# Implantable Electronic Systems Division Product Performance Report 2014 Second Edition



# Letter from St. Jude Medical

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

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

Continuing within this edition of the PPR and consistent with the previously published edition, St. Jude Medical reports on expanded data from actively monitored studies. Since 2007, the PPR has featured pacemaker, ICD, and lead data from the St. Jude Medical Product Longevity and Performance Registry (SCORE). Post-Approval studies are now standard practice for St. Jude Medical, providing a rich source of actively collected and continuously monitored reliability and performance data for cardiac rhythm management products. This PPR also features a product performance data set which includes OPTIMUM, SCORE and three Post-Approval Studies. This combined dataset encompasses more than 62,000 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 second edition of the 2014 Product Performance Report containing the latest performance information on our ICMs, ICDs, pacemakers and lead systems.

Sincerely. / Sing

Philip Tsung Vice President, Customer Quality



# TABLE OF CONTENTS

INTRODUCTION AND OVERVIEW	1
Cardiac Resynchronization Therapy (CRT) Devices	
CRT ICDs	
Performance Data	18
Battery Longevity	46
Summary Information	48
CRT PACEMAKERS	
Performance Data	57
Summary Information	62
Left-Heart Leads	
Performance Data	66
Summary Information	80
Implantable Cardioverter Defibrillator (ICD) Devices	
DUAL-CHAMBER	
Performance Data	85
Battery Longevity	108
Summary Information	110
SINGLE-CHAMBER	
Performance Data	118
Battery Longevity	136
Summary Information	138
Defibrillation Leads	
Performance Data	146
Summary Information	175



# TABLE OF CONTENTS

Pacemakers	
DUAL-CHAMBER	
Performance Data	181
Summary Information	204
SINGLE-CHAMBER	
Performance Data	211
Summary Information	225
Pacing Leads	
Performance Data	231
Summary Information	262
mplantable Cardiac Monitors (ICMs)	
Performance Data	267
Summary Information	269
OCUS ON CLINICAL PERFORMANCE	
Update on Riata <sup>™</sup> Lead Performance	272
Update on Durata <sup>™</sup> Lead Performance	277
Update on Optim <sup>™</sup> Lead Insulation	282
ADVISORIES AND SAFETY ALERTS	284
HEALTHCARE PROFESSIONAL COMMUNICATIONS	300
NDEX	302
NDEX OF PHASED-OUT MODELS	305



# Serving Our Mission

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

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

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

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



# What You'll Find in This Report

- Table of Contents
- A summary of the methods St. Jude Medical has used for measuring product performance, including key definitions of terms used in preparing this report
- For each Implantable Cardioverter Defibrillator (ICD), Pacemaker, Implantable Cardiac Monitor (ICM), and Lead model with at least 500 active devices in service, St. Jude Medical provides product performance data, according to industry guidelines, collected through June 30, 2014, including:
  - A table of basic information about each model
  - Survival probability provided in graphical and tabular format
  - For the more recent products, the quantity, rate, and type of product malfunctions are detailed
  - For the more recent lead models, the quantity, rate, and type of customer complaints (acute observations and chronic complications) are detailed
- Summary tables of performance data, organized by product type and model
- For all ICD, pacemaker, ICM, and lead models that meet Actively Monitored Study Data Registry inclusion criteria, St. Jude Medical provides active registry performance data, collected through June 30, 2014, including:
  - A table of basic information about each model
  - Survival probability provided in graphical and tabular format
  - A table of all Qualifying Complications including quantity and rate
  - A table with quantity, rate, and type of product malfunctions
- A Focus on Clinical Performance section which provides product performance data on a variety of unique topics, including:
  - Riata<sup>™</sup> lead performance
  - Durata<sup>™</sup> lead performance including an independent analysis of active registry data by 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<sup>™</sup> Lead Performance

In order to provide our physician customers and patients the most up-to-date information, St. Jude Medical has included an update on Riata lead performance in the Focus on Clinical Performance section (see pages 272-276). 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 approximately 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 277-281).

### 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 282-283).



### Worldwide Laboratory Analysis

In addition to the previously added worldwide laboratory analysis results of returned Durata<sup>™</sup> 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 U.S. 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 300 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 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<sup>™</sup> DR model PM2110 pacemaker is based on the mean longevity (or 50%) value in the product literature corresponding to pacing at 60 ppm, 2.5V dual-chamber output at 0.4 ms pulse width, 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.

The ISO 5841-2:2000(E) "Reporting of Clinical Performance of Populations of Pulse Generators and Leads" was revised in August 2014. The revision clarified survivor definitions and reporting methods, further standardizing product performance reporting across the cardiac rhythm management implantable device and lead manufacturers. However, since this Product Performance Report's dataset precedes the new international standard definitions, the 2015 First Edition will incorporate these changes found in ISO 5841-2:2014.



### 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<sup>™</sup> and Riata<sup>™</sup> ST lead families (summary on pages 297-298) and in our April 2012 communication regarding insulation abrasion failures on QuickSite<sup>™</sup> and QuickFlex<sup>™</sup> lead families. Additional information regarding externalized conductors on Riata<sup>™</sup> and Riata<sup>™</sup> 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>™</sup> µ Post-Approval Study, the Quadripolar CRT-D Post-Approval Study, and the OPTIMUM registry. These actively monitored study data now represent >62,000 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 <sup>™</sup> 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 <sup>™</sup> Insulation)



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

#### ICDs

**Defibrillation Leads** 

Quadra Assura<sup>™</sup> CRT-D (Model CD3365-40Q)\* Quadra Assura<sup>™</sup> 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) Fortifv<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)

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 1488) OptiSense<sup>™</sup> (Model 1999) OptiSense<sup>™</sup> (Model 1699) IsoFlex<sup>™</sup> S (Model 1646) IsoFlex<sup>™</sup> Optim<sup>™</sup> (Model 1948)



### **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**

### **Qualifying Clinical Action**

Abnormal Defibrillation Impedance Abnormal Pacing Impedance Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure to Capture Failure to Capture Failure to Sense Inappropriate Shock Insulation Breach Lead Dislodgement Loss of Telemetry Oversensing Pericardial Effusion Premature Battery Depletion Skin Erosion 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.



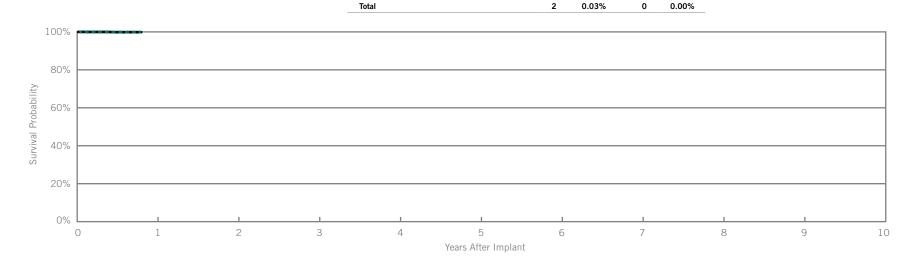
# CARDIAC RESYNCHRONIZATION THERAPY (CRT) DEVICES

CRT ICDs



## Quadra Assura<sup>™</sup> CRT-D

lodel CD3365-40Q*			w/ Co	functions mpromised herapy	Malfunctions w/o Compromised Therapy	
US Regulatory Approval	June 2013	-	Qty	Rate	Qty	Rate
Registered US Implants	7,604	Electrical Component	0	0.00%	0	0.00%
Estimated Active US Implants	7,293	Electrical Interconnect	1	0.01%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%	0	0.00%
		Possible Early Battery Depletion	0	0.00%	0	0.00%
		Other	1	0.01%	0	0.00%
		Total	2	0.03%	0	0.00%



#### Including Normal Battery Depletion

Year	at 10 months					
Survival Probability	99.85%					
± 1 standard error	0.08%					
Sample Size	230					

Year	at 10 months					
Survival Probability	99.85%					
± 1 standard error	0.08%					



## Actively Monitored Study Data

## Quadra Assura<sup>™</sup> CRT-D

del CD3365-40Q	·D						w/ Compromised w/o Therapy		w/o Coi	Malfunctions to Compromise Therapy	
S Regulatory Approval	June 2013	Qualifying Comp	plications				Qty	Rate	Qty	Rate	
umber of Devices Enrolled in Study	140	None Reported				Electrical Component	0	0.00%	0	0.00%	
umulative Months of Follow-up	982					Electrical Interconnect	0	0.00%	0	0.00%	
stimated Longevity	(see table on page 47)					Battery	0	0.00%	0	0.00%	
lax. Delivered Energy	40 joules					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	0.009	
80%										-	
										-	
60%										-	
60% 40% 20%					6					-	
60% 40% 20%	i 2	   3	  4	r 5 Years After Implan	6					-	

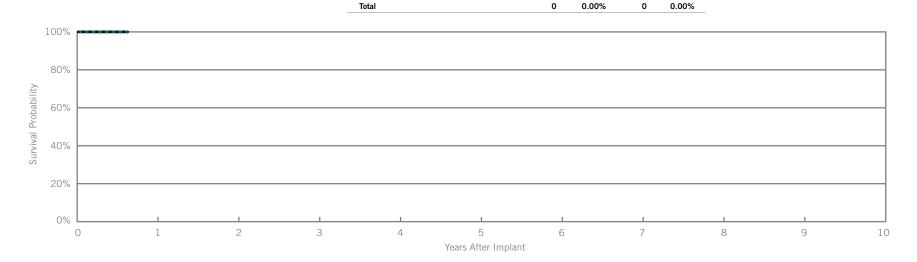
Year	at 8 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	90					





## Quadra Assura<sup>™</sup> CRT-D

Model CD3365-40C*			w/ Co	functions mpromised herapy	w/o Co	unctions mpromised nerapy
US Regulatory Approval	June 2013		Qty	Rate	Qty	Rate
Registered US Implants	1,663	Electrical Component	0	0.00%	0	0.00%
Estimated Active US Implants	1,572	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%	0	0.00%
		Possible Early Battery Depletion	0	0.00%	0	0.00%
		Other	0	0.00%	0	0.00%



#### Including Normal Battery Depletion -

Year	at 8 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	270					

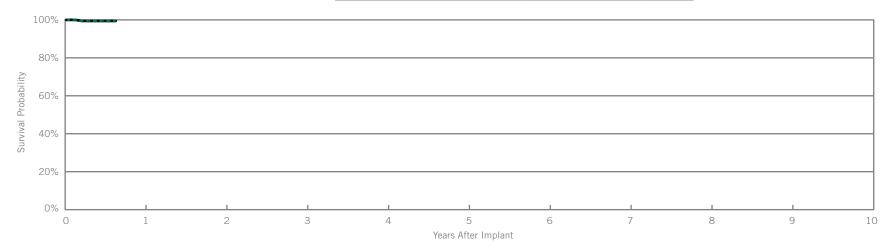
Year	at 8 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					



### Unify Assura<sup>™</sup> CRT-D Model CD3357-40Q\*

US Regulatory Approval	June 2013	
Registered US Implants	1,387	- E
Estimated Active US Implants	1,321	E
Estimated Longevity	(see table on page 47)	в
Normal Battery Depletion	0	
Max. Delivered Energy	40 joules	S
Number of US Advisories	None	N

	w/ Cor	unctions npromised nerapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	2	0.14%	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	2	0.14%	0	0.00%



#### Including Normal Battery Depletion

Year	at 8 months					
Survival Probability	99.44%					
± 1 standard error	0.25%					
Sample Size	210					

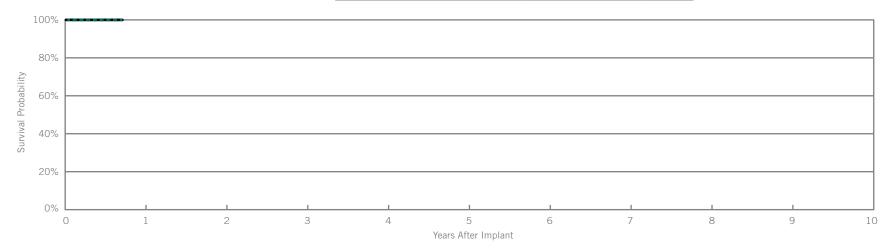
Year	at 8 months					
Survival Probability	99.44%					
± 1 standard error	0.25%					



### Unify Assura<sup>™</sup> CRT-D Model CD3357-40C\*

US Regulatory Approval	June 2013
Registered US Implants	2,595
Estimated Active US Implants	2,478
Estimated Longevity	(see table on page 47)
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 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	240					

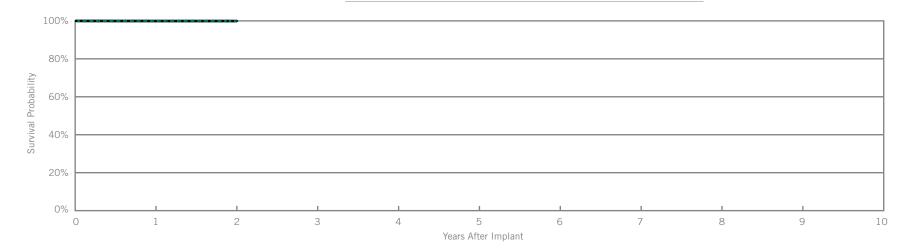
Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					



## Quadra Assura<sup>™</sup> CRT-D

Model

Model CD3265-40Q*			w/ Co	functions mpromised herapy	w/o Co	unctions mpromised herapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	13,286	Electrical Component	1	<0.01%	2	0.02%
Estimated Active US Implants	11,724	Electrical Interconnect	1	<0.01%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	2	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	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	2	0.02%	2	0.02%



#### Including Normal Battery Depletion

Year	1	2				
Survival Probability	99.87%	99.87%				
± 1 standard error	0.03%	0.04%				
Sample Size	9,900	330				

Year	1	2				
Survival Probability	99.91%	99.91%				
± 1 standard error	0.02%	0.03%				



## Actively Monitored Study Data

## Quadra Assura<sup>™</sup> CRT-D

Number of Devices Enrolled in Study         409         None Reported           Cumulative Months of Follow-up         3,752           Estimated Longevity         (see table on page 47)           Max. Delivered Energy         40 joules           Edectrical Interconnect         0         0.00%         0         0.00%           Max. Delivered Energy         40 joules         1         0.00%         0         0.00%	D						Malf w/ Cor Tł	unctions npromised ierapy	Malf w/o Cor Th	inctions npromisec erapy
Cumulative Months of Follow-up Estimated Longevity Gete table on page 47) Max. Delivered Energy 40 joules 40 joules	May 2012	Qualifying Com	nplications				Qty	Rate	Qty	Rate
Eatimated Longevily         (see table on page 47)         Battery         0         0.00%         0         0.007           Max. Delverd Energy         40 joules         0         0.00%         0         0.000         0         0.000           Max. Delverd Energy         40 joules         0         0.00%         0         0.000           Max. Delverd Energy         40 joules         0         0.00%         0         0.000           Mechanical         0         0.00%         0         0.000         0         0.000           Mechanical         0         0.00%         0         0.000         0         0.000           Other         0         0.00%         0         0.000         0         0.000           Other         0         0.00%         0         0.000         0         0.000           100%         0         0.000         0         0.000         0         0.000           40%         0         0.00%         0         0.00%         0         0.00%           20%         0         1         2         3         4         5         6         7         8         9         10	409	None Reported	1			Electrical Component	0	0.00%	0	0.00%
High Valtage Capacitor       0       0.00%       0       0.00%         Software/Firmware       0       0.00%       0       0.00%         Software/Firmware       0       0.00%       0       0.00%         Possible Early Battery Depletion       0       0.00%       0       0.00%         Other       0       0.00%       0       0.00%       0       0.00%         Total       0       0.00%       0       0.00%       0       0.00%         60%       0       0.00%       0       0.00%       0       0.00%         40%       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%       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 <td< td=""><td>3,752</td><td></td><td></td><td></td><td></td><td>Electrical Interconnect</td><td>0</td><td>0.00%</td><td>0</td><td>0.00%</td></td<>	3,752					Electrical Interconnect	0	0.00%	0	0.00%
Software/Firmware       0       0.00%       0       0.009         Mechanical       0       0.00%       0       0.009         Possible Early Battery Depletion       0       0.00%       0       0.009         Other       0       0.00%       0       0.009         Total       0       0.00%       0       0.009         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         60%       -       -       -       -         0%	(see table on page 47)					Battery	0	0.00%	0	0.00%
Mechanical         0         0.00%         0         0         0         0	40 joules					High Voltage Capacitor	0	0.00%	0	0.00%
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						Software/Firmware	0	0.00%	0	0.00%
Other       0       0.00%       0       0.00%         Total       0       0.00%       0       0.00%         00%       0       0.00%       0       0.00%       0       0.00%         00%       0       0.00%       0       0.00%       0       0.00%       0       0.00%         00%       0       0.00%       0       0.00%       0       0.00%       0       0.00%         00%       0       0       0       0       0       0.00%       0       0.00%         00%       0						Mechanical	0	0.00%	0	0.00%
Total       0       0.00%       0       0.009         100%       80%       -						Possible Early Battery Depletic	n O	0.00%	0	0.00%
						Other	0	0.00%	0	0.00%
80% 60% 40% 20% 0 1 2 3 4 5 6 7 8 9 10						Total	0	0.00%	0	0.00%
20% 0% 1 2 3 4 5 6 7 8 9 10										-
20% 0% 1 2 3 4 5 6 7 8 9 10										
0 1 2 3 4 5 6 7 8 9 10										
		409 3,752 (see table on page 47)	May 2012 409 3,752 (see table on page 47) Qualifying Con None Reported	May 2012     Qualifying Complications       409     None Reported       3,752     (see table on page 47)	May 2012     Qualifying Complications       409     None Reported       3,752     (see table on page 47)	May 2012     Qualifying Complications       409     None Reported       3,752     (see table on page 47)	May 2012       Qualifying Complications         409       None Reported       Electrical Component         3,752       Electrical Interconnect       Battery         (see table on page 47)       High Voltage Capacitor       Software/Firmware         40 joules       Kechanical       Possible Early Battery Depletice	Mag 2012       Qualifying Complications       Reported         409       None Reported       0         3,752       Electrical Component       0         (see table on page 47)       Electrical Interconnect       0         40 joules       Battery       0         Kight Voltage Capacitor       0       0         Software/Firmware       0       0         Mag 2012       Possible Early Battery Depletion       0         Other       0       0	May 2012       Qualifying Complications       Rate         409       None Reported       0       0.00%         3,752       Electrical Component       0       0.00%         (see table on page 47)       Battery       0       0.00%         40 joules       High Voltage Capacitor       0       0.00%         Software/Firmware       0       0.00%         Machine Carlow       0       0.00%         May 2012       Main and the second se	Mail functions w/ Componies       Mail functions w/ Componies

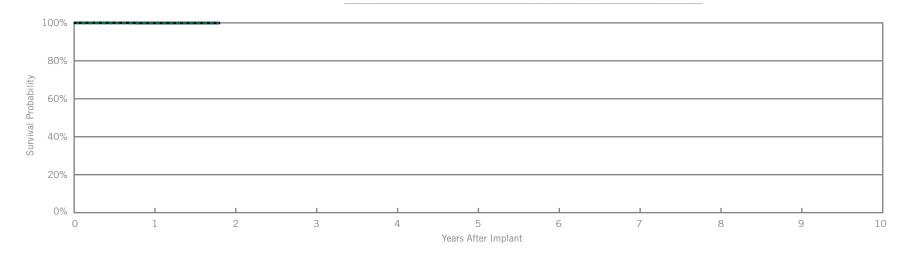
Year	1	at 13 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	250	90				





## Quadra Assura<sup>™</sup> CRT-D

Model CD3265-40	D		w/ Co	functions mpromised herapy	w/o Co	unctions mpromised nerapy
US Regulatory Approval	May 2012	-	Qty	Rate	Qty	Rate
Registered US Implants	3,845	Electrical Component	0	0.00%	0	0.00%
Estimated Active US Implants	3,362	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	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

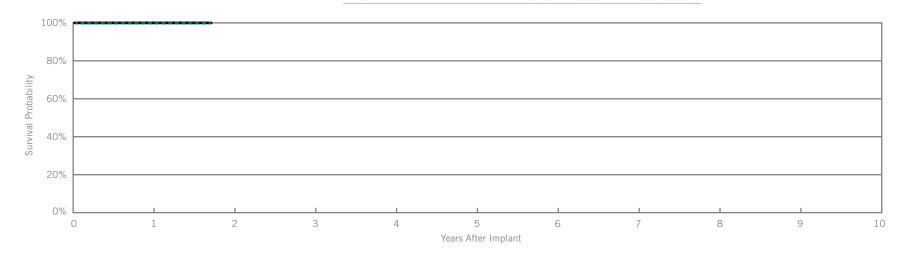
Year	1	at 22 months				
Survival Probability	99.92%	99.92%				
± 1 standard error	0.06%	0.06%				
Sample Size	2,870	250				

Year	1	at 22 months				
Survival Probability	99.92%	99.92%				
± 1 standard error	0.06%	0.06%				



## Unify Assura<sup>™</sup> CRT-D

lodel CD3257-40Q*			w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	2,619	Electrical Component	0	0.00%	0	0.00%
Estimated Active US Implants	2,287	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	1	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	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 21 months				
Survival Probability	99.92%	99.92%				
± 1 standard error	0.06%	0.06%				
Sample Size	1,940	230				

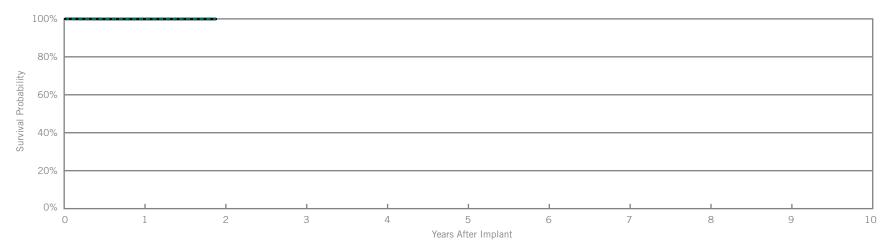
Year	1	at 21 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				



### Unify Assura<sup>™</sup> CRT-D Model CD3257-40

US Regulatory Approval	May 2012
Registered US Implants	6,551
Estimated Active US Implants	5,770
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised nerapy
	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	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	0.02%	1	0.02%



#### Including Normal Battery Depletion

Year	1	at 23 months				
Survival Probability	99.93%	99.93%				
± 1 standard error	0.03%	0.03%				
Sample Size	4,930	300				

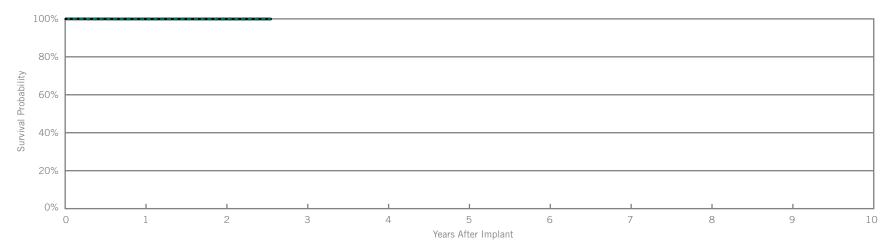
Year	1	at 23 months				
Survival Probability	99.93%	99.93%				
± 1 standard error	0.03%	0.03%				



### Unify Quadra<sup>™</sup> CRT-D Model CD3249-40Q\*

JS Regulatory Approval	Nov 2011
Registered US Implants	8,907
Estimated Active US Implants	7,248
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	4
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	functions ompromised 'herapy	
	Qty	Rate	Qty	Rate	
Electrical Component	0	0.00%	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 31 months				
Survival Probability	99.87%	99.82%	99.82%				
± 1 standard error	0.04%	0.05%	0.05%				
Sample Size	8,170	5,550	210				

Year	1	2	at 31 months	
Survival Probability	99.95%	99.95%	99.95%	
± 1 standard error	0.02%	0.02%	0.02%	



## Actively Monitored Study Data

## Unify Quadra<sup>™</sup> CRT-D

						w/ Con Tł	npromised nerapy	w/o Co Tł	mpromised herapy
Nov 2011	Qualifying Complication	15	Qty	Rate		Qty	Rate	Qty	Rate
982	Skin Erosion		1	0.10%	Electrical Component	0	0.00%	0	0.00%
15,238					Electrical Interconnect	0	0.00%	0	0.00%
(see table on page 47)					Battery	0	0.00%	0	0.00%
40 joules					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%
									-
	I								
2	3	4	5 After Implent	6	7 8		9	1	10
	982 15,238 (see table on page 47) 40 joules	982 Skin Erosion 15,238 (see table on page 47) 40 joules	982 Skin Erosion 15,238 (see table on page 47) 40 joules 	982       Skin Erosion       1         15,238       (see table on page 47)       40 joules         40 joules       -       -         -       -       -         2       3       4	982         Skin Erosion         1         0.10%           15,238         (see table on page 47)         40 joules         40 joules	982       Skin Erosion       1       0.10%       Electrical Component         15,238       Electrical Interconnect       Battery       High Voltage Capacitor         40 joules       Software/Firmware       Mechanical       Possible Early Battery Depletion         Other       Total       Total       Total         2       3       4       5       6       7       8	Nov 2011       Qualifying Complications       Qty       Rate       Call         982       Skin Erosion       1       0.10%       Electrical Interconnect       0         15,238       Skin Erosion       1       0.10%       Electrical Interconnect       0         40 joules       Ad joules       Skin Erosion       1       0.10%       Electrical Interconnect       0         Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         40 joules       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         40 joules       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         5       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         5       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         6       Total       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         7       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion       Skin Erosion         8       Skin Erosion       Skin Erosion       Skin Erosion       Skin E	962         Skin Erosion         1         0.10%         Electrical Component         0         0.00%         Electrical Interconnect         0         0.00%         Battery         0         0.00%         Software/Firmware         0         0.00%         Battery         0         0.00%         Software/Firmware         0         0.00%         Battery         0         0.00%         Output firmware         0	Nov 2011         Qualifying Complications         Qty         Rate         Rate <t< td=""></t<>

Year	1	2	at 25 months				
Survival Probability	99.89%	99.89%	99.89%				
± 1 standard error	0.11%	0.11%	0.11%				
Sample Size	890	430	60				



Malfunctions

Malfunctions

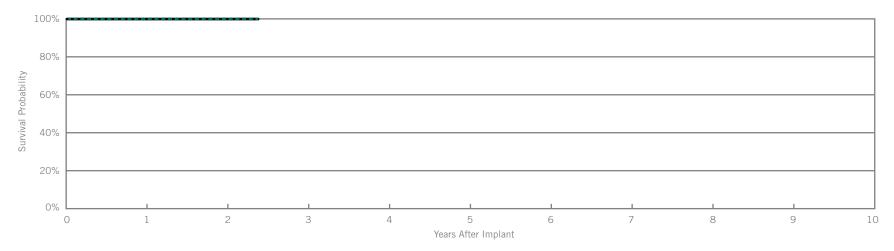


### **Customer Reported Performance Data**

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

US Regulatory Approval	Nov 2011
Registered US Implants	2,521
Estimated Active US Implants	2,040
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	lfunctions ompromised 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	0.04%	0	0.00%	
Total	1	0.04%	0	0.00%	



#### Including Normal Battery Depletion

Year	1	2	at 29 months				
Survival Probability	99.92%	99.92%	99.92%				
± 1 standard error	0.06%	0.06%	0.06%				
Sample Size	2,320	1,600	330				

Year	1	2	at 29 months				
Survival Probability	99.92%	99.92%	99.92%				
± 1 standard error	0.06%	0.06%	0.06%				



## Actively Monitored Study Data

## Unify Quadra<sup>™</sup> CRT-D

Nov 2011 238 3,597 (see table on page 47)	Qualifying Complication Skin Erosion	s	Qty	Rate		Qty	Rate	01-1	
3,597	Skin Erosion			Nate		QUY	Rate	Qty	Rate
,			1	0.42%	Electrical Component	0	0.00%	0	0.00%
(coo table on page 47)					Electrical Interconnect	0	0.00%	0	0.00%
(see lable on page 47)					Battery	0	0.00%	0	0.00%
40 joules					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%
									-
									-
I			I						
2	3	-			7 8		9	1	10
						Possible Early Battery Depletion Other Total 2 3 4 5 6 7 8	Possible Early Battery Depletion 0 Other 0 Total 0	Possible Early Battery Depletion         0         0.00%           Other         0         0.00%           Total         0         0.00%           2         3         4         5         6         7         8         9	Possible Early Battery Depletion         0         0.00%         0           Other         0         0.00%         0           Total         0         0.00%         0           2         3         4         5         6         7         8         9         1

Year	1	at 20 months				
Survival Probability	99.56%	99.56%				
± 1 standard error	0.44%	0.44%				
Sample Size	210	70				



Malfunctions

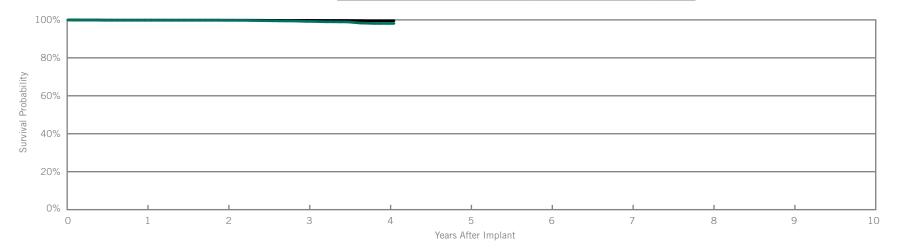
Malfunctions



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

US Regulatory Approval	May 2010
Registered US Implants	18,958
Estimated Active US Implants	13,515
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	37
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	3	0.02%
Electrical Interconnect	1	<0.01%	0	0.00%
Battery	5	0.03%	1	<0.01%
High Voltage Capacitor	3	0.02%	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%	1	<0.01%
Other	2	0.01%	0	0.00%
Total	14	0.07%	7	0.04%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 49 months			
Survival Probability	99.78%	99.75%	99.20%	98.12%	98.12%			
± 1 standard error	0.03%	0.04%	0.07%	0.20%	0.20%			
Sample Size	17,690	15,190	10,840	4,080	440			

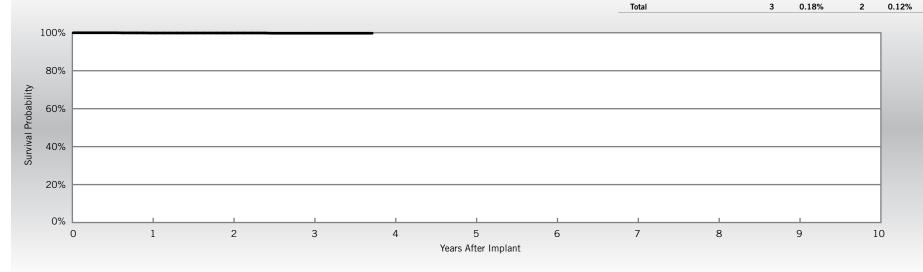
Year	1	2	3	4	at 49 months			
Survival Probability	99.88%	99.85%	99.74%	99.54%	99.54%			
± 1 standard error	0.03%	0.03%	0.04%	0.09%	0.09%			



### Actively Monitored Study Data

# Unify<sup>™</sup> CRT-D

lodel CD3231-40Q						w/ Con	unctions npromised lerapy	w/o Cor	unctions mpromised nerapy
US Regulatory Approval	May 2010	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	1,676	Inappropriate Shock	2	0.12%	Electrical Component	0	0.00%	1	0.06%
Cumulative Months of Follow-up	47,869	Premature Battery Depletion	1	0.06%	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 47)				Battery	1	0.06%	0	0.00%
Max. Delivered Energy	40 joules				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	1	0.06%	0	0.00%



Year	1	2	3	at 45 months			
Survival Probability	99.87%	99.87%	99.76%	99.76%			
± 1 standard error	0.07%	0.09%	0.14%	0.14%			
Sample Size	1,570	1,360	900	90			

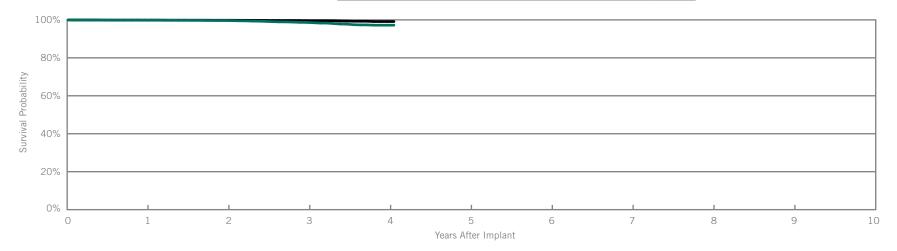




### Unify<sup>™</sup> CRT-D Model CD3231-40

US Regulatory Approval	May 2010
Registered US Implants	20,452
Estimated Active US Implants	14,537
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	57
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.02%	2	<0.01%
Electrical Interconnect	3	0.01%	0	0.00%
Battery	3	0.01%	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%	9	0.04%
Total	19	0.09%	12	0.06%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 49 months			
Survival Probability	99.80%	99.65%	98.66%	97.20%	97.20%			
± 1 standard error	0.03%	0.04%	0.11%	0.24%	0.24%			
Sample Size	18,980	15,550	9,940	3,280	260			

Year	1	2	3	4	at 49 months		
Survival Probability	99.88%	99.81%	99.59%	99.12%	99.12%		
± 1 standard error	0.02%	0.03%	0.05%	0.16%	0.16%		



### Actively Monitored Study Data

# Unify<sup>™</sup> CRT-D

del CD3231-40							w/ Co	functions mpromised herapy	Mal w/o Co T	unctions mpromise nerapy
JS Regulatory Approval	May 2010	Qualifying Complication	s				Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	677	None Reported				Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	18,585					Electrical Interconnect	1	0.15%	0	0.00%
Stimated Longevity	(see table on page 47)					Battery	0	0.00%	1	0.15%
Nax. Delivered Energy	40 joules					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%	2	0.30%
80%										-
80% 60% 40%										
60% 40% 20%										
60% 40% 20%						7 2				
60% 40% 20%	2	   3	4	r 5 Years After Implant	6	7 8		9	1	0

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%			
Sample Size	620	510	330	70			

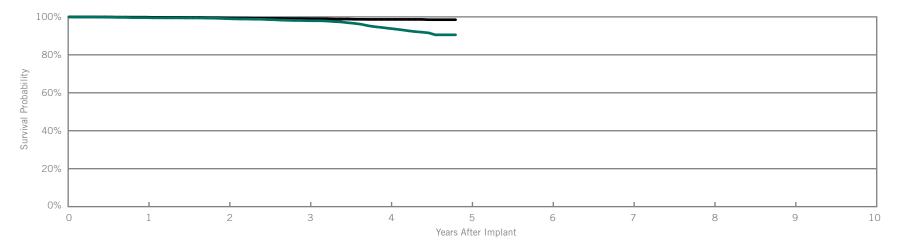
ST. JUDE MEDICAL

# Promote<sup>™</sup> + CRT-D

Model CD3211-36Q\*

JS Regulatory Approval	February 2009
Registered US Implants	6,893
Estimated Active US Implants	4,063
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	110
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	unctions npromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	4	0.06%	3	0.04%	
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	5	0.07%	4	0.06%	
Total	20	0.29%	12	0.17%	



#### Including Normal Battery Depletion

Year	1	2	3	4	at 58 months	
Survival Probability	99.59%	99.06%	97.99%	93.99%	90.54%	
± 1 standard error	0.08%	0.12%	0.19%	0.34%	0.56%	
Sample Size	6,370	5,530	4,910	4,140	240	

Year	1	2	3	4	at 58 months			
Survival Probability	99.84%	99.42%	99.04%	98.67%	98.51%			
± 1 standard error	0.05%	0.09%	0.13%	0.16%	0.20%			

### Actively Monitored Study Data

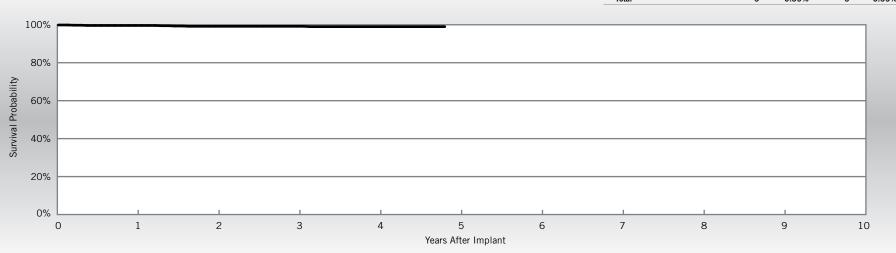
## Promote<sup>™</sup> + CRT-D

Number of Devices Enrolled in Study Cumulative Months of Follow-up Estimated Longevity Max. Delivered Energy

# Model CD3211-36Q

February 2009	Qualifying Complications	Qty.	Rate
853	Inappropriate Shock	3	0.35%
32,023	Premature Battery Depletion	2	0.23%
(see table on page 47)	Skin Erosion	2	0.23%
36 ioules			

	w/ Cor	unctions mpromised herapy	Malfunctior w/o Comprom 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 58 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	680	580	490	60			

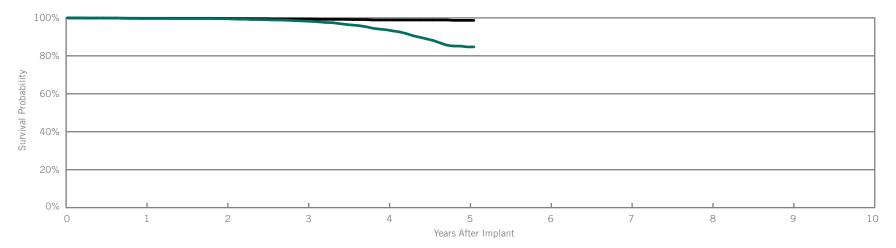




### Promote<sup>™</sup> + CRT-D Model CD3211-36

US Regulatory Approval	February 2009
Registered US Implants	8,623
Estimated Active US Implants	4,570
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	195
Max. Delivered Energy	36 joules
Number of US Advisories	None

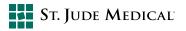
	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	3	0.03%	2	0.02%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	11	0.13%	3	0.03%	
High Voltage Capacitor	2	0.02%	0	0.00%	
Software/Firmware	0	0.00%	1	0.01%	
Mechanical	0	0.00%	0	0.00%	
Possible Early Battery Depletion	1	0.01%	1	0.01%	
Other	3	0.03%	3	0.03%	
Total	20	0.23%	10	0.12%	



#### Including Normal Battery Depletion

Year	1	2	3	4	5	at 61 months		
Survival Probability	99.67%	99.58%	98.30%	93.75%	84.70%	84.70%		
± 1 standard error	0.06%	0.07%	0.15%	0.32%	0.67%	0.74%		
Sample Size	7,960	6,830	5,920	4,860	2,250	260		

Year	1	2	3	4	5	at 61 months		
Survival Probability	99.79%	99.73%	99.38%	98.89%	98.69%	98.69%		
± 1 standard error	0.05%	0.06%	0.10%	0.14%	0.20%	0.20%		



### Actively Monitored Study Data

## Promote<sup>™</sup> + CRT-D

						w/ Co	lfunctions ompromised Therapy	w/o Co	unctions mpromise nerapy
S Regulatory Approval	February 2009	Qualifying Complicat	ions			Qty	Rate	Qty	Rate
umber of Devices Enrolled in Study	222	None Reported			Electrical Component	0	0.00%	0	0.00%
umulative Months of Follow-up	7,831				Electrical Interconnect	0	0.00%	0	0.00%
timated Longevity	(see table on page 47)				Battery	0	0.00%	0	0.00%
ax. Delivered Energy	36 joules				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
80%									
80%									-
80%									
60%									
80%	I 2	   3		 					

Year	1	2	3	4	at 53 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	210	170	130	100	60	

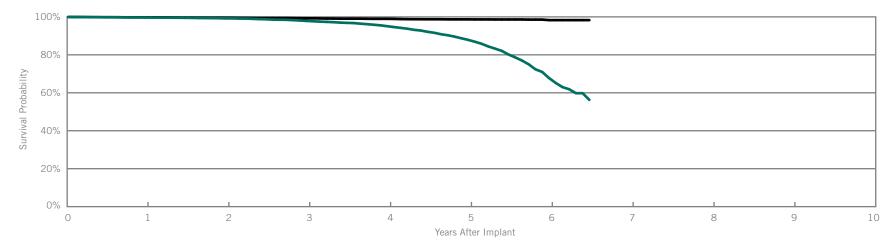




### Promote<sup>™</sup> RF CRT-D Model 3207-36

US Regulatory Approval	September 2007
Registered US Implants	23,994
Estimated Active US Implants	8,740
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	1017
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.02%	5	0.02%
Electrical Interconnect	5	0.02%	1	<0.01%
Battery	16	0.07%	9	0.04%
High Voltage Capacitor	5	0.02%	1	<0.01%
Software/Firmware	0	0.00%	6	0.03%
Mechanical	2	<0.01%	1	<0.01%
Possible Early Battery Depletion	9	0.04%	5	0.02%
Other	11	0.05%	15	0.06%
Total	52	0.22%	43	0.18%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.67%	99.20%	97.87%	95.08%	87.89%	67.81%	56.26%		
± 1 standard error	0.04%	0.06%	0.10%	0.16%	0.28%	0.59%	0.92%		
Sample Size	22,190	19,070	16,630	14,360	10,790	4,990	270		

Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.77%	99.54%	99.24%	98.97%	98.69%	98.29%	98.29%		
± 1 standard error	0.03%	0.04%	0.06%	0.08%	0.09%	0.10%	0.16%		



