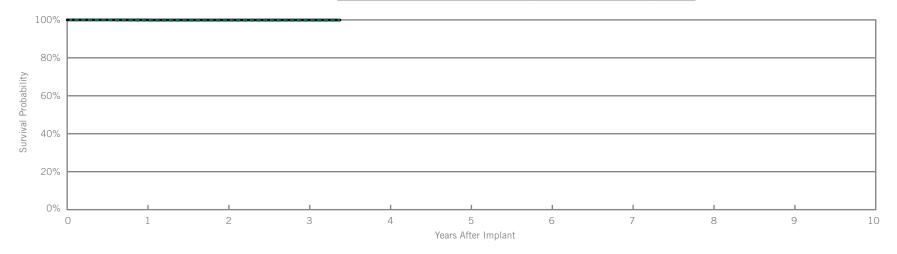


Year	1	2	3	at 37 months	
Survival Probability	100.00%	100.00%	100.00%	100.00%	
± 1 standard error	0.00%	0.00%	0.00%	0.00%	
Sample Size	160	150	100	50	

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

IC Degulatory Approval	May 2010
US Regulatory Approval	May 2010
Registered US Implants	6,755
Estimated Active US Implants	5,058
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	5
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions 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%	2	0.03%
Total	0	0.00%	2	0.03%



#### Including Normal Battery Depletion -

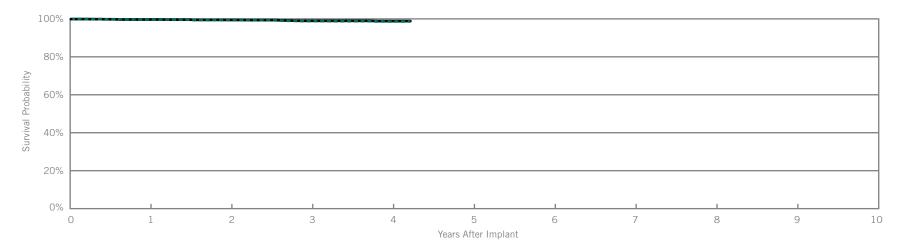
Year	1	2	3	at 41 months			
Survival Probability	99.77%	99.74%	99.74%	99.74%			
± 1 standard error	0.06%	0.07%	0.07%	0.07%			
Sample Size	6,200	4,510	2,170	330			

Year	1	2	3	at 41 months			
Survival Probability	99.97%	99.93%	99.93%	99.93%			
± 1 standard error	0.02%	0.03%	0.03%	0.03%			

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

US Regulatory Approval	February 2009
Registered US Implants	4,408
Estimated Active US Implants	2,856
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	3
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	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	4	0.09%	0	0.00%
Other	1	0.02%	2	0.05%
Total	10	0.23%	7	0.16%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 51 months			
Survival Probability	99.61%	99.35%	98.85%	98.64%	98.64%			
± 1 standard error	0.09%	0.12%	0.18%	0.21%	0.21%			
Sample Size	4,090	3,520	3,030	1,770	330			

Year	1	2	3	4	at 51 months			
Survival Probability	99.66%	99.41%	98.97%	98.83%	98.83%			
± 1 standard error	0.09%	0.12%	0.17%	0.20%	0.20%			

Malfunctions

## **Actively Monitored Study Data**

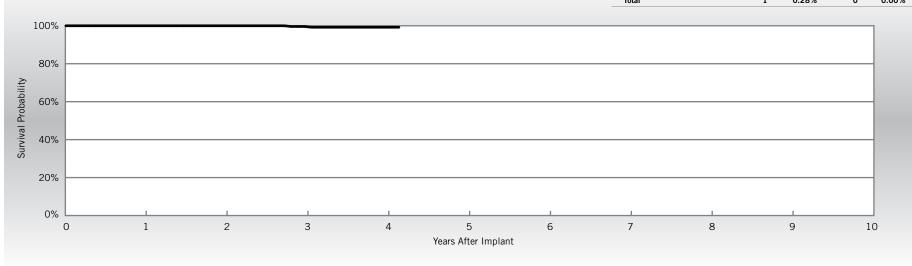
#### Current<sup>™</sup> + VR Model CD1211-36Q

US Regulatory Approval	February 2009
Number of Devices Enrolled in Study	363
Cumulative Months of Follow-up	13,525
Estimated Longevity	(see table on page 133)
Max. Delivered Energy	36 joules

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

		promised erapy		npromised erapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	1	0.28%	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	0.28%	0	0.00%

Malfunctions

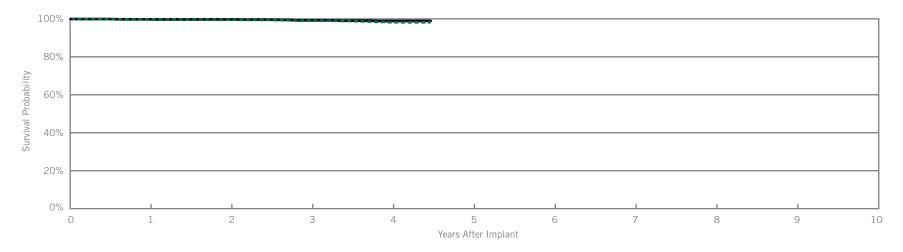


Year	1	2	3	4	at 50 months			
Survival Probability	100.00%	100.00%	99.62%	99.22%	99.22%			
± 1 standard error	0.00%	0.00%	0.38%	0.55%	0.55%			
Sample Size	350	310	270	170	60			

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

US Regulatory Approval	February 2009
0 7 11	
Registered US Implants	3,616
Estimated Active US Implants	2,332
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	6
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Cor	nunctions npromised herapy	w/o Co	mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	0.06%	2	0.06%
Electrical Interconnect	2	0.06%	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%	1	0.03%
Other	1	0.03%	0	0.00%
Total	10	0.28%	3	0.08%



#### Including Normal Battery Depletion -

Year	1	2	3	4	at 54 months			
Survival Probability	99.77%	99.56%	99.09%	98.21%	98.21%			
± 1 standard error	0.08%	0.12%	0.18%	0.27%	0.30%			
Sample Size	3,350	2,850	2,400	1,580	300			

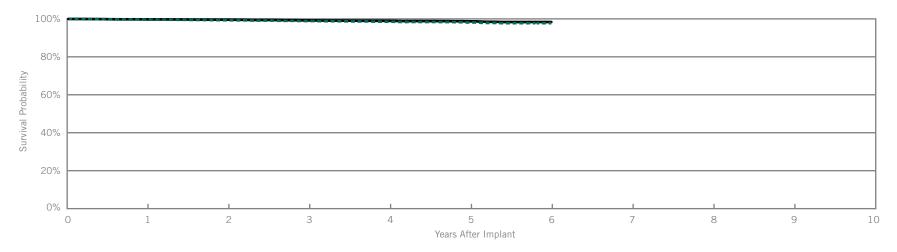
Year	1	2	3	4	at 54 months			
Survival Probability	99.77%	99.70%	99.24%	98.89%	98.89%			
± 1 standard error	0.08%	0.09%	0.17%	0.22%	0.22%			

## Current<sup>™</sup> VR RF

Model 1207-36

US Regulatory Approval	September 2007
Registered US Implants	13,268
Estimated Active US Implants	7,192
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	20
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Coi	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	6	0.05%	5	0.04%
Electrical Interconnect	8	0.06%	0	0.00%
Battery	3	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	8	0.06%	10	0.08%
Other	6	0.05%	3	0.02%
Total	32	0.24%	24	0.18%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6		
Survival Probability	99.62%	99.28%	98.85%	98.51%	98.10%	97.74%		
± 1 standard error	0.05%	0.08%	0.10%	0.12%	0.14%	0.19%		
Sample Size	12,350	10,720	9,450	8,080	5,310	320		

Year	1	2	3	4	5	6		
Survival Probability	99.73%	99.57%	99.19%	98.96%	98.71%	98.35%		
± 1 standard error	0.04%	0.06%	0.08%	0.10%	0.12%	0.17%		

## **Actively Monitored Study Data**

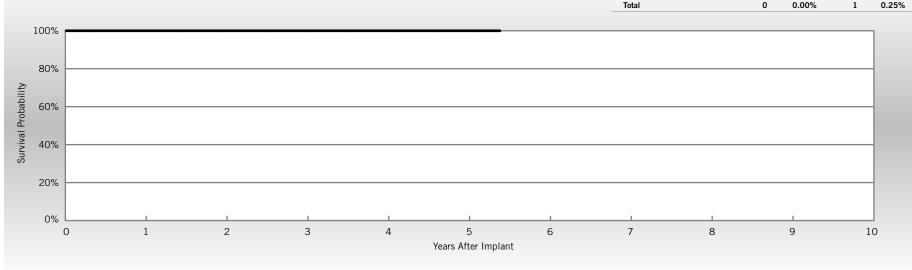
#### Current<sup>™</sup> VR RF

#### Model 1207-36

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	396
Cumulative Months of Follow-up	16,571
Estimated Longevity	(see table on page 133)
Max. Delivered Energy	36 joules

Qualifying Complications	
None Reported	

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise 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%	

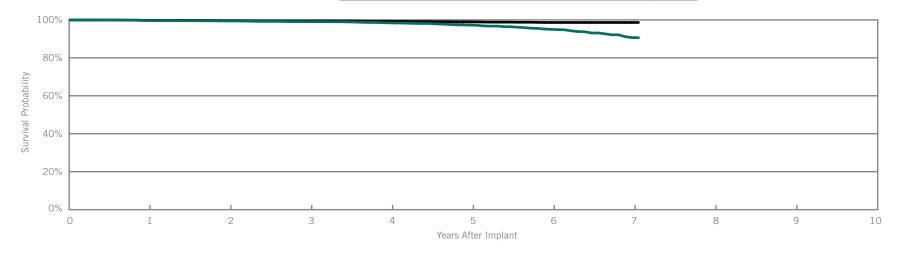


Year	1	2	3	4	5	at 65 months		
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Sample Size	380	340	280	220	130	50		

#### Atlas™ II VR Model V-168

US Regulatory Approval	July 2006
Registered US Implants	10,561
Estimated Active US Implants	4,694
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	92
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	One

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	2	0.02%	2	0.02%
Electrical Interconnect	2	0.02%	0	0.00%
Battery	9	0.09%	2	0.02%
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%	4	0.04%
Total	30	0.28%	12	0.11%



#### Including Normal Battery Depletion -

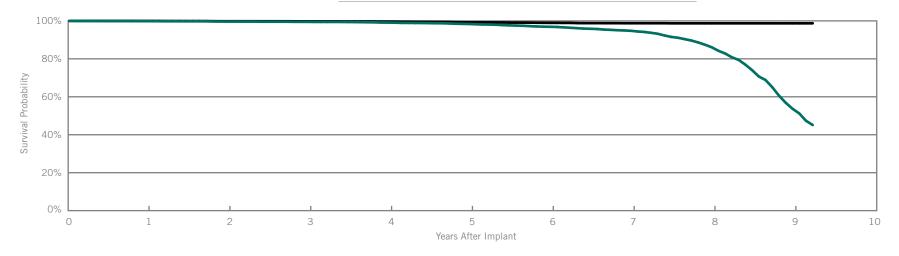
Year	1	2	3	4	5	6	7	at 85 months		
Survival Probability	99.65%	99.41%	99.06%	98.42%	97.25%	95.02%	90.64%	90.64%		
± 1 standard error	0.05%	0.08%	0.10%	0.14%	0.20%	0.30%	0.67%	0.77%		
Sample Size	9,900	8,660	7,570	6,520	5,360	3,750	1,530	280		

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.78%	99.60%	99.44%	99.24%	98.94%	98.63%	98.63%	98.63%	
± 1 standard error	0.04%	0.06%	0.08%	0.09%	0.12%	0.15%	0.15%	0.15%	

#### Atlas<sup>™</sup> + VR Model V-193

US Regulatory Approval	October 2003
Registered US Implants	20,737
Estimated Active US Implants	6,396
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	535
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 280-292)	Three

	w/ Con	Maitunctions Maitur w/ Compromised w/o Comp Therapy The		
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	2	<0.01%
Electrical Interconnect	5	0.02%	1	<0.01%
Battery	8	0.04%	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%	5	0.02%
Other	8	0.04%	4	0.02%
Total	49	0.24%	16	0.08%



	··,									
Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.84%	99.63%	99.48%	99.09%	98.35%	96.89%	94.78%	86.11%	53.70%	45.12%
± 1 standard error	0.03%	0.04%	0.05%	0.08%	0.11%	0.16%	0.22%	0.43%	1.29%	1.59%
Sample Size	19,490	17,130	14,980	13,010	11,210	9,480	7,470	4,570	1,590	230

Excluding	Normal	Batterv	Depletion	

Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.95%	99.81%	99.74%	99.60%	99.22%	98.96%	98.76%	98.72%	98.72%	98.72%
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.08%	0.09%	0.11%	0.11%	0.11%	0.11%

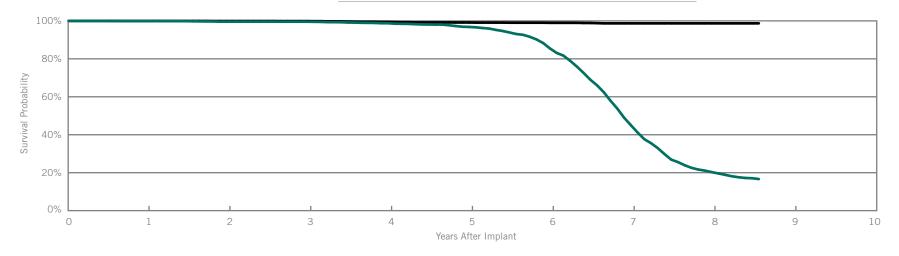
Three

## **Customer Reported Performance Data**

#### Epic<sup>™</sup> + VR Model V-196

US Regulatory Approval	April 2003
Registered US Implants	7,979
Estimated Active US Implants	928
Estimated Longevity	(see table on page 133)
Normal Battery Depletion	1,029
Max. Delivered Energy	30 joules

	w/ Coi	nnctions mpromised herapy	w/o Co	unctions 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 -

Number of US Advisories (see pgs. 280-292)

	,									
Year	1	2	3	4	5	6	7	8	at 103 months	
Survival Probability	99.88%	99.60%	99.54%	98.75%	96.80%	85.48%	45.08%	20.29%	16.65%	
± 1 standard error	0.04%	0.08%	0.08%	0.15%	0.25%	0.51%	0.87%	0.76%	0.76%	
Sample Size	7,500	6,660	5,930	5,180	4,400	3,500	2,210	900	220	

Excluding	Normal	<b>Battery</b>	Depletion -	

Year	1	2	3	4	5	6	7	8	at 103 months	
Survival Probability	99.95%	99.91%	99.88%	99.44%	99.14%	98.97%	98.70%	98.70%	98.70%	
± 1 standard error	0.03%	0.03%	0.04%	0.10%	0.13%	0.14%	0.18%	0.18%	0.18%	

# BATTERY LONGEVITY SUMMARY

Single-Chamber ICDs



## **Battery Longevity**

			Approximate [	Ouration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD1357-40Q	Fortify Assura <sup>™</sup> VR*	11.7	11.3	10.8	10.1
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™ 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
V-168	Atlas™ II VR**	8.4	8.0	7.6	7.0
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™ + 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	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1357-40Q	Fortify Assura™ VR*										
CD1257-40Q	Fortify Assura™ VR	100.00%									
CD1257-40	Fortify Assura™ VR	99.42%									
CD1311-36Q	Ellipse™ VR	99.54%									
CD1311-36	Ellipse™ VR	98.37%									
CD1231-40Q	Fortify™ VR	99.74%	99.67%	99.05%							
CD1231-40	Fortify™ VR	99.77%	99.74%	99.74%							
CD1211-36Q	Current <sup>™</sup> + VR	99.61%	99.35%	98.85%	98.64%						
CD1211-36	Current <sup>™</sup> + VR	99.77%	99.56%	99.09%	98.21%						
1207-36	Current™ VR RF	99.62%	99.28%	98.85%	98.51%	98.10%	97.74%				
V-168	Atlas™ II VR	99.65%	99.41%	99.06%	98.42%	97.25%	95.02%	90.64%			
V-193	Atlas™ + VR	99.84%	99.63%	99.48%	99.09%	98.35%	96.89%	94.78%	86.11%	53.70%	
V-196	Epic™ + VR	99.88%	99.60%	99.54%	98.75%	96.80%	85.48%	45.08%	20.29%		

<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
CD1357-40Q	Fortify Assura™ VR*										
CD1257-40Q	Fortify Assura™ VR	100.00%									
CD1257-40	Fortify Assura™ VR	99.42%									
CD1311-36Q	Ellipse™ VR	99.54%									
CD1311-36	Ellipse™ VR	98.37%									
CD1231-40Q	Fortify™ VR	99.83%	99.80%	99.25%							
CD1231-40	Fortify™ VR	99.97%	99.93%	99.93%							
CD1211-36Q	Current <sup>™</sup> + VR	99.66%	99.41%	98.97%	98.83%						
CD1211-36	Current <sup>™</sup> + VR	99.77%	99.70%	99.24%	98.89%						
1207-36	Current™ VR RF	99.73%	99.57%	99.19%	98.96%	98.71%	98.35%				
V-168	Atlas™ II VR	99.78%	99.60%	99.44%	99.24%	98.94%	98.63%	98.63%			
V-193	Atlas™ + VR	99.95%	99.81%	99.74%	99.60%	99.22%	98.96%	98.76%	98.72%	98.72%	
V-196	Epic™ + VR	99.95%	99.91%	99.88%	99.44%	99.14%	98.97%	98.70%	98.70%		

<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	ı/ Comp	romised T	herapy							
		Registered		ctrical ponent		ctrical connect	Ва	ttery		Voltage pacitor		tware/ nware	Mecl	nanical	Ва	ole Early ttery letion	Ot	ther	Te	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1357-40Q	Fortify Assura™ VR	606	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%
CD1257-40Q	Fortify Assura™ VR	4,371	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	1,785	0	0.00%	1	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	2	0.11%
CD1311-36Q	Ellipse <sup>™</sup> VR	4,105	0	0.00%	0	0.00%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.07%
CD1311-36	Ellipse <sup>™</sup> VR	1,381	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	3	0.22%
CD1231-40Q	Fortify™ VR	16,067	5	0.03%	1	<0.01%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	4	0.02%	17	0.11%
CD1231-40	Fortify <sup>™</sup> VR	6,755	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	4,408	2	0.05%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	4	0.09%	1	0.02%	10	0.23%
CD1211-36	Current <sup>™</sup> + VR	3,616	2	0.06%	2	0.06%	1	0.03%	2	0.06%	0	0.00%	0	0.00%	2	0.06%	1	0.03%	10	0.28%
1207-36	Current™ VR RF	13,268	6	0.05%	8	0.06%	3	0.02%	1	<0.01%	0	0.00%	0	0.00%	8	0.06%	6	0.05%	32	0.24%
V-168	Atlas™ II VR	10,561	2	0.02%	2	0.02%	9	0.09%	1	<0.01%	0	0.00%	1	<0.01%	9	0.09%	6	0.06%	30	0.28%
V-193	Atlas™ + VR	20,737	1	<0.01%	5	0.02%	8	0.04%	2	<0.01%	0	0.00%	0	0.00%	25	0.12%	8	0.04%	49	0.24%
V-196	Epic™ + VR	7,979	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	hanical	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
CD1357-40Q	Fortify Assura™ VR	606	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%
CD1257-40Q	Fortify Assura™ VR	4,371	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	1,785	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	1	0.06%
CD1311-36Q	Ellipse™ VR	4,105	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.05%	3	0.07%
CD1311-36	Ellipse™ VR	1,381	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	2	0.14%
CD1231-40Q	Fortify™ VR	16,067	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	1	<0.01%	7	0.04%
CD1231-40	Fortify <sup>™</sup> VR	6,755	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	4,408	2	0.05%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.05%	7	0.16%
CD1211-36	Current <sup>™</sup> + VR	3,616	2	0.06%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	0	0.00%	3	0.08%
1207-36	Current™ VR RF	13,268	5	0.04%	0	0.00%	3	0.02%	1	<0.01%	1	<0.01%	1	<0.01%	10	0.08%	3	0.02%	24	0.18%
V-168	Atlas™ II VR	10,561	2	0.02%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	4	0.04%	4	0.04%	12	0.11%
V-193	Atlas™ + VR	20,737	2	<0.01%	1	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	5	0.02%	4	0.02%	16	0.08%
V-196	Epic™ + VR	7,979	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%

## Worldwide Malfunction Summary

								V	Vorldwid	e Malfuncti	ions w/	Compromi	sed The	rapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	ttery		Voltage pacitor		tware/ nware	Mec	nanical	Ва	ole Early ttery letion	Ot	ther	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1357-40Q	Fortify Assura <sup>™</sup> VR	1,334	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%
CD1257-40Q	Fortify Assura <sup>™</sup> VR	4,684	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 <sup>™</sup> VR	1,995	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	2	0.10%
CD1311-36Q	Ellipse™ VR	4,461	0	0.00%	0	0.00%	0	0.00%	3	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.07%
CD1311-36	Ellipse™ VR	1,526	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	3	0.20%
CD1231-40Q	Fortify™ VR	16,831	5	0.03%	1	<0.01%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	4	0.02%	17	0.10%
CD1231-40	Fortify™ VR	6,921	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	11,117	2	0.02%	0	0.00%	4	0.04%	0	0.00%	0	0.00%	0	0.00%	4	0.04%	1	<0.01%	11	0.10%
CD1211-36	Current <sup>™</sup> + VR	10,191	2	0.02%	2	0.02%	1	<0.01%	3	0.03%	0	0.00%	0	0.00%	2	0.02%	2	0.02%	12	0.12%
1207-36	Current™ VR RF	24,832	9	0.04%	26	0.10%	4	0.02%	1	<0.01%	0	0.00%	0	0.00%	11	0.04%	8	0.03%	59	0.24%
V-168	Atlas™ II VR	23,946	5	0.02%	5	0.02%	14	0.06%	1	<0.01%	0	0.00%	1	<0.01%	19	0.08%	14	0.06%	59	0.25%
V-193	Atlas™ + VR	39,597	3	<0.01%	9	0.02%	14	0.04%	4	0.01%	1	<0.01%	1	<0.01%	63	0.16%	22	0.06%	117	0.30%
V-196	Epic™ + VR	17,814	3	0.02%	1	<0.01%	0	0.00%	2	0.01%	0	0.00%	0	0.00%	1	<0.01%	5	0.03%	12	0.07%

## Worldwide Malfunction Summary

								W	orldwide	Malfunction	ons w/o	Comprom	ised The	erapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mec	nanical	Ва	ole Early ttery letion	Ot	her	To	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1357-40Q	Fortify Assura <sup>™</sup> VR	1,334	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%
CD1257-40Q	Fortify Assura <sup>™</sup> VR	4,684	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 <sup>™</sup> VR	1,995	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	1	0.05%
CD1311-36Q	Ellipse™ VR	4,461	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.04%	3	0.07%
CD1311-36	Ellipse™ VR	1,526	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	2	0.13%
CD1231-40Q	Fortify™ VR	16,831	2	0.01%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	1	<0.01%	8	0.05%
CD1231-40	Fortify™ VR	6,921	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	11,117	3	0.03%	0	0.00%	4	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.03%	10	0.09%
CD1211-36	Current <sup>™</sup> + VR	10,191	2	0.02%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	4	0.04%
1207-36	Current™ VR RF	24,832	10	0.04%	3	0.01%	10	0.04%	1	<0.01%	3	0.01%	1	<0.01%	15	0.06%	7	0.03%	50	0.20%
V-168	Atlas™ II VR	23,946	3	0.01%	0	0.00%	6	0.03%	0	0.00%	0	0.00%	1	<0.01%	7	0.03%	7	0.03%	24	0.10%
V-193	Atlas™ + VR	39,597	4	0.01%	3	<0.01%	8	0.02%	1	<0.01%	1	<0.01%	0	0.00%	11	0.03%	9	0.02%	37	0.09%
V-196	Epic™ + VR	17,814	3	0.02%	0	0.00%	28	0.16%	0	0.00%	0	0.00%	3	0.02%	0	0.00%	2	0.01%	36	0.20%

### Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative Months of	Inappropriate Shock		Loss of Telemetry		Pericardial Effusion		Premature Battery Depletion		Skin Erosion		Total	
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1231-40Q	162	5,025	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	363	13,525	1	0.28%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	2	0.55%
1207-36	396	16,571	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 onent		ctrical connect	Ba	ttery		Voltage acitor		tware/ nware	Mech	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
CD1231-40Q	Fortify™ VR	162	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%	1	0.28%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.28%
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%

				Malfunctions w/o Compromised Therapy																
		Number of Devices		trical oonent		ctrical connect	Ba	ttery		Voltage acitor		tware/ nware	Mech	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
CD1231-40Q	Fortify <sup>™</sup> VR	162	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



### **Customer Reported Performance Data**

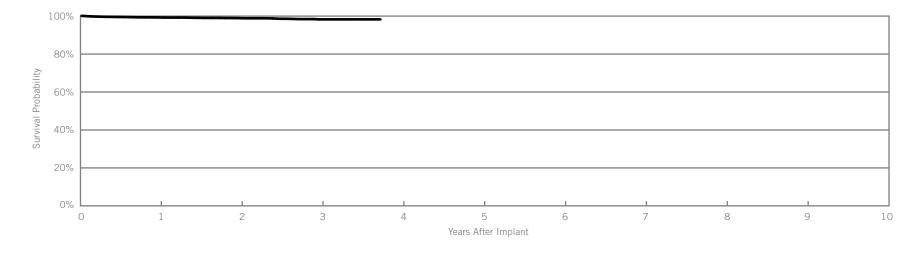
# Durata<sup>™</sup> DF4 Models 7170Q & 7171Q

# US Regulatory Approval July 2009

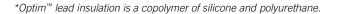
US Regulatory Approval	July 2009
Registered US Implants	3,817
Estimated Active US Implants	2,875
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)	Chronic C	omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	3	0.08%	0	0.00%
Conductor Fracture	0	0.00%	2	0.05%
Lead Dislodgement	6	0.16%	7	0.18%
Failure to Capture	4	0.10%	17	0.45%
Oversensing	2	0.05%	5	0.13%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	2	0.05%
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	16	0.42%	35	0.92%
Total Returned for Analysis	8		22	

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	23	0.60%
Total	24	0.63%



Year	1	2	3	at 45 months	
Survival Probability	99.31%	98.92%	98.29%	98.29%	
± 1 standard error	0.14%	0.19%	0.29%	0.31%	
Sample Size	3,150	2,030	1,160	240	





#### **Actively Monitored Study Data**

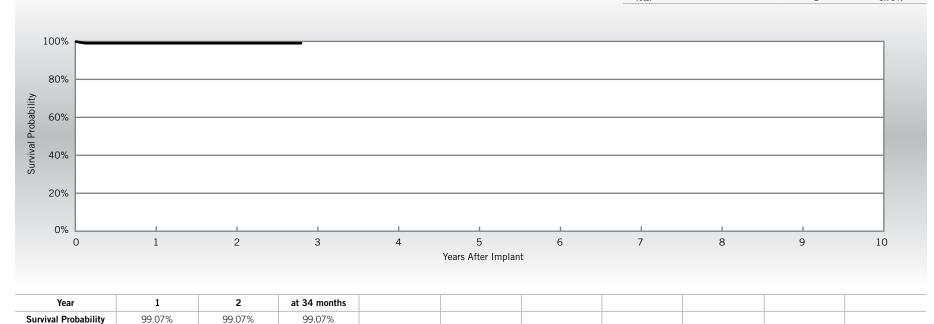
### Durata<sup>™</sup> DF4

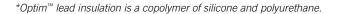
#### Models 7170Q & 7171Q

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	112
Cumulative Months of Follow-up	3,312
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Lead Dislodgement	1	0.89%

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	2	1.79%
Total	2	1.79%





0.92%

90

0.92%

50

0.92%

110

± 1 standard error

Sample Size

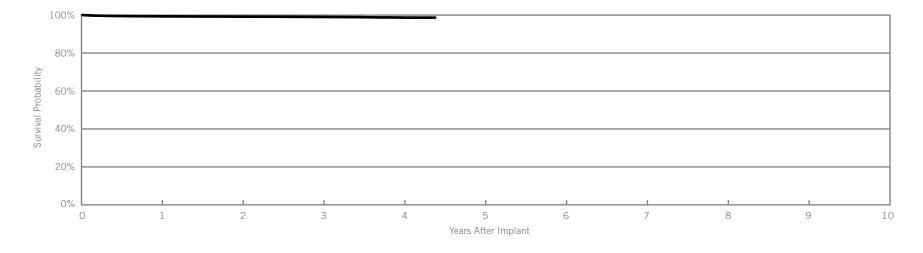
### **Customer Reported Performance Data**

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

US Regulatory Approval	January 2009
Registered US Implants	88,571
Estimated Active US Implants	66,971
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	42	0.05%	17	0.02%
Conductor Fracture	1	<0.01%	22	0.02%
Lead Dislodgement	127	0.14%	266	0.30%
Failure to Capture	55	0.06%	151	0.17%
Oversensing	28	0.03%	80	0.09%
Failure to Sense	7	<0.01%	19	0.02%
Insulation Breach	0	0.00%	10	0.01%
Abnormal Pacing Impedance	4	<0.01%	9	0.01%
Abnormal Defibrillation Impedance	6	<0.01%	22	0.02%
Extracardiac Stimulation	1	<0.01%	2	<0.01%
Other	12	0.01%	17	0.02%
Total	283	0.32%	615	0.69%
Total Returned for Analysis	159		412	

Malfunctions	Qty.	Rate
Conductor Fracture	12	0.01%
Clavicular Crush	2	<0.01%
In the Pocket	2	<0.01%
Intravascular	8	<0.01%
Insulation Breach	22	0.02%
Lead-to-Can Contact	12	0.01%
Lead-to-Lead Contact	1	<0.01%
Clavicular Crush	3	<0.01%
Externalized Conductors	0	0.00%
Other	6	<0.01%
Crimps, Welds & Bonds	2	<0.01%
Other	29	0.03%
Extrinsic Factors	407	0.46%
Total	472	0.53%



Year	1	2	3	4	at 53 months	
Survival Probability	99.36%	99.20%	99.03%	98.72%	98.68%	
± 1 standard error	0.03%	0.03%	0.04%	0.07%	0.08%	
Sample Size	75,080	50,950	30,240	11,570	210	

#### **Actively Monitored Study Data**

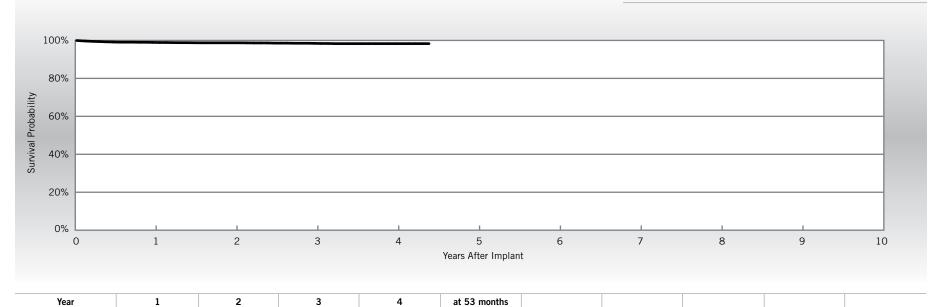
#### Durata<sup>™</sup> DF4

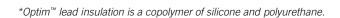
#### Models 7120Q & 7121Q

US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	4,232
Cumulative Months of Follow-up	118,854
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Defibrillation Impedance	4	0.09%
Cardiac Perforation	1	0.02%
Conductor Fracture	3	0.07%
Failure to Capture	10	0.24%
Failure to Sense	2	0.05%
Inappropriate Shock	3	0.07%
Lead Dislodgement	32	0.76%
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	34	0.80%
Total	36	0.85%