# Cardiac Resynchronization Therapy (CRT) Devices

### Actively Monitored Study Data

### Promote<sup>™</sup> RF CRT-D

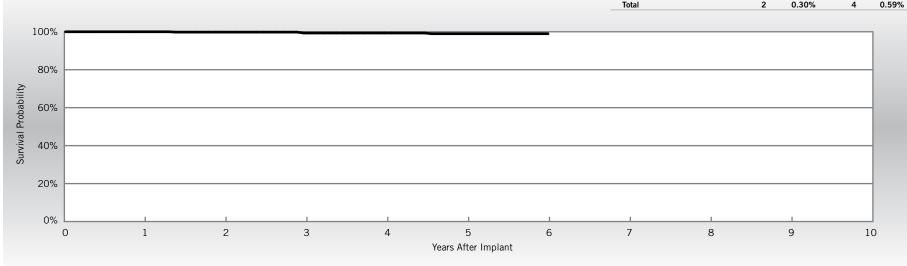
Number of Devices Enrolled in Study Cumulative Months of Follow-up Estimated Longevity Max. Delivered Energy

	~~~~~~
Model	3207-36

US Regulatory Approval

September 2007	Qualifying Complications	Qty	Rate
675	Inappropriate Shock	1	0.15%
28,370	Premature Battery Depletion	1	0.15%
(see table on page 47)	Skin Erosion	2	0.30%
36 joules			

	w/ Cor	unctions npromised nerapy	Malfunction: w/o Compromis Therapy	
	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%	1	0.15%
Total	2	0.200/	4	0 50%



Year	1	2	3	4	5	6		
Survival Probability	100.00%	99.82%	99.34%	99.34%	98.97%	98.97%		
± 1 standard error	0.00%	0.18%	0.18%	0.39%	0.53%	0.53%		
Sample Size	630	550	460	360	260	60		



Malfunctions w/o Compromised Therapy

Rate

0.06%

0.00%

0.04%

0.00%

0.00%

0.00%

0.08%

0.00%

Qty

3

0

2

0

0

0

4

0

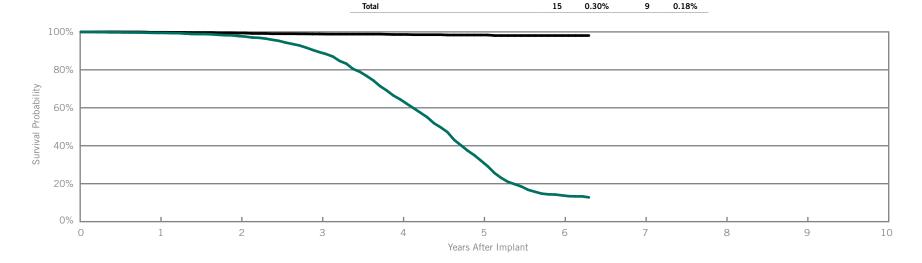
0.16%

8

## Atlas<sup>™</sup> II + HF CRT-D

Model V-366			w/ Cor	unctions npromised herapy
US Regulatory Approval	February 2007		Qty	Rate
Registered US Implants	5,010	Electrical Component	1	0.02%
Estimated Active US Implants	576	Electrical Interconnect	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	4	0.08%
Normal Battery Depletion	943	High Voltage Capacitor	0	0.00%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	0	0.00%
		Possible Early Battery Depletion	2	0.04%

Other



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 76 months		
Survival Probability	99.45%	97.79%	89.32%	64.42%	32.10%	13.85%	12.79%		
± 1 standard error	0.10%	0.21%	0.49%	0.85%	0.91%	0.72%	0.70%		
Sample Size	4,630	3,940	3,280	2,390	1,330	520	210		

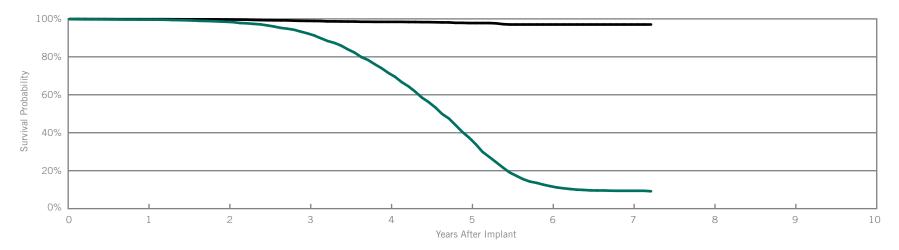
Year	1	2	3	4	5	6	at 76 months		
Survival Probability	99.79%	99.38%	98.89%	98.62%	98.35%	98.06%	98.06%		
± 1 standard error	0.07%	0.11%	0.17%	0.20%	0.24%	0.32%	0.32%		



# Atlas<sup>™</sup> II HF CRT-D

Model V-365			w/ Cor	unctions npromised nerapy	w/o Co	functions mpromised herapy
US Regulatory Approval	July 2006		Qty	Rate	Qty	Rate
Registered US Implants	8,425	Electrical Component	1	0.01%	2	0.02%
Estimated Active US Implants	562	Electrical Interconnect	2	0.02%	0	0.00%
Estimated Longevity	(see table on page 47)	Battery	16	0.19%	3	0.04%
Normal Battery Depletion	1,750	High Voltage Capacitor	2	0.02%	0	0.00%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	0	0.00%	0	0.00%
		Possible Early Battery Depletion	6	0.07%	5	0.06%
		Other	0	0.00%	5	0.06%

		npromised nerapy		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	7	at 87 months	
Survival Probability	99.61%	98.46%	92.37%	71.57%	37.42%	11.87%	9.40%	9.15%	
± 1 standard error	0.07%	0.14%	0.32%	0.60%	0.71%	0.47%	0.41%	0.41%	
Sample Size	7,840	6,790	5,710	4,310	2,640	1,210	470	210	

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.83%	99.68%	98.93%	98.43%	97.80%	97.03%	97.03%	97.03%	
± 1 standard error	0.05%	0.06%	0.13%	0.17%	0.22%	0.35%	0.35%	0.35%	

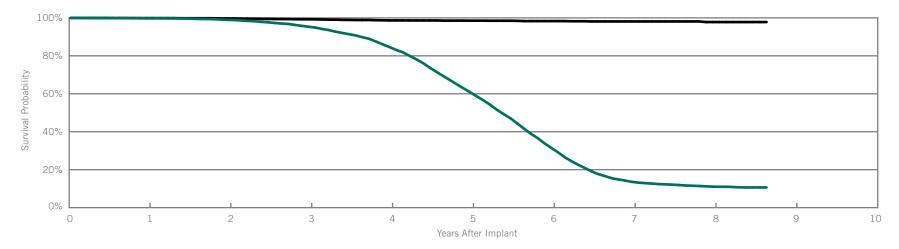


# Atlas<sup>™</sup> + HF CRT-D

Model V-343

JS Regulatory Approval	November 2004
Registered US Implants	18,776
Estimated Active US Implants	1,172
Estimated Longevity	(see table on page 47)
Normal Battery Depletion	3,305
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	Two

	w/ Cor	unctions npromised nerapy	w/o Co	Ifunctions Compromised Therapy		
	Qty	Rate	Qty	Rate		
Electrical Component	3	0.02%	1	<0.01%		
Electrical Interconnect	0	0.00%	0	0.00%		
Battery	40	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	6	0.03%	11	0.06%		
Other	10	0.05%	4	0.02%		
Total	59	0.31%	22	0.12%		



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.73%	98.96%	95.34%	84.68%	60.82%	31.57%	13.59%	11.05%	10.63%	
± 1 standard error	0.04%	0.08%	0.17%	0.32%	0.48%	0.50%	0.37%	0.34%	0.35%	
Sample Size	17,480	15,180	13,010	10,410	7,270	4,180	1,970	840	220	

Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.88%	99.67%	99.26%	98.66%	98.53%	98.31%	98.12%	97.80%	97.80%	
± 1 standard error	0.03%	0.04%	0.07%	0.10%	0.11%	0.13%	0.17%	0.28%	0.28%	



# BATTERY LONGEVITY SUMMARY

CRT ICDs



# Cardiac Resynchronization Therapy (CRT) Devices

## Battery Longevity

			Approximate I	Duration (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
CD3365-40C	Quadra Assura™ CRT-D*	11.1	9.9	8.9	7.4
CD3357-40Q	Unify Assura <sup>™</sup> CRT-D*	11.1	9.9	8.9	7.4
CD3357-40C	Unify Assura <sup>™</sup> 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 <sup>™</sup> CRT-D*	11.1	9.9	8.9	7.4
CD3257-40	Unify Assura <sup>™</sup> 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 <sup>™</sup> CRT-D*	10.1	9.0	8.1	6.7
CD3231-40	Unify™ CRT-D*	10.1	9.0	8.1	6.7
CD3211-36Q	Promote <sup>™</sup> + CRT-D**	8.2	7.2	6.5	5.4
CD3211-36	Promote <sup>™</sup> + CRT-D**	8.2	7.2	6.5	5.4
3207-36	Promote <sup>™</sup> RF CRT-D**	8.2	7.2	6.5	5.4
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 <sup>™</sup> + 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

\*Battery voltage range: 3.20-2.59. Three maximum charges per year.

\*\*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

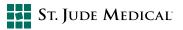


### Survival Summary

### Including Normal Battery Depletion

	-		Survival Probability												
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year				
CD3365-40Q	Quadra Assura™ CRT-D*														
CD3365-40C	Quadra Assura™ CRT-D*														
CD3357-40Q	Unify Assura™ CRT-D*														
CD3357-40C	Unify Assura™ CRT-D*														
CD3265-40Q	Quadra Assura™ CRT-D	99.87%	99.87%												
CD3265-40	Quadra Assura™CRT-D	99.92%													
CD3257-40Q	Unify Assura™ CRT-D	99.92%													
CD3257-40	Unify Assura™ CRT-D	99.93%													
CD3249-40Q	Unify Quadra™ CRT-D	99.87%	99.82%												
CD3249-40	Unify Quadra <sup>™</sup> CRT-D	99.92%	99.92%												
CD3231-40Q	Unify <sup>™</sup> CRT-D	99.78%	99.75%	99.20%	98.12%										
CD3231-40	Unify <sup>™</sup> CRT-D	99.80%	99.65%	98.66%	97.20%										
CD3211-36Q	Promote <sup>™</sup> + CRT-D	99.59%	99.06%	97.99%	93.99%										
CD3211-36	Promote <sup>™</sup> + CRT-D	99.67%	99.58%	98.30%	93.75%	84.70%									
3207-36	Promote <sup>™</sup> RF CRT-D	99.67%	99.20%	97.87%	95.08%	87.89%	67.81%								
V-366	Atlas™ II + HF CRT-D	99.45%	97.79%	89.32%	64.42%	32.10%	13.85%								
V-365	Atlas™ II HF CRT-D	99.61%	98.46%	92.37%	71.57%	37.42%	11.87%	9.40%							
V-343	Atlas™ + HF CRT-D	99.73%	98.96%	95.34%	84.68%	60.82%	31.57%	13.59%	11.05%						

\*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

### Excluding Normal Battery Depletion

	_		Survival Probability												
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year				
CD3365-40Q	Quadra Assura™ CRT-D*														
CD3365-40C	Quadra Assura™ CRT-D*														
CD3357-40Q	Unify Assura™ CRT-D*														
CD3357-40C	Unify Assura™ CRT-D*														
CD3265-40Q	Quadra Assura™ CRT-D	99.91%	99.91%												
CD3265-40	Quadra Assura™ CRT-D	99.92%													
CD3257-40Q	Unify Assura™ CRT-D	100.00%													
CD3257-40	Unify Assura™ CRT-D	99.93%													
CD3249-40Q	Unify Quadra™ CRT-D	99.95%	99.95%												
CD3249-40	Unify Quadra™ CRT-D	99.92%	99.92%												
CD3231-40Q	Unify <sup>™</sup> CRT-D	99.88%	99.85%	99.74%	99.54%										
CD3231-40	Unify <sup>™</sup> CRT-D	99.88%	99.81%	99.59%	99.12%										
CD3211-36Q	Promote™ + CRT-D	99.84%	99.42%	99.04%	98.67%										
CD3211-36	Promote <sup>™</sup> + CRT-D	99.79%	99.73%	99.38%	98.89%	98.69%									
3207-36	Promote <sup>™</sup> RF CRT-D	99.77%	99.54%	99.24%	98.97%	98.69%	98.29%								
V-366	Atlas™ II + HF CRT-D	99.79%	99.38%	98.89%	98.62%	98.35%	98.06%								
V-365	Atlas™ II HF CRT-D	99.83%	99.68%	98.93%	98.43%	97.80%	97.03%	97.03%							
V-343	Atlas™ + HF CRT-D	99.88%	99.67%	99.26%	98.66%	98.53%	98.31%	98.12%	97.80%						

\*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.





# Cardiac Resynchronization Therapy (CRT) Devices

# Malfunction Summary

			Malfunctions w/ Compromised Therapy																	
		Registered		trical ponent	Electrical Interconnect		Ba	attery		Voltage bacitor		tware/ nware	Mechanical		Possible Early Battery Depletion		Other		Total	
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	7,604	0	0.00%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	2	0.03%
CD3365-40C	Quadra Assura™ CRT-D	1,663	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%
CD3357-40Q	Unify Assura™ CRT-D	1,387	0	0.00%	2	0.14%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.14%
CD3357-40C	Unify Assura™ CRT-D	2,595	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	13,286	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.02%
CD3265-40	Quadra Assura™ CRT-D	3,845	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	2,619	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	6,551	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	8,907	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	2,521	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 <sup>™</sup> CRT-D	18,958	0	0.00%	1	<0.01%	5	0.03%	3	0.02%	0	0.00%	1	<0.01%	2	0.01%	2	0.01%	14	0.07%
CD3231-40	Unify <sup>™</sup> CRT-D	20,452	4	0.02%	3	0.01%	3	0.01%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	6	0.03%	19	0.09%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	6,893	4	0.06%	0	0.00%	8	0.12%	1	0.01%	0	0.00%	1	0.01%	1	0.01%	5	0.07%	20	0.29%
CD3211-36	Promote <sup>™</sup> + CRT-D	8,623	3	0.03%	0	0.00%	11	0.13%	2	0.02%	0	0.00%	0	0.00%	1	0.01%	3	0.03%	20	0.23%
3207-36	Promote <sup>™</sup> RF CRT-D	23,994	4	0.02%	5	0.02%	16	0.07%	5	0.02%	0	0.00%	2	<0.01%	9	0.04%	11	0.05%	52	0.22%
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	18,776	3	0.02%	0	0.00%	40	0.21%	0	0.00%	0	0.00%	0	0.00%	6	0.03%	10	0.05%	59	0.31%



# Cardiac Resynchronization Therapy (CRT) Devices

# Malfunction Summary

									Ма	lfunctions	w/o Con	npromised	l Therap	у						
		Registered		trical ponent		ctrical connect	Ва	ittery		Voltage bacitor		tware/ nware	Mecl	hanical	Ba	ole Early ttery letion	0	ther	Τι	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	7,604	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%
CD3365-40C	Quadra Assura™ CRT-D	1,663	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%
CD3357-40Q	Unify Assura™ CRT-D	1,387	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3357-40C	Unify Assura™ CRT-D	2,595	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	13,286	2	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.02%
CD3265-40	Quadra Assura™ CRT-D	3,845	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	2,619	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	6,551	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	8,907	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	2,521	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 <sup>™</sup> CRT-D	18,958	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 <sup>™</sup> CRT-D	20,452	2	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	9	0.04%	12	0.06%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	6,893	3	0.04%	0	0.00%	5	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.06%	12	0.17%
CD3211-36	Promote <sup>™</sup> + CRT-D	8,623	2	0.02%	0	0.00%	3	0.03%	0	0.00%	1	0.01%	0	0.00%	1	0.01%	3	0.03%	10	0.12%
3207-36	Promote <sup>™</sup> RF CRT-D	23,994	5	0.02%	1	<0.01%	9	0.04%	1	<0.01%	6	0.03%	1	<0.01%	5	0.02%	15	0.06%	43	0.18%
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	18,776	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

									Worldwi	de Malfun	ctions w	/ Compror	nized Tł	nerapy						
		Worldwide		trical ponent		ctrical connect	Ba	ittery		Voltage bacitor		tware/ nware	Mec	hanical	Ba	ole Early ittery letion	0	ther	Тс	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	12,327	0	0.00%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	3	0.02%
CD3365-40C	Quadra Assura™ CRT-D	2,584	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%
CD3357-40Q	Unify Assura™ CRT-D	2,118	0	0.00%	2	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.09%
CD3357-40C	Unify Assura <sup>™</sup> CRT-D	4,177	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	13,851	1	<0.01%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.02%
CD3265-40	Quadra Assura™CRT-D	3,957	0	0.00%	1	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.03%
CD3257-40Q	Unify Assura™ CRT-D	2,705	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	6,683	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	2	0.03%
CD3249-40Q	Unify Quadra™ CRT-D	10,055	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	2	0.02%	3	0.03%
CD3249-40	Unify Quadra™ CRT-D	2,877	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%
CD3231-40Q	Unify™ CRT-D	20,867	1	<0.01%	1	<0.01%	8	0.04%	4	0.02%	0	0.00%	1	<0.01%	9	0.04%	4	0.02%	28	0.13%
CD3231-40	Unify <sup>™</sup> CRT-D	21,299	4	0.02%	4	0.02%	4	0.02%	0	0.00%	0	0.00%	1	<0.01%	2	<0.01%	6	0.03%	21	0.10%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	13,591	8	0.06%	0	0.00%	9	0.07%	2	0.01%	0	0.00%	2	0.01%	2	0.01%	5	0.04%	28	0.21%
CD3211-36	Promote <sup>™</sup> + CRT-D	18,211	6	0.03%	1	<0.01%	13	0.07%	3	0.02%	0	0.00%	0	0.00%	2	0.01%	6	0.03%	31	0.17%
3207-36	Promote <sup>™</sup> RF CRT-D	25,840	4	0.02%	5	0.02%	20	0.08%	5	0.02%	0	0.00%	2	<0.01%	9	0.03%	16	0.06%	61	0.24%
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%	41	0.21%	0	0.00%	0	0.00%	0	0.00%	6	0.03%	10	0.05%	60	0.31%

# Worldwide Malfunction Summary

									Worldwie	le Malfunc	tions w/	o Compro	mized T	herapy						
		Worldwide		trical ponent		ctrical connect	Ва	ittery		Voltage acitor		tware/ nware	Mec	hanical	Ba	ble Early attery bletion	C	ther	Τα	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	12,327	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%
CD3365-40C	Quadra Assura™ CRT-D	2,584	1	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	2	0.08%
CD3357-40Q	Unify Assura™ CRT-D	2,118	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 <sup>™</sup> CRT-D	4,177	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%
CD3265-40Q	Quadra Assura™ CRT-D	13,851	2	0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	3	0.02%
CD3265-40	Quadra Assura™CRT-D	3,957	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	2,705	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	6,683	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	2	0.03%
CD3249-40Q	Unify Quadra™ CRT-D	10,055	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	2,877	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	20,867	4	0.02%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	2	<0.01%	2	<0.01%	1	<0.01%	11	0.05%
CD3231-40	Unify™ CRT-D	21,299	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	2	<0.01%	9	0.04%	16	0.08%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	13,591	5	0.04%	0	0.00%	7	0.05%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	5	0.04%	18	0.13%
CD3211-36	Promote <sup>™</sup> + CRT-D	18,211	5	0.03%	0	0.00%	3	0.02%	0	0.00%	1	<0.01%	1	<0.01%	1	<0.01%	4	0.02%	15	0.08%
3207-36	Promote <sup>™</sup> RF CRT-D	25,840	7	0.03%	2	<0.01%	10	0.04%	1	<0.01%	7	0.03%	2	<0.01%	6	0.02%	16	0.06%	51	0.20%
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 10ck		ss of metry		ardial usion	Bat	ature tery etion		kin sion	Το	otal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	140	982	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3265-40Q	409	3,752	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3249-40Q	982	15,238	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.10%	1	0.10%
CD3249-40	238	3,597	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.42%	1	0.42%
CD3231-40Q	1676	47,869	2	0.12%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	3	0.18%
CD3231-40	677	18,585	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD3211-36Q	853	32,023	3	0.35%	0	0.00%	0	0.00%	2	0.23%	2	0.23%	7	0.82%
CD3211-36	222	7,831	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	675	28,370	1	0.15%	0	0.00%	0	0.00%	1	0.15%	2	0.30%	4	0.59%

# Actively Monitored Study Data Summary

#### Malfunctions

									Malf	unctions	w/ Comp	oromised 1	Therapy							
		Number of Devices		trical conent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mec	nanical	Ba	ole Early ttery letion	Ot	her	Тс	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	140	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	409	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	982	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	238	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	1,676	0	0.00%	0	0.00%	1	0.06%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	1	0.06%	3	0.18%
CD3231-40	Unify <sup>™</sup> CRT-D	677	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.15%
CD3211-36Q	Promote <sup>™</sup> + CRT-D	853	1	0.12%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	0	0.00%	1	0.12%	0	0.00%	3	0.35%
CD3211-36	Promote <sup>™</sup> + CRT-D	222	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	Promote <sup>™</sup> 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%

									Malf	unctions v	v/o Com	promised	Therapy							
		Number of Devices		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	Т	otal
Models	Family	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD3365-40Q	Quadra Assura™ CRT-D	140	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	409	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	982	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	238	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 <sup>™</sup> CRT-D	1,676	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 <sup>™</sup> CRT-D	677	0	0.00%	0	0.00%	1	0.15%	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	2	0.30%
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 <sup>™</sup> + CRT-D	222	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3207-36	Promote <sup>™</sup> RF CRT-D	675	1	0.15%	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%	1	0.15%	1	0.15%	4	0.59%

# CARDIAC RESYNCHRONIZATION THERAPY (CRT) DEVICES

**CRT** Pacemakers



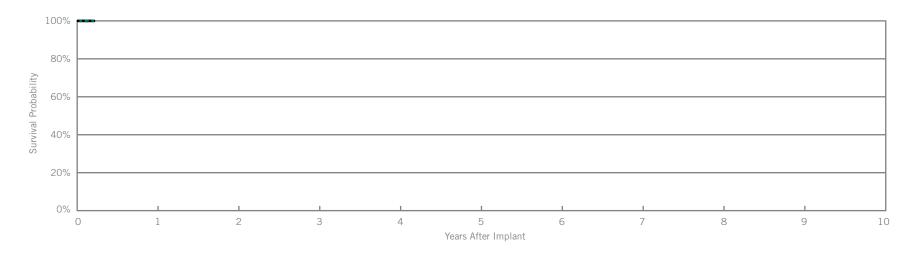
### **Customer Reported Performance Data**

# Allure Quadra<sup>™</sup> RF CRT-P

Model PM3242

March 2014
955
939
8 Years
0
None

	w/ Cor	unctions npromised nerapy	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	at 3 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	200					

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

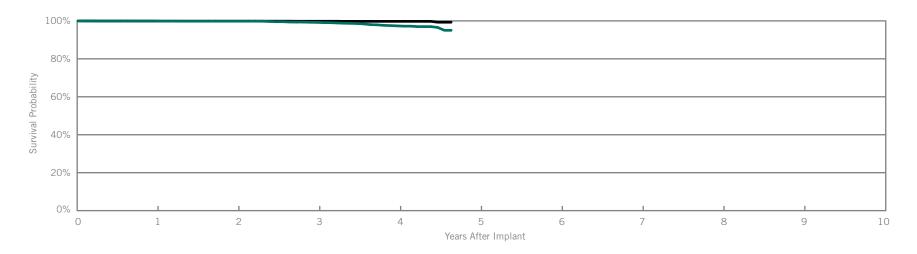


### **Customer Reported Performance Data**

### Anthem<sup>™</sup> RF CRT-P

July 2009	
19,656	Electrical
14,630	Electrical
8 Years	Battery
36	Software/
One	Mechani
	19,656 14,630 8 Years 36

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	3	0.02%	0	0.00%
Electrical Interconnect	3	0.02%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	4	0.02%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	1	<0.01%	1	<0.01%
Other	0	0.00%	1	<0.01%
Total	7	0.04%	6	0.03%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 56 months			
Survival Probability	99.89%	99.83%	99.21%	97.37%	95.03%			
± 1 standard error	0.03%	0.03%	0.11%	0.29%	0.82%			
Sample Size	16150	10310	6130	2800	270			

Year	1	2	3	4	at 56 months		
Survival Probability	99.89%	99.85%	99.81%	99.75%	99.29%		
± 1 standard error	0.03%	0.03%	0.04%	0.06%	0.33%		

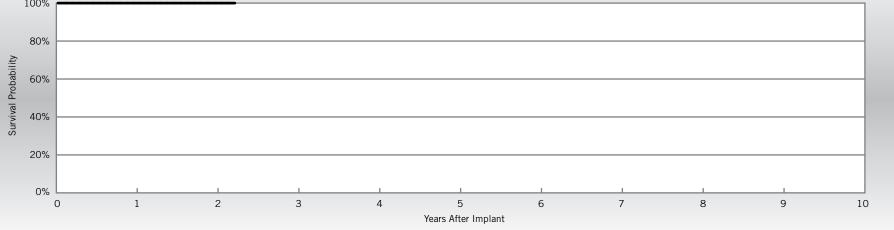


# Cardiac Resynchronization Therapy (CRT) Devices

### Actively Monitored Study Data

### Anthem<sup>™</sup> RF CRT-P

odel PM3210				w/ Co	unctions npromised nerapy	w/o Co	lfunctions ompromised Therapy
US Regulatory Approval	July 2009	Qualifying Complications		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	1957	None Reported	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	3,707		Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	8 Years		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 27 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	160	100	50				





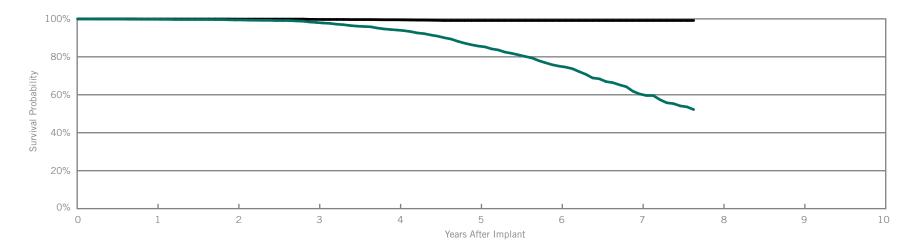
### **Customer Reported Performance Data**

## Frontier<sup>™</sup> II CRT-P

Model 5586

US Regulatory Approval	August 2004	
Registered US Implants	6,901	
Estimated Active US Implants	1,988	
Estimated Longevity	6.5 Years	
Normal Battery Depletion	365	
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%	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%	1	0.01%
Total	1	0.01%	15	0.22%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 92 months	
Survival Probability	99.79%	99.42%	98.11%	94.12%	85.68%	75.10%	60.38%	52.22%	
± 1 standard error	0.06%	0.09%	0.19%	0.36%	0.58%	0.83%	1.26%	1.61%	
Sample Size	6240	5200	4460	3780	2950	1820	800	200	

Year	1	2	3	4	5	6	7	at 92 months	
Survival Probability	99.93%	99.89%	99.72%	99.51%	99.14%	99.14%	99.14%	99.14%	
± 1 standard error	0.03%	0.03%	0.07%	0.11%	0.15%	0.15%	0.15%	0.15%	



# SUMMARY INFORMATION

**CRT** Pacemakers



### Survival Summary

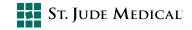
### Including Normal Battery Depletion

						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
PM3242	Allure Quadra™ RF CRT-P*										
PM3210	Anthem <sup>™</sup> RF CRT-P	99.89%	99.83%	99.21%	97.37%						
5586	Frontier <sup>™</sup> II CRT-P	99.79%	99.42%	98.11%	94.12%	85.68%	75.10%	60.38%			

#### **Excluding Normal Battery Depletion**

						Survival P	robability				
Models	Family	1 иорт	2 4004	2 1/024	4 1001	E voar	6 year	7 year	Q year	9 year	10 year
PM3242	Allure Quadra <sup>™</sup> RF CRT-P*	1 year	2 year	3 year	4 year	5 year	o year	7 year	8 year	9 year	10 year
PM3210	Anthem <sup>™</sup> RF CRT-P	99.89%	99.85%	99.81%	99.75%						
5586	Frontier™ II CRT-P	99.93%	99.89%	99.72%	99.51%	99.14%	99.14%	99.14%			

\*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

								Malf	unctions	w/ Comp	oromised	Therapy						
		Registered		trical		ctrical connect	Battery			tware/ nware	Мес	hanical	Ba	ble Early attery pletion	Other		те	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3242	Allure Quadra™ RF CRT-P	955	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM3210	Anthem <sup>™</sup> RF CRT-P	19,656	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 <sup>™</sup> II CRT-P	6,901	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	nctions	w/o Comp	romised	Therapy						
		Registered		trical ponent	Electrical Interconnect		Battery			tware/ nware	Mech	nanical	Possible Early Battery Depletion		Other		То	tal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3242	Allure Quadra™ RF CRT-P	955	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM3210	Anthem <sup>™</sup> RF CRT-P	19,656	0	0.00%	0	0.00%	0	0.00%	4	0.02%	0	0.00%	1	<0.01%	1	<0.01%	6	0.03%
5586	Frontier <sup>™</sup> II CRT-P	6,901	7	0.10%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	0.10%	1	0.01%	15	0.22%



# Worldwide Malfunction Summary

			Worldwide Malfunctions w/ Compromised Therapy															
	Worldwide			trical ponent		ctrical connect	Ва	ttery		tware/ nware	Мес	hanical	Ba	ble Early attery bletion	Ot	ther	Т	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3242	Allure Quadra <sup>™</sup> RF CRT-P	4,794	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM3210	Anthem <sup>™</sup> RF CRT-P	20,193	3	0.01%	3	0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	7	0.03%

								Worldwide	Malfunc	tions w/o	Compro	mised The	erapy					
		Worldwide		trical ponent		ctrical connect	Ва	ttery		tware/ nware	Mech	nanical	Ba	ole Early attery oletion	Ot	her	Тс	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM3242	Allure Quadra™ RF CRT-P	4,794	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM3210	Anthem <sup>™</sup> RF CRT-P	20,193	0	0.00%	0	0.00%	0	0.00%	4	0.02%	0	0.00%	1	<0.01%	2	<0.01%	7	0.03%



# LEFT-HEART LEADS



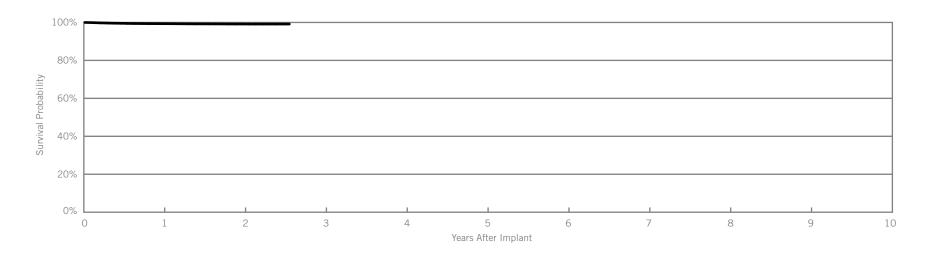
### Left-Heart Leads

# Customer Reported Performance Data

### Quartet<sup>™</sup> Model 1458Q

US Regulatory Approval	November 2011
Registered US Implants	40,351
Estimated Active US Implants	35,380
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	S-Curve
Polarity	Quadpolar
Steroid	Yes
Number of US Advisories	None

		Acute Observations		omplications	Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate	(>30 Qty.	) days) Rate	Conductor Fracture	0	0.00%
Cardiac Perforation	-		-	1	Clavicular Crush	0	0.00%
	0	0.00%	0	0.00%	In the Pocket	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%	Intravascular	0	0.00%
Lead Dislodgement	41	0.10%	128	0.32%			
Failure to Capture	21	0.05%	24	0.06%	Insulation Breach	1	<0.01%
Oversensing	1	<0.01%	0	0.00%	Lead-to-Can Contact	0	0.00%
Failure to Sense	0	0.00%	0	0.00%	Lead-to-Lead Contact	0	0.00%
Insulation Breach	0	0.00%	1	<0.01%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	4	<0.01%	1	<0.01%	Externalized Conductors	0	0.00%
Extracardiac Stimulation	29	0.07%	6	0.01%	Other	1	<0.01%
Other	7	0.02%	8	0.02%	Crimps, Welds & Bonds	0	0.00%
Total	103	0.26%	168	0.42%	Other	5	0.01%
Total Returned for Analysis	32		107		Extrinsic Factors	115	0.28%
					Total	121	0.30%



Year	1	2	at 31 months				
Survival Probability	99.35%	99.19%	99.17%				
± 1 standard error	0.05%	0.06%	0.06%				
Sample Size	29,430	11850	410				

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



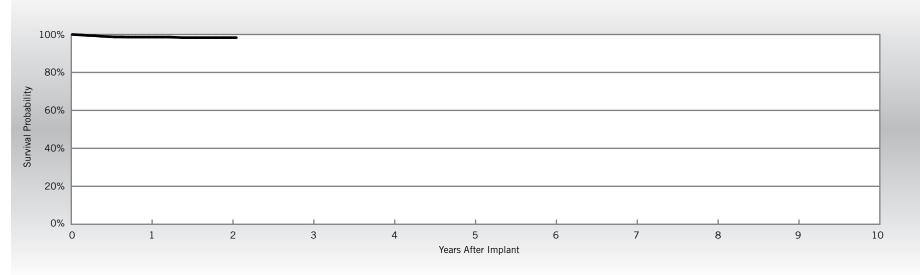
# Actively Monitored Study Data

### Quartet<sup>™</sup> Model 1458Q

Nov 2011
1,939
25,028
Optim <sup>™</sup> *
S-Curve
Quadpolar
Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	1	0.05%
Extracardiac Stimulation	1	0.05%
Failure to Capture	2	0.10%
Lead Dislodgement	22	1.13%
Skin Erosion	1	0.05%

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	1	0.05%
Extrinsic Factors	13	0.67%
Total	14	0.72%



Year	1	2	at 25 months			
Survival Probability	98.63%	98.34%	98.34%			
± 1 standard error	0.27%	0.34%	0.34%			
Sample Size	1,520	590	80			

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

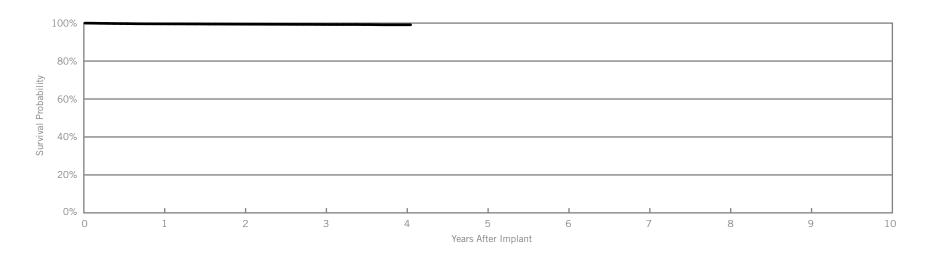


# Customer Reported Performance Data

### QuickFlex<sup>™</sup> µ Model 1258T

US Regulatory Approval	May 2010	
Registered US Implants	40,221	
Estimated Active US Implants	32,141	
Insulation	Optim <sup>™</sup> *	
Type and/or Fixation	S-Curve	
Polarity	Bipolar	
Steroid	Yes	
Number of US Advisories	None	

		oservations		omplications	Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate	(>3) Qty.	) days) Rate	Conductor Fracture	1	<0.01%
Orandia a Deufematian	-		-		Clavicular Crush	1	<0.01%
Cardiac Perforation	0	0.00%	0	0.00%	In the Pocket	0	0.00%
Conductor Fracture	0	0.00%	3	<0.01%	Intravascular	0	0.00%
Lead Dislodgement	34	0.08%	94	0.23%		1	
Failure to Capture	13	0.03%	51	0.13%	Insulation Breach	1	<0.01%
Oversensing	0	0.00%	2	<0.01%	Lead-to-Can Contact	0	0.00%
Failure to Sense	1	<0.01%	0	0.00%	Lead-to-Lead Contact	0	0.00%
Insulation Breach	0	0.00%	1	<0.01%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	4	<0.01%	1	<0.01%	Externalized Conductors	0	0.00%
Extracardiac Stimulation	16	0.04%	20	0.05%	Other	1	<0.01%
Other	6	0.01%	4	<0.01%	Crimps, Welds & Bonds	0	0.00%
Total	74	0.18%	176	0.44%	Other	1	<0.01%
Total Returned for Analysis	35		110		Extrinsic Factors	140	0.35%
					Total	143	0.36%



Year	1	2	3	4	at 49 months	
Survival Probability	99.60%	99.43%	99.28%	99.11%	99.11%	
± 1 standard error	0.03%	0.04%	0.05%	0.09%	0.09%	
Sample Size	34,060	23,330	13,950	4,850	560	

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

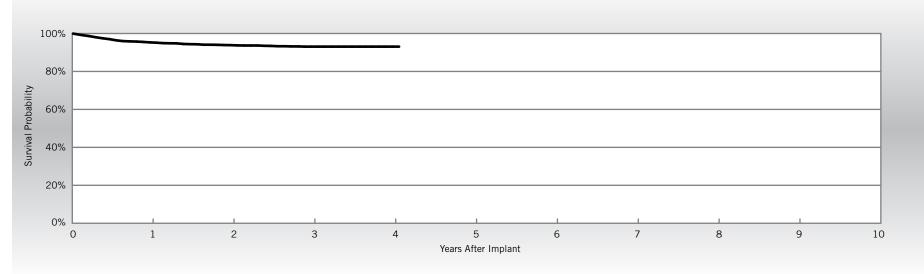


### QuickFlex<sup>™</sup> µ Model 1258T

US Regulatory Approval	May 2010
Number of Devices Enrolled in Study	2,344
Cumulative Months of Follow-up	62,507
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qty.	Rate
4	0.17%
1	0.04%
53	2.26%
39	1.66%
43	1.83%
	4 1 53 39

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	28	1.19%
Total	29	1.24%



Year	1	2	3	4	at 49 months	
Survival Probability	95.31%	93.86%	93.08%	93.08%	93.08%	
± 1 standard error	0.44%	0.52%	0.58%	0.58%	0.58%	
Sample Size	2,130	1,730	1,110	360	50	

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

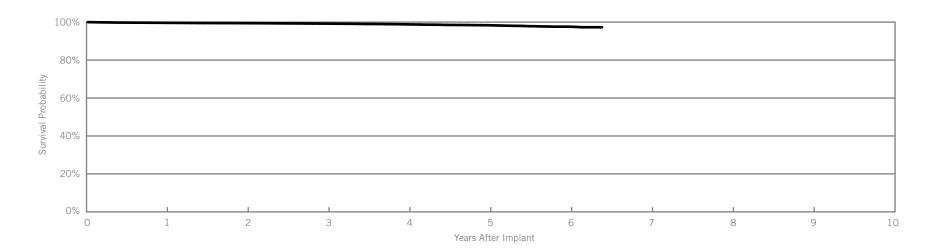


# **Customer Reported Performance Data**

## QuickFlex™

#### Model 1156T

US Regulatory Approval	July 2007			servations		omplications	Malfunctions
Registered US Implants	27,614		(Post Impla Qty.	nt, ≤30 days) Rate	(>30 Qty.	) days) Rate	Conductor Fracture
Estimated Active US Implants	15,915	Cardiac Perforation	0	0.00%	0.	0.00%	Clavicular Crush
Insulation	Polyurethane/Silicone				0		In the Pocket
Type and/or Fixation	S-Curve	Conductor Fracture Lead Dislodgement	0	0.00%	79	0.01%	Intravascular
Polarity	Bipolar	Failure to Capture	11	0.01%	84	0.30%	Insulation Breach
Steroid	Yes	Oversensing	0	0.00%	4	0.01%	Lead-to-Can Contact
Number of US Advisories	One	Failure to Sense	0	0.00%	4	0.00%	Lead-to-Lead Contact
(see pg. 296)		Insulation Breach	0	0.00%	8	0.03%	Clavicular Crush
					0		Externalized Conductors
		Abnormal Pacing Impedance	0	0.00%	4	0.01%	Other
		Extracardiac Stimulation	13	0.05%	42	0.15%	Crimps, Welds & Bonds
		Other	9	0.03%	1	<0.01%	Other
		Total	37	0.13%	225	0.81%	
		Total Returned for Analysis	13		111		Extrinsic Factors



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.62%	99.45%	99.21%	98.82%	98.36%	97.59%	97.29%		
± 1 standard error	0.04%	0.05%	0.06%	0.08%	0.10%	0.18%	0.25%		
Sample Size	25,300	21,610	18,440	14,440	9,000	3,530	330		



Qty.

4

0

0

4

43

0

2

0

13

28

0

0

109

156

Total

Rate

0.01%

0.00%

0.00%

0.01%

0.16%

0.00%

< 0.01%

0.00%

0.05%

0.10%

0.00%

0.00%

0.39%

0.56%

# Actively Monitored Study Data

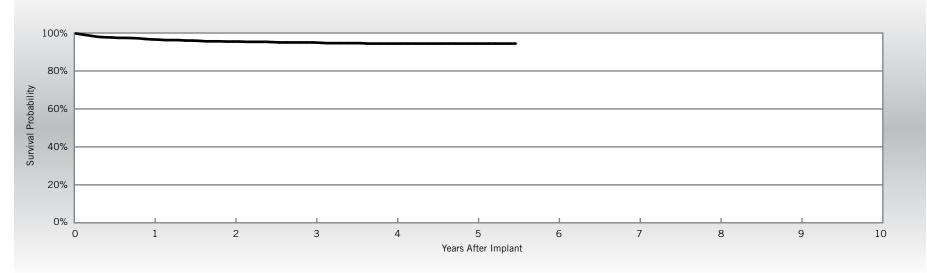
### QuickFlex™

### Model 1156T

US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	981
Cumulative Months of Follow-up	34,971
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	24	2.45%

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	14	1.43%
Total	14	1.43%



Year	1	2	3	4	5	at 66 months		
Survival Probability	96.64%	95.51%	95.04%	94.44%	94.44%	94.44%		
± 1 standard error	0.57%	0.70%	0.74%	0.82%	0.82%	0.82%		
Sample Size	900	750	600	450	230	60		

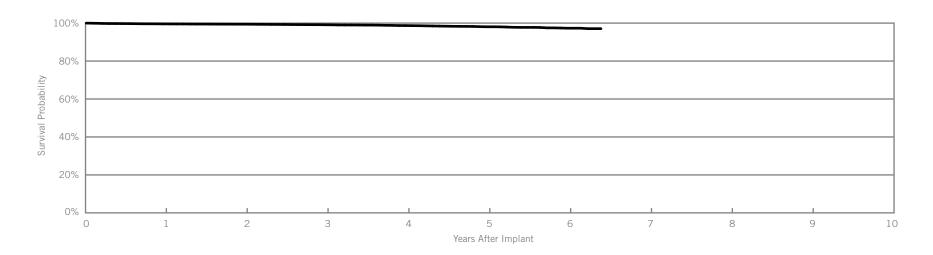


## QuickFlex<sup>™</sup> XL

### Model 1158T

US Regulatory Approval	July 2007
Registered US Implants	15,312
Estimated Active US Implants	8,889
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pg. 296)	One

		oservations		omplications	Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	5	0.03%
Cardian Deferration	ચાર્ય.	0.00%	0	0.00%	Clavicular Crush	0	0.00%
Cardiac Perforation	0		-		In the Pocket	1	<0.01%
Conductor Fracture	0	0.00%	3	0.02%	Intravascular	4	0.03%
Lead Dislodgement	9	0.06%	58	0.38%	Insulation Breach	30	0.20%
Failure to Capture	2	0.01%	58	0.38%			
Oversensing	0	0.00%	0	0.00%	Lead-to-Can Contact	0	0.00%
Failure to Sense	0	0.00%	1	<0.01%	Lead-to-Lead Contact	1	<0.01%
Insulation Breach	0	0.00%	4	0.03%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	2	0.01%	1	<0.01%	Externalized Conductors	7	0.05%
Extracardiac Stimulation	6	0.04%	15	0.10%	Other	22	0.14%
Other	6	0.04%	5	0.03%	Crimps, Welds & Bonds	1	<0.01%
Total	25	0.16%	145	0.95%	Other	0	0.00%
Total Returned for Analysis	13		78		Extrinsic Factors	72	0.47%
		1			Total	108	0.71%



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.57%	99.42%	99.12%	98.71%	98.07%	97.31%	97.08%		
± 1 standard error	0.05%	0.07%	0.08%	0.11%	0.16%	0.25%	0.35%		
Sample Size	14,030	12,010	10,160	7,760	4,800	2,000	210		



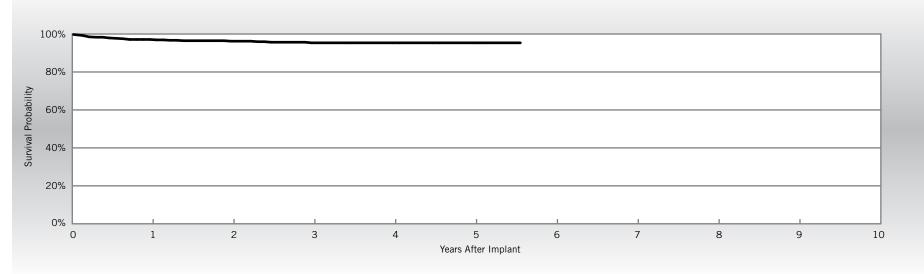
# QuickFlex<sup>™</sup> XL

### Model 1158T

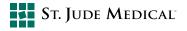
US Regulatory Approval	July 2007
Number of Devices Enrolled in Study	558
Cumulative Months of Follow-up	20,346
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

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 67 months		
Survival Probability	97.13%	96.23%	95.36%	95.36%	95.36%	95.36%		
± 1 standard error	0.73%	0.82%	0.93%	0.98%	0.98%	0.98%		
Sample Size	510	420	340	250	150	50		

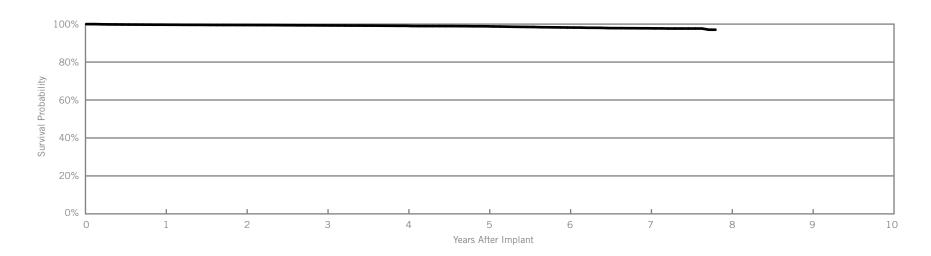


### QuickSite<sup>™</sup> XL

### Model 1058T

US Regulatory Approval	February 2006
Registered US Implants	9,949
Estimated Active US Implants	4,675
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	One
(see pg. 296)	

		oservations		omplications	Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate	(>3) Qty.	) days) Rate	Conductor Fracture	2	0.02%
Cardiac Perforation	0	0.00%			Clavicular Crush	0	0.00%
	0		0	0.00%	In the Pocket	0	0.00%
Conductor Fracture	0	0.00%	2	0.02%	Intravascular	2	0.02%
Lead Dislodgement	10	0.10%	22	0.22%		16	0.16%
Failure to Capture	3	0.03%	36	0.36%	Insulation Breach		
Oversensing	1	0.01%	1	0.01%	Lead-to-Can Contact	0	0.00%
Failure to Sense	0	0.00%	0	0.00%	Lead-to-Lead Contact	0	0.00%
Insulation Breach	0	0.00%	4	0.04%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	2	0.02%	4	0.04%	Externalized Conductors	6	0.06%
Extracardiac Stimulation	9	0.09%	14	0.14%	Other	10	0.10%
Other	1	0.01%	2	0.02%	Crimps, Welds & Bonds	0	0.00%
Total	26	0.26%	85	0.85%	Other	1	0.01%
Total Returned for Analysis	9		25		Extrinsic Factors	23	0.23%
ional fiotalitica for Analysis	<b>y</b>				Total	42	0.42%



Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.69%	99.51%	99.31%	99.10%	98.84%	98.21%	97.80%	97.05%	
± 1 standard error	0.06%	0.07%	0.09%	0.11%	0.13%	0.17%	0.20%	0.49%	
Sample Size	9,170	7,910	6,980	6,160	5,350	4,500	2,960	250	

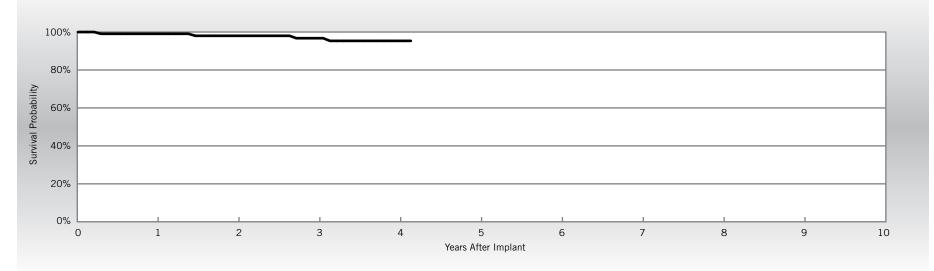


# QuickSite<sup>™</sup> XL

### Model 1058T

JS Regulatory Approval	February 2006	Qualifying Complications	Qty.	Rate
Number of Devices Enrolled in Study	110	Failure to Capture	4	3.64%
Cumulative Months of Follow-up	5,042			
nsulation	Polyurethane/Silicone			
Type and/or Fixation	S-Curve			
Polarity	Bipolar			
Steroid	Yes			

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 50 months	
Survival Probability	99.07%	98.02%	96.74%	95.34%	95.34%	
± 1 standard error	0.93%	1.39%	1.87%	2.31%	2.31%	
Sample Size	100	90	80	60	50	



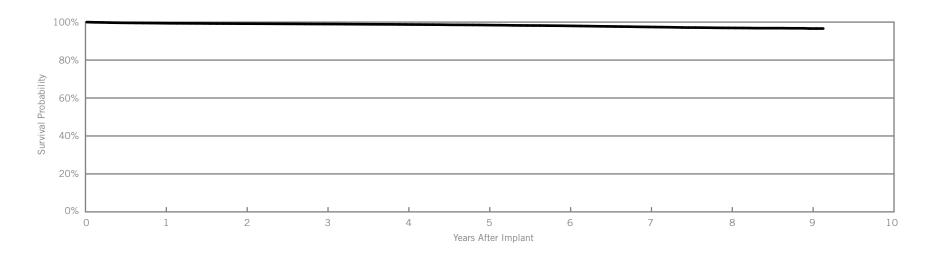
# Customer Reported Performance Data

# QuickSite™

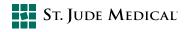
### Model 1056T

US Regulatory Approval	April 2005
Registered US Implants	32,318
Estimated Active US Implants	13,480
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pg. 296)	One

	Acute Observations		Chronic Complications		Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate			Conductor Fracture	5	0.02%
Cardiac Perforation	0	0.00%	0	<b>Rate</b>	Clavicular Crush	0	0.00%
			-		In the Pocket	2	<0.01%
Conductor Fracture	0	0.00%	5	0.02%	Intravascular	3	< 0.01%
Lead Dislodgement	31	0.10%	128	0.40%	Insulation Breach	70	0.22%
Failure to Capture	14	0.04%	139	0.43%		1	
Oversensing	1	<0.01%	7	0.02%	Lead-to-Can Contact	1	<0.01%
Failure to Sense	0	0.00%	1	<0.01%	Lead-to-Lead Contact	10	0.03%
Insulation Breach	1	<0.01%	19	0.06%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	3	<0.01%	5	0.02%	Externalized Conductors	29	0.09%
Extracardiac Stimulation	22	0.07%	66	0.20%	Other	30	0.09%
Other	9	0.03%	10	0.03%	Crimps, Welds & Bonds	0	0.00%
Total	81	0.25%	380	1.18%	Other	1	<0.01%
Total Returned for Analysis	27		153		Extrinsic Factors	133	0.41%
					Total	209	0.65%



Year	1	2	3	4	5	6	7	8	9	at 110 months
Survival Probability	99.42%	99.18%	98.99%	98.75%	98.45%	98.04%	97.45%	96.94%	96.61%	96.61%
± 1 standard error	0.04%	0.05%	0.06%	0.07%	0.08%	0.09%	0.12%	0.15%	0.17%	0.22%
Sample Size	29,760	25,610	22,550	19,710	16,950	14,320	11,090	6,880	2,580	270



# Actively Monitored Study Data

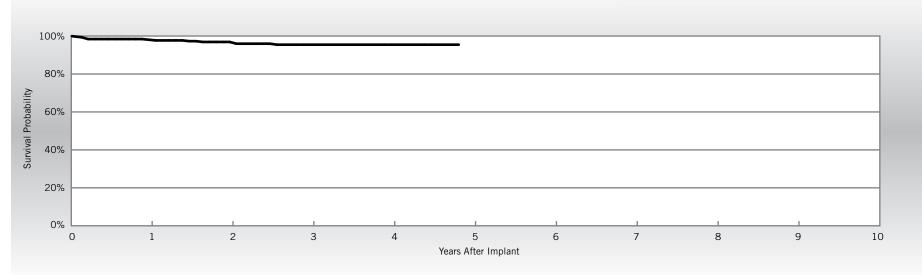
# QuickSite™

#### Model 1056T

US Regulatory Approval	April 2005
Number of Devices Enrolled in Study	321
Cumulative Months of Follow-up	11,243
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes

Qty.	Rate
1	0.31%
2	0.62%
4	1.25%
5	1.56%
	1 2 4

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 58 months	
Survival Probability	98.05%	96.88%	95.44%	95.44%	95.44%	
± 1 standard error	0.71%	1.03%	1.31%	1.31%	1.31%	
Sample Size	300	240	190	130	50	



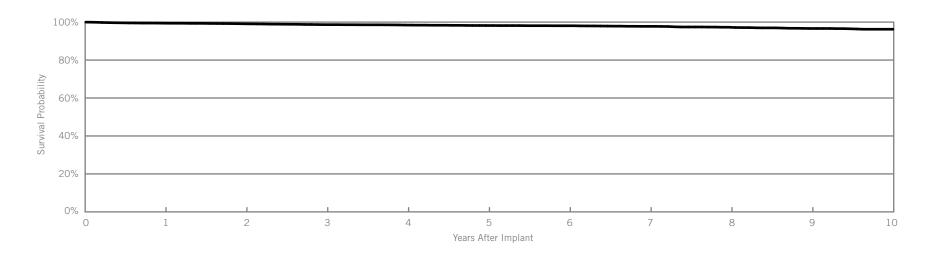
# Customer Reported Performance Data

# QuickSite™

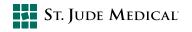
#### Model 1056K

June 2004
7,871
2,331
Polyurethane/Silicone
S-Curve
Unipolar
Yes
None

	Acute Observations		Chronic Complications		Malfunctions	Qty.	Rate
	(Post Impla Qty.	nt, ≤30 days) Rate	(>30 Qty.	) days) Rate	Conductor Fracture	3	0.04%
Cardian Derferentian	-	0.00%	0.		Clavicular Crush	0	0.00%
Cardiac Perforation	0			0.00%	In the Pocket	0	0.00%
Conductor Fracture	0	0.00%	2	0.03%	Intravascular	3	0.04%
Lead Dislodgement	10	0.13%	33	0.42%	Insulation Breach	1	0.01%
Failure to Capture	3	0.04%	50	0.64%		1	
Oversensing	0	0.00%	0	0.00%	Lead-to-Can Contact	0	0.00%
Failure to Sense	0	0.00%	0	0.00%	Lead-to-Lead Contact	1	0.01%
Insulation Breach	0	0.00%	0	0.00%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	0	0.00%	3	0.04%	Externalized Conductors	0	0.00%
Extracardiac Stimulation	10	0.13%	21	0.27%	Other	0	0.00%
Other	2	0.03%	9	0.11%	Crimps, Welds & Bonds	0	0.00%
Total	25	0.32%	118	1.50%	Other	0	0.00%
Total Returned for Analysis	13		45		Extrinsic Factors	46	0.58%
					Total	50	0.64%



Year	1	2	3	4	5	6	7	8	9	10
Survival Probability	99.43%	99.11%	98.66%	98.45%	98.20%	98.08%	97.76%	97.30%	96.64%	96.24%
± 1 standard error	0.08%	0.11%	0.14%	0.16%	0.18%	0.19%	0.22%	0.26%	0.31%	0.37%
Sample Size	7,240	6,190	5,380	4,620	3,940	3,340	2,790	2,300	1,910	300



# SUMMARY INFORMATION

Left-Heart Leads



# Survival Summary

						Survival P	robability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
1458Q	Quartet™	99.35%	99.19%								
1258T	QuickFlex™ µ	99.60%	99.43%	99.28%	99.11%						
1156T	QuickFlex™	99.62%	99.45%	99.21%	98.82%	98.36%	97.59%				
1158T	QuickFlex <sup>™</sup> XL	99.57%	99.42%	99.12%	98.71%	98.07%	97.31%				
1058T	QuickSite <sup>™</sup> XL	99.69%	99.51%	99.31%	99.10%	98.84%	98.21%	97.80%			
1056T	QuickSite™	99.42%	99.18%	98.99%	98.75%	98.45%	98.04%	97.45%	96.94%	96.61%	
1056K	QuickSite™	99.43%	99.11%	98.66%	98.45%	98.20%	98.08%	97.76%	97.30%	96.64%	96.24%



# Acute Observation Summary

### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac rforation		nductor acture		.ead dgement		lure to pture	Ov	ersensing		lure to ense		sulation Breach	F	onormal Pacing pedance		acardiac nulation		Other	1	īotal	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	40,351	35,380	0	0.00%	0	0.00%	41	0.10%	21	0.05%	1	<0.01%	0	0.00%	0	0.00%	4	<0.01%	29	0.07%	7	0.02%	103	0.26%	32
1258T	May-10	40,221	32,141	0	0.00%	0	0.00%	34	0.08%	13	0.03%	0	0.00%	1	<0.01%	0	0.00%	4	<0.01%	16	0.04%	6	0.01%	74	0.18%	35
1156T	Jul-07	27,614	15,915	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	15,312	8,889	0	0.00%	0	0.00%	9	0.06%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	2	0.01%	6	0.04%	6	0.04%	25	0.16%	13
1058T	Feb-06	9,949	4,675	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	32,318	13,480	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	2,331	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 rforation		nductor acture		.ead dgement		lure to pture	Ove	rsensing		ilure to Sense		sulation Breach	F	onormal Pacing pedance		racardiac mulation	C	Other	Т	otal	Total Returned
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	for Analysis
1458Q	Nov-11	40,351	35,380	0	0.00%	0	0.00%	128	0.32%	24	0.06%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	6	0.01%	8	0.02%	168	0.42%	107
1258T	May-10	40,221	32,141	0	0.00%	3	<0.01%	94	0.23%	51	0.13%	2	<0.01%	0	0.00%	1	<0.01%	1	<0.01%	20	0.05%	4	<0.01%	176	0.44%	110
1156T	Jul-07	27,614	15,915	0	0.00%	3	0.01%	79	0.29%	84	0.30%	4	0.01%	0	0.00%	8	0.03%	4	0.01%	42	0.15%	1	<0.01%	225	0.81%	111
1158T	Jul-07	15,312	8,889	0	0.00%	3	0.02%	58	0.38%	58	0.38%	0	0.00%	1	<0.01%	4	0.03%	1	<0.01%	15	0.10%	5	0.03%	145	0.95%	78
1058T	Feb-06	9,949	4,675	0	0.00%	2	0.02%	22	0.22%	36	0.36%	1	0.01%	0	0.00%	4	0.04%	4	0.04%	14	0.14%	2	0.02%	85	0.85%	25
1056T	Apr-05	32,318	13,480	0	0.00%	5	0.02%	128	0.40%	139	0.43%	7	0.02%	1	<0.01%	19	0.06%	5	0.02%	66	0.20%	10	0.03%	380	1.18%	153
1056K	Jun-04	7,871	2,331	0	0.00%	2	0.03%	33	0.42%	50	0.64%	0	0.00%	0	0.00%	0	0.00%	3	0.04%	21	0.27%	9	0.11%	118	1.50%	45



# Malfunction Summary

					Conductor	Fractur	e								Insulatio	n Bread	ch												
	Registered US		vicular rush	In t	he Pocket	Intrav	vascular	Con	Total Iductor Acture		l-to-Can ontact		-to-Lead intact		/icular rush		rnalized ductors	0	ther	Ins	Fotal ulation reach	We	imps, elds & onds	c	Other		trinsic ictors	1	īotal
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	40,351	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%	5	0.01%	115	0.28%	121	0.30%
1258T	40,221	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%	140	0.35%	143	0.36%
1156T	27,614	0	0.00%	0	0.00%	4	0.01%	4	0.01%	0	0.00%	2	<0.01%	0	0.00%	13	0.05%	28	0.10%	43	0.16%	0	0.00%	0	0.00%	109	0.39%	156	0.56%
1158T	15,312	0	0.00%	1	<0.01%	4	0.03%	5	0.03%	0	0.00%	1	<0.01%	0	0.00%	7	0.05%	22	0.14%	30	0.20%	1	<0.01%	0	0.00%	72	0.47%	108	0.71%
1058T	9,949	0	0.00%	0	0.00%	2	0.02%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	6	0.06%	10	0.10%	16	0.16%	0	0.00%	1	0.01%	23	0.23%	42	0.42%
1056T	32,318	0	0.00%	2	<0.01%	3	<0.01%	5	0.02%	1	<0.01%	10	0.03%	0	0.00%	29	0.09%	30	0.09%	70	0.22%	0	0.00%	1	<0.01%	133	0.41%	209	0.65%
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

					Conductor	Fractur	re								Insulatio	n Brea	ch												
	Worldwide		ivicular Crush	In th	ne Pocket	Intra	vascular	Con	otal ductor icture		I-to-Can ontact		-to-Lead		vicular rush		rnalized ductors	o	ther	Ins	Total sulation reach	We	imps, elds & onds	C	ther		trinsic actors	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	84,707	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	0.01%	172	0.20%	193	0.23%
1258T	118,817	3	0.00%	11	0.01%	2	<0.01%	16	0.01%	1	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	5	<0.01%	0	0.00%	17	0.01%	90	0.08%	128	0.11%



# Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Pa	ormal icing edance		rdiac oration		ductor cture		racardiac mulation		ailure to pture		ilure to ense		lation each		Lead odgement	Over	sensing		ardial usion		Skin rosion	т	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1458Q	1,939	25,028	1	0.05%	0	0.00%	0	0.00%	1	0.05%	2	0.10%	0	0.00%	0	0.00%	22	1.13%	0	0.00%	0	0.00%	1	0.05%	27	1.39%
1258T	2,344	62,507	4	0.17%	0	0.00%	1	0.04%	53	2.26%	39	1.66%	0	0.00%	0	0.00%	43	1.83%	0	0.00%	0	0.00%	0	0.00%	140	5.97%
1156T	981	34,971	1	0.10%	0	0.00%	0	0.00%	13	1.33%	8	0.82%	0	0.00%	0	0.00%	24	2.45%	0	0.00%	0	0.00%	0	0.00%	46	4.69%
1158T	558	20,346	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	3.94%
1058T	110	5,042	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	3.64%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	3.64%
1056T	321	11,243	1	0.31%	0	0.00%	0	0.00%	2	0.62%	4	1.25%	0	0.00%	0	0.00%	5	1.56%	0	0.00%	0	0.00%	0	0.00%	12	3.74%

#### Malfunctions

					Conductor	Fractu	e								Insulatio	n Brea	ch												
	Number of Devices		vicular Trush	In t	he Pocket	Intra	vascular	Con	otal ductor acture		I-to-Can ontact		-to-Lead ontact		vicular rush		rnalized ductors	c	Other	Ins	otal ulation reach	We	imps, elds & onds	c	ther		trinsic actors	1	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	1,939	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	0.05%	13	0.67%	14	0.72%
1258T	2,344	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%	28	1.19%	29	1.24%
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%	14	1.43%	14	1.43%
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	110	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%



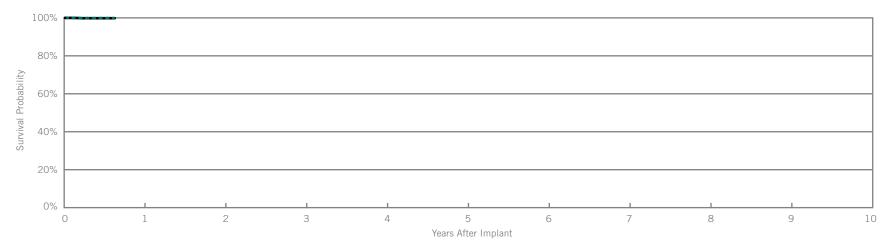
# IMPLANTABLE CARDIOVERTER Defibrillator (ICD) Devices

Dual-Chamber



llipse <sup>™</sup> DR		
odel CD2411-36Q*		
US Regulatory Approval	June 2013	
Registered US Implants	1,875	Electrical Component
Estimated Active US Implants	1,780	Electrical Interconnect
Estimated Longevity	(see table on page 109)	Battery
Normal Battery Depletion	0	High Voltage Capacitor
Max. Delivered Energy	36 joules	Software/Firmware
Number of US Advisories (see pgs. 285-290)	One	Mechanical
		Possible Early Battery Depletion

	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	1	0.05%	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	0.05%	0	0.00%



#### Including Normal Battery Depletion

Year	at 8 months					
Survival Probability	99.82%					
± 1 standard error	0.13%					
Sample Size	290					

Year	at 8 months					
Survival Probability	99.82%					
± 1 standard error	0.13%					



36 joules

One

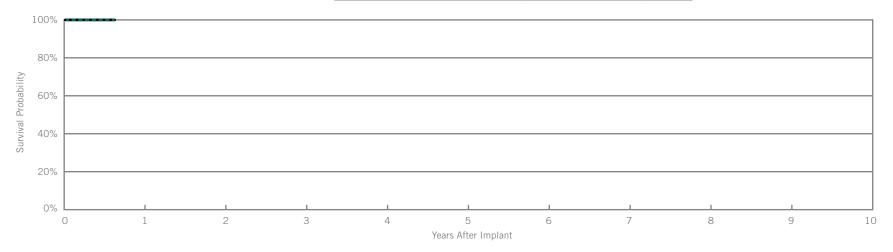
### **Customer Reported Performance Data**

Ellipse <sup>™</sup> DR	
Model CD2411-36C*	
US Regulatory Approval	June 2013
Registered US Implants	1,288
Estimated Active US Implants	1,235
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	0

Max. Delivered Energy

Number of US Advisories (see pgs. 285-290)

	w/ Cor	unctions npromised herapy	w/o Co	lalfunctions 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%	



#### Including Normal Battery Depletion

Year	at 8 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	250					

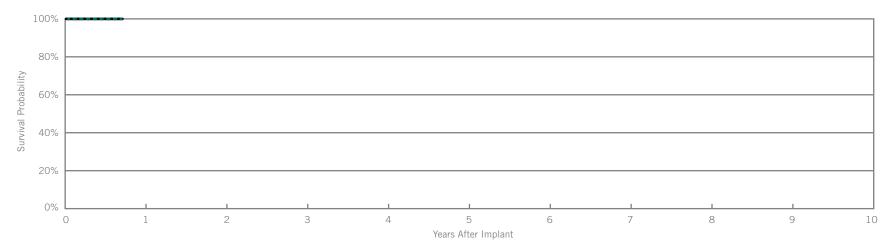
Year	at 8 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					



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

US Regulatory Approval	June 2013
Registered US Implants	3,131
Estimated Active US Implants	2,990
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	alfunctions 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%	



#### Including Normal Battery Depletion

Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	260					

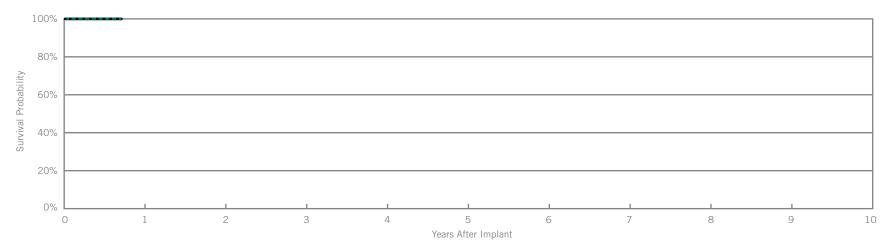
Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					



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

US Regulatory Approval	June 2013
Registered US Implants	1,957
Estimated Active US Implants	1,867
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	alfunctions 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%	



#### Including Normal Battery Depletion

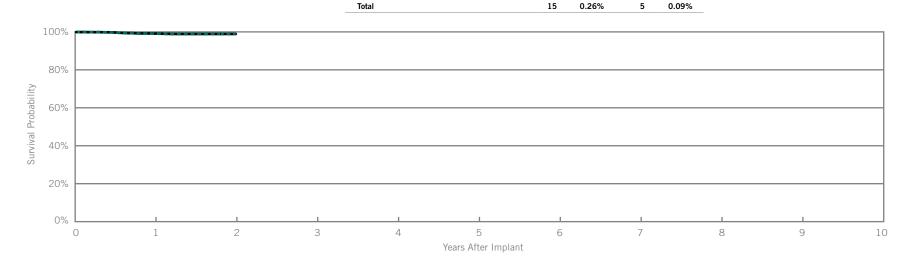
Year	at 9 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	220					

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



### **Customer Reported Performance Data**

llipse <sup>™</sup> DR odel CD2311-36Q*			w/ Cor	functions mpromised herapy	w/o Co	unctions mpromised nerapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	5,828	Electrical Component	0	0.00%	1	0.02%
Estimated Active US Implants	5,007	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	1	High Voltage Capacitor	7	0.12%	2	0.03%
Max. Delivered Energy	36 joules	Software/Firmware	1	0.02%	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	2	0.03%	1	0.02%
		Possible Early Battery Depletion	4	0.07%	0	0.00%
		Other	1	0.02%	1	0.02%



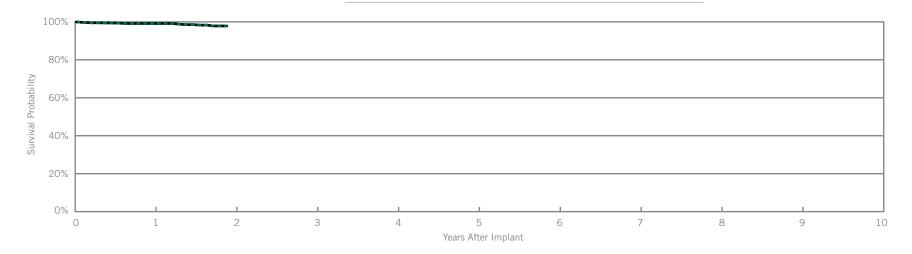
#### Including Normal Battery Depletion

Year	1	2				
Survival Probability	99.08%	98.85%				
± 1 standard error	0.14%	0.17%				
Sample Size	4,510	260				

Year	1	2				
Survival Probability	99.13%	98.91%				
± 1 standard error	0.13%	0.16%				



Illipse <sup>™</sup> DR Iodel CD2311-36			w/ Cor	functions mpromised herapy	w/o Co	functions mpromised herapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	3,689	Electrical Component	1	0.03%	2	0.05%
Estimated Active US Implants	3,207	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	2	0.05%	0	0.00%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	4	0.11%	3	0.08%
		Possible Early Battery Depletion	3	0.08%	0	0.00%
		Other	2	0.05%	0	0.00%
		Total	12	0.33%	5	0.14%



#### Including Normal Battery Depletion

Year	1	at 23 months				
Survival Probability	99.14%	97.86%				
± 1 standard error	0.16%	0.45%				
Sample Size	2,800	230				

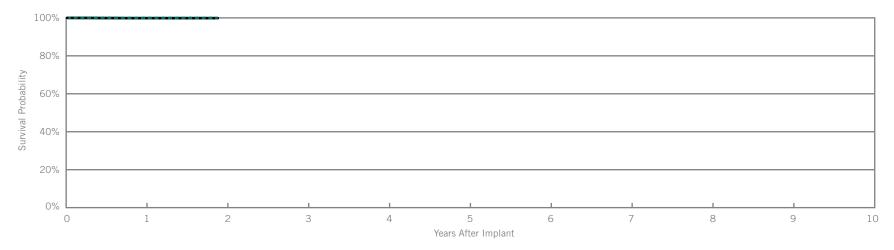
Year	1	at 23 months				
Survival Probability	99.14%	97.86%				
± 1 standard error	0.16%	0.45%				



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

US Regulatory Approval	May 2012
Registered US Implants	6,587
Estimated Active US Implants	5,747
Estimated Longevity	(see table on page 109)
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	2	0.03%	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	1	0.02%	0	0.00%
Total	3	0.05%	1	0.02%



#### Including Normal Battery Depletion

Year	1	at 23 months				
Survival Probability	99.86%	99.86%				
± 1 standard error	0.05%	0.05%				
Sample Size	4,920	270				

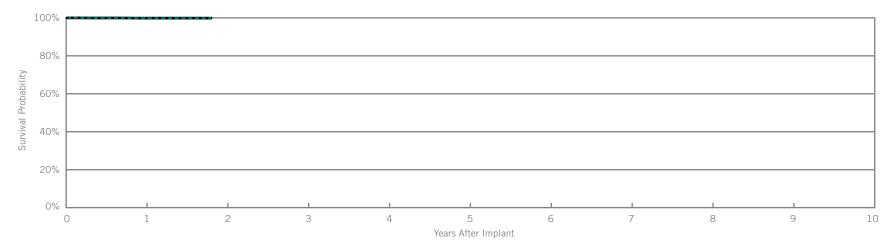
Year	1	at 23 months				
Survival Probability	99.86%	99.86%				
± 1 standard error	0.05%	0.05%				



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

US Regulatory Approval	May 2012
Registered US Implants	4,055
Estimated Active US Implants	3,535
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	1
Max. Delivered Energy	40 joules
Number of US Advisories	None

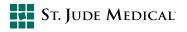
	w/ Cor	unctions npromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	1	0.02%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	0	0.00%	1	0.02%
Total	0	0.00%	2	0.05%



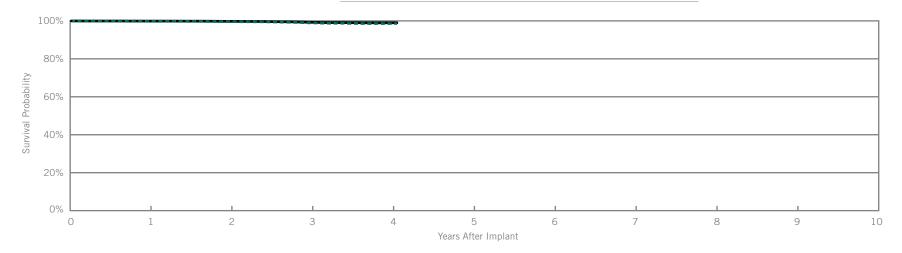
#### Including Normal Battery Depletion

Year	1	at 22 months				
Survival Probability	99.79%	99.79%				
± 1 standard error	0.09%	0.09%				
Sample Size	3,050	270				

Year	1	at 22 months				
Survival Probability	99.87%	99.87%				
± 1 standard error	0.07%	0.07%				



ortify™ DR Iodel CD2231-40Q*			w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
US Regulatory Approval	May 2010		Qty	Rate	Qty	Rate
Registered US Implants	26,807	Electrical Component	3	0.01%	4	0.01%
Estimated Active US Implants	19,178	Electrical Interconnect	2	<0.01%	2	<0.01%
Estimated Longevity	(see table on page 109)	Battery	9	0.03%	7	0.03%
Normal Battery Depletion	23	High Voltage Capacitor	1	<0.01%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	1	<0.01%	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%	0	0.00%
		Possible Early Battery Depletion	11	0.04%	5	0.02%
		Other	6	0.02%	3	0.01%
		Total	33	0.12%	21	0.08%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 49 months	
Survival Probability	99.78%	99.60%	98.95%	98.59%	98.59%	
± 1 standard error	0.03%	0.04%	0.08%	0.12%	0.12%	
Sample Size	24,960	20,610	13,440	4,630	500	

Year	1	2	3	4	at 49 months			
Survival Probability	99.88%	99.76%	99.24%	98.98%	98.98%			
± 1 standard error	0.02%	0.03%	0.06%	0.10%	0.10%			



# Fortify<sup>™</sup> DR

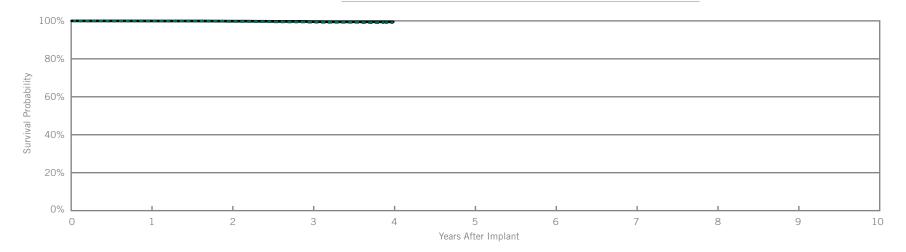
el CD2231-40Q						Mal w/ Co T	functions mpromised herapy	w/o Co	functions mpromise herapy
Regulatory Approval	May 2010	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
mber of Devices Enrolled in Study	388	Premature Battery Depletion	1	0.26%	Electrical Component	0	0.00%	0	0.00%
mulative Months of Follow-up	13,311				Electrical Interconnect	0	0.00%	0	0.00
imated Longevity	(see table on page 109)				Battery	0	0.00%	0	0.00
x. Delivered Energy	40 joules				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
80%									-
									-
									-
60%									-
60%									
60% 40% 20%	i 		  5						-

Year	1	2	3	at 45 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	340	280	70			





Fortify <sup>™</sup> DR						
Model CD2231-40	Nodel CD2231-40		w/ Co	functions mpromised herapy	Malfunctions w/o Compromised Therapy	
US Regulatory Approval	May 2010		Qty	Rate	Qty	Rate
Registered US Implants	12,056	Electrical Component	2	0.02%	2	0.02%
Estimated Active US Implants	8,596	Electrical Interconnect	1	<0.01%	0	0.00%
Estimated Longevity	(see table on page 109)	Battery	1	<0.01%	3	0.02%
Normal Battery Depletion	11	High Voltage Capacitor	1	<0.01%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	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	8	0.07%	6	0.05%



#### Including Normal Battery Depletion

Year	1	2	3	4			
Survival Probability	99.88%	99.67%	99.27%	99.05%			
± 1 standard error	0.02%	0.05%	0.09%	0.16%			
Sample Size	11,180	9,090	5,650	380			

Year	1	2	3	4			
Survival Probability	99.95%	99.85%	99.58%	99.51%			
± 1 standard error	0.02%	0.03%	0.06%	0.10%			



### Fortify<sup>™</sup> DR Model CD2231-40

odel CD2231-40						Mali w/ Cor T	Malfunctions w/ Compromised Therapy		functions ompromise herapy
US Regulatory Approval	May 2010	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	177	Premature Battery Depletion	1	0.56%	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	5,135				Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)				Battery	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules				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%
Aulia 60%									
al Prot									-

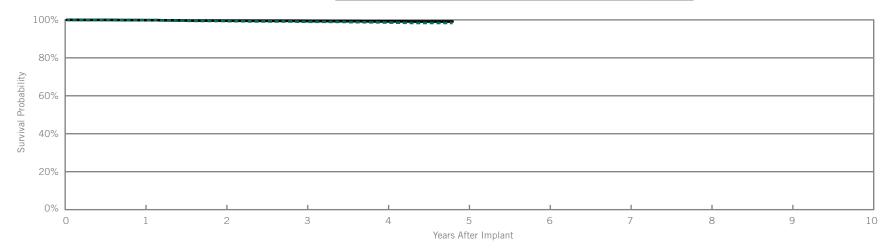
Year	1	2	3	at 40 months			
Survival Probability	100.00%	99.14%	99.14%	99.14%			
± 1 standard error	0.00%	0.00%	0.86%	0.86%			
Sample Size	160	130	100	50			





Current <sup>™</sup> + DR Iodel CD2211-36Q*			Mali w/ Cor	unctions mpromised herapy
US Regulatory Approval	February 2009		Qty	Rate
Registered US Implants	8,130	Electrical Component	5	0.06%
Estimated Active US Implants	4,989	Electrical Interconnect	0	0.00%
Estimated Longevity	(see table on page 109)	Battery	3	0.04%
Normal Battery Depletion	16	High Voltage Capacitor	1	0.01%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%
		Possible Early Battery Depletion	1	0.01%
		Other	2	0.02%

	w/ Cor	unctions npromised nerapy	w/o Co	functions 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%	3	0.04%
Other	2	0.02%	2	0.02%
Total	12	0.15%	12	0.15%



#### Including Normal Battery Depletion

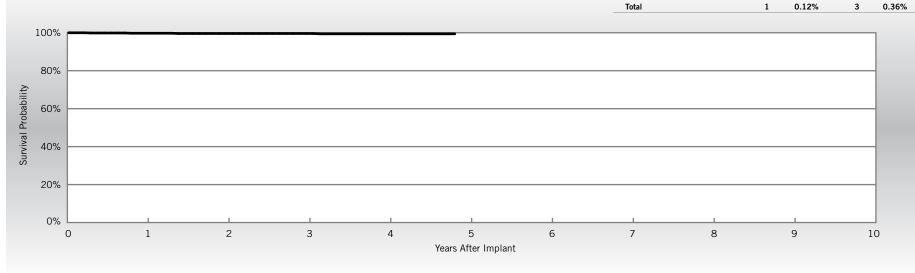
Year	1	2	3	4	at 58 months			
Survival Probability	99.85%	99.40%	99.04%	98.63%	98.39%			
± 1 standard error	0.04%	0.09%	0.12%	0.14%	0.17%			
Sample Size	7,560	6,590	5,800	4,860	310			

Year	1	2	3	4	at 58 months			
Survival Probability	99.85%	99.58%	99.41%	99.20%	99.13%			
± 1 standard error	0.04%	0.07%	0.09%	0.11%	0.13%			



# $Current^{{}^{_{\mathsf{T}}}} + \mathsf{DR}$

lodel CD2211-36Q						w/ Co	functions mpromised herapy	w/o Co	unctions mpromised terapy
US Regulatory Approval	February 2009	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	834	Premature Battery Depletion	3	0.36%	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	34,988	Skin Erosion	1	0.12%	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)				Battery	1	0.12%	2	0.24%
Max. Delivered Energy	36 joules				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%

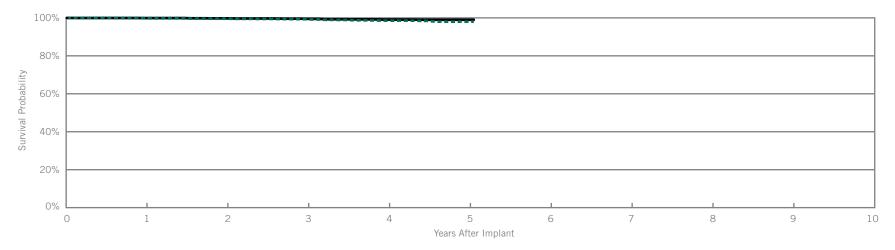


Year	1	2	3	4	at 58 months			
Survival Probability	99.75%	99.61%	99.61%	99.44%	99.44%			
± 1 standard error	0.18%	0.23%	0.23%	0.28%	0.28%			
Sample Size	790	710	640	570	70			

ST. JUDE MEDICAL	
------------------	--

Current <sup>™</sup> + DR		
lodel CD2211-36		
US Regulatory Approval	February 2009	
Registered US Implants	6,250	Electrical Co
Estimated Active US Implants	3,760	Electrical Int
Estimated Longevity	(see table on page 109)	Battery
Normal Battery Depletion	14	High Voltage
Max. Delivered Energy	36 joules	Software/Firr
Number of US Advisories	None	Mechanical

	w/ Co	unctions npromised 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	4	0.06%	4	0.06%	
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	12	0.19%	7	0.11%	



#### Including Normal Battery Depletion

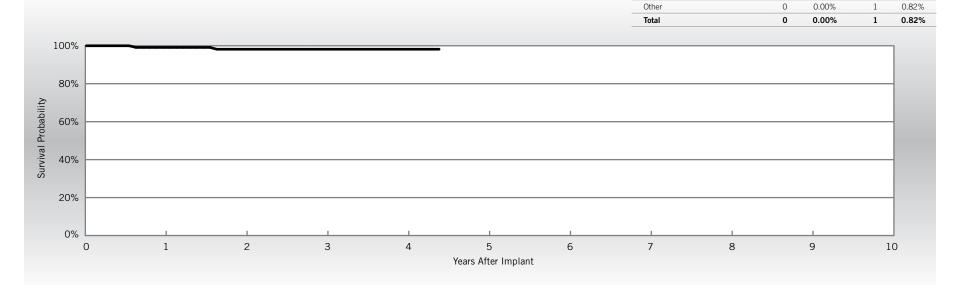
Year	1	2	3	4	5	at 61 months		
Survival Probability	99.78%	99.56%	99.29%	98.53%	97.98%	97.98%		
± 1 standard error	0.05%	0.09%	0.11%	0.18%	0.26%	0.26%		
Sample Size	5,820	5,020	4,300	3,580	1,720	250		

Year	1	2	3	4	5	at 61 months		
Survival Probability	99.90%	99.76%	99.52%	99.09%	98.99%	98.99%		
± 1 standard error	0.03%	0.07%	0.09%	0.14%	0.16%	0.16%		



# Current<sup>™</sup> + DR

Nodel CD2211-36						w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
US Regulatory Approval	February 2009	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	122	Inappropriate Shock	1	0.82%	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	4,778	Premature Battery Depletion	1	0.82%	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)				Battery	0	0.00%	0	0.00%
Max. Delivered Energy	36 joules				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%



Year	1	2	3	4	at 53 months	
Survival Probability	99.13%	98.18%	98.18%	98.18%	98.18%	
± 1 standard error	0.86%	1.28%	1.28%	1.28%	1.28%	
Sample Size	120	100	80	70	50	



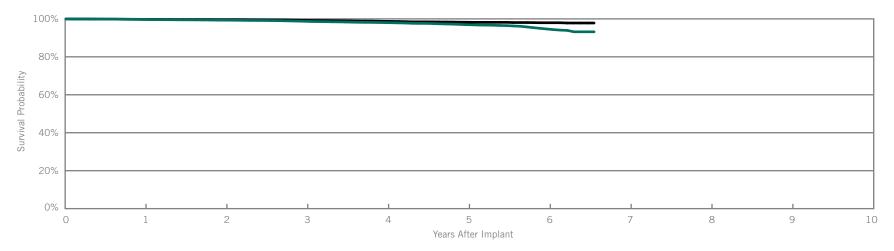


## Current<sup>™</sup> DR RF

Model 2207-36

US Regulatory Approval	September 2007
Registered US Implants	22,367
Estimated Active US Implants	11,175
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	114
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	unctions npromised 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	15	0.07%	9	0.04%
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	24	0.11%	14	0.06%
Other	20	0.09%	5	0.02%
Total	72	0.32%	46	0.21%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.70%	99.33%	98.74%	98.03%	96.94%	94.66%	93.19%		
± 1 standard error	0.04%	0.06%	0.08%	0.11%	0.14%	0.25%	0.42%		
Sample Size	20,840	18,120	15,930	14,050	11,350	6,020	300		

Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.75%	99.59%	99.21%	98.71%	98.25%	97.96%	97.82%		
± 1 standard error	0.03%	0.05%	0.06%	0.09%	0.11%	0.13%	0.17%		



# Current<sup>™</sup> DR RF

odel 2207-36						w/ Co	functions mpromised herapy	Mal w/o Co T	functions ompromise herapy
US Regulatory Approval	September 2007	Qualifying Complications	s Q	ty. Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	631	Inappropriate Shock		1 0.16%	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	27,706				Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 109)				Battery	0	0.00%	0	0.00%
Max. Delivered Energy	36 joules				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	0.169
					Other	0	0.00%	0	0.00
					Total	1	0.16%	1	0.16
60%									-
40%									-
20%									-
0%	1			1	I I				
0 1	2	3	4 5	6	7 8		9		10
			Years After Impl	ant					

Year	1	2	3	4	5	6		
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	280	50		



.. ..

.. .. ..

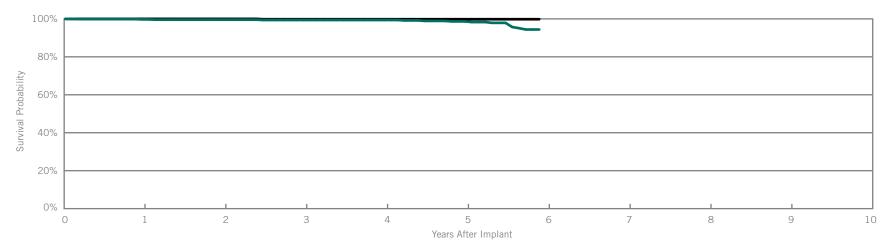


# Current<sup>™</sup> DR RF

Model 2207-30

US Regulatory Approval	September 2007
Registered US Implants	1,560
Estimated Active US Implants	775
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	15
Max. Delivered Energy	30 joules
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	1	0.06%
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 71 months		
Survival Probability	99.72%	99.57%	99.39%	99.39%	98.65%	94.40%		
± 1 standard error	0.09%	0.18%	0.22%	0.22%	0.37%	1.12%		
Sample Size	1,450	1,260	1,110	990	770	220		

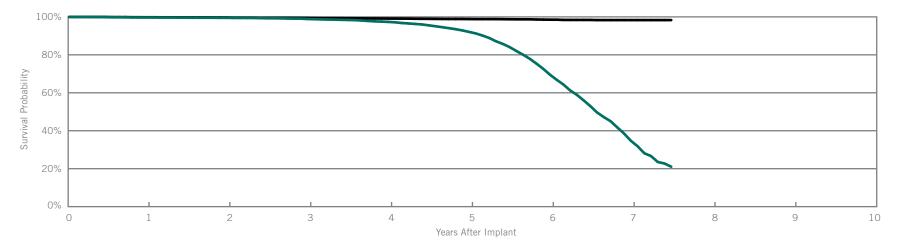
Year	1	2	3	4	5	at 71 months		
Survival Probability	100.00%	100.00%	99.82%	99.82%	99.82%	99.82%		
± 1 standard error	0.00%	0.00%	0.13%	0.13%	0.13%	0.13%		



## Atlas<sup>™</sup> II + DR Model V-268

US Regulatory Approval	July 2006
Registered US Implants	14,798
Estimated Active US Implants	3,559
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	1,526
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	One

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	6	0.04%	4	0.03%
Electrical Interconnect	4	0.03%	0	0.00%
Battery	9	0.06%	3	0.02%
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	16	0.11%	6	0.04%
Other	10	0.07%	5	0.03%
Total	45	0.30%	18	0.12%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.68%	99.51%	98.88%	97.35%	92.07%	69.55%	34.74%	21.04%	
± 1 standard error	0.05%	0.06%	0.09%	0.15%	0.28%	0.54%	0.71%	0.82%	
Sample Size	13,780	12,020	10,560	9,200	7,750	5,520	2,520	240	

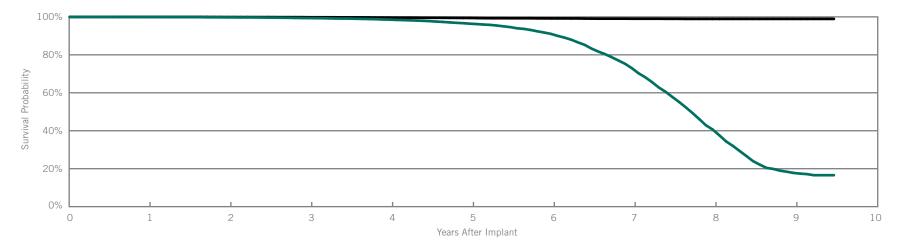
Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.80%	99.68%	99.40%	99.11%	98.85%	98.53%	98.31%	98.31%	
± 1 standard error	0.04%	0.05%	0.07%	0.09%	0.10%	0.13%	0.16%	0.16%	



Atlas <sup>™</sup> + DF	R
Model V-243	

US Regulatory Approval	October 2003
Registered US Implants	21,064
Estimated Active US Implants	3,441
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	2,332
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	Three

	w/ Co	Malfunctions 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	16	0.08%	2	<0.01%
Total	39	0.19%	14	0.07%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	9	at 114 months
Survival Probability	99.89%	99.73%	99.36%	98.56%	96.41%	91.04%	72.98%	40.64%	17.77%	16.57%
± 1 standard error	0.02%	0.04%	0.06%	0.10%	0.16%	0.26%	0.44%	0.57%	0.57%	0.59%
Sample Size	19,750	17,340	15,290	13,390	11,510	9,650	7,390	4,210	1,380	210

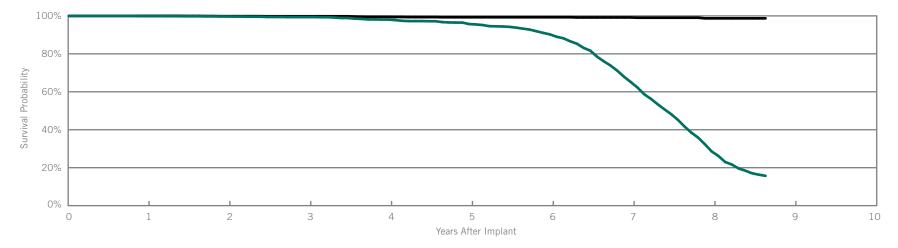
Year	1	2	3	4	5	6	7	8	9	at 114 months
Survival Probability	99.97%	99.90%	99.80%	99.63%	99.43%	99.19%	99.02%	98.93%	98.93%	98.93%
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.06%	0.08%	0.09%	0.11%	0.11%	0.11%



Atlas™	DR
Model V	242

US Regulatory Approval	October 2003
Registered US Implants	4,659
Estimated Active US Implants	592
Estimated Longevity	(see table on page 109)
Normal Battery Depletion	693
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	Three

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	1	0.02%	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%	1	0.02%
Other	2	0.04%	0	0.00%
Total	10	0.21%	4	0.09%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	99.88%	99.67%	99.36%	98.06%	95.69%	90.24%	65.12%	28.57%	15.70%	
± 1 standard error	0.05%	0.09%	0.13%	0.24%	0.34%	0.56%	0.99%	1.04%	0.89%	
Sample Size	4,370	3,880	3,470	3,050	2,650	2,250	1,730	960	220	

Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	100.00%	99.84%	99.79%	99.49%	99.27%	99.27%	99.16%	98.70%	98.70%	
± 1 standard error	0.00%	0.06%	0.08%	0.12%	0.15%	0.15%	0.17%	0.30%	0.30%	



# BATTERY LONGEVITY SUMMARY

Dual-Chamber ICDs



## Battery Longevity

			Approximate E	Ouration (years)	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD2411-36Q	Ellipse <sup>™</sup> DR*	10.4	9.6	8.9	7.7
CD2411-36C	Ellipse™ DR*	10.4	9.6	8.9	7.7
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 <sup>™</sup> DR*	11.1	10.2	9.5	8.3
CD2257-40	Fortify Assura <sup>™</sup> DR*	11.1	10.2	9.5	8.3
CD2231-40Q	Fortify <sup>™</sup> DR*	10.1	9.3	8.6	7.5
CD2231-40	Fortify <sup>™</sup> DR*	10.1	9.3	8.6	7.5
CD2211-36Q	Current <sup>™</sup> + DR**	8.2	7.5	7.0	6.1
CD2211-36	Current <sup>™</sup> + DR**	8.2	7.5	7.0	6.1
2207-36	Current <sup>™</sup> DR RF**	8.2	7.5	7.0	6.1
2207-30	Current <sup>™</sup> DR RF**	6.5	5.9	5.4	4.6
V-268	Atlas <sup>™</sup> II + DR**	8.2	7.5	7.0	6.1
V-243	Atlas <sup>™</sup> + DR**	7.9	7.3	6.9	6.1
V-242	Atlas <sup>™</sup> DR**	7.9	7.3	6.9	6.1

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

\*Battery voltage range: 3.20-2.59. Three maximum charges per year.

\*\*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

## Including Normal Battery Depletion

				1	1	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
CD2411-36Q	Ellipse™ DR*										
CD2411-36C	Ellipse™ DR*										
CD2357-40C	Fortify Assura™ DR*										
CD2357-40Q	Fortify Assura™ DR*										
CD2311-36Q	Ellipse™ DR	99.08%	98.85%								
CD2311-36	Ellipse™ DR	99.14%									
CD2257-40Q	Fortify Assura™ DR	99.86%									
CD2257-40	Fortify Assura™ DR	99.79%									
CD2231-40Q	Fortify <sup>™</sup> DR	99.78%	99.60%	98.95%	98.59%						
CD2231-40	Fortify™ DR	99.88%	99.67%	99.27%	99.05%						
CD2211-36Q	Current <sup>™</sup> + DR	99.85%	99.40%	99.04%	98.63%						
CD2211-36	Current <sup>™</sup> + DR	99.78%	99.56%	99.29%	98.53%	97.98%					
2207-36	Current <sup>™</sup> DR RF	99.70%	99.33%	98.74%	98.03%	96.94%	94.66%				
2207-30	Current <sup>™</sup> DR RF	99.72%	99.57%	99.39%	99.39%	98.65%					
V-268	Atlas™ II + DR	99.68%	99.51%	98.88%	97.35%	92.07%	69.55%	34.74%			
V-243	Atlas™ + DR	99.89%	99.73%	99.36%	98.56%	96.41%	91.04%	72.98%	40.64%	17.77%	
V-242	Atlas™ DR	99.88%	99.67%	99.36%	98.06%	95.69%	90.24%	65.12%	28.57%		

\*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

## Excluding Normal Battery Depletion

			1			Survival P	robability	1			
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2411-36Q	Ellipse™ DR*										
CD2411-36C	Ellipse™ DR*										
CD2357-40C	Fortify Assura™ DR*										
CD2357-40Q	Fortify Assura™ DR*										
CD2311-36Q	Ellipse™ DR	99.13%	98.91%								
CD2311-36	Ellipse™ DR	99.14%									
CD2257-40Q	Fortify Assura™ DR	99.86%									
CD2257-40	Fortify Assura™ DR	99.87%									
CD2231-40Q	Fortify <sup>™</sup> DR	99.88%	99.76%	99.24%	98.98%						
CD2231-40	Fortify <sup>™</sup> DR	99.95%	99.85%	99.58%	99.51%						
CD2211-36Q	Current <sup>™</sup> + DR	99.85%	99.58%	99.41%	99.20%						
CD2211-36	Current <sup>™</sup> + DR	99.90%	99.76%	99.52%	99.09%	98.99%					
2207-36	Current <sup>™</sup> DR RF	99.75%	99.59%	99.21%	98.71%	98.25%	97.96%				
2207-30	Current <sup>™</sup> DR RF	100.00%	100.00%	99.82%	99.82%	99.82%					
V-268	Atlas™ II + DR	99.80%	99.68%	99.40%	99.11%	98.85%	98.53%	98.31%			
V-243	Atlas™ + DR	99.97%	99.90%	99.80%	99.63%	99.43%	99.19%	99.02%	98.93%	98.93%	
V-242	Atlas™ DR	100.00%	99.84%	99.79%	99.49%	99.27%	99.27%	99.16%	98.70%		

\*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	lfunctions v	ı/ Comp	romised T	herapy							
		Registered		trical ponent		ctrical connect	Ba	ttery		Voltage pacitor		tware/ mware	Mecl	hanical	Ba	ble Early attery bletion	Ot	her	Te	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2411-36Q	Ellipse™ DR	1,875	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	1	0.05%
CD2411-36C	Ellipse™ DR	1,288	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%
CD2357-40C	Fortify Assura™ DR	3,131	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	1,957	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 <sup>™</sup> DR	5,828	0	0.00%	0	0.00%	0	0.00%	7	0.12%	1	0.02%	2	0.03%	4	0.07%	1	0.02%	15	0.26%
CD2311-36	Ellipse™ DR	3,689	1	0.03%	0	0.00%	0	0.00%	2	0.05%	0	0.00%	4	0.11%	3	0.08%	2	0.05%	12	0.33%
CD2257-40Q	Fortify Assura™ DR	6,587	2	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	3	0.05%
CD2257-40	Fortify Assura™ DR	4,055	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2231-40Q	Fortify <sup>™</sup> DR	26,807	3	0.01%	2	<0.01%	9	0.03%	1	<0.01%	1	<0.01%	0	0.00%	11	0.04%	6	0.02%	33	0.12%
CD2231-40	Fortify <sup>™</sup> DR	12,056	2	0.02%	1	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	8	0.07%
CD2211-36Q	Current <sup>™</sup> + DR	8,130	5	0.06%	0	0.00%	3	0.04%	1	0.01%	0	0.00%	0	0.00%	1	0.01%	2	0.02%	12	0.15%
CD2211-36	Current <sup>™</sup> + DR	6,250	2	0.03%	1	0.02%	4	0.06%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	3	0.05%	12	0.19%
2207-36	Current <sup>™</sup> DR RF	22,367	6	0.03%	6	0.03%	15	0.07%	1	<0.01%	0	0.00%	0	0.00%	24	0.11%	20	0.09%	72	0.32%
2207-30	Current <sup>™</sup> DR RF	1,560	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	14,798	6	0.04%	4	0.03%	9	0.06%	0	0.00%	0	0.00%	0	0.00%	16	0.11%	10	0.07%	45	0.30%
V-243	Atlas™ + DR	21,064	4	0.02%	1	<0.01%	11	0.05%	1	<0.01%	0	0.00%	0	0.00%	6	0.03%	16	0.08%	39	0.19%
V-242	Atlas™ DR	4,659	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%



# Malfunction Summary

									Mal	unctions	v/o Com	promised	Therapy							
		Registered		ctrical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Мес	hanical	В	ible Early attery pletion	c	Other	Т	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2411-36Q	Ellipse <sup>™</sup> DR	1,875	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%
CD2411-36C	Ellipse™ DR	1,288	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%
CD2357-40C	Fortify Assura™ DR	3,131	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	1,957	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 <sup>™</sup> DR	5,828	1	0.02%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	5	0.09%
CD2311-36	Ellipse™ DR	3,689	2	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.08%	0	0.00%	0	0.00%	5	0.14%
CD2257-40Q	Fortify Assura™ DR	6,587	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	4,055	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	1	0.02%	2	0.05%
CD2231-40Q	Fortify™ DR	26,807	4	0.01%	2	<0.01%	7	0.03%	0	0.00%	0	0.00%	0	0.00%	5	0.02%	3	0.01%	21	0.08%
CD2231-40	Fortify <sup>™</sup> DR	12,056	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	8,130	1	0.01%	0	0.00%	5	0.06%	0	0.00%	0	0.00%	1	0.01%	3	0.04%	2	0.02%	12	0.15%
CD2211-36	Current <sup>™</sup> + DR	6,250	1	0.02%	0	0.00%	4	0.06%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	7	0.11%
2207-36	Current <sup>™</sup> DR RF	22,367	11	0.05%	2	<0.01%	9	0.04%	0	0.00%	4	0.02%	1	<0.01%	14	0.06%	5	0.02%	46	0.21%
2207-30	Current <sup>™</sup> DR RF	1,560	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	14,798	4	0.03%	0	0.00%	3	0.02%	0	0.00%	0	0.00%	0	0.00%	6	0.04%	5	0.03%	18	0.12%
V-243	Atlas™ + DR	21,064	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	4,659	0	0.00%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	1	0.02%	1	0.02%	0	0.00%	4	0.09%

# Worldwide Malfunction Summary

								v	Vorldwid	e Malfunc	tions w/	Comprom	ised The	erapy						
		Worldwide		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Мес	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
CD2411-36Q	Ellipse™ DR	3,018	0	0.00%	1	0.03%	0	0.00%	0	0.00%	1	0.03%	0	0.00%	0	0.00%	1	0.03%	3	0.10%
CD2411-36C	Ellipse™ DR	1,925	1	0.05%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.10%
CD2357-40C	Fortify Assura™ DR	5,233	2	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.04%
CD2357-40Q	Fortify Assura™ DR	3,064	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 <sup>™</sup> DR	5,945	0	0.00%	0	0.00%	0	0.00%	10	0.17%	1	0.02%	2	0.03%	6	0.10%	1	0.02%	20	0.34%
CD2311-36	Ellipse™ DR	3,774	1	0.03%	0	0.00%	0	0.00%	5	0.13%	0	0.00%	4	0.11%	5	0.13%	2	0.05%	17	0.45%
CD2257-40Q	Fortify Assura™ DR	6,719	2	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	4	0.06%
CD2257-40	Fortify Assura™ DR	4,155	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	27,665	3	0.01%	2	<0.01%	13	0.05%	1	<0.01%	1	<0.01%	0	0.00%	21	0.08%	7	0.03%	48	0.17%
CD2231-40	Fortify™ DR	12,539	2	0.02%	1	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	5	0.04%	1	<0.01%	11	0.09%
CD2211-36Q	Current <sup>™</sup> + DR	13,467	6	0.04%	0	0.00%	6	0.04%	2	0.01%	0	0.00%	0	0.00%	4	0.03%	5	0.04%	23	0.17%
CD2211-36	Current <sup>™</sup> + DR	11,474	2	0.02%	1	<0.01%	4	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	4	0.03%	13	0.11%
2207-36	Current <sup>™</sup> DR RF	33,048	13	0.04%	11	0.03%	23	0.07%	2	<0.01%	0	0.00%	0	0.00%	37	0.11%	25	0.08%	111	0.34%
2207-30	Current <sup>™</sup> 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	25,779	15	0.06%	5	0.02%	17	0.07%	1	<0.01%	0	0.00%	0	0.00%	31	0.12%	17	0.07%	86	0.33%
V-243	Atlas™ + DR	34,105	4	0.01%	3	<0.01%	25	0.07%	1	<0.01%	0	0.00%	0	0.00%	14	0.04%	29	0.09%	76	0.22%
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%

# Worldwide Malfunction Summary

								v	orldwide	e Malfunct	ions w/o	o Compror	nised Th	erapy						
		Worldwide		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ mware	Мес	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
CD2411-36Q	Ellipse™ DR	3,018	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%
CD2411-36C	Ellipse <sup>™</sup> DR	1,925	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%
CD2357-40C	Fortify Assura™ DR	5,233	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	3,064	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	5,945	1	0.02%	0	0.00%	0	0.00%	2	0.03%	0	0.00%	2	0.03%	0	0.00%	1	0.02%	6	0.10%
CD2311-36	Ellipse™ DR	3,774	2	0.05%	0	0.00%	0	0.00%	2	0.05%	0	0.00%	3	0.08%	0	0.00%	0	0.00%	7	0.19%
CD2257-40Q	Fortify Assura™ DR	6,719	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%
CD2257-40	Fortify Assura™ DR	4,155	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	1	0.02%	2	0.05%
CD2231-40Q	Fortify <sup>™</sup> DR	27,665	4	0.01%	2	<0.01%	10	0.04%	0	0.00%	0	0.00%	0	0.00%	9	0.03%	3	0.01%	28	0.10%
CD2231-40	Fortify™ DR	12,539	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	13,467	2	0.01%	0	0.00%	7	0.05%	0	0.00%	0	0.00%	1	<0.01%	5	0.04%	2	0.01%	17	0.13%
CD2211-36	Current <sup>™</sup> + DR	11,474	1	<0.01%	0	0.00%	4	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	8	0.07%
2207-36	Current <sup>™</sup> DR RF	33,048	15	0.05%	4	0.01%	13	0.04%	0	0.00%	6	0.02%	2	<0.01%	19	0.06%	9	0.03%	68	0.21%
2207-30	Current <sup>™</sup> 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	25,779	7	0.03%	0	0.00%	8	0.03%	1	<0.01%	0	0.00%	0	0.00%	8	0.03%	6	0.02%	30	0.12%
V-243	Atlas™ + DR	34,105	6	0.02%	0	0.00%	6	0.02%	0	0.00%	0	0.00%	2	<0.01%	5	0.01%	3	<0.01%	22	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%	1	0.02%	0	0.00%	4	0.06%

# Actively Monitored Study Data Summary

### **Qualifying Complications**

	Number of	Cumulative Months of		ropriate 10ck		ss of metry		ardial Ision		ature tery etion		kin sion	Тс	otal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD2231-40Q	388	13,311	0	0.00%	0	0.00%	0	0.00%	1	0.26%	0	0.00%	1	0.26%
CD2231-40	177	5,135	0	0.00%	0	0.00%	0	0.00%	1	0.56%	0	0.00%	1	0.56%
CD2211-36Q	834	34,988	0	0.00%	0	0.00%	0	0.00%	3	0.36%	1	0.12%	4	0.48%
CD2211-36	122	4,778	1	0.82%	0	0.00%	0	0.00%	1	0.82%	0	0.00%	2	1.64%
2207-36	631	27,706	1	0.16%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%

### Malfunctions

									Malf	unctions	w/ Comp	promised 1	Гherapy							
		Number of Devices		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mech	nanical	Ba	ole Early ttery letion	Ot	her	Τα	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 <sup>™</sup> 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 <sup>™</sup> DR	177	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD2211-36Q	Current <sup>™</sup> + DR	834	0	0.00%	0	0.00%	1	0.12%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.12%
CD2211-36	Current <sup>™</sup> + DR	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 <sup>™</sup> 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 v	v/o Comj	promised	Therapy							
	Models Family	Number of Devices		trical ponent		ctrical connect	Ba	ttery		Voltage acitor		tware/ nware	Mech	nanical	Ba	ole Early ttery letion	Ot	her	Тс	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 <sup>™</sup> 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™ DR	177	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 <sup>™</sup> 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



Malfunctions w/o Compromised Therapy

Rate

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

Qty

0

0

0

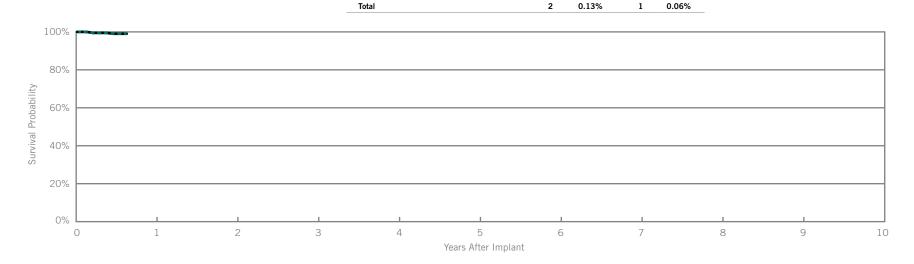
0

1 0

0

0

llipse <sup>™</sup> VR odel CD1411-36Q*			w/ Cor	unctions npromised nerapy
US Regulatory Approval	June 2013		Qty	Rate
Registered US Implants	1,552	Electrical Component	1	0.06%
Estimated Active US Implants	1,477	Electrical Interconnect	0	0.00%
Estimated Longevity	(see table on page 137)	Battery	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	0	0.00%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	0	0.00%
		Possible Early Battery Depletion	1	0.06%
		Other	0	0.00%



#### Including Normal Battery Depletion

Year	at 8 months					
Survival Probability	99.02%					
± 1 standard error	0.40%					
Sample Size	270					

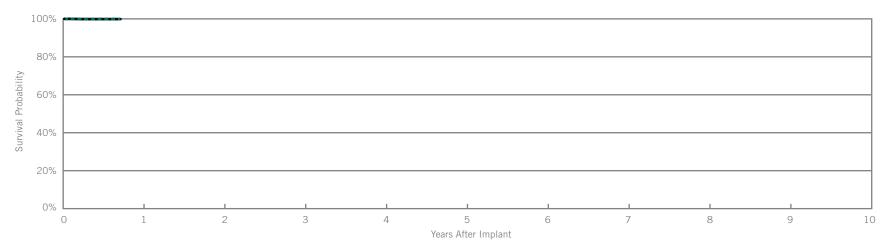
Year	at 8 months					
Survival Probability	99.02%					
± 1 standard error	0.40%					