98.96%

0.16%

3,810

Survival Probability

± 1 standard error

Sample Size

98.74%

0.18%

3,000

98.45%

0.21%

2,080

98.31%

0.24%

1,050



98.31%

0.24%

100

### **Customer Reported Performance Data**

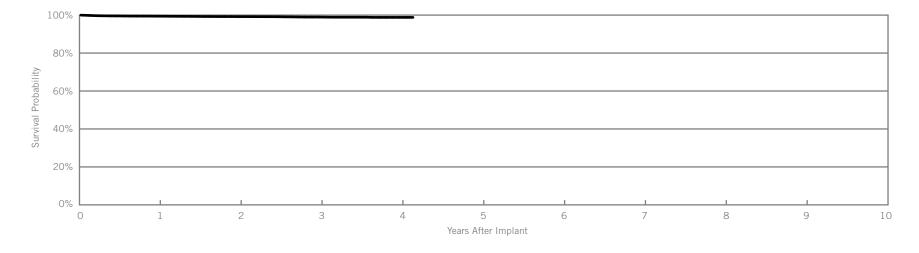
#### Durata<sup>™</sup> DF4

#### Model 7122Q

January 2009
00.010
29,910
24,365
Optim™*
Single Coil, Active
Bipolar
Yes
None

	Acute Observations (Post Implant, ≤30 days)			omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	25	0.08%	14	0.05%
Conductor Fracture	1	<0.01%	6	0.02%
Lead Dislodgement	35	0.12%	67	0.22%
Failure to Capture	18	0.06%	32	0.11%
Oversensing	10	0.03%	21	0.07%
Failure to Sense	4	0.01%	7	0.02%
Insulation Breach	0	0.00%	2	<0.01%
Abnormal Pacing Impedance	0	0.00%	5	0.02%
Abnormal Defibrillation Impedance	1	<0.01%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	5	0.02%	5	0.02%
Total	99	0.33%	159	0.53%
Total Returned for Analysis	60		121	

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	9	0.03%
Lead-to-Can Contact	5	0.02%
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	0.03%
Extrinsic Factors	116	0.39%
Total	137	0.46%



Year	1	2	3	4	at 50 months			
Survival Probability	99.42%	99.20%	98.97%	98.80%	98.80%			
± 1 standard error	0.05%	0.06%	0.10%	0.14%	0.14%			
Sample Size	22,760	11,820	5,570	1,730	250			

### **Actively Monitored Study Data**

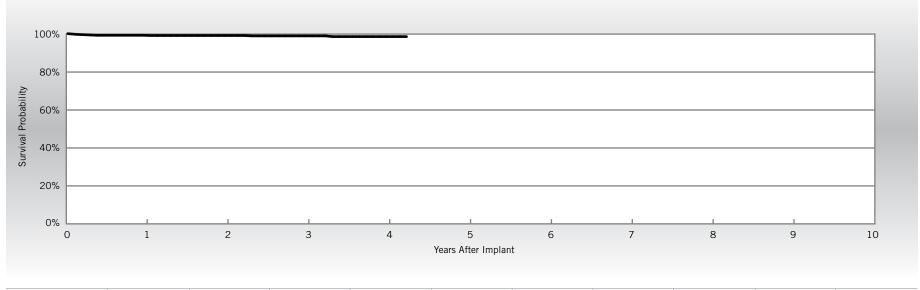
#### Durata<sup>™</sup> DF4

#### Model 7122Q

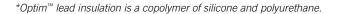
US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	1,426
Cumulative Months of Follow-up	29,402
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate	
Abnormal Defibrillation Impedance	1	0.07%	
Conductor Fracture	1	0.07%	
Failure to Capture	2	0.14%	
Lead Dislodgement	5	0.35%	
Pericardial Effusion	2	0.14%	

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	0.07%
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	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	10	0.70%
Total	11	0.77%



Year	1	2	3	4	at 51 months	
Survival Probability	99.37%	99.25%	99.05%	98.68%	98.68%	
± 1 standard error	0.22%	0.25%	0.32%	0.49%	0.49%	
Sample Size	1,130	720	460	210	50	





### **Customer Reported Performance Data**

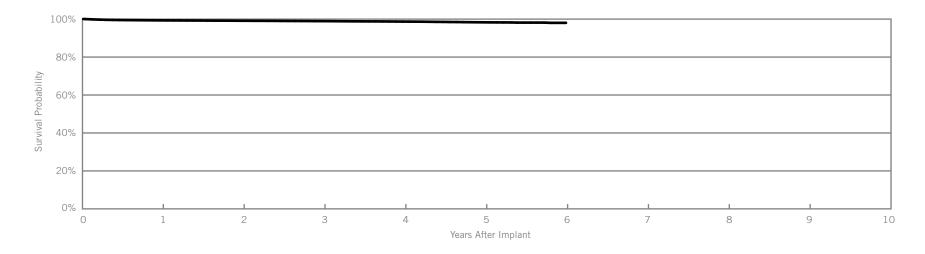
#### Durata™

#### Models 7120 & 7121

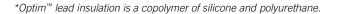
US Regulatory Approval	September 2007
Registered US Implants	57,726
Estimated Active US Implants	35,762
Insulation	Optim™*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic C	omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	36	0.06%	6	0.01%
Conductor Fracture	1	<0.01%	42	0.07%
Lead Dislodgement	66	0.11%	133	0.23%
Failure to Capture	18	0.03%	93	0.16%
Oversensing	45	0.08%	105	0.18%
Failure to Sense	5	<0.01%	22	0.04%
Insulation Breach	0	0.00%	15	0.03%
Abnormal Pacing Impedance	1	<0.01%	53	0.09%
Abnormal Defibrillation Impedance	17	0.03%	40	0.07%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	20	0.03%	17	0.03%
Total	209	0.36%	526	0.91%
Total Returned for Analysis	82		276	

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	40	0.07%
Lead-to-Can Contact	18	0.03%
Lead-to-Lead Contact	8	0.01%
Clavicular Crush	8	0.01%
Externalized Conductors	0	0.00%
Other	6	0.01%
Crimps, Welds & Bonds	1	<0.01%
Other	9	0.02%
Extrinsic Factors	253	0.44%
Total	324	0.56%



Year	1	2	3	4	5	6		
Survival Probability	99.34%	99.14%	98.94%	98.70%	98.31%	98.03%		
± 1 standard error	0.03%	0.04%	0.05%	0.05%	0.07%	0.16%		
Sample Size	52,830	44,370	36,880	28,750	17,140	270		





### **Actively Monitored Study Data**

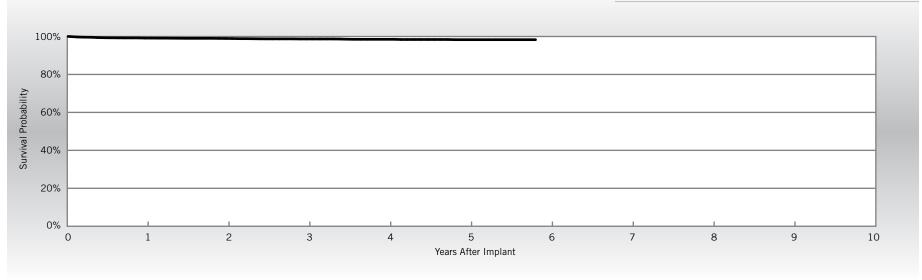
### Durata™

#### Models 7120 & 7121

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	3,563
Cumulative Months of Follow-up	152,642
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	5	0.14%

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	4	0.11%
Lead-to-Can Contact	3	0.08%
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	22	0.62%
Total	28	0.79%



Year	1	2	3	4	5	at 70 months		
Survival Probability	99.16%	98.96%	98.69%	98.51%	98.32%	98.32%		
± 1 standard error	0.15%	0.17%	0.20%	0.22%	0.25%	0.25%		
Sample Size	3,370	2,990	2,590	2,200	1,380	60		

<sup>\*</sup>Optim<sup>™</sup> lead insulation is a copolymer of silicone and polyurethane.

### **Customer Reported Performance Data**

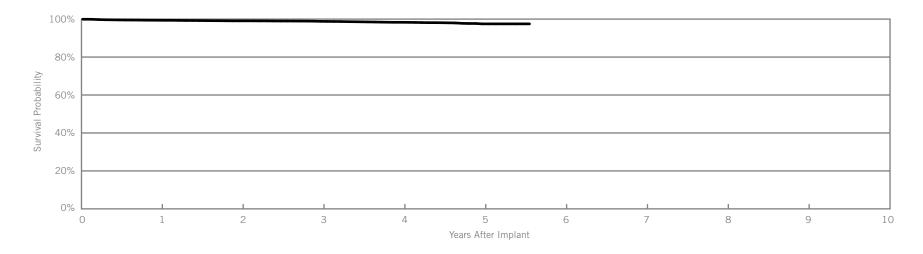
#### Durata™

#### Model 7122

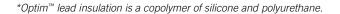
US Regulatory Approval	September 2007
Registered US Implants	11,589
Estimated Active US Implants	7,801
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic C	omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	6	0.05%	2	0.02%
Conductor Fracture	1	<0.01%	7	0.06%
Lead Dislodgement	12	0.10%	26	0.22%
Failure to Capture	10	0.09%	22	0.19%
Oversensing	4	0.03%	25	0.22%
Failure to Sense	0	0.00%	5	0.04%
Insulation Breach	0	0.00%	8	0.07%
Abnormal Pacing Impedance	1	<0.01%	11	0.09%
Abnormal Defibrillation Impedance	1	<0.01%	5	0.04%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	4	0.03%
Total	35	0.30%	115	0.99%
Total Returned for Analysis	19		83	

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	22	0.19%
Lead-to-Can Contact	12	0.10%
Lead-to-Lead Contact	7	0.06%
Clavicular Crush	0	0.00%
Externalized Conductors	1	<0.01%
Other	2	0.02%
Crimps, Welds & Bonds	0	0.00%
Other	4	0.03%
Extrinsic Factors	65	0.56%
Total	99	0.85%



Year	1	2	3	4	5	at 67 months		
Survival Probability	99.38%	99.08%	98.82%	98.32%	97.49%	97.49%		
± 1 standard error	0.08%	0.10%	0.11%	0.16%	0.25%	0.28%		
Sample Size	10,250	8,030	6,040	3,920	1,930	230		





### **Actively Monitored Study Data**

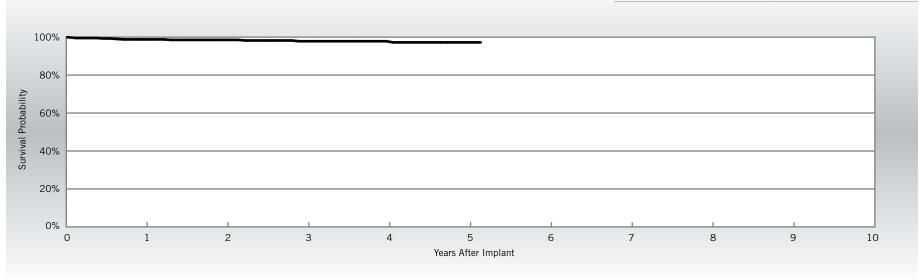
#### Durata™

#### Model 7122

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	429
Cumulative Months of Follow-up	16,532
Insulation	Optim™*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes

Qty.	Rate
2	0.47%
1	0.23%
1	0.23%
4	0.93%
1	0.23%
	2 1 1

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	4	0.93%
Total	5	1.17%



Year	1	2	3	4	5	at 62 months		
Survival Probability	98.80%	98.54%	97.84%	97.84%	97.23%	97.23%		
± 1 standard error	0.53%	0.59%	0.77%	0.77%	0.98%	0.98%		
Sample Size	410	370	290	200	110	60		

<sup>\*</sup>Optim<sup>™</sup> lead insulation is a copolymer of silicone and polyurethane.

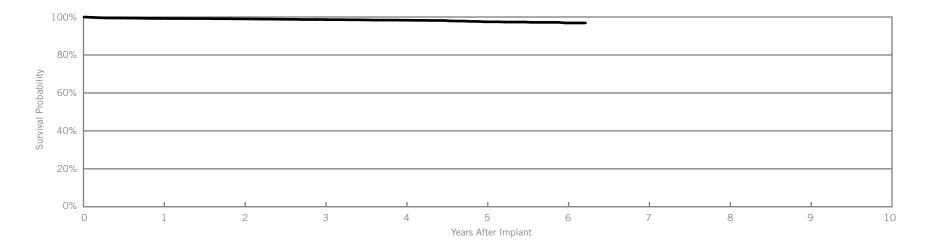
### **Customer Reported Performance Data**

# Riata<sup>™</sup> ST Optim<sup>™</sup> Models 7070 & 7071

US Regulatory Approval	July 2006
Registered US Implants	3,310
Estimated Active US Implants	1,975
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic C	Complications O days)	
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	3	0.09%	2	0.06%	
Conductor Fracture	1	0.03%	10	0.30%	
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%	2	0.06%	
Total	19	0.57%	43	1.30%	
Total Returned for Analysis	6		16		

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	7	0.21%
Lead-to-Can Contact	2	0.06%
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	12	0.36%
Total	20	0.60%



Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.25%	99.02%	98.67%	98.30%	97.47%	96.86%	96.86%		
± 1 standard error	0.16%	0.18%	0.22%	0.25%	0.34%	0.42%	0.53%		
Sample Size	3,050	2,620	2,250	1,840	1,270	590	200		

### **Actively Monitored Study Data**

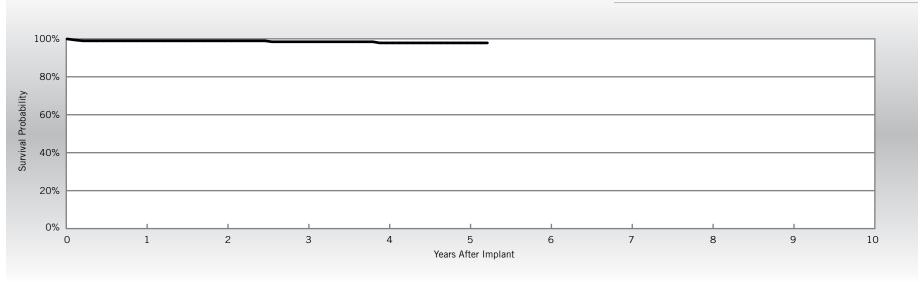
### Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Models 7070 & 7071

US Regulatory Approval	July 2006
Number of Devices Enrolled in Study	288
Cumulative Months of Follow-up	12,420
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Defibrillation Impedance	1	0.35%
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	5	at 63 months		
Survival Probability	98.94%	98.94%	98.45%	97.85%	97.85%	97.85%		
± 1 standard error	0.61%	0.61%	0.78%	0.98%	0.98%	0.98%		
Sample Size	270	240	200	170	120	60		

<sup>\*</sup>Optim<sup>™</sup> lead insulation is a copolymer of silicone and polyurethane.



### **Customer Reported Performance Data**

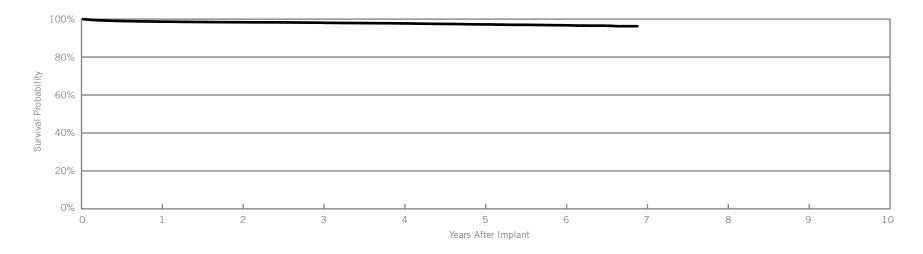
# Riata™ ST Optim™

#### Models 7020 & 7021

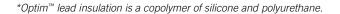
US Regulatory Approval	July 2006
Registered US Implants	14,219
Estimated Active US Implants	7,261
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic C	omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	33	0.23%	9	0.06%
Conductor Fracture	0	0.00%	26	0.18%
Lead Dislodgement	27	0.19%	48	0.34%
Failure to Capture	17	0.12%	63	0.44%
Oversensing	18	0.13%	61	0.43%
Failure to Sense	8	0.06%	11	0.08%
Insulation Breach	0	0.00%	11	0.08%
Abnormal Pacing Impedance	1	<0.01%	9	0.06%
Abnormal Defibrillation Impedance	4	0.03%	15	0.11%
Extracardiac Stimulation	3	0.02%	2	0.01%
Other	0	0.00%	14	0.10%
Total	111	0.78%	269	1.89%
Total Returned for Analysis	53		147	

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	19	0.13%
Lead-to-Can Contact	7	0.05%
Lead-to-Lead Contact	2	0.01%
Clavicular Crush	3	0.02%
Externalized Conductors	0	0.00%
Other	7	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	140	0.98%
Total	166	1.17%



Year	1	2	3	4	5	6	at 83 months		
Survival Probability	98.67%	98.35%	98.10%	97.73%	97.20%	96.76%	96.26%		
± 1 standard error	0.10%	0.11%	0.12%	0.14%	0.16%	0.18%	0.26%		
Sample Size	13,080	11,260	9,980	8,840	7,670	5,520	290		





### **Actively Monitored Study Data**

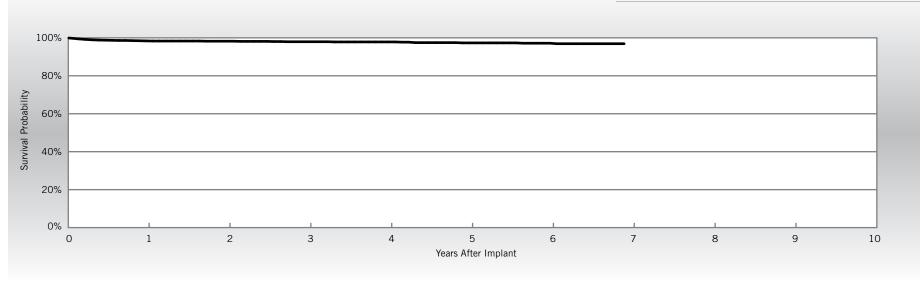
### Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Models 7020 & 7021

US Regulatory Approval	July 2006
Number of Devices Enrolled in Study	1,473
Cumulative Months of Follow-up	71,901
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	4	0.27%
Cardiac Perforation	1	0.07%
Conductor Fracture	5	0.34%
Failure to Capture	9	0.61%
Failure to Sense	1	0.07%
Insulation Breach	2	0.14%
Lead Dislodgement	10	0.68%
Oversensing	2	0.14%
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	1.15%



Year	1	2	3	4	5	6	at 83 months		
Survival Probability	98.38%	98.22%	97.94%	97.84%	97.33%	97.16%	96.90%		
± 1 standard error	0.33%	0.35%	0.39%	0.40%	0.47%	0.50%	0.56%		
Sample Size	1,390	1,210	1,040	900	750	530	60		

<sup>\*</sup>Optim<sup>™</sup> lead insulation is a copolymer of silicone and polyurethane.



### **Customer Reported Performance Data**

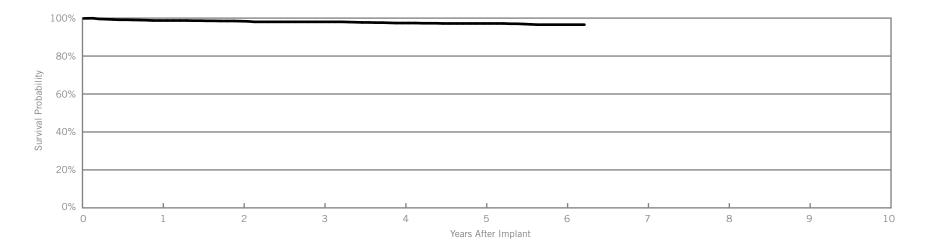
### Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Model 7022

US Regulatory Approval	July 2006
Registered US Implants	1,465
Estimated Active US Implants	795
Insulation	Optim*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		Acute Observations (Post Implant, ≤30 days)		Complications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	5	0.34%	3	0.20%
Conductor Fracture	0	0.00%	4	0.27%
Lead Dislodgement	3	0.20%	6	0.41%
Failure to Capture	1	0.07%	4	0.27%
Oversensing	0	0.00%	6	0.41%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	3	0.20%
Abnormal Pacing Impedance	2	0.14%	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	11	0.75%	26	1.77%
Total Returned for Analysis	4		15	

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	4	0.27%
Lead-to-Can Contact	2	0.14%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	2	0.14%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	14	0.96%
Total	19	1.30%



Year	1	2	3	4	5	6	at 75 months		
Survival Probability	98.73%	98.39%	98.03%	97.40%	97.17%	96.54%	96.54%		
± 1 standard error	0.31%	0.34%	0.39%	0.47%	0.49%	0.58%	0.58%		
Sample Size	1,360	1,180	1,050	940	810	530	220		

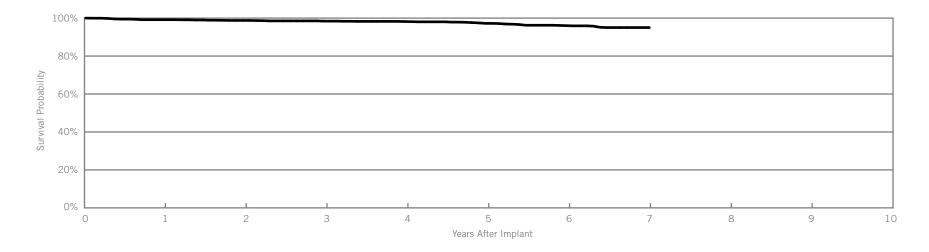
Riata™ ST

#### Models 7010 & 7011

US Regulatory Approval	March 2006
Registered US Implants	2,197
Estimated Active US Implants	1,056
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

		Acute Observations (Post Implant, ≤30 days)		Complications 0 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%	7	0.32%
Failure to Capture	2	0.09%	4	0.18%
Oversensing	2	0.09%	8	0.36%
Failure to Sense	1	0.05%	2	0.09%
Insulation Breach	0	0.00%	10	0.46%
Abnormal Pacing Impedance	1	0.05%	4	0.18%
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%	41	1.87%
Total Returned for Analysis	3		14	

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	15	0.68%
Lead-to-Can Contact	4	0.18%
Lead-to-Lead Contact	7	0.32%
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	23	1.05%



Year	1	2	3	4	5	6	7		
Survival Probability	99.16%	98.77%	98.40%	98.19%	97.22%	96.03%	95.02%		
± 1 standard error	0.20%	0.25%	0.28%	0.31%	0.39%	0.52%	0.65%		
Sample Size	2,040	1,790	1,600	1,420	1,240	1,010	240		

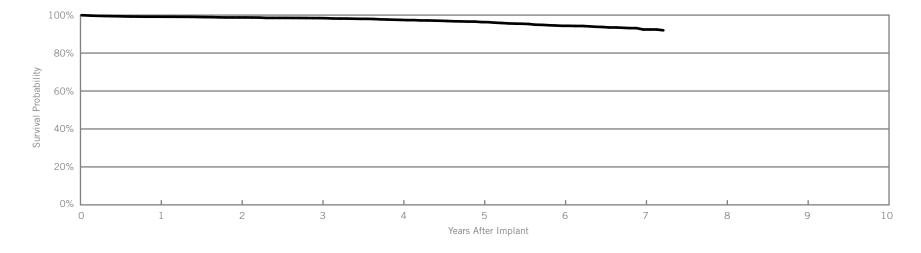
# **Customer Reported Performance Data**

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

US Regulatory Approval	March 2006
Registered US Implants	4,050
Estimated Active US Implants	2,018
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

	Acute Observations (Post Implant, ≤30 days)			omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	0.10%	2	0.05%
Conductor Fracture	0	0.00%	16	0.40%
Lead Dislodgement	5	0.12%	3	0.07%
Failure to Capture	1	0.02%	22	0.54%
Oversensing	3	0.07%	36	0.89%
Failure to Sense	0	0.00%	5	0.12%
Insulation Breach	0	0.00%	18	0.44%
Abnormal Pacing Impedance	2	0.05%	7	0.17%
Abnormal Defibrillation Impedance	0	0.00%	8	0.20%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.02%	2	0.05%
Total	16	0.40%	119	2.94%
Total Returned for Analysis	3		35	

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.07%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	3	0.07%
Insulation Breach	31	0.77%
Lead-to-Can Contact	15	0.37%
Lead-to-Lead Contact	9	0.22%
Clavicular Crush	0	0.00%
Externalized Conductors	2	0.05%
Other	5	0.12%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	16	0.40%
Total	50	1.23%



Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.16%	98.76%	98.43%	97.48%	96.33%	94.36%	92.42%	91.98%	
± 1 standard error	0.15%	0.18%	0.21%	0.28%	0.34%	0.48%	0.63%	0.75%	
Sample Size	3,760	3,290	2,930	2,580	2,130	1,510	760	240	

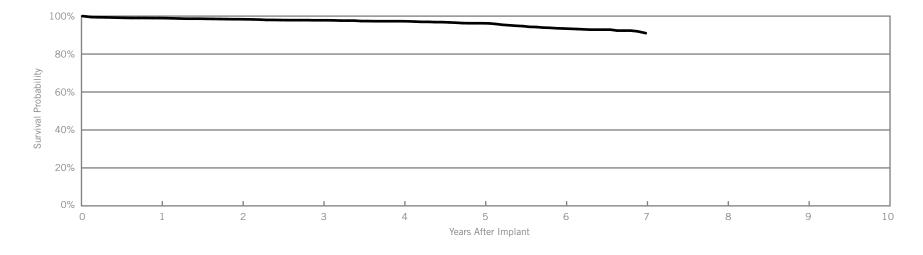
#### Riata™ ST

#### Model 7002

US Regulatory Approval	June 2005
Registered US Implants	2,403
Estimated Active US Implants	1,158
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs, 280-292)	One

	Acute Observations (Post Implant, ≤30 days)			omplications 0 days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	6	0.25%	3	0.12%
Conductor Fracture	0	0.00%	6	0.25%
Lead Dislodgement	3	0.12%	9	0.37%
Failure to Capture	4	0.17%	10	0.42%
Oversensing	4	0.17%	23	0.96%
Failure to Sense	0	0.00%	1	0.04%
Insulation Breach	0	0.00%	22	0.92%
Abnormal Pacing Impedance	2	0.08%	1	0.04%
Abnormal Defibrillation Impedance	1	0.04%	2	0.08%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.04%	5	0.21%
Total	21	0.87%	82	3.41%
Total Returned for Analysis	11		39	

Malfunctions	Qty.	Rate
Conductor Fracture	3	0.12%
Clavicular Crush	0	0.00%
In the Pocket	1	0.04%
Intravascular	2	0.08%
Insulation Breach	35	1.46%
Lead-to-Can Contact	21	0.87%
Lead-to-Lead Contact	4	0.17%
Clavicular Crush	0	0.00%
Externalized Conductors	3	0.12%
Other	7	0.29%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	19	0.79%
Total	57	2.37%



Year	1	2	3	4	5	6	7		
Survival Probability	98.97%	98.36%	97.81%	97.31%	96.24%	93.47%	91.14%		
± 1 standard error	0.21%	0.28%	0.32%	0.37%	0.46%	0.66%	0.88%		
Sample Size	2,220	1,930	1,740	1,550	1,340	970	230		

# **Customer Reported Performance Data**

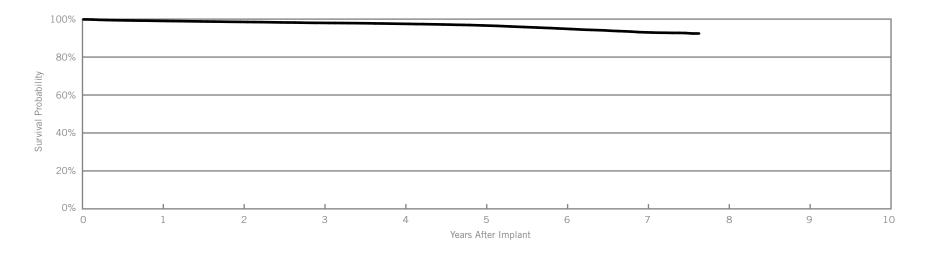
Riata™ ST

#### Models 7000 & 7001

US Regulatory Approval	June 2005
Registered US Implants	34,784
Estimated Active US Implants	16,183
nsulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	One

		Observations ant, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	42	0.12%	19	0.05%
Conductor Fracture	0	0.00%	76	0.22%
Lead Dislodgement	38	0.11%	47	0.14%
Failure to Capture	43	0.12%	152	0.44%
Oversensing	40	0.11%	292	0.84%
Failure to Sense	7	0.02%	33	0.09%
Insulation Breach	1	<0.01%	258	0.74%
Abnormal Pacing Impedance	8	0.02%	52	0.15%
Abnormal Defibrillation Impedance	4	0.01%	40	0.11%
Extracardiac Stimulation	3	<0.01%	2	<0.01%
Other	11	0.03%	43	0.12%
Total	197	0.57%	1,014	2.92%
Total Returned for Analysis	95		416	

Malfunctions	Qty.	Rate
Conductor Fracture	15	0.04%
Clavicular Crush	2	<0.01%
In the Pocket	5	0.01%
Intravascular	8	0.02%
Insulation Breach	314	0.90%
Lead-to-Can Contact	173	0.50%
Lead-to-Lead Contact	71	0.20%
Clavicular Crush	9	0.03%
Externalized Conductors	18	0.05%
Other	43	0.12%
Crimps, Welds & Bonds	1	<0.01%
Other	0	0.00%
Extrinsic Factors	222	0.64%
Total	552	1.59%



Year	1	2	3	4	5	6	7	at 92 months	
Survival Probability	99.06%	98.53%	98.01%	97.52%	96.65%	94.94%	93.03%	92.42%	
± 1 standard error	0.05%	0.07%	0.08%	0.09%	0.11%	0.15%	0.20%	0.29%	
Sample Size	32,370	28,280	25,160	22,300	19,450	15,680	9,180	540	

### **Actively Monitored Study Data**

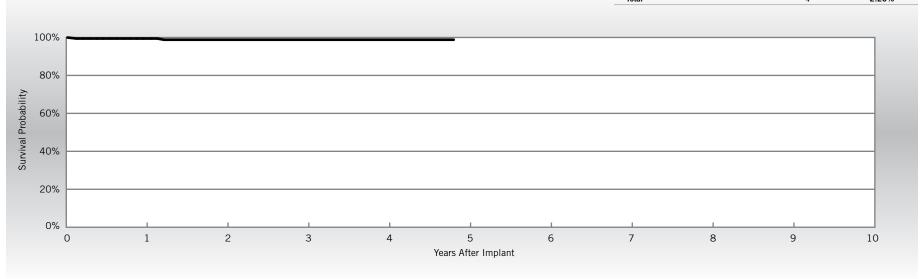
Riata™ ST

#### Models 7000 & 7001

US Regulatory Approval	June 2005
Number of Devices Enrolled in Study	182
Cumulative Months of Follow-up	7,143
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Insulation Breach	1	0.55%
Lead Dislodgement	1	0.55%

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	1.65%
Lead-to-Can Contact	2	1.10%
Lead-to-Lead Contact	1	0.55%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	0	0.00%
Crimps, Welds & Bonds	1	0.55%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	4	2.20%



Year	1	2	3	4	at 58 months			
Survival Probability	99.44%	98.81%	98.81%	98.81%	98.81%			
± 1 standard error	0.56%	0.84%	0.84%	0.84%	0.84%			
Sample Size	170	150	120	80	50			

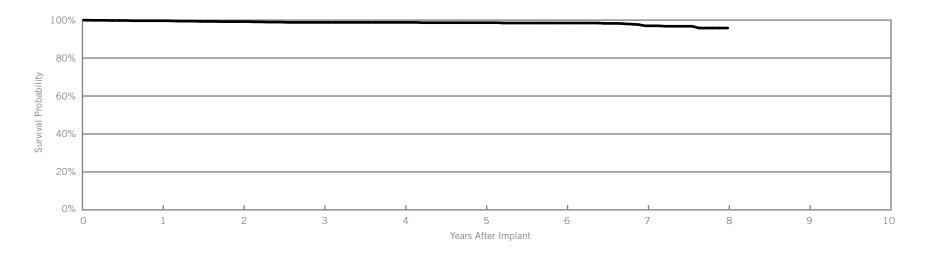
# **Customer Reported Performance Data**

Riata™ *i* 

#### Models 1560 & 1561

US Regulatory Approval	April 2004
Registered US Implants	980
Estimated Active US Implants	449
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories	One
(see pgs. 280-292)	

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	6	0.61%
Lead-to-Can Contact	3	0.31%
Lead-to-Lead Contact	2	0.20%
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	7	0.71%



Year	1	2	3	4	5	6	7	8	
Survival Probability	99.67%	99.20%	98.80%	98.80%	98.64%	98.47%	97.00%	95.83%	
± 1 standard error	0.19%	0.30%	0.38%	0.38%	0.41%	0.44%	0.60%	0.91%	
Sample Size	920	820	740	670	600	540	480	210	

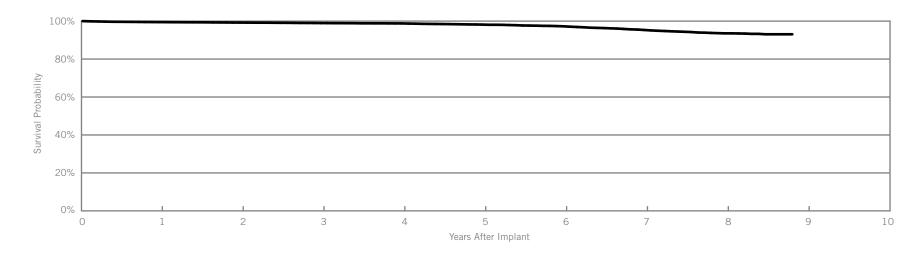
# **Customer Reported Performance Data**

Riata™ *i* 

#### Models 1590 & 1591

US Regulatory Approval	April 2004
Registered US Implants	9,685
Estimated Active US Implants	4,036
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 280-292)	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	96	0.99%
Lead-to-Can Contact	32	0.33%
Lead-to-Lead Contact	26	0.27%
Clavicular Crush	1	0.01%
Externalized Conductors	14	0.14%
Other	23	0.24%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.01%
Extrinsic Factors	38	0.39%
Total	141	1.46%



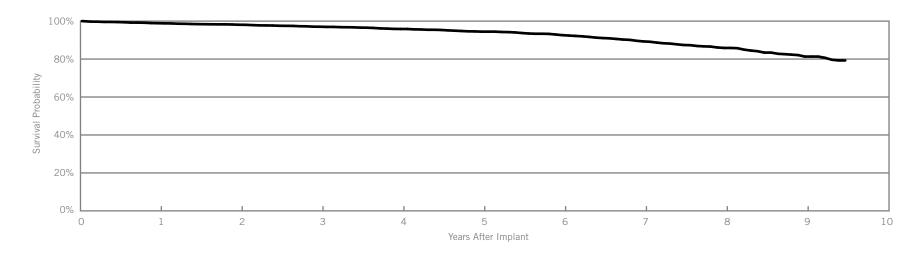
Year	1	2	3	4	5	6	7	8	at 106 months	
Survival Probability	99.48%	99.23%	98.97%	98.79%	98.16%	97.26%	95.33%	93.55%	93.06%	
± 1 standard error	0.07%	0.09%	0.11%	0.12%	0.16%	0.20%	0.28%	0.36%	0.42%	
Sample Size	9,110	8,130	7,330	6,520	5,740	5,020	4,250	2,900	270	

### Riata™

#### Model 1582

March 2003
3,128
1,154
Silicone
Single Coil, Active
Bipolar
Yes
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	119	3.80%
Lead-to-Can Contact	40	1.28%
Lead-to-Lead Contact	18	0.58%
Clavicular Crush	2	0.06%
Externalized Conductors	35	1.12%
Other	24	0.77%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	25	0.80%
Total	147	4.70%



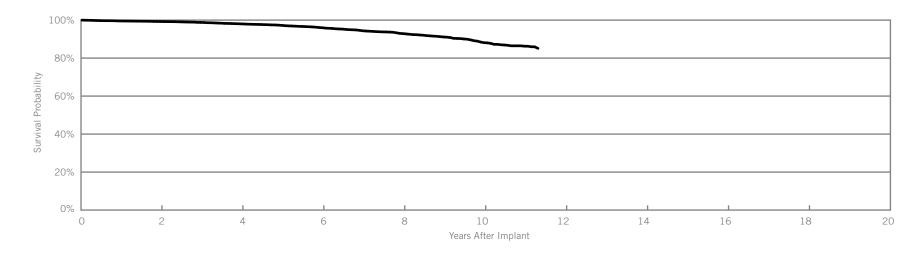
Year	1	2	3	4	5	6	7	8	9	at 114 months
Survival Probability	98.89%	98.09%	97.04%	95.85%	94.45%	92.60%	89.30%	85.86%	81.31%	79.28%
± 1 standard error	0.19%	0.25%	0.33%	0.40%	0.48%	0.57%	0.73%	0.91%	1.20%	1.49%
Sample Size	2,920	2,580	2,320	2,060	1,780	1,500	1,200	850	480	200

Riata™

#### Models 1570 & 1571

US Regulatory Approval	March 2002
Registered US Implants	10,270
Estimated Active US Implants	3,916
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	One
(see pgs. 280-292)	

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	123	1.20%
Lead-to-Can Contact	60	0.58%
Lead-to-Lead Contact	13	0.13%
Clavicular Crush	1	<0.01%
Externalized Conductors	25	0.24%
Other	24	0.23%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	34	0.33%
Total	161	1.57%



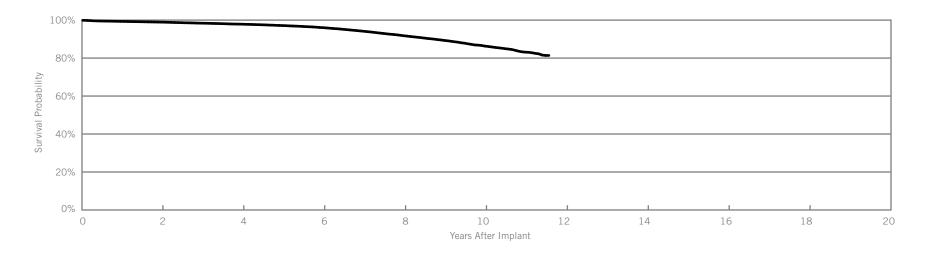
Year	2	4	6	8	10	at 136 months		
Survival Probability	99.25%	98.02%	95.99%	92.88%	88.11%	85.13%		
± 1 standard error	0.09%	0.15%	0.24%	0.36%	0.60%	0.83%		
Sample Size	8,690	7,030	5,140	3,270	1,390	220		

Riata™

#### Models 1580 & 1581

US Regulatory Approval	March 2002
Registered US Implants	68,334
Estimated Active US Implants	24,120
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	One
(see pgs. 280-292)	

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	1,039	1.52%
Lead-to-Can Contact	426	0.62%
Lead-to-Lead Contact	185	0.27%
Clavicular Crush	14	0.02%
Externalized Conductors	221	0.32%
Other	193	0.28%
Crimps, Welds & Bonds	3	<0.01%
Other	0	0.00%
Extrinsic Factors	377	0.55%
Total	1,438	2.10%



Year	2	4	6	8	10	at 139 months		
Survival Probability	98.93%	97.85%	96.02%	91.75%	86.31%	81.38%		
± 1 standard error	0.04%	0.06%	0.09%	0.15%	0.27%	0.65%		
Sample Size	56,740	45,250	33,670	21,560	6,470	310		

### **Actively Monitored Study Data**

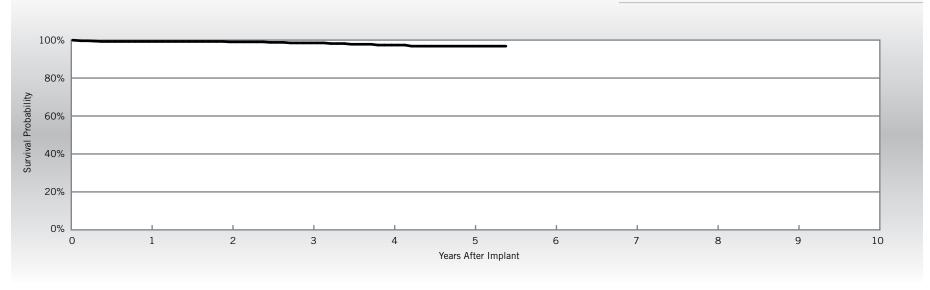
### Riata™

#### Models 1580 & 1581

US Regulatory Approval	March 2002
Number of Devices Enrolled in Study	565
Cumulative Months of Follow-up	21,581
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Insulation Breach	7	1.24%
Lead Dislodgement	2	0.35%
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	9	1.59%
Lead-to-Can Contact	1	0.18%
Lead-to-Lead Contact	3	0.53%
Clavicular Crush	0	0.00%
Externalized Conductors	5	0.88%
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	4	0.71%
Total	13	2.30%



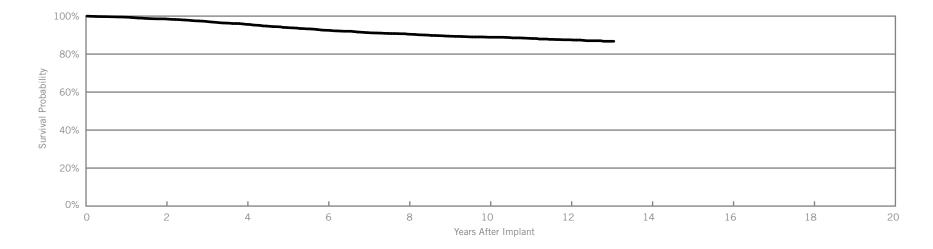
Year	1	2	3	4	5	at 65 months		
Survival Probability	99.28%	99.06%	98.51%	97.38%	96.81%	96.81%		
± 1 standard error	0.36%	0.36%	0.57%	0.86%	1.03%	1.03%		
Sample Size	530	470	380	260	140	50		

# **Customer Reported Performance Data**

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

#### Model 1559

US Regulatory Approval	November 1999
Registered US Implants	4,560
Estimated Active US Implants	872
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None



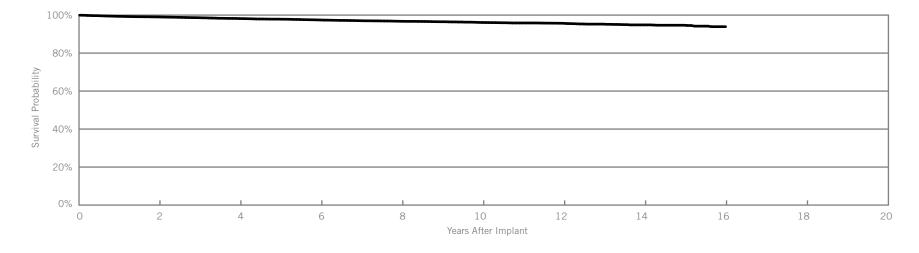
Year	2	4	6	8	10	12	at 157 months		
Survival Probability	98.53%	95.66%	92.53%	90.48%	88.87%	87.54%	86.75%		
± 1 standard error	0.19%	0.34%	0.48%	0.56%	0.64%	0.72%	0.83%		
Sample Size	3,730	2,940	2,260	1,680	1,220	840	220		

### **Customer Reported Performance Data**

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

#### Models SP01, SP02, SP03 & SP04

US Regulatory Approval	September 1997
Registered US Implants	12,373
Estimated Active US Implants	2,695
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	16	
Survival Probability	99.05%	98.18%	97.43%	96.74%	96.12%	95.71%	94.85%	93.91%	
± 1 standard error	0.09%	0.13%	0.16%	0.20%	0.23%	0.25%	0.32%	0.52%	
Sample Size	10,400	8,490	6,870	5,430	4,170	3,060	1,580	200	

# SUMMARY INFORMATION

Defibrillation Leads



# Survival Summary

			ı			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	99.31%	98.92%	98.29%							
7120Q/7121Q	Durata™ DF4	99.36%	99.20%	99.03%	98.72%						
7122Q	Durata™ DF4	99.42%	99.20%	98.97%	98.80%						
7120/7121	Durata™	99.34%	99.14%	98.94%	98.70%	98.31%	98.03%				
7122	Durata™	99.38%	99.08%	98.82%	98.32%	97.49%					
7070/7071	Riata™ ST Optim™	99.25%	99.02%	98.67%	98.30%	97.47%	96.86%				
7020/7021	Riata™ ST Optim™	98.67%	98.35%	98.10%	97.73%	97.20%	96.76%				
7022	Riata™ ST Optim™	98.73%	98.39%	98.03%	97.40%	97.17%	96.54%				
7010/7011	Riata™ ST	99.16%	98.77%	98.40%	98.19%	97.22%	96.03%	95.02%			
7040/7041	Riata™ ST	99.16%	98.76%	98.43%	97.48%	96.33%	94.36%	92.42%			
7002	Riata™ ST	98.97%	98.36%	97.81%	97.31%	96.24%	93.47%	91.14%			
7000/7001	Riata™ ST	99.06%	98.53%	98.01%	97.52%	96.65%	94.94%	93.03%			
1560/1561	Riata™ i	99.67%	99.20%	98.80%	98.80%	98.64%	98.47%	97.00%	95.83%		
1590/1591	Riata™ i	99.48%	99.23%	98.97%	98.79%	98.16%	97.26%	95.33%	93.55%		
1582	Riata™	98.89%	98.09%	97.04%	95.85%	94.45%	92.60%	89.30%	85.86%	81.31%	
1570/1571	Riata™	99.56%	99.25%	98.78%	98.02%	97.23%	95.99%	94.38%	92.88%	91.12%	88.11%
1580/1581	Riata™	99.31%	98.93%	98.38%	97.85%	97.12%	96.02%	94.13%	91.75%	89.29%	86.31%
1559	TVL™ ADX	99.47%	98.53%	97.23%	95.66%	93.98%	92.53%	91.30%	90.48%	89.46%	88.87%
P01/SP02/SP03/SP04	SPL™	99.35%	99.05%	98.63%	98.18%	97.86%	97.43%	97.05%	96.74%	96.50%	96.12%

### Acute Observation Summary

#### Post Implant ≤30 Days

	Registered	Estimated Active US		ardiac foration		nductor acture		.ead dgement		lure to pture	Over	sensing		ure to		sulation Breach	P	normal Pacing pedance	Defil	normal orillation oedance		acardiac nulation	0	ther	1	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	3,817	2,875	3	0.08%	0	0.00%	6	0.16%	4	0.10%	2	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	16	0.42%	8
7120Q/7121Q	Jan-09	88,571	66,971	42	0.05%	1	<0.01%	127	0.14%	55	0.06%	28	0.03%	7	<0.01%	0	0.00%	4	<0.01%	6	<0.01%	1	<0.01%	12	0.01%	283	0.32%	159
7122Q	Jan-09	29,910	24,365	25	0.08%	1	<0.01%	35	0.12%	18	0.06%	10	0.03%	4	0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	5	0.02%	99	0.33%	60
7120/7121	Sep-07	57,726	35,762	36	0.06%	1	<0.01%	66	0.11%	18	0.03%	45	0.08%	5	<0.01%	0	0.00%	1	<0.01%	17	0.03%	0	0.00%	20	0.03%	209	0.36%	82
7122	Sep-07	11,589	7,801	6	0.05%	1	<0.01%	12	0.10%	10	0.09%	4	0.03%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	35	0.30%	19
7070/7071	Jul-06	3,310	1,975	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	14,219	7,261	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	1,465	795	5	0.34%	0	0.00%	3	0.20%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	2	0.14%	0	0.00%	0	0.00%	0	0.00%	11	0.75%	4
7010/7011	Mar-06	2,197	1,056	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	4,050	2,018	4	0.10%	0	0.00%	5	0.12%	1	0.02%	3	0.07%	0	0.00%	0	0.00%	2	0.05%	0	0.00%	0	0.00%	1	0.02%	16	0.40%	3
7002	Jun-05	2,403	1,158	6	0.25%	0	0.00%	3	0.12%	4	0.17%	4	0.17%	0	0.00%	0	0.00%	2	0.08%	1	0.04%	0	0.00%	1	0.04%	21	0.87%	11
7000/7001	Jun-05	34,784	16,183	42	0.12%	0	0.00%	38	0.11%	43	0.12%	40	0.11%	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		Estimated Active US		ardiac foration		nductor acture		ead dgement		lure to pture	Over	sensing		lure to		sulation Breach	P	normal acing edance	Defil	normal orillation edance		acardiac nulation	O	ther	т	Total .	Total Returned for
Models	Approval		Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	ty. Rate C		Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Analysis
7170Q/7171Q	Jul-09	3,817	2,875	0	0.00%	2	0.05%	7	0.18%	17	0.45%	5	0.13%	0	0.00%	2	0.05%	1	0.03%	1	0.03%	0	0.00%	0	0.00%	35	0.92%	22
7120Q/7121Q	Jan-09	88,571	66,971	17	0.02%	22	0.02%	266	0.30%	151	0.17%	80	0.09%	19	0.02%	10	0.01%	9	0.01%	22	0.02%	2	<0.01%	17	0.02%	615	0.69%	412
7122Q	Jan-09	29,910	24,365	14	0.05%	6	0.02%	67	0.22%	32	0.11%	21	0.07%	7	0.02%	2	<0.01%	5	0.02%	0	0.00%	0	0.00%	5	0.02%	159	0.53%	121
7120/7121	Sep-07	57,726	35,762	6	0.01%	42	0.07%	133	0.23%	93	0.16%	105	0.18%	22	0.04%	15	0.03%	53	0.09%	40	0.07%	0	0.00%	17	0.03%	526	0.91%	276
7122	Sep-07	11,589	7,801	2	0.02%	7	0.06%	26	0.22%	22	0.19%	25	0.22%	5	0.04%	8	0.07%	11	0.09%	5	0.04%	0	0.00%	4	0.03%	115	0.99%	83
7070/7071	Jul-06	3,310	1,975	2	0.06%	10	0.30%	6	0.18%	5	0.15%	9	0.27%	2	0.06%	3	0.09%	2	0.06%	2	0.06%	0	0.00%	2	0.06%	43	1.30%	16
7020/7021	Jul-06	14,219	7,261	9	0.06%	26	0.18%	48	0.34%	63	0.44%	61	0.43%	11	0.08%	11	0.08%	9	0.06%	15	0.11%	2	0.01%	14	0.10%	269	1.89%	147
7022	Jul-06	1,465	795	3	0.20%	4	0.27%	6	0.41%	4	0.27%	6	0.41%	0	0.00%	3	0.20%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	26	1.77%	15
7010/7011	Mar-06	2,197	1,056	1	0.05%	1	0.05%	7	0.32%	4	0.18%	8	0.36%	2	0.09%	10	0.46%	4	0.18%	3	0.14%	0	0.00%	1	0.05%	41	1.87%	14
7040/7041	Mar-06	4,050	2,018	2	0.05%	16	0.40%	3	0.07%	22	0.54%	36	0.89%	5	0.12%	18	0.44%	7	0.17%	8	0.20%	0	0.00%	2	0.05%	119	2.94%	35
7002	Jun-05	2,403	1,158	3	0.12%	6	0.25%	9	0.37%	10	0.42%	23	0.96%	1	0.04%	22	0.92%	1	0.04%	2	0.08%	0	0.00%	5	0.21%	82	3.41%	39
7000/7001	Jun-05	34,784	16,183	19	0.05%	76	0.22%	47	0.14%	152	0.44%	292	0.84%	33	0.09%	258	0.74%	52	0.15%	40	0.11%	2	<0.01%	43	0.12%	1,014	2.92%	416



# Malfunction Summary

					Conductor	Fractu	re								Insulati	on Brea	ıch												
	Registered US		avicular Crush	In th	ne Pocket	Intra	avascular	Con	Total Iductor acture						vicular crush		ernalized nductors	(	Other	Ins	Total ulation reach	W	rimps, elds & Bonds	o	)ther		rinsic ctors	T.	<sup>-</sup> 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
7170Q/7171Q	3,817	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%	23	0.60%	24	0.63%
7120Q/7121Q	88,571	2	<0.01%	2	<0.01%	8	<0.01%	12	0.01%	12	0.01%	1	<0.01%	3	<0.01%	0	0.00%	6	<0.01%	22	0.02%	2	<0.01%	29	0.03%	407	0.46%	472	0.53%
7122Q	29,910	0	0.00%	2	<0.01%	0	0.00%	2	<0.01%	5	0.02%	2	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	9	0.03%	0	0.00%	10	0.03%	116	0.39%	137	0.46%
7120/7121	57,726	1	<0.01%	16	0.03%	4	<0.01%	21	0.04%	18	0.03%	8	0.01%	8	0.01%	0	0.00%	6	0.01%	40	0.07%	1	<0.01%	9	0.02%	253	0.44%	324	0.56%
7122	11,589	0	0.00%	6	0.05%	2	0.02%	8	0.07%	12	0.10%	7	0.06%	0	0.00%	1	<0.01%	2	0.02%	22	0.19%	0	0.00%	4	0.03%	65	0.56%	99	0.85%
7070/7071	3,310	0	0.00%	0	0.00%	1	0.03%	1	0.03%	2	0.06%	2	0.06%	1	0.03%	1	0.03%	1	0.03%	7	0.21%	0	0.00%	0	0.00%	12	0.36%	20	0.60%
7020/7021	14,219	1	<0.01%	1	<0.01%	5	0.04%	7	0.05%	7	0.05%	2	0.01%	3	0.02%	0	0.00%	7	0.05%	19	0.13%	0	0.00%	0	0.00%	140	0.98%	166	1.17%
7022	1,465	0	0.00%	0	0.00%	1	0.07%	1	0.07%	2	0.14%	0	0.00%	0	0.00%	0	0.00%	2	0.14%	4	0.27%	0	0.00%	0	0.00%	14	0.96%	19	1.30%
7010/7011	2,197	0	0.00%	1	0.05%	0	0.00%	1	0.05%	4	0.18%	7	0.32%	0	0.00%	1	0.05%	3	0.14%	15	0.68%	0	0.00%	0	0.00%	7	0.32%	23	1.05%
7040/7041	4,050	0	0.00%	0	0.00%	3	0.07%	3	0.07%	15	0.37%	9	0.22%	0	0.00%	2	0.05%	5	0.12%	31	0.77%	0	0.00%	0	0.00%	16	0.40%	50	1.23%
7002	2,403	0	0.00%	1	0.04%	2	0.08%	3	0.12%	21	0.87%	4	0.17%	0	0.00%	3	0.12%	7	0.29%	35	1.46%	0	0.00%	0	0.00%	19	0.79%	57	2.37%
7000/7001	34,784	2	<0.01%	5	0.01%	8	0.02%	15	0.04%	173	0.50%	71	0.20%	9	0.03%	18	0.05%	43	0.12%	314	0.90%	1	<0.01%	0	0.00%	222	0.64%	552	1.59%
1560/1561	980	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.31%	2	0.20%	0	0.00%	1	0.10%	0	0.00%	6	0.61%	0	0.00%	0	0.00%	1	0.10%	7	0.71%
1590/1591	9,685	1	0.01%	1	0.01%	4	0.04%	6	0.06%	32	0.33%	26	0.27%	1	0.01%	14	0.14%	23	0.24%	96	0.99%	0	0.00%	1	0.01%	38	0.39%	141	1.46%
1582	3,128	0	0.00%	0	0.00%	3	0.10%	3	0.10%	40	1.28%	18	0.58%	2	0.06%	35	1.12%	24	0.77%	119	3.80%	0	0.00%	0	0.00%	25	0.80%	147	4.70%
1570/1571	10,270	2	0.02%	2	0.02%	0	0.00%	4	0.04%	60	0.58%	13	0.13%	1	<0.01%	25	0.24%	24	0.23%	123	1.20%	0	0.00%	0	0.00%	34	0.33%	161	1.57%
1580/1581	68,334	2	<0.01%	8	0.01%	9	0.01%	19	0.03%	426	0.62%	185	0.27%	14	0.02%	221	0.32%	193	0.28%	1,039	1.52%	3	<0.01%	0	0.00%	377	0.55%	1,438	2.10%

# Worldwide Malfunction Summary (Durata $^{\text{\tiny TM}}$ )

					Conductor	Fractu	re			Insulation Breach																			
	Worldwide	Clavicular Crush		In the Pocket		Intravascular		Total Conductor Fracture		Lead-to-Can Contact		Lead-to-Lead Contact		Clavicular Crush		Externalized Conductors		Other		Total Insulation Breach		Crimps, Welds & Bonds		Other		Extrinsic Factors		T	otal
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	12,338	0	0.00%	2	0.02%	4	0.03%	6	0.05%	3	0.02%	0	0.00%	1	0.01%	0	0.00%	1	0.01%	5	0.04%	7	0.06%	0	0.00%	45	0.36%	63	0.51%
7120Q/7121Q	143,613	3	<0.01%	5	<0.01%	11	0.01%	19	0.01%	19	0.01%	1	<0.01%	11	0.01%	0	0.00%	8	0.01%	39	0.03%	3	<0.01%	41	0.03%	707	0.49%	809	0.56%
7122Q	75,943	1	<0.01%	6	0.01%	1	<0.01%	8	0.01%	19	0.03%	3	<0.01%	8	0.01%	0	0.00%	1	<0.01%	31	0.04%	1	<0.01%	22	0.03%	387	0.51%	449	0.59%
7120/7121	124,985	4	<0.01%	66	0.05%	14	0.01%	84	0.07%	44	0.04%	11	0.01%	12	0.01%	0	0.00%	11	0.01%	78	0.06%	2	<0.01%	35	0.03%	520	0.42%	719	0.58%
7122	47,719	0	0.00%	66	0.14%	5	0.01%	71	0.15%	36	0.08%	11	0.02%	5	0.01%	1	<0.01%	5	0.01%	58	0.12%	1	<0.01%	11	0.02%	255	0.53%	396	0.83%

### Actively Monitored Study Data Summary

#### **Qualifying Complications**

Models	Number of Devices Enrolled	Cumulative Months of Follow-Up	Abnormal Defibrillation Impedance		Abnormal Pacing Impedance		Cardiac Perforation		Conductor Fracture		Extracardiac Stimulation		Failure to Capture		Failure to Sense		Inappropriate Shock		Insulation Breach		Lead Dislodgement		Oversensing			ardial usion	Skin Erosion		Т	otal .
			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	112	3,312	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	0.89%	0	0.00%	0	0.00%	0	0.00%	1	0.89%
7120Q/7121Q	4,232	118,854	4	0.09%	0	0.00%	1	0.02%	3	0.07%	0	0.00%	10	0.24%	2	0.05%	3	0.07%	0	0.00%	32	0.76%	1	0.02%	0	0.00%	0	0.00%	56	1.32%
7122Q	1,426	29,402	1	0.07%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	2	0.14%	0	0.00%	0	0.00%	0	0.00%	5	0.35%	0	0.00%	2	0.14%	0	0.00%	11	0.77%
7120/7121	3,563	152,642	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%	5	0.14%	0	0.00%	0	0.00%	49	1.38%
7122	429	16,532	0	0.00%	2	0.47%	0	0.00%	1	0.23%	0	0.00%	1	0.23%	0	0.00%	0	0.00%	0	0.00%	4	0.93%	1	0.23%	0	0.00%	0	0.00%	9	2.10%
7070/7071	288	12,420	1	0.35%	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%	5	1.74%
7020/7021	1,473	71,901	0	0.00%	4	0.27%	1	0.07%	5	0.34%	0	0.00%	9	0.61%	1	0.07%	0	0.00%	2	0.14%	10	0.68%	2	0.14%	0	0.00%	1	0.07%	35	2.38%
7000/7001	182	7,143	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	0.55%	1	0.55%	0	0.00%	0	0.00%	0	0.00%	2	1.10%
1580/1581	565	21,581	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	1.24%	2	0.35%	1	0.18%	0	0.00%	1	0.18%	11	1.95%

#### Malfunctions

					Conductor	Fractur	re			Insulation Breach																			
	Number of Devices Enrolled	Clavicular Crush		In the Pocket		Intravascular		Total Conductor Fracture		Lead-to-Can Contact		Lead-to-Lead Contact		Clavicular Crush		Externalized Conductors		Other		Total Insulation Breach		Crimps, Welds & Bonds		c	ther		trinsic actors	,	<b>Total</b>
Models		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	112	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%	2	1.79%	2	1.79%
7120Q/7121Q	4,232	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%	34	0.80%	36	0.85%
7122Q	1,426	0	0.00%	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%	0	0.00%	0	0.00%	10	0.70%	11	0.77%
7120/7121	3,563	0	0.00%	1	0.03%	0	0.00%	1	0.03%	3	0.08%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	4	0.11%	0	0.00%	1	0.03%	22	0.62%	28	0.79%
7122	429	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%	4	0.93%	5	1.17%
7070/7071	288	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	1,473	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	1.15%
7000/7001	182	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	1.10%	1	0.55%	0	0.00%	0	0.00%	0	0.00%	3	1.65%	1	0.55%	0	0.00%	0	0.00%	4	2.20%
1580/1581	565	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.18%	3	0.53%	0	0.00%	5	0.88%	0	0.00%	9	1.59%	0	0.00%	0	0.00%	4	0.71%	13	2.30%



# PACEMAKERS

Dual-Chamber



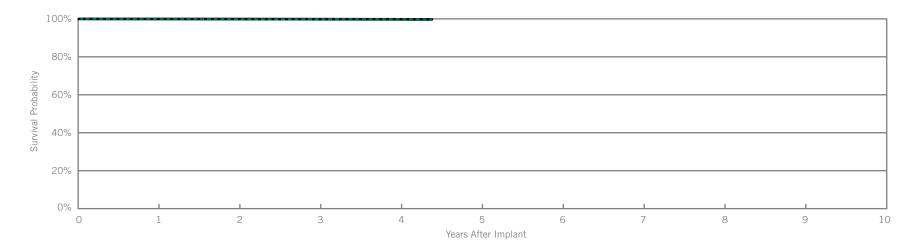
### Accent<sup>™</sup> DR RF

### Model PM2210

US Regulatory Approval	July 2009
Registered US Implants	209,858
Estimated Active US Implants	179,340
Estimated Longevity	8 Years
Normal Battery Depletion	21
Number of US Advisories (see pgs. 280-292)	One