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

US Regulatory Approval	June 2013
Registered US Implants	2,659
Estimated Active US Implants	2,521
Estimated Longevity	(see table on page 137)
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	0.04%
Total	0	0.00%	1	0.04%



#### Including Normal Battery Depletion

Year	at 9 months					
Survival Probability	99.88%					
± 1 standard error	0.08%					
Sample Size	280					

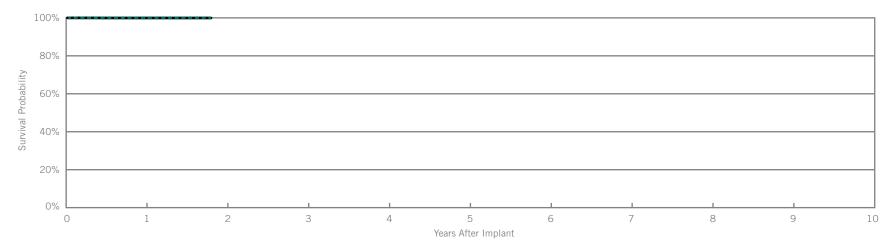
Year	at 9 months					
Survival Probability	99.88%					
± 1 standard error	0.08%					



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

May 2012
4,900
4,291
(see table on page 137)
0
40 joules
None

	w/ Cor	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	0	0.00%	0	0.00%
Battery	0	0.00%	0	0.00%
High Voltage Capacitor	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	0	0.00%
Possible Early Battery Depletion	0	0.00%	0	0.00%
Other	1	0.02%	0	0.00%
Total	1	0.02%	0	0.00%



#### Including Normal Battery Depletion

Year	1	at 22 months				
Survival Probability	99.95%	99.95%				
± 1 standard error	0.03%	0.03%				
Sample Size	3,660	260				

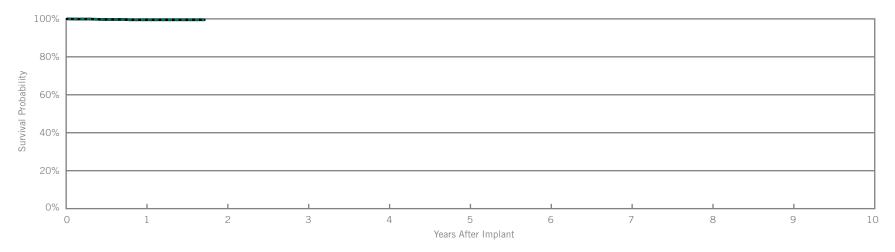
Year	1	at 22 months				
Survival Probability	99.95%	99.95%				
± 1 standard error	0.03%	0.03%				



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

US Regulatory Approval	May 2012
Registered US Implants	2,134
Estimated Active US Implants	1,850
Estimated Longevity	(see table on page 137)
Normal Battery Depletion	0
Max. Delivered Energy	40 joules
Number of US Advisories	None

	w/ Cor	unctions npromised nerapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
Electrical Interconnect	2	0.09%	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	0.05%	1	0.05%
Total	3	0.14%	1	0.05%



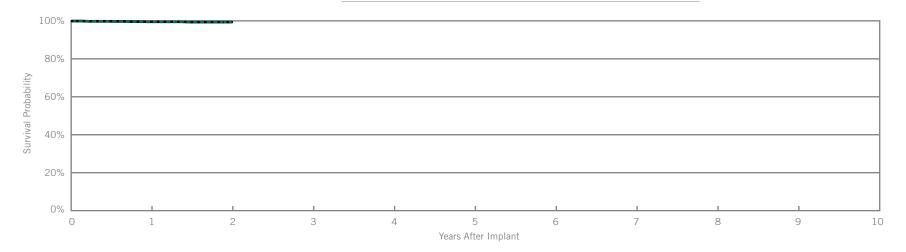
#### Including Normal Battery Depletion

Year	1	at 21 months				
Survival Probability	99.52%	99.52%				
± 1 standard error	0.17%	0.17%				
Sample Size	1,590	240				

Year	1	at 21 months				
Survival Probability	99.52%	99.52%				
± 1 standard error	0.17%	0.17%				



Ellipse <sup>™</sup> VR <b>Iodel CD1311-36Q</b> *			Malf w/ Cor	unctions npromised herapy	w/o Co	unctions mpromised herapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	4,683	Electrical Component	0	0.00%	1	0.02%
Estimated Active US Implants	4,100	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 137)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	3	0.06%	0	0.00%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	1	0.02%	0	0.00%
		Possible Early Battery Depletion	2	0.04%	0	0.00%
		Other	0	0.00%	2	0.04%
		Total	6	0.13%	3	0.06%



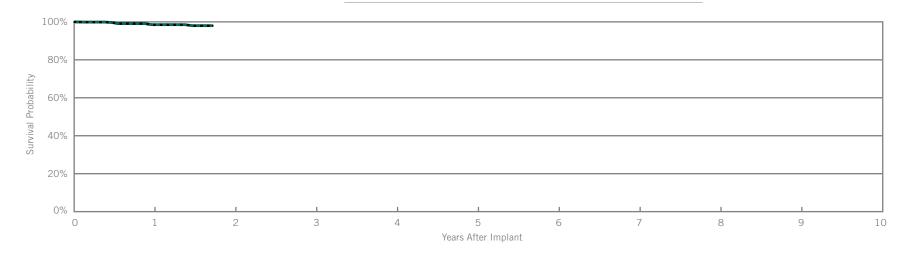
#### Including Normal Battery Depletion

Year	1	2				
Survival Probability	99.53%	99.36%				
± 1 standard error	0.10%	0.16%				
Sample Size	3,630	210				

Year	1	2				
Survival Probability	99.53%	99.36%				
± 1 standard error	0.10%	0.16%				



Illipse <sup>™</sup> VR Iodel CD1311-36			Malf w/ Cor	unctions npromised herapy	w/o Co	functions mpromised herapy
US Regulatory Approval	May 2012		Qty	Rate	Qty	Rate
Registered US Implants	1,602	Electrical Component	0	0.00%	0	0.00%
Estimated Active US Implants	1,410	Electrical Interconnect	1	0.06%	0	0.00%
Estimated Longevity	(see table on page 137)	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	0	High Voltage Capacitor	1	0.06%	1	0.06%
Max. Delivered Energy	36 joules	Software/Firmware	0	0.00%	1	0.06%
Number of US Advisories (see pgs. 285-290)	One	Mechanical	2	0.12%	1	0.06%
		Possible Early Battery Depletion	1	0.06%	0	0.00%
		Other	0	0.00%	0	0.00%
		Total	5	0.31%	3	0.19%



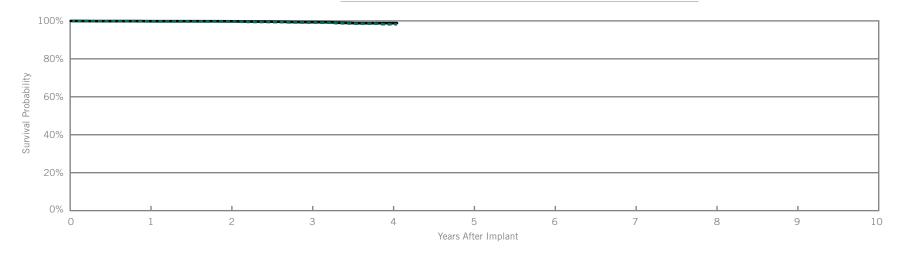
#### Including Normal Battery Depletion

Year	1	at 21 months				
Survival Probability	98.51%	97.99%				
± 1 standard error	0.26%	0.52%				
Sample Size	1,210	220				

Year	1	at 21 months				
Survival Probability	98.51%	97.99%				
± 1 standard error	0.26%	0.52%				



ortify <sup>™</sup> VR odel CD1231-40Q*			w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
US Regulatory Approval	May 2010		Qty	Rate	Qty	Rate
Registered US Implants	16,107	Electrical Component	5	0.03%	2	0.01%
Estimated Active US Implants	11,533	Electrical Interconnect	1	<0.01%	0	0.00%
Estimated Longevity	(see table on page 137)	Battery	6	0.04%	6	0.04%
Normal Battery Depletion	13	High Voltage Capacitor	0	0.00%	0	0.00%
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%	0	0.00%
		Possible Early Battery Depletion	5	0.03%	4	0.02%
		Other	4	0.02%	1	<0.01%
		Total	21	0.13%	13	0.08%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 49 months	
Survival Probability	99.74%	99.66%	99.10%	98.24%	98.24%	
± 1 standard error	0.04%	0.05%	0.10%	0.27%	0.27%	
Sample Size	14,920	12,150	7,640	2,470	200	

### Excluding Normal Battery Depletion

Year	1	2	3	4	at 49 months			
Survival Probability	99.84%	99.79%	99.35%	98.80%	98.80%			
± 1 standard error	0.03%	0.04%	0.09%	0.16%	0.16%			

\*DF4-LLHH connector type.



## Actively Monitored Study Data

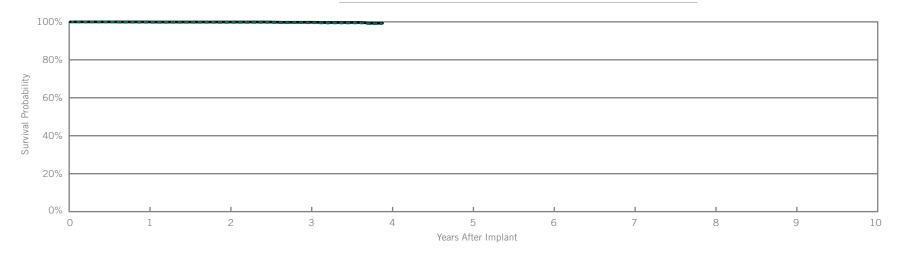
# Fortify<sup>™</sup> VR

del CD1231-40Q							w/ Co	functions mpromised herapy	w/o Co	functions mpromiso herapy
S Regulatory Approval	May 2010	Qualifying Compl	lications				Qty	Rate	Qty	Rate
umber of Devices Enrolled in Study	161	None Reported				Electrical Component	0	0.00%	0	0.00%
umulative Months of Follow-up	5,745					Electrical Interconnect	0	0.00%	0	0.009
timated Longevity	(see table on page 137)					Battery	0	0.00%	0	0.00
ax. Delivered Energy	40 joules					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
60%										
40%										
60% 40% 20%										
		1								
20%	i 			I 5	6	7 8		9		10

Year	1	2	3	at 42 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	120	60	



ortify <sup>™</sup> VR odel CD1231-40			w/ Co	functions mpromised herapy	Malfunctions w/o Compromised Therapy		
US Regulatory Approval	May 2010		Qty	Rate	Qty	Rate	
Registered US Implants	6,763	Electrical Component	0	0.00%	0	0.00%	
Estimated Active US Implants	4,784	Electrical Interconnect	0	0.00%	0	0.00%	
Estimated Longevity	(see table on page 137)	Battery	3	0.04%	0	0.00%	
Normal Battery Depletion	6	High Voltage Capacitor	1	0.01%	0	0.00%	
Max. Delivered Energy	40 joules	Software/Firmware	0	0.00%	0	0.00%	
Number of US Advisories	None	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	4	0.06%	2	0.03%	



#### Including Normal Battery Depletion

Year	1	2	3	at 47 months			
Survival Probability	99.78%	99.70%	99.56%	99.06%			
± 1 standard error	0.06%	0.07%	0.10%	0.30%			
Sample Size	6,300	5,170	3,240	290			

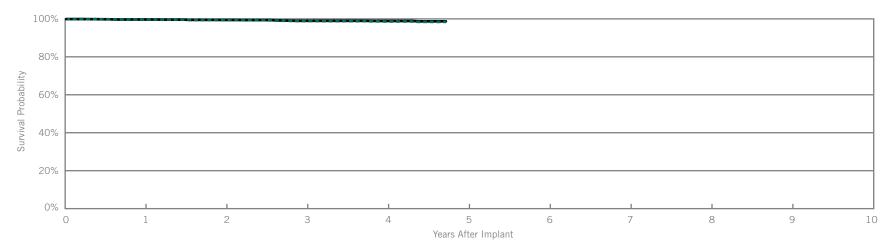
Year	1	2	3	at 47 months			
Survival Probability	99.97%	99.93%	99.80%	99.30%			
± 1 standard error	0.02%	0.03%	0.08%	0.29%			



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

February 2009				
4,423				
2,718				
(see table on page 137)				
4				
36 joules				
None				

	w/ Cor	unctions npromised herapy	Malfunctions w/o Compromise Therapy		
	Qty	Rate	Qty	Rate	
Electrical Component	2	0.05%	2	0.05%	
Electrical Interconnect	0	0.00%	0	0.00%	
Battery	4	0.09%	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	11	0.25%	7	0.16%	



#### Including Normal Battery Depletion

Year	1	2	3	4	at 57 months			
Survival Probability	99.61%	99.36%	98.86%	98.62%	98.43%			
± 1 standard error	0.09%	0.12%	0.18%	0.20%	0.24%			
Sample Size	4,100	3,540	3,070	2,540	300			

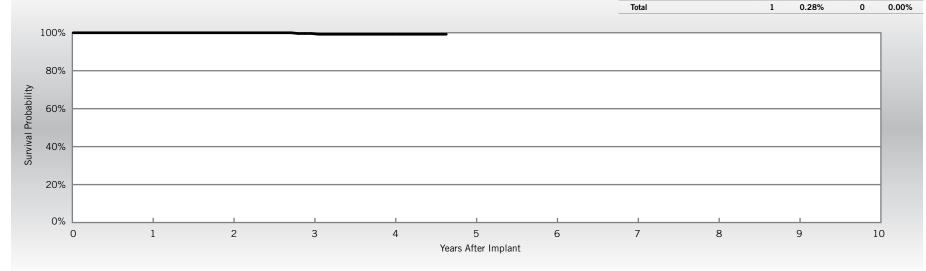
Year	1	2	3	4	at 57 months			
Survival Probability	99.66%	99.41%	98.98%	98.90%	98.71%			
± 1 standard error	0.09%	0.12%	0.17%	0.18%	0.22%			



## Actively Monitored Study Data

## Current<sup>™</sup> + VR Мо

Jurrent + VR Nodel CD1211-36Q						w/ Con	unctions promised erapy	w/o Cor	unctions npromised lerapy
US Regulatory Approval	February 2009	Qualifying Complications	Qty	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	363	Inappropriate Shock	1	0.28%	Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	14,820	Premature Battery Depletion	1	0.28%	Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 137)				Battery	1	0.28%	0	0.00%
Max. Delivered Energy	36 joules				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%

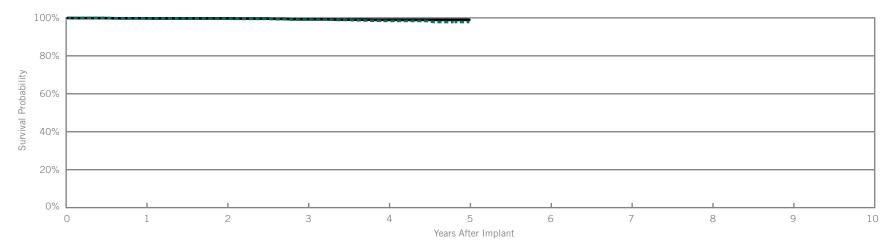


Year	1	2	3	4	at 56 months	
Survival Probability	100.00%	100.00%	99.61%	99.22%	99.22%	
± 1 standard error	0.00%	0.00%	0.39%	0.55%	0.55%	
Sample Size	350	310	270	240	60	



Current <sup>™</sup> + VR		
lodel CD1211-36		
US Regulatory Approval	February 2009	
Registered US Implants	3,624	Electri
Estimated Active US Implants	2,220	Electri
Estimated Longevity	(see table on page 137)	Batter
Normal Battery Depletion	8	High \
Max. Delivered Energy	36 joules	Softwa
Number of US Advisories	None	Mecha

	w/ Cor	iunctions mpromised herapy	Malfunctions w/o Compromise Therapy	
	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	5			
Survival Probability	99.77%	99.56%	99.11%	98.42%	97.84%			
± 1 standard error	0.08%	0.12%	0.18%	0.24%	0.36%			
Sample Size	3,370	2,910	2,490	2,030	280			

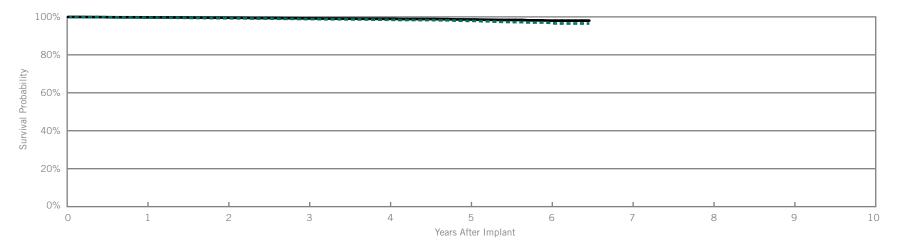
Year	1	2	3	4	5			
Survival Probability	99.77%	99.70%	99.26%	98.96%	98.96%			
± 1 standard error	0.08%	0.09%	0.16%	0.20%	0.20%			



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

US Regulatory Approval	September 2007
Registered US Implants	13,272
Estimated Active US Implants	6,845
Estimated Longevity	(see table on page 137)
Normal Battery Depletion	32
Max. Delivered Energy	36 joules
Number of US Advisories	None

	w/ Co	unctions npromised herapy	Malfunctions w/o Compromis Therapy	
	Qty	Rate	Qty	Rate
Electrical Component	6	0.05%	5	0.04%
Electrical Interconnect	8	0.06%	0	0.00%
Battery	6	0.05%	4	0.03%
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	10	0.08%	10	0.08%
Other	7	0.05%	3	0.02%
Total	38	0.29%	25	0.19%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.62%	99.28%	98.85%	98.48%	97.90%	96.91%	96.51%		
± 1 standard error	0.05%	0.08%	0.10%	0.12%	0.15%	0.22%	0.30%		
Sample Size	12,330	10,690	9,450	8,330	6,620	3,400	300		

Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.73%	99.57%	99.19%	98.97%	98.62%	98.03%	98.03%		
± 1 standard error	0.04%	0.06%	0.08%	0.10%	0.12%	0.17%	0.20%		



# Actively Monitored Study Data

# Current<sup>™</sup> VR RF

urrent <sup>™</sup> VR RF del 1207-36		007 Qualifying Complications w/ None Reported Electrical Component 0 Electrical Interconnect 0 Battery 0 High Voltage Capacitor 0 Software/Firmware 0 Mechanical 0 Possible Early Battery Depletion 0 Other 0	w/ Co	Malfunctions w/ Compromised Therapy		unctions mpromise nerapy				
JS Regulatory Approval	September 2007	Qualifying Com	plications				Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	396	None Reported				Electrical Component	0	0.00%	1	0.25%
Cumulative Months of Follow-up	17,480					Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	(see table on page 137)					Battery	0	0.00%	0	0.00%
Max. Delivered Energy	36 joules					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 Deple	tion 0	0.00%	0	0.00
						Other	0	0.00%	0	0.009
						Total	0	0.00%	1	0.25
40%										
20%										-
0%		1								
0%	2	3	4	5	6	7 8		9	1	0
	2	3	4	5 Years After Implant		7 8		9	1	0

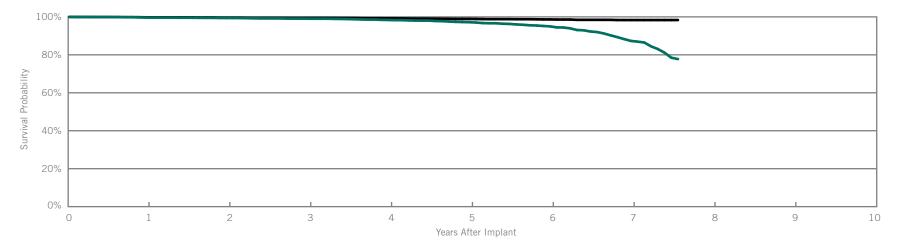
Year	1	2	3	4	5	at 70 months		
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Sample Size	380	340	280	220	160	60		



## Atlas<sup>™</sup> II VR Model V-168

US Regulatory Approval	July 2006
Registered US Implants	10,569
Estimated Active US Implants	4,306
Estimated Longevity	(see table on page 137)
Normal Battery Depletion	171
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	One

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	4	0.04%	3	0.03%
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	7	0.07%	5	0.05%
Total	33	0.31%	14	0.13%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 91 months	
Survival Probability	99.63%	99.39%	99.04%	98.36%	97.19%	95.00%	87.33%	77.77%	
± 1 standard error	0.05%	0.08%	0.10%	0.14%	0.20%	0.29%	0.58%	1.33%	
Sample Size	9,900	8,660	7,580	6,590	5,630	4,390	2,450	260	

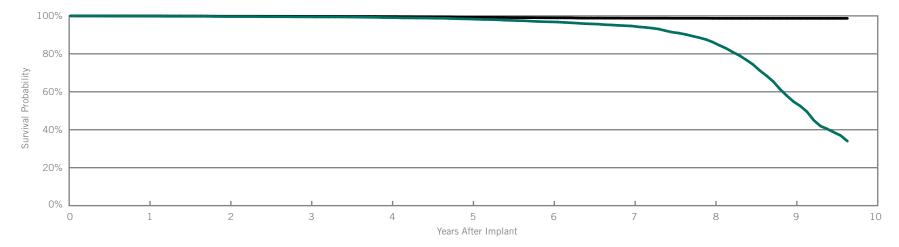
Year	1	2	3	4	5	6	7	at 91 months	
Survival Probability	99.77%	99.60%	99.44%	99.21%	98.92%	98.66%	98.33%	98.33%	
± 1 standard error	0.04%	0.06%	0.08%	0.10%	0.12%	0.14%	0.18%	0.18%	



Atlas™	+	VR
Model V-	19	3

US Regulatory Approval	October 2003
Registered US Implants	20,749
Estimated Active US Implants	5,559
Estimated Longevity	(see table on page 137)
Normal Battery Depletion	811
Max. Delivered Energy	36 joules
Number of US Advisories (see pgs. 285-290)	Three

	w/ Con	unctions npromised ierapy	w/o Co	functions ompromised 'herapy	
	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	9	0.04%	4	0.02%	
Total	50	0.24%	16	0.08%	



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.84%	99.63%	99.48%	99.09%	98.35%	96.86%	94.66%	86.20%	54.83%	33.98%
± 1 standard error	0.03%	0.04%	0.05%	0.08%	0.11%	0.16%	0.22%	0.39%	0.89%	1.33%
Sample Size	19,480	17,110	14,960	13,000	11,220	9,600	7,890	5,550	2,530	200

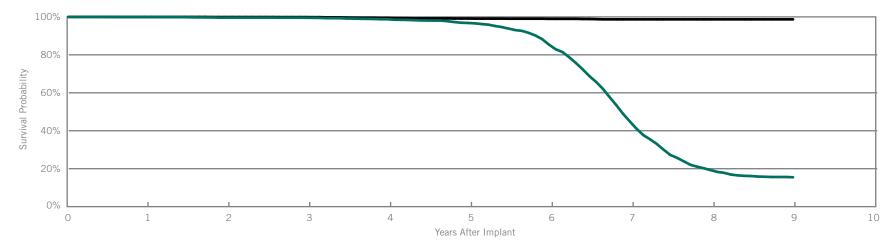
Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.95%	99.81%	99.74%	99.60%	99.22%	98.96%	98.77%	98.69%	98.69%	98.69%
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.08%	0.09%	0.10%	0.11%	0.11%	0.11%



Epic™	+ VR
Model V	-196

US Regulatory Approval	April 2003
Registered US Implants	7,982
Estimated Active US Implants	729
Estimated Longevity	(see table on page 137)
Normal Battery Depletion	1,115
Max. Delivered Energy	30 joules
Number of US Advisories (see pgs. 285-290)	Three

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



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	9	
Survival Probability	99.88%	99.60%	99.53%	98.75%	96.79%	85.39%	44.91%	19.23%	15.47%	
± 1 standard error	0.04%	0.08%	0.08%	0.15%	0.25%	0.51%	0.86%	0.70%	0.67%	
Sample Size	7,500	6,640	5,910	5,160	4,380	3,490	2,260	1,030	210	

Year	1	2	3	4	5	6	7	8	9	
Survival Probability	99.95%	99.91%	99.88%	99.44%	99.13%	98.96%	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 Duration (years)					
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing		
CD1411-36Q	Ellipse <sup>™</sup> VR*	11.1	10.6	10.1	9.4		
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 <sup>™</sup> VR*	11.1	10.6	10.1	9.4		
CD1311-36	Ellipse <sup>™</sup> VR*	11.1	10.6	10.1	9.4		
CD1231-40Q	Fortify <sup>™</sup> VR*	10.8	10.3	9.9	9.1		
CD1231-40	Fortify <sup>™</sup> VR*	10.8	10.3	9.9	9.1		
CD1211-36Q	Current <sup>™</sup> + VR**	8.4	8.0	7.6	7.0		
CD1211-36	Current <sup>™</sup> + VR**	8.4	8.0	7.6	7.0		
1207-36	Current <sup>™</sup> VR RF**	8.4	8.0	7.6	7.0		
V-168	Atlas <sup>™</sup> II VR**	8.4	8.0	7.6	7.0		
V-193	Atlas <sup>™</sup> + VR**	8.6	8.2	7.9	7.3		
V-196	Epic <sup>™</sup> + VR <115000**	6.3	6	5.8	5.4		
V-196	Epic <sup>™</sup> + VR >115000**	6.9	6.6	6.4	5.9		

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

\*Battery voltage range: 3.20-2.59. Three maximum charges per year.

\*\*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

## Including Normal Battery Depletion

Models	Family	Survival Probability									
		1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1411-36Q	Ellipse™ VR*										
CD1357-40Q	Fortify Assura™ VR*										
CD1257-40Q	Fortify Assura™ VR	99.95%									
CD1257-40	Fortify Assura™ VR	99.52%									
CD1311-36Q	Ellipse™ VR	99.53%	99.36%								
CD1311-36	Ellipse™ VR	98.51%									
CD1231-40Q	Fortify <sup>™</sup> VR	99.74%	99.66%	99.10%	98.24%						
CD1231-40	Fortify™ VR	99.78%	99.70%	99.56%							
CD1211-36Q	Current <sup>™</sup> + VR	99.61%	99.36%	98.86%	98.62%						
CD1211-36	Current <sup>™</sup> + VR	99.77%	99.56%	99.11%	98.42%	97.84%					
1207-36	Current <sup>™</sup> VR RF	99.62%	99.28%	98.85%	98.48%	97.90%	96.91%				
V-168	Atlas™ II VR	99.63%	99.39%	99.04%	98.36%	97.19%	95.00%	87.33%			
V-193	Atlas™ + VR	99.84%	99.63%	99.48%	99.09%	98.35%	96.86%	94.66%	86.20%	54.83%	
V-196	Epic™ + VR	99.88%	99.60%	99.53%	98.75%	96.79%	85.39%	44.91%	19.23%	15.47%	

\*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

## Excluding Normal Battery Depletion

Models	Family	Survival Probability									
		1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1411-36Q	Ellipse™ VR*										
CD1357-40Q	Fortify Assura™ VR*										
CD1257-40Q	Fortify Assura <sup>™</sup> VR	99.95%									
CD1257-40	Fortify Assura™ VR	99.52%									
CD1311-36Q	Ellipse <sup>™</sup> VR	99.53%	99.36%								
CD1311-36	Ellipse™ VR	98.51%									
CD1231-40Q	Fortify <sup>™</sup> VR	99.84%	99.79%	99.35%	98.80%						
CD1231-40	Fortify <sup>™</sup> VR	99.97%	99.93%	99.80%							
CD1211-36Q	Current <sup>™</sup> + VR	99.66%	99.41%	98.98%	98.90%						
CD1211-36	Current <sup>™</sup> + VR	99.77%	99.70%	99.26%	98.96%	98.96%					
1207-36	Current <sup>™</sup> VR RF	99.73%	99.57%	99.19%	98.97%	98.62%	98.03%				
V-168	Atlas™ II VR	99.77%	99.60%	99.44%	99.21%	98.92%	98.66%	98.33%			
V-193	Atlas™ + VR	99.95%	99.81%	99.74%	99.60%	99.22%	98.96%	98.77%	98.69%	98.69%	
V-196	Epic™ + VR	99.95%	99.91%	99.88%	99.44%	99.13%	98.96%	98.70%	98.70%	98.70%	

\*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

									Mal	functions w	/ Comp	romised T	herapy							
		Registered		ctrical ponent		ctrical connect	Ba	ttery		Voltage bacitor		tware/ mware	Mecl	hanical	Ba	ole Early ittery iletion	Ot	her	Te	otal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1411-36Q	Ellipse <sup>™</sup> VR	1,552	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	0.13%
CD1357-40Q	Fortify Assura™ VR	2,659	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	4,900	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	1	0.02%
CD1257-40	Fortify Assura™ VR	2,134	0	0.00%	2	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	3	0.14%
CD1311-36Q	Ellipse <sup>™</sup> VR	4,683	0	0.00%	0	0.00%	0	0.00%	3	0.06%	0	0.00%	1	0.02%	2	0.04%	0	0.00%	6	0.13%
CD1311-36	Ellipse <sup>™</sup> VR	1,602	0	0.00%	1	0.06%	0	0.00%	1	0.06%	0	0.00%	2	0.12%	1	0.06%	0	0.00%	5	0.31%
CD1231-40Q	Fortify <sup>™</sup> VR	16,107	5	0.03%	1	<0.01%	6	0.04%	0	0.00%	0	0.00%	0	0.00%	5	0.03%	4	0.02%	21	0.13%
CD1231-40	Fortify <sup>™</sup> VR	6,763	0	0.00%	0	0.00%	3	0.04%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.06%
CD1211-36Q	Current <sup>™</sup> + VR	4,423	2	0.05%	0	0.00%	4	0.09%	0	0.00%	0	0.00%	0	0.00%	4	0.09%	1	0.02%	11	0.25%
CD1211-36	Current™ + VR	3,624	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 <sup>™</sup> VR RF	13,272	6	0.05%	8	0.06%	6	0.05%	1	<0.01%	0	0.00%	0	0.00%	10	0.08%	7	0.05%	38	0.29%
V-168	Atlas™ II VR	10,569	4	0.04%	2	0.02%	9	0.09%	1	<0.01%	0	0.00%	1	<0.01%	9	0.09%	7	0.07%	33	0.31%
V-193	Atlas <sup>™</sup> + VR	20,749	1	<0.01%	5	0.02%	8	0.04%	2	<0.01%	0	0.00%	0	0.00%	25	0.12%	9	0.04%	50	0.24%
V-196	Epic™ + VR	7,982	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	promised 1	Therapy							
		Registered		ctrical ponent		ctrical connect	Ba	attery		Voltage pacitor		tware/ mware	Mec	hanical	Ba	ble Early attery bletion	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
CD1411-36Q	Ellipse™ VR	1,552	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.06%	0	0.00%	0	0.00%	0	0.00%	1	0.06%
CD1357-40Q	Fortify Assura <sup>™</sup> VR	2,659	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%
CD1257-40Q	Fortify Assura <sup>™</sup> VR	4,900	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	2,134	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	4,683	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	0.06%
CD1311-36	Ellipse™ VR	1,602	0	0.00%	0	0.00%	0	0.00%	1	0.06%	1	0.06%	1	0.06%	0	0.00%	0	0.00%	3	0.19%
CD1231-40Q	Fortify <sup>™</sup> VR	16,107	2	0.01%	0	0.00%	6	0.04%	0	0.00%	0	0.00%	0	0.00%	4	0.02%	1	<0.01%	13	0.08%
CD1231-40	Fortify <sup>™</sup> VR	6,763	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	4,423	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™ + VR	3,624	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 <sup>™</sup> VR RF	13,272	5	0.04%	0	0.00%	4	0.03%	1	<0.01%	1	<0.01%	1	<0.01%	10	0.08%	3	0.02%	25	0.19%
V-168	Atlas™ II VR	10,569	3	0.03%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	4	0.04%	5	0.05%	14	0.13%
V-193	Atlas™ + VR	20,749	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	7,982	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 bacitor		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	ther	Т	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1411-36Q	Ellipse <sup>™</sup> VR	2,318	1	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	0	0.00%	2	0.09%
CD1357-40Q	Fortify Assura <sup>™</sup> VR	4,324	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	4,987	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	1	0.02%
CD1257-40	Fortify Assura™ VR	2,231	0	0.00%	2	0.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	3	0.13%
CD1311-36Q	Ellipse <sup>™</sup> VR	4,774	0	0.00%	0	0.00%	0	0.00%	6	0.13%	1	0.02%	1	0.02%	2	0.04%	0	0.00%	10	0.21%
CD1311-36	Ellipse <sup>™</sup> VR	1,640	0	0.00%	1	0.06%	0	0.00%	1	0.06%	0	0.00%	2	0.12%	1	0.06%	0	0.00%	5	0.30%
CD1231-40Q	Fortify <sup>™</sup> VR	16,888	5	0.03%	1	<0.01%	7	0.04%	0	0.00%	0	0.00%	0	0.00%	8	0.05%	5	0.03%	26	0.15%
CD1231-40	Fortify <sup>™</sup> VR	6,977	0	0.00%	0	0.00%	3	0.04%	2	0.03%	0	0.00%	0	0.00%	4	0.06%	1	0.01%	10	0.14%
CD1211-36Q	Current <sup>™</sup> + VR	12,326	4	0.03%	0	0.00%	5	0.04%	0	0.00%	0	0.00%	0	0.00%	6	0.05%	1	<0.01%	16	0.13%
CD1211-36	Current™ + VR	11,695	2	0.02%	2	0.02%	1	<0.01%	3	0.03%	0	0.00%	0	0.00%	3	0.03%	3	0.03%	14	0.12%
1207-36	Current <sup>™</sup> VR RF	24,845	10	0.04%	27	0.11%	11	0.04%	1	<0.01%	0	0.00%	0	0.00%	15	0.06%	10	0.04%	74	0.30%
V-168	Atlas™ II VR	23,946	7	0.03%	5	0.02%	17	0.07%	1	<0.01%	0	0.00%	1	<0.01%	19	0.08%	16	0.07%	66	0.28%
V-193	Atlas <sup>™</sup> + VR	39,597	4	0.01%	9	0.02%	14	0.04%	4	0.01%	1	<0.01%	1	<0.01%	64	0.16%	28	0.07%	125	0.32%
V-196	Epic™ + VR	17,811	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	Malfuncti	ons w/o	Comprom	ised Th	erapy						
		Worldwide		ctrical ponent		ctrical connect	Ва	ttery		Voltage bacitor		tware/ mware	Мес	hanical	Ba	ole Early ttery letion	Ot	ther	Te	otal
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1411-36Q	Ellipse <sup>™</sup> VR	2,318	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	1	0.04%	0	0.00%	0	0.00%	2	0.09%
CD1357-40Q	Fortify Assura™ VR	4,324	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	1	0.02%
CD1257-40Q	Fortify Assura™ VR	4,987	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	2,231	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%
CD1311-36Q	Ellipse <sup>™</sup> VR	4,774	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	0.06%
CD1311-36	Ellipse™ VR	1,640	0	0.00%	0	0.00%	0	0.00%	1	0.06%	1	0.06%	1	0.06%	0	0.00%	0	0.00%	3	0.18%
CD1231-40Q	Fortify <sup>™</sup> VR	16,888	3	0.02%	0	0.00%	7	0.04%	0	0.00%	0	0.00%	0	0.00%	8	0.05%	1	<0.01%	19	0.11%
CD1231-40	Fortify <sup>™</sup> VR	6,977	1	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.03%	3	0.04%
CD1211-36Q	Current <sup>™</sup> + VR	12,326	3	0.02%	0	0.00%	4	0.03%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	3	0.02%	11	0.09%
CD1211-36	Current™ + VR	11,695	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	0.03%
1207-36	Current <sup>™</sup> VR RF	24,845	10	0.04%	3	0.01%	11	0.04%	1	<0.01%	2	<0.01%	1	<0.01%	17	0.07%	7	0.03%	52	0.21%
V-168	Atlas™ II VR	23,946	4	0.02%	0	0.00%	6	0.03%	0	0.00%	0	0.00%	1	<0.01%	8	0.03%	8	0.03%	27	0.11%
V-193	Atlas <sup>™</sup> + 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	17,811	4	0.02%	0	0.00%	28	0.16%	0	0.00%	0	0.00%	3	0.02%	0	0.00%	2	0.01%	37	0.21%



### Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of	Cumulative Months of		ropriate 10ck		ss of metry		ardial Ision	Bat	ature tery etion		kin sion	То	tal
Models	Devices Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
CD1231-40Q	161	5,745	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
CD1211-36Q	363	14,820	1	0.28%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	2	0.55%
1207-36	396	17,480	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

#### Malfunctions

									Mal	unctions	w/ Comp	oromised 1	Therapy							
		Number of Devices		trical oonent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mech	nanical	Possible Early Battery Depletion Other		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	161	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	$Current^{TM} + VR$	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 <sup>™</sup> 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%

									Malf	unctions v	ı/o Com	promised	Therapy							
		Number of Devices		trical ponent		ctrical connect	Ва	ttery		Voltage acitor		tware/ nware	Mech	nanical	Ba	ole Early ttery letion	Ot	her	Τα	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	161	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%

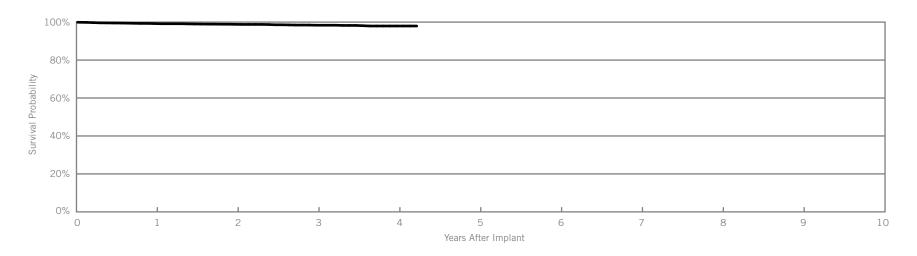
# DEFIBRILLATION LEADS



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

US Regulatory Approval	July 2009
Registered US Implants	4,242
Estimated Active US Implants	3,103
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations		complications	Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	1	0.02%
Cardiac Perforation	3	0.07%	0	0.00%	Clavicular Crush	0	0.00%
					In the Pocket	0	0.00%
Conductor Fracture	0	0.00%	2	0.05%	Intravascular	1	0.02%
Lead Dislodgement	6	0.14%	8	0.19%			
Failure to Capture	4	0.09%	18	0.42%	Insulation Breach	0	0.00%
Oversensing	2	0.05%	6	0.14%	Lead-to-Can Contact	0	0.00%
	-		_		Lead-to-Lead Contact	0	0.00%
Failure to Sense	0	0.00%	0	0.00%	Clavicular Crush	0	0.00%
Insulation Breach	0	0.00%	2	0.05%			
Abnormal Pacing Impedance	1	0.02%	2	0.05%	Externalized Conductors	0	0.00%
Abnormal Defibrillation Impedance	0	0.00%	1	0.02%	Other	0	0.00%
	0		1		Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%	Other	0	0.00%
Other	1	0.02%	0	0.00%		-	
Total	17	0.40%	39	0.92%	Extrinsic Factors	24	0.57%
Total Returned for Analysis	11		22		Total	25	0.59%



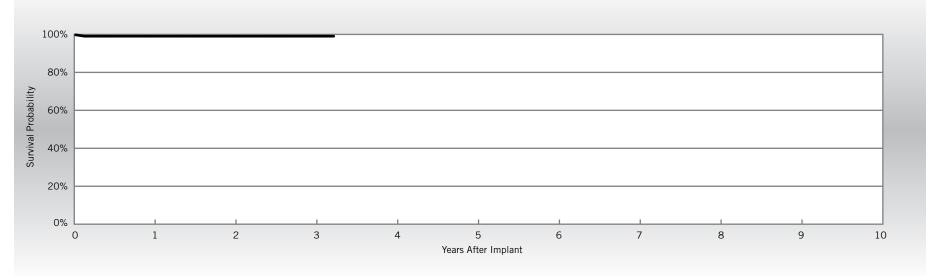
Year	1	2	3	4	at 51 months	
Survival Probability	99.24%	98.83%	98.36%	97.95%	97.95%	
± 1 standard error	0.14%	0.19%	0.25%	0.36%	0.36%	
Sample Size	3,550	2,410	1,540	730	240	



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

US Regulatory Approval	July 2009	Qualifying Complications	Qty.	Rate	N
Number of Devices Enrolled in Study	112	Lead Dislodgement	1	0.89%	C
Cumulative Months of Follow-up	3,765				
Insulation	Optim <sup>™</sup> *				
Type and/or Fixation	Dual Coil, Passive				
Polarity	Bipolar				Ir
Steroid	Yes				
					C

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%



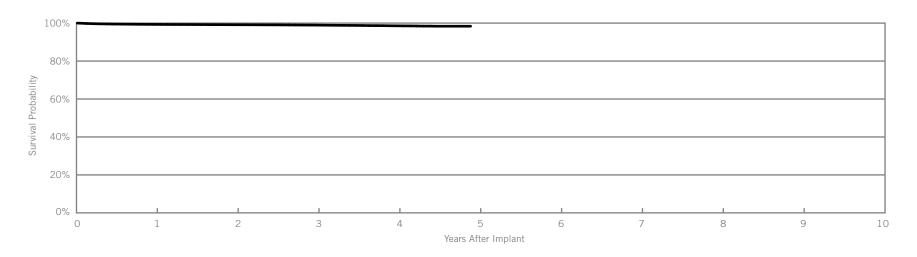
Year	1	2	3	at 39 months	
Survival Probability	99.07%	99.07%	99.07%	99.07%	
± 1 standard error	0.92%	0.92%	0.92%	0.92%	
Sample Size	110	90	70	50	



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

US Regulatory Approval	January 2009
Registered US Implants	96,894
Estimated Active US Implants	71,070
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations			Complications	Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	14	0.01%
Cardiac Perforation	48	0.05%	19	0.02%	Clavicular Crush	2	<0.01%
	40		-		In the Pocket	3	<0.01%
Conductor Fracture	1	<0.01%	30	0.03%	Intravascular	9	<0.01%
Lead Dislodgement	140	0.14%	313	0.32%			
Failure to Capture	65	0.07%	194	0.20%	Insulation Breach	38	0.04%
Oversensing	28	0.03%	95	0.10%	Lead-to-Can Contact	21	0.02%
					Lead-to-Lead Contact	4	<0.01%
Failure to Sense	8	<0.01%	24	0.02%	Clavicular Crush	4	<0.01%
Insulation Breach	0	0.00%	10	0.01%			
Abnormal Pacing Impedance	5	< 0.01%	12	0.01%	Externalized Conductors	0	0.00%
Abnormal Defibrillation Impedance	7	<0.01%	27	0.03%	Other	9	<0.01%
	,				Crimps, Welds & Bonds	2	< 0.01%
Extracardiac Stimulation	2	<0.01%	2	<0.01%	Other	29	0.03%
Other	14	0.01%	23	0.02%			
Total	318	0.33%	749	0.77%	Extrinsic Factors	461	0.48%
Total Returned for Analysis	171		476		Total	544	0.56%



Year	1	2	3	4	at 58 months	
Survival Probability	99.32%	99.14%	98.94%	98.56%	98.36%	
± 1 standard error	0.03%	0.03%	0.04%	0.06%	0.09%	
Sample Size	82960	58900	38760	19390	610	

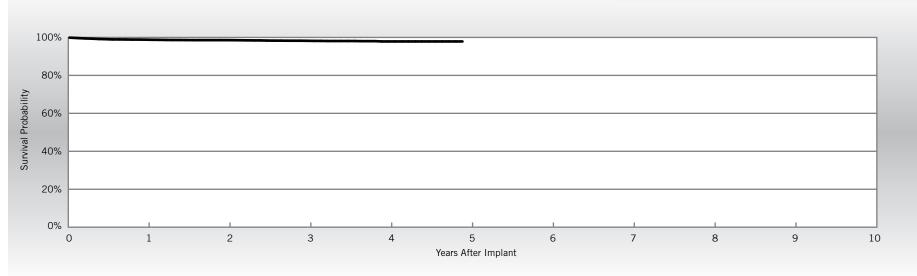


#### Durata<sup>™</sup> DF4 Models 7120Q & 7121Q

US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	42,69
Cumulative Months of Follow-up	135,891
Insulation	Optim <sup>™</sup> *
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	4	0.09%
Failure to Capture	12	0.28%
Failure to Sense	3	0.07%
Inappropriate Shock	4	0.09%
Insulation Breach	1	0.02%
Lead Dislodgement	39	0.91%
Oversensing	2	0.05%

Malfunctions	Qty	Rate
Conductor Fracture	2	0.05%
Clavicular Crush	0	0.00%
In the Pocket	2	0.05%
Intravascular	0	0.00%
Insulation Breach	1	0.02%
Lead-to-Can Contact	1	0.02%
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	36	0.84%
Total	40	0.94%



Year	1	2	3	4	at 59 months	
Survival Probability	98.82%	98.58%	98.22%	97.88%	97.88%	
± 1 standard error	0.17%	0.19%	0.22%	0.27%	0.27%	
Sample Size	3920	3190	2390	1560	90	



### Durata<sup>™</sup> DF4

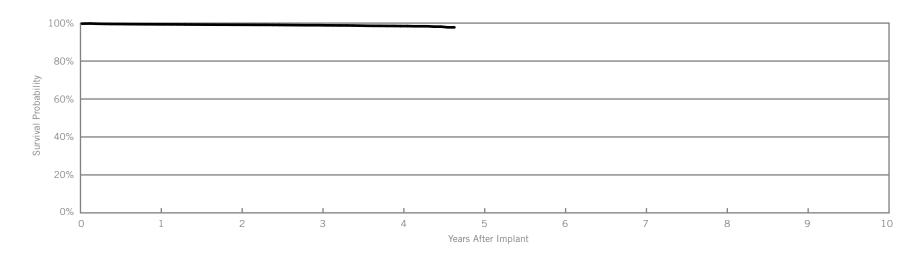
#### Model 7122Q

US Regulatory Approval	January 2009			bservations ant, ≤30 days)		omplications ) days)
Registered US Implants	38,255		Qty.	ant, ≤30 days) Rate	Qty.	Rate
Estimated Active US Implants	32,870	Cardiac Perforation	29	0.08%	17	0.04%
Insulation	Optim <sup>™</sup> *			<0.08%		
Type and/or Fixation	Single Coil, Active	Conductor Fracture	2		/	0.02%
Polarity	Bipolar	Lead Dislodgement	52	0.14%	99	0.26%
,		Failure to Capture	24	0.06%	47	0.12%
Steroid	Yes	Oversensing	10	0.03%	29	0.08%
Number of US Advisories	None	Failure to Sense	5	0.01%	9	0.02%
		Insulation Breach	0	0.00%	3	<0.01%
		Abnormal Pacing Impedance	2	<0.01%	5	0.01%
		Abnormal Defibrillation Impedance	1	<0.01%	1	<0.01%
		Extracardiac Stimulation	2	<0.01%	4	0.01%
		Other	7	0.02%	10	0.03%

Total

Total Returned for Analysis

Malfunctions	Qty.	Rate
Conductor Fracture	3	<0.01%
Clavicular Crush	0	0.00%
In the Pocket	2	<0.01%
Intravascular	1	<0.01%
Insulation Breach	13	0.03%
Lead-to-Can Contact	7	0.02%
Lead-to-Lead Contact	3	<0.01%
Clavicular Crush	1	<0.01%
Externalized Conductors	0	0.00%
Other	2	<0.01%
Crimps, Welds & Bonds	0	0.00%
Other	10	0.03%
Extrinsic Factors	150	0.39%
Total	176	0.46%



134

75

0.35%

231

158

0.60%

Year	1	2	3	4	at 56 months	
Survival Probability	99.35%	99.11%	98.89%	98.43%	97.75%	
± 1 standard error	0.04%	0.06%	0.08%	0.14%	0.46%	
Sample Size	29,490	15,950	8,160	3,240	210	



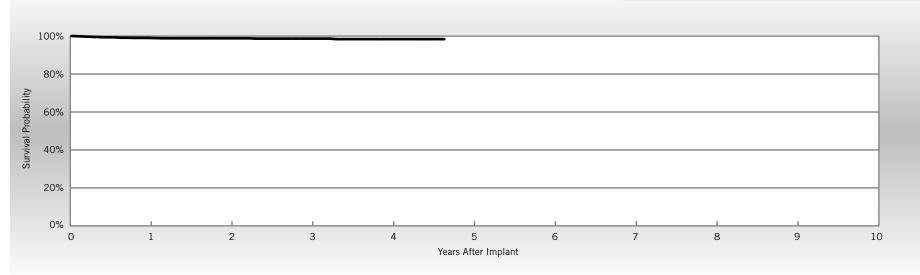
### Durata<sup>™</sup> DF4

#### Model 7122Q

US Regulatory Approval	January 2009
Number of Devices Enrolled in Study	1,473
Cumulative Months of Follow-up	36,058
Insulation	Optim <sup>™</sup> *
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	5	0.34%
Failure to Sense	2	0.14%
Lead Dislodgement	6	0.41%
Pericardial Effusion	2	0.14%

Malfunctions	Qty	Rate
Conductor Fracture	1	0.07%
Clavicular Crush	1	0.07%
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	11	0.75%
Total	13	0.88%

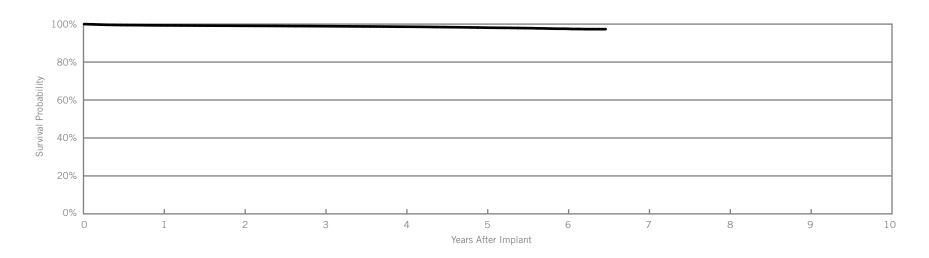


Year	1	2	3	4	at 56 months	
Survival Probability	99.05%	98.85%	98.68%	98.40%	98.40%	
± 1 standard error	0.26%	0.30%	0.34%	0.44%	0.44%	
Sample Size	1,260	860	540	320	70	



#### Durata™ Models 7120 & 7121

US Regulatory Approval	September 2007			bservations		Complications	Malfunctions	Qty.	Rate
Registered US Implants	58,424		(Post Impla Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	24	0.04%
Estimated Active US Implants	34,907	Cardiac Perforation	36	0.06%	6 6	0.01%	Clavicular Crush	2	<0.01%
Insulation	Optim <sup>™</sup> *						In the Pocket	17	0.03%
Type and/or Fixation	Dual Coil, Active	Conductor Fracture	1	<0.01%	58	0.10%	Intravascular	5	<0.01%
	,	<ul> <li>Lead Dislodgement</li> </ul>	66	0.11%	138	0.24%	Insulation Breach	60	0.10%
Polarity	Bipolar	<ul> <li>Failure to Capture</li> </ul>	19	0.03%	114	0.20%			
Steroid	Yes	Oversensing	45	0.08%	131	0.22%	Lead-to-Can Contact	29	0.05%
Number of US Advisories	None	Failure to Sense	5	<0.01%	26	0.04%	Lead-to-Lead Contact	13	0.02%
			-				Clavicular Crush	9	0.02%
		Insulation Breach	0	0.00%	16	0.03%	Externalized Conductors	0	0.00%
		Abnormal Pacing Impedance	1	<0.01%	61	0.10%	Other	9	0.02%
		Abnormal Defibrillation Impedance	18	0.03%	47	0.08%			
		Extracardiac Stimulation	0	0.00%	0	0.00%	Crimps, Welds & Bonds	1	<0.01%
		Other	21	0.04%	20	0.03%	Other	9	0.02%
							Extrinsic Factors	282	0.48%
		Total	212	0.36%	617	1.06%	Total	376	0.64%
		Total Returned for Analysis	85		319				0.0470



Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.33%	99.11%	98.91%	98.63%	98.15%	97.56%	97.34%		
± 1 standard error	0.03%	0.04%	0.05%	0.06%	0.07%	0.11%	0.15%		
Sample Size	53,470	45,210	38,420	31,360	22,420	10,100	260		

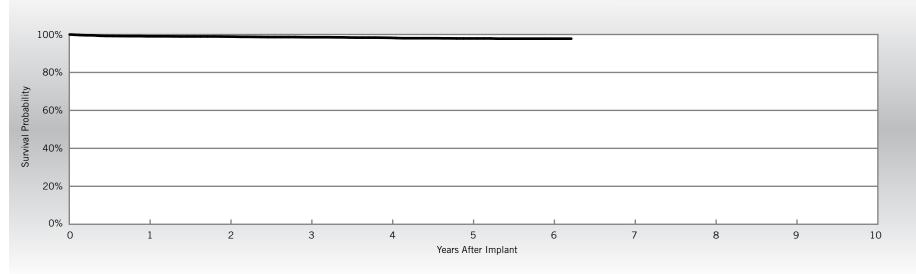


#### Durata<sup>™</sup> Models 7120 & 7121

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	3240
Cumulative Months of Follow-up	148028
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	4	0.12%
Conductor Fracture	8	0.25%
Failure to Capture	10	0.31%
Failure to Sense	2	0.06%
Inappropriate Shock	3	0.09%
Insulation Breach	5	0.15%
Lead Dislodgement	18	0.56%
Oversensing	5	0.15%

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	7	0.22%
Lead-to-Can Contact	4	0.12%
Lead-to-Lead Contact	2	0.06%
Clavicular Crush	0	0.00%
Externalized Conductors	0	0.00%
Other	1	0.03%
Crimps, Welds & Bonds	0	0.00%
Other	2	0.06%
Extrinsic Factors	22	0.68%
Total	32	0.99%



Year	1	2	3	4	5	6	at 75 months		
Survival Probability	99.04%	98.89%	98.56%	98.26%	97.92%	97.80%	97.80%		
± 1 standard error	0.16%	0.19%	0.22%	0.25%	0.29%	0.31%	0.31%		
Sample Size	3,060	2,710	2,350	2,010	1,540	730	80		

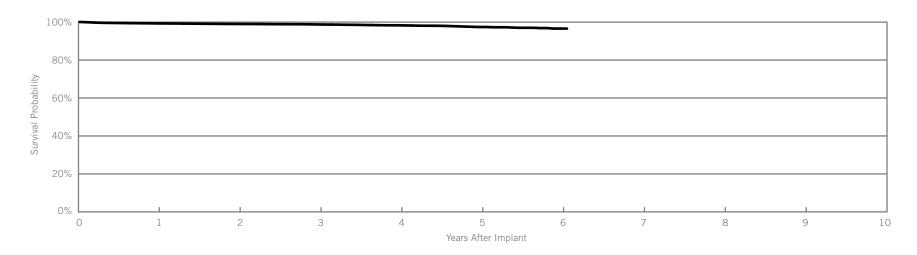


# Durata™

#### Model 7122

US Regulatory Approval	September 2007	
Registered US Implants	12,313	
Estimated Active US Implants	8,016	–Cá
Insulation	Optim <sup>™</sup> *	- Ca
Type and/or Fixation	Single Coil, Active	– <u> </u>
Polarity	Bipolar	–E
Steroid	Yes	- <u> </u>
Number of US Advisories	None	- <u> </u>
		— Гс

		bservations		Complications	Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	11	0.09%
Cardiac Perforation	7	0.06%	2	0.02%	Clavicular Crush	0	0.00%
	7		10		In the Pocket	8	0.06%
Conductor Fracture	1	<0.01%		0.08%	Intravascular	3	0.02%
Lead Dislodgement	12	0.10%	34	0.28%	Insulation Breach	27	0.22%
Failure to Capture	13	0.11%	27	0.22%		15	0.12%
Oversensing	6	0.05%	30	0.24%	Lead-to-Can Contact	15	
Failure to Sense	0	0.00%	5	0.04%	Lead-to-Lead Contact	7	0.06%
Insulation Breach	0	0.00%	10	0.08%	Clavicular Crush	0	0.00%
	0				Externalized Conductors	1	<0.01%
Abnormal Pacing Impedance	2	0.02%	12	0.10%	Other	4	0.03%
Abnormal Defibrillation Impedance	1	<0.01%	5	0.04%	Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	1	<0.01%	0	0.00%		-	
Other	0	0.00%	5	0.04%	Other	4	0.03%
Total	43	0.35%	140	1.14%	Extrinsic Factors	77	0.63%
Total Returned for Analysis	21	0.55%	98	1.1476	Total	119	0.97%



Year	1	2	3	4	5	6	at 73 months		
Survival Probability	99.32%	99.03%	98.76%	98.32%	97.42%	96.57%	96.57%		
± 1 standard error	0.08%	0.10%	0.11%	0.15%	0.23%	0.43%	0.43%		
Sample Size	10,840	8,490	6,670	4,720	2,750	990	210		

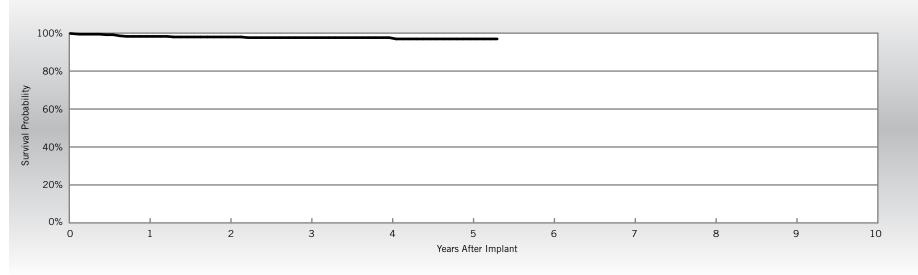


#### Durata<sup>™</sup> Model 7122

US Regulatory Approval	September 2007
Number of Devices Enrolled in Study	361
Cumulative Months of Follow-up	14,891
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty.	Rate
Abnormal Pacing Impedance	1	0.28%
Conductor Fracture	2	0.55%
Failure to Capture	1	0.28%
Lead Dislodgement	4	1.11%
Oversensing	1	0.28%

Malfunctions	Qty	Rate
Conductor Fracture	1	0.28%
Clavicular Crush	0	0.00%
In the Pocket	0	0.00%
Intravascular	1	0.28%
Insulation Breach	0	0.00%
Lead-to-Can Contact	0	0.00%
Lead-to-Lead Contact	0	0.00%
Clavicular Crush	0	0.00% 0.00%
Externalized Conductors	0	
Other	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	4	1.11%
Total	5	1.39%



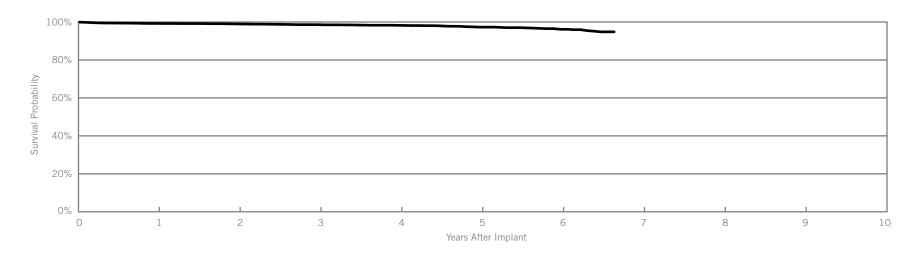
Year	1	2	3	4	5	at 64 months		
Survival Probability	98.28%	97.98%	97.63%	97.63%	96.94%	96.94%		
± 1 standard error	0.69%	0.76%	0.83%	0.83%	1.07%	1.07%		
Sample Size	350	310	250	180	110	50		



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

US Regulatory Approval	July 2006
Registered US Implants	3,311
Estimated Active US Implants	1,847
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations	Chronic Complications		Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	Qty.	0 days) Rate	Conductor Fracture	1	0.03%
Cardiac Perforation	3	0.09%	2	0.06%	Clavicular Crush	0	0.00%
	1				In the Pocket	0	0.00%
Conductor Fracture	1	0.03%	12	0.36%	Intravascular	1	0.03%
Lead Dislodgement	3	0.09%	6	0.18%			
Failure to Capture	5	0.15%	11	0.33%	Insulation Breach	8	0.24%
Oversensing	4	0.12%	13	0.39%	Lead-to-Can Contact	3	0.09%
					Lead-to-Lead Contact	2	0.06%
Failure to Sense	3	0.09%	2	0.06%	Clavicular Crush	1	0.03%
Insulation Breach	0	0.00%	3	0.09%		1	
Abnormal Pacing Impedance	0	0.00%	3	0.09%	Externalized Conductors	1	0.03%
Abnormal Defibrillation Impedance	0	0.00%	2	0.06%	Other	1	0.03%
	0		2		Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	0	0.00%	1	0.03%	Other	0	0.00%
Other	0	0.00%	2	0.06%			
Total	19	0.57%	57	1.72%	Extrinsic Factors	14	0.42%
Total Returned for Analysis	6		19		Total	23	0.69%



Year	1	2	3	4	5	6	at 80 months		
Survival Probability	99.25%	98.98%	98.60%	98.24%	97.30%	96.16%	94.82%		
± 1 standard error	0.16%	0.18%	0.22%	0.25%	0.34%	0.47%	0.79%		
Sample Size	3,040	2,620	2,310	1,940	1,480	890	220		

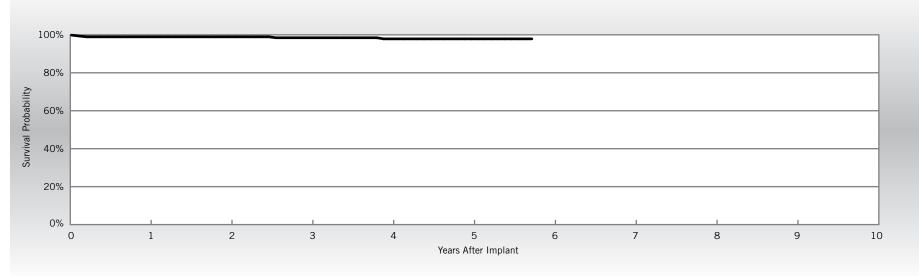


#### Riata<sup>™</sup> ST Optim<sup>™</sup> Models 7070 & 7071

US Regulatory Approval	July 2006
Number of Devices Enrolled in Study	288
Cumulative Months of Follow-up	13,275
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 69 months		
Survival Probability	98.94%	98.94%	98.46%	97.87%	97.87%	97.87%		
± 1 standard error	0.61%	0.61%	0.77%	0.96%	0.96%	0.96%		
Sample Size	270	240	210	180	140	50		

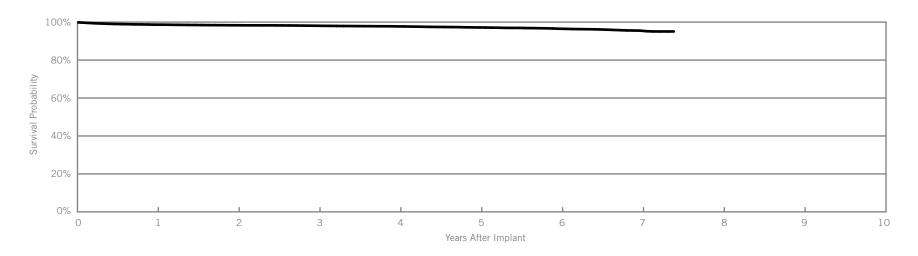


## Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Models 7020 & 7021

US Regulatory Approval	July 2006
Registered US Implants	14,233
Estimated Active US Implants	6,962
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations		complications	Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	7	0.05%
Cardiac Perforation	33	0.23%	9	0.06%	Clavicular Crush	1	<0.01%
			-		In the Pocket	1	<0.01%
Conductor Fracture	0	0.00%	30	0.21%	Intravascular	5	0.04%
Lead Dislodgement	27	0.19%	49	0.34%		-	
Failure to Capture	17	0.12%	80	0.56%	Insulation Breach	23	0.16%
					Lead-to-Can Contact	10	0.07%
Oversensing	18	0.13%	67	0.47%	Lead-to-Lead Contact	2	0.01%
Failure to Sense	8	0.06%	11	0.08%	Clavicular Crush		0.02%
Insulation Breach	0	0.00%	13	0.09%		3	
Abnormal Pacing Impedance	1	<0.01%	11	0.08%	Externalized Conductors	0	0.00%
0 1	-				Other	8	0.06%
Abnormal Defibrillation Impedance	4	0.03%	17	0.12%	Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	3	0.02%	2	0.01%			
Other	0	0.00%	19	0.13%	Other	0	0.00%
Total	111	0.78%	308	2.16%	Extrinsic Factors	147	1.03%
		0.78%		2.10%	Total	177	1.24%
Total Returned for Analysis	53		155				



Year	1	2	3	4	5	6	7	at 89 months	
Survival Probability	98.66%	98.34%	98.09%	97.73%	97.17%	96.51%	95.51%	95.07%	
± 1 standard error	0.10%	0.11%	0.12%	0.14%	0.16%	0.18%	0.25%	0.32%	
Sample Size	13,090	11,260	9,990	8,910	7,900	6,630	3,620	270	



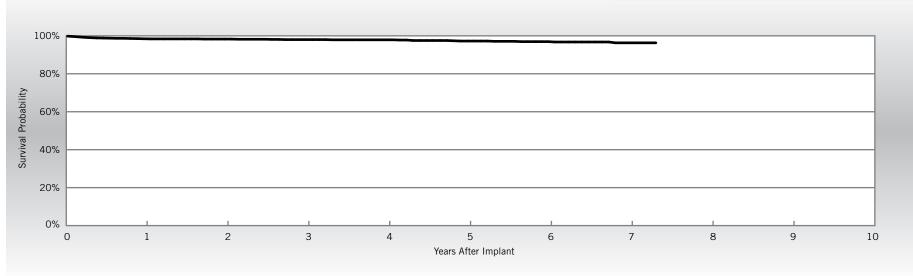
# Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Models 7020 & 7021

July 2006
1,475
74,343
Optim*
Dual Coil, Active
Bipolar
Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	5	0.34%
Cardiac Perforation	1	0.07%
Conductor Fracture	5	0.34%
Failure to Capture	10	0.68%
Failure to Sense	1	0.07%
Insulation Breach	2	0.14%
Lead Dislodgement	9	0.61%
Oversensing	3	0.20%
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	7	at 88 months	
Survival Probability	98.45%	98.29%	98.01%	97.90%	97.25%	96.94%	96.31%	96.31%	
± 1 standard error	0.32%	0.35%	0.38%	0.40%	0.49%	0.53%	0.72%	0.72%	
Sample Size	1,390	1,200	1,030	890	750	610	330	60	

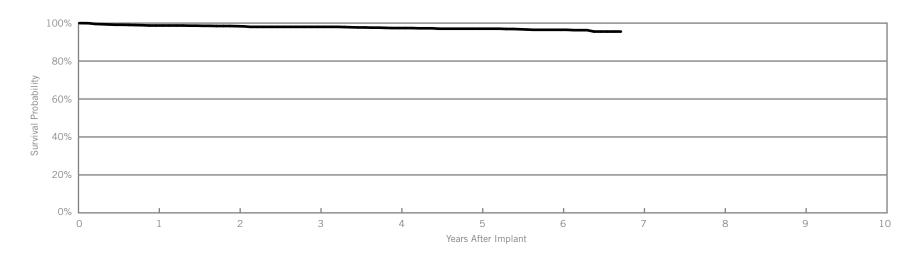


# Riata<sup>™</sup> ST Optim<sup>™</sup>

#### Model 7022

July 2006
1,467
752
Optim*
Single Coil, Active
Bipolar
Yes
None

		bservations		Complications	Malfunctions	Qty.	Rate
	(Post Impl Qty.	ant, ≤30 days) Rate	Qty.	0 days) Rate	Conductor Fracture	3	0.20%
Cardiac Perforation	5	0.34%	3	0.20%	Clavicular Crush	0	0.00%
					In the Pocket	2	0.14%
Conductor Fracture	0	0.00%	6	0.41%	Intravascular	1	0.07%
Lead Dislodgement	3	0.20%	6	0.41%		1	
Failure to Capture	1	0.07%	4	0.27%	Insulation Breach	4	0.27%
	1	0.00%	6	0.41%	Lead-to-Can Contact	2	0.14%
Oversensing	0				Lead-to-Lead Contact	0	0.00%
Failure to Sense	0	0.00%	0	0.00%	Clavicular Crush	0	0.00%
Insulation Breach	0	0.00%	3	0.20%			
Abnormal Pacing Impedance	2	0.14%	0	0.00%	Externalized Conductors	0	0.00%
					Other	2	0.14%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%	Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	0	0.00%	1	0.07%			
Other	0	0.00%	0	0.00%	Other	0	0.00%
Total	11	0.75%	29	1.98%	Extrinsic Factors	14	0.95%
		0.75%		1.90 %	Total	21	1.43%
Total Returned for Analysis	4		16				

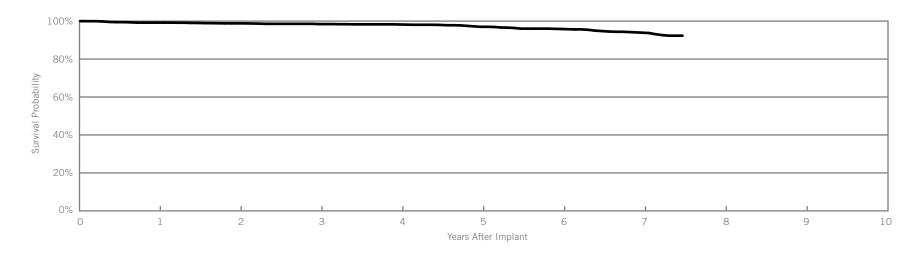


Year	1	2	3	4	5	6	at 81 months		
Survival Probability	98.73%	98.38%	98.02%	97.39%	97.04%	96.47%	95.55%		
± 1 standard error	0.31%	0.34%	0.39%	0.47%	0.51%	0.58%	0.74%		
Sample Size	1,360	1,170	1,040	930	810	660	200		



#### Riata<sup>™</sup> ST Models 7010 & 7011

US Regulatory Approval	March 2006			Observations		Complications	Malfunctions	Qty.	Rate
Registered US Implants	2,199		Qty.	lant, ≤30 days) Rate	Qty.	0 days) Rate	Conductor Fracture	2	0.09%
Estimated Active US Implants	995	Cardiac Perforation	3	0.14%	1	0.05%	Clavicular Crush	0	0.00%
Insulation	Silicone		3		1		In the Pocket	2	0.09%
Type and/or Fixation	Dual Coil, Active	Conductor Fracture	0	0.00%	1	0.05%	Intravascular	0	0.00%
Polarity	Integrated Bipolar	Lead Dislodgement	1	0.05%	7	0.32%	Insulation Breach	18	0.82%
· · · · · · · · · · · · · · · · · · ·		<ul> <li>Failure to Capture</li> </ul>	2	0.09%	4	0.18%	Lead-to-Can Contact	10	0.18%
Steroid	Yes	<ul> <li>Oversensing</li> </ul>	2	0.09%	12	0.55%		4	
Number of US Advisories	One	Failure to Sense	1	0.05%	2	0.09%	Lead-to-Lead Contact	8	0.36%
(see pgs. 297-298)		Insulation Breach	0	0.00%	13	0.59%	Clavicular Crush	1	0.05%
		Abnormal Pacing Impedance	1	0.05%	5	0.23%	Externalized Conductors	1	0.05%
		Abnormal Defibrillation Impedance	1	0.00%	3	0.18%	Other	4	0.18%
			0		4		Crimps, Welds & Bonds	0	0.00%
		Extracardiac Stimulation	0	0.00%	0	0.00%	Other	0	0.00%
		Other	1	0.05%	2	0.09%	Extrinsic Factors	8	0.36%
		Total	11	0.50%	51	2.32%		28	1.27%
		Total Returned for Analysis	3		18		Total	28	1.27%



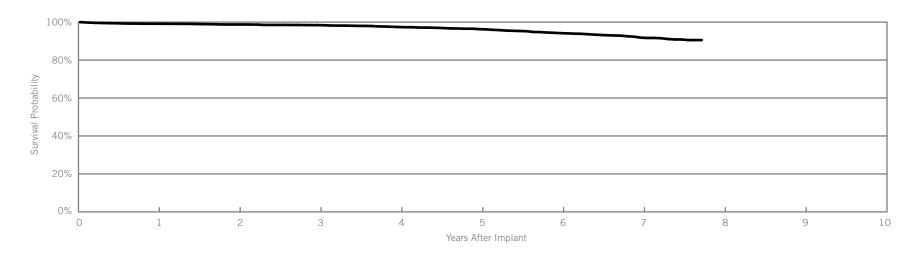
Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.20%	98.81%	98.43%	98.22%	97.00%	95.84%	93.91%	92.32%	
± 1 standard error	0.20%	0.25%	0.27%	0.31%	0.42%	0.53%	0.70%	0.93%	
Sample Size	2,030	1,760	1,570	1,390	1,230	1,070	760	230	



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

US Regulatory Approval	March 2006	
Registered US Implants	4,053	
Estimated Active US Implants	1,894	Caro
Insulation	Silicone	- Con
Type and/or Fixation	Dual Coil, Passive	
Polarity	Bipolar	- Failu
Steroid	Yes	- Ove
Number of US Advisories	One	Failu
(see pgs. 297-298)		
		11150

		bservations		Complications	Malfunctions	Qty.	Rate
	Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	3	0.07%
Cardiac Perforation	4	0.10%	2	0.05%	Clavicular Crush	0	0.00%
	0	0.00%	16	0.39%	In the Pocket	0	0.00%
Conductor Fracture					Intravascular	3	0.07%
Lead Dislodgement	5	0.12%	3	0.07%	Insulation Breach	35	0.86%
Failure to Capture	1	0.02%	29	0.72%	Lead-to-Can Contact	16	0.39%
Oversensing	3	0.07%	40	0.99%			
Failure to Sense	0	0.00%	6	0.15%	Lead-to-Lead Contact	11	0.27%
Insulation Breach	0	0.00%	22	0.54%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	2	0.05%	7	0.17%	Externalized Conductors	2	0.05%
Abnormal Defibrillation Impedance	0	0.00%	9	0.22%	Other	6	0.15%
· · · · · · · · · · · · · · · · · · ·	-		-		Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%	Other	0	0.00%
Other	1	0.02%	4	0.10%			0.52%
Total	16	0.39%	138	3.40%	Extrinsic Factors	21	
Total Returned for Analysis	3		43		Total	59	1.46%



Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.15%	98.75%	98.42%	97.42%	96.28%	94.19%	91.79%	90.53%	
± 1 standard error	0.15%	0.19%	0.21%	0.28%	0.35%	0.48%	0.63%	0.85%	
Sample Size	3,750	3,260	2,890	2,560	2,210	1,740	1,090	200	



### **Defibrillation Leads**

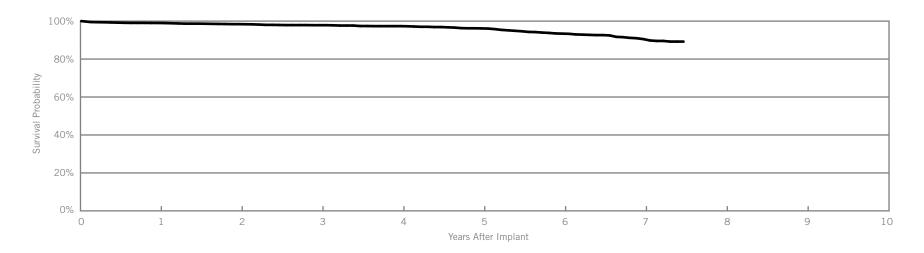
# Customer Reported Performance Data

#### Riata<sup>™</sup> ST

#### Model 7002

June 2005 2,405
2,405
1,094
Silicone
Single Coil, Active
Bipolar
Yes
One

		bservations		Chronic Complications Malfunctions		Qty.	Rate
	(Post Impl Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	3	0.12%
Cardiac Perforation	6	0.25%	3	0.12%	Clavicular Crush	0	0.00%
					In the Pocket	1	0.04%
Conductor Fracture	0	0.00%	/	0.29%	Intravascular	2	0.08%
Lead Dislodgement	3	0.12%	9	0.37%	Insulation Breach	45	1.87%
Failure to Capture	4	0.17%	13	0.54%	Lead-to-Can Contact	24	1.00%
Oversensing	4	0.17%	28	1.16%			
Failure to Sense	0	0.00%	1	0.04%	Lead-to-Lead Contact	10	0.42%
Insulation Breach	0	0.00%	24	1.00%	Clavicular Crush	0	0.00%
Abnormal Pacing Impedance	2	0.08%	1	0.04%	Externalized Conductors	3	0.12%
	2		1		Other	8	0.33%
Abnormal Defibrillation Impedance	1	0.04%	2	0.08%	Crimps, Welds & Bonds	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%	Other	0	0.00%
Other	1	0.04%	5	0.21%		10	
Total	21	0.87%	93	3.87%	Extrinsic Factors	19	0.79%
Total Returned for Analysis	11		47		Total	67	2.79%



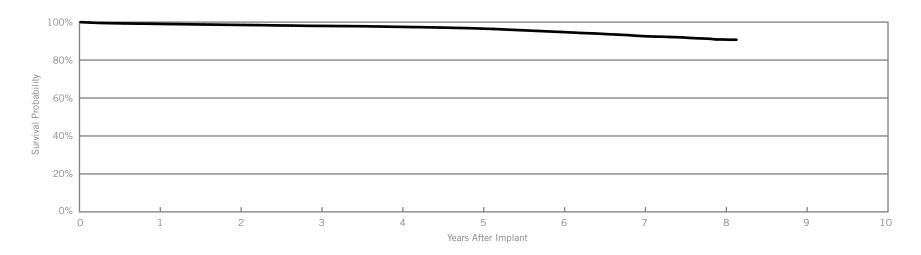
Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.02%	98.40%	97.85%	97.35%	96.15%	93.40%	90.54%	89.21%	
± 1 standard error	0.21%	0.27%	0.32%	0.37%	0.46%	0.65%	0.87%	1.08%	
Sample Size	2,210	1,920	1,720	1,550	1,370	1,110	670	210	



#### Riata<sup>™</sup> ST Models 7000 & 7001

JS Regulatory Approval	June 2005
Registered US Implants	34,814
Estimated Active US Implants	15,277
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	One
(see pgs. 297-298)	

		bservations		omplications	Malfunctions	Qty.	Rate
	(Post Impla Qty.	ant, ≤30 days) Rate	(>3 Qty.	0 days) Rate	Conductor Fracture	18	0.05%
Cardiac Perforation	42	0.12%	20	0.06%	Clavicular Crush	3	<0.01%
	42				In the Pocket	7	0.02%
Conductor Fracture	0	0.00%	86	0.25%	Intravascular	8	0.02%
Lead Dislodgement	38	0.11%	48	0.14%	Insulation Breach	379	1.09%
Failure to Capture	43	0.12%	181	0.52%			
Oversensing	40	0.11%	322	0.92%	Lead-to-Can Contact	205	0.59%
Failure to Sense	7	0.02%	38	0.11%	Lead-to-Lead Contact	99	0.28%
	7		294	0.84%	Clavicular Crush	9	0.03%
Insulation Breach	1	<0.01%			Externalized Conductors	20	0.06%
Abnormal Pacing Impedance	8	0.02%	58	0.17%	Other	46	0.13%
Abnormal Defibrillation Impedance	4	0.01%	49	0.14%		1	
Extracardiac Stimulation	3	<0.01%	3	<0.01%	Crimps, Welds & Bonds	1	<0.01%
Other	11	0.03%	47	0.14%	Other	0	0.00%
					Extrinsic Factors	234	0.67%
Total	197	0.57%	1146	3.29%	Total	632	1.82%
Total Returned for Analysis	96		470				



Year	1	2	3	4	5	6	7	8	at 98 months	
Survival Probability	99.06%	98.52%	98.01%	97.51%	96.60%	94.80%	92.63%	90.85%	90.72%	
± 1 standard error	0.05%	0.07%	0.08%	0.09%	0.11%	0.15%	0.19%	0.29%	0.32%	
Sample Size	32,360	28,230	25,090	22,280	19,620	16,710	12,030	4,950	470	

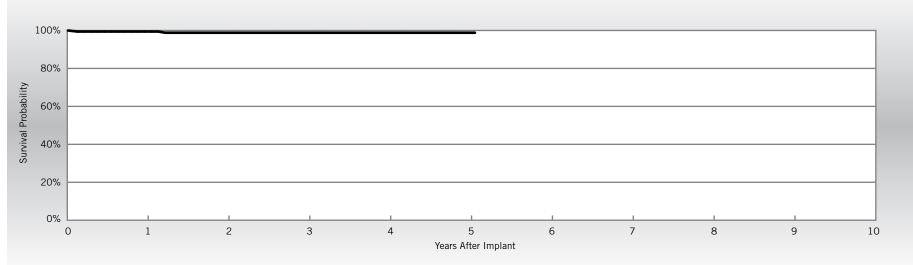


#### Riata<sup>™</sup> ST Models 7000 & 7001

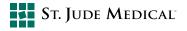
June 2005 182
182
7,715
Silicone
Dual Coil, Active
Bipolar
Yes

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%



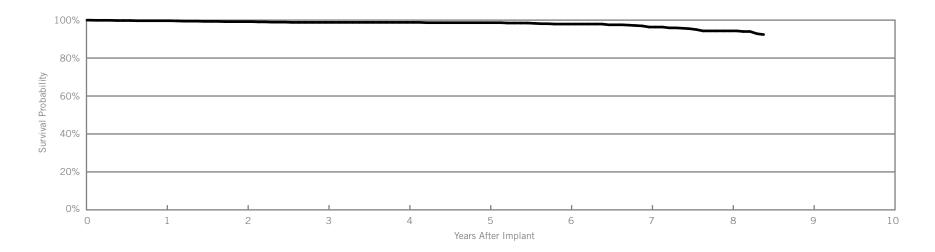
Year	1	2	3	4	5	at 61 months		
Survival Probability	99.44%	98.81%	98.81%	98.81%	98.81%	98.81%		
± 1 standard error	0.56%	0.83%	0.83%	0.83%	0.83%	0.83%		
Sample Size	170	150	120	90	60	50		



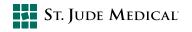
#### Riata<sup>™</sup> *i* Models 1560 & 1561

JS Regulatory Approval	April 2004			
Registered US Implants	980			
Estimated Active US Implants	430			
nsulation	Silicone			
Type and/or Fixation	Dual Coil, Passive			
Polarity	Integrated Bipolar			
Steroid	Yes			
Number of US Advisories (see pgs. 297-298)	One			

	Malfunctions	Qty.	Rate
	Conductor Fracture	0	0.00%
	Clavicular Crush	0	0.00%
	In the Pocket	0	0.00%
è	Intravascular	0	0.00%
r	Insulation Breach	9	0.92%
	Lead-to-Can Contact	5	0.51%
	Lead-to-Lead Contact	3	0.31%
	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	10	1.02%



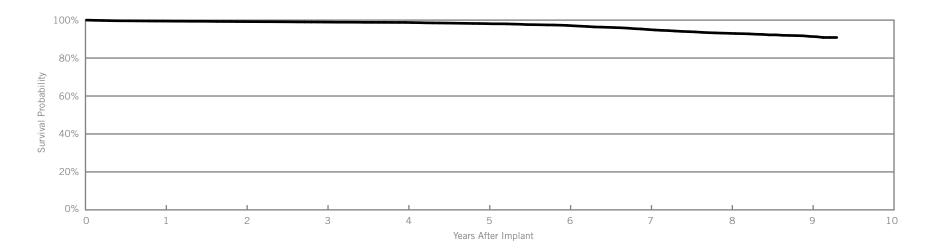
Year	1	2	3	4	5	6	7	8	at 101 months	
Survival Probability	99.67%	99.19%	98.80%	98.80%	98.64%	97.92%	96.34%	94.31%	92.38%	
± 1 standard error	0.19%	0.30%	0.38%	0.38%	0.41%	0.54%	0.69%	1.01%	1.24%	
Sample Size	920	820	740	670	600	550	500	400	230	



#### Riata<sup>™</sup> *i* Models 1590 & 1591

US Regulatory Approval	April 2004
Registered US Implants	9,690
Estimated Active US Implants	3,801
Insulation	Silicone
Type and/or Fixation	Dual Coil, Active
Polarity	Integrated Bipolar
Steroid	Yes
Number of US Advisories	One
(see pgs. 297-298)	

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	109	1.12%
Lead-to-Can Contact	39	0.40%
Lead-to-Lead Contact	32	0.33%
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	43	0.44%
Total	159	1.64%
	Conductor Fracture Clavicular Crush In the Pocket Intravascular Insulation Breach Lead-to-Can Contact Lead-to-Lead Contact Clavicular Crush Externalized Conductors Other Crimps, Welds & Bonds Other Extrinsic Factors	Conductor Fracture6Clavicular Crush1In the Pocket1Intravascular4Insulation Breach109Lead-to-Can Contact39Lead-to-Lead Contact32Clavicular Crush1Externalized Conductors14Other23Crimps, Welds & Bonds0Other1Extrinsic Factors43



Year	1	2	3	4	5	6	7	8	9	at 112 months
Survival Probability	99.48%	99.22%	98.96%	98.78%	98.14%	97.20%	95.04%	93.05%	91.40%	90.84%
± 1 standard error	0.07%	0.09%	0.11%	0.12%	0.16%	0.20%	0.29%	0.37%	0.45%	0.58%
Sample Size	9,110	8,100	7,270	6,470	5,700	5,020	4,320	3,470	1,840	230



### **Defibrillation Leads**

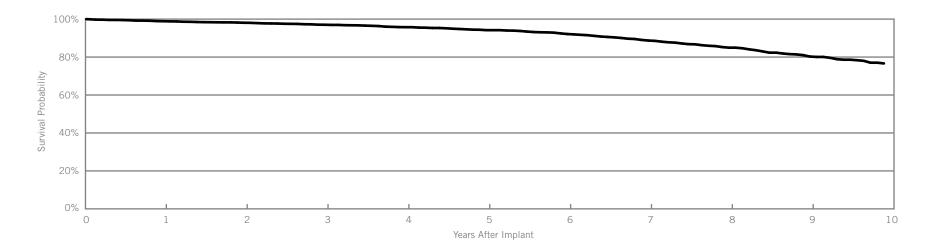
# Customer Reported Performance Data

#### Riata™

#### Model 1582

US Regulatory Approval	March 2003
Registered US Implants	3,128
Estimated Active US Implants	1,056
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories (see pgs. 297-298)	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	130	4.16%
Lead-to-Can Contact	42	1.34%
Lead-to-Lead Contact	22	0.70%
Clavicular Crush	2	0.06%
Externalized Conductors	38	1.21%
Other	26	0.83%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	27	0.86%
Total	160	5.12%



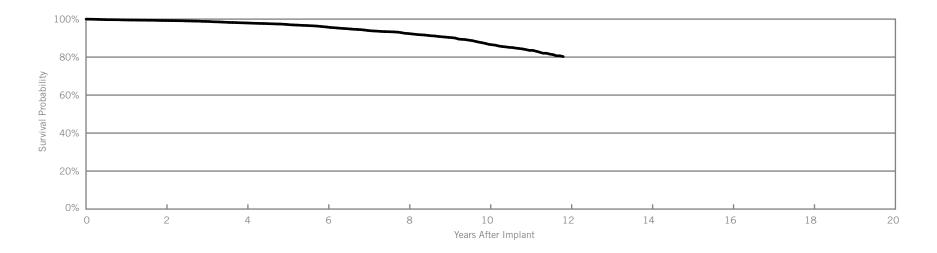
Year	1	2	3	4	5	6	7	8	9	at 119 months
Survival Probability	98.89%	98.08%	97.03%	95.74%	94.17%	92.14%	88.71%	84.95%	80.27%	76.65%
± 1 standard error	0.19%	0.25%	0.33%	0.41%	0.49%	0.59%	0.75%	0.92%	1.14%	1.47%
Sample Size	2,910	2,570	2,310	2,040	1,780	1,510	1,220	950	620	210



#### Riata<sup>™</sup> Models 1570 & 1571

US Regulatory Approval	March 2002	Malfu
Registered US Implants	10,275	Condu
Estimated Active US Implants	3,573	Cla
Insulation	Silicone	In
Type and/or Fixation	Dual Coil, Passive	Int
Polarity	Bipolar	Insula
Steroid	Yes	Le
Number of US Advisories	One	Le
(see pgs. 297-298)		Cla

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	146	1.42%
Lead-to-Can Contact	70	0.68%
Lead-to-Lead Contact	22	0.21%
Clavicular Crush	1	<0.01%
Externalized Conductors	28	0.27%
Other	25	0.24%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	40	0.39%
Total	190	1.85%
	Conductor Fracture Clavicular Crush In the Pocket Intravascular Insulation Breach Lead-to-Can Contact Lead-to-Lead Contact Clavicular Crush Externalized Conductors Other Crimps, Welds & Bonds Other Extrinsic Factors	Conductor Fracture4Clavicular Crush2In the Pocket2Intravascular0Insulation Breach146Lead-to-Can Contact70Lead-to-Lead Contact22Clavicular Crush1Externalized Conductors28Other25Crimps, Welds & Bonds0Other0Extrinsic Factors40



Year	2	4	6	8	10	at 142 months		
Survival Probability	99.25%	97.98%	95.82%	92.41%	86.69%	80.26%		
± 1 standard error	0.09%	0.16%	0.24%	0.37%	0.60%	1.10%		
Sample Size	8,660	6,980	5,200	3,460	1,660	200		

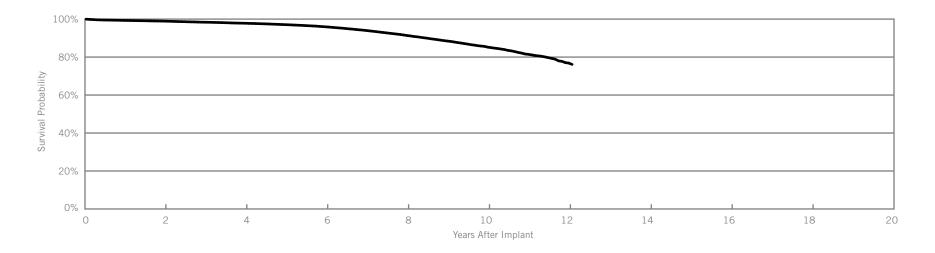


#### Riata™

#### Models 1580 & 1581

US Regulatory Approval	March 2002	Malfunct
Registered US Implants	68,353	Conducto
Estimated Active US Implants	22,408	Clavic
Insulation	Silicone	In the
Type and/or Fixation	Dual Coil, Active	Intrav
Polarity	Bipolar	Insulation
Steroid	Yes	Lead-
Number of US Advisories	One	Lead-
(see pgs. 297-298)		Clavic
		Extern

Malfunctions	Qty.	Rate
Conductor Fracture	20	0.03%
Clavicular Crush	2	<0.01%
In the Pocket	9	0.01%
Intravascular	9	0.01%
Insulation Breach	1199	1.75%
Lead-to-Can Contact	489	0.72%
Lead-to-Lead Contact	239	0.35%
Clavicular Crush	17	0.02%
Externalized Conductors	243	0.36%
Other	211	0.31%
Crimps, Welds & Bonds	3	<0.01%
Other	0	0.00%
Extrinsic Factors	405	0.59%
Total	1627	2.38%
	Conductor Fracture Clavicular Crush In the Pocket Intravascular Insulation Breach Lead-to-Can Contact Lead-to-Lead Contact Clavicular Crush Externalized Conductors Other Crimps, Welds & Bonds Other Extrinsic Factors	Conductor Fracture20Clavicular Crush2In the Pocket9Intravascular9Insulation Breach1199Lead-to-Can Contact489Lead-to-Lead Contact239Clavicular Crush17Externalized Conductors243Other211Crimps, Welds & Bonds3Other0Extrinsic Factors405



Year	2	4	6	8	10	12	at 145 months		
Survival Probability	98.92%	97.82%	95.92%	91.37%	85.21%	76.84%	76.15%		
± 1 standard error	0.04%	0.06%	0.09%	0.15%	0.25%	0.72%	0.75%		
Sample Size	56,590	45,070	34,070	23,380	8,690	1,300	280		



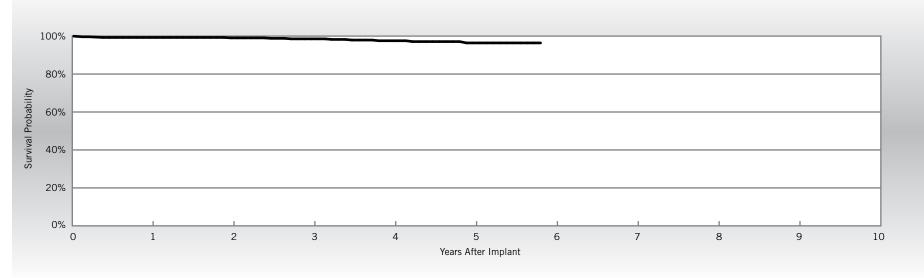
### Riata™

#### Models 1580 & 1581

US Regulatory Approval	March 2002
Number of Devices Enrolled in Study	566
Cumulative Months of Follow-up	23,278
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	2	0.35%
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	11	1.94%
Lead-to-Can Contact	2	0.35%
Lead-to-Lead Contact	4	0.71%
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	15	2.65%



Year	1	2	3	4	5	at 70 months		
Survival Probability	99.28%	99.05%	98.54%	97.55%	96.40%	96.40%		
± 1 standard error	0.36%	0.36%	0.55%	0.79%	1.14%	1.14%		
Sample Size	530	470	390	300	190	60		



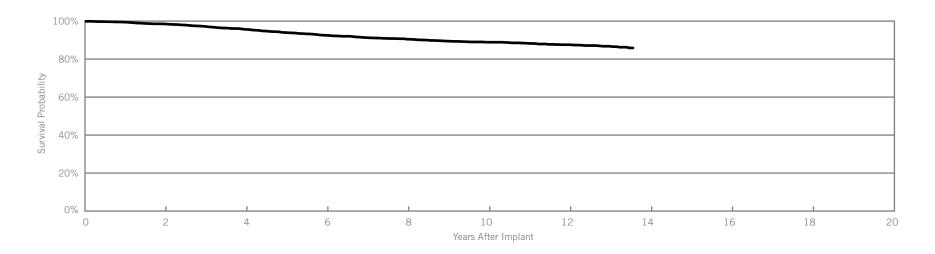
### **Defibrillation Leads**

### **Customer Reported Performance Data**

### TVL<sup>™</sup> ADX

#### Model 1559

US Regulatory Approval	November 1999
Registered US Implants	4,560
Estimated Active US Implants	845
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None



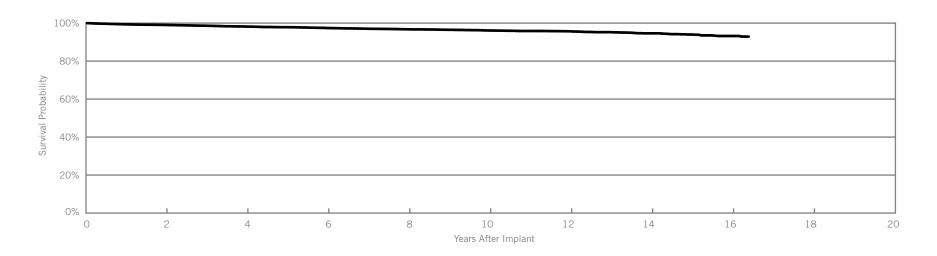
Year	2	4	6	8	10	12	at 163 months		
Survival Probability	98.53%	95.66%	92.52%	90.48%	88.88%	87.57%	85.88%		
± 1 standard error	0.19%	0.34%	0.48%	0.56%	0.64%	0.72%	0.94%		
Sample Size	3,730	2,940	2,260	1,680	1,220	950	210		



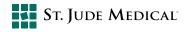
SPL™

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

US Regulatory Approval	September 1997
Registered US Implants	12,373
Estimated Active US Implants	2,639
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	at 197 months	
Survival Probability	99.05%	98.17%	97.42%	96.73%	96.12%	95.70%	94.62%	93.22%	92.90%	
± 1 standard error	0.09%	0.13%	0.16%	0.20%	0.23%	0.25%	0.33%	0.51%	0.60%	
Sample Size	10,400	8,490	6,870	5,430	4,190	3,220	1,840	650	230	



# SUMMARY INFORMATION

**Defibrillation Leads** 



# Defibrillation Leads

# Survival Summary

						Survival Probability						
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year	
7170Q/7171Q	Durata™ DF4	99.24%	98.83%	98.36%	97.95%							
7120Q/7121Q	Durata™ DF4	99.32%	99.14%	98.94%	98.57%							
7122Q	Durata™ DF4	99.35%	99.12%	98.89%	98.44%							
7120/7121	Durata™	99.33%	99.11%	98.90%	98.63%	98.15%	97.56%					
7122	Durata™	99.32%	99.03%	98.76%	98.32%	97.42%	96.59%					
7070/7071	Riata™ ST Optim™	99.25%	98.98%	98.60%	98.24%	97.30%	96.16%					
7020/7021	Riata™ ST Optim™	98.66%	98.34%	98.09%	97.73%	97.17%	96.51%	95.51%				
7022	Riata™ ST Optim™	98.73%	98.38%	98.02%	97.39%	97.04%	96.47%					
7010/7011	Riata <sup>™</sup> ST	99.20%	98.81%	98.43%	98.22%	97.00%	95.84%	93.91%				
7040/7041	Riata <sup>™</sup> ST	99.15%	98.75%	98.42%	97.42%	96.28%	94.19%	91.79%				
7002	Riata <sup>™</sup> ST	99.02%	98.40%	97.85%	97.35%	96.15%	93.40%	90.54%				
7000/7001	Riata™ ST	99.06%	98.52%	98.01%	97.51%	96.60%	94.80%	92.63%	90.85%			
1560/1561	Riata™ i	99.67%	99.19%	98.80%	98.80%	98.64%	97.92%	96.34%	94.31%			
1590/1591	Riata™ i	99.48%	99.22%	98.96%	98.78%	98.14%	97.20%	95.04%	93.05%	91.40%		
1582	Riata™	98.89%	98.08%	97.03%	95.74%	94.17%	92.14%	88.71%	84.95%	80.27%		
1570/1571	Riata™	99.56%	99.25%	98.78%	97.98%	97.19%	95.82%	94.02%	92.41%	90.37%	86.69%	
1580/1581	Riata™	99.31%	98.92%	98.36%	97.82%	97.07%	95.92%	93.98%	91.37%	88.44%	85.21%	
1559	TVL <sup>™</sup> ADX	99.47%	98.53%	97.23%	95.66%	93.97%	92.52%	91.29%	90.48%	89.46%	88.88%	
SP01/SP02/SP03/SP04	SPL™	99.35%	99.05%	98.63%	98.17%	97.85%	97.42%	97.04%	96.73%	96.49%	96.12%	



## Acute Observation Summary

#### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		.ead dgement		lure to opture	Over	sensing		ure to ense		sulation Breach	P	normal acing edance	Defil	normal brillation bedance		acardiac nulation	c	ther	T	otal	Total Returned for
Models	Approval	US Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Analysis
7170Q/7171Q	Jul-09	4,242	3,103	3	0.07%	0	0.00%	6	0.14%	4	0.09%	2	0.05%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	1	0.02%	17	0.40%	11
7120Q/7121Q	Jan-09	96,894	71,070	48	0.05%	1	<0.01%	140	0.14%	65	0.07%	28	0.03%	8	<0.01%	0	0.00%	5	<0.01%	7	<0.01%	2	<0.01%	14	0.01%	318	0.33%	171
7122Q	Jan-09	38,255	32,870	29	0.08%	2	<0.01%	52	0.14%	24	0.06%	10	0.03%	5	0.01%	0	0.00%	2	<0.01%	1	<0.01%	2	<0.01%	7	0.02%	134	0.35%	75
7120/7121	Sep-07	58,424	34,907	36	0.06%	1	<0.01%	66	0.11%	19	0.03%	45	0.08%	5	<0.01%	0	0.00%	1	<0.01%	18	0.03%	0	0.00%	21	0.04%	212	0.36%	85
7122	Sep-07	12,313	8,016	7	0.06%	1	<0.01%	12	0.10%	13	0.11%	6	0.05%	0	0.00%	0	0.00%	2	0.02%	1	<0.01%	1	<0.01%	0	0.00%	43	0.35%	21
7070/7071	Jul-06	3,311	1,847	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	14,233	6,962	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	1,467	752	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	2,199	995	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	4,053	1,894	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	0.39%	3
7002	Jun-05	2,405	1,094	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	34,814	15,277	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%	96

## Chronic Complication Summary

#### >30 Days

	US Regulatory	Registered	Estimated Active US		ardiac foration		nductor acture		ead Igement		lure to pture	Over	sensing		ure to ense		sulation Breach	Р	normal acing oedance	Defit	normal prillation edance		acardiac nulation	0	ther	т	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	4,242	3,103	0	0.00%	2	0.05%	8	0.19%	18	0.42%	6	0.14%	0	0.00%	2	0.05%	2	0.05%	1	0.02%	0	0.00%	0	0.00%	39	0.92%	22
7120Q/7121Q	Jan-09	96,894	71,070	19	0.02%	30	0.03%	313	0.32%	194	0.20%	95	0.10%	24	0.02%	10	0.01%	12	0.01%	27	0.03%	2	<0.01%	23	0.02%	749	0.77%	476
7122Q	Jan-09	38,255	32,870	17	0.04%	7	0.02%	99	0.26%	47	0.12%	29	0.08%	9	0.02%	3	<0.01%	5	0.01%	1	<0.01%	4	0.01%	10	0.03%	231	0.60%	158
7120/7121	Sep-07	58,424	34,907	6	0.01%	58	0.10%	138	0.24%	114	0.20%	131	0.22%	26	0.04%	16	0.03%	61	0.10%	47	0.08%	0	0.00%	20	0.03%	617	1.06%	319
7122	Sep-07	12,313	8,016	2	0.02%	10	0.08%	34	0.28%	27	0.22%	30	0.24%	5	0.04%	10	0.08%	12	0.10%	5	0.04%	0	0.00%	5	0.04%	140	1.14%	98
7070/7071	Jul-06	3,311	1,847	2	0.06%	12	0.36%	6	0.18%	11	0.33%	13	0.39%	2	0.06%	3	0.09%	3	0.09%	2	0.06%	1	0.03%	2	0.06%	57	1.72%	19
7020/7021	Jul-06	14,233	6,962	9	0.06%	30	0.21%	49	0.34%	80	0.56%	67	0.47%	11	0.08%	13	0.09%	11	0.08%	17	0.12%	2	0.01%	19	0.13%	308	2.16%	155
7022	Jul-06	1,467	752	3	0.20%	6	0.41%	6	0.41%	4	0.27%	6	0.41%	0	0.00%	3	0.20%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	29	1.98%	16
7010/7011	Mar-06	2,199	995	1	0.05%	1	0.05%	7	0.32%	4	0.18%	12	0.55%	2	0.09%	13	0.59%	5	0.23%	4	0.18%	0	0.00%	2	0.09%	51	2.32%	18
7040/7041	Mar-06	4,053	1,894	2	0.05%	16	0.39%	3	0.07%	29	0.72%	40	0.99%	6	0.15%	22	0.54%	7	0.17%	9	0.22%	0	0.00%	4	0.10%	138	3.40%	43
7002	Jun-05	2,405	1,094	3	0.12%	7	0.29%	9	0.37%	13	0.54%	28	1.16%	1	0.04%	24	1.00%	1	0.04%	2	0.08%	0	0.00%	5	0.21%	93	3.87%	47
7000/7001	Jun-05	34,814	15,277	20	0.06%	86	0.25%	48	0.14%	181	0.52%	322	0.92%	38	0.11%	294	0.84%	58	0.17%	49	0.14%	3	<0.01%	47	0.14%	1146	3.29%	470

Definitions of observations and complications can be found on pages 9-10.



## **Defibrillation Leads**

## Malfunction Summary

					Conductor	Fractur	e								Insulati	on Brea	ach												
	Registered US		avicular Crush	In t	he Pocket	Intra	wascular	Con	Total Iductor Acture		d-to-Can ontact		-to-Lead		vicular rush		ernalized nductors	c	Other	Ins	Total ulation reach	w	rimps, elds & Bonds	c	Other		trinsic ctors	,	Total
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	4,242	0	0.00%	0	0.00%	1	0.02%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	24	0.57%	25	0.59%
7120Q/7121Q	96,894	2	<0.01%	3	<0.01%	9	<0.01%	14	0.01%	21	0.02%	4	<0.01%	4	<0.01%	0	0.00%	9	<0.01%	38	0.04%	2	<0.01%	29	0.03%	461	0.48%	544	0.56%
7122Q	38,255	0	0.00%	2	<0.01%	1	<0.01%	3	<0.01%	7	0.02%	3	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	13	0.03%	0	0.00%	10	0.03%	150	0.39%	176	0.46%
7120/7121	58,424	2	<0.01%	17	0.03%	5	<0.01%	24	0.04%	29	0.05%	13	0.02%	9	0.02%	0	0.00%	9	0.02%	60	0.10%	1	<0.01%	9	0.02%	282	0.48%	376	0.64%
7122	12,313	0	0.00%	8	0.06%	3	0.02%	11	0.09%	15	0.12%	7	0.06%	0	0.00%	1	<0.01%	4	0.03%	27	0.22%	0	0.00%	4	0.03%	77	0.63%	119	0.97%
7070/7071	3,311	0	0.00%	0	0.00%	1	0.03%	1	0.03%	3	0.09%	2	0.06%	1	0.03%	1	0.03%	1	0.03%	8	0.24%	0	0.00%	0	0.00%	14	0.42%	23	0.69%
7020/7021	14,233	1	<0.01%	1	<0.01%	5	0.04%	7	0.05%	10	0.07%	2	0.01%	3	0.02%	0	0.00%	8	0.06%	23	0.16%	0	0.00%	0	0.00%	147	1.03%	177	1.24%
7022	1,467	0	0.00%	2	0.14%	1	0.07%	3	0.20%	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	0.95%	21	1.43%
7010/7011	2,199	0	0.00%	2	0.09%	0	0.00%	2	0.09%	4	0.18%	8	0.36%	1	0.05%	1	0.05%	4	0.18%	18	0.82%	0	0.00%	0	0.00%	8	0.36%	28	1.27%
7040/7041	4,053	0	0.00%	0	0.00%	3	0.07%	3	0.07%	16	0.39%	11	0.27%	0	0.00%	2	0.05%	6	0.15%	35	0.86%	0	0.00%	0	0.00%	21	0.52%	59	1.46%
7002	2,405	0	0.00%	1	0.04%	2	0.08%	3	0.12%	24	1.00%	10	0.42%	0	0.00%	3	0.12%	8	0.33%	45	1.87%	0	0.00%	0	0.00%	19	0.79%	67	2.79%
7000/7001	34,814	3	<0.01%	7	0.02%	8	0.02%	18	0.05%	205	0.59%	99	0.28%	9	0.03%	20	0.06%	46	0.13%	379	1.09%	1	<0.01%	0	0.00%	234	0.67%	632	1.82%
1560/1561	980	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.51%	3	0.31%	0	0.00%	1	0.10%	0	0.00%	9	0.92%	0	0.00%	0	0.00%	1	0.10%	10	1.02%
1590/1591	9,690	1	0.01%	1	0.01%	4	0.04%	6	0.06%	39	0.40%	32	0.33%	1	0.01%	14	0.14%	23	0.24%	109	1.12%	0	0.00%	1	0.01%	43	0.44%	159	1.64%
1582	3,128	0	0.00%	0	0.00%	3	0.10%	3	0.10%	42	1.34%	22	0.70%	2	0.06%	38	1.21%	26	0.83%	130	4.16%	0	0.00%	0	0.00%	27	0.86%	160	5.12%
1570/1571	10,275	2	0.02%	2	0.02%	0	0.00%	4	0.04%	70	0.68%	22	0.21%	1	<0.01%	28	0.27%	25	0.24%	146	1.42%	0	0.00%	0	0.00%	40	0.39%	190	1.85%
1580/1581	68,353	2	<0.01%	9	0.01%	9	0.01%	20	0.03%	489	0.72%	239	0.35%	17	0.02%	243	0.36%	211	0.31%	1199	1.75%	3	<0.01%	0	0.00%	405	0.59%	1627	2.38%



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

					Conductor	Fractur	e								Insulati	on Brea	ch												
	Worldwide		ivicular Crush	In th	e Pocket	Intra	vascular	Con	otal ductor icture		1-to-Can ontact		l-to-Lead ontact		vicular rush		ernalized	c	ther	Ins	Fotal ulation reach	W	imps, elds & londs	c	Other		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
7170Q/7171Q	13,333	0	0.00%	2	0.02%	4	0.03%	6	0.05%	3	0.02%	0	0.00%	2	0.02%	0	0.00%	1	0.01%	6	0.05%	7	0.05%	0	0.00%	47	0.35%	66	0.50%
7120Q/7121Q	157,589	3	<0.01%	9	0.01%	14	0.01%	26	0.02%	29	0.02%	4	<0.01%	15	0.01%	0	0.00%	12	0.01%	60	0.04%	3	<0.01%	87	0.06%	785	0.50%	961	0.61%
7122Q	95,406	2	<0.01%	9	0.01%	2	<0.01%	13	0.01%	26	0.03%	4	<0.01%	8	0.01%	0	0.00%	2	<0.01%	40	0.04%	1	<0.01%	107	0.11%	454	0.48%	615	0.64%
7120/7121	128,571	5	<0.01%	72	0.06%	15	0.01%	92	0.07%	63	0.05%	17	0.01%	15	0.01%	0	0.00%	17	0.01%	112	0.09%	2	<0.01%	45	0.04%	561	0.44%	812	0.63%
7122	50,786	1	<0.01%	74	0.15%	7	0.01%	82	0.16%	48	0.09%	11	0.02%	6	0.01%	1	<0.01%	7	0.01%	73	0.14%	1	<0.01%	24	0.05%	282	0.56%	462	0.91%





## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Defib	normal orillation edance	Pa	ormal cing edance		rdiac oration		ductor acture		racardiac mulation		ailure to opture		ilure to ense		propriate hock		lation each		Lead odgement	Overs	sensing		cardial usion		Skin rosion	1	<b>Fotal</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	Qty.	Rate
7170Q/7171Q	112	3,765	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	4,269	135,891	4	0.09%	0	0.00%	1	0.02%	4	0.09%	0	0.00%	12	0.28%	3	0.07%	4	0.09%	1	0.02%	39	0.91%	2	0.05%	0	0.00%	0	0.00%	70	1.64%
7122Q	1,473	36,058	1	0.07%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	5	0.34%	2	0.14%	0	0.00%	0	0.00%	6	0.41%	0	0.00%	2	0.14%	0	0.00%	17	1.15%
7120/7121	3,240	148,028	0	0.00%	4	0.12%	0	0.00%	8	0.25%	0	0.00%	10	0.31%	2	0.06%	3	0.09%	5	0.15%	18	0.56%	5	0.15%	0	0.00%	0	0.00%	55	1.70%
7122	361	14,891	0	0.00%	1	0.28%	0	0.00%	2	0.55%	0	0.00%	1	0.28%	0	0.00%	0	0.00%	0	0.00%	4	1.11%	1	0.28%	0	0.00%	0	0.00%	9	2.49%
7070/7071	288	13,275	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	1,475	74,343	0	0.00%	5	0.34%	1	0.07%	5	0.34%	0	0.00%	10	0.68%	1	0.07%	0	0.00%	2	0.14%	9	0.61%	3	0.20%	0	0.00%	1	0.07%	37	2.51%
7000/7001	182	7,715	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	566	23,278	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%	2	0.35%	0	0.00%	1	0.18%	12	2.12%

#### Malfunctions

					Conductor	Fractur	e								Insulatio	n Brea	ch												
	Number		vicular Crush	In ti	he Pocket	Intra	vascular	Con	otal ductor acture		l-to-Can ntact		-to-Lead ontact		vicular rush		rnalized ductors	C	Other	Ins	Total ulation reach	We	imps, elds & onds	c	Other		trinsic actors		Total
Models	of Devices Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7170Q/7171Q	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	4,269	0	0.00%	2	0.05%	0	0.00%	2	0.05%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.02%	0	0.00%	1	0.02%	36	0.84%	40	0.94%
7122Q	1,473	1	0.07%	0	0.00%	0	0.00%	1	0.07%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	11	0.75%	13	0.88%
7120/7121	3,240	0	0.00%	1	0.03%	0	0.00%	1	0.03%	4	0.12%	2	0.06%	0	0.00%	0	0.00%	1	0.03%	7	0.22%	0	0.00%	2	0.06%	22	0.68%	32	0.99%
7122	361	0	0.00%	0	0.00%	1	0.28%	1	0.28%	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	1.11%	5	1.39%
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	1,475	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	566	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.35%	4	0.71%	0	0.00%	5	0.88%	0	0.00%	11	1.94%	0	0.00%	0	0.00%	4	0.71%	15	2.65%



# PACEMAKERS

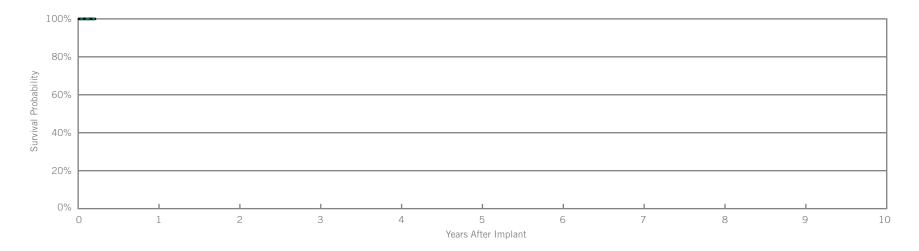
Dual-Chamber



### Assurity<sup>™</sup> DR RF Model PM2240

US Regulatory Approval	March 2014
Registered US Implants	1,693
Estimated Active US Implants	1,671
Estimated Longevity	9.4 Years
Normal Battery Depletion	0
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%
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	230					

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

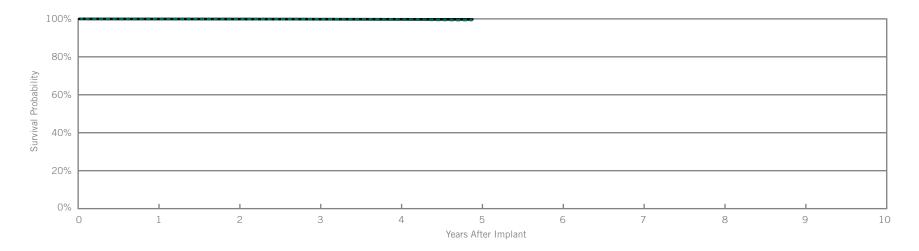


## Accent<sup>™</sup> DR RF

N	Nodel PM2210
	US Regulatory Approval

US Regulatory Approval	July 2009
Registered US Implants	234530
Estimated Active US Implants	199964
Estimated Longevity	8 Years
Normal Battery Depletion	44
Number of US Advisories (see pgs. 291-295)	One

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	13	<0.01%	20	<0.01%
Electrical Interconnect	5	<0.01%	23	<0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	0	0.00%
Mechanical	0	0.00%	8	<0.01%
Possible Early Battery Depletion	5	<0.01%	12	<0.01%
Other	4	<0.01%	18	<0.01%
Total	27	0.01%	81	0.03%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 59 months		
Survival Probability	99.93%	99.88%	99.79%	99.64%	99.42%		
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.06%		
Sample Size	201280	139720	86510	41460	940		

Year	1	2	3	4	at 59 months		
Survival Probability	99.94%	99.90%	99.84%	99.78%	99.74%		
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.02%		



20%

0%

0

1

2

3

4

Malfunctions

8

7

Malfunctions

10

9

## Actively Monitored Study Data

## Accent<sup>™</sup> DR RF

del PM2210						w/ Co T	mpromised herapy	w/o Co T	mpromise herapy
JS Regulatory Approval	July 2009	Qualifying Complications	Qty.	Rate		Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	1,770	Premature Battery Depletion	1	0.06%	Electrical Component	0	0.00%	0	0.009
umulative Months of Follow-up	39,643				Electrical Interconnect	0	0.00%	1	0.069
stimated Longevity	8 Years	_			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
80%									
40%									-
40%									-
Ru l									

Year	1	2	3	4	at 49 months	
Survival Probability	100.00%	99.90%	99.90%	99.90%	99.90%	
± 1 standard error	0.00%	0.10%	0.10%	0.10%	0.10%	
Sample Size	1,540	1,060	590	200	50	

5

Years After Implant

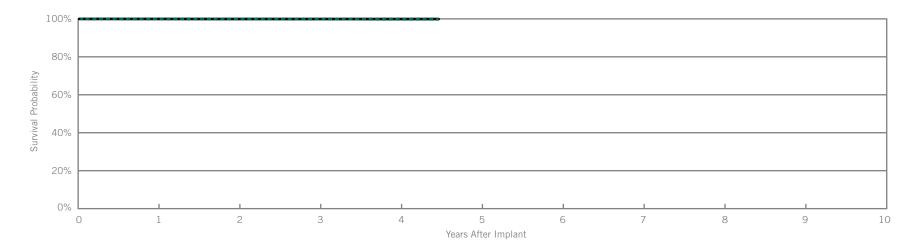
6



### Accent<sup>™</sup> DR Model PM2110

US Regulatory Approval	July 2009
Registered US Implants	47,605
Estimated Active US Implants	36,854
Estimated Longevity	9.2 Years
Normal Battery Depletion	7
Number of US Advisories (see pgs. 291-295)	One

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	3	<0.01%
Electrical Interconnect	2	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	2	<0.01%
Mechanical	0	0.00%	2	<0.01%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	0	0.00%	0	0.00%
Total	3	<0.01%	8	0.02%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 54 months			
Survival Probability	99.97%	99.92%	99.88%	99.76%	99.76%			
± 1 standard error	0.01%	0.02%	0.02%	0.05%	0.05%			
Sample Size	39990	26340	15000	5750	250			

Year	1	2	3	4	at 54 months		
Survival Probability	99.97%	99.93%	99.92%	99.92%	99.92%		
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.02%		



## Actively Monitored Study Data

## Accent<sup>™</sup> DR

del PM2110					Malf w/ Cor Th	unctions npromised nerapy	Malfe w/o Cor Th	unctions npromised lerapy
JS Regulatory Approval	July 2009	Qualifying Complications			Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	226	None Reported		Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	5,917			Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	9.2 Years	-		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%
90%								
80%								-
								-
								-
400 au 140								-
40%			 					-

Voarc	After	Imn	lant
ieais	AILEI	unp	iaiii

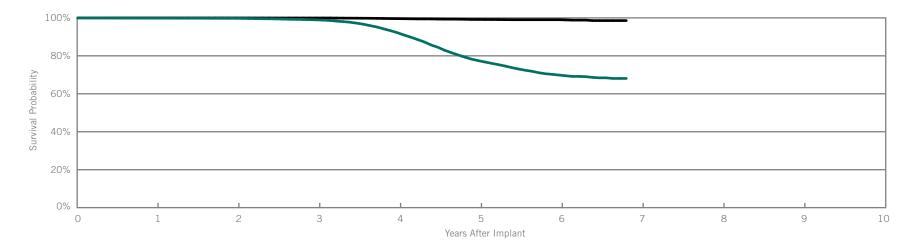
Year	1	2	3	at 40 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%			
Sample Size	210	150	90	50			



### Zephyr<sup>™</sup> DR Model 5820

US Regulatory Approval	March 2007
Registered US Implants	50,641
Estimated Active US Implants	27,926
Estimated Longevity	6.5 Years
Normal Battery Depletion	1,583
Number of US Advisories	None

	w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy	
	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%	9	0.02%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	1	<0.01%
Other	0	0.00%	17	0.03%
Total	2	<0.01%	61	0.12%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 82 months		
Survival Probability	99.86%	99.76%	98.95%	92.21%	77.49%	69.86%	68.08%		
± 1 standard error	0.02%	0.02%	0.06%	0.18%	0.34%	0.45%	0.59%		
Sample Size	45,150	35,370	27,050	19,190	11,620	4,970	250		

Year	1	2	3	4	5	6	at 82 months		
Survival Probability	99.97%	99.96%	99.94%	99.60%	99.17%	99.03%	98.57%		
± 1 standard error	0.01%	0.01%	0.01%	0.04%	0.08%	0.09%	0.22%		



## Actively Monitored Study Data

## Zephyr<sup>™</sup> DR

del 5820							Mal w/ Co 1	lfunctions ompromised Therapy	Mal w/o Co T	functions mpromis herapy
S Regulatory Approval	March 2007	Qualifying Complications		Qty.	Rate		Qty	Rate	Qty	Rate
umber of Devices Enrolled in Study	282	Skin Erosion		1	0.35%	Electrical Component	0	0.00%	0	0.00%
umulative Months of Follow-up	7,278					Electrical Interconnect	0	0.00%	0	0.00%
timated Longevity	6.5 Years					Battery	0	0.00%	0	0.009
						Software/Firmware	0	0.00%	0	0.00%
						Mechanical	0	0.00%	0	0.00%
						Possible Early Battery Depletio	n O	0.00%	0	0.00%
						Other	0	0.00%	0	0.00%
						Total	0	0.00%	0	0.00
80%										
60%										-
60% 40% 20%										-
60%	I 	  	4	<u>.</u> 5	6	7 8		<u> </u>		

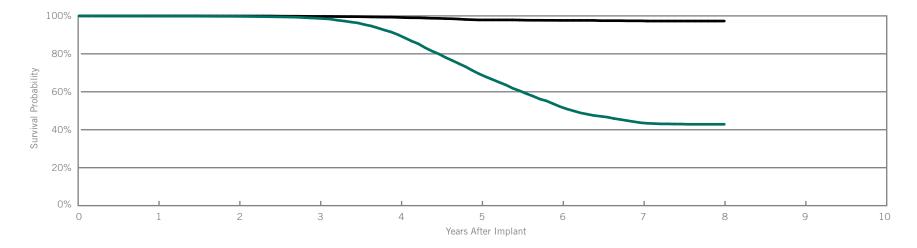
Year	1	2	3	at 40 months			
Survival Probability	99.62%	99.62%	99.62%	99.62%			
± 1 standard error	0.38%	0.38%	0.38%	0.38%			
Sample Size	260	200	120	60			



### Victory<sup>™</sup> DR Model 5810

US Regulatory Approval	December 2005
Registered US Implants	26,300
Estimated Active US Implants	5,519
Estimated Longevity	6.5 Years
Normal Battery Depletion	2,697
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		unctions 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%	8	0.03%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	17	0.06%
Other	0	0.00%	10	0.04%
Total	1	<0.01%	125	0.48%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	
Survival Probability	99.87%	99.75%	98.73%	90.03%	69.46%	52.20%	43.67%	42.87%	
± 1 standard error	0.02%	0.03%	0.07%	0.22%	0.38%	0.45%	0.49%	0.52%	
Sample Size	24,520	21,380	18,730	15,600	11,350	6,830	3,310	250	

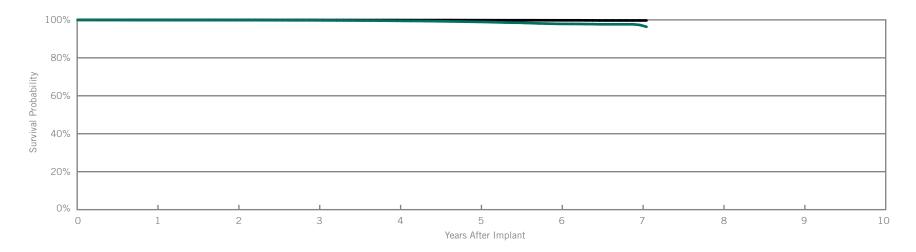
Year	1	2	3	4	5	6	7	8	
Survival Probability	99.98%	99.93%	99.70%	99.22%	97.87%	97.62%	97.39%	97.28%	
± 1 standard error	0.01%	0.02%	0.04%	0.06%	0.12%	0.14%	0.17%	0.18%	



## Zephyr<sup>™</sup> XL DR

JS Regulatory Approval	March 2007	
Registered US Implants	110,671	Electrical Compo
Estimated Active US Implants	73,526	Electrical Interco
Estimated Longevity	11.7 Years	Battery
Normal Battery Depletion	357	Software/Firmwa
Number of US Advisories	None	Mechanical

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	17	0.02%
Electrical Interconnect	4	<0.01%	0	0.00%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	10	<0.01%
Mechanical	0	0.00%	6	<0.01%
Possible Early Battery Depletion	0	0.00%	2	<0.01%
Other	1	<0.01%	26	0.02%
Total	6	<0.01%	61	0.06%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.92%	99.85%	99.76%	99.51%	98.94%	97.89%	97.33%	96.36%	
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.04%	0.07%	0.09%	0.26%	
Sample Size	104,300	92,390	81,750	71,480	56,100	30,660	7,880	320	

Year	1	2	3	4	5	6	7	at 85 months	
Survival Probability	99.97%	99.94%	99.92%	99.90%	99.84%	99.78%	99.69%	99.69%	
± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.01%	0.02%	0.04%	0.04%	



.. .. ...

.....

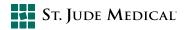
## Actively Monitored Study Data

## Zephyr<sup>™</sup> XL DR

del 5826						w/ Co T	functions mpromised herapy	w/o Co Ti	unctions mpromise herapy
JS Regulatory Approval	March 2007	Qualifying Complica	ations			Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	1,518	None Reported			Electrical Component	0	0.00%	1	0.07%