# **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	13	<0.01%	12	<0.01%	
Electrical Interconnect	4	<0.01%	22	0.01%	
Battery	0	0 0.00%		0.00%	
Software/Firmware	0	0.00%	0	0.00%	
Mechanical	0	0.00%	8	<0.01%	
Possible Early Battery Depletion	5	5 <0.01%		<0.01%	
Other	4	4 <0.01%		<0.01%	
Total	26	0.01%	62	0.03%	



### Including Normal Battery Depletion -

Year	1	2	3	4	at 53 months			
Survival Probability	99.93%	99.88%	99.79%	99.70%	99.65%			
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.04%			
Sample Size	176,630	116,040	65,000	24,420	1,020			

Year	1	2	3	4	at 53 months			
Survival Probability	99.94%	99.90%	99.83%	99.77%	99.73%			
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.04%			

# **Actively Monitored Study Data**

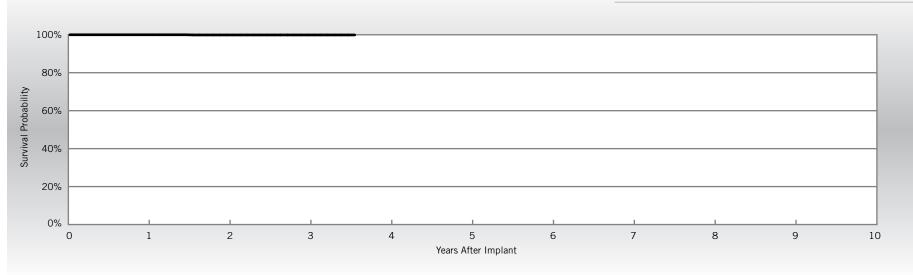
### Accent<sup>™</sup> DR RF

### Model PM2210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	1,770
Cumulative Months of Follow-up	36,745
Estimated Longevity	8 Years

Qualifying Complications	Qty.	Rate
Premature Battery Depletion	1	0.06%

	w/ Cor	unctions npromised nerapy	Malfunctions w/o Compromiso 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 43 months			
Survival Probability	100.00%	99.90%	99.90%	99.90%			
± 1 standard error	0.00%	0.10%	0.10%	0.10%			
Sample Size	1,540	1,060	500	50			

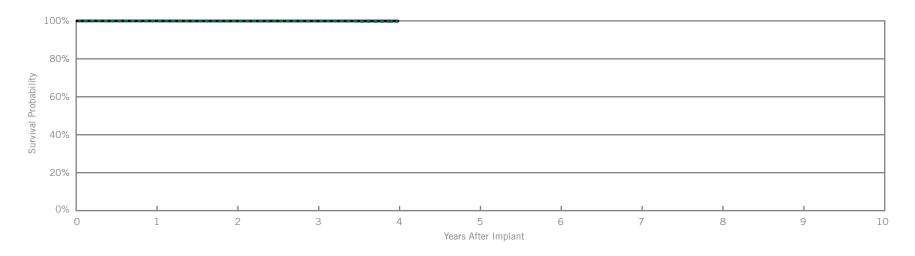
### Accent<sup>™</sup> DR

### Model PM2110

US Regulatory Approval	July 2009
Registered US Implants	42,241
Estimated Active US Implants	33,522
Estimated Longevity	9.2 Years
Normal Battery Depletion	5
Number of US Advisories (see pgs. 280-292)	One

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions empromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	3	<0.01%
Electrical Interconnect	2	<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	3	<0.01%	5	0.01%



### Including Normal Battery Depletion -

Year	1	2	3	4			
Survival Probability	99.98%	99.92%	99.91%	99.69%			
± 1 standard error	0.01%	0.02%	0.02%	0.11%			
Sample Size	34,900	21,620	10,610	260			

Year	1	2	3	4			
Survival Probability	99.98%	99.94%	99.94%	99.94%			
± 1 standard error	0.01%	0.01%	0.01%	0.01%			

# **Actively Monitored Study Data**

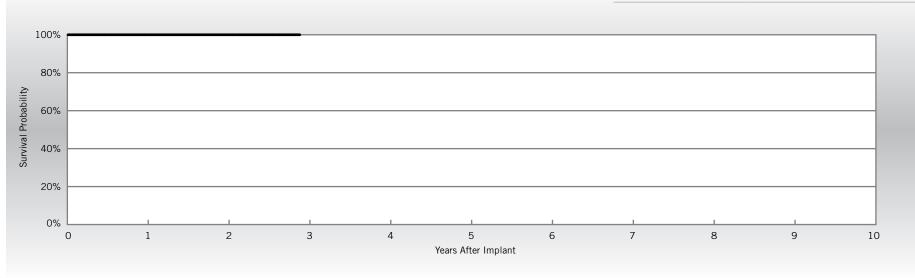
### Accent<sup>™</sup> DR

### Model PM2110

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	226
Cumulative Months of Follow-up	5,391
Estimated Longevity	9.2 Years

Qualifying Complicat	ions	
None Reported		

	w/ Com	inctions ipromised erapy	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 35 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	210	150	50				

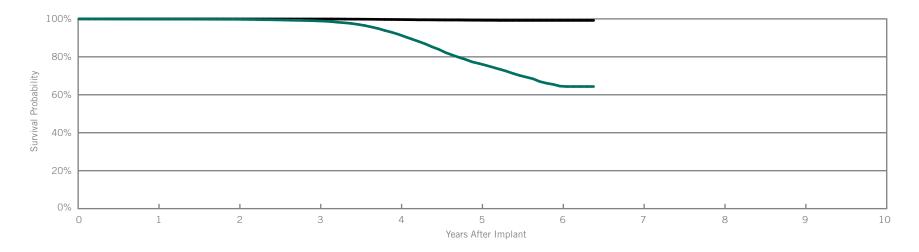
### Model 5820

Zephyr<sup>™</sup> DR

US Regulatory Approval	March 2007
Registered US Implants	48,808
Estimated Active US Implants	28,790
Estimated Longevity	6.5 Years
Normal Battery Depletion	1,393
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised 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%	1	<0.01%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	0	0.00%	8	0.02%
Total	2	<0.01%	44	0.09%



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.86%	99.78%	98.94%	91.90%	76.47%	64.55%	64.35%		
± 1 standard error	0.02%	0.02%	0.06%	0.19%	0.38%	0.64%	0.69%		
Sample Size	43,300	33,340	24,780	16,940	9,230	2,980	210		

Year	1	2	3	4	5	6	at 77 months	
Survival Probability	99.97%	99.96%	99.94%	99.64%	99.29%	99.20%	99.20%	
± 1 standard error	0.01%	0.01%	0.01%	0.04%	0.08%	0.09%	0.09%	

# **Actively Monitored Study Data**

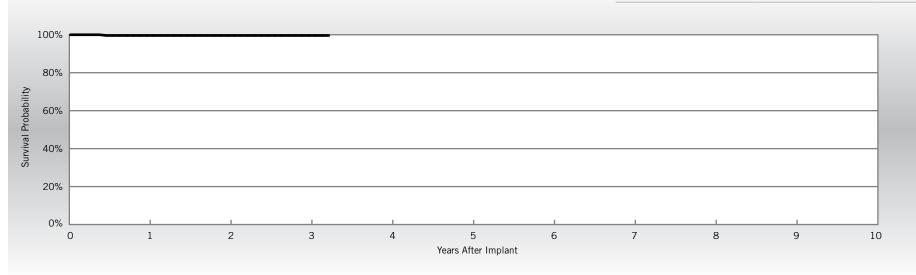
# Zephyr<sup>™</sup> DR

### Model 5820

US Regulatory Approval	March 2007
Number of Devices Enrolled in Study	282
Cumulative Months of Follow-up	7,144
Estimated Longevity	6.5 Years

Qualifying Complications	Qty.	Rate
Skin Erosion	1	0.35%

	Malfunctions w/ Compromised Therapy		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	3	at 39 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	120	60			

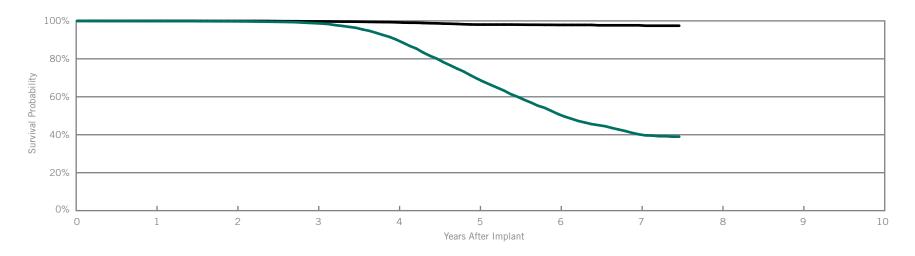
# Victory<sup>™</sup> DR

### Model 5810

US Regulatory Approval	December 2005
Registered US Implants	26,294
Estimated Active US Implants	6,489
Estimated Longevity	6.5 Years
Normal Battery Depletion	2,634
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%	5	0.02%
Total	1	<0.01%	112	0.43%



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.88%	99.76%	98.76%	90.14%	69.56%	50.94%	40.21%	38.98%	
± 1 standard error	0.02%	0.03%	0.07%	0.22%	0.38%	0.46%	0.55%	0.62%	
Sample Size	24,540	21,450	18,800	15,550	10,960	6,200	2,530	290	

Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.98%	99.93%	99.70%	99.24%	98.05%	97.86%	97.67%	97.45%	
± 1 standard error	0.01%	0.02%	0.04%	0.06%	0.12%	0.13%	0.16%	0.23%	

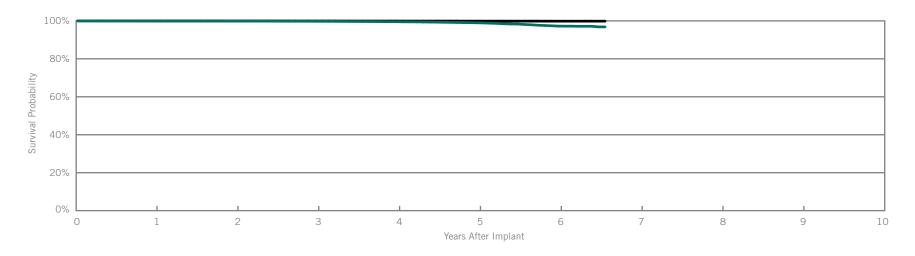
# Zephyr<sup>™</sup> XL DR

### Model 5826

US Regulatory Approval	March 2007
Registered US Implants	109,668
Estimated Active US Implants	74,527
Estimated Longevity	11.7 Years
Normal Battery Depletion	321
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	17	0.02%
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%	1	<0.01%
Other	1	<0.01%	14	0.01%
Total	5	<0.01%	37	0.03%



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.92%	99.87%	99.78%	99.55%	98.97%	97.25%	96.84%		
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.04%	0.11%	0.26%		
Sample Size	103,130	90,890	79,620	67,430	45,540	17,990	360		

Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.97%	99.95%	99.94%	99.92%	99.88%	99.85%	99.85%		
± 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

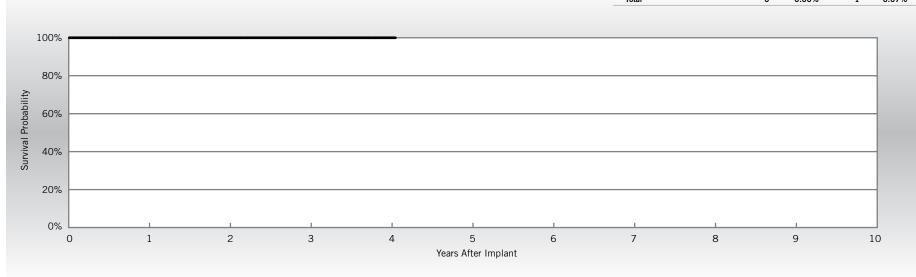
US Regulatory Approval	March 2007
Number of Devices Enrolled in Study	1,518
Cumulative Months of Follow-up	47,226
Estimated Longevity	11.7 Years

Qualifying Complications	
None Reported	

		mpromised herapy		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%

Malfunctions

Malfunctions



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	1,450	1,270	900	340	50	

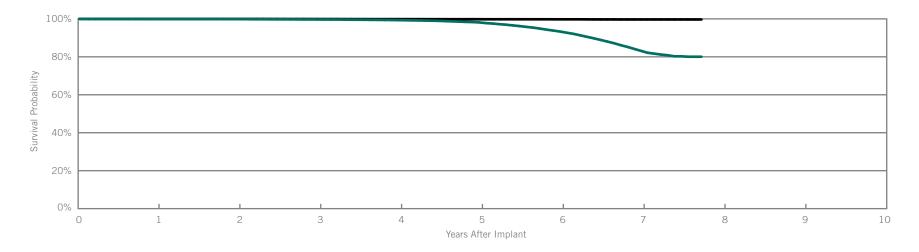
# Victory<sup>™</sup> XL DR

### Model 5816

US Regulatory Approval	December 2005
Registered US Implants	62,541
Estimated Active US Implants	28,029
Estimated Longevity	11.7 Years
Normal Battery Depletion	1,336
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	Malfunctions w/o Compromised Therapy	
	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%	10	0.02%	
Total	3	<0.01%	44	0.07%	



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.92%	99.85%	99.68%	99.33%	98.14%	93.33%	83.17%	80.05%	
± 1 standard error	0.01%	0.02%	0.02%	0.04%	0.07%	0.14%	0.29%	0.43%	
Sample Size	58,820	52,000	46,080	40,260	33,530	25,060	12,720	290	

Year		1	2	3	4	5	6	7	at 93 months	
Survival Prol	bability	99.97%	99.95%	99.91%	99.86%	99.82%	99.78%	99.69%	99.69%	
± 1 standar	d error	0.01%	0.01%	0.01%	0.02%	0.02%	0.02%	0.04%	0.04%	

# **Actively Monitored Study Data**

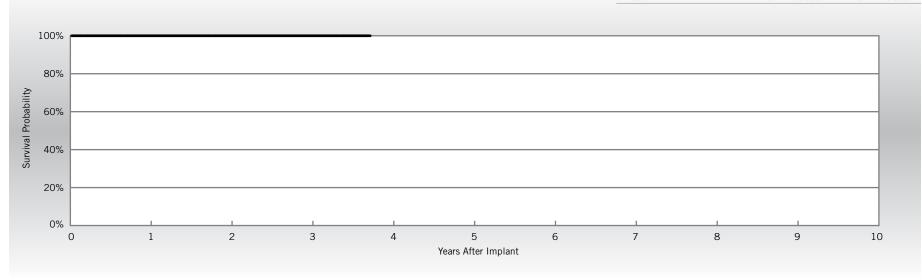
# Victory<sup>™</sup> XL DR

### Model 5816

US Regulatory Approval	December 2005
Number of Devices Enrolled in Study	332
Cumulative Months of Follow-up	10,661
Estimated Longevity	11.7 Years

-

	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	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		

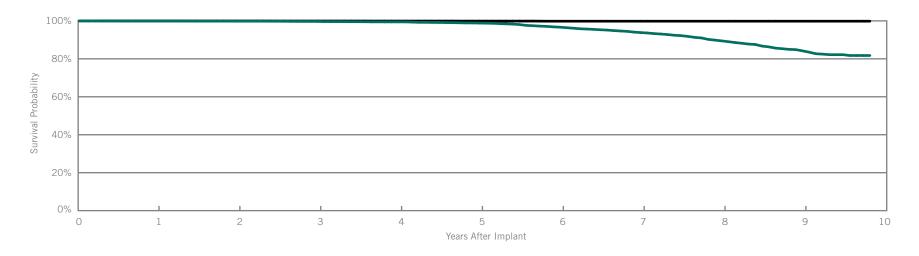
**Dual-Chamber** 

# Verity ADx<sup>™</sup> XL DR Model 5356 Verity ADx<sup>™</sup> XL DR M/S Model 5357M/S Verity ADx<sup>™</sup> XL DC Model 5256

US Regulatory Approval	May 2003
Registered US Implants	17,172
Estimated Active US Implants	6,220
Estimated Longevity	6.9 Years
Normal Battery Depletion	294
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	6	0.03%
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 118 months
Survival Probability	99.89%	99.83%	99.69%	99.46%	98.84%	96.67%	93.83%	89.46%	84.21%	81.75%
± 1 standard error	0.03%	0.03%	0.05%	0.07%	0.10%	0.19%	0.28%	0.42%	0.62%	0.84%
Sample Size	16,020	14,030	12,330	10,640	9,090	7,470	5,560	3,560	1,790	220

Year	1	2	3	4	5	6	7	8	9	at 118 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%

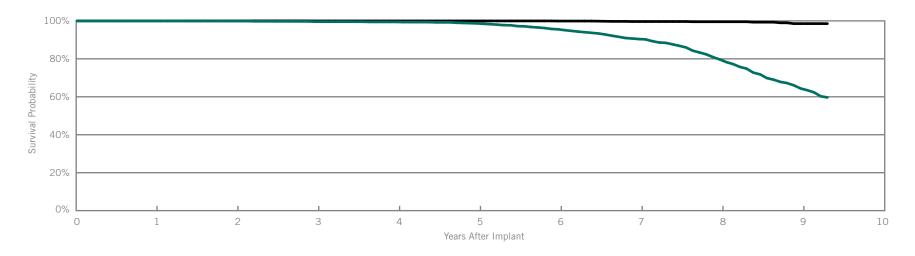
# Integrity<sup>™</sup> ADx DR

### Model 5366

US Regulatory Approval	May 2003
Registered US Implants	8,058
Estimated Active US Implants	2,861
Estimated Longevity	6.9 Years
Normal Battery Depletion	311
Number of US Advisories	None

# **Customer Reported Performance Data**

	w/ Coi	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	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%	2	0.02%
Total	0	0.00%	10	0.12%



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	100.00%	99.94%	99.58%	99.45%	98.67%	95.56%	90.42%	79.69%	64.40%	59.64%
± 1 standard error	0.00%	0.03%	0.07%	0.10%	0.15%	0.30%	0.47%	0.77%	1.23%	1.55%
Sample Size	7,630	6,820	6,080	5,420	4,820	4,200	3,220	1,910	810	220

Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	100.00%	100.00%	99.97%	99.97%	99.97%	99.91%	99.65%	99.54%	98.55%	98.55%
± 1 standard error	0.00%	0.00%	0.02%	0.02%	0.02%	0.02%	0.10%	0.13%	0.43%	0.43%

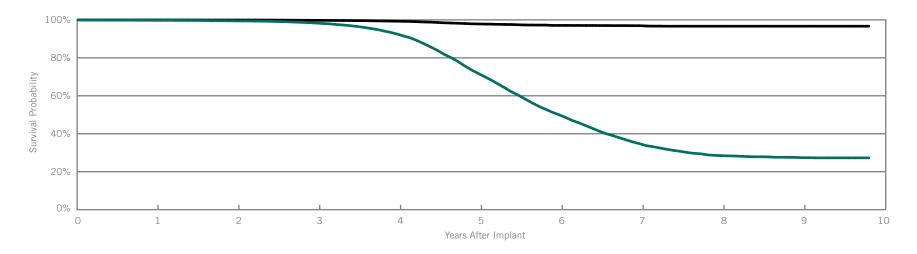
# Identity ADx<sup>™</sup> DR

### Model 5380

US Regulatory Approval	March 2003
Registered US Implants	54,026
Estimated Active US Implants	5,664
Estimated Longevity	3.8 Years
Normal Battery Depletion	6,142
Number of US Advisories (see pgs. 280-292)	One

# **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	w/o Co	unctions mpromised nerapy	
	Qty	Rate	Qty	Rate	
Electrical Component	4	<0.01%	262	0.48%	
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%	6	0.01%	
Possible Early Battery Depletion	0	0.00%	11	0.02%	
Other	0	0.00%	5	<0.01%	
Total	5	<0.01%	284	0.53%	



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 118 months				
Survival Probability	99.77%	99.47%	98.31%	92.52%	71.81%	49.99%	34.71%	28.46%	27.37%	27.29%				
± 1 standard error	0.02%	0.03%	0.06%	0.13%	0.26%	0.33%	0.35%	0.36%	0.38%	0.39%				
Sample Size	50,560	44,560	39,300	32,830	23,420	13,400	6,750	3,230	1,380	220				

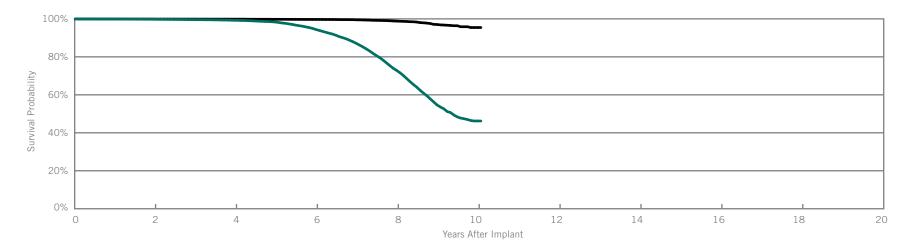
Year	1	2	3	4	5	6	7	8	9	at 118 months
Survival Probability	99.96%	99.93%	99.75%	99.29%	97.87%	97.09%	96.94%	96.66%	96.66%	96.66%
± 1 standard error	0.01%	0.01%	0.02%	0.04%	0.09%	0.12%	0.13%	0.15%	0.15%	0.15%

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

US Regulatory Approval	March 2003
Registered US Implants	67,230
Estimated Active US Implants	22,352
Estimated Longevity	6.9 Years
Normal Battery Depletion	3,200
Number of US Advisories (see pgs. 280-292)	One

### **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	2	<0.01%	123	0.18%	
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%	24	0.04%	
Total	2	<0.01%	162	0.24%	



### Including Normal Battery Depletion -

Year	2	4	6	8	10	at 121 months		
Survival Probability	99.78%	99.24%	94.44%	72.85%	46.22%	46.22%		
± 1 standard error	0.02%	0.04%	0.12%	0.30%	0.70%	0.70%		
Sample Size	56,580	43,760	30,790	15,230	1,470	230		

Year	2	4	6	8	10	at 121 months		
Survival Probability	99.90%	99.85%	99.70%	98.82%	95.44%	95.44%		
± 1 standard error	0.01%	0.02%	0.03%	0.07%	0.47%	0.47%		

# **Actively Monitored Study Data**

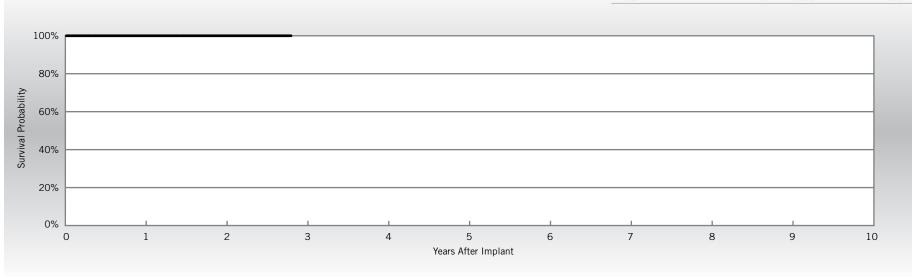
# Identity ADx<sup>™</sup> XL DR

### 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

<b>Qualifying Complications</b>	
None Reported	

	w/ Cor	unctions npromised herapy	w/o Co	Malfunctions Compromised Therapy	
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	2	1.96%	
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%	2	1.96%	



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				

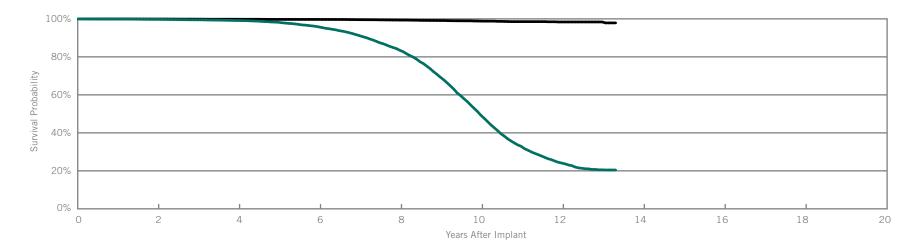
# Integrity<sup>™</sup> AFx DR

### Models 5342 & 5346

US Regulatory Approval	(5342) April 2000				
	(5346) July 2001				
Registered US Implants	47,434				
Estimated Active US Implants	3,028				
Estimated Longevity	6.3 Years				
Normal Battery Depletion	4,602				
Number of US Advisories	None				

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		iunctions mpromised 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%	3	<0.01%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	2	<0.01%
Total	6	0.01%	100	0.21%



### Including Normal Battery Depletion -

Year	2	4	6	8	10	12	at 160 months		
Survival Probability	99.73%	99.14%	95.76%	83.46%	49.32%	24.09%	20.45%		
± 1 standard error	0.02%	0.05%	0.11%	0.24%	0.40%	0.40%	0.43%		
Sample Size	40,530	33,470	26,190	17,480	8,220	2,680	210		

Year	2	4	6	8	10	12	at 160 months		
Survival Probability	99.92%	99.81%	99.71%	99.36%	98.82%	98.38%	97.88%		
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.09%	0.15%	0.38%		

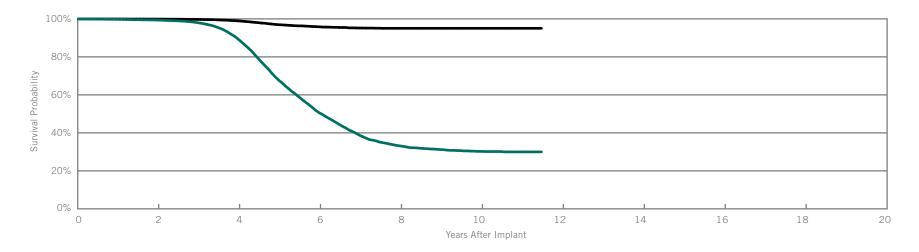
## Identity™

### Model 5370

US Regulatory Approval	November 2001
Registered US Implants	58,360
Estimated Active US Implants	2,814
Estimated Longevity	3.8 Years
Normal Battery Depletion	6,060
Number of US Advisories (see pgs. 280-292)	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 138 months		
Survival Probability	99.38%	89.46%	50.67%	33.16%	30.24%	29.98%		
± 1 standard error	0.03%	0.15%	0.32%	0.38%	0.40%	0.40%		
Sample Size	48,140	35,170	12,580	3,670	1,650	260		

Year	2	4	6	8	10	at 138 months		
Survival Probability	99.88%	98.94%	95.84%	95.03%	95.03%	95.03%		
± 1 standard error	0.01%	0.05%	0.14%	0.18%	0.18%	0.18%		

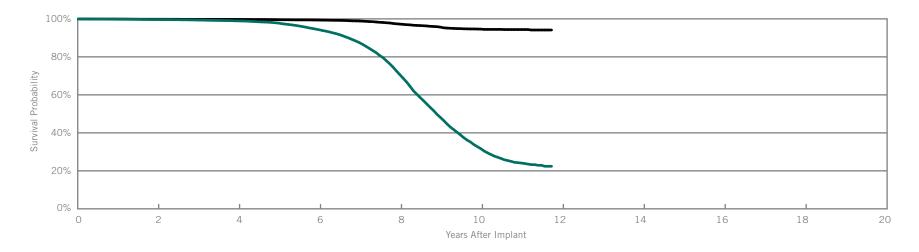
# Identity™XL

### Model 5376

US Regulatory Approval	November 2001
Registered US Implants	51,456
Estimated Active US Implants	7,855
Estimated Longevity	6.9 Years
Normal Battery Depletion	5,259
Number of US Advisories (see pgs. 280-292)	One

# **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	308	0.60%
Electrical Interconnect	4	<0.01%	2	<0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	1	<0.01%
Mechanical	2	<0.01%	5	<0.01%
Possible Early Battery Depletion	0	0.00%	5	<0.01%
Other	0	0.00%	23	0.04%
Total	8	0.02%	344	0.67%



### Including Normal Battery Depletion -

Year	2	4	6	8	10	at 141 months		
Survival Probability	99.64%	98.95%	94.30%	70.64%	31.69%	22.40%		
± 1 standard error	0.03%	0.05%	0.13%	0.29%	0.37%	0.44%		
Sample Size	44,130	35,760	27,310	17,060	5,700	220		

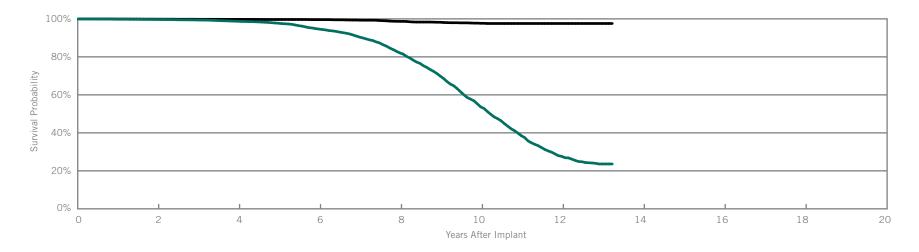
Year	2	4	6	8	10	at 141 months		
Survival Probability	99.81%	99.71%	99.37%	97.26%	94.60%	94.14%		
± 1 standard error	0.02%	0.03%	0.04%	0.11%	0.21%	0.28%		

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

US Regulatory Approval	June 1999
Registered US Implants	21,824
Estimated Active US Implants	996
Estimated Longevity	6.3 Years
Normal Battery Depletion	1,540
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%	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 159 months		
Survival Probability	99.66%	98.73%	94.64%	82.09%	53.65%	27.61%	23.62%		
± 1 standard error	0.04%	0.09%	0.20%	0.41%	0.67%	0.74%	0.76%		
Sample Size	17,830	14,050	10,260	6,280	2,930	990	230		

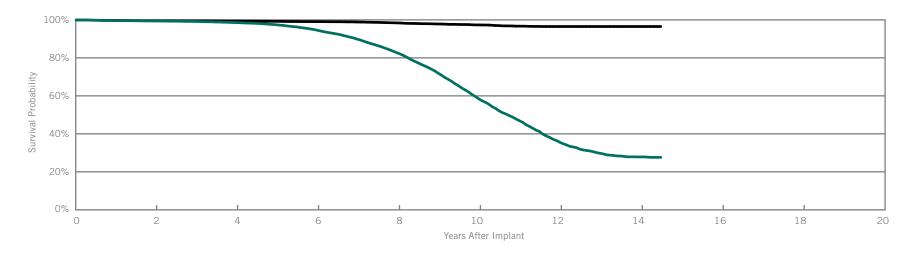
Year	2	4	6	8	10	12	at 159 months		
Survival Probability	99.85%	99.74%	99.60%	98.68%	97.67%	97.57%	97.57%		
± 1 standard error	0.03%	0.04%	0.05%	0.13%	0.20%	0.22%	0.22%		

# **Customer Reported Performance Data**

Affinity™	DR	Models 5330 & 5331
Affinity™	DC	Model 5230

(5330) January 1999
(5230/5331) June 1999
65,698
2,975
6.3 Years
4,536

	w/ Co	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	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 174 months	
Survival Probability	99.42%	98.57%	94.59%	82.53%	58.42%	35.61%	27.85%	27.63%	
± 1 standard error	0.03%	0.05%	0.11%	0.22%	0.36%	0.44%	0.46%	0.47%	
Sample Size	55,280	44,820	33,790	21,060	9,740	3,790	1,240	250	