Cumulative Months of Follow-up	47,209				Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	11.7 Years				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%
100%									1
80%			_						-
80%			_						-
80%									
80% 60%									

4	5	6
	Years After Implant	

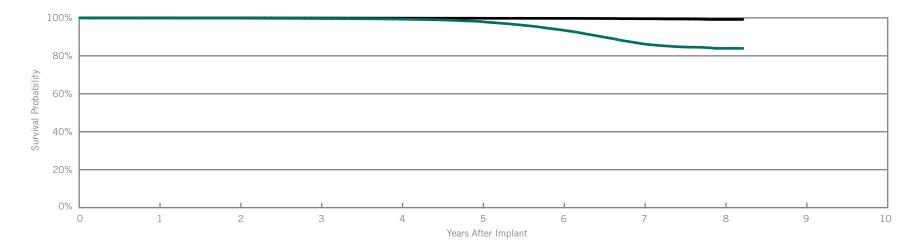
Year	1	2	3	4	at 49 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%			
Sample Size	1,450	1,270	900	340	50			



### Victory<sup>™</sup> XL DR Model 5816

US Regulatory Approval	December 2005
Registered US Implants	62,583
Estimated Active US Implants	25,197
Estimated Longevity	11.7 Years
Normal Battery Depletion	1,380
Number of US Advisories	None

	w/ Co	functions mpromised herapy	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%	6	<0.01%	
Mechanical	0	0.00%	7	0.01%	
Possible Early Battery Depletion	0	0.00%	4	<0.01%	
Other	1	<0.01%	23	0.04%	
Total	3	<0.01%	65	0.10%	



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	at 99 months	
Survival Probability	99.92%	99.85%	99.68%	99.34%	98.10%	93.69%	86.41%	83.93%	83.93%	
± 1 standard error	0.01%	0.02%	0.02%	0.04%	0.07%	0.13%	0.22%	0.32%	0.32%	
Sample Size	58,860	52,030	46,120	40,600	34,880	27,780	17,470	6,010	240	

Year	1	2	3	4	5	6	7	8	at 99 months	
Survival Probability	99.97%	99.95%	99.91%	99.86%	99.81%	99.75%	99.53%	99.18%	99.18%	
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.02%	0.03%	0.04%	0.12%	0.12%	



## Actively Monitored Study Data

## Victory<sup>™</sup> XL DR

lei 5816							Ma w/ Co 1	lfunctions ompromised Therapy	Mal w/o Co T	unctions mpromise herapy
Regulatory Approval	December 2005	Qualifying Comp	lications				Qty	Rate	Qty	Rate
Imber of Devices Enrolled in Study	332	None Reported				Electrical Component	0	0.00%	0	0.00%
mulative Months of Follow-up	10,628					Electrical Interconnect	0	0.00%	0	0.00%
timated Longevity	11.7 Years					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
40%										
40%										-
20%										
0%										
0% 0 1	2	3	4	5 Years After Implan	6	7 8		9	1	.0

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	200	50	

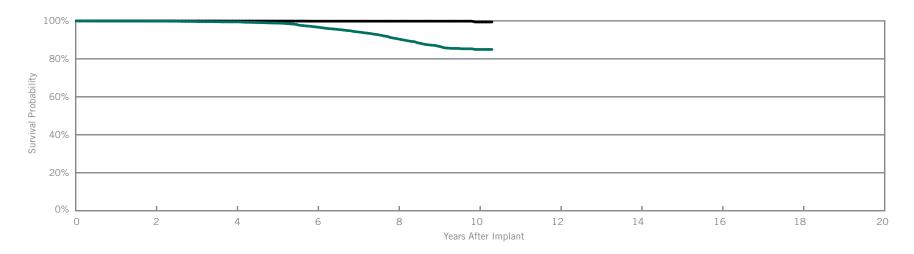


## Verity ADx<sup>™</sup> XL DR Model 5356 Verity ADx<sup>™</sup> XL DR M/S Model 5357M/S Verity ADx<sup>™</sup> XL DC Model 5256

US Regulatory Approval	May 2003
Registered US Implants	17,204
Estimated Active US Implants	6,003
Estimated Longevity	6.9 Years
Normal Battery Depletion	295
Number of US Advisories	None

## **Customer Reported Performance Data**

	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	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%	1	<0.01%	
Total	1	<0.01%	9	0.05%	



#### Including Normal Battery Depletion

Year	2	4	6	8	10	at 124 months		
Survival Probability	99.83%	99.46%	96.77%	90.54%	84.95%	84.95%		
± 1 standard error	0.03%	0.07%	0.18%	0.37%	0.64%	0.64%		
Sample Size	14,080	10,730	7,810	4,250	1,010	200		

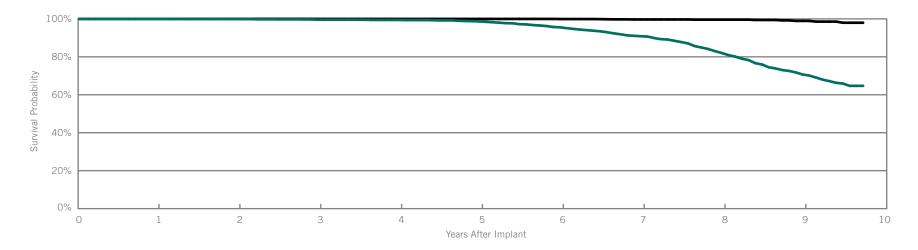
Year	2	4	6	8	10	at 124 months		
Survival Probability	99.95%	99.91%	99.84%	99.84%	99.42%	99.42%		
± 1 standard error	0.02%	0.03%	0.04%	0.04%	0.30%	0.30%		



### Integrity<sup>™</sup> ADx DR Model 5366

US Regulatory Approval	May 2003
Registered US Implants	8066
Estimated Active US Implants	2556
Estimated Longevity	6.9 Years
Normal Battery Depletion	312
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	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%	1	0.01%		
Mechanical	0	0.00%	0	0.00%		
Possible Early Battery Depletion	0	0.00%	1	0.01%		
Other	0	0.00%	4	0.05%		
Total	0	0.00%	13	0.16%		



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	9	at 117 months
Survival Probability	100.00%	99.94%	99.57%	99.44%	98.66%	95.54%	90.84%	82.03%	70.71%	64.71%
± 1 standard error	0.00%	0.03%	0.07%	0.10%	0.15%	0.30%	0.44%	0.67%	1.00%	1.36%
Sample Size	7,620	6,800	6,050	5,380	4,780	4,200	3,460	2,340	1,150	210

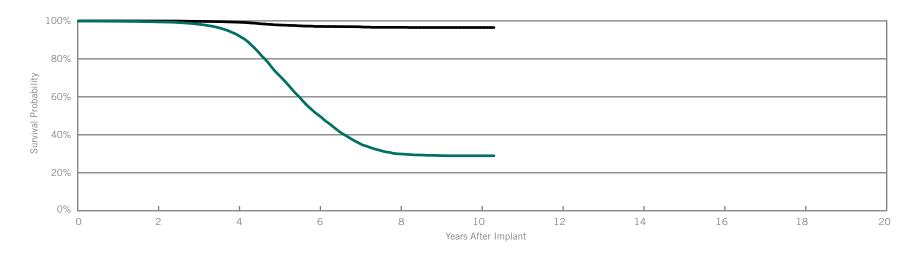
Year	1	2	3	4	5	6	7	8	9	at 117 months
Survival Probability	100.00%	100.00%	99.97%	99.97%	99.97%	99.91%	99.68%	99.59%	98.93%	97.97%
± 1 standard error	0.00%	0.00%	0.00%	0.02%	0.02%	0.02%	0.09%	0.11%	0.30%	0.57%



## Identity ADx<sup>™</sup> DR

US Regulatory Approval	March 2003	
Registered US Implants	54,029	Electrical Component
Estimated Active US Implants	5,130	Electrical Interconnect
Estimated Longevity	3.8 Years	Battery
Normal Battery Depletion	6,159	Software/Firmware
Number of US Advisories (see pgs. 291-295)	One	Mechanical
		Possible Early Battery Depletion

	w/ Co	Malfunctions w/ Compromised Therapy		functions mpromised herapy
	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%	2	<0.01%
Mechanical	0	0.00%	6	0.01%
Possible Early Battery Depletion	0	0.00%	11	0.02%
Other	0	0.00%	8	0.01%
Total	5	<0.01%	289	0.53%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	at 124 months		
Survival Probability	99.47%	92.50%	50.27%	29.91%	28.96%	28.96%		
± 1 standard error	0.03%	0.13%	0.32%	0.35%	0.36%	0.36%		
Sample Size	44,480	32,790	13,590	3,770	760	200		

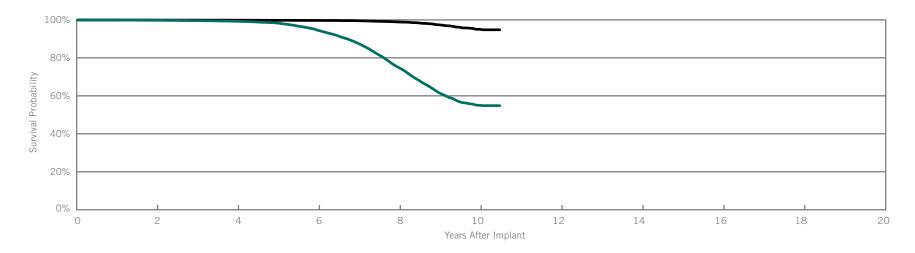
Year	2	4	6	8	10	at 124 months		
Survival Probability	99.93%	99.29%	97.05%	96.59%	96.50%	96.50%		
± 1 standard error	0.01%	0.04%	0.12%	0.15%	0.16%	0.16%		



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

US Regulatory Approval	March 2003
Registered US Implants	67,265
Estimated Active US Implants	19,796
Estimated Longevity	6.9 Years
Normal Battery Depletion	3,225
Number of US Advisories (see pgs. 291-295)	One

	w/ Co	functions mpromised herapy	w/o Co	functions mpromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	2	<0.01%	125	0.19%
Electrical Interconnect	0	0.00%	2	<0.01%
Battery	0	0.00%	0	0.00%
Software/Firmware	0	0.00%	6	<0.01%
Mechanical	0	0.00%	9	0.01%
Possible Early Battery Depletion	0	0.00%	6	<0.01%
Other	0	0.00%	43	0.06%
Total	2	<0.01%	191	0.28%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	at 126 months		
Survival Probability	99.78%	99.24%	94.54%	74.92%	54.98%	54.83%		
± 1 standard error	0.02%	0.04%	0.11%	0.27%	0.52%	0.53%		
Sample Size	56,440	43,880	31,550	17,620	2,680	260		

Year	2	4	6	8	10	at 126 months		
Survival Probability	99.90%	99.85%	99.70%	98.90%	95.04%	94.78%		
± 1 standard error	0.01%	0.02%	0.03%	0.07%	0.37%	0.41%		



## Actively Monitored Study Data

## Identity ADx<sup>™</sup> XL DR

odel 5386							w/ Co	functions mpromised herapy	w/o Co	functions ompromise herapy
JS Regulatory Approval	March 2003	Qualifying Complic	ations				Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	102	None Reported				Electrical Component	0	0.00%	2	1.96%
Cumulative Months of Follow-up	3,251					Electrical Interconnect	0	0.00%	0	0.00%
Estimated Longevity	6.9 Years	•				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%
80% A0%										-
40%										-
20%										-
0%										
0 1	2	3	4	5 Years After Implant	6	7 8		9	]	10

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	



Estimated Longevity

Normal Battery Depletion

Number of US Advisories

## **Customer Reported Performance Data**

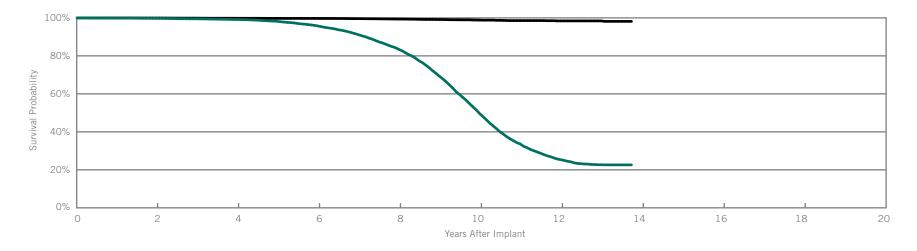
Integrity <sup>™</sup> AFx DR Models 5342 & 5346	
US Regulatory Approval	(5342) April 2000
	(5346) July 2001
Registered US Implants	47,435
Estimated Active US Implants	2,721

6.3 Years

4,603

None

	w/ Co	functions mpromised herapy	w/o Co	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%



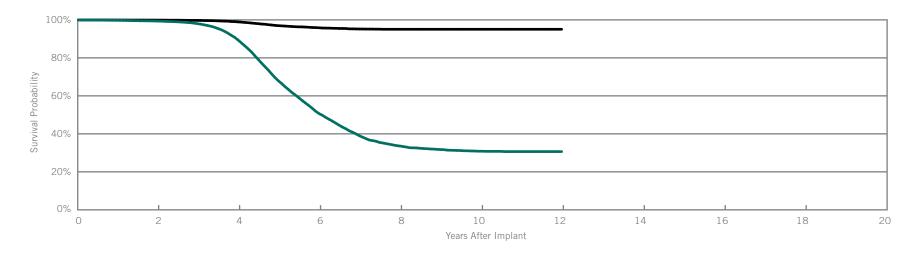
#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	at 165 months		
Survival Probability	99.73%	99.14%	95.74%	83.42%	49.55%	25.33%	22.62%		
± 1 standard error	0.02%	0.05%	0.11%	0.24%	0.40%	0.40%	0.40%		
Sample Size	40,460	33,350	26,050	17,450	8,330	2,980	260		

Year	2	4	6	8	10	12	at 165 months		
Survival Probability	99.92%	99.81%	99.71%	99.36%	98.83%	98.41%	98.16%		
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.09%	0.14%	0.23%		



dentity™ Iodel 5370			w/ Co	functions mpromised herapy	Malfunctions w/o Compromise Therapy	
US Regulatory Approval	November 2001		Qty	Rate	Qty	Rate
Registered US Implants	58,361	Electrical Component	3	<0.01%	398	0.68%
Estimated Active US Implants	2,659	Electrical Interconnect	2	<0.01%	2	<0.01%
Estimated Longevity	3.8 Years	Battery	0	0.00%	0	0.00%
Normal Battery Depletion	6,061	Software/Firmware	0	0.00%	1	<0.01%
Number of US Advisories (see pgs. 291-295)	One	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%	429	0.74%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	12		
Survival Probability	99.38%	89.46%	50.73%	33.60%	30.86%	30.66%		
± 1 standard error	0.03%	0.15%	0.32%	0.37%	0.39%	0.39%		
Sample Size	48,150	35,190	12,620	3,850	1,870	250		

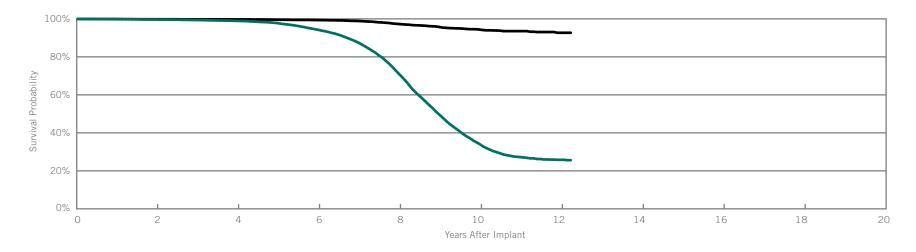
Year	2	4	6	8	10	12		
Survival Probability	99.88%	98.94%	95.85%	95.05%	95.05%	95.05%		
± 1 standard error	0.01%	0.05%	0.14%	0.18%	0.18%	0.18%		



### Identity<sup>™</sup> XL Model 5376

US Regulatory Approval	November 2001
Registered US Implants	51,479
Estimated Active US Implants	6,776
Estimated Longevity	6.9 Years
Normal Battery Depletion	5,284
Number of US Advisories (see pgs. 291-295)	One

	w/ Co	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	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%	12	0.02%		
Mechanical	2	<0.01%	5	<0.01%		
Possible Early Battery Depletion	0	0.00%	5	<0.01%		
Other	0	0.00%	37	0.07%		
Total	8	0.02%	369	0.72%		



#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	at 147 months		
Survival Probability	99.64%	98.94%	94.27%	71.11%	34.05%	25.81%	25.60%		
± 1 standard error	0.03%	0.05%	0.13%	0.29%	0.36%	0.39%	0.42%		
Sample Size	44,040	35,590	27,240	17,560	6,360	1,110	200		

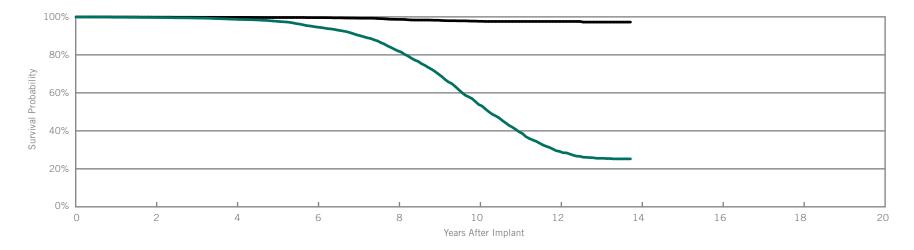
Year	2	4	6	8	10	12	at 147 months		
Survival Probability	99.81%	99.71%	99.37%	97.30%	94.36%	92.69%	92.69%		
± 1 standard error	0.02%	0.03%	0.04%	0.11%	0.21%	0.41%	0.41%		



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

US Regulatory Approval	June 1999
Registered US Implants	21827
Estimated Active US Implants	905
Estimated Longevity	6.3 Years
Normal Battery Depletion	1,542
Number of US Advisories	None

	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%	1	<0.01%
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%	70	0.32%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	at 165 months		
Survival Probability	99.66%	98.73%	94.64%	82.11%	53.85%	29.16%	25.25%		
± 1 standard error	0.04%	0.09%	0.20%	0.41%	0.66%	0.73%	0.74%		
Sample Size	17,840	14,050	10,260	6,290	2,970	1,090	210		

Year	2	4	6	8	10	12	at 165 months		
Survival Probability	99.85%	99.74%	99.60%	98.68%	97.67%	97.59%	97.25%		
± 1 standard error	0.03%	0.04%	0.05%	0.13%	0.20%	0.22%	0.32%		



US Regulatory Approval

Registered US Implants

Normal Battery Depletion

Estimated Longevity

Estimated Active US Implants

Number of US Advisories (see pgs. 291-295)

## **Customer Reported Performance Data**

Affinity <sup>™</sup>	DR	Models 5330 & 5331
Affinity <sup>™</sup>	DC	Model 5230

(5330) January 1999 (5230/5331) June 1999

65,706

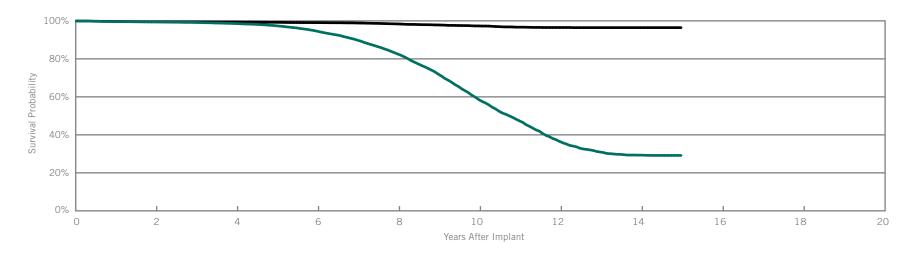
6.3 Years

2,801

4,537

One

	w/ Co	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	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%	5	<0.01%		
Total	15	0.02%	315	0.48%		



#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	14	at 180 months	
Survival Probability	99.42%	98.57%	94.59%	82.55%	58.57%	36.52%	29.33%	29.17%	
± 1 standard error	0.03%	0.05%	0.11%	0.22%	0.36%	0.43%	0.45%	0.45%	
Sample Size	55,290	44,820	33,810	21,100	9,830	4,000	1,630	240	

Year	2	4	6	8	10	12	14	at 180 months	
Survival Probability	99.56%	99.36%	99.08%	98.39%	97.34%	96.51%	96.44%	96.44%	
± 1 standard error	0.03%	0.03%	0.04%	0.07%	0.12%	0.17%	0.17%	0.17%	



# SUMMARY INFORMATION

**Dual-Chamber Pacemakers** 



## Pacemakers

## Survival Summary

#### Including Normal Battery Depletion

				1		Survival P	robability	1	1		1
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2240	Assurity <sup>™</sup> DR RF*										
PM2210	Accent™ DR RF	99.93%	99.88%	99.79%	99.64%						
PM2110	Accent <sup>™</sup> DR	99.97%	99.92%	99.88%	99.76%						
5820	Zephyr™ DR	99.86%	99.76%	98.95%	92.21%	77.49%	69.86%				
5810	Victory <sup>™</sup> DR	99.87%	99.75%	98.73%	90.03%	69.46%	52.20%	43.67%	42.87%		
5826	Zephyr™ XL DR	99.92%	99.85%	99.76%	99.51%	98.94%	97.89%	97.33%			
5816	Victory™ XL DR	99.92%	99.85%	99.68%	99.34%	98.10%	93.69%	86.41%	83.93%		
5356/5357/5256	Verity ADx <sup>™</sup> XL DR/ DR(M/S) / DC	99.89%	99.83%	99.69%	99.46%	98.85%	96.77%	94.21%	90.54%	86.69%	84.95%
5366	Integrity <sup>™</sup> ADx XL DR	100.00%	99.94%	99.57%	99.44%	98.66%	95.54%	90.84%	82.03%	70.71%	
5380	ldentity ADx™ DR	99.77%	99.47%	98.31%	92.50%	71.77%	50.27%	35.58%	29.91%	29.02%	28.96%
5386/5286	Identity ADx™ XL DR/DC	99.88%	99.78%	99.58%	99.24%	98.34%	94.54%	87.63%	74.92%	61.60%	54.98%
5342/5346	Integrity™ AFx DR	99.87%	99.73%	99.49%	99.14%	98.19%	95.74%	91.17%	83.42%	69.33%	49.55%
5370	Identity™	99.76%	99.38%	98.00%	89.46%	67.91%	50.73%	39.00%	33.60%	31.74%	30.86%
5376	ldentity™ XL	99.79%	99.64%	99.39%	98.94%	97.77%	94.27%	87.50%	71.11%	49.63%	34.05%
5326/5226	Entity <sup>™</sup> DR/DC	99.79%	99.66%	99.40%	98.73%	97.70%	94.64%	90.44%	82.11%	69.95%	53.85%
5330/5331/5230	Affinity™ DR/DC	99.64%	99.42%	99.15%	98.57%	97.42%	94.59%	89.85%	82.55%	71.95%	58.57%

\*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.



## Pacemakers

## Survival Summary

#### **Excluding Normal Battery Depletion**

			1	1		Survival P	robability				1
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2240	Assurity <sup>™</sup> DR RF*										
PM2210	Accent™ DR RF	99.94%	99.90%	99.84%	99.78%						
PM2110	Accent <sup>™</sup> DR	99.97%	99.93%	99.92%	99.92%						
5820	Zephyr™ DR	99.97%	99.96%	99.94%	99.60%	99.17%	99.03%				
5810	Victory <sup>™</sup> DR	99.98%	99.93%	99.70%	99.22%	97.87%	97.62%	97.39%	97.28%		
5826	Zephyr™ XL DR	99.97%	99.94%	99.92%	99.90%	99.84%	99.78%	99.69%			
5816	Victory™ XL DR	99.97%	99.95%	99.91%	99.86%	99.81%	99.75%	99.53%	99.18%		
5356/5357/5256	Verity ADx <sup>™</sup> XL DR/ DR(M/S) / DC	99.96%	99.95%	99.93%	99.91%	99.89%	99.84%	99.84%	99.84%	99.84%	99.42%
5366	Integrity <sup>™</sup> ADx XL DR	100.00%	100.00%	99.97%	99.97%	99.97%	99.91%	99.68%	99.59%	98.93%	
5380	ldentity ADx™ DR	99.96%	99.93%	99.75%	99.29%	97.86%	97.05%	96.91%	96.59%	96.50%	96.50%
5386/5286	Identity ADx™ XL DR/DC	99.92%	99.90%	99.88%	99.85%	99.78%	99.70%	99.52%	98.90%	97.41%	95.04%
5342/5346	Integrity <sup>™</sup> AFx DR	99.96%	99.92%	99.86%	99.81%	99.73%	99.71%	99.57%	99.36%	99.13%	98.83%
5370	Identity™	99.93%	99.88%	99.71%	98.94%	96.95%	95.85%	95.19%	95.05%	95.05%	95.05%
5376	ldentity™ XL	99.90%	99.81%	99.76%	99.71%	99.56%	99.37%	98.89%	97.30%	95.73%	94.36%
5326/5226	Entity <sup>™</sup> DR/DC	99.91%	99.85%	99.79%	99.74%	99.67%	99.60%	99.32%	98.68%	98.23%	97.67%
5330/5331/5230	Affinity™ DR/DC	99.69%	99.56%	99.46%	99.36%	99.23%	99.08%	98.87%	98.39%	97.85%	97.34%

\*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

								М	alfuncti	ons w/ Co	mpromis	ed Therapy	,					
		Registered		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Мес	hanical	В	ible Early attery pletion	0	ther	T	<b>Fotal</b>
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2240	Assurity <sup>™</sup> DR RF	1,693	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM2210	Accent <sup>™</sup> DR RF	234,530	13	<0.01%	5	<0.01%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	27	0.01%
PM2110	Accent <sup>™</sup> DR	47,605	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	50,641	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	26,300	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	110,671	1	<0.01%	4	<0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	6	<0.01%
5816	Victory <sup>™</sup> XL DR	62,583	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	17,204	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	8,066	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	54,029	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	67,265	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	47,435	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™	58,361	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	ldentity™ XL	51,479	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 <sup>™</sup> DR/DC	21,827	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 <sup>™</sup> DR/DC	65,706	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

								Ma	Ifunctio	ons w/o Co	mpromi	sed Therap	y					
		Registered		trical ponent		ctrical connect	Ва	ttery		tware/ nware	Mec	hanical	В	ble Early attery pletion	0	ther	T	<b>Fotal</b>
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2240	Assurity <sup>™</sup> DR RF	1,693	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM2210	Accent <sup>™</sup> DR RF	234,530	20	<0.01%	23	<0.01%	0	0.00%	0	0.00%	8	<0.01%	12	<0.01%	18	<0.01%	81	0.03%
PM2110	Accent™ DR	47,605	3	<0.01%	0	0.00%	0	0.00%	2	<0.01%	2	<0.01%	1	<0.01%	0	0.00%	8	0.02%
5820	Zephyr™ DR	50,641	33	0.07%	0	0.00%	0	0.00%	9	0.02%	1	<0.01%	1	<0.01%	17	0.03%	61	0.12%
5810	Victory <sup>™</sup> DR	26,300	89	0.34%	0	0.00%	0	0.00%	8	0.03%	1	<0.01%	17	0.06%	10	0.04%	125	0.48%
5826	Zephyr™ XL DR	110,671	17	0.02%	0	0.00%	0	0.00%	10	<0.01%	6	<0.01%	2	<0.01%	26	0.02%	61	0.06%
5816	Victory <sup>™</sup> XL DR	62,583	25	0.04%	0	0.00%	0	0.00%	6	<0.01%	7	0.01%	4	<0.01%	23	0.04%	65	0.10%
5356/5357/5256	Verity ADx <sup>™</sup> XL DR/ DR(M/S) / DC	17,204	6	0.03%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	9	0.05%
5366	Integrity <sup>™</sup> ADx XL DR	8,066	7	0.09%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	1	0.01%	4	0.05%	13	0.16%
5380	Identity ADx™ DR	54,029	262	0.48%	0	0.00%	0	0.00%	2	<0.01%	6	0.01%	11	0.02%	8	0.01%	289	0.53%
5386/5286	Identity ADx™ XL DR/DC	67,265	125	0.19%	2	<0.01%	0	0.00%	6	<0.01%	9	0.01%	6	<0.01%	43	0.06%	191	0.28%
5342/5346	Integrity <sup>™</sup> AFx DR	47,435	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	ldentity™	58,361	398	0.68%	2	<0.01%	0	0.00%	1	<0.01%	5	<0.01%	12	0.02%	11	0.02%	429	0.74%
5376	ldentity™ XL	51,479	308	0.60%	2	<0.01%	0	0.00%	12	0.02%	5	<0.01%	5	<0.01%	37	0.07%	369	0.72%
5326/5226	Entity <sup>™</sup> DR/DC	21,827	65	0.30%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	1	<0.01%	0	0.00%	70	0.32%
5330/5331/5230	Affinity <sup>™</sup> DR/DC	65,706	283	0.43%	13	0.02%	6	<0.01%	2	<0.01%	5	<0.01%	1	<0.01%	5	<0.01%	315	0.48%



## Worldwide Malfunction Summary

								Worldw	ide Malf	unctions	w/ Comp	romised Th	erapy					
		Worldwide		trical ponent		ctrical connect	Bat	ttery		tware/ nware	Мес	hanical	B	ble Early attery pletion	0	ther	1	Total
Models	Family	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2240	Assurity <sup>™</sup> DR RF	3,524	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM2210	Accent <sup>™</sup> DR RF	238,848	13	<0.01%	5	<0.01%	0	0.00%	0	0.00%	0	0.00%	5	<0.01%	4	<0.01%	27	0.01%
PM2110	Accent <sup>™</sup> DR	48,356	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 Malfi	unctions w	ı/o Comp	promised TI	herapy					
		Worldwide		trical	-	ctrical connect	Ba	ttery		tware/ nware	Мес	hanical	B	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
PM2240	Assurity™ DR RF	3,524	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
PM2210	Accent <sup>™</sup> DR RF	238,848	21	<0.01%	24	0.01%	0	0.00%	0	0.00%	8	<0.01%	12	<0.01%	18	<0.01%	83	0.03%
PM2110	Accent <sup>™</sup> DR	48,356	3	<0.01%	0	0.00%	0	0.00%	2	<0.01%	2	<0.01%	1	<0.01%	0	0.00%	8	0.02%



## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Loss Te	lemetry		ardial Ision	Ba	nature ttery letion	Skin I	Erosion	Tc	otal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM2210	1,770	39,643	0	0.00%	0	0.00%	1	0.06%	0	0.00%	1	0.06%
PM2110	226	5,917	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5820	282	7,278	0	0.00%	0	0.00%	0	0.00%	1	0.35%	1	0.35%
5826	1,518	47,209	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5816	332	10,628	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		trical ponent		ctrical connect	Ва	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	Тс	otal
Models	of Devices 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	Inctions	w/o Comp	oromised	Therapy						
	Number of Devices		trical conent		ctrical connect	Ba	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	Тс	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%

A list of complications can be found on page 15. Definitions of malfunction categories can be found on pages 7-8.

# PACEMAKERS

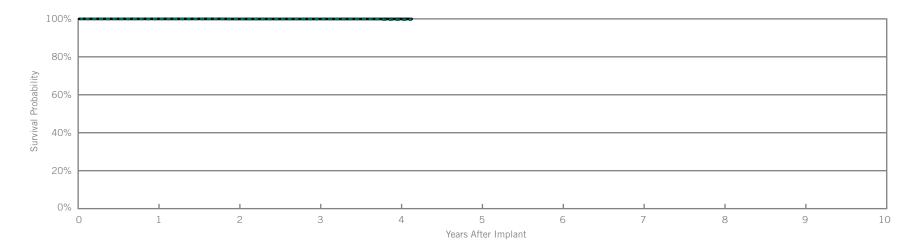
Single-Chamber



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

US Regulatory Approval	July 2009
Registered US Implants	12,884
Estimated Active US Implants	9,962
Estimated Longevity	12.9 Years
Normal Battery Depletion	3
Number of US Advisories	None

	w/ Cor	unctions npromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	0	0.00%	0	0.00%
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%	0	0.00%
Other	0	0.00%	0	0.00%
Total	0	0.00%	1	<0.01%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 50 months			
Survival Probability	99.98%	99.91%	99.91%	99.59%	99.59%			
± 1 standard error	0.01%	0.04%	0.04%	0.23%	0.23%			
Sample Size	10,680	6,720	3,540	1,240	270			

Year	1	2	3	4	at 50 months			
Survival Probability	100.00%	99.96%	99.96%	99.96%	99.96%			
± 1 standard error	0.00%	0.03%	0.03%	0.03%	0.03%			

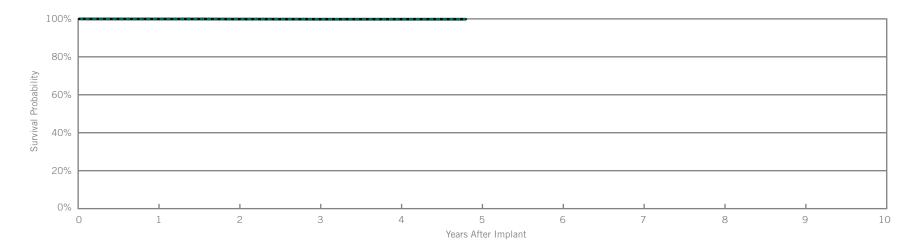


# Accent<sup>™</sup> SR RF

Model	PM1210	

US Regulatory Approval	July 2009
Registered US Implants	37852
Estimated Active US Implants	28405
Estimated Longevity	10.9 Years
Normal Battery Depletion	6
Number of US Advisories	None

	w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
	Qty	Rate	Qty	Rate
Electrical Component	1	<0.01%	4	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%	2	<0.01%
Total	4	0.01%	13	0.03%



#### Including Normal Battery Depletion

Year	1	2	3	4	at 58 months			
Survival Probability	99.90%	99.83%	99.78%	99.78%	99.78%			
± 1 standard error	0.02%	0.03%	0.03%	0.03%	0.03%			
Sample Size	31,480	20,340	11,920	5,600	310			

Year	1	2	3	4	at 58 months			
Survival Probability	99.93%	99.88%	99.83%	99.83%	99.83%			
± 1 standard error	0.01%	0.02%	0.03%	0.03%	0.03%			



# Actively Monitored Study Data

# Accent<sup>™</sup> SR RF

del PM1210							w/ Co	functions mpromised herapy	w/o Co	functions ompromise 'herapy
JS Regulatory Approval	July 2009	Qualifying Complic	ations				Qty	Rate	Qty	Rate
Number of Devices Enrolled in Study	235	None Reported				Electrical Component	0	0.00%	0	0.00%
Cumulative Months of Follow-up	4,489					Electrical Interconnect	0	0.00%	0	0.00%
stimated Longevity	10.9 Years	-				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	0.009
80% Au Mai										
40%										-
20%										
0%						I				
0 1	2	3	4	5 Years After Implant	6	7 8		9	1	10

Year	1	2	at 30 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	200	120	50				

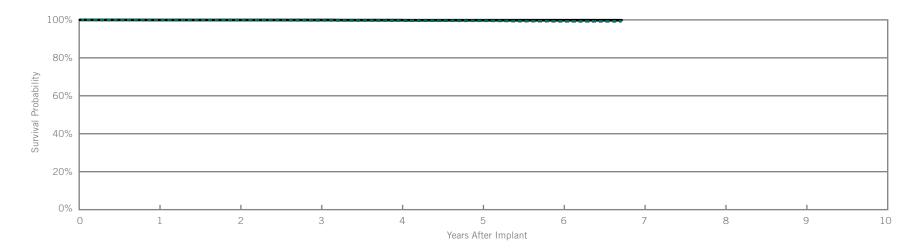


# Zephyr<sup>™</sup> XL SR

Model 5626			w/ Co	functions mpromised herapy
US Regulatory Approval	May 2007		Qty	Rate
Registered US Implants	20,382	Electrical Component	0	0.00%
Estimated Active US Implants	11,335	Electrical Interconnect	1	<0.01%
Estimated Longevity	15.8 Years	Battery	0	0.00%
Normal Battery Depletion	22	Software/Firmware	0	0.00%
Number of US Advisories	None	Mechanical	0	0.00%
		Possible Early Battery Depletion	0	0.00%
		Othor	1	<0.01%

		mpromised herapy		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%	5	0.02%
Total	2	<0.01%	9	0.04%

Malfunctions



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 81 months		
Survival Probability	99.92%	99.82%	99.72%	99.62%	99.54%	99.25%	99.25%		
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.06%	0.11%	0.11%		
Sample Size	18,490	15,270	12,810	10,570	7,750	3,930	300		

Year	1	2	3	4	5	6	at 81 months		
Survival Probability	99.94%	99.93%	99.93%	99.87%	99.82%	99.82%	99.82%		
± 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

UIIYI AL SR Iel 5626						Mal w/ Co T	functions mpromised herapy	Mali w/o Co T	unctions mpromise nerapy
S Regulatory Approval	May 2007	Qualifying Comp	lications			Qty	Rate	Qty	Rate
umber of Devices Enrolled in Study	230	None Reported			Electrical Component	0	0.00%	0	0.00%
imulative Months of Follow-up	6,460				Electrical Interconnect	0	0.00%	0	0.00%
timated Longevity	15.8 Years				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%
80%									]
80%									-
80% 60% 40%									-
80% 60% 40% 20%									
80% 60% 40%	i 2		<u>I</u>	I 5	 7 8		9		

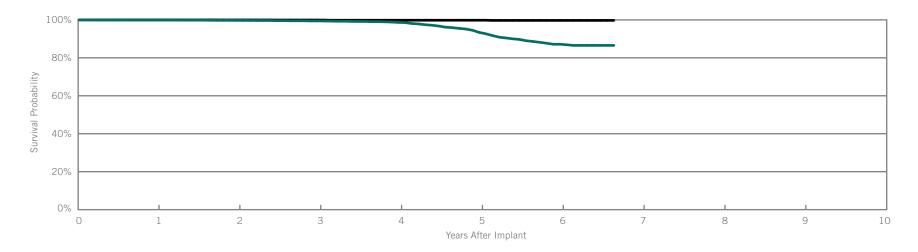
Year	1	2	3	at 40 months	
Survival Probability	100.00%	100.00%	100.00%	100.00%	
± 1 standard error	0.00%	0.00%	0.00%	0.00%	
Sample Size	220	180	120	60	



#### Zephyr<sup>™</sup> SR Model 5620

US Regulatory Approval	March 2007
Registered US Implants	16,164
Estimated Active US Implants	9,466
Estimated Longevity	8.8 Years
Normal Battery Depletion	146
Number of US Advisories	None

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



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	at 74 months		
Survival Probability	99.88%	99.73%	99.44%	98.66%	93.41%	87.16%	86.55%		
± 1 standard error	0.03%	0.05%	0.08%	0.13%	0.37%	0.73%	0.78%		
Sample Size	14,010	10,340	7,520	5,240	3,320	1,530	200		

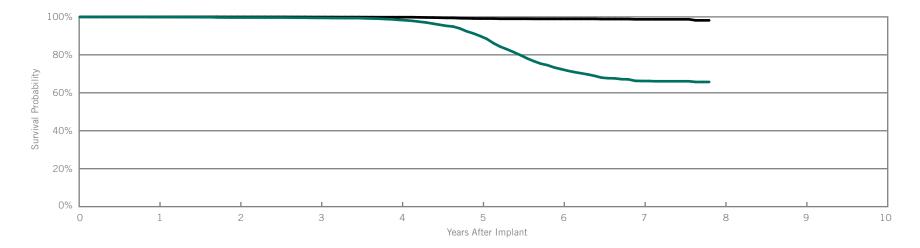
Year	1	2	3	4	5	6	at 80 months		
Survival Probability	100.00%	99.96%	99.93%	99.82%	99.82%	99.72%	99.72%		
± 1 standard error	0.00%	0.02%	0.03%	0.05%	0.05%	0.08%	0.08%		



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

US Regulatory Approval	December 2005
Registered US Implants	13,672
Estimated Active US Implants	3,726
Estimated Longevity	8.8 Years
Normal Battery Depletion	647
Number of US Advisories	None

	w/ Co	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy		
	Qty	Rate	Qty	Rate		
Electrical Component	0	0.00%	23	0.17%		
Electrical Interconnect	0	0.00%	0	0.00%		
Battery	0	0.00%	0	0.00%		
Software/Firmware	0	0.00%	1	<0.01%		
Mechanical	0	0.00%	0	0.00%		
Possible Early Battery Depletion	0	0.00%	1	<0.01%		
Other	1	<0.01%	4	0.03%		
Total	1	<0.01%	29	0.21%		



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.92%	99.66%	99.46%	98.40%	89.92%	72.49%	66.20%	65.70%	
± 1 standard error	0.02%	0.06%	0.07%	0.13%	0.36%	0.62%	0.71%	0.76%	
Sample Size	12,320	10,090	8,490	7,130	5,700	3,930	2,130	260	

Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.98%	99.96%	99.91%	99.83%	99.11%	98.94%	98.72%	98.17%	
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.12%	0.14%	0.18%	0.43%	

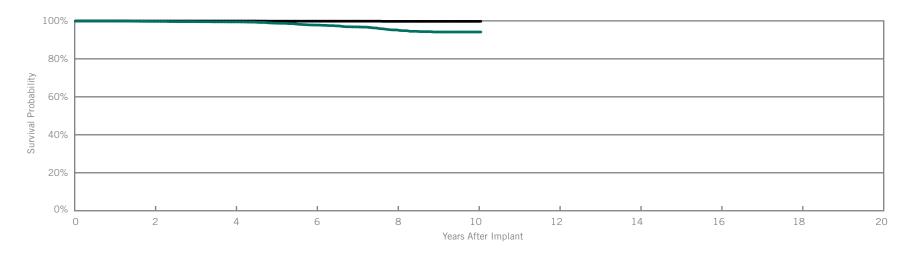


### Verity ADx<sup>™</sup> XL SR Model 5156 Verity ADx<sup>™</sup> XL SR M/S Model 5157M/S Verity ADx<sup>™</sup> XL SC Model 5056

US Regulatory Approval	May 2003
Registered US Implants	14,418
Estimated Active US Implants	4,617
Estimated Longevity	10.2 Years
Normal Battery Depletion	91
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	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%	1	<0.01%	
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%	7	0.05%	



#### Including Normal Battery Depletion

Year	2	4	6	8	10	at 121 months		
Survival Probability	99.73%	99.46%	97.79%	95.23%	94.14%	94.14%		
± 1 standard error	0.05%	0.07%	0.19%	0.36%	0.45%	0.45%		
Sample Size	10,780	7,550	4,940	2,360	520	220		

Year	2	4	6	8	10	at 121 months		
Survival Probability	99.91%	99.91%	99.84%	99.75%	99.75%	99.75%		
± 1 standard error	0.03%	0.03%	0.04%	0.08%	0.08%	0.08%		



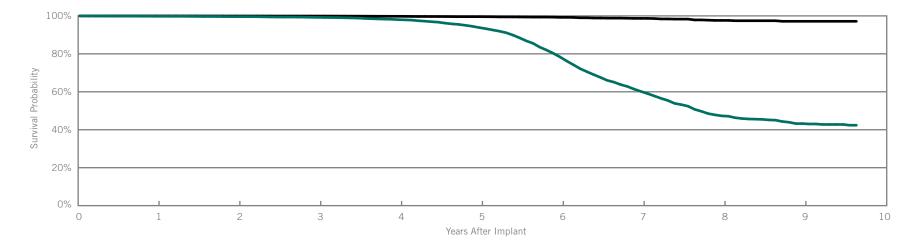
Model 5180

### **Customer Reported Performance Data**

# Identity<sup>™</sup> ADx SR

US Regulatory Approval	May 2003
Registered US Implants	20,855
Estimated Active US Implants	3,353
Estimated Longevity	5.7 Years
Normal Battery Depletion	1,228
Number of US 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%	6	0.03%
Mechanical	0	0.00%	1	<0.01%
Possible Early Battery Depletion	0	0.00%	8	0.04%
Other	0	0.00%	4	0.02%
Total	0	0.00%	54	0.26%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.79%	99.59%	99.22%	98.01%	93.84%	78.37%	60.20%	47.31%	43.24%	42.38%
± 1 standard error	0.03%	0.05%	0.07%	0.12%	0.23%	0.46%	0.63%	0.72%	0.82%	0.88%
Sample Size	18,790	15,410	12,930	10,650	8,460	6,100	3,770	2,010	870	210

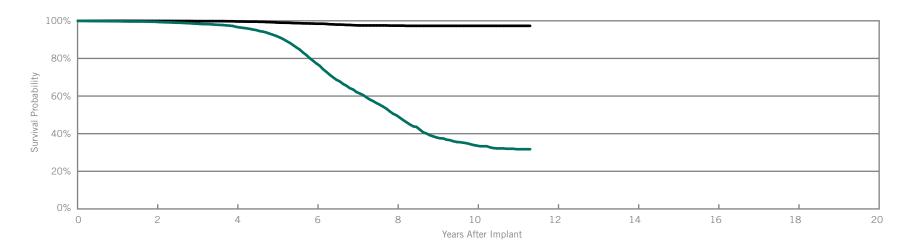
Year	1	2	3	4	5	6	7	8	9	at 116 months
Survival Probability	99.96%	99.94%	99.91%	99.78%	99.59%	99.22%	98.68%	97.61%	97.14%	97.14%
± 1 standard error	0.02%	0.02%	0.02%	0.04%	0.06%	0.09%	0.16%	0.28%	0.37%	0.37%



#### Identity<sup>™</sup> SR Model 5172

US Regulatory Approval	November 2001
Registered US Implants	21881
Estimated Active US Implants	1455
Estimated Longevity	7.8 Years
Normal Battery Depletion	1470
Number of US Advisories (see pgs. 291-295)	One

	w/ Co	Malfunctions w/ Compromised Therapy		functions 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%	1	<0.01%
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%	76	0.35%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	at 136 months		
Survival Probability	99.45%	96.76%	77.33%	49.73%	33.66%	31.74%		
± 1 standard error	0.05%	0.14%	0.45%	0.68%	0.80%	0.85%		
Sample Size	16,210	11,370	6,550	2,490	730	200		

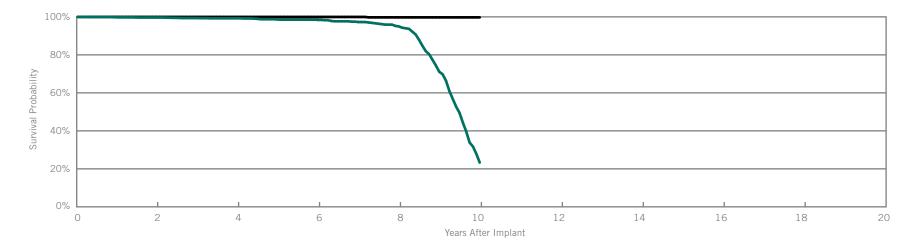
Year	2	4	6	8	10	at 136 months		
Survival Probability	99.92%	99.64%	98.45%	97.44%	97.32%	97.32%		
± 1 standard error	0.02%	0.04%	0.13%	0.22%	0.23%	0.23%		



#### Microny<sup>™</sup> Models 2425T, 2525T & 2535K

US Regulatory Approval	April 2001
Registered US Implants	7,408
Estimated Active US Implants	1,435
Estimated Longevity	7.5 Years
Normal Battery Depletion	304
Number of US Advisories	None

	w/ Cor	Malfunctions w/ Compromised Therapy		iunctions mpromised 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%
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	2	4	6	8	10			
Survival Probability	99.65%	99.25%	98.40%	94.98%	23.29%			
± 1 standard error	0.08%	0.13%	0.23%	0.62%	1.75%			
Sample Size	4,650	2,840	1,600	830	220			

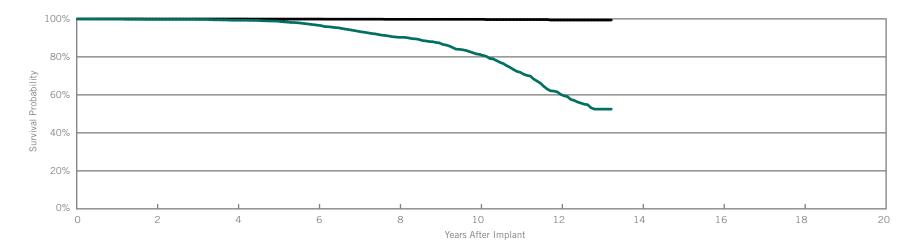
Year	2	4	6	8	10		
Survival Probability	99.96%	99.96%	99.96%	99.74%	99.74%		
± 1 standard error	0.03%	0.03%	0.03%	0.16%	0.16%		



#### Integrity<sup>™</sup> SR Model 5142

US Regulatory Approval	April 2000
Registered US Implants	10,488
Estimated Active US Implants	954
Estimated Longevity	8.6 Years
Normal Battery Depletion	383
Number of US Advisories	None

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



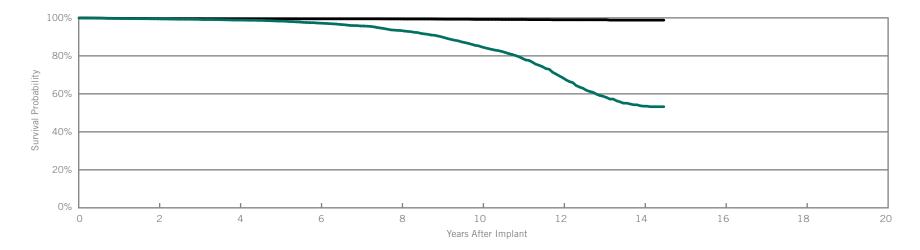
#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	at 159 months		
Survival Probability	99.71%	99.26%	96.65%	90.29%	81.28%	60.23%	52.48%		
± 1 standard error	0.06%	0.10%	0.25%	0.48%	0.74%	1.15%	1.35%		
Sample Size	8,050	5,860	4,190	2,860	1,810	900	210		

Year	2	4	6	8	10	12	at 159 months		
Survival Probability	99.93%	99.93%	99.89%	99.77%	99.77%	99.39%	99.39%		
± 1 standard error	0.03%	0.03%	0.04%	0.07%	0.07%	0.21%	0.21%		



ffinity <sup>™</sup> SR odels 5130 & 5131			w/ Co	functions mpromised herapy	w/o Co	functions ompromised herapy
US Regulatory Approval	(5130) January 1999		Qty	Rate	Qty	Rate
	(5131) June 1999	Electrical Component	0	0.00%	46	0.16%
Registered US Implants	28,792	Electrical Interconnect	3	0.01%	2	<0.01%
Estimated Active US Implants	1,844	Battery	0	0.00%	3	0.01%
Estimated Longevity	8.6 Years	Software/Firmware	0	0.00%	0	0.00%
Normal Battery Depletion	788	Mechanical	0	0.00%	1	<0.01%
Number of US Advisories (see pgs. 291-295)	One	Possible Early Battery Depletion	0	0.00%	0	0.00%
		Other	1	<0.01%	4	0.01%
		Total	4	0.01%	56	0.19%



#### Including Normal Battery Depletion

Year	2	4	6	8	10	12	14	at 174 months	
Survival Probability	99.47%	98.83%	97.23%	93.34%	84.71%	68.49%	53.51%	53.23%	
± 1 standard error	0.05%	0.08%	0.14%	0.25%	0.43%	0.70%	0.96%	0.98%	
Sample Size	21,460	15,250	10,660	7,130	4,480	2,500	800	220	

Year	2	4	6	8	10	12	14	at 174 months	
Survival Probability	99.64%	99.54%	99.49%	99.44%	99.19%	98.98%	98.79%	98.79%	
± 1 standard error	0.04%	0.05%	0.05%	0.06%	0.09%	0.13%	0.18%	0.18%	



# SUMMARY INFORMATION

Single-Chamber Pacemakers



# 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 <sup>™</sup> SR	99.98%	99.91%	99.91%	99.59%						
PM1210	Accent <sup>™</sup> SR RF	99.90%	99.83%	99.78%	99.78%						
5626	Zephyr™ XL SR	99.92%	99.82%	99.72%	99.62%	99.54%	99.25%				
5620	Zephyr™ SR	99.88%	99.73%	99.44%	98.66%	93.41%	87.16%				
5610	Victory <sup>™</sup> SR	99.92%	99.66%	99.46%	98.40%	89.92%	72.49%	66.20%			
5156/5157/5056	Verity ADx™ XL SR/SR(M/S) / SC	99.87%	99.73%	99.60%	99.46%	98.78%	97.79%	96.84%	95.23%	94.14%	94.14%
5180	ldentity™ ADx SR	99.79%	99.59%	99.22%	98.01%	93.84%	78.37%	60.20%	47.31%	43.24%	
5172	ldentity™ SR	99.76%	99.45%	98.48%	96.76%	91.95%	77.33%	62.13%	49.73%	37.97%	33.66%
2425T/2525T/2535T	Microny™	99.78%	99.65%	99.38%	99.25%	98.65%	98.40%	97.28%	94.98%	71.10%	23.29%
5142	Integrity <sup>™</sup> SR	99.86%	99.71%	99.68%	99.26%	98.81%	96.65%	93.44%	90.29%	87.36%	81.28%
5130/5131	Affinity <sup>™</sup> SR	99.69%	99.47%	99.22%	98.83%	98.29%	97.23%	95.75%	93.34%	90.06%	84.71%



# 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 <sup>™</sup> SR	100.00%	99.96%	99.96%	99.96%						
PM1210	Accent <sup>™</sup> SR RF	99.93%	99.88%	99.83%	99.83%						
5626	Zephyr™ XL SR	99.94%	99.93%	99.93%	99.87%	99.82%	99.82%				
5620	Zephyr™ SR	100.00%	99.96%	99.93%	99.82%	99.82%	99.72%				
5610	Victory <sup>™</sup> SR	99.98%	99.96%	99.91%	99.83%	99.11%	98.94%	98.72%			
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%	99.75%	99.75%	99.75%
5180	Identity™ ADx SR	99.96%	99.94%	99.91%	99.78%	99.59%	99.22%	98.68%	97.61%	97.14%	
5172	ldentity™ SR	99.97%	99.92%	99.82%	99.64%	99.11%	98.45%	97.59%	97.44%	97.32%	97.32%
2425T/2525T/2535T	Microny™	99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.96%	99.74%	99.74%	99.74%
5142	Integrity <sup>™</sup> SR	99.98%	99.93%	99.93%	99.93%	99.89%	99.89%	99.84%	99.77%	99.77%	99.77%
5130/5131	Affinity <sup>™</sup> SR	99.78%	99.64%	99.58%	99.54%	99.51%	99.49%	99.49%	99.44%	99.33%	99.19%



# Malfunction Summary

								М	alfuncti	ons w/ Co	mpromis	ed Therapy	,					
		Registered		ctrical ponent		ctrical connect	Ва	ttery		tware/ nware	Мес	hanical	B	ble Early attery pletion	0	ther	ſ	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	12,884	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 <sup>™</sup> SR RF	37,852	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	20,382	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	16,164	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	13,672	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	14,418	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 <sup>™</sup> ADx SR	20,855	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	ldentity <sup>™</sup> SR	21,881	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 <sup>™</sup> SR	10,488	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 <sup>™</sup> SR	28,792	0	0.00%	3	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	4	0.01%

								Ма	alfunctio	ons w/o Co	mpromi	sed Therap	у					
		Desistant		ctrical ponent		ctrical connect	Ва	ttery		tware/ mware	Mec	hanical	B	ible Early attery pletion	0	ther	L L	<b>Fotal</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	12,884	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	1	<0.01%
PM1210	Accent <sup>™</sup> SR RF	37,852	4	0.01%	3	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	1	<0.01%	2	<0.01%	13	0.03%
5626	Zephyr™ XL SR	20,382	4	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.02%	9	0.04%
5620	Zephyr™ SR	16,164	4	0.02%	0	0.00%	0	0.00%	2	0.01%	0	0.00%	0	0.00%	1	<0.01%	7	0.04%
5610	Victory <sup>™</sup> SR	13,672	23	0.17%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	4	0.03%	29	0.21%
5356/5357/5256	Verity ADx™ XL SR/SR(M/S) / SC	14,418	3	0.02%	0	0.00%	0	0.00%	1	<0.01%	1	<0.01%	0	0.00%	2	0.01%	7	0.05%
5180	Identity <sup>™</sup> ADx SR	20,855	35	0.17%	0	0.00%	0	0.00%	6	0.03%	1	<0.01%	8	0.04%	4	0.02%	54	0.26%
5172	Identity™ SR	21,881	64	0.29%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	8	0.04%	3	0.01%	76	0.35%
5142	Integrity <sup>™</sup> SR	10,488	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 <sup>™</sup> SR	28,792	46	0.16%	2	<0.01%	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	4	0.01%	56	0.19%



# Worldwide Malfunction Summary

								Worldw	ide Malf	functions	w/ Comp	romised Th	nerapy					
		Worldwide		trical ponent		ctrical connect	Ва	ttery		tware/ mware	Мес	hanical	B	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
PM1110	Accent <sup>™</sup> SR	48,699	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 <sup>™</sup> SR RF	45,240	3	<0.01%	1	<0.01%	0	0.00%	0	0.00%	0	0.00%	2	<0.01%	0	0.00%	6	0.01%

								Worldwi	de Malfi	unctions w	ı/o Com	promised Th	herapy					
		Worldwide		trical ponent		ctrical connect	Ва	ttery		tware/ nware	Мес	hanical	B	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
PM1110	Accent <sup>™</sup> SR	48,699	0	0.00%	0	0.00%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	2	<0.01%	4	<0.01%
PM1210	Accent <sup>™</sup> SR RF	45,240	6	0.01%	3	<0.01%	1	<0.01%	0	0.00%	2	<0.01%	1	<0.01%	3	<0.01%	16	0.04%



# Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	Loss Te	elemetry		ardial Ision	Bat	ature tery etion	Skin E	Erosion	То	tal
Models	Enrolled	Follow-Up	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	4,489	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	6,460	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 onent		ctrical connect	Ba	ttery		tware/ nware	Mecl	hanical	Ba	ole Early ttery letion	Ot	her	Тс	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