Year	2	4	6	8	10	12	14	at 174 months	
Survival Probability	99.56%	99.36%	99.08%	98.39%	97.36%	96.50%	96.50%	96.50%	
± 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%	99.88%	99.79%	99.70%						
PM2110	Accent™ DR	99.98%	99.92%	99.91%	99.69%						
5820	Zephyr™ DR	99.86%	99.78%	98.94%	91.90%	76.47%	64.55%				
5810	Victory <sup>™</sup> DR	99.88%	99.76%	98.76%	90.14%	69.56%	50.94%	40.21%			
5826	Zephyr™ XL DR	99.92%	99.87%	99.78%	99.55%	98.97%	97.25%				
5816	Victory™ XL DR	99.92%	99.85%	99.68%	99.33%	98.14%	93.33%	83.17%			
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	99.89%	99.83%	99.69%	99.46%	98.84%	96.67%	93.83%	89.46%	84.21%	
5366	Integrity™ ADx XL DR	100.00%	99.94%	99.58%	99.45%	98.67%	95.56%	90.42%	79.69%	64.40%	
5380	Identity ADx™ DR	99.77%	99.47%	98.31%	92.52%	71.81%	49.99%	34.71%	28.46%	27.37%	
5386/5286	Identity ADx™ XL DR/DC	99.88%	99.78%	99.58%	99.24%	98.34%	94.44%	87.13%	72.85%	54.65%	46.22%
5342/5346	Integrity™ AFx DR	99.87%	99.73%	99.49%	99.14%	98.20%	95.76%	91.20%	83.46%	69.32%	49.32%
5370	Identity™	99.76%	99.38%	98.00%	89.46%	67.89%	50.67%	38.78%	33.16%	31.21%	30.24%
5376	Identity™ XL	99.79%	99.64%	99.39%	98.95%	97.78%	94.30%	87.50%	70.64%	48.18%	31.69%
5326/5226	Entity™ DR/DC	99.79%	99.66%	99.40%	98.73%	97.70%	94.64%	90.43%	82.09%	69.88%	53.65%
5330/5331/5230	Affinity™ DR/DC	99.64%	99.42%	99.15%	98.57%	97.42%	94.59%	89.84%	82.53%	71.90%	58.42%

# 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	99.94%	99.90%	99.83%	99.77%						
PM2110	Accent™ DR	99.98%	99.94%	99.94%	99.94%						
5820	Zephyr™ DR	99.97%	99.96%	99.94%	99.64%	99.29%	99.20%				
5810	Victory™ DR	99.98%	99.93%	99.70%	99.24%	98.05%	97.86%	97.67%			
5826	Zephyr™ XL DR	99.97%	99.95%	99.94%	99.92%	99.88%	99.85%				
5816	Victory™ XL DR	99.97%	99.95%	99.91%	99.86%	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%	
5366	Integrity™ ADx XL DR	100.00%	100.00%	99.97%	99.97%	99.97%	99.91%	99.65%	99.54%	98.55%	
5380	Identity ADx™ DR	99.96%	99.93%	99.75%	99.29%	97.87%	97.09%	96.94%	96.66%	96.66%	
5386/5286	Identity ADx™ XL DR/DC	99.92%	99.90%	99.88%	99.85%	99.78%	99.70%	99.51%	98.82%	97.03%	95.44%
5342/5346	Integrity™ AFx DR	99.96%	99.92%	99.86%	99.81%	99.73%	99.71%	99.57%	99.36%	99.13%	98.82%
5370	Identity™	99.93%	99.88%	99.71%	98.94%	96.94%	95.84%	95.18%	95.03%	95.03%	95.03%
5376	Identity™ XL	99.90%	99.81%	99.76%	99.71%	99.56%	99.37%	98.89%	97.26%	95.66%	94.60%
5326/5226	Entity™ DR/DC	99.91%	99.85%	99.79%	99.74%	99.67%	99.60%	99.32%	98.68%	98.22%	97.67%
5330/5331/5230	Affinity™ DR/DC	99.69%	99.56%	99.46%	99.36%	99.23%	99.08%	98.87%	98.39%	97.84%	97.36%

# Malfunction Summary

								M	lalfuncti	ons w/ Co	mpromis	ed Therapy	1					
		Desistand		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Med	hanical	В	ible Early attery pletion	0	ther	1	<b>Total</b>
Models	Family	Registered US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	209,858	13	<0.01%	4	<0.01%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	26	0.01%
PM2110	Accent™ DR	42,241	1	<0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	<0.01%
5820	Zephyr™ DR	48,808	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 <sup>™</sup> DR	26,294	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	109,668	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	62,541	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	17,172	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5366	Integrity™ ADx XL DR	8,058	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	54,026	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	67,230	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	47,434	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™	58,360	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	51,456	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	21,824	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	65,698	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

								Ма	alfunctio	ons w/o Co	mpromi	sed Therap	y					
		Posistavad		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Med	chanical	В	ible Early attery pletion	C	ther	1	<b>Total</b>
Models	Family	Registered US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	209,858	12	<0.01%	22	0.01%	0	0.00%	0	0.00%	8	<0.01%	8	<0.01%	12	<0.01%	62	0.03%
PM2110	Accent™ DR	42,241	3	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	0	0.00%	5	0.01%
5820	Zephyr™ DR	48,808	33	0.07%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	1	<0.01%	8	0.02%	44	0.09%
5810	Victory™ DR	26,294	89	0.34%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	17	0.06%	5	0.02%	112	0.43%
5826	Zephyr™ XL DR	109,668	17	0.02%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	1	<0.01%	14	0.01%	37	0.03%
5816	Victory™ XL DR	62,541	25	0.04%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	10	0.02%	44	0.07%
5356/5357/5256	Verity ADx™ XL DR/ DR(M/S) / DC	17,172	6	0.03%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	8	0.05%
5366	Integrity™ ADx XL DR	8,058	7	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	2	0.02%	10	0.12%
5380	Identity ADx™ DR	54,026	262	0.48%	0	0.00%	0	0.00%	0	0.00%	6	0.01%	11	0.02%	5	<0.01%	284	0.53%
5386/5286	Identity ADx™ XL DR/DC	67,230	123	0.18%	2	<0.01%	0	0.00%	0	0.00%	7	0.01%	6	<0.01%	24	0.04%	162	0.24%
5342/5346	Integrity™ AFx DR	47,434	92	0.19%	1	<0.01%	2	<0.01%	0	0.00%	3	<0.01%	0	0.00%	2	<0.01%	100	0.21%
5370	Identity™	58,360	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	51,456	308	0.60%	2	<0.01%	0	0.00%	1	<0.01%	5	<0.01%	5	<0.01%	23	0.04%	344	0.67%
5326/5226	Entity™ DR/DC	21,824	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	65,698	283	0.43%	13	0.02%	6	<0.01%	2	<0.01%	5	<0.01%	1	<0.01%	3	<0.01%	313	0.48%

# Worldwide Malfunction Summary (Accent<sup>™</sup>)

								Worldw	ide Malf	unctions \	w/ Comp	romised Th	erapy					
		Worldwide		trical conent		ctrical connect	Bat	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	Ot	ther	T	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	214,924	13	<0.01%	4	<0.01%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	26	0.01%
PM2110	Accent™ DR	43,092	1	<0.01%	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	<0.01%

								Worldwi	de Malfu	unctions v	v/o Comp	promised TI	nerapy					
		Worldwide		trical conent		ctrical connect	Ba	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	0	ther	Т	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	Accent™ DR RF	214,924	12	<0.01%	23	0.01%	0	0.00%	0	0.00%	8	<0.01%	8	<0.01%	12	<0.01%	63	0.03%
PM2110	Accent™ DR	43,092	3	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	0	0.00%	5	0.01%

**Dual-Chamber** 

### **Pacemakers**

# Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Loss Te	elemetry		ardial Ision	Bat	nature Itery Ietion	Skin I	Erosion	To	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	1,770	36,745	0	0.00%	0	0.00%	1	0.06%	0	0.00%	1	0.06%
PM2110	226	5,391	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5820	282	7,144	0	0.00%	0	0.00%	0	0.00%	1	0.35%	1	0.35%
5826	1,518	47,226	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5816	332	10,661	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5386	102	3,251	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	Mech	nanical	Ва	le 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
PM2210	1,770	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	282	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	1,518	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	332	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%

							Malfu	ınctions	w/o Comp	romised	Therapy						
	Number of Devices		trical ponent		ctrical connect	Ва	ttery		tware/ nware	Mech	nanical	Ва	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
PM2210	1,770	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	282	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	1,518	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	332	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	2	1.96%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	1.96%



# PACEMAKERS

Single-Chamber

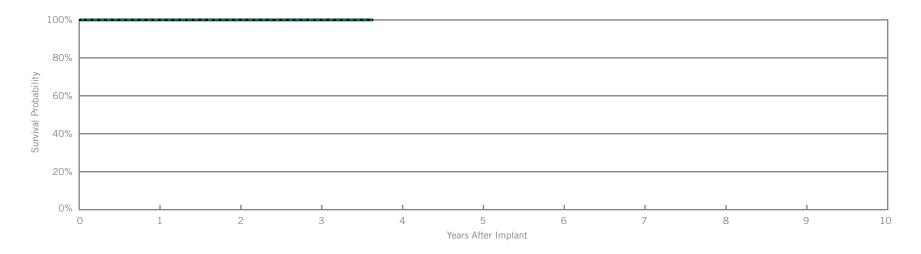


# **Customer Reported Performance Data**

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

US Regulatory Approval	July 2009
Registered US Implants	11,426
Estimated Active US Implants	9,106
Estimated Longevity	12.9 Years
Normal Battery Depletion	2
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%
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 44 months	
Survival Probability	99.98%	99.93%	99.93%	99.93%	
± 1 standard error	0.02%	0.04%	0.04%	0.04%	
Sample Size	9,230	5,360	2,390	280	

Year	1	2	3	at 44 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			

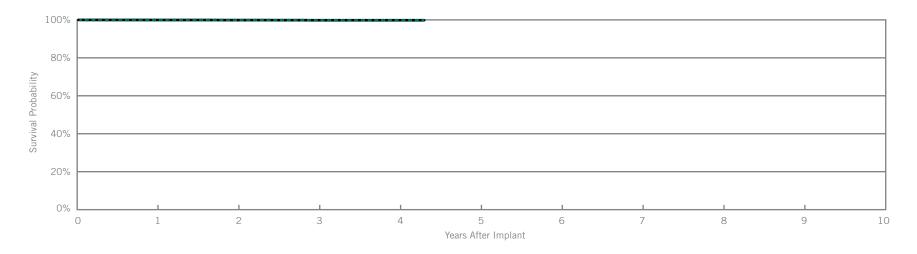
### Accent<sup>™</sup> SR RF

### Model PM1210

US Regulatory Approval	July 2009
Registered US Implants	34,061
Estimated Active US Implants	26,406
Estimated Longevity	10.9 Years
Normal Battery Depletion	5
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%	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	0.03%



### Including Normal Battery Depletion -

Year	1	2	3	4	at 52 months			
Survival Probability	99.90%	99.82%	99.77%	99.77%	99.77%			
± 1 standard error	0.02%	0.03%	0.04%	0.04%	0.04%			
Sample Size	27,700	16,870	9,080	3,400	320			

Year		1	2	3	4	at 52 months			
Survival Proba	bility	99.93%	99.87%	99.81%	99.81%	99.81%			
± 1 standard	error	0.01%	0.03%	0.04%	0.04%	0.04%			

# **Actively Monitored Study Data**

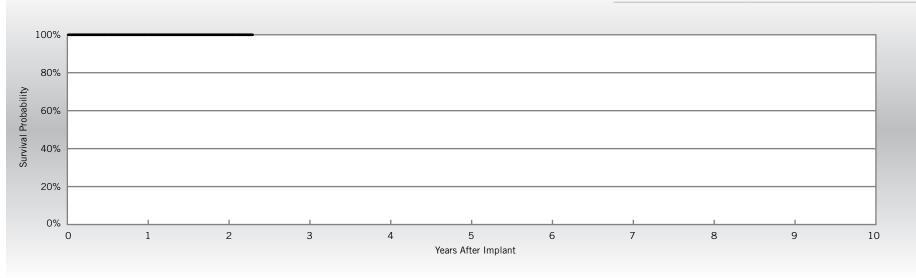
### Accent<sup>™</sup> SR RF

### Model PM1210

US Regulatory Approval	July 2009
Number of Devices Enrolled in Study	235
Cumulative Months of Follow-up	4,222
Estimated Longevity	10.9 Years

Qualifying Complicat	ions	
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%	
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 28 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	200	120	60				

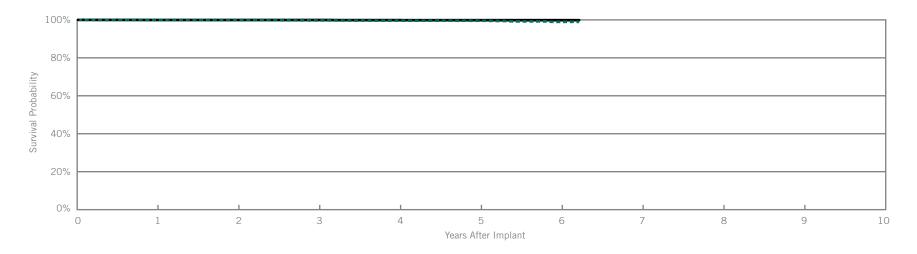
## **Customer Reported Performance Data**

# Zephyr<sup>™</sup> XL SR

Model 5626

US Regulatory Approval	May 2007
Registered US Implants	20,169
Estimated Active US Implants	11,448
Estimated Longevity	15.8 Years
Normal Battery Depletion	22
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%	4	0.02%
Total	2	<0.01%	8	0.04%



### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.92%	99.82%	99.71%	99.61%	99.55%	98.97%	98.97%		
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.06%	0.21%	0.21%		
Sample Size	18,260	14,970	12,410	9,820	6,110	2,190	310		

Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.94%	99.93%	99.93%	99.87%	99.84%	99.84%	99.84%		
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.04%	0.04%	0.04%		

# **Actively Monitored Study Data**

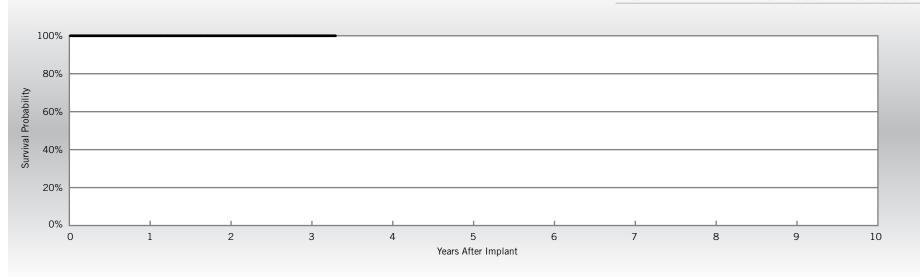
# Zephyr<sup>™</sup> XL SR

### Model 5626

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	230
Cumulative Months of Follow-up	6,492
Estimated Longevity	15.8 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%	



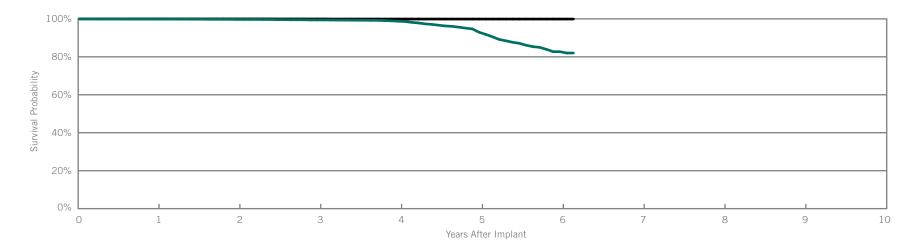
Year	1	2	3	at 40 months		
Survival Probability	100.00%	100.00%	100.00%	100.00%		
± 1 standard error	0.00%	0.00%	0.00%	0.00%		
Sample Size	220	180	120	60		

# **Customer Reported Performance Data**

### Zephyr<sup>™</sup> SR Model **5620**

US Regulatory Approval	March 2007
egistered US Implants	15,498
Estimated Active US Implants	9,178
Estimated Longevity	8.8 Years
Normal Battery Depletion	126
Number of US Advisories	None

	Malfunctions w/ Compromised Therapy		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	6	at 74 months		
Survival Probability	99.87%	99.73%	99.44%	98.75%	92.95%	82.71%	82.01%		
± 1 standard error	0.03%	0.05%	0.08%	0.13%	0.42%	1.18%	1.27%		
Sample Size	13,300	9,520	6,710	4,500	2,530	890	220		

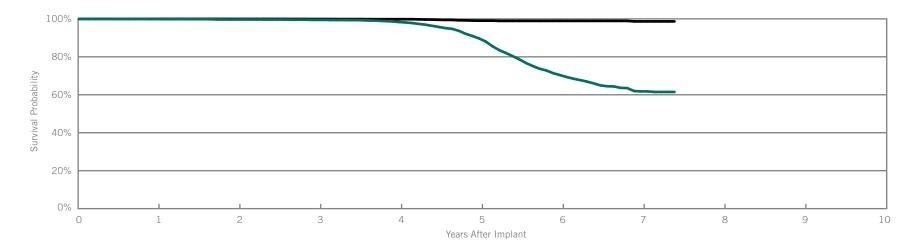
Year	1	2	3	4	5	6	at 74 months		
Survival Probability	100.00%	99.98%	99.95%	99.91%	99.91%	99.91%	99.91%		
± 1 standard error	0.00%	0.01%	0.02%	0.04%	0.04%	0.04%	0.04%		

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

US Regulatory Approval	December 2005
Registered US Implants	13,664
Estimated Active US Implants	4,067
Estimated Longevity	8.8 Years
Normal Battery Depletion	636
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	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%	1	<0.01%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	1	<0.01%	1	<0.01%
Total	1	<0.01%	26	0.19%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	at 89 months	
Survival Probability	99.92%	99.66%	99.46%	98.37%	89.69%	70.38%	61.78%	61.49%	
± 1 standard error	0.02%	0.06%	0.07%	0.13%	0.38%	0.66%	0.85%	0.88%	
Sample Size	12,310	10,080	8,440	6,980	5,380	3,460	1,510	220	

Year	1	2	3	4	5	6	7	at 89 months	
Survival Probability	99.98%	99.96%	99.91%	99.83%	99.05%	98.93%	98.67%	98.67%	
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.13%	0.14%	0.23%	0.23%	

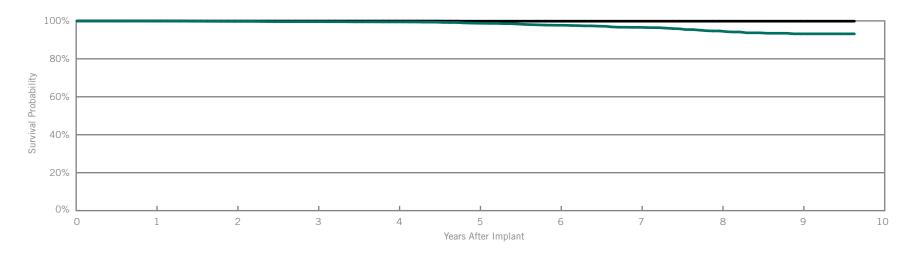
Single-Chamber

### Verity ADx<sup>™</sup> XL SR Model 5156 Verity ADx<sup>™</sup> XL SR M/S Model 5157M/S Verity ADx<sup>™</sup> XL SC Model 5056

US Regulatory Approval	May 2003
Registered US Implants	14,389
Estimated Active US Implants	4,724
Estimated Longevity	10.2 Years
Normal Battery Depletion	91
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%	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%	2	0.01%
Total	1	<0.01%	6	0.04%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.87%	99.73%	99.60%	99.45%	98.75%	97.69%	96.59%	94.68%	93.17%	93.17%
± 1 standard error	0.03%	0.05%	0.06%	0.07%	0.13%	0.20%	0.27%	0.41%	0.56%	0.56%
Sample Size	13,020	10,730	9,010	7,450	6,000	4,620	3,170	1,860	920	210

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.96%	99.91%	99.91%	99.91%	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%
± 1 standard error	0.02%	0.03%	0.03%	0.03%	0.04%	0.04%	0.04%	0.04%	0.04%	0.04%

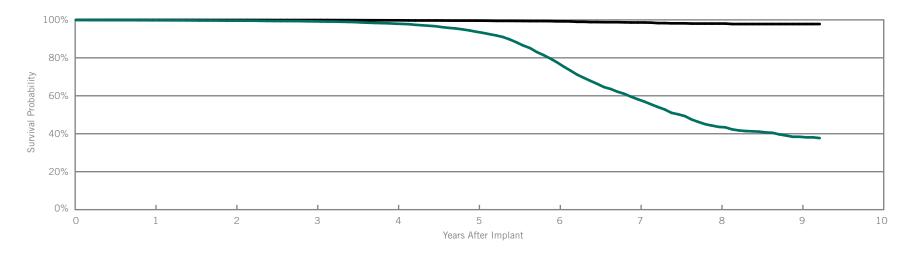
### **Customer Reported Performance Data**

### Identity<sup>™</sup> ADx SR

Model 5180

US Regulatory Approval	May 2003
Registered US Implants	20,849
Estimated Active US Implants	3,603
Estimated Longevity	5.7 Years
Normal Battery Depletion	1,223
Number of LIS Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised 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%	1	<0.01%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	8	0.04%
Other	0	0.00%	2	<0.01%
Total	0	0.00%	47	0.23%



#### Including Normal Battery Depletion -

	,									
Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.79%	99.59%	99.22%	97.99%	93.76%	77.65%	58.16%	43.61%	38.40%	37.71%
± 1 standard error	0.03%	0.05%	0.07%	0.12%	0.24%	0.48%	0.65%	0.77%	0.93%	0.95%
Sample Size	18,780	15,370	12,820	10,490	8,240	5,840	3,460	1,650	600	220

Year	1	2	3	4	5	6	7	8	9	at 111 months
Survival Probability	99.96%	99.94%	99.91%	99.78%	99.61%	99.22%	98.63%	98.05%	97.81%	97.81%
± 1 standard error	0.02%	0.02%	0.02%	0.04%	0.06%	0.09%	0.17%	0.24%	0.30%	0.30%

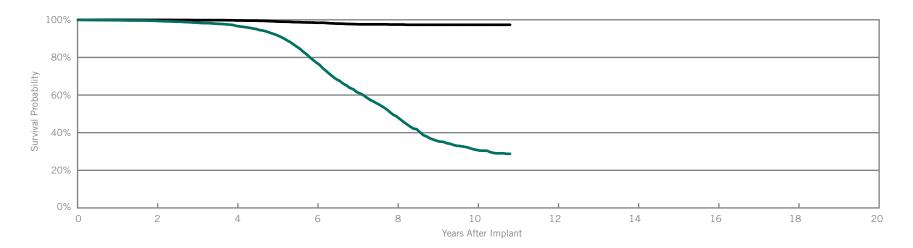
### Identity<sup>™</sup> SR

#### Model 5172

US Regulatory Approval	November 2001
Registered US Implants	21,879
Estimated Active US Implants	1,564
Estimated Longevity	7.8 Years
Normal Battery Depletion	1,467
Number of US Advisories (see pgs. 280-292)	One

#### **Customer Reported Performance Data**

	w/ Co	Malfunctions w/ Compromised Therapy		unctions mpromised 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%	3	0.01%
Total	1	<0.01%	75	0.34%



#### Including Normal Battery Depletion -

	,							
Year	2	4	6	8	10	at 130 months		
Survival Probability	99.45%	96.76%	77.24%	48.64%	30.83%	28.77%		
± 1 standard error	0.05%	0.14%	0.45%	0.69%	0.83%	0.89%		
Sample Size	16,210	11,360	6,500	2,310	610	210		

Year	2	4	6	8	10	at 130 months		
Survival Probability	99.92%	99.64%	98.44%	97.48%	97.35%	97.35%		
± 1 standard error	0.02%	0.04%	0.13%	0.22%	0.24%	0.24%		

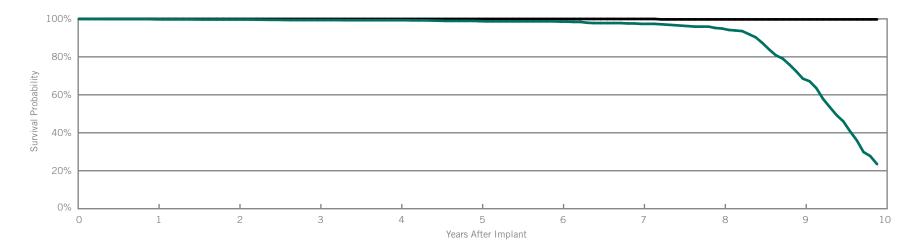
### **Customer Reported Performance Data**

### Microny™

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

US Regulatory Approval	April 2001
Registered US Implants	7,336
Estimated Active US Implants	1,417
Estimated Longevity	7.5 Years
Normal Battery Depletion	304
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		unctions mpromised nerapy
	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%
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%	2	0.03%



#### Including Normal Battery Depletion -

Year	1	2	3	4	5	6	7	8	9	at 119 months
Survival Probability	99.77%	99.65%	99.37%	99.30%	98.82%	98.55%	97.37%	94.92%	68.53%	23.50%
± 1 standard error	0.05%	0.08%	0.12%	0.13%	0.18%	0.21%	0.38%	0.65%	1.79%	1.80%
Sample Size	6,230	4,570	3,570	2,760	2,070	1,510	1,090	780	520	200

Year	1	2	3	4	5	6	7	8	9	at 119 months
Survival Probabili	ty 99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.73%	99.73%	99.73%
± 1 standard erro	r 0.00%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.17%	0.17%	0.17%

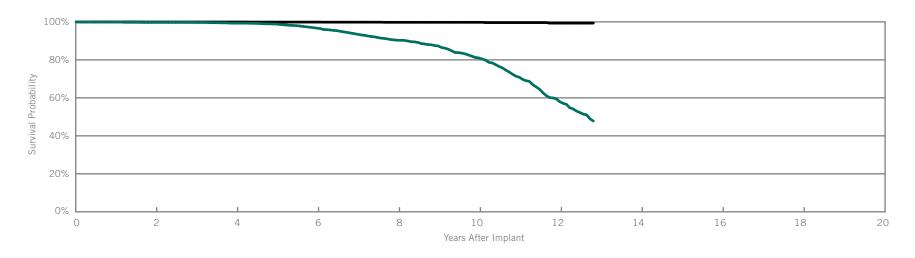
### Integrity<sup>™</sup> SR

#### Model 5142

US Regulatory Approval	April 2000
Registered US Implants	10,486
Estimated Active US Implants	1,044
Estimated Longevity	8.6 Years
Normal Battery Depletion	381
Number of US Advisories	None

### **Customer Reported Performance Data**

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromised Therapy		
	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 154 months		
Survival Probability	99.71%	99.31%	96.69%	90.31%	81.00%	57.98%	47.79%		
± 1 standard error	0.06%	0.10%	0.25%	0.48%	0.75%	1.22%	1.52%		
Sample Size	8,050	5,860	4,180	2,840	1,730	780	220		

Year	2	4	6	8	10	12	at 154 months		
Survival Probability	99.93%	99.93%	99.89%	99.77%	99.77%	99.34%	99.34%		
± 1 standard error	0.03%	0.03%	0.04%	0.07%	0.07%	0.24%	0.24%		

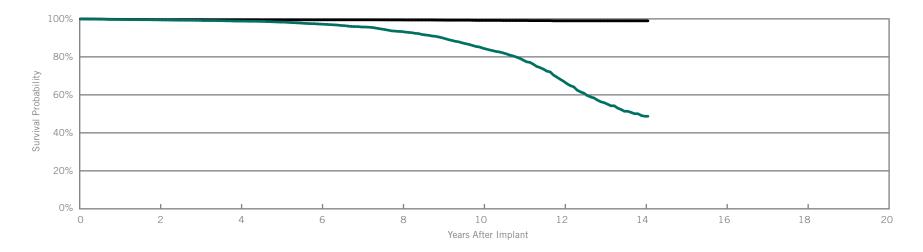
#### **Customer Reported Performance Data**

### Affinity<sup>™</sup> SR

Models 5130 & 5131

US Regulatory Approval	(5130) January 1999
	(5131) June 1999
Registered US Implants	28,791
Estimated Active US Implants	1,974
Estimated Longevity	8.6 Years
Normal Battery Depletion	788
Number of US Advisories (see pgs. 280-292)	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	14	at 169 months	
Survival Probability	99.47%	98.83%	97.23%	93.33%	84.59%	67.10%	48.73%	48.73%	
± 1 standard error	0.05%	0.08%	0.14%	0.25%	0.44%	0.73%	1.13%	1.16%	
Sample Size	21,450	15,250	10,650	7,110	4,400	2,250	550	210	

Year	2	4	6	8	10	12	14	at 169 months	
Survival Probability	99.64%	99.54%	99.49%	99.44%	99.19%	98.96%	98.96%	98.96%	
± 1 standard error	0.04%	0.05%	0.05%	0.06%	0.09%	0.13%	0.13%	0.13%	

## **SUMMARY INFORMATION**

Single-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
PM1110	Accent™ SR	99.98%	99.93%	99.93%							
PM1210	Accent™ SR RF	99.90%	99.82%	99.77%	99.77%						
5626	Zephyr™ XL SR	99.92%	99.82%	99.71%	99.61%	99.55%	98.97%				
5620	Zephyr™ SR	99.87%	99.73%	99.44%	98.75%	92.95%	82.71%				
5610	Victory <sup>™</sup> SR	99.92%	99.66%	99.46%	98.37%	89.69%	70.38%	61.78%			
5156/5157/5056	Verity ADx™ XL SR/SR(M/S) / SC	99.87%	99.73%	99.60%	99.45%	98.75%	97.69%	96.59%	94.68%	93.17%	
5180	Identity™ ADx SR	99.79%	99.59%	99.22%	97.99%	93.76%	77.65%	58.16%	43.61%	38.40%	
5172	Identity™ SR	99.76%	99.45%	98.48%	96.76%	91.97%	77.24%	61.70%	48.64%	35.70%	30.83%
2425T/2525T/2535T	Microny™	99.77%	99.65%	99.37%	99.30%	98.82%	98.55%	97.37%	94.92%	68.53%	
5142	Integrity™ SR	99.86%	99.71%	99.68%	99.31%	98.86%	96.69%	93.47%	90.31%	87.30%	81.00%
5130/5131	Affinity™ SR	99.69%	99.47%	99.22%	98.83%	98.29%	97.23%	95.74%	93.33%	90.03%	84.59%

### 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
PM1110	Accent™ SR	100.00%	100.00%	100.00%							
PM1210	Accent™ SR RF	99.93%	99.87%	99.81%	99.81%						
5626	Zephyr™ XL SR	99.94%	99.93%	99.93%	99.87%	99.84%	99.84%				
5620	Zephyr™ SR	100.00%	99.98%	99.95%	99.91%	99.91%	99.91%				
5610	Victory <sup>™</sup> SR	99.98%	99.96%	99.91%	99.83%	99.05%	98.93%	98.67%			
5156/5157/5056	Verity ADx™ XL SR/SR(M/S) / SC	99.96%	99.91%	99.91%	99.91%	99.84%	99.84%	99.84%	99.84%	99.84%	
5180	Identity™ ADx SR	99.96%	99.94%	99.91%	99.78%	99.61%	99.22%	98.63%	98.05%	97.81%	
5172	Identity™ SR	99.97%	99.92%	99.82%	99.64%	99.11%	98.44%	97.65%	97.48%	97.35%	97.35%
2425T/2525T/2535T	Microny™	99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.73%	99.73%	
5142	Integrity™ SR	99.98%	99.93%	99.93%	99.93%	99.89%	99.89%	99.84%	99.77%	99.77%	99.77%
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	1					
		Registered		ctrical ponent		ctrical connect	Ва	ttery		tware/ mware	Mec	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	11,426	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	34,061	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	20,169	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 <sup>™</sup> SR	15,498	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 <sup>™</sup> SR	13,664	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%
5356/5357/5256	Verity ADx™ XL SR/SR(M/S) / SC	14,389	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	Identity™ ADx SR	20,849	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	21,879	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
5142	Integrity™ SR	10,486	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	28,791	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	/					
		D. data and		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Med	hanical	В	ble Early attery pletion	o	ther	T	<b>Total</b>
Models	Family	Registered US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1110	Accent <sup>™</sup> SR	11,426	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	34,061	3	<0.01%	3	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	1	<0.01%	1	<0.01%	11	0.03%
5626	Zephyr™ XL SR	20,169	4	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	8	0.04%
5620	Zephyr <sup>™</sup> SR	15,498	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	13,664	23	0.17%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	1	<0.01%	26	0.19%
5356/5357/5256	Verity ADx™ XL SR/SR(M/S) / SC	14,389	3	0.02%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	2	0.01%	6	0.04%
5180	Identity <sup>™</sup> ADx SR	20,849	35	0.17%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	8	0.04%	2	<0.01%	47	0.23%
5172	Identity™ SR	21,879	64	0.29%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	0.04%	3	0.01%	75	0.34%
5142	Integrity™ SR	10,486	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	28,791	46	0.16%	2	<0.01%	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	3	0.01%	55	0.19%

### Worldwide Malfunction Summary (Accent<sup>™</sup>)

								Worldw	ide Malf	unctions	w/ Comp	romised Th	erapy					
		Worldwide		ctrical ponent		ctrical connect	Ba	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	0	ther	T	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1110	Accent™ SR	44,426	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	41,105	2	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	5	0.01%

								Worldwid	de Malfu	ınctions w	ı/o Comp	romised Tl	пегару					
		Westerste		trical conent		ctrical connect	Ва	ttery		tware/ nware	Mec	hanical	В	ble Early attery oletion	0	ther	ī	<b>Total</b>
Models	Family	Worldwide Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1110	Accent <sup>™</sup> SR	44,426	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	3	<0.01%
PM1210	Accent™ SR RF	41,105	5	0.01%	3	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	1	<0.01%	1	<0.01%	13	0.03%

### Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Loss Te	elemetry		ardial Ision	Bat	nature etery etion	Skin E	Erosion	To	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	4,222	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	6,492	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	hanical	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%

							Malf	ınctions	w/o Comp	romised	Therapy						
	Number of Devices		trical conent	1	ctrical connect	Ba	ttery		tware/ nware	Mecl	nanical	Ba	le 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



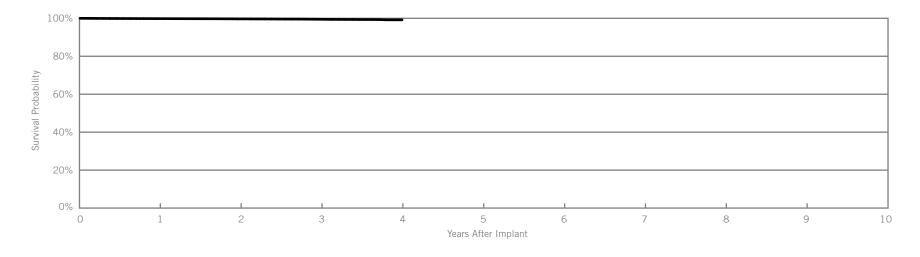
#### Tendril<sup>™</sup> STS

#### Model 2088TC

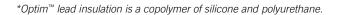
US Regulatory Approval	May 2009
Registered US Implants	254,073
Estimated Active US Implants	220,197
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications O days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	29	0.01%	14	<0.01%
Conductor Fracture	1	<0.01%	24	<0.01%
Lead Dislodgement	172	0.07%	167	0.07%
Failure to Capture	34	0.01%	99	0.04%
Oversensing	10	<0.01%	135	0.05%
Failure to Sense	9	<0.01%	17	<0.01%
Insulation Breach	6	<0.01%	60	0.02%
Abnormal Pacing Impedance	10	<0.01%	18	<0.01%
Extracardiac Stimulation	0	0.00%	2	<0.01%
Other	7	<0.01%	22	<0.01%
Total	278	0.11%	558	0.22%
Total Returned for Analysis	159		385	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	12	<0.01%
Insulation Breach	125	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	16	<0.01%
Extrinsic Factors	318	0.13%
Total	471	0.19%



Year	1	2	3	4			
Survival Probability	99.83%	99.69%	99.50%	99.20%			
± 1 standard error	0.01%	0.01%	0.02%	0.10%			
Sample Size	206,040	120,670	54,920	400			





#### Tendril<sup>™</sup> STS

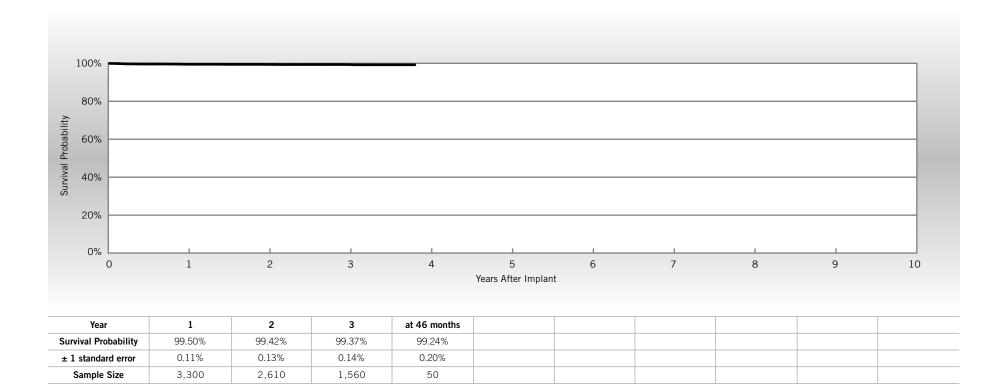
#### Model 2088TC

US Regulatory Approval	May 2009
Number of Devices Enrolled in Study	3,696
Cumulative Months of Follow-up	91,150
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%
Conductor Fracture	1	0.03%
Failure to Capture	2	0.05%
Failure to Sense	1	0.03%
Insulation Breach	4	0.11%
Lead Dislodgement	10	0.27%
Pericardial Effusion	1	0.03%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	3	0.08%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	2	0.05%
Total	5	0.14%

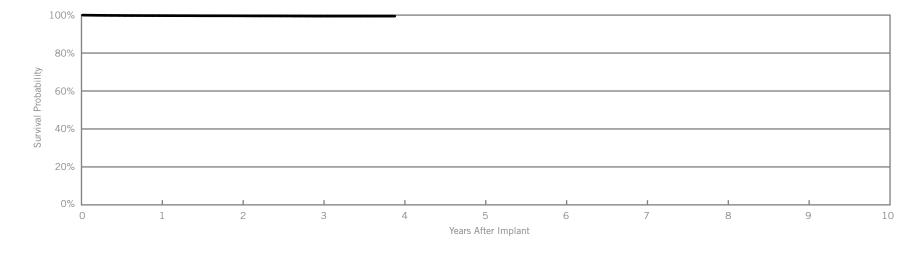


### OptiSense™

US Regulatory Approval	May 2007
Registered US Implants	27,360
Estimated Active US Implants	21,804
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	<0.01%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	20	0.07%	49	0.18%
Failure to Capture	2	<0.01%	13	0.05%
Oversensing	1	<0.01%	6	0.02%
Failure to Sense	1	<0.01%	1	<0.01%
Insulation Breach	1	<0.01%	11	0.04%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	4	0.01%
Total	27	0.10%	84	0.31%
Total Returned for Analysis	19		62	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	3	0.01%
Insulation Breach	3	0.01%
Crimps, Welds & Bonds	0	0.00%
Other	4	0.01%
Extrinsic Factors	58	0.21%
Total	68	0.25%



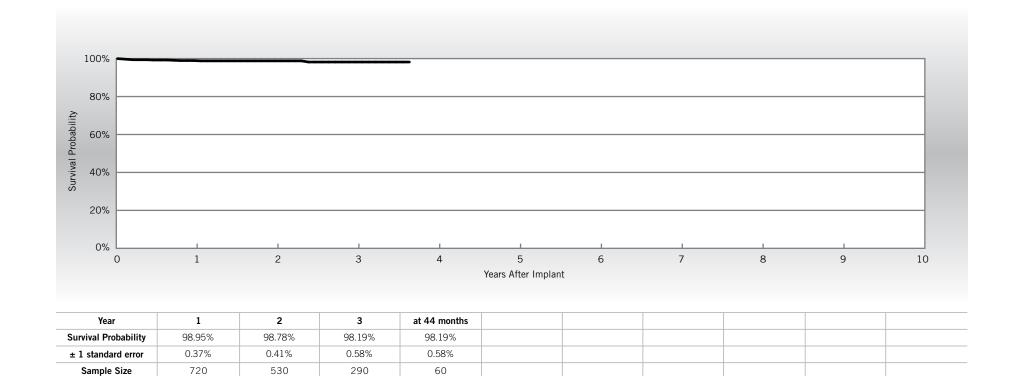
Year	1	2	3	at 47 months	
Survival Probability	99.73%	99.62%	99.47%	99.47%	
± 1 standard error	0.03%	0.04%	0.06%	0.06%	
Sample Size	22,610	14,290	7,460	220	

### OptiSense™

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	833
Cumulative Months of Follow-up	18,824
Insulation	Optim™*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	1	0.12%
Failure to Sense	1	0.12%
Insulation Breach	1	0.12%
Lead Dislodgement	8	0.96%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.24%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	4	0.48%
Total	6	0.72%

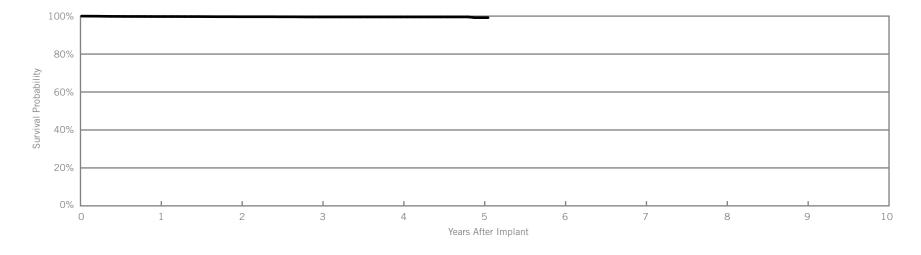


## IsoFlex<sup>™</sup> Optim<sup>™</sup>

US Regulatory Approval	March 2008
Registered US Implants	10,374
Estimated Active US Implants	7,740
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	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%	0	0.00%
Lead Dislodgement	31	0.30%	19	0.18%
Failure to Capture	3	0.03%	2	0.02%
Oversensing	0	0.00%	3	0.03%
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	1	<0.01%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	37	0.36%	28	0.27%
Total Returned for Analysis	23		11	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.02%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	10	0.10%
Total	13	0.13%



Year	1	2	3	4	5	at 61 months		
Survival Probability	99.77%	99.66%	99.57%	99.57%	99.19%	99.19%		
± 1 standard error	0.05%	0.06%	0.09%	0.09%	0.39%	0.39%		
Sample Size	8,690	5,820	3,660	1,910	670	210		

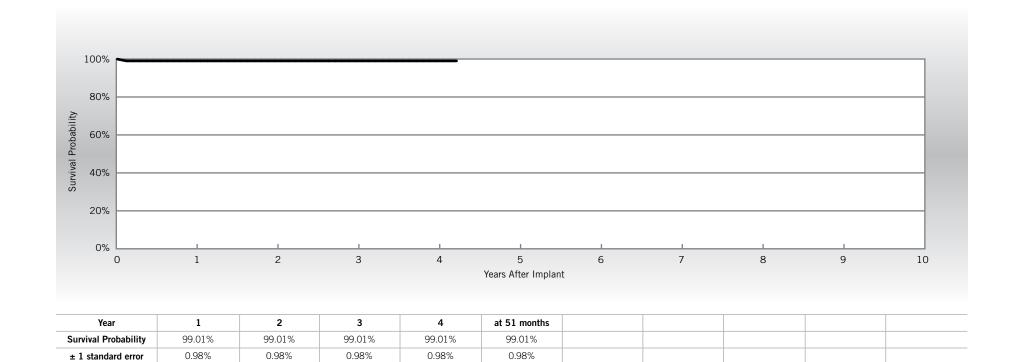
### IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1944

JS Regulatory Approval	March 2008
Number of Devices Enrolled in Study	102
Cumulative Months of Follow-up	4,098
nsulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Lead Dislodgement	1	0.98%

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

60

90

Sample Size

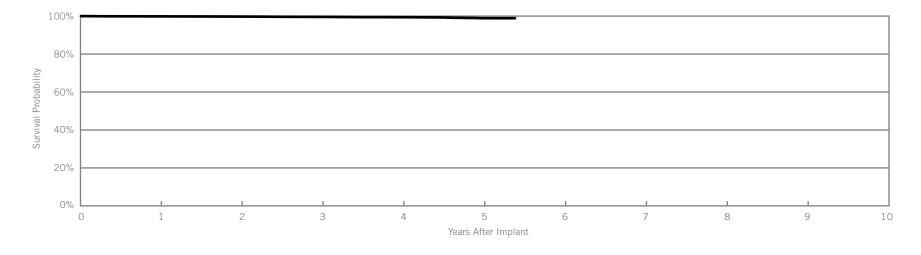
50

## IsoFlex<sup>™</sup> Optim<sup>™</sup>

US Regulatory Approval	March 2008
Registered US Implants	38,140
Estimated Active US Implants	30,296
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	1	<0.01%	4	0.01%
Conductor Fracture	0	0.00%	14	0.04%
Lead Dislodgement	21	0.06%	13	0.03%
Failure to Capture	8	0.02%	27	0.07%
Oversensing	0	0.00%	23	0.06%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	3	<0.01%	9	0.02%
Abnormal Pacing Impedance	0	0.00%	5	0.01%
Extracardiac Stimulation	0	0.00%	1	<0.01%
Other	1	<0.01%	0	0.00%
Total	34	0.09%	96	0.25%
Total Returned for Analysis	23		28	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	3	<0.01%
Insulation Breach	12	0.03%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	26	0.07%
Total	42	0.11%



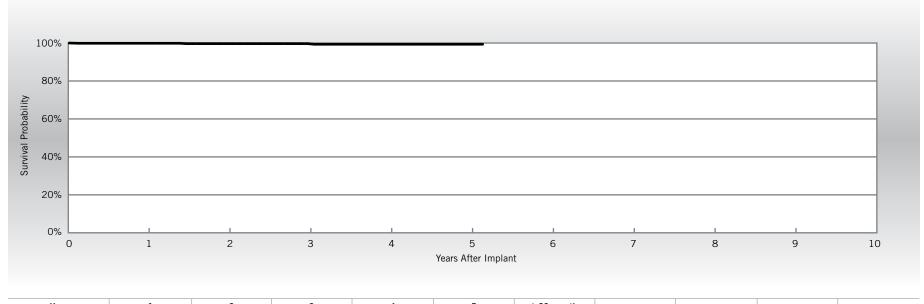
Year	1	2	3	4	5	at 65 months		
Survival Probability	99.87%	99.74%	99.59%	99.42%	98.89%	98.89%		
± 1 standard error	0.02%	0.03%	0.05%	0.07%	0.17%	0.22%		
Sample Size	31,770	20,820	12,830	6,780	2,390	210		

## IsoFlex<sup>™</sup> Optim<sup>™</sup>

US Regulatory Approval	March 2008
Number of Devices Enrolled in Study	766
Cumulative Months of Follow-up	24,421
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	Rate
Conductor Fracture	0	0.00%
Insulation Breach	3	0.39%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.13%
Total	4	0.52%



Year	1	2	3	4	5	at 62 months		
Survival Probability	99.87%	99.68%	99.68%	99.35%	99.35%	99.35%		
± 1 standard error	0.13%	0.23%	0.23%	0.40%	0.40%	0.40%		
Sample Size	690	530	380	290	170	50		

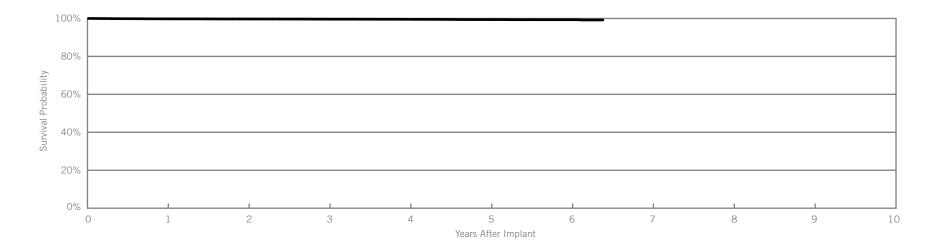
### OptiSense™

#### Models 1699T & 1699TC

US Regulatory Approval	May 2007
Registered US Implants	22,848
Estimated Active US Implants	14,984
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%	7	0.03%
Lead Dislodgement	4	0.02%	24	0.11%
Failure to Capture	3	0.01%	13	0.06%
Oversensing	2	<0.01%	14	0.06%
Failure to Sense	8	0.04%	8	0.04%
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%	2	<0.01%
Total	20	0.09%	77	0.34%
Total Returned for Analysis	16		45	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	11	0.05%
Insulation Breach	11	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	41	0.18%
Total	63	0.28%



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.78%	99.71%	99.61%	99.54%	99.39%	99.33%	99.19%		
± 1 standard error	0.03%	0.04%	0.04%	0.05%	0.06%	0.07%	0.15%		
Sample Size	21,480	19,190	17,290	14,480	9,520	3,740	220		

### OptiSense™

#### Models 1699T & 1699TC

Sample Size

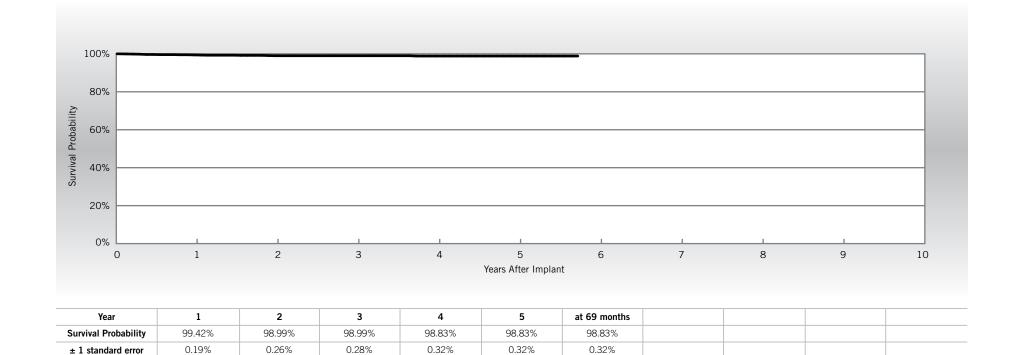
1,360

1,170

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	1,451
Cumulative Months of Follow-up	53,703
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

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	8	0.55%
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%



320

60

640

940

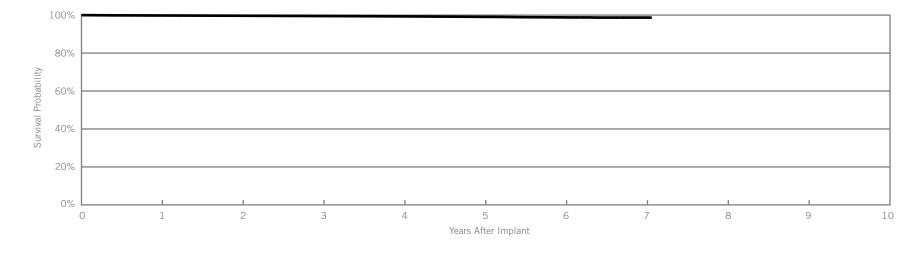
## Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

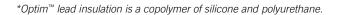
US Regulatory Approval	June 2006
Registered US Implants	271,845
Estimated Active US Implants	173,993
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	35	0.01%	23	<0.01%
Conductor Fracture	6	<0.01%	69	0.03%
Lead Dislodgement	111	0.04%	278	0.10%
Failure to Capture	67	0.02%	256	0.09%
Oversensing	10	<0.01%	287	0.11%
Failure to Sense	11	<0.01%	30	0.01%
Insulation Breach	6	<0.01%	107	0.04%
Abnormal Pacing Impedance	5	<0.01%	46	0.02%
Extracardiac Stimulation	4	<0.01%	12	<0.01%
Other	20	<0.01%	45	0.02%
Total	275	0.10%	1,153	0.42%
Total Returned for Analysis	148		650	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	21	<0.01%
Insulation Breach	328	0.12%
Crimps, Welds & Bonds	1	<0.01%
Other	11	<0.01%
Extrinsic Factors	515	0.19%
Total	876	0.32%



Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.80%	99.67%	99.52%	99.33%	99.09%	98.80%	98.70%	98.70%	
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.03%	0.04%	0.06%	0.06%	
Sample Size	243,100	193,240	152,090	108,640	62,450	25,900	6,150	200	





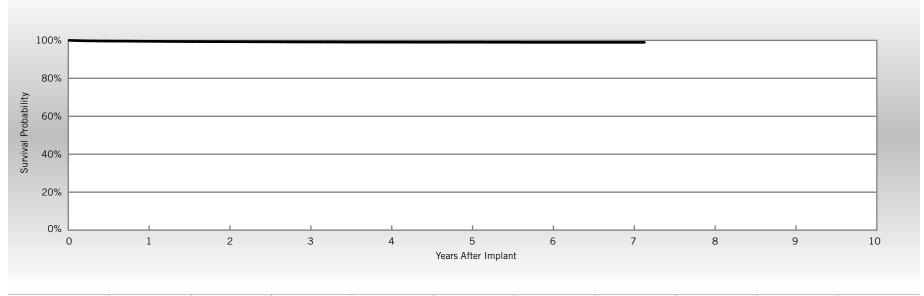
## Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

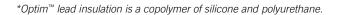
US Regulatory Approval	June 2006
Number of Devices Enrolled in Study	14,412
Cumulative Months of Follow-up	599,639
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	7	0.05%
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	19	0.13%
Lead Dislodgement	52	0.36%
Oversensing	10	0.07%
Skin Erosion	1	<0.01%

Malfunctions	Qty	Rate
Conductor Fracture	2	0.01%
Insulation Breach	13	0.09%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	26	0.18%
Total	41	0.28%



Year	1	2	3	4	5	6	7	at 86 months	
Survival Probability	99.50%	99.30%	99.15%	99.05%	99.04%	98.96%	98.96%	98.96%	
± 1 standard error	0.06%	0.07%	0.08%	0.09%	0.09%	0.11%	0.11%	0.11%	
Sample Size	13,610	11,800	9,560	7,380	4,980	2,530	810	50	





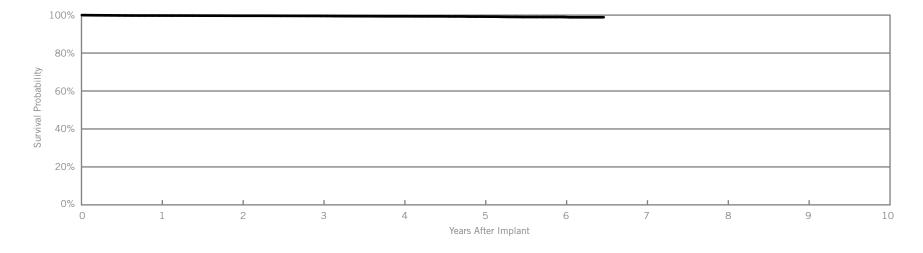
## Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

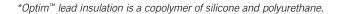
US Regulatory Approval	June 2006
Registered US Implants	33,705
Estimated Active US Implants	23,760
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	<0.01%	1	<0.01%
Conductor Fracture	0	0.00%	2	<0.01%
Lead Dislodgement	20	0.06%	46	0.14%
Failure to Capture	5	0.01%	23	0.07%
Oversensing	2	<0.01%	15	0.04%
Failure to Sense	3	<0.01%	4	0.01%
Insulation Breach	0	0.00%	14	0.04%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	3	<0.01%	9	0.03%
Total	35	0.10%	114	0.34%
Total Returned for Analysis	16		70	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	1	<0.01%
Insulation Breach	20	0.06%
Crimps, Welds & Bonds	0	0.00%
Other	3	<0.01%
Extrinsic Factors	61	0.18%
Total	85	0.25%



Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.76%	99.66%	99.56%	99.38%	99.22%	99.00%	98.86%		
± 1 standard error	0.03%	0.04%	0.04%	0.06%	0.09%	0.13%	0.19%		
Sample Size	28,900	20,460	14,000	8,830	4,720	1,870	300		





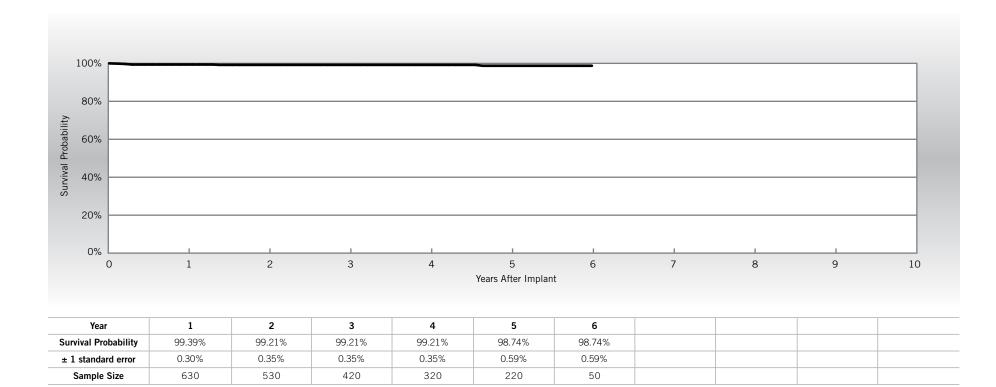
### Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

US Regulatory Approval	June 2006
Number of Devices Enrolled in Study	679
Cumulative Months of Follow-up	26,358
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	0.29%
Oversensing	1	0.15%
Skin Erosion	1	0.15%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.29%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	0	0.00%
Total	2	0.29%



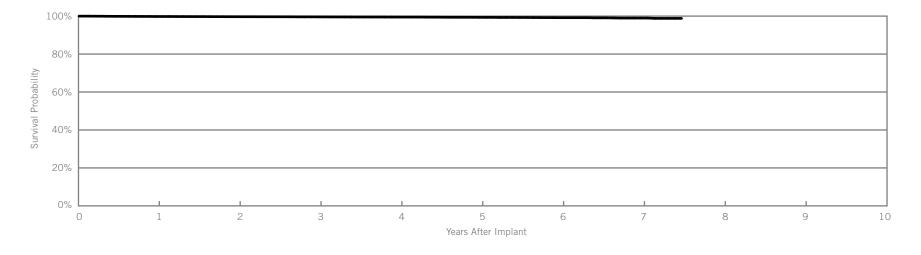
Tendril™

#### Models 1782T & 1782TC

US Regulatory Approval	February 2006
Registered US Implants	16,355
Estimated Active US Implants	9,589
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications 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%	30	0.18%
Failure to Capture	5	0.03%	18	0.11%
Oversensing	0	0.00%	6	0.04%
Failure to Sense	0	0.00%	4	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%	66	0.40%
Total Returned for Analysis	16		42	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	1	<0.01%
Insulation Breach	10	0.06%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	43	0.26%
Total	54	0.33%



Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.79%	99.68%	99.59%	99.49%	99.34%	99.16%	98.96%	98.80%	
± 1 standard error	0.03%	0.05%	0.05%	0.06%	0.08%	0.10%	0.15%	0.22%	
Sample Size	15,260	13,290	11,390	9,210	6,900	4,520	2,070	210	

#### Tendril™

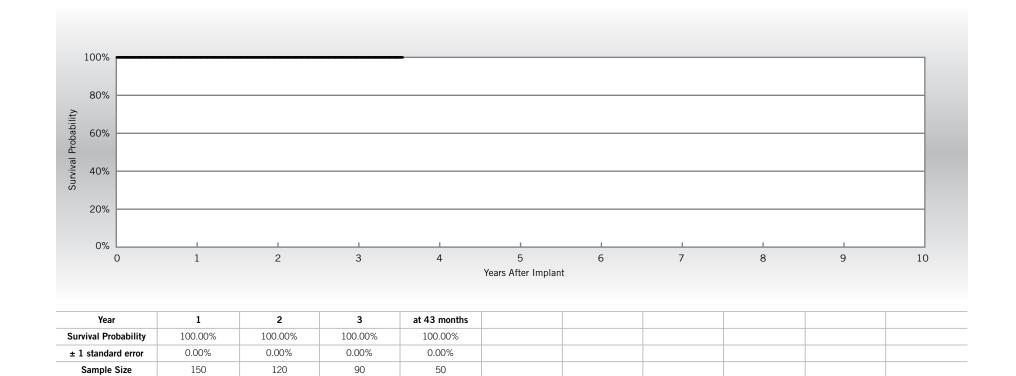
#### Models 1782T & 1782TC

US Regulatory Approval	February 2006
Number of Devices Enrolled in Study	166
Cumulative Months of Follow-up	5,503
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

120

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%



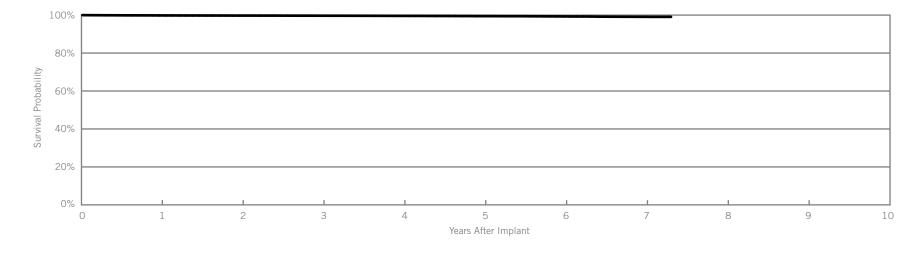
### Tendril™

#### Models 1788T & 1788TC

US Regulatory Approval	February 2006
Registered US Implants	65,101
Estimated Active US Implants	34,530
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	12	0.02%	3	<0.01%
Conductor Fracture	1	<0.01%	10	0.02%
Lead Dislodgement	32	0.05%	48	0.07%
Failure to Capture	30	0.05%	62	0.10%
Oversensing	2	<0.01%	46	0.07%
Failure to Sense	2	<0.01%	9	0.01%
Insulation Breach	1	<0.01%	17	0.03%
Abnormal Pacing Impedance	9	0.01%	15	0.02%
Extracardiac Stimulation	2	<0.01%	2	<0.01%
Other	20	0.03%	10	0.02%
Total	111	0.17%	222	0.34%
Total Returned for Analysis	44		108	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	5	<0.01%
Insulation Breach	50	0.08%
Crimps, Welds & Bonds	1	<0.01%
Other	1	<0.01%
Extrinsic Factors	87	0.13%
Total	144	0.22%