PM1210	235	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5626	230	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

							Malfu	inctions	w/o Comp	oromised	Therapy						
	Number of Devices		trical onent		ctrical connect	Bat	ttery		tware/ nware	Mecl	nanical	Ba	ole Early ttery letion	Ot	her	Тс	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



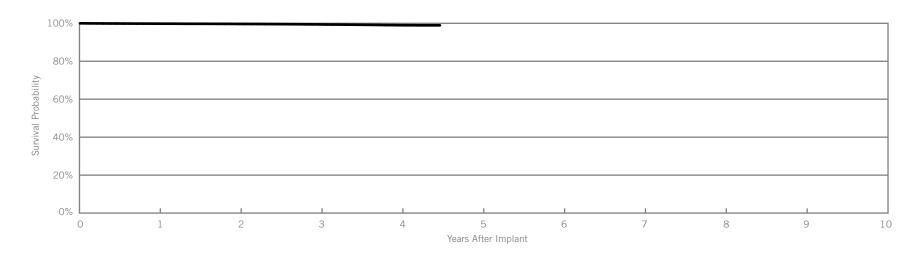
# Tendril<sup>™</sup> STS

#### Model 2088TC

US Regulatory Approval	May 2009
Registered US Implants	296,609
Estimated Active US Implants	256,793
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		oservations nt, ≤30 days)	Chronic Complications (>30 days)		
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	37	0.01%	17	<0.01%	
Conductor Fracture	2	<0.01%	45	0.02%	
Lead Dislodgement	215	0.07%	225	0.08%	
Failure to Capture	42	0.01%	142	0.05%	
Oversensing	15	<0.01%	201	0.07%	
Failure to Sense	11	<0.01%	20	< 0.01%	
Insulation Breach	7	<0.01%	75	0.03%	
Abnormal Pacing Impedance	11	<0.01%	19	< 0.01%	
Extracardiac Stimulation	0	0.00%	3	< 0.01%	
Other	9	<0.01%	27	< 0.01%	
Total	349	0.12%	774	0.26%	
Total Returned for Analysis	182		497		

Qty.	Rate
15	<0.01%
190	0.06%
0	0.00%
16	<0.01%
392	0.13%
613	0.21%
	15 190 0 16 392



Year	1	2	3	4	at 54 months	
Survival Probability	99.81%	99.66%	99.42%	98.99%	98.94%	
± 1 standard error	0.01%	0.01%	0.02%	0.05%	0.07%	
Sample Size	245,980	155,020	82,220	28,650	350	



# Actively Monitored Study Data

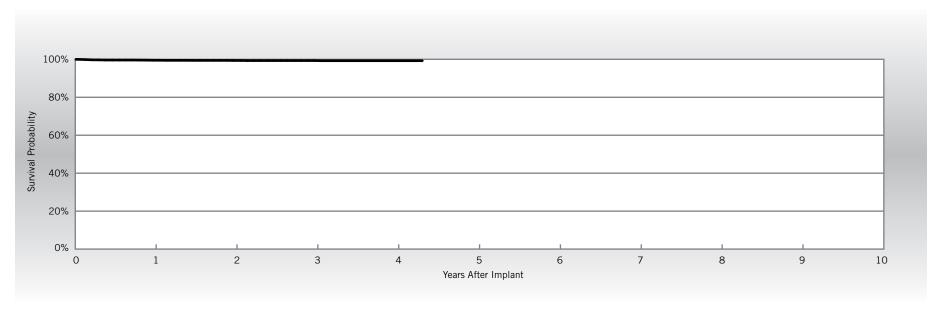
# Tendril<sup>™</sup> STS

#### Model 2088TC

US Regulatory Approval	May 2009
Number of Devices Enrolled in Study	3,760
Cumulative Months of Follow-up	107,628
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

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	12	0.32%
Pericardial Effusion	1	0.03%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	4	0.11%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	3	0.08%
Total	7	0.19%



Year	1	2	3	4	at 52 months	
Survival Probability	99.50%	99.39%	99.34%	99.27%	99.27%	
± 1 standard error	0.11%	0.13%	0.14%	0.16%	0.16%	
Sample Size	3,460	2,810	1,940	840	50	



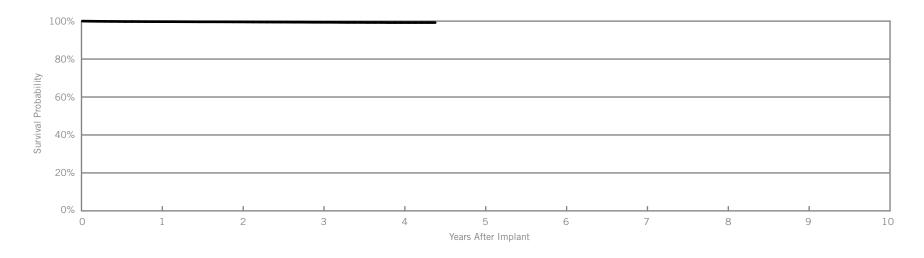
# OptiSense™

#### Model 1999

US Regulatory Approval	May 2007
Registered US Implants	30,976
Estimated Active US Implants	24,064
Insulation	Optim <sup>™</sup> *
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)	Chronic Complication (>30 days)	
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	<0.01%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	27	0.09%	62	0.20%
Failure to Capture	2	<0.01%	16	0.05%
Oversensing	2	<0.01%	9	0.03%
Failure to Sense	1	<0.01%	2	<0.01%
Insulation Breach	1	<0.01%	12	0.04%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	<0.01%	5	0.02%
Total	36	0.12%	106	0.34%
Total Returned for Analysis	25		75	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	3	<0.01%
Insulation Breach	6	0.02%
Crimps, Welds & Bonds	0	0.00%
Other	4	0.01%
Extrinsic Factors	72	0.23%
Total	85	0.27%



Year	1	2	3	4	at 52 months	
Survival Probability	99.71%	99.58%	99.38%	99.24%	99.24%	
± 1 standard error	0.03%	0.04%	0.06%	0.09%	0.09%	
Sample Size	25,930	17,220	10,290	4,150	380	



### Pacing Leads

# Actively Monitored Study Data

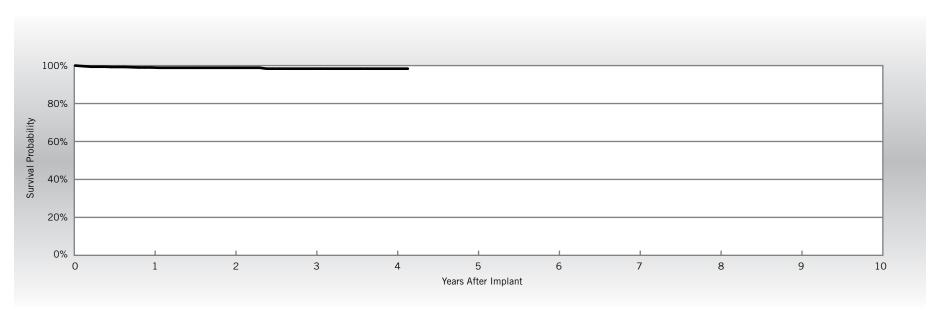
# OptiSense™

#### Model 1999

May 2007
843
22,222
Optim <sup>™</sup> *
Active
Bipolar
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	0.95%

Malfunctions	Qty	<b>Rate</b> 0.00%	
Conductor Fracture	0		
Insulation Breach	2	0.24%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	6	0.71%	
Total	8	0.95%	



Year	1	2	3	4	at 50 months			
Survival Probability	99.00%	98.85%	98.37%	98.37%	98.37%			
± 1 standard error	0.35%	0.38%	0.51%	0.51%	0.51%			
Sample Size	760	570	370	160	50			



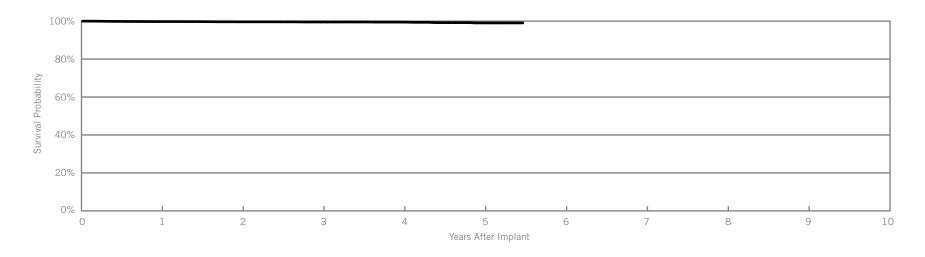
# IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1944

US Regulatory Approval	March 2008
Registered US Implants	11,432
Estimated Active US Implants	8,320
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations int, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	1	<0.01%
Lead Dislodgement	31	0.27%	20	0.17%
Failure to Capture	3	0.03%	3	0.03%
Oversensing	0	0.00%	5	0.04%
Failure to Sense	2	0.02%	3	0.03%
Insulation Breach	0	0.00%	1	<0.01%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	2	0.02%	0	0.00%
Other	0	0.00%	2	0.02%
Total	38	0.33%	35	0.31%
Total Returned for Analysis	25		13	

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	13	0.11%
Total	16	0.14%



Year	1	2	3	4	5	at 66 months		
Survival Probability	99.75%	99.62%	99.53%	99.48%	99.04%	99.04%		
± 1 standard error	0.05%	0.07%	0.08%	0.09%	0.23%	0.23%		
Sample Size	9,700	6,720	4,460	2,590	1,130	230		



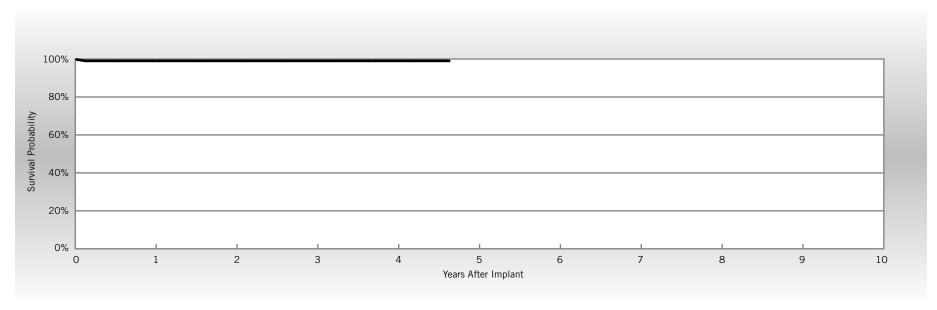
### Actively Monitored Study Data

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

#### Model 1944

US Regulatory Approval	March 2008	Qualifying Complications	Qty	Rate
Number of Devices Enrolled in Study	104	Lead Dislodgement	1	0.96%
Cumulative Months of Follow-up	4,413			
Insulation	Optim*			
Type and/or Fixation	Passive			
Polarity	Bipolar			
Steroid	Yes			

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%



Year	1	2	3	4	at 56 months			
Survival Probability	99.03%	99.03%	99.03%	99.03%	99.03%			
± 1 standard error	0.96%	0.96%	0.96%	0.96%	0.96%			
Sample Size	90	80	70	60	50			



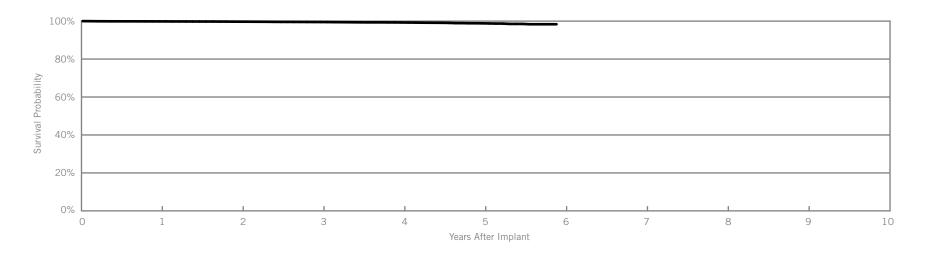
# IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1948

US Regulatory Approval	March 2008
Registered US Implants	42,330
Estimated Active US Implants	33,289
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%	5	0.01%
Conductor Fracture	0	0.00%	18	0.04%
Lead Dislodgement	22	0.05%	16	0.04%
Failure to Capture	14	0.03%	39	0.09%
Oversensing	0	0.00%	37	0.09%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	4	<0.01%	11	0.03%
Abnormal Pacing Impedance	0	0.00%	7	0.02%
Extracardiac Stimulation	0	0.00%	1	<0.01%
Other	2	<0.01%	2	<0.01%
Total	43	0.10%	136	0.32%
Total Returned for Analysis	27		37	

Lead Malfunctions	Qty.	Rate
	QLY.	Каце
Conductor Fracture	4	<0.01%
Insulation Breach	23	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	1	<0.01%
Extrinsic Factors	31	0.07%
Total	59	0.14%



Year	1	2	3	4	5	at 71 months		
Survival Probability	99.85%	99.70%	99.52%	99.28%	98.83%	98.35%		
± 1 standard error	0.02%	0.03%	0.05%	0.07%	0.12%	0.27%		
Sample Size	35,870	24,440	15,810	9,230	4,150	210		



### Pacing Leads

# Actively Monitored Study Data

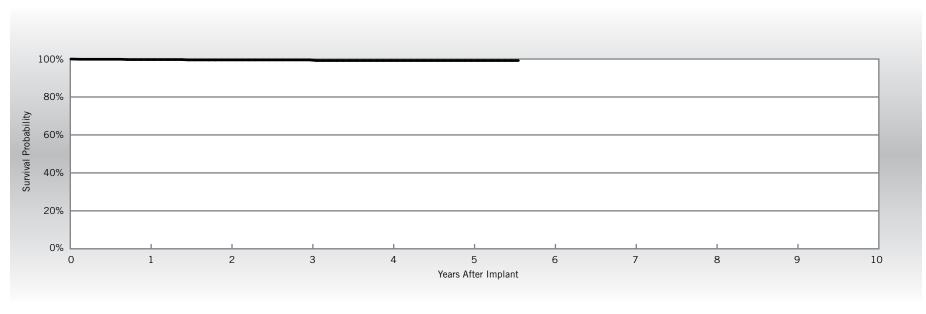
# IsoFlex<sup>™</sup> Optim<sup>™</sup>

#### Model 1948

US Regulatory Approval	March 2008
Number of Devices Enrolled in Study	765
Cumulative Months of Follow-up	25,884
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	2	0.26%

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 67 months		
Survival Probability	99.71%	99.53%	99.53%	99.20%	99.20%	99.20%		
± 1 standard error	0.20%	0.28%	0.28%	0.42%	0.42%	0.42%		
Sample Size	680	530	380	290	210	60		

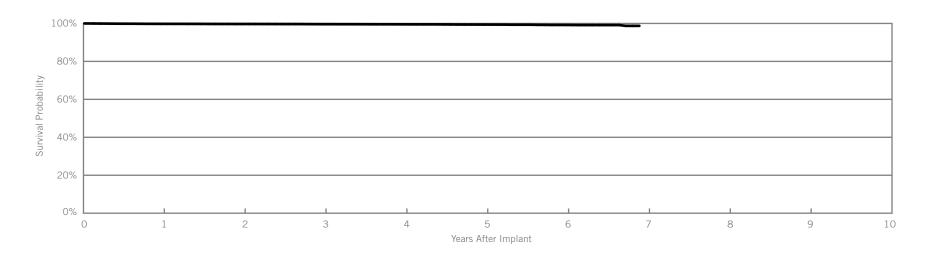


### OptiSense<sup>™</sup> Models 1699T & 1699TC

US Regulatory Approval	May 2007
Registered US Implants	22,856
Estimated Active US Implants	14,660
Insulation	Silicone
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	1	<0.01%	0	0.00%
Conductor Fracture	0	0.00%	9	0.04%
Lead Dislodgement	4	0.02%	24	0.11%
Failure to Capture	3	0.01%	14	0.06%
Oversensing	2	<0.01%	15	0.07%
Failure to Sense	8	0.04%	9	0.04%
Insulation Breach	0	0.00%	2	<0.01%
Abnormal Pacing Impedance	0	0.00%	6	0.03%
Extracardiac Stimulation	0	0.00%	2	<0.01%
Other	2	<0.01%	2	<0.01%
Total	20	0.09%	83	0.36%
Total Returned for Analysis	16		47	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	11	0.05%
Insulation Breach	12	0.05%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	43	0.19%
Total	66	0.29%



Year	1	2	3	4	5	6	at 83 months		
Survival Probability	99.78%	99.70%	99.60%	99.53%	99.40%	99.20%	98.72%		
± 1 standard error	0.03%	0.04%	0.04%	0.05%	0.06%	0.08%	0.31%		
Sample Size	21,480	19,210	17,480	15,540	11,720	6,280	210		



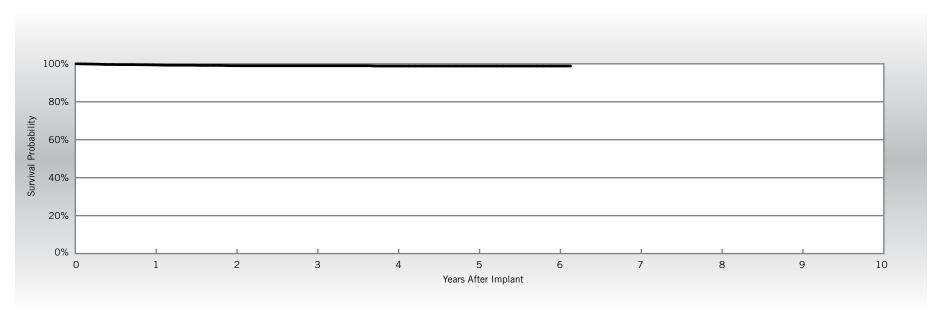
# Actively Monitored Study Data

### OptiSense<sup>™</sup> Models 1699T & 1699TC

US Regulatory Approval	May 2007
Number of Devices Enrolled in Study	1,451
Cumulative Months of Follow-up	56,140
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%



Year	1	2	3	4	5	6	at 74 months		
Survival Probability	99.42%	98.99%	98.99%	98.83%	98.83%	98.83%	98.83%		
± 1 standard error	0.19%	0.26%	0.28%	0.32%	0.32%	0.32%	0.32%		
Sample Size	1,360	1,170	940	670	400	170	60		



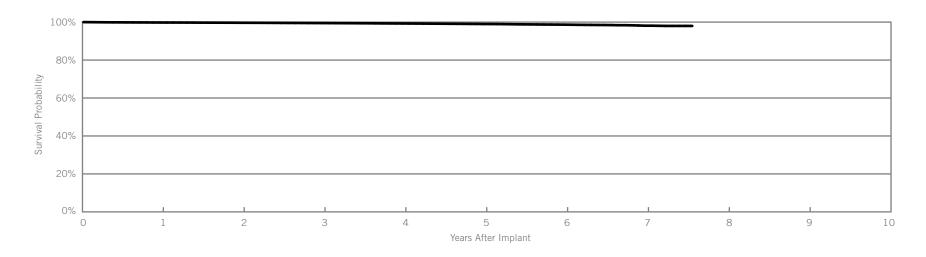
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

US Regulatory Approval	June 2006
Registered US Implants	281,259
Estimated Active US Implants	179,780
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		oservations nt, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	35	0.01%	26	<0.01%
Conductor Fracture	6	<0.01%	90	0.03%
Lead Dislodgement	125	0.04%	308	0.11%
Failure to Capture	70	0.02%	308	0.11%
Oversensing	12	<0.01%	364	0.13%
Failure to Sense	11	<0.01%	38	0.01%
Insulation Breach	7	<0.01%	123	0.04%
Abnormal Pacing Impedance	7	<0.01%	55	0.02%
Extracardiac Stimulation	4	<0.01%	15	<0.01%
Other	21	<0.01%	49	0.02%
Total	298	0.11%	1376	0.49%
Total Returned for Analysis	156		726	

Qty.	Rate
26	<0.01%
399	0.14%
1	<0.01%
11	<0.01%
567	0.20%
1004	0.36%
	26 399 1 11 567



Year	1	2	3	4	5	6	7	at 90 months	
Survival Probability	99.79%	99.66%	99.49%	99.27%	98.99%	98.66%	98.10%	97.98%	
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.03%	0.04%	0.08%	0.13%	
Sample Size	253,340	204,160	163,240	123,990	80,470	39,410	12,950	330	



### Actively Monitored Study Data

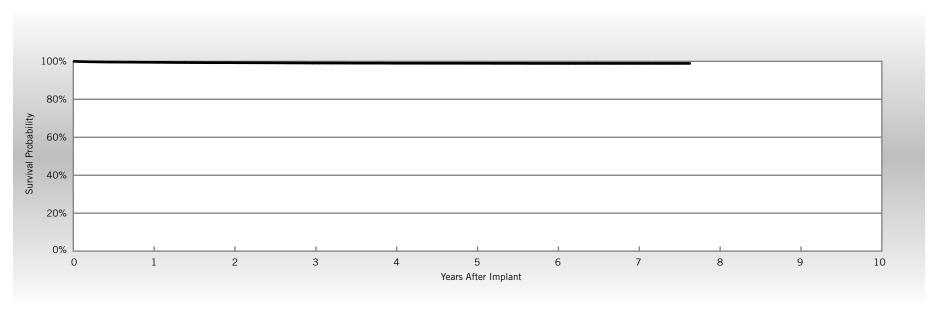
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1888T & 1888TC

June 2006
14,293
630,346
Optim*
Active
Bipolar
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	21	0.15%
Lead Dislodgement	53	0.37%
Oversensing	11	0.08%
Skin Erosion	1	<0.01%

Malfunctions	Qty	Rate
Conductor Fracture	2	0.01%
Insulation Breach	17	0.12%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	28	0.20%
Total	47	0.33%



Year	1	2	3	4	5	6	7	at 92 months	
Survival Probability	99.50%	99.30%	99.12%	99.01%	98.98%	98.92%	98.92%	98.92%	
± 1 standard error	0.06%	0.07%	0.08%	0.09%	0.10%	0.10%	0.10%	0.10%	
Sample Size	13,500	11,710	9,540	7,480	5,570	3,490	1,570	50	



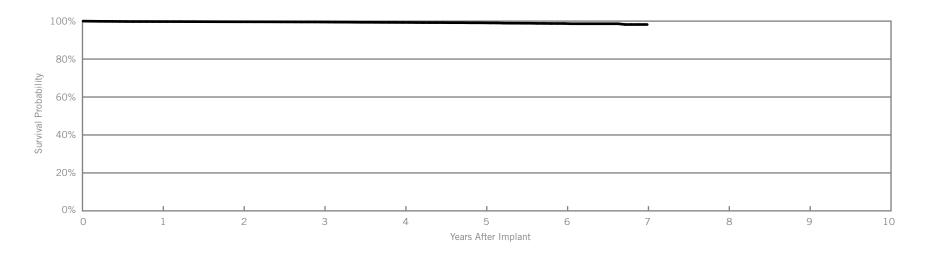
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

US Regulatory Approval	June 2006
Registered US Implants	36,504
Estimated Active US Implants	25,060
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		bservations ant, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	<0.01%	1	<0.01%
Conductor Fracture	0	0.00%	3	<0.01%
Lead Dislodgement	26	0.07%	58	0.16%
Failure to Capture	6	0.02%	28	0.08%
Oversensing	4	0.01%	22	0.06%
Failure to Sense	3	<0.01%	4	0.01%
Insulation Breach	0	0.00%	16	0.04%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	4	0.01%	13	0.04%
Total	45	0.12%	145	0.40%
Total Returned for Analysis	18		89	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	1	<0.01%
Insulation Breach	25	0.07%
Crimps, Welds & Bonds	0	0.00%
Other	3	<0.01%
Extrinsic Factors	77	0.21%
Total	106	0.29%



Year	1	2	3	4	5	6	7		
Survival Probability	99.75%	99.64%	99.53%	99.29%	99.09%	98.74%	98.20%		
± 1 standard error	0.03%	0.04%	0.04%	0.06%	0.08%	0.14%	0.33%		
Sample Size	31,520	22,920	16,240	10,710	6,280	2,940	270		



### Actively Monitored Study Data

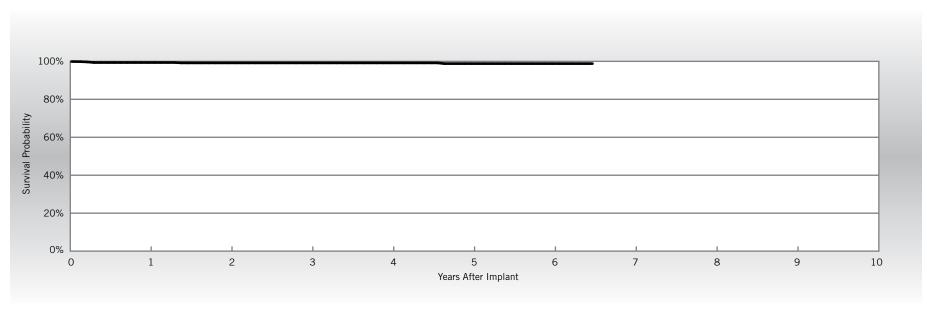
# Tendril<sup>™</sup> ST Optim<sup>™</sup>

#### Models 1882T & 1882TC

US Regulatory Approval	June 2006
Number of Devices Enrolled in Study	669
Cumulative Months of Follow-up	28,068
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Extracardiac Stimulation	1	0.15%
Failure to Capture	1	0.15%
Lead Dislodgement	2	0.30%
Oversensing	1	0.15%
Skin Erosion	1	0.15%

Malfunctions	Qty	Rate	
Conductor Fracture	0	0.00%	
Insulation Breach	2	0.30%	
Crimps, Welds & Bonds	0	0.00%	
Other	0	0.00%	
Extrinsic Factors	0	0.00%	
Total	2	0.30%	



Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.39%	99.20%	99.20%	99.20%	98.82%	98.82%	98.82%		
± 1 standard error	0.30%	0.36%	0.36%	0.36%	0.52%	0.52%	0.52%		
Sample Size	630	540	430	330	260	150	50		

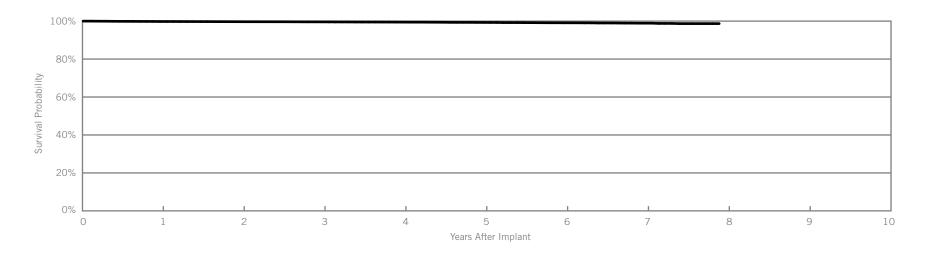


### Tendril<sup>™</sup> Models 1782T & 1782TC

February 2006
16,382
9,176
Silicone
Active
Bipolar
Yes
None

	Acute Observations (Post Implant, ≤30 days)			omplications ) 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%	33	0.20%
Failure to Capture	5	0.03%	23	0.14%
Oversensing	0	0.00%	7	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%	5	0.03%
Extracardiac Stimulation	1	<0.01%	1	<0.01%
Other	2	0.01%	2	0.01%
Total	29	0.18%	77	0.47%
Total Returned for Analysis	16		47	

Qty.	Rate
1	<0.01%
13	0.08%
0	0.00%
0	0.00%
45	0.27%
59	0.36%
	1 13 0 0 45



Year	1	2	3	4	5	6	7	at 95 months	
Survival Probability	99.79%	99.68%	99.59%	99.46%	99.30%	99.10%	98.90%	98.68%	
± 1 standard error	0.03%	0.05%	0.05%	0.06%	0.08%	0.10%	0.13%	0.18%	
Sample Size	15,270	13,390	11,700	9,770	7,630	5,380	3,080	310	

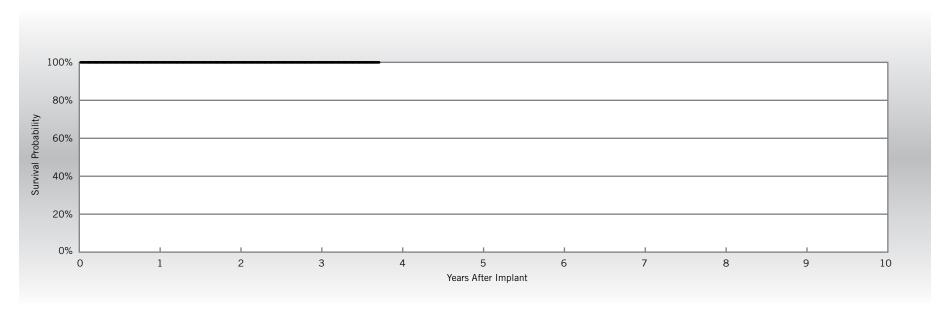


### Pacing Leads

# Actively Monitored Study Data

### Tendril<sup>™</sup> Models 1782T & 1782TC

US Regulatory Approval	February 2006	Qualifying Complications	Malfunctions	Qty	Rate
Number of Devices Enrolled in Study	161	None Reported	Conductor Fracture	0	0.00%
Cumulative Months of Follow-up	5,620		Insulation Breach	1	0.62%
Insulation	Silicone		Crimps, Welds & Bonds	0	0.00%
Type and/or Fixation	Active		Other	0	0.00%
Polarity	Bipolar		Extrinsic Factors	0	0.00%
Steroid	Yes		Total	1	0.62%



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	150	120	90	50	

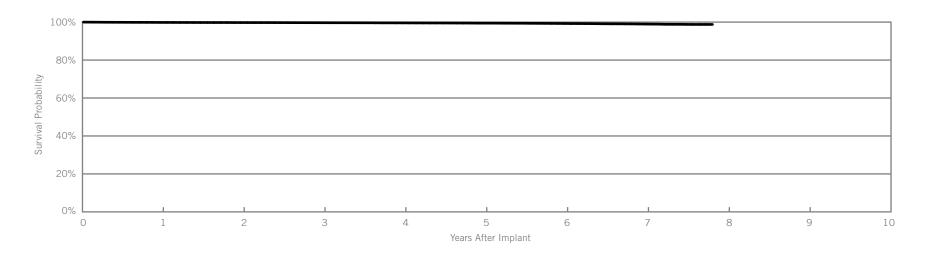


### Tendril<sup>™</sup> Models 1788T & 1788TC

US Regulatory Approval	February 2006
Registered US Implants	65,134
Estimated Active US Implants	33,057
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)		Chronic C (>30	omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	12	0.02%	3	< 0.01%
Conductor Fracture	1	<0.01%	13	0.02%
ead Dislodgement	32	0.05%	57	0.09%
ailure to Capture	30	0.05%	74	0.11%
Versensing	2	<0.01%	51	0.08%
ailure to Sense	2	<0.01%	14	0.02%
nsulation Breach	1	<0.01%	20	0.03%
Abnormal Pacing Impedance	9	0.01%	17	0.03%
Extracardiac Stimulation	2	<0.01%	3	< 0.01%
Other	20	0.03%	10	0.02%
<b>Fotal</b>	111	0.17%	262	0.40%
Total Returned for Analysis	45		117	

Lead Malfunctions	Qty.	Rate
Conductor Fracture	8	0.01%
Insulation Breach	64	0.10%
Crimps, Welds & Bonds	1	<0.01%
Other	1	<0.01%
Extrinsic Factors	88	0.14%
Total	162	0.25%



Year	1	2	3	4	5	6	7	at 94 months	
Survival Probability	99.83%	99.76%	99.68%	99.58%	99.45%	99.27%	98.97%	98.77%	
± 1 standard error	0.02%	0.02%	0.02%	0.03%	0.03%	0.04%	0.06%	0.08%	
Sample Size	60,530	52,850	46,950	41,170	34,760	27,100	17,110	580	



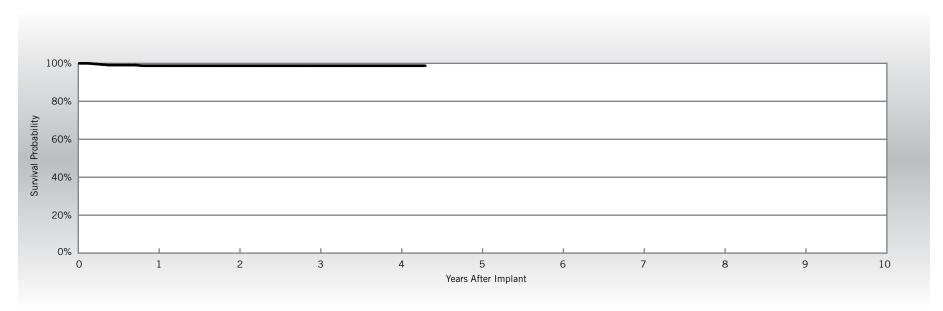
## Actively Monitored Study Data

### Tendril<sup>™</sup> Models 1788T & 1788TC

US Regulatory Approval	February 2006
Number of Devices Enrolled in Study	353
Cumulative Months of Follow-up	10,119
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Extracardiac Stimulation	1	0.28%
Lead Dislodgement	3	0.85%

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%



Year	1	2	3	4	at 52 months	
Survival Probability	98.75%	98.75%	98.75%	98.75%	98.75%	
± 1 standard error	0.62%	0.62%	0.62%	0.62%	0.62%	
Sample Size	310	240	170	100	50	



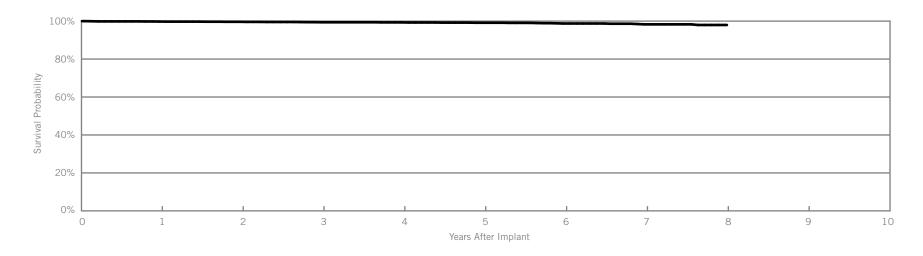
## Customer Reported Performance Data

#### IsoFlex<sup>™</sup> P Model 1648T

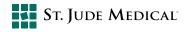
US Regulatory Approval	April 2005
Registered US Implants	2,832
Estimated Active US Implants	1,324
Insulation	Polyurethane
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	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%	5	0.18%	
Oversensing	0	0.00%	1	0.04%	
Failure to Sense	1	0.04%	1	0.04%	
Insulation Breach	0	0.00%	4	0.14%	
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%	20	0.71%	
Total Returned for Analysis	1		5		

) 0	Rate .00%
	.00%
<del>)</del> 0	
	.32%
) 0	.00%
2 0	.07%
4 O	.14%
F 0	.53%
	1 0



Year	1	2	3	4	5	6	7	8	
Survival Probability	99.77%	99.64%	99.39%	99.33%	99.14%	98.74%	98.29%	97.96%	
± 1 standard error	0.08%	0.12%	0.16%	0.17%	0.21%	0.26%	0.34%	0.50%	
Sample Size	2,610	2,260	2,000	1,790	1,580	1,290	840	200	



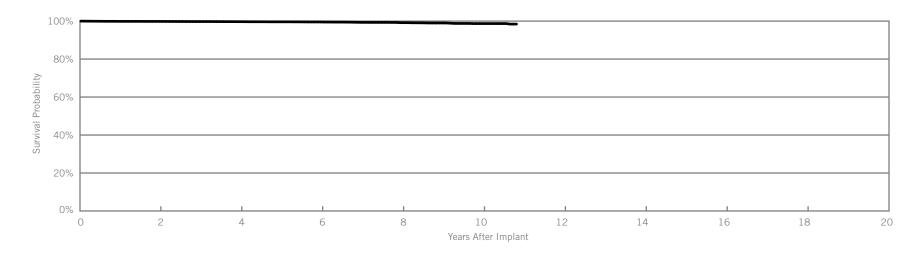
## Customer Reported Performance Data

### IsoFlex<sup>™</sup> S Model 1642T

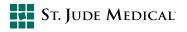
US Regulatory Approval	May 2002
Registered US Implants	27,071
Estimated Active US Implants	12,850
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

		oservations int, ≤30 days)		mplications days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	4	0.01%
Lead Dislodgement	49	0.18%	27	0.10%
Failure to Capture	6	0.02%	28	0.10%
Oversensing	0	0.00%	6	0.02%
Failure to Sense	3	0.01%	9	0.03%
Insulation Breach	0	0.00%	5	0.02%
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%	83	0.31%
Total Returned for Analysis	39		21	

Qty.	Rate
0	0.00%
16	0.06%
1	<0.01%
2	<0.01%
18	0.07%
37	0.14%
	0 16 1 2 18



Year	2	4	6	8	10	at 130 months		
Survival Probability	99.83%	99.69%	99.54%	99.16%	98.70%	98.43%		
± 1 standard error	0.03%	0.04%	0.05%	0.09%	0.18%	0.32%		
Sample Size	21,960	16,740	10,790	5,340	1,660	240		



Number of US Advisories

## **Customer Reported Performance Data**

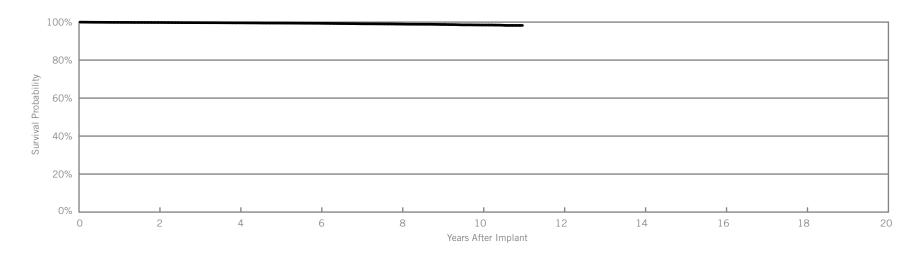
#### IsoFlex<sup>™</sup> S Model 1646T

#### US Regulatory Approval May 2002 Registered US Implants 90,221 41,558 Estimated Active US Implants Insulation Silicone Type and/or Fixation Passive Polarity Bipolar Steroid Yes

None

		bservations int, ≤30 days)		omplications ) days)
	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	<0.01%	2	<0.01%
Conductor Fracture	2	<0.01%	66	0.07%
Lead Dislodgement	37	0.04%	30	0.03%
Failure to Capture	33	0.04%	160	0.18%
Oversensing	0	0.00%	37	0.04%
Failure to Sense	2	<0.01%	8	<0.01%
Insulation Breach	2	<0.01%	33	0.04%
Abnormal Pacing Impedance	6	<0.01%	45	0.05%
Extracardiac Stimulation	0	0.00%	2	<0.01%
Other	2	<0.01%	11	0.01%
Total	88	0.10%	394	0.44%
Total Returned for Analysis	38		76	

Qty.	Rate
19	0.02%
32	0.04%
0	0.00%
6	<0.01%
58	0.06%
115	0.13%
	19 32 0 6 58



Year	2	4	6	8	10	at 132 months		
Survival Probability	99.80%	99.61%	99.36%	98.95%	98.47%	98.26%		
± 1 standard error	0.02%	0.02%	0.03%	0.06%	0.10%	0.16%		
Sample Size	72,240	53,150	33,440	16,260	4,940	340		



## Actively Monitored Study Data

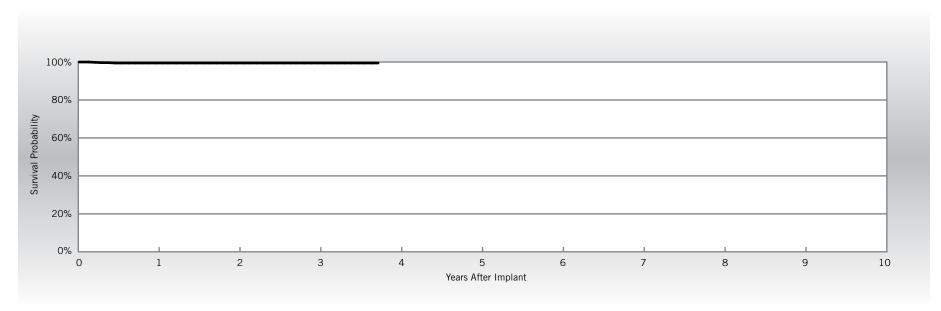
## IsoFlex<sup>™</sup> S

#### Model 1646T

US Regulatory Approval	May 2002
Number of Devices Enrolled in Study	604
Cumulative Months of Follow-up	14,885
Insulation	Silicone
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Failure to Capture	2	0.33%
Lead Dislodgement	1	0.17%

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%



Year	1	2	3	at 45 months	
Survival Probability	99.48%	99.48%	99.48%	99.48%	
± 1 standard error	0.30%	0.30%	0.30%	0.30%	
Sample Size	540	390	240	50	



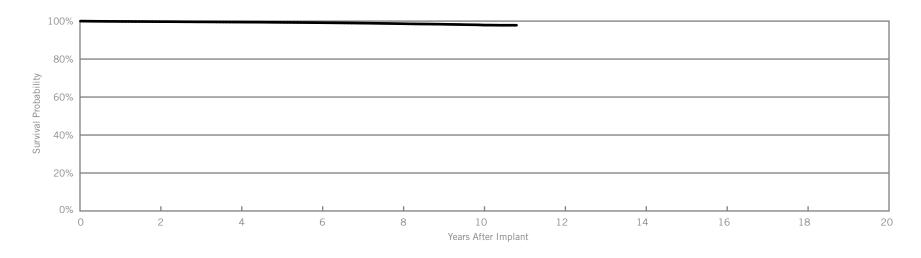
## Customer Reported Performance Data

### Tendril<sup>™</sup> SDX Models 1688T & 1688TC

US Regulatory Approval	June 2003
Registered US Implants	440,430
Estimated Active US Implants	243,189
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of US Advisories	None

	Acute Observations (Post Implant, ≤30 days)			omplications ) days)	
	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	61	0.01%	20	<0.01%	
Conductor Fracture	4	<0.01%	247	0.06%	
Lead Dislodgement	246	0.06%	323	0.07%	
Failure to Capture	155	0.04%	658	0.15%	
Oversensing	12	<0.01%	410	0.09%	
Failure to Sense	25	<0.01%	57	0.01%	
Insulation Breach	9	<0.01%	130	0.03%	
Abnormal Pacing Impedance	27	<0.01%	249	0.06%	
Extracardiac Stimulation	4	<0.01%	22	<0.01%	
Other	33	<0.01%	93	0.02%	
Total	576		2209	0.50%	
Total Returned for Analysis	266		874		

Qty.	Rate
167	0.04%
483	0.11%
2	<0.01%
12	<0.01%
550	0.12%
1214	0.28%
	167 483 2 12 550



Year	2	4	6	8	10	at 130 months	
Survival Probability	99.72%	99.48%	99.16%	98.64%	97.92%	97.82%	
± 1 standard error	0.01%	0.01%	0.02%	0.03%	0.06%	0.08%	
Sample Size	338,100	238,500	152,580	83,960	19,050	530	



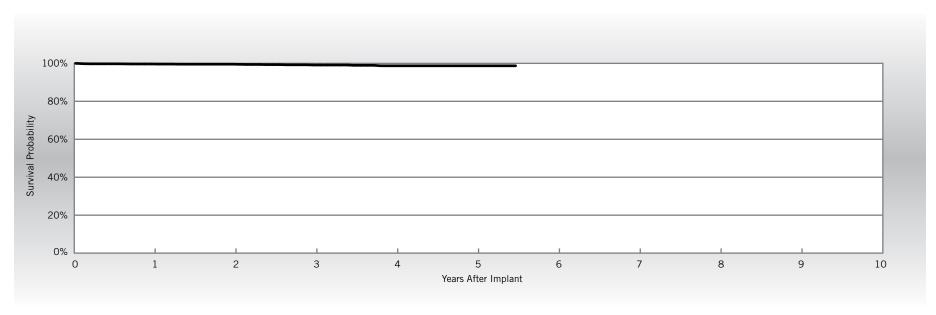
## Actively Monitored Study Data

### Tendril<sup>™</sup> SDX Models 1688T & 1688TC

US Regulatory Approval	June 2003
Number of Devices Enrolled in Study	2,524
Cumulative Months of Follow-up	70,181
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Abnormal Pacing Impedance	3	0.12%
Conductor Fracture	2	0.08%
Failure to Capture	3	0.12%
Insulation Breach	3	0.12%
Lead Dislodgement	4	0.16%
Oversensing	1	0.04%
Pericardial Effusion	1	0.04%

Malfunctions	Qty	Rate
Conductor Fracture	1	0.04%
Insulation Breach	4	0.16%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	5	0.20%
Total	10	0.40%



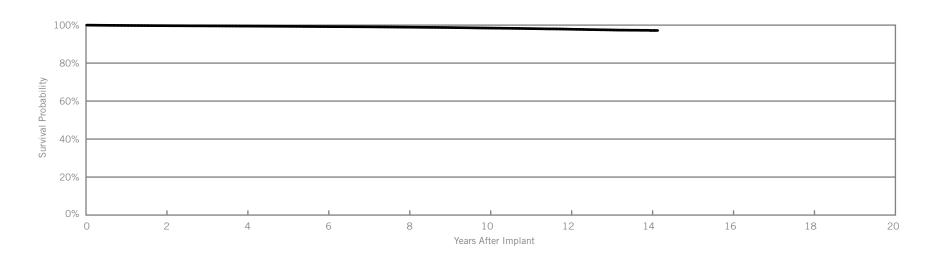
Year	1	2	3	4	5	at 66 months	
Survival Probability	99.67%	99.56%	99.13%	98.72%	98.72%	98.72%	
± 1 standard error	0.12%	0.14%	0.21%	0.38%	0.38%	0.38%	
Sample Size	2,260	1,700	1,130	600	210	50	



## Customer Reported Performance Data

### Tendril<sup>™</sup> SDX Models 1488T & 1488TC

US Regulatory Approval	March 2000	Lead Malfunctions	Qty.	Rate
Registered US Implants	270,726	Conductor Fracture	153	0.06%
Estimated Active US Implants	79,795	Insulation Breach	202	0.07%
Insulation	Silicone	Crimps, Welds & Bonds	5	<0.01%
Type and/or Fixation	Active	Other	3	<0.01%
Polarity	Bipolar	Extrinsic Factors	337	0.12%
Steroid	Yes	Total	700	0.26%
Number of US Advisories	None			



Year	2	4	6	8	10	12	14	at 170 months	
Survival Probability	99.69%	99.48%	99.21%	98.92%	98.44%	97.83%	97.18%	97.18%	
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.04%	0.05%	0.10%	0.14%	
Sample Size	224,040	181,410	141,120	105,840	70,740	32,090	4,320	400	



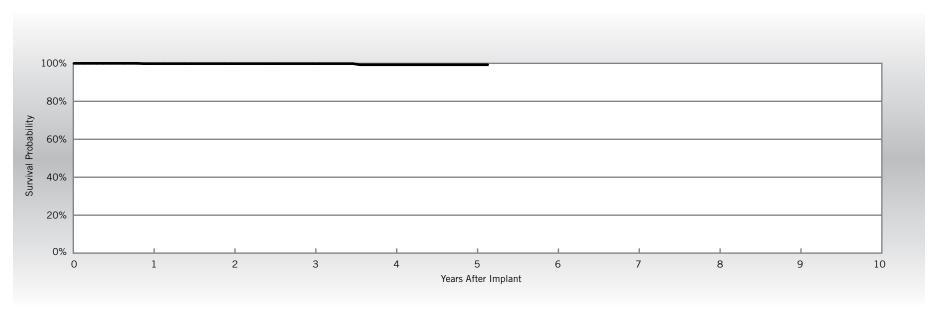
## Actively Monitored Study Data

### Tendril<sup>™</sup> SDX Models 1488T & 1488TC

March 2000		
763		
22,644		
Silicone		
Active		
Bipolar		
Yes		

Qualifying Complications	Qty	Rate		
Failure to Capture	1	0.13%		
Insulation Breach	1	0.13%		

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
Insulation Breach	2	0.26%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.13%
Total	3	0.39%



Year	1	2	3	4	5	at 62 months		
Survival Probability	99.85%	99.85%	99.85%	99.28%	99.28%	99.28%		
± 1 standard error	0.15%	0.15%	0.15%	0.58%	0.58%	0.58%		
Sample Size	700	550	370	190	70	50		

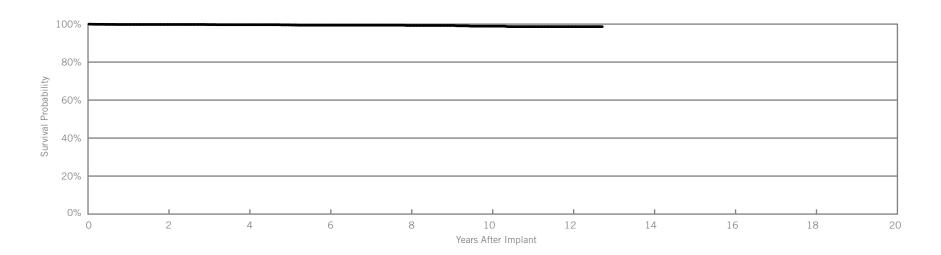


## Customer Reported Performance Data

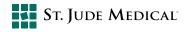
## AV Plus<sup>™</sup> DX

#### Model 1368

US Regulatory Approval	May 1999
Registered US Implants	2,769
Estimated Active US Implants	897
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 153 months		
Survival Probability	99.80%	99.68%	99.42%	99.28%	98.91%	98.67%	98.67%		
± 1 standard error	0.09%	0.13%	0.19%	0.24%	0.35%	0.43%	0.43%		
Sample Size	2,040	1,500	1,070	760	510	300	200		

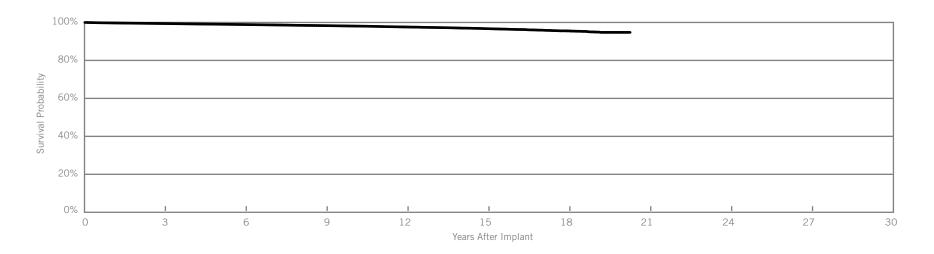


## **Customer Reported Performance Data**

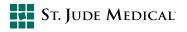
 Tendril™
 Tendril™ DX

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

	LIC Demulatory Americal	(1140) here 1002 (1100T) here 1004 (1200T) here 1007
_	US Regulatory Approval	(1148) June 1993; (1188T) June 1994; (1388T) June 1997
	Registered US Implants	323,699
	Estimated Active US Implants	66,064
	Insulation	Silicone
	Type and/or Fixation	Active
	Polarity	Bipolar
	Steroid	(1148/1188) No; (1388) Yes
	Number of US Advisories	None



Year	3	6	9	12	15	18	at 244 months		
Survival Probability	99.42%	98.89%	98.32%	97.61%	96.73%	95.55%	94.77%		
± 1 standard error	0.01%	0.02%	0.03%	0.04%	0.07%	0.14%	0.24%		
Sample Size	240,630	170,010	107,500	58,840	24,500	4,550	240		



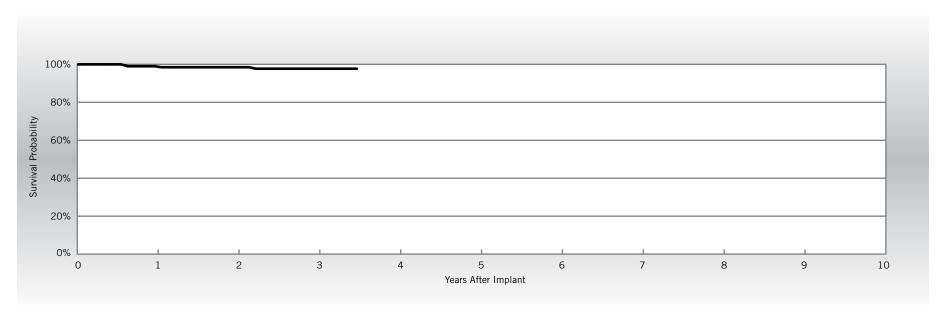
## Actively Monitored Study Data

### Tendril<sup>™</sup> DX Models 1388T & 1388TC

JS Regulatory Approval	June 1997
Number of Devices Enrolled in Study	229
Cumulative Months of Follow-up	6,349
nsulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes

Qualifying Complications	Qty	Rate
Conductor Fracture	1	0.44%
Failure to Capture	2	0.87%
Insulation Breach	1	0.44%

Malfunctions	Qty	Rate
Conductor Fracture	0	0.00%
nsulation Breach	1	0.44%
Crimps, Welds & Bonds	0	0.00%
Other	0	0.00%
Extrinsic Factors	1	0.44%
Total	2	0.87%



Year	1	2	3	at 42 months			
Survival Probability	99.01%	98.49%	97.71%	97.71%			
± 1 standard error	0.69%	0.87%	1.16%	1.16%			
Sample Size	210	160	110	50			



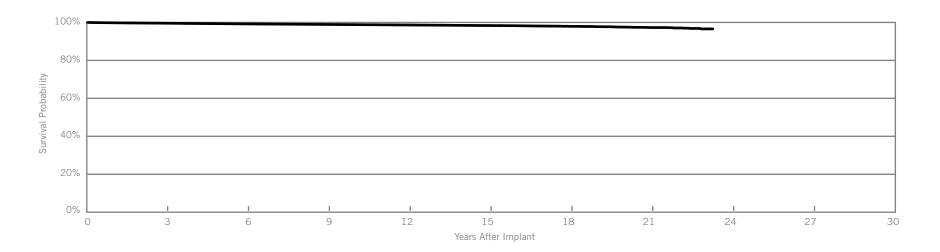
### **Customer Reported Performance Data**

 
 Passive Plus™
 Passive Plus™ 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	371,541
Estimated Active US Implants	59,767
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 280 months	
Survival Probability	99.58%	99.22%	98.93%	98.66%	98.37%	97.95%	97.30%	96.60%	
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.04%	0.06%	0.13%	0.35%	
Sample Size	271,900	190,210	126,720	76,150	35,320	13,200	3,200	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 yea
2088TC	Tendril <sup>™</sup> STS	99.81%	99.66%	99.42%	98.99%						
1999	OptiSense™ Optim™	99.71%	99.58%	99.38%	99.24%						
1944	IsoFlex™ Optim™	99.75%	99.62%	99.53%	99.48%	99.04%					
1948	IsoFlex™ Optim™	99.85%	99.70%	99.52%	99.28%	98.83%					
1699T/TC	OptiSense™	99.78%	99.70%	99.60%	99.53%	99.40%	99.20%				
1888T/TC	Tendril™ ST Optim™	99.79%	99.66%	99.49%	99.27%	98.99%	98.66%	98.10%			
1882T/TC	Tendril™ ST Optim™	99.75%	99.64%	99.53%	99.29%	99.09%	98.74%	98.20%			
1782T/TC	Tendril™	99.79%	99.68%	99.59%	99.46%	99.30%	99.10%	98.90%			
1788T/TC	Tendril™	99.83%	99.76%	99.68%	99.58%	99.45%	99.27%	98.97%			
1648T	IsoFlex <sup>™</sup> P	99.77%	99.64%	99.39%	99.33%	99.14%	98.74%	98.29%	97.96%		
1642T	IsoFlex™ S	99.87%	99.83%	99.76%	99.69%	99.62%	99.54%	99.33%	99.16%	99.01%	98.70%
1646T	IsoFlex™ S	99.86%	99.80%	99.70%	99.61%	99.49%	99.36%	99.12%	98.95%	98.75%	98.47%
1688T/TC	Tendril™ SDX	99.83%	99.72%	99.60%	99.48%	99.34%	99.16%	98.93%	98.64%	98.35%	97.92%
1488T/TC	Tendril <sup>™</sup> SDX	99.82%	99.69%	99.59%	99.48%	99.35%	99.21%	99.10%	98.92%	98.72%	98.44%



## Acute Observation Summary

#### Post Implant ≤30 Days

	US Regulatory	Registered	Estimated Active US	-	ardiac rforation		nductor acture		.ead dgement		lure to pture	Ove	ersensing		ilure to Sense		sulation Breach	F	onormal Pacing pedance		racardiac mulation		Other	1	Total	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	296,609	256,793	37	0.01%	2	<0.01%	215	0.07%	42	0.01%	15	<0.01%	11	<0.01%	7	<0.01%	11	<0.01%	0	0.00%	9	<0.01%	349	0.12%	182
1999	May-07	30,976	24,064	2	<0.01%	0	0.00%	27	0.09%	2	<0.01%	2	<0.01%	1	<0.01%	1	<0.01%	0	0.00%	0	0.00%	1	<0.01%	36	0.12%	25
1944	Mar-08	11,432	8,320	0	0.00%	0	0.00%	31	0.27%	3	0.03%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	2	0.02%	0	0.00%	38	0.33%	25
1948	Mar-08	42,330	33,289	1	<0.01%	0	0.00%	22	0.05%	14	0.03%	0	0.00%	0	0.00%	4	<0.01%	0	0.00%	0	0.00%	2	<0.01%	43	0.10%	27
1699T/TC	May-07	22,856	14,660	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	281,259	179,780	35	0.01%	6	<0.01%	125	0.04%	70	0.02%	12	<0.01%	11	<0.01%	7	<0.01%	7	<0.01%	4	<0.01%	21	<0.01%	298	0.11%	156
1882T/TC	Jun-06	36,504	25,060	2	<0.01%	0	0.00%	26	0.07%	6	0.02%	4	0.01%	3	<0.01%	0	0.00%	0	0.00%	0	0.00%	4	0.01%	45	0.12%	18
1782T/TC	Feb-06	16,382	9,176	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	65,134	33,057	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%	45
1648T	Apr-05	2,832	1,324	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	27,071	12,850	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%	39
1646T	May-02	90,221	41,558	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	440,430	243,189	61	0.01%	4	<0.01%	246	0.06%	155	0.04%	12	<0.01%	25	<0.01%	9	<0.01%	27	<0.01%	4	<0.01%	33	<0.01%	576	0.13%	266

## Chronic Complication Summary

#### >30 Days

	US Regulatory	Registered	Estimated Active US		ardiac rforation		nductor acture		.ead dgement		lure to pture	Over	sensing		ilure to Sense		sulation Breach	P	normal acing pedance		racardiac mulation		Other	Ţ	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	296,609	256,793	17	<0.01%	45	0.02%	225	0.08%	142	0.05%	201	0.07%	20	<0.01%	75	0.03%	19	<0.01%	3	<0.01%	27	<0.01%	774	0.26%	497
1999	May-07	30,976	24,064	0	0.00%	0	0.00%	62	0.20%	16	0.05%	9	0.03%	2	<0.01%	12	0.04%	0	0.00%	0	0.00%	5	0.02%	106	0.34%	75
1944	Mar-08	11,432	8,320	0	0.00%	1	<0.01%	20	0.17%	3	0.03%	5	0.04%	3	0.03%	1	<0.01%	0	0.00%	0	0.00%	2	0.02%	35	0.31%	13
1948	Mar-08	42,330	33,289	5	0.01%	18	0.04%	16	0.04%	39	0.09%	37	0.09%	0	0.00%	11	0.03%	7	0.02%	1	<0.01%	2	<0.01%	136	0.32%	37
1699T/TC	May-07	22,856	14,660	0	0.00%	9	0.04%	24	0.11%	14	0.06%	15	0.07%	9	0.04%	2	<0.01%	6	0.03%	2	<0.01%	2	<0.01%	83	0.36%	47
1888T/TC	Jun-06	281,259	179,780	26	<0.01%	90	0.03%	308	0.11%	308	0.11%	364	0.13%	38	0.01%	123	0.04%	55	0.02%	15	<0.01%	49	0.02%	1376	0.49%	726
1882T/TC	Jun-06	36,504	25,060	1	<0.01%	3	<0.01%	58	0.16%	28	0.08%	22	0.06%	4	0.01%	16	0.04%	0	0.00%	0	0.00%	13	0.04%	145	0.40%	89
1782T/TC	Feb-06	16,382	9,176	0	0.00%	1	<0.01%	33	0.20%	23	0.14%	7	0.04%	4	0.02%	1	<0.01%	5	0.03%	1	<0.01%	2	0.01%	77	0.47%	47
1788T/TC	Feb-06	65,134	33,057	3	<0.01%	13	0.02%	57	0.09%	74	0.11%	51	0.08%	14	0.02%	20	0.03%	17	0.03%	3	<0.01%	10	0.02%	262	0.40%	117
1648T	Apr-05	2,832	1,324	0	0.00%	3	0.11%	1	0.04%	5	0.18%	1	0.04%	1	0.04%	4	0.14%	3	0.11%	0	0.00%	2	0.07%	20	0.71%	5
1642T	May-02	27,071	12,850	0	0.00%	4	0.01%	27	0.10%	28	0.10%	6	0.02%	9	0.03%	5	0.02%	3	0.01%	0	0.00%	1	<0.01%	83	0.31%	21
1646T	May-02	90,221	41,558	2	<0.01%	66	0.07%	30	0.03%	160	0.18%	37	0.04%	8	<0.01%	33	0.04%	45	0.05%	2	<0.01%	11	0.01%	394	0.44%	76
1688T/TC	Jun-03	440,430	243,189	20	<0.01%	247	0.06%	323	0.07%	658	0.15%	410	0.09%	57	0.01%	130	0.03%	249	0.06%	22	<0.01%	93	0.02%	2209	0.50%	874

Definitions of observations and complications can be found on pages 9-10.



## Malfunction Summary

	Registered US		onductor racture		ulation	w	rimps, /elds & Bonds		Other		trinsic octors	т	otal
Models	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088TC	296,609	15	<0.01%	190	0.06%	0	0.00%	16	<0.01%	392	0.13%	613	0.21
1999	30,976	3	<0.01%	6	0.02%	0	0.00%	4	0.01%	72	0.23%	85	0.27
1944	11,432	0	0.00%	2	0.02%	0	0.00%	1	<0.01%	13	0.11%	16	0.14
1948	42,330	4	<0.01%	23	0.05%	0	0.00%	1	<0.01%	31	0.07%	59	0.14
1699T/TC	22,856	11	0.05%	12	0.05%	0	0.00%	0	0.00%	43	0.19%	66	0.29
1888T/TC	281,259	26	<0.01%	399	0.14%	1	<0.01%	11	<0.01%	567	0.20%	1004	0.36
1882T/TC	36,504	1	<0.01%	25	0.07%	0	0.00%	3	<0.01%	77	0.21%	106	0.29
1782T/TC	16,382	1	<0.01%	13	0.08%	0	0.00%	0	0.00%	45	0.27%	59	0.36
1788T/TC	65,134	8	0.01%	64	0.10%	1	<0.01%	1	<0.01%	88	0.14%	162	0.25
1648T	2,832	0	0.00%	9	0.32%	0	0.00%	2	0.07%	4	0.14%	15	0.53
1642T	27,071	0	0.00%	16	0.06%	1	<0.01%	2	<0.01%	18	0.07%	37	0.14
1646T	90,221	19	0.02%	32	0.04%	0	0.00%	6	<0.01%	58	0.06%	115	0.13
1688T/TC	440,430	167	0.04%	483	0.11%	2	<0.01%	12	<0.01%	550	0.12%	1214	0.28
1488T/TC	270,726	153	0.06%	202	0.07%	5	<0.01%	3	<0.01%	337	0.12%	700	0.26

## Worldwide Malfunction Summary (Tendril<sup>™</sup> 2088 & 1888)

	Worldwide		onductor racture		sulation Breach	w	rimps, /elds & Bonds		Other		trinsic octors	т	otal
Models	Sales	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088TC	609,434	21	<0.01%	221	0.04%	2	<0.01%	105	0.02%	576	0.09%	925	0.15%
1888T/TC	908,866	41	<0.01%	502	0.06%	1	<0.01%	91	0.01%	964	0.11%	1599	0.18%

## Actively Monitored Study Data Summary

#### **Qualifying Complications**

	Number of Devices	Cumulative Months of	F	onormal Pacing pedance		rdiac oration		nductor acture		acardiac nulation		ailure to opture		ilure to ense		ulation reach		Lead odgement	Over	sensing		cardial fusion	Skin	Erosion	T	īotal
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
2088	3,760	107,628	1	0.03%	1	0.03%	1	0.03%	0	0.00%	2	0.05%	1	0.03%	4	0.11%	12	0.32%	0	0.00%	1	0.03%	0	0.00%	23	0.61%
1999	843	22,222	1	0.12%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.12%	1	0.12%	8	0.95%	0	0.00%	0	0.00%	0	0.00%	11	1.30%
1944	104	4,413	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.96%	0	0.00%	0	0.00%	0	0.00%	1	0.96%
1948	765	25,884	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	0	0.00%	1	0.13%	2	0.26%	0	0.00%	0	0.00%	0	0.00%	4	0.52%
1699T/TC	1,451	56,140	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%
1888T/TC	14,293	630,346	7	0.05%	2	0.01%	4	0.03%	3	0.02%	16	0.11%	4	0.03%	21	0.15%	53	0.37%	11	0.08%	0	0.00%	1	<0.01%	122	0.85%
1882T/TC	669	28,068	0	0.00%	0	0.00%	0	0.00%	1	0.15%	1	0.15%	0	0.00%	0	0.00%	2	0.30%	1	0.15%	0	0.00%	1	0.15%	6	0.90%
1782T/TC	161	5,620	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	353	10,119	0	0.00%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	0	0.00%	0	0.00%	3	0.85%	0	0.00%	0	0.00%	0	0.00%	4	1.13%
1646T	604	14,885	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.33%	0	0.00%	0	0.00%	1	0.17%	0	0.00%	0	0.00%	0	0.00%	3	0.50%
1688T/TC	2,524	70,181	3	0.12%	0	0.00%	2	0.08%	0	0.00%	3	0.12%	0	0.00%	3	0.12%	4	0.16%	1	0.04%	1	0.04%	0	0.00%	17	0.67%
1488T/TC	763	22,644	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.13%	0	0.00%	1	0.13%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.26%
1388T/TC	229	6,349	0	0.00%	0	0.00%	1	0.44%	0	0.00%	2	0.87%	0	0.00%	1	0.44%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	1.75%

#### Malfunction Summary

	Number of Devices		nductor acture		ulation reach	We	mps, Ids & onds	0	ther		rinsic ctors	т	otal
Models	Enrolled	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
2088	3,760	0	0.00%	4	0.11%	0	0.00%	0	0.00%	3	0.08%	7	0.19%
1999	843	0	0.00%	2	0.24%	0	0.00%	0	0.00%	6	0.71%	8	0.95%
1944	104	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1948	765	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	14,293	2	0.01%	17	0.12%	0	0.00%	0	0.00%	28	0.20%	47	0.33%
1882T/TC	669	0	0.00%	2	0.30%	0	0.00%	0	0.00%	0	0.00%	2	0.30%
1782T/TC	161	0	0.00%	1	0.62%	0	0.00%	0	0.00%	0	0.00%	1	0.62%
1788T/TC	353	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1646T	604	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1688T/TC	2,524	1	0.04%	4	0.16%	0	0.00%	0	0.00%	5	0.20%	10	0.40%
1488T/TC	763	0	0.00%	2	0.26%	0	0.00%	0	0.00%	1	0.13%	3	0.39%
1388T/TC	229	0	0.00%	1	0.44%	0	0.00%	0	0.00%	1	0.44%	2	0.87%

A list of complications can be found on page 15. Definitions of malfunction categories can be found on pages 10-11.



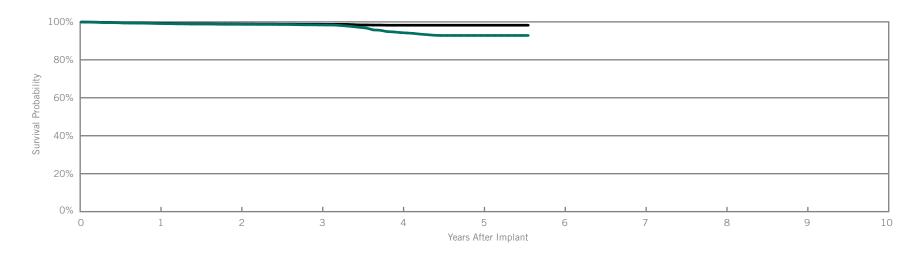
# IMPLANTABLE CARDIAC MONITORS (ICMS)



### **Customer Reported Performance Data**

## SJM Confirm<sup>™</sup>

lodel DM2100			Mal	functions
US Regulatory Approval	August 2008		Qty	Rate
Registered US Implants	17,444	Electrical Component	12	0.07%
Estimated Active US Implants	9,959	Electrical Interconnect	1	<0.01%
Estimated Longevity	3 Years*	Battery	13	0.07%
Normal Battery Depletion	64	Software/Firmware	8	0.05%
Number of US Advisories (see pg. 299)	One	Mechanical	0	0.00%
		Possible Early Battery Depletion	3	0.02%
		Other	28	0.16%
		Total	65	0.37%



#### Including Normal Battery Depletion

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.16%	98.72%	98.39%	94.37%	92.84%	92.84%		
± 1 standard error	0.07%	0.10%	0.13%	0.37%	0.47%	0.47%		
Sample Size	13,980	8,670	5,510	3,190	1,510	260		

#### Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.27%	98.88%	98.74%	98.24%	98.24%	98.24%		
± 1 standard error	0.07%	0.10%	0.11%	0.17%	0.17%	0.17%		

\*After 12 month shelf-life.



# SUMMARY INFORMATION

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 <sup>™</sup>	99.16%	98.72%	98.39%	94.37%	92.84%					

#### **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 <sup>™</sup>	99.27%	98.99%	98.74%	98.24%	98.24%					

## Malfunction Summary

				Malfunctions														
		Registered		trical conent		ctrical connect	Ва	ttery		tware/ nware	Mech	nanical	Ba	ole Early ttery letion	Ot	her	То	tal
Models	Family	US Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
DM2100	SJM Confirm <sup>™</sup>	17,444	12	0.07%	1	<0.01%	13	0.07%	8	0.05%	0	0.00%	3	0.02%	28	0.16%	65	0.37%





## 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 and 2014 Heart Rhythm Society Scientific Sessions and detailed in a peer-reviewed manuscript.<sup>1,2,3</sup>

In 2013, St. Jude Medical expanded the RLES to include Durata<sup>™</sup> and Quicksite<sup>™</sup>/Quickflex<sup>™</sup> leads and to increase the quantity of Riata<sup>™</sup> and Riata<sup>™</sup> 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 an 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 August 31, 2014. The Durata leads CLAS summary is available on page 277.

<sup>&</sup>lt;sup>3</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, Mark Niebauer, Vance Plumb, Jay Dinerman, Scott Beau, Anne Curtis, Incidence of New Externalized Conductors and Electrical Dysfunction in Riata and Riata ST Silicone ICD Leads: 1 year Results from a Prospective, Multicenter Study, Heart Rhythm Society's Annual Scientific Sessions, San Francisco, CA, May 8, 2014.

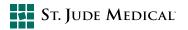
<sup>&</sup>lt;sup>2</sup> David Hayes, Roger Freedman, Anne Curtis, Mark Niebauer, G.Neal Kay, Jay Dinerman, Scott Beau, Wilson Wong, *Prevalence of Externalized Conductors in Riata and Riata ST Silicone ICD Leads: Results from a Prospective, Multicenter Study,* Heart Rhythm Society's Annual Scientific Sessions, Denver, CO, May 9, 2013.

**Riata**<sup>™</sup>/**Riata<sup>™</sup> ST CLAS Summary (as of August 31, 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 505 patients (65%) completed at least 1 year of follow-up with fluoroscopic evaluation. The incidence of new EC during the first year of follow-up in the study was 1.9% in 7F leads and 3.9% in 8F leads (p = 0.24). A total of 258 patients (33%) completed at least 2 years of follow-up with fluoroscopic evaluation. The incidence of new EC during the second year of follow-up in the study was 2.2% in 7F leads and 6.0% in 8F leads (p = 0.20). The time from implant for 8F Riata leads was 8.8±1.5 years (mean±stdev; median = 8.8 years; IQR = 8.0 to 9.7 years). The time from implant for 7F Riata ST leads are 7.3 years; IQR = 6.5 to 7.9 years). During a mean follow-up period of 22.3±9.6 months (mean±stdev), a total of 23 leads (8 with EC, 15 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 (4.7% vs. 2.5%, p = 0.19). Fluoroscopy data for 6 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 August 31, 2014): A total of 450 patients implanted with QuickSite/QuickFlex Left Ventricular CRT leads at 32 centers underwent fluoroscopic evaluation. These include 79 leads implanted in 2006, 75 leads in 2007, 96 leads in 2008, 130 leads in 2009, and 70 leads in 2010, with an implant duration of 4.7±1.2 years (mean±stdev; median = 4.7 years; IQR = 3.8 to 5.6 years). The prevalence of externalized conductors at enrollment was 0.9%. A total of 113 patients (25%) completed at least 1 year of follow-up with fluoroscopic evaluation. The incidence of new EC at 1 year of follow-up was 4.5%. The mean follow-up was 13.6±9.2 months (mean±stdev), during which there have been no cases of electrical dysfunction. Fluoroscopy data for 15 additional leads are pending adjudication and enrollment of QuickSite/QuickFlex leads is on-going in the Cardiac Lead Assessment Study.

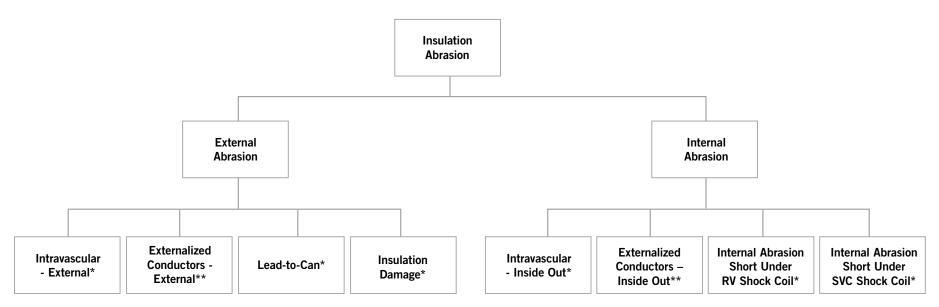
#### **Customer Reported Performance Data**

St. Jude Medical understands that the passive system of complaint reporting and returned product analysis results in under-reporting and hence underestimates the true failure rate associated with any given failure mechanism. This is especially true for externalized conductors since most manifest as visual anomalies only with normal electrical performance. While acknowledging these limitations, St. Jude Medical provides externalized conductor rates from the passive data system to maintain continuity with previously published data and to provide full disclosure of the data available to St. Jude Medical. As of August 31, 2014, there were 4,199 cases of externalized conductors reported to St. Jude Medical worldwide on Riata<sup>™</sup> (8F) and Riata<sup>™</sup> ST (7F) silicone defibrillation leads, equating to a 2.29% (3569/156,000) incidence rate for Riata (8F) and 0.89% (630/70,600) for Riata ST (7F) leads. Of these 4,199 leads, 3,179 were not returned and 1,020 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<sup>™</sup> and Riata<sup>™</sup> ST silicone leads is shown in the following figure.



Flow Diagram of Insulation Abrasion Types and Failure Mechanisms

\*Determined by returned product analysis.

\*\*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<sup>M</sup> and Riata<sup>M</sup> ST leads. Approximately 11,000 Riata and Riata ST leads have been returned for analysis worldwide through August 31, 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.

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	0.38%	0.34%
Externalized Conductors – External**	External Abrasion	0.34%	0.16%
Lead-to-Can*	External Abrasion	0.72%	0.65%
Insulation Damage*	External Abrasion	0.09%	0.05%
Intravascular - Inside Out*	Internal Abrasion	0.38%	0.21%
Externalized Conductors - Inside Out**	Internal Abrasion	1.96%	0.73%
Internal Abrasion Short Under RV Shock Coil*	Internal Abrasion	0.08%	0.02%
Internal Abrasion Short Under SVC Shock Coil*	Internal Abrasion	0.07%	0.008%

Riata <sup>™</sup> (8F) and Riata <sup>™</sup> ST (7F) Insulation Abrasion Failure Mechanisms from Complaints and F
---------------------------------------------------------------------------------------------------------------------

\*Determined by returned product analysis.

\*\*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 August 31, 2014 has found no evidence of conductor externalization in Durata leads. A total of 739 patients implanted with Durata leads at 32 centers underwent fluoroscopic evaluation. These include 213 leads implanted in 2008, 305 leads in 2009, and 221 leads in 2010, with an implant duration of 4.2±0.9 years (mean±stdev; median = 4.2 years; IQR = 3.5 to 4.9 years). None of the 739 leads at enrollment exhibited externalized conductors. Of the 739 patients, 77 patients completed 1 year follow-up with fluoroscopic evaluation. None of the 77 leads at 1 year follow-up exhibited externalized conductors. During a mean follow-up period of 10.7±3.7 months (mean±stdev), there has been one case of electrical dysfunction for revised leads, as determined by an expert, independent physician panel. Fluoroscopy data for 23 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<sup>™</sup> ST Optim<sup>™</sup> leads: the OPTIMUM registry, SCORE registry, and the SJ4 Post Approval Study (PAS). Currently, a total of 11,047 Optim insulated leads (8,181 Durata and 2,866 Riata ST Optim leads) are enrolled in these studies at 293 sites. The raw data from these registries, current as of August 31, 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 278.



Failure Category	Durata and Riata ST Optim %	Durata and Riata ST Optim 95% Cl	Freedom from failures at 7 years (%)
Externalized Conductors	0.00%	0.00% - 0.03%	100%
All-Cause Insulation Abrasion	0.18%	0.11% - 0.27%	99.3%
All-Cause Mechanical Failures	0.72%	0.57% - 0.89%	97.7%

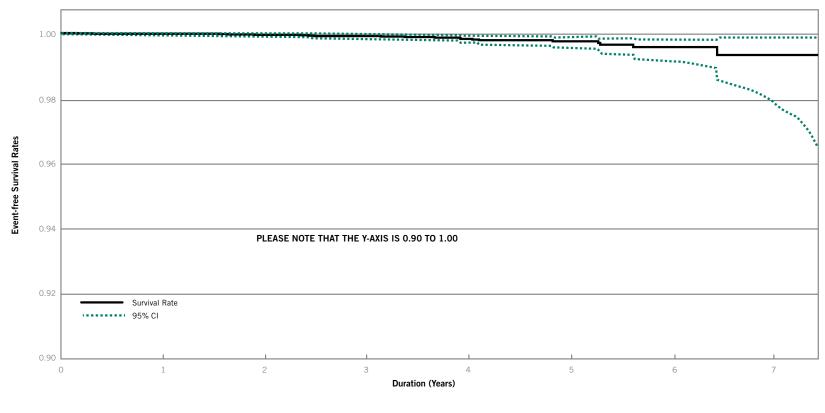
#### An Independent Analysis of Durata<sup>™</sup> and Riata<sup>™</sup> ST Optim<sup>™</sup> Lead Failure Rates in Active Registries by PHRI (data through August 31, 2014)

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.

NOTE: The rates of all-cause mechanical failure, all-cause insulation abrasion and externalized conductors have been calculated based upon independent analyses of SJM databases by PHRI. The total number of each event is derived from the sum of those events which have been adjudicated by PHRI as of October 2014 and those which have not yet been adjudicated by PHRI. The final calculated rates may change slightly once adjudication is completed.



#### Figure 1: Event Free Survival Rates for All-Cause Insulation Abrasion in Optim<sup>™</sup> ICD Leads as Calculated by PHRI

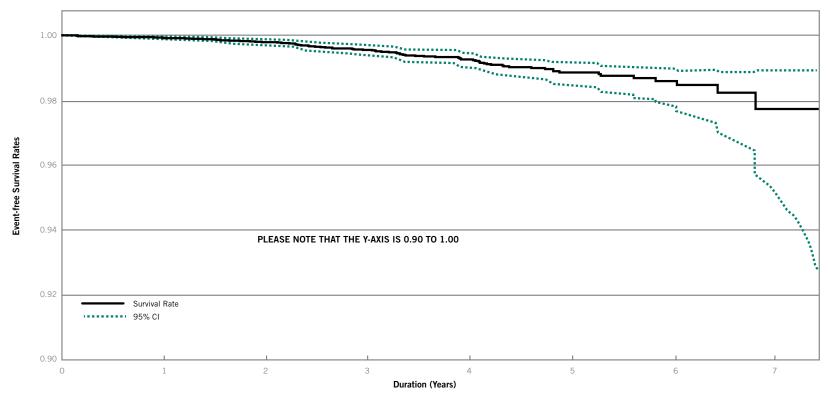


Followed to Last Reported Patient Contact

Year	0	1	2	3	4	5	6	7
Leads at Risk	11,047	9,640	8,310	6,854	5,035	2,489	858	111



#### Figure 2: Event Free Survival Rates for All-Cause Mechanical Failure in Optim<sup>™</sup> ICD Leads as Calculated by PHRI



Followed to Last Reported Patient Contact

Year	0	1	2	3	4	5	6	7
Leads at Risk	11,047	9,639	8,309	6,852	5,033	2,488	858	111



#### **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<sup>™</sup> ST Optim<sup>™</sup> and Durata<sup>™</sup> leads. Approximately 13,000 Riata ST Optim and Durata leads have been returned for analysis worldwide through August 31, 2014. Returned leads may exhibit more than one failure mechanism; hence the incidence rates presented in the table are not mutually exclusive.

#### Durata<sup>™</sup> (WW Sales 434,000) and Riata<sup>™</sup> ST Optim<sup>™</sup> (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	0.015%	
Externalized Conductors – External**	External Abrasion	0.003%	
Lead-to-Can*	External Abrasion	0.048%	
Insulation Damage*	External Abrasion	0.017%	
Intravascular - Inside Out*	Internal Abrasion	0.0006%***	
Externalized Conductors - Inside Out**	Internal Abrasion	0.0002%***	
Internal Abrasion Short Under RV Shock Coil*	Internal Abrasion	0.004%	
Internal Abrasion Short Under SVC Shock Coil*	Internal Abrasion	0.005%	

\*Determined by returned product analysis.

\*\*Includes cases determined by returned product analysis as well as cases identified only by fluoroscopy or visualization of explanted leads.

\*\*\*These values reflect a total of four cases of silicone insulation breach due to inside-out abrasion in the short region not protected by Optim insulation.

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 276).



## 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  $Optim^{M}$  lead insulation, now featured in  $IsoFlex^{M}$   $Optim^{M}$ ,  $Tendril^{M}$  STS,  $OptiSense^{M}$ ,  $QuickFlex^{M} \mu$ ,  $Quartet^{M}$ ,  $Durata^{M}$ , and  $Optisure^{M}$  lead families. Optim lead insulation consolidates the best characteristics of two established CRM lead insulation materials, polyurethane and silicone.

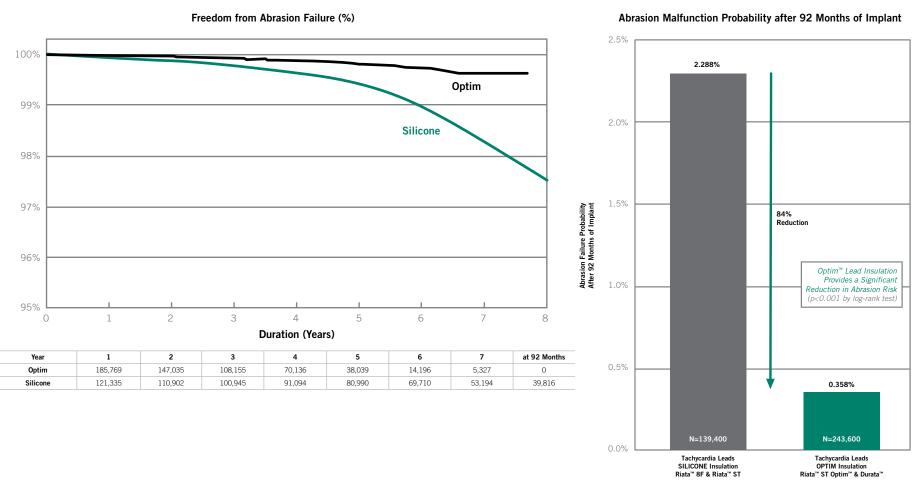
The polyurethane content of Optim lead insulation imparts lubricity, strength, and abrasion resistance while the nearly 50% silicone content imparts flexibility and biostability.<sup>1.2</sup> The clinical performance of >3.1 million Optim insulated pacing and tachycardia leads implanted worldwide continues 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.3 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>TM</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 June 30, 2014 was performed on two groups of leads: (1) tachycardia leads with silicone insulation [Riata and 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 92 months. To provide a direct comparison of both model groups, the probability of an abrasion malfunction by 92 months of implant time is also presented in graphical format below.



The data show that the presence of Optim<sup>M</sup> lead insulation dramatically reduces the probability of abrasion malfunction in tachycardia leads at 92 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 U.S. Returns Analysis Data

<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>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).

<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).



Advisories & Safety Alerts



The following table summarizes recalls, advisories and safety alerts regarding St. Jude Medical implantable devices since 1999. These advisories have been previously communicated to physicians. Advisories associated with non-implantable devices such as catheters are not included in the table. For more information please contact St. Jude Medical Technical Services at 1-800-722-3774.

#### ICD and CRT-D Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Ellipse™ and Ellipse ST™ VR/DR	8/19/2014	St. Jude Medical recommends that patients with affected devices be enrolled in Merlin.net Patient Care Network (PCN) so that any extende
US: CD1309, CD1311*, CD1409, CD1411*, CD2309, CD2311*,	Class II	charge time alert ("Capacitor Charge Time Limit reached" message) will be transmitted to Merlin.net PCN for patients being actively monitored and can be viewed by your clinic staff.
CD2409, CD2411* (all -36, -36Q, -36C and -36QC suffixes).	Extended Charge Time may result in delayed delivery of high voltage therapy or prevent delivery of part or all of	If your patient has received a vibratory notification and/or if a programmer or Merlin.net alert for an extended charge time has been observed:
*Denotes models also sold OUS.	a programmed high voltage therapy shock. The anomaly	Schedule your Ellipse ICD patient for an in-office follow-up evaluation as soon as possible.
OUS: CD1277, CD1279, CD1293, CD1295, CD1377, CD1393, CD2277,	most commonly presents as a vibratory patient notification and upon interrogation, a programmer or Merlin.net™ alert	Interrogate the Ellipse ICD and perform a manual capacitor maintenance charge. Note the charge time to full charge; it should be approximately 15 seconds or less.
CD2279, CD2293, CD2295, CD2377, CD2393 (all -36, -36Q, -36C and	indicating a "Capacitor Charge Time Limit reached" message. This may occur during a capacitor maintenance or charging	<ul> <li>Contact St. Jude Medical's Technical Services Department at 800-722-3774 to review the results of the capacitor maintenance test and discuss if additional evaluation is required.</li> </ul>
-36QC suffixes).	for high voltage therapy. The anomaly occurs as a result of internal damage to the capacitors used in the high voltage	A device that has experienced repeated extended charge time out warnings should be considered for replacement.
	charging circuitry of the subject devices, which may result in	As the large majority of the extended charge time events have presented at the routine 6 month automatic capacitor maintenance interval
	an extended charge time. As designed, the device will deliver the available energy on the capacitors once the charge time	programming the interval to every 4 months at your patient's next scheduled follow up visit may provide an earlier indication of this potential anomaly. It should be noted that changing the device programming to a 4 month capacitor maintenance interval will reduce
	limit of 32 seconds is reached, even if the energy is less than	device longevity by approximately 9%. Device replacement is not recommended for an Ellipse device exhibiting normal charge times.
	the programmed value. This condition is detectable as the	and patients should continue to be followed at routine follow up intervals, per HRS/EHRA Expert Consensus on Monitoring Cardiovascular
	device will initiate a vibratory patient alert and, for patients	Implantable Electronic Devices (CIED), April 2008.
	enrolled and actively being followed, a Merlin.net notification.	

Additionally, upon device interrogation, an alert message will

indicate "Capacitor Charge Time Limit reached" on a specific date. Approximately 97% of Ellipse ICD extended charge time events reported to St. Jude Medical have been detected during capacitor maintenance with the remainder detected during defibrillation threshold (DFT) testing. There have been no reported cases of an Ellipse device failing to deliver high

voltage therapy to a patient when needed.

Current Status (July 31, 2014): The world-wide event rate of extended charge time on the affected population was 0.42%.



### ADVISORIES & SAFETY ALERTS

#### ICD and CRT-D Devices

CD1259-40Q, CD1359-40, CD1359-40Q,

CD1359-40C, CD1359-40QC)

CD2235-40Q)

CD1235-40Q)

CD3215-36Q)

CD3239-40Q) Promote<sup>™</sup> (Model 3213-36) Quadra Assura<sup>™</sup> (Models CD3267-40, CD3267-40Q, CD3367-40, CD3367-40Q, CD3367-40C, CD3367-40QC) Quadra Assura<sup>™</sup> MP (Models CD3371-40, CD3371-40Q, CD3371-40C, CD3371-40QC)

CD3251-40Q)

Fortify<sup>™</sup> ST DR (Models CD2235-40,

Fortify<sup>™</sup> ST VR (Models CD1235-40,

Promote Accel<sup>™</sup> RF (Models CD3215-36,

Promote Quadra<sup>™</sup> (Models CD3239-40.

#### Model Identification Advisory Follow-up Recommendations at Time of Advisory AnalvST Accel<sup>™</sup> DR RF 1/23/2014 Immediate Resolution Steps: (Models CD2219-36, CD2219-36Q) Outside US only Review your SJM ICD/CRT-D\* patient records for patients with affected devices implanted or seen in clinic starting in September 2013 AnalyST Accel<sup>™</sup> VR RF and programmed to a single VF detection zone with the 17.2.2 software. For patients identified during this review we recommend that (Models CD1219-36, CD1219-36Q) In November 2013, St. Jude Medical released the Merlin™ you schedule an immediate follow-up visit. The programmer software version is printed on the bottom of each report page. Current Accel<sup>™</sup> DR RF Programmer Software version 17.2.2 rev. 0 (herein after For patient devices programmed as described above with 17.2.2 software, a new software version 17.2.3 will correct this issue and is (Models CD2215-36, CD2215-36Q) referred to as 17.2.2) as an upgrade to existing programmers. expected to be available by February 2014. Your St. Jude Medical representative will assist you with obtaining and installing the 17.2.3 Current Accel<sup>™</sup> VR RF Testing has shown that, when using a programmer with the software on your programmer. Using this software, programming any parameter will reset the return to sinus criteria to normal function. (Models CD1215-36, CD1215-36Q) 17.2.2 software, an incorrect value for sinus redetection, If a patient is seen before the 17.2.3 software is installed, then program the device to a two or three zone configuration, even if one of the Current<sup>™</sup> DR (Model 2207-36) potentially affecting the high voltage therapy delivery zones is strictly a monitor zone. This will resolve the issue when using a programmer with 17.2.2 software. Current<sup>™</sup> VR (Model 1207-36) sequence can occur when a device is programmed to a Ellipse<sup>™</sup> DR (Models CD2277-36. single VF detection zone. The issue can be introduced during Current Status (June 30, 2014): No occurrences have been reported following the field communication and correction. CD2277-36Q. CD2377-36. CD2377-36Q. programming of certain families of St. Jude Medical ICD/ CD2377-36C, CD2377-36QC) CRTD devices. The issue is not present when a device is Ellipse<sup>™</sup> VR (Models CD1277-36, programmed to a two or three zone configuration. When CD1277-36Q, CD1377-36, CD1377-36Q, using the 17.2.2 software and any parameter is programmed CD1377-36C, CD1377-36QC) as part of a single VF detection zone configuration, the Fortify Assura<sup>™</sup> DR (Models CD2259-40, sinus redetection value will be inappropriately set to zero CD2259-40Q, CD2359-40, CD2359-40Q, milliseconds. As a result, any intrinsic activity following the CD2359-40C, CD2359-40QC) first shock will be considered a "sinus rate" and the device Fortify Assura<sup>™</sup> VR (Models CD1259-40. will diagnose "return to sinus". Therefore, if the arrhythmia

Unifv Assura<sup>™</sup> (Models CD3261-40, CD3261-40Q, CD3361-40, CD3361-40Q, CD3361-40C, CD3361-40QC) Unify Quadra<sup>™</sup> (Models CD3251-40, Unifv<sup>™</sup> (Models CD3235-40, CD3235-40Q)

was not terminated by the initial high voltage therapy, the

causing the next high voltage therapy to also be delivered at

are programmed to higher energy values, the only HV therapy

the patient would receive if the arrhythmia continues and is

redetected, would be 20 joules, rather than the increasing HV

energy levels as programmed.

the first programmed energy level. For example, if the first

shock is programmed to 20 joules and subsequent shocks

ongoing arrhythmia would be considered a new episode



### ICD and CRT-D Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Fortify ST™ (Models CD1235-40, CD1235-40Q, CD2235-40, CD2235-40Q)	4/18/2013 Outside US only The Merlin™ PCS programmer software Model 3330 versions 14.2.2, 16.2.1 and 17.2.1.1 provide new features for St. Jude Medical ICDs, including an option to enhance the ST diagnostic features in St. Jude Medical Fortify ST™ ICD models CD1235-40, CD1235-400, CD2235-40 and CD2235-400 via a device software upgrade. During a device software upgrade, implanted devices are temporarily placed into the back-up pacing (BVVI) and back-up defibrillation only (BDF0) 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.	In order to prevent the potential for inappropriate therapy during the software upgrade process, consider programming the "Tachy Therapy Enabled/Disabled" function to Disabled prior to proceeding with the software upgrade. It is imperative to re-interrogate the device and program the "Tachy Therapy Enabled/Disabled" function to Enabled after the upgrade has been successfully completed. As with any device evaluation and programming, ECG monitoring and availability of back up external defibrillation equipment is recommended during the entire software upgrade process. <b>Current Status (June 30, 2014):</b> At the time of the advisory there were 20 devices confirmed to be affected by this issue. As of June 30, 2014 there were an additional 52 devices confirmed with this issue. There have been no reports of serious injury or death.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Convert™+ (Model V-195)	5/6/2010 Outside US only A condition where devices programmed to a two-zone tachy therapy configuration, using a Merlin™ Patient Care System (PCS) programmer running version 7.2.1, 8.2.1 or 10.2.0 software, can result in the VT Therapy Timeout parameter being programmed OFF and HV therapy not being available if ATP therapies are unsuccessful.	If a patient's device is already programmed to a two zone configuration with a Merlin <sup>™</sup> 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 <sup>™</sup> PCS programmer software version 10.2.2 which has received regulatory approval. Subsequently using a Merlin <sup>™</sup> 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 (June 30, 2014): At the time of the advisory there was one report of this issue out of approximately 330 Convert+ Model V-195 ICDs distributed in Europe and Asia. As of June 30, 2014, 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 <sup>™</sup> ICDs (Models V-197, V-235, V-337, V-338, V-339), Epic <sup>™</sup> + ICDs (Models V-196, V-233, V-236, V-239, V-350) Epic <sup>™</sup> II ICDs (Models V-158, V-255, V-258, V-355, V-356, V-357) Atlas <sup>™</sup> + ICDs (Model V-340, V-341, V-343, V-193, V-242, V-243) Atlas <sup>™</sup> 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 <sup>™</sup> and Atlas <sup>™</sup> 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 <sup>™</sup> 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. <b>Current Status (June 30, 2014):</b> At the time of the advisory, there were 8 worldwide (6 U.S.) devices confirmed to have been affected by this issue. As of June 30, 2014 there have been no additional devices confirmed to have this issue since the time of the advisory.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Photon™ DR (V-230HV) (certain serial numbers), Photon™ Micro VR/DR (Models V-194, V-232), Atlas™ VR/DR (Models V-199, V-240)	10/7/05 Class II A particular vendor-supplied memory chip can be affected at a low frequency rate by background levels of atmospheric ionizing cosmic radiation ("background cosmic radiation"). The anomaly can trigger a temporary loss of pacing function and permanent loss of defibrillation support.	In the unlikely event that a device chip is affected by background cosmic radiation, the high current drain condition will deplete the battery voltage rapidly. This can result in loss of output for a period up to approximately 48 hours. During this period, the patient would be without pacing or defibrillation therapy. After this initial period, the battery will reach a voltage level at which the device will enter its "Hardware Reset Mode." This safety mode is designed to preserve the device's ability to provide VVI pacing support. A device that has been reset to the Hardware Reset Mode will operate in the VVI mode at 60 ppm, but will not be capable of providing tachycardia detection or therapy. This will be noted by a warning message on the programmer screen upon device interrogation.
		To assist in your patient care and following discussions with our independent Medical Advisory Board, St. Jude Medical recommends: If it is not already your current practice, physicians should perform routine device monitoring every three months for patients with the affected models listed above. In determining whether additional patient management or follow up may be needed, consider the low failure rate for the anomaly and the unique medical needs and situation of each individual patient, including whether the patient is pacemaker dependent or at high risk for life-threatening arrhythmias. If a patient's device is found in the Hardware Reset Mode, you should arrange for device replacement as soon as possible.You should continue to provide patients with the usual admonitions to keep scheduled appointments and to report all changes in symptoms.

**Current Status (June 30, 2014):** At the time of the advisory, there were 60 worldwide (38 U.S.) devices confirmed to have been affected by this issue. As of June 30, 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

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic <sup>™</sup> DR/HF (V-233, V-337, V-338), Epic <sup>™</sup> Plus DR/VR/HF (V-236, V-239, V-196, V-239T, V-196T, V-350), Atlas <sup>™</sup> DR (V-242), and Atlas <sup>™</sup> Plus DR/VR/HF (V-243, V-193, V-193C, V-340, V-341, V-343)	<ul> <li>6/13/05</li> <li>Class II</li> <li>Two anomalies have been identified:</li> <li>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.</li> <li>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.</li> </ul>	Two anomalies were discovered during routine product monitoring. <b>Neither of these anomalies presents a significant clinical risk</b> to your patients, and no clinical complications have been reported to St. Jude Medical. <b>Both are easily corrected</b> 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 <sup>®</sup> DR/HF (V-233/V-337/V-338), Epic <sup>®</sup> Plus DR/VR/HF (V-236/V-239/V-196/V-239T/V-196T/V-350), Atlas <sup>®</sup> DR (V-242), and Atlas <sup>®</sup> Plus DR/VR/HF (V-243/V-193/V-193/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 fining 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 ingit-vortage capacitors. After a capacitor charge, if a rate responsive pacing mode (e.g., DDR, WIR, 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 patients.

Current Status (June 30, 2014): 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

early battery depletion

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic <sup>™</sup> (V-197, V-235), Epic <sup>™</sup> + (V-196, V-236), Epic <sup>™</sup> HF CRT-0 (V-338), Epic <sup>™</sup> + HF CRT-0 (V-350), Atlas <sup>™</sup> + HF CRT-0 (V-340), or Atlas <sup>™</sup> (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. <b>To date, there have been no field</b> <b>reports of any magnet mode failures, nor have there been any clinical complications reported associated with this issue.</b> Magnet mode application is usually used to inhibit tachycardia therapy such as when a patient is subjected to electrocautery during a surgical procedure. In order to remedy this situation, in addition to this notification, St. Jude Medical Sales Representatives and Field Clinical Engineers have been provided with a simple software tool that can be used to set, via the programmer, the reed switch's magnet sensitivity to the proper value. You may contact them to schedule this reprogramming at the patient's next scheduled follow-up visit or at your discretion.
		Current Status (June 30, 2014): 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/	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. <b>Those potentially affected devices that have not exhibited any anomalous behavior within 24 months of</b>

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: Low Voltage Module: The devices may exhibit sudden loss of sensing or oversensing of internally generated interference (noise) resulting

Low Voltage Module: 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	Advisory	Follow-up Recommendations at Time of Advisory
Accent™ SR (Model PM1110) Accent™ DR (Model PM2112)	12/7/12 Outside US Only Due to an incorrect software setting, a specific subset of the Accent <sup>™</sup> SR and Accent <sup>™</sup> DR shipped to certain countries outside the US will not provide a change in the sensor driven (rate responsive) pacing rates in response to patient physical activity. All other programmed parameters, features and functions operate as designed, e.g. an Accent DR device programmed to DDDR will appropriately track atrial activity and 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.	<ul> <li>St. Jude Medical makes the following recommendations:</li> <li>Identify affected patient</li> <li>Review your patient's clinical indications for pacing and determine the clinical need for rate responsive, sensor driven pacing.</li> <li>In the event that a patient requires rate responsive sensor driven activity pacing and exhibits clinical symptoms due to the lack of increased pacing rates with exercise, please contact your local Sales Representative or our Technical Support</li> <li>Continue to follow patients on their standard follow-up schedule.</li> <li>Current Status (June 30, 2014): The programmer software update was released in April 2013. At the time of the 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, 2014.</li> </ul>

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Accent <sup>™</sup> DR (Models PM2110, PM2112, PM2210, PM2212), Anthem <sup>™</sup> CRT-P (Models PM3110, PM3112, PM3210, PM3212)	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 <sup>™</sup> Patient Care Network alert, or a prior alert message to be displayed on the programmer screen at the next in-clinic follow-up.	In order to prevent a false reading, a new Merlin <sup>™</sup> Patient Care System programmer software version is available. When used to interrogate an Accent DR or Anthem CRT-P pacemaker this software will eliminate the potential for this anomaly to occur. With the new software, the programmer will automatically activate circuitry in the pacemaker during the interrogation process to ensure that any residual charge on the capacitor is discharged prior to performing the daily PLI measurement. The onetime upgrade is performed automatically on affected devices and will not change the operation of the implanted device. Your St. Jude Medical Sales Representative will assist you in loading the new programmer software onto your Merlin programmer. If you are following any patients implanted with Accent DR pacemakers or Anthem CRT-P devices, St. Jude Medical makes the following recommendations, which are consistent with standard best practices: Ensure that the new programmer software version is loaded on your programmers as soon as practical.
		<ul> <li>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.</li> </ul>
		In the event that a patient receives a low lead impedance alert before the new programmer software has been loaded, we suggest that you evaluate the device as you normally would for any such instance. If the daily pacing lead impedance value is out-of range, re-interrogate the device's measured data and look at the lead impedance values. This "in-clinic" measurement is not affected by the aforementioned capacitor charge build-up and will provide an accurate lead impedance measurement.

Current Status (June 30, 2014): 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 (Model 5172) Identity™ DR (Model 5370) Identity™ XL DR (Model 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 <sup>™</sup> 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 <sup>™</sup> family of pacemakers when programmed by the St. Jude Medical APS <sup>™</sup> III Model 3500/3510 or Merlin <sup>™</sup> Patient Care System Model 3650 programmers.	No follow-up is recommended at the time of advisory. Devices do not need to be replaced. A programmer software update, pending FDA and other regulatory agency approval, will mitigate this anomaly when the device is interrogated. Before the programmer software update is available, any subsequent measured data update that is performed during the session would be valid and the device operating magnet rate would be up-to-date. After the programmer software update is available, any device affected by this issue will be automatically corrected via the normal interrogation process.  Current Status (June 30, 2014): At the time of the advisory, there were 53 worldwide (50 U.S.) devices confirmed to have been affected by this issue. As of June 30, 2014 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, 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 ON Additionally, it should be noted that even with the following settings, the shortened pacing interval will not occur unless specific internal timing and other conditions are met. If the device is programmed to any other combination of settings (e.g. base rate, hysteresis rate and rest rate all at 60 ppm or above, or AutoCapture programmed OFF), the scenario described above cannot occur.

St. Jude Medical recommends that physicians review their records to identify which, if any, of their patients implanted with a subject device have programmed settings as described above. For these patients, they should schedule a pacemaker programming session as soon as possible to temporarily program AutoCapture OFF or adjust the base rate, rate hysteresis and rest rate to 60 ppm or above. The root cause of potentially delivering the short pacing interval has been identified and a downloadable firmware correction has been developed to prevent any future occurrence. The revised firmware will be made available to the physicians via a new programmer software version immediately following FDA approval. The revised code will be downloaded automatically during pacer interrogation and will take approximately six seconds. At the time of the FDA approval, all newly manufactured and distributed products will also have the new pacemaker code.

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 (June 30, 2014): There have been no implanted devices confirmed to have been affected by this issue since the time of the advisory.



#### Pacemaker and CRT-P Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Tempo™ (Model 2102) Meta™ (Model 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. <b>For patients who are pacemaker dependent</b> , 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™ (Models 1102, 1902, 2102, 2902) Meta™ (Model 1256D)	11/04/02 Class II Dendritic growth at the battery/hybrid connection could cause	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:
imeta (miouei 1236D)	a short circuit, which in turn could result in premature battery depletion.	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

For patients who are not considered pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Meta™ DDDR (Model 1256)	6/6/00 Class II Integrated circuit failure due to electrostatic discharge during	This Advisory applies to a well-defined group of Meta <sup>™</sup> 1256 pacemakers, which have been observed to exhibit decreased reliability. The following recommendations are made:
	manufacturing resulting in no output or sensing anomalies.	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

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

This Advisory applies to a well-defined group of Tempo<sup>™</sup> and Meta<sup>™</sup> 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

6/6/00

Class II

depletion.

Trilogy<sup>™</sup> (Models 2250L, 2260L, 2264L, 2308L, 2318L, 2350L, 2360L, 2364L)

**Model Identification** 

Meta<sup>™</sup> (Model 1256D)

2102, 2902)

Tempo<sup>™</sup> (Models 1102, 1902,

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.

Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery

Continued monitoring of Trilogy<sup>TM</sup> 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

Follow-up Recommendations at Time of Advisory

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:

 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

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Affinity™ (Models 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™ (Models 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	<ul> <li>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 follow-up schedule and device monitoring is advised.</li> <li>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 pschedule 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.</li> <li>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 free chart. Otherwise, if the battery impedance if chart value has been recorded at least 12 months post-implant. Thereafter, continue to monitor the battery impedance with your routine follow-up schedule date deterety patient value for the battery appeared at a telemetry until that value has been recorded at least 12 months post-implant. Thereafter, continue to monitor the battery impedance or schedule for that patient (6-month intervals recommended). If follow-up schedule</li> </ul>

If the battery impedance reading is 1 kOhm or higher and the pacemaker has been implanted for less than two years, it is likely that the system is demonstrating accelerated battery depletion. Please contact your local Field Representative or Technical Services.

visits every six months is not your routine schedule, then an additional visit at 18 months should be performed.



### Left-Heart Leads

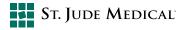
Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
QuickSite™ (Models 1056T, 1058T) QuickFlex™ (Models 1156T, 1158T)	4/3/2012 Class II Abrasion of the silicone insulation in the distal portion of QuickSite and QuickFlex leads has led to visual observations of externalized conductors.	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.
	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%.	Current Status (June 30, 2014): At the time of the advisory there was a worldwide reported externalized conductor rate of 0.023% in QuickSite and QuickFlex leads