Year	1	2	3	4	5	6	7	at 88 months	
Survival Probability	99.83%	99.75%	99.68%	99.59%	99.46%	99.30%	99.11%	99.08%	
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.03%	0.04%	0.06%	0.07%	
Sample Size	60,550	52,910	46,730	40,320	32,990	23,720	11,090	590	

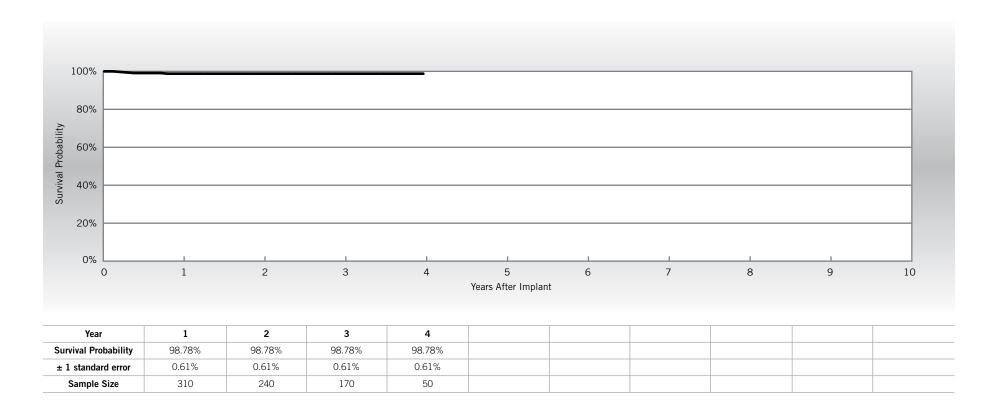
#### Tendril™

#### Models 1788T & 1788TC

US Regulatory Approval	February 2006
Number of Devices Enrolled in Study	360
Cumulative Months of Follow-up	9,817
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	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%



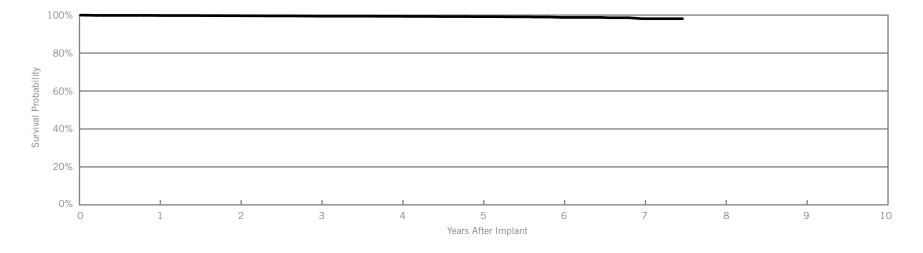
#### IsoFlex<sup>™</sup> P

#### Model 1648T

US Regulatory Approval	April 2005
Registered US Implants	2,830
Estimated Active US Implants	1,358
Insulation	Polyurethane
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications days)	
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	0	0.00%	0	0.00%	
Conductor Fracture	0	0.00%	3	0.11%	
Lead Dislodgement	2	0.07%	1	0.04%	
Failure to Capture	2	0.07%	4	0.14%	
Oversensing	0	0.00%	1	0.04%	
Failure to Sense	1	0.04%	0	0.00%	
Insulation Breach	0	0.00%	3	0.11%	
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%	17	0.60%	
Total Returned for Analysis	1		5		

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	6	0.21%
Crimps, Welds & Bonds	0	0.00%
Other	2	0.07%
Extrinsic Factors	4	0.14%
Total	12	0.42%



Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.81%	99.68%	99.42%	99.37%	99.17%	98.79%	98.11%	98.11%	
± 1 standard error	0.07%	0.11%	0.15%	0.17%	0.20%	0.26%	0.41%	0.48%	
Sample Size	2,610	2,250	1,990	1,760	1,520	1,130	610	210	

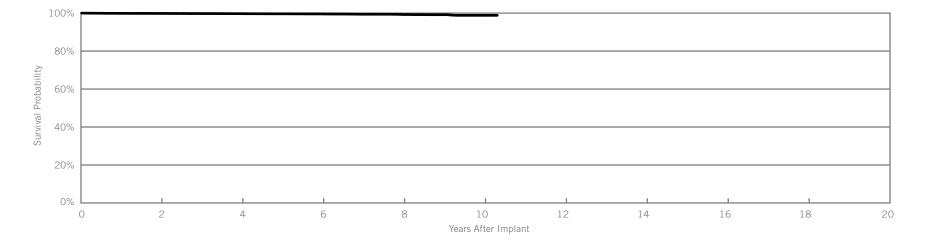
#### IsoFlex<sup>™</sup> S

#### Model 1642T

US Regulatory Approval	May 2002
Registered US Implants	27,016
Estimated Active US Implants	13,480
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications ) 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%	24	0.09%
Failure to Capture	6	0.02%	28	0.10%
Oversensing	0	0.00%	5	0.02%
Failure to Sense	3	0.01%	6	0.02%
Insulation Breach	0	0.00%	4	0.01%
Abnormal Pacing Impedance	3	0.01%	3	0.01%
Extracardiac Stimulation	1	<0.01%	0	0.00%
Other	0	0.00%	1	<0.01%
Total	62	0.23%	74	0.27%
Total Returned for Analysis	38		21	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	12	0.04%
Crimps, Welds & Bonds	1	<0.01%
Other	2	<0.01%
Extrinsic Factors	18	0.07%
Total	33	0.12%



Year	2	4	6	8	10	at 124 months		
Survival Probability	99.83%	99.69%	99.56%	99.26%	98.82%	98.82%		
± 1 standard error	0.03%	0.04%	0.05%	0.08%	0.19%	0.19%		
Sample Size	21,890	16,310	10,020	4,550	1,100	250		

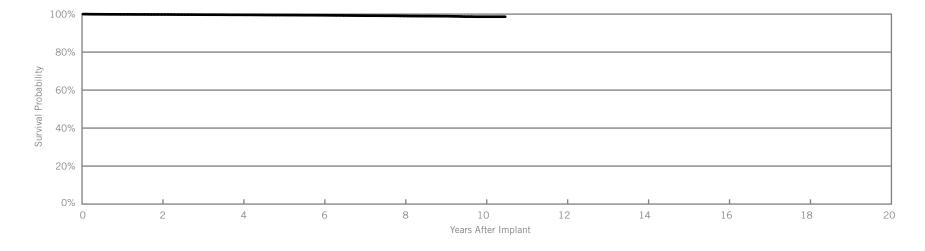
### IsoFlex<sup>™</sup> S

#### Model 1646T

US Regulatory Approval	May 2002
Registered US Implants	90,178
Estimated Active US Implants	44,048
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	<0.01%	2	<0.01%
Conductor Fracture	2	<0.01%	58	0.06%
Lead Dislodgement	37	0.04%	29	0.03%
Failure to Capture	33	0.04%	144	0.16%
Oversensing	0	0.00%	33	0.04%
Failure to Sense	2	<0.01%	6	<0.01%
Insulation Breach	2	<0.01%	27	0.03%
Abnormal Pacing Impedance	6	<0.01%	39	0.04%
Extracardiac Stimulation	0	0.00%	1	<0.01%
Other	2	<0.01%	11	0.01%
Total	88	0.10%	350	0.39%
Total Returned for Analysis	38		68	

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Lead Malfunctions	Qty.	Rate
Conductor Fracture	18	0.02%
Insulation Breach	26	0.03%
Crimps, Welds & Bonds	0	0.00%
Other	6	<0.01%
Extrinsic Factors	53	0.06%
Total	103	0.11%



Year	2	4	6	8	10	at 126 months		
Survival Probability	99.80%	99.62%	99.39%	99.05%	98.63%	98.63%		
± 1 standard error	0.02%	0.02%	0.03%	0.06%	0.11%	0.11%		
Sample Size	72,110	51,870	30,980	13,800	3,260	370		

Sample Size

570

250

410

#### **Actively Monitored Study Data**

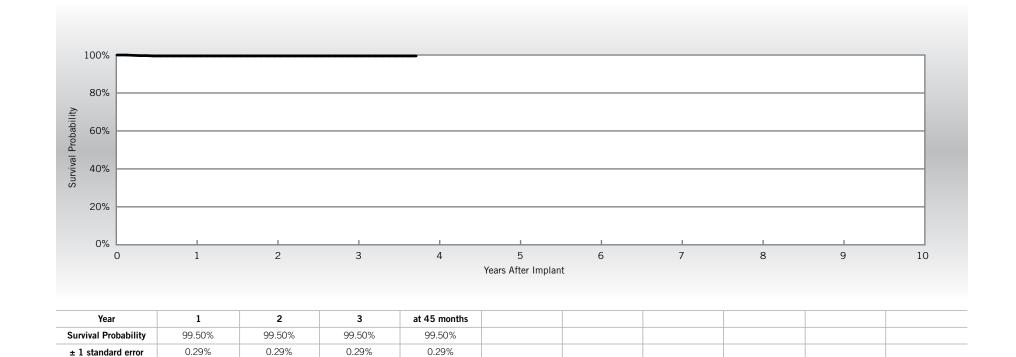
#### IsoFlex<sup>™</sup> S

#### Model 1646T

US Regulatory Approval	May 2002
Number of Devices Enrolled in Study	638
Cumulative Months of Follow-up	15,624
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Failure to Capture	2	0.31%
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%



50

## **Customer Reported Performance Data**

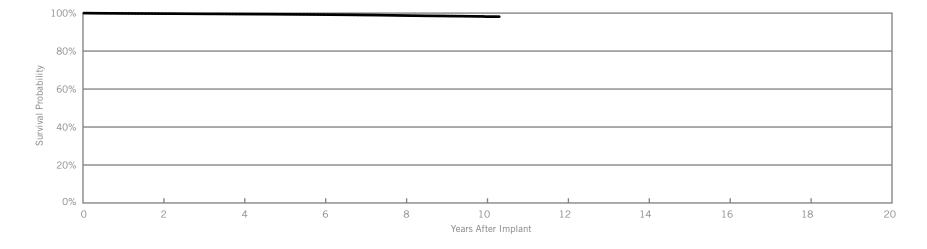
### Tendril<sup>™</sup> SDX

#### Models 1688T & 1688TC

US Regulatory Approval	June 2003
Registered US Implants	429,005
Estimated Active US Implants	239,554
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	56	0.01%	15	<0.01%
Conductor Fracture	4	<0.01%	215	0.05%
Lead Dislodgement	226	0.05%	299	0.07%
Failure to Capture	150	0.03%	587	0.14%
Oversensing	11	<0.01%	343	0.08%
Failure to Sense	23	<0.01%	47	0.01%
Insulation Breach	7	<0.01%	115	0.03%
Abnormal Pacing Impedance	27	<0.01%	229	0.05%
Extracardiac Stimulation	4	<0.01%	19	<0.01%
Other	31	<0.01%	85	0.02%
Total	539	0.13%	1,954	0.46%
Total Returned for Analysis	246		805	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	157	0.04%
Insulation Breach	397	0.09%
Crimps, Welds & Bonds	2	<0.01%
Other	9	<0.01%
Extrinsic Factors	507	0.12%
Total	1,072	0.25%



Year	2	4	6	8	10	at 124 months		
Survival Probability	99.73%	99.50%	99.21%	98.72%	98.14%	98.14%		
± 1 standard error	0.01%	0.01%	0.02%	0.03%	0.07%	0.10%		
Sample Size	327,630	227,780	141,780	69,260	10,210	590		

### **Actively Monitored Study Data**

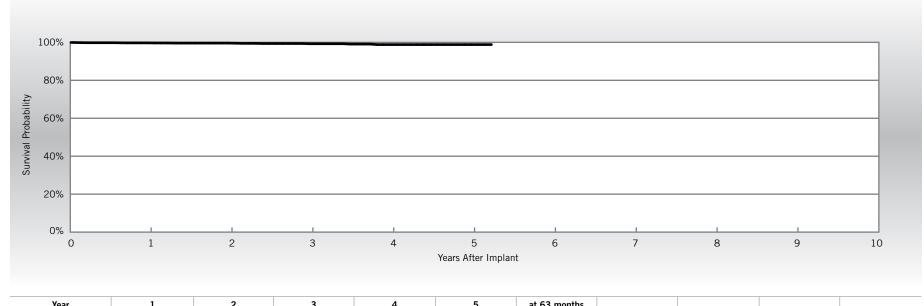
### Tendril<sup>™</sup> SDX

#### Models 1688T & 1688TC

US Regulatory Approval	June 2003
Number of Devices Enrolled in Study	2,619
Cumulative Months of Follow-up	69,586
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	2	0.08%
Conductor Fracture	2	0.08%
Failure to Capture	3	0.11%
Insulation Breach	3	0.11%
Lead Dislodgement	3	0.11%
Oversensing	1	0.04%
Pericardial Effusion	1	0.04%

Qty	Rate
1	0.04%
4	0.15%
0	0.00%
0	0.00%
5	0.19%
10	0.38%
	1 4 0 0 5



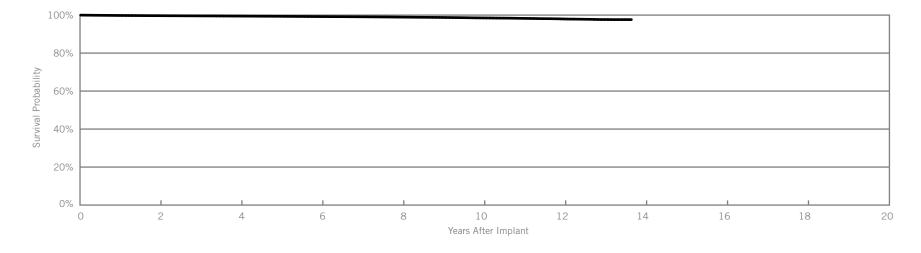
## **Customer Reported Performance Data**

Tendril™ SDX

### Models 1488T & 1488TC

US Regulatory Approval	March 2000
Registered US Implants	270,687
Estimated Active US Implants	84,539
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

Lead Malfunctions	Qty.	Rate	
Conductor Fracture	149	0.06%	
Insulation Breach	173	0.06%	
Crimps, Welds & Bonds	5	<0.01%	
Other	3	<0.01%	
Extrinsic Factors	330	0.12%	
Total	660	0.24%	



Year	2	4	6	8	10	12	at 164 months		
Survival Probability	99.69%	99.48%	99.22%	98.94%	98.51%	97.96%	97.63%		
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.03%	0.05%	0.09%		
Sample Size	224,850	182,870	142,370	105,070	66,720	24,260	440		

### **Actively Monitored Study Data**

### Tendril<sup>™</sup> SDX

#### Models 1488T & 1488TC

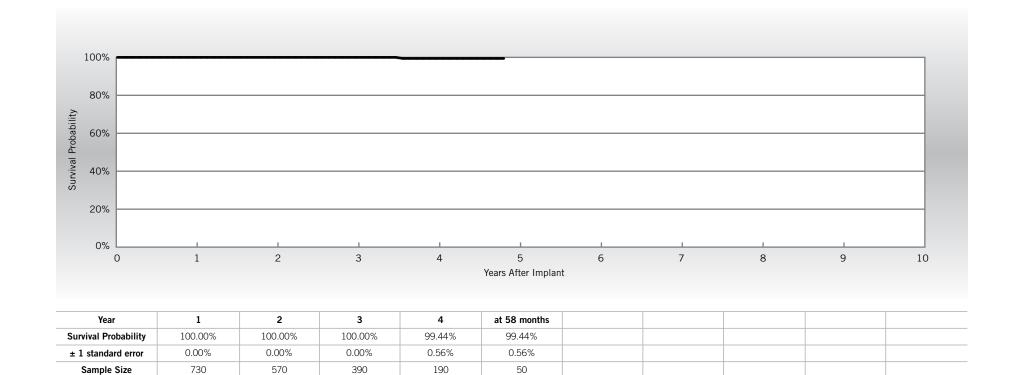
US Regulatory Approval	March 2000	
Number of Devices Enrolled in Study	lled in Study 796	
Cumulative Months of Follow-up	23,064	
Insulation	Silicone	
Type and/or Fixation	Active	
Polarity	Bipolar	
Steroid	Yes	

570

390

Qualifying Complications	Qty	Rate
Failure to Capture	1	0.13%

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%

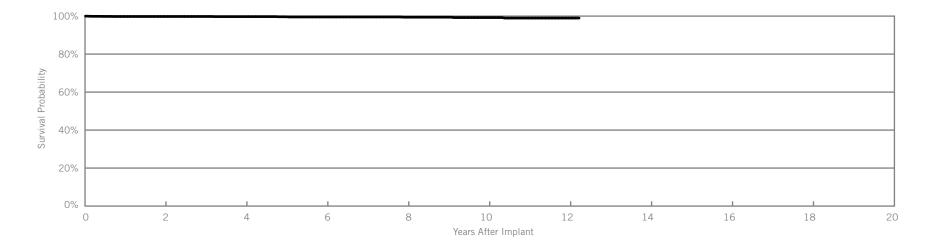


## **Customer Reported Performance Data**

### AV Plus™ DX

### Model 1368

US Regulatory Approval	May 1999
Registered US Implants	2,735
Estimated Active US Implants	876
Insulation	Silicone
Type and/or Fixation	Passive
Atrial Polarity	Bipolar
Ventricular Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None



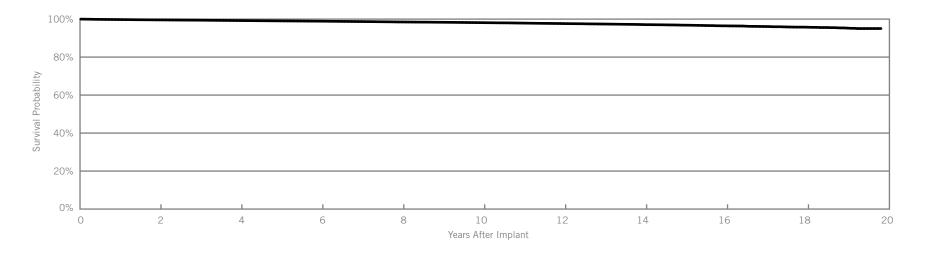
Year	2	4	6	8	10	12	at 147 months		
Survival Probability	99.80%	99.73%	99.56%	99.42%	99.23%	98.97%	98.97%		
± 1 standard error	0.09%	0.11%	0.16%	0.22%	0.29%	0.38%	0.38%		
Sample Size	2,010	1,480	1,050	740	480	260	200		

## **Customer Reported Performance Data**

Tendril<sup>™</sup> DX

Models 1148T & 1188T Models 1388T & 1388TC

S Regulatory Approval	(1148) June 1993; (1188T) June 1994; (1388T) June 1997
egistered US Implants	323,677
stimated Active US Implants	67,351
sulation	Silicone
pe and/or Fixation	Active
olarity	Bipolar
teroid	(1148/1188) No; (1388) Yes
umber of US Advisories	None



Year	2	4	6	8	10	12	14	16	18	at 238 months
Survival Probability	99.58%	99.23%	98.89%	98.49%	98.13%	97.64%	97.09%	96.45%	95.74%	95.03%
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.03%	0.04%	0.06%	0.09%	0.15%	0.29%
Sample Size	266,860	215,620	169,280	125,430	86,620	55,730	31,500	11,630	3,560	250

### **Actively Monitored Study Data**

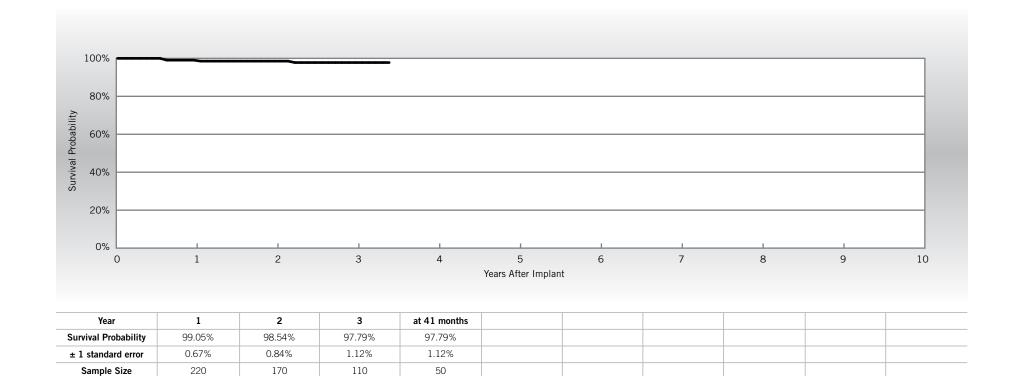
Tendril<sup>™</sup> DX

#### Models 1388T & 1388TC

US Regulatory Approval	June 1997
Number of Devices Enrolled in Study	237
Cumulative Months of Follow-up	6,498
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate				
Conductor Fracture	1	0.42%				
Failure to Capture	2	0.84%				
Insulation Breach	1	0.42%				

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	1	0.42%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.42%
Total	2	0.84%



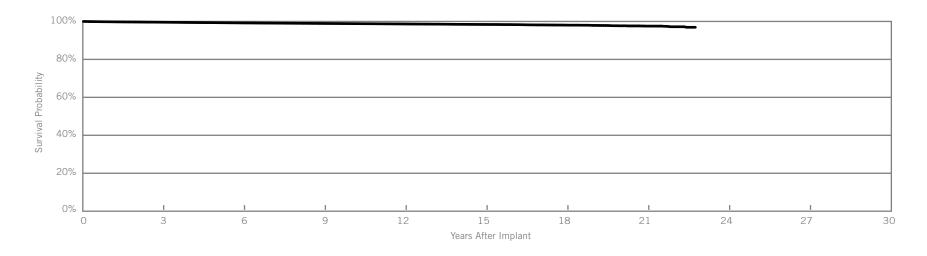
## **Customer Reported Performance Data**

Passive Plus<sup>™</sup>

Passive Plus<sup>™</sup> DX

Models 1136T, 1142T, 1146T, 1222T, 1226T, 1236T, 1242T & 1246T Models 1336T, 1342T & 1346T

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	371,190
Estimated Active US Implants	60,281
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 274 months	
Survival Probability	99.58%	99.22%	98.94%	98.67%	98.41%	98.06%	97.54%	96.92%	
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.04%	0.06%	0.13%	0.36%	
Sample Size	271,880	189,920	125,650	72,360	32,370	11,270	2,480	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	99.83%	99.69%	99.50%	99.20%						
1999	OptiSense™ Optim™	99.73%	99.62%	99.47%							
1944	IsoFlex™ Optim™	99.77%	99.66%	99.57%	99.57%	99.19%					
1948	IsoFlex™ Optim™	99.87%	99.74%	99.59%	99.42%	98.89%					
1699T/TC	OptiSense™	99.78%	99.71%	99.61%	99.54%	99.39%	99.33%				
1888T/TC	Tendril™ ST Optim™	99.80%	99.67%	99.52%	99.33%	99.09%	98.80%	98.70%			
1882T/TC	Tendril™ ST Optim™	99.76%	99.66%	99.56%	99.38%	99.22%	99.00%				
1782T/TC	Tendril™	99.79%	99.68%	99.59%	99.49%	99.34%	99.16%	98.96%			
1788T/TC	Tendril™	99.83%	99.75%	99.68%	99.59%	99.46%	99.30%	99.11%			
1648T	IsoFlex™ P	99.81%	99.68%	99.42%	99.37%	99.17%	98.79%	98.11%			
1642T	IsoFlex™ S	99.86 %	99.83%	99.76%	99.69%	99.62%	99.56%	99.40%	99.26%	99.16%	98.82%
1646T	IsoFlex™ S	99.86%	99.80%	99.70%	99.62%	99.51%	99.39%	99.19%	99.05%	98.89%	98.63%
1688T/TC	Tendril™ SDX	99.84%	99.73%	99.62%	99.50%	99.37%	99.21%	99.00%	98.72%	98.48%	98.14%
1488T/TC	Tendril™ SDX	99.81%	99.69%	99.59%	99.48%	99.36%	99.22%	99.11%	98.94%	98.76%	98.51%

## Acute Observation Summary

### Post Implant ≤30 Days

US Regulatory	Pagistarad	Registered	Estimated Active US	_	Cardiac rforation		nductor acture		ead dgement		lure to pture	Ove	rsensing		ilure to Sense		sulation Breach	F	onormal Pacing 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	254,073	220,197	29	0.01%	1	<0.01%	172	0.07%	34	0.01%	10	<0.01%	9	<0.01%	6	<0.01%	10	<0.01%	0	0.00%	7	<0.01%	278	0.11%	159
1999	May-07	27,360	21,804	2	<0.01%	0	0.00%	20	0.07%	2	<0.01%	1	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	27	0.10%	19
1944	Mar-08	10,374	7,740	0	0.00%	0	0.00%	31	0.30%	3	0.03%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	37	0.36%	23
1948	Mar-08	38,140	30,296	1	<0.01%	0	0.00%	21	0.06%	8	0.02%	0	0.00%	0	0.00%	3	<0.01%	0	0.00%	0	0.00%	1	<0.01%	34	0.09%	23
1699T/TC	May-07	22,848	14,984	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	271,845	173,993	35	0.01%	6	<0.01%	111	0.04%	67	0.02%	10	<0.01%	11	<0.01%	6	<0.01%	5	<0.01%	4	<0.01%	20	<0.01%	275	0.10%	148
1882T/TC	Jun-06	33,705	23,760	2	<0.01%	0	0.00%	20	0.06%	5	0.01%	2	<0.01%	3	<0.01%	0	0.00%	0	0.00%	0	0.00%	3	<0.01%	35	0.10%	16
1782T/TC	Feb-06	16,355	9,589	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	65,101	34,530	12	0.02%	1	<0.01%	32	0.05%	30	0.05%	2	<0.01%	2	<0.01%	1	<0.01%	9	0.01%	2	<0.01%	20	0.03%	111	0.17%	44
1648T	Apr-05	2,830	1,358	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	27,016	13,480	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	90,178	44,048	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	429,005	239,554	56	0.01%	4	<0.01%	226	0.05%	150	0.03%	11	<0.01%	23	<0.01%	7	<0.01%	27	<0.01%	4	<0.01%	31	<0.01%	539	0.13%	246

## 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	P	normal Pacing pedance		racardiac mulation		Other	To	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	254,073	220,197	14	<0.01%	24	<0.01%	167	0.07%	99	0.04%	135	0.05%	17	<0.01%	60	0.02%	18	<0.01%	2	<0.01%	22	<0.01%	558	0.22%	385
1999	May-07	27,360	21,804	0	0.00%	0	0.00%	49	0.18%	13	0.05%	6	0.02%	1	<0.01%	11	0.04%	0	0.00%	0	0.00%	4	0.01%	84	0.31%	62
1944	Mar-08	10,374	7,740	0	0.00%	0	0.00%	19	0.18%	2	0.02%	3	0.03%	2	0.02%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	28	0.27%	11
1948	Mar-08	38,140	30,296	4	0.01%	14	0.04%	13	0.03%	27	0.07%	23	0.06%	0	0.00%	9	0.02%	5	0.01%	1	<0.01%	0	0.00%	96	0.25%	28
1699T/TC	May-07	22,848	14,984	0	0.00%	7	0.03%	24	0.11%	13	0.06%	14	0.06%	8	0.04%	2	<0.01%	5	0.02%	2	<0.01%	2	<0.01%	77	0.34%	45
1888T/TC	Jun-06	271,845	173,993	23	<0.01%	69	0.03%	278	0.10%	256	0.09%	287	0.11%	30	0.01%	107	0.04%	46	0.02%	12	<0.01%	45	0.02%	1,153	0.42%	650
1882T/TC	Jun-06	33,705	23,760	1	<0.01%	2	<0.01%	46	0.14%	23	0.07%	15	0.04%	4	0.01%	14	0.04%	0	0.00%	0	0.00%	9	0.03%	114	0.34%	70
1782T/TC	Feb-06	16,355	9,589	0	0.00%	1	<0.01%	30	0.18%	18	0.11%	6	0.04%	4	0.02%	1	<0.01%	4	0.02%	1	<0.01%	1	<0.01%	66	0.40%	42
1788T/TC	Feb-06	65,101	34,530	3	<0.01%	10	0.02%	48	0.07%	62	0.10%	46	0.07%	9	0.01%	17	0.03%	15	0.02%	2	<0.01%	10	0.02%	222	0.34%	108
1648T	Apr-05	2,830	1,358	0	0.00%	3	0.11%	1	0.04%	4	0.14%	1	0.04%	0	0.00%	3	0.11%	3	0.11%	0	0.00%	2	0.07%	17	0.60%	5
1642T	May-02	27,016	13,480	0	0.00%	3	0.01%	24	0.09%	28	0.10%	5	0.02%	6	0.02%	4	0.01%	3	0.01%	0	0.00%	1	<0.01%	74	0.27%	21
1646T	May-02	90,178	44,048	2	<0.01%	58	0.06%	29	0.03%	144	0.16%	33	0.04%	6	<0.01%	27	0.03%	39	0.04%	1	<0.01%	11	0.01%	350	0.39%	68
1688T/TC	Jun-03	429,005	239,554	15	<0.01%	215	0.05%	299	0.07%	587	0.14%	343	0.08%	47	0.01%	115	0.03%	229	0.05%	19	<0.01%	85	0.02%	1,954	0.46%	805



## Malfunction Summary

	Registered US		onductor racture		ulation	W	rimps, elds & Bonds		Other		trinsic ectors	т	otal
Models	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088TC	254,073	12	<0.01%	125	0.05%	0	0.00%	16	<0.01%	318	0.13%	471	0.199
1999	27,360	3	0.01%	3	0.01%	0	0.00%	4	0.01%	58	0.21%	68	0.25
1944	10,374	0	0.00%	2	0.02%	0	0.00%	1	<0.01%	10	0.10%	13	0.13
1948	38,140	3	<0.01%	12	0.03%	0	0.00%	1	<0.01%	26	0.07%	42	0.11
1699T/TC	22,848	11	0.05%	11	0.05%	0	0.00%	0	0.00%	41	0.18%	63	0.28
1888T/TC	271,845	21	<0.01%	328	0.12%	1	<0.01%	11	<0.01%	515	0.19%	876	0.32
1882T/TC	33,705	1	<0.01%	20	0.06%	0	0.00%	3	<0.01%	61	0.18%	85	0.25
1782T/TC	16,355	1	<0.01%	10	0.06%	0	0.00%	0	0.00%	43	0.26%	54	0.33
1788T/TC	65,101	5	<0.01%	50	0.08%	1	<0.01%	1	<0.01%	87	0.13%	144	0.22
1648T	2,830	0	0.00%	6	0.21%	0	0.00%	2	0.07%	4	0.14%	12	0.42
1642T	27,016	0	0.00%	12	0.04%	1	<0.01%	2	<0.01%	18	0.07%	33	0.12
1646T	90,178	18	0.02%	26	0.03%	0	0.00%	6	<0.01%	53	0.06%	103	0.11
1688T/TC	429,005	157	0.04%	397	0.09%	2	<0.01%	9	<0.01%	507	0.12%	1,072	0.25
1488T/TC	270,687	149	0.06%	173	0.06%	5	<0.01%	3	<0.01%	330	0.12%	660	0.24

## Worldwide Malfunction Summary (Tendril™ 2088 & 1888)

	Worldwide		onductor racture		ulation reach	W	rimps, elds & Bonds		Other		rinsic ctors	Т	otal
Models	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088TC	520,667	16	<0.01%	142	0.03%	0	0.00%	25	<0.01%	490	0.09%	673	0.13%
1888T/TC	854,371	34	<0.01%	417	0.05%	1	<0.01%	22	<0.01%	896	0.10%	1,370	0.16%

## Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of Devices	Cumulative Months of	ï	onormal Pacing pedance		irdiac oration		ductor		acardiac nulation		ailure to opture		nilure to ense		oropriate hock		ulation reach		Lead dgement	Over	rsensing		icardial fusion	Skin	Erosion	T	<b>Total</b>
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	3,696	91,150	1	0.03%	1	0.03%	1	0.03%	0	0.00%	2	0.05%	1	0.03%	4	0.11%	10	0.27%	0	0.00%	1	0.03%	0	0.00%	21	0.57%	13	0.41%
1999	833	18,824	1	0.12%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.12%	1	0.12%	8	0.96%	0	0.00%	0	0.00%	0	0.00%	11	1.32%	6	0.86%
1944	102	4,098	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.98%	0	0.00%	0	0.00%	0	0.00%	1	0.98%	6	0.86%
1948	766	24,421	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	1,451	53,703	1	0.07%	0	0.00%	1	0.07%	0	0.00%	2	0.14%	0	0.00%	1	0.07%	8	0.55%	1	0.07%	0	0.00%	0	0.00%	14	0.96%	12	0.83%
1888T/TC	14,412	599,639	7	0.05%	2	0.01%	4	0.03%	3	0.02%	16	0.11%	4	0.03%	19	0.13%	52	0.36%	10	0.07%	0	0.00%	1	<0.01%	118	0.82%	109	0.76%
1882T/TC	679	26,358	0	0.00%	0	0.00%	0	0.00%	1	0.15%	1	0.15%	0	0.00%	0	0.00%	2	0.29%	1	0.15%	0	0.00%	1	0.15%	6	0.88%	5	0.76%
1782T/TC	166	5,503	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	9,817	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	638	15,624	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.31%	0	0.00%	0	0.00%	1	0.16%	0	0.00%	0	0.00%	0	0.00%	3	0.47%	3	0.47%
1688T/TC	2,619	69,586	2	0.08%	0	0.00%	2	0.08%	0	0.00%	3	0.11%	0	0.00%	3	0.11%	3	0.11%	1	0.04%	1	0.04%	0	0.00%	15	0.57%	13	0.51%
1488T/TC	796	23,064	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	0	0.00%
1388T/TC	237	6,498	0	0.00%	0	0.00%	1	0.42%	0	0.00%	2	0.84%	0	0.00%	1	0.42%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	1.69%	3	1.20%

### **Malfunction Summary**

	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	3,696	0	0.00%	3	0.08%	0	0.00%	0	0.00%	2	0.05%	5	0.14%
1999	833	0	0.00%	2	0.24%	0	0.00%	0	0.00%	4	0.48%	6	0.72%
1944	102	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1948	766	0	0.00%	3	0.39%	0	0.00%	0	0.00%	1	0.13%	4	0.52%
1699T/TC	1,451	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.34%	5	0.34%
1888T/TC	14,412	2	0.01%	13	0.09%	0	0.00%	0	0.00%	26	0.18%	41	0.28%
1882T/TC	679	0	0.00%	2	0.29%	0	0.00%	0	0.00%	0	0.00%	2	0.29%
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	638	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1688T/TC	2,619	1	0.04%	4	0.15%	0	0.00%	0	0.00%	5	0.19%	10	0.38%
1488T/TC	796	0	0.00%	2	0.25%	0	0.00%	0	0.00%	1	0.13%	3	0.38%
1388T/TC	237	0	0.00%	1	0.42%	0	0.00%	0	0.00%	1	0.42%	2	0.84%



IMPLANTABLE CARDIAC MONITORS (ICMS)



### **Implantable Cardiac Monitors (ICMs)**

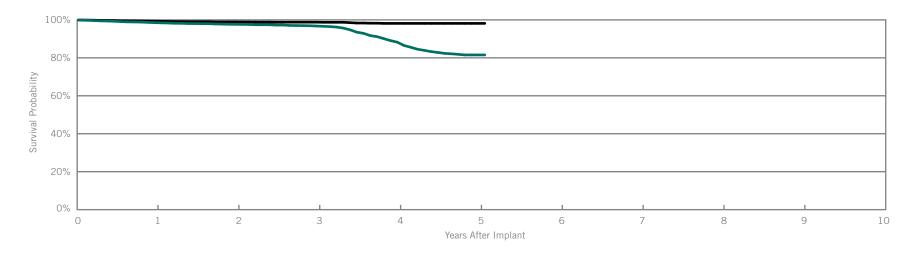
### SJM Confirm<sup>™</sup>

#### Model DM2100

US Regulatory Approval	August 2008
Registered US Implants	15,963
Estimated Active US Implants	9,342
Estimated Longevity	3 Years*
Normal Battery Depletion	177
Number of US Advisories (see pgs. 280-292)	One

### **Customer Reported Performance Data**

	Mai	tunctions
	Qty	Rate
Electrical Component	2	0.01%
Electrical Interconnect	1	<0.01%
Battery	14	0.09%
Software/Firmware	11	0.07%
Mechanical	0	0.00%
Possible Early Battery Depletion	0	0.00%
Other	29	0.18%
Total	57	0.36%



#### Including Normal Battery Depletion -

	, p							
Year	1	2	3	4	5	at 61 months		
Survival Probability	98.54%	97.65%	96.77%	88.26%	81.53%	81.53%		
± 1 standard error	0.10%	0.15%	0.20%	0.58%	0.90%	0.90%		
Sample Size	12,610	7,500	4,520	2,440	920	280		

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

Year	1	2	3	4	5	at 61 months		
Survival Probability	99.29%	98.91%	98.79%	98.15%	98.15%	98.15%		
± 1 standard error	0.07%	0.10%	0.11%	0.20%	0.20%	0.20%		





# 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™	98.54%	97.65%	96.77%	88.26%	81.53%					

### **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%	98.91%	98.79%	98.15%	98.15%					

## Malfunction Summary

										Malfuncti	ons							
		Registered		Electrical Electrical Interconnect			Bat	ttery		tware/ nware	Mech	nanical	Ва	ole Early ttery letion	Otl	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™	15,963	2	0.01%	1	<0.01%	14	0.09%	11	0.07%	0	0.00%	0	0.00%	29	0.18%	57	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 April 11, 2014. The Durata leads CLAS summary is available on page 272.

<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, Vol. 10, Issue 12, Pages 1778-1782, December 2013.



<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.

Riata<sup>™</sup>/Riata<sup>™</sup> ST CLAS Summary (as of April 11, 2014): 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 470 patients (61%) completed at least 1 year of follow-up with fluoroscopic evaluation (8F/7F= 65.5%/34.5%). The time from implant for 8F Riata leads was 8.5±1.6 years (mean±stdev; median = 8.4 years; IQR = 7.5 to 9.4 years). The time from implant for 7F Riata ST leads was 6.8±0.9 years (mean±stdev; median = 7.0 years; IQR = 6.2 to 7.5 years). The incidence of new EC after 1 year in the study was 2.0% in 7F leads and 4.3% in 8F leads (p = 0.23). During a mean follow-up period of 19.7±7.8 months (mean±stdev), a total of 17 leads (5 with EC, 12 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 (3.1% vs. 2.0%, p = 0.37). Fluoroscopy data for 3 additional leads are pending adjudication and enrollment of Riata/Riata ST leads is on-going in the Cardiac Lead Assessment Study.

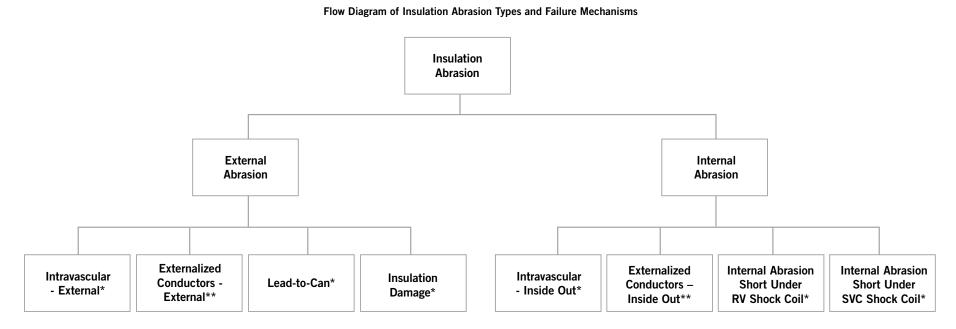
QuickSite<sup>™</sup>/QuickFlex<sup>™</sup> CLAS Summary (as of April 11, 2014): A total of 385 patients implanted with QuickSite/QuickFlex Left Ventricular CRT leads at 29 centers underwent fluoroscopic evaluation. These include 64 leads implanted in 2006, 66 leads in 2007, 79 leads in 2008, 109 leads in 2009, and 67 leads in 2010, with an implant duration of 4.6±1.2 years (mean±stdev; median = 4.6 years; IQR = 3.7 to 5.4 years). The prevalence of externalized conductors at enrollment was 0.5%. The mean follow-up was 10.4±8.7 months (mean±stdev), during which there have been no cases of electrical dysfunction. Fluoroscopy data for 17 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 February 28, 2014, there were 3,802 cases of externalized conductors reported to St. Jude Medical worldwide on Riata™ (8F) and Riata™ ST (7F) silicone defibrillation leads, equating to a 2.07% (3224/156,000) incidence rate for Riata (8F) and 0.82% (578/70,600) for Riata ST (7F) leads. Of these 3,802 leads, 2,930 were not returned and 872 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.

A flow diagram depicting specific insulation abrasion failure mechanisms for Riata™ ST silicone leads is shown in the following figure.



<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 11,400 Riata and Riata ST leads have been returned for analysis worldwide through February 28, 2014. 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	0.32%	0.28%
Externalized Conductors – External**	External Abrasion	0.31%	0.15%
Lead-to-Can*	External Abrasion	0.66%	0.59%
Insulation Damage*	External Abrasion	0.08%	0.04%
Intravascular - Inside Out*	Internal Abrasion	0.34%	0.17%
Externalized Conductors - Inside Out**	Internal Abrasion	1.78%	0.68%
Internal Abrasion Short Under RV Shock Coil*	Internal Abrasion	0.08%	0.02%
Internal Abrasion Short Under SVC Shock Coil*	Internal Abrasion	0.06%	0.006%

<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<sup>™</sup> 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 page 267, 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 April, 11, 2014 has found no evidence of conductor externalization in Durata leads. A total of 630 patients implanted with Durata leads at 28 centers underwent fluoroscopic evaluation. These include 159 leads implanted in 2008, 256 leads in 2009, and 215 leads in 2010, with an implant duration of  $4.0\pm0.8$  years (mean $\pm$ stdev), median = 4.0 years; IQR = 3.4 to 4.7 years). None of the 630 leads exhibited externalized conductors. During a mean follow-up period of  $6.7\pm3.0$  months (mean $\pm$ stdev), there have been no cases of electrical dysfunction for revised leads, as determined by an expert, independent physician panel. Fluoroscopy data for 18 additional leads are pending adjudication and enrollment of Durata leads is on-going in the Cardiac Lead Assessment Study.

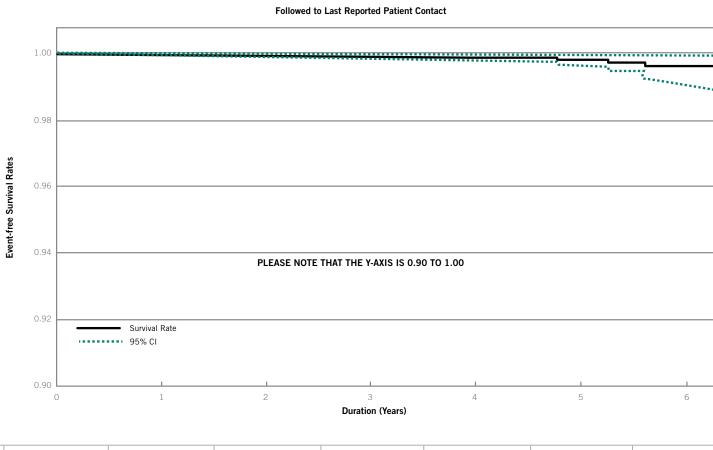
Beginning in 2006, three prospective, outcome-oriented, actively monitored registry studies have enrolled Durata and Riata™ ST Optim™ leads: the OPTIMUM registry, SCORE registry, and the SJ4 Post Approval Study (PAS). Currently, a total of 11,031 Optim insulated leads (8,162 Durata and 2,869 Riata ST Optim leads) are enrolled in these studies at 293 sites. The raw data from these registries, current as of February 28, 2014, were independently analyzed by the Population Health Research Institute (PHRI) of McMaster University/Hamilton Health Science. 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 273.

### An Independent Analysis of Durata™ and Riata™ ST Optim™ Lead Failure Rates in Active Registries by PHRI (data through February 28, 2014)

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	0.56%	0.43% - 0.71%	99.1%

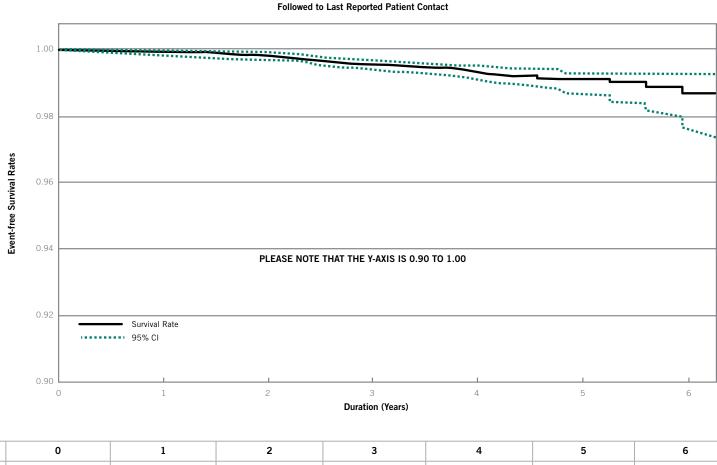
Event-Free Survival Rates for All-Cause Insulation Abrasion (Figure 1), and All-Cause Mechanical Failures (Figure 2) in Optim<sup>™</sup> ICD leads were calculated by PHRI. The follow-up duration for active leads was based on last reported patient contact either in office or through remote monitoring. 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	6
Leads at Risk	11,031	9,994	8,620	6,869	4,451	1,813	452

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	6
Leads at Risk	11,031	9,989	8,609	6,845	4,432	1,799	448

#### **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 12,000 Riata ST Optim and Durata leads have been returned for analysis worldwide through February 28, 2014. Returned leads may exhibit more than one failure mechanism; hence the incidence rates presented in the table are not mutually exclusive.

Durata™ (WW Sales 434,000) 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 = 467,000)
Intravascular – External*	External Abrasion	0.013%
Externalized Conductors – External**	External Abrasion	0.004%
Lead-to-Can*	External Abrasion	0.038%
Insulation Damage*	External Abrasion	0.016%
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 271).

<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 insulation.

## 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<sup>™</sup> lead insulation, now featured in IsoFlex<sup>™</sup> Optim<sup>™</sup>, Tendril<sup>™</sup> STS, OptiSense<sup>™</sup>, QuickFlex<sup>™</sup> µ, Quartet<sup>™</sup>, and Durata<sup>™</sup> 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 >2.7 million Optim insulated pacing and tachycardia leads implanted worldwide continues to be excellent.

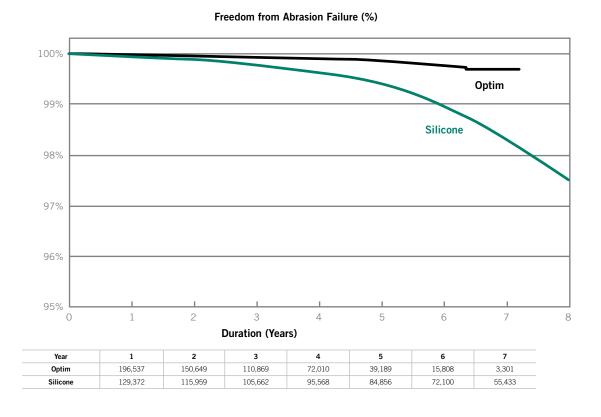
All aspects of Optim lead insulation performance can be appreciated by referring to the Acute Observation, Chronic Complication, Lead Malfunction, and Survival Probability data found in this Product Performance Report. One noteworthy reliability benefit of Optim lead insulation is a significant reduction 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 defibrillation 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 December 31, 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 86 months. To provide a direct comparison of both model groups, the probability of an abrasion malfunction by 86 months of implant time is also presented in graphical format below.

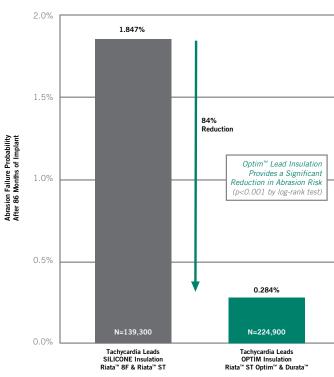
The data show that the presence of Optim<sup>™</sup> lead insulation dramatically reduces the probability of abrasion malfunction in tachycardia leads at 86 months by 84%, which was confirmed to be statistically significant (p<0.001) by a log-rank test.

#### Optim<sup>™</sup> Lead Insulation Effects on SJM Tachycardia Lead Abrasion

Kaplan-Meier Analysis of US Returns Analysis Data



#### Abrasion Malfunction Probability after 86 Months of Implant



<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>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>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

#### **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<sup>™</sup> 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 (December 31, 2013): At the time of the advisory there were 20 devices confirmed to be affected by this issue. As CD1235-40, CD1235-40Q, CD2235-40 and CD2235-40Q via a of December 31, 2013 there were an additional 21 devices confirmed with this issue. There have been no reports of serious injury or death. 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 raditimodale.	7.4.100.)	
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 ON.  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 (December 31, 2013): At the time of the advisory there was one report of this issue out of approximately 330

Follow-up Recommendations at Time of Advisory

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 (December 31, 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 Decemebr 31, 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:

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 (December 31, 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 December 31, 2014 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

Epic<sup>™</sup> DR/HF (V-233/V-337/V-338). Epic™ Plus DR/VR/HF (V-236/V-239/V-196/ V-239T/V-196T/V-350). Atlas™ DR (V-242). and Atlas™ Plus DR/VR/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:

- 1. 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-233Ñ-337/V-338). Epic™ Plus DR/VR/HF (V-236/V-239/V-196/V-239T/V-196T/V-350). Atlas™ DR (V-242). and Atlas™ Plus DR/VR/HF (V-243/V-193/V-193C/V-340/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 "On," 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

Current Status (December 31, 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™ + F CRT-D (V-338), Epic™ + F 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 (December 31, 2013): There have been no implanted devices confirmed to have been affected by this issue since the time of the advisory.
Model Identification	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.
		If these capacitors fail, two different clinical manifestations may be observed, depending on the location of the failed capacitors: <b>Low Voltage Module:</b> The devices may exhibit sudden loss of sensing or oversensing of internally generated interference (noise) resulting in aborted or delivered shocks. Due to the potential for sudden loss of sensing, which would prevent the ICD from detecting ventricular tachyarrhythmias, device replacement should be considered for patients with devices incorporating the suspect capacitors in this location. In making this decision, you should weigh the likelihood that your patient will have one of the few additional devices expected to fail against the risk associated with the replacement procedure. For patients who do not have their devices replaced, St. Jude Medical recommends monthly monitoring for the remaining months during which additional failures are expected to occur and every three months thereafter.
		High-Voltage Module: The devices may exhibit premature battery depletion with no other clinical manifestations. While the battery voltage may drop rapidly to a value near or below the device's ERI, it stabilizes for several months at a value at which the device continues to detect arrhythmias and deliver therapy appropriately. In addition, some of these devices may exhibit oversensing of internally generated electrical interference (noise), which may result in false detection of tachyarrhythmias. However, during charging, the interference abates, and the therapy is usually aborted without the delivery of inappropriate shocks to the patient. Because these devices generally continue to respond appropriately to spontaneous tachyarrhythmias, and because the battery voltage stabilizes for several months at a level that does not compromise device function, St. Jude Medical recommends that patients with devices incorporating suspect capacitors in this location be monitored monthly for the remaining months during which additional failures are expected to occur and every three months thereafter.

### Pacemaker and CRT-P Devices

#### **Model Identification** Follow-up Recommendations at Time of Advisory 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 (rate responsive) pacing rates in response to patient physical ■ Continue to follow patients on their standard follow-up schedule. activity. All other programmed parameters, features and functions operate as designed, e.g. an Accent DR device Current Status (December 31, 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 the time of the software release in April 2013 through June 30, 2013. properly function in the DDD mode. A non-invasive programmer 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 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 (December 31, 2013): World-wide, 13 Accent DR (<0.01%) and 225 Anthem CRT-P (1.6%) devices have exhibited this diagnostic anomaly.



## Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
ldentity™ 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 (December 31, 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 December 31, 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. 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.  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 0N  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 wi

There is no need to consider replacement of the devices as the temporary programming outlined above and the forthcoming device firmware update will eliminate the potential for the described phenomenon from occurring in the future.

Current Status (December 31, 2013): There have been no implanted devices confirmed to have been affected by this issue since the time of the advisory.



pacemaker code.

## 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 <sup>™</sup> 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

Tempo<sup>™</sup> 1102, 1902, 2102, 2902, and Meta<sup>™</sup> 1256D

**Model Identification** 

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.

#### Follow-up Recommendations at Time of Advisory

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.

#### Advisory

Trilogy<sup>™</sup> 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.

#### Follow-up Recommendations at Time of Advisory

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. In the event that observed dashes (——) cannot be resolved 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:

- 1. 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.
- Replacement of a device always remains a matter of clinical judgement, including balancing the clinical risk associated with pacemaker replacement against the risk of device malfunction.
- 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

Woder Identification	Auvisory	Tollow-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.
		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	4/3/2012 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 (December 31, 2013): At the time of the advisory there was a worldwide reported externalized conductor rate of 0.023% in QuickSite and QuickFlex leads. As of December 31, 2013, the worldwide reported externalized conductor rate for QuickSite and QuickFlex leads was 0.095%.

### Defibrillation Leads

**Model Identification** 

Riata™ Defibrillation Lead (Models 1570, 1571, 1572, 1580, 1581, 1582) Riata™ i Defibrillation Lead (Models 1560, 1561, 1562, 1590, 1591, 1592) Riada™ ST Defibrillation Lead (Models 7000, 7001, 7002, 7010, 7011, 7040, 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 267-271 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 (February 28, 2014): At the time of the advisory there was a worldwide reported all-cause insulation abrasion rate of 0.63% for Riata silicone leads. The worldwide reported rate for the subcategory of externalized conductors in Riata silicone leads was 0.10%. As of Current Status February 28, 2014, there have been additional reports. The worldwide reported rates of all-cause abrasion and externalized conductors for Riata silicone leads was 2.88% and 1.68% respectively.

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. 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 Therapy, 3rd ed.</u> Eds. Ellenbogen, K.A., Kay G.N., Lau, C-P., Wilkoff, B.L. Philadelphia: Elsevier, 2007. 1063-1086.



### **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

#### 12/15/2010 Outside US Only

Abrasion of silicone defibrillation leads is acknowledged within the clinical community as a well known clinical risk and is documented in the literature as the number one cause of lead failure across the industry with reported failure rates ranging from 3 to 10%. After more than 9 years of clinical use and approximately 227,000 implants, silicone insulated Riata™, Riata™ i, and Riata™ ST defibrillation leads have exhibited an insulation abrasion rate of 0.47% (inclusive of confirmed returns and complaints/observations with no associated return). There are several factors that can contribute to lead abrasion in implanted pacing and defibrillation systems, including physiological stresses placed on the lead due to patient anatomy, implant orientation, and mechanical stresses applied from concomitant devices in the body.

A summary of the types and incidence rates of Riata abrasion malfunctions is presented on pages 267-271 of this Product Performance Report.

#### Follow-up Recommendations at Time of Advisory

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 or remote monitoring 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 procedure 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. I 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 if one exists.

Consider remote monitoring and advise your patients of the importance of contacting you if they experience any adverse events.

**Current Status (February 28, 2014):** At the time of the advisory there was a worldwide reported insulation abrasion rate of 0.47% for Riata silicone leads. As of February 28, 2014, there have been additional reports and the worldwide reported insulation abrasion rate is 2.88%.

<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 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 not corrected this state could result in premature battery depletion.	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.
	saccos, approxim	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.

St. Jude Medical is in the process of developing new Merlin PCS programmer software that will properly upgrade SJM Confirm devices.

Current Status (December 31, 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.

# HEALTHCARE PROFESSIONAL COMMUNICATIONS



# HEALTHCARE PROFESSIONAL COMMUNICATIONS

## Pacemaker and CRT-P Devices

Model Identification	Communication	Details
Affinity™, Entity™, Integrity™, Identity™, Sustain™, Frontier™, Victory™ and Zephyr™ models	1/29/2014 Worldwide As part of St. Jude Medical's commitment to communications on device performance, and in consultation with our Medical Advisory Board, we provided Health Care Professionals information regarding possible effects of electrocautery on older generation St. Jude Medical pacemakers.	St. Jude Medical has reviewed incident reports on specific older generation pacemaker models exposed to electrocautery. When devices from these pacemaker families are exposed to electrocautery (as well as the PEAK PlasmaBlade™blade), they may exhibit a temporary change in function that could persist for 30 seconds or longer after the electrocautery exposure has been terminated. The duration of the effect depends on several factors including the battery voltage of the device, the energy of the electrocautery output, and the distance from the electrocautery source to the implanted system. The most clinically significant observation has been loss of capture due to a transient reduction in the pacing output voltage. Placing a magnet over the device or programming to an asynchronous pacing mode will not preven this temporary reduction in pacing output.
		The effects of electrocautery on cardiac implantable electronic device operation are well documented in the scientific literature and most, if not all, pacemaker and implantable cardioverter defibrillator (ICD) User's Manuals include labeling about the use of electrosurgery equipment and its possible effects on the operational characteristics and/or internal circuitry of these devices.
		As is the case with all perioperative assessments in patients with cardiac implantable electronic devices, evaluating the individual patient's dependence on the implanted device should be assessed prior to any procedure that would ordinarily require electrocautery, particularly a pacemaker procedure. If pacemaker dependency is identified, either do not use electrocautery or employ appropriate precautions to ensure that the heart rate will be supported in the presence of electrocautery. Consideration of placing a temporary transvenous pacemaker is appropriate. <sup>1,2</sup>
		All St. Jude Medical pacemaker and ICD User's Manuals provide Warnings and Precautions regarding the use of electrosurgical devices in the vicinity of an implanted device.
		Importantly, the more recent families of St. Jude Medical pacemakers (Accent and Anthem) and all ICDs are not subject to this temporary change in function from the extended effects of electrocautery.
		References:  1 Hayes and Friedman, Cardiac Pacing, Defibrillation and Resynchronization, 2nd Edition, p. 192  2 Ellenbogen and Wood, Cardiac Pacing and ICDs, 4th Edition, p. 227

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# INDEX OF PHASED-OUT MODELS



# 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.

Atlas™ + HF (V-340)  Epic™ HF (V-337)  Epic™ HF (V-338)  Epic™ II HF (V-355)  Frontier™ (5508)  Promote™ (3107-36)  ICDs  Atlas™ DR (V-240)  Atlas™ DR (V-199)  Contour™ II (V-185, V-185AC, V-185B, V-185C, V-185D)  Contour™ MD (V-175, V-175AC, V-175B, V-175C, V-175D)  Current™ DR (2107-36)  Current™ VR (1107-36)  Current™ VR (1207-30)  Epic™ + DR (V-236)  Epic™ DR (V-233)  Epic™ DR (V-235)  Epic™ II DR (V-255)  Epic™ II DR (V-258)  Epic™ II VR (V-197)  Epic™ II VR (V-158)  Photon™ p DR (V-230HV)  Photon™ p VR (V-194)  Profile™ (V-186F, V-186HV3)  Defibrillation Leads  Riata™ ST Optim™ (7030, 7031)  TVL™ RV (RV01, RV02, RV03, RV06, RV07)  TVL™ SVC (SV01, SV02, SV03)	Final Edition Apr 2011 Apr 2011 May 2010 Apr 2011 May 2010 Nov 2010  Final Edition May 2010 Nov 2010 May 2008 May 2010 Nov 2010 May 2010 Nov 2013 May 2010 Apr 2011 Nov 2010 May 2010 Apr 2011 Nov 2010 May 2010 Nov 2013 Nov 2010 Nov 2013 Nov 2010 Nov 2013 Nov 2010 Nov 2013 Toct 2007 Oct 2009 May 2010 Oct 2007 Final Edition Nov 2013 May 2010	Pacemakers         AddVent™ (2060)         Affinity™ VDR (5430)         Integrity™ ADx SR (5160)         Integrity™ μ DR (5336)         Integrity™ ADx DR (5360)         Meta™ DDDR (1256)         Meta™ DDDR (1256D)         Paragon™ II (2010, 2011, 2012)         Paragon™ III (2304, 2314, 2315)         Phoenix™ III (2204, 2205)         Phoenix™ II (2005, 2008, 2009)         Regency™ SC+ (2400L, 2402L)         Solus™ (2002, 2003)         Solus™ II (2006, 2007)         Synchrony™ III (2028, 2029)         Tempo™ DR (2102)         Tempo™ DR (2102)         Tempo™ VR (1902)         Trilogy™ DC (2308)         Trilogy™ DC+ (2318)         Trilogy™ DR (2350)         Trilogy™ DR+ (2360, 2364)         Trilogy™ SR+ (2260, 2264)	Final Edition May 2010 May 2010 Nov 2013 Nov 2013 Nov 2010 Nov 2013 Oct 2008 Oct 2008 Nov 2010 Nov 2010 May 2010 May 2010 Apr 2009 Nov 2010 May 2010 Nov 2010 Oct 2009 May 2010 Oct 2009 May 2010 Oct 2008 Oct 2008 Oct 2008 Oct 2008 Oct 2008 May 2010 May 2010 Nov 2010
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# PHASED-OUT MODELS

Pacing Leads	<b>Final Edition</b>
ACE™ (1015M, 1025M)	Oct 2009
Fast-Pass <sup>™</sup> (1018T, 1028T)	Oct 2009
IsoFlex <sup>™</sup> P (1644T)	Apr 2011
Passive Plus™ (1135K, 1143K, 1145K,1235K, 1243K, 1245K)	May 2010
Passive Plus <sup>™</sup> DX (1343K, 1345K)	May 2010
Permathane™ ACE (1035M)	May 2010
Permathane™ ACE (1036T, 1038T)	May 2010
Tendril™ (1188K)	May 2010
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

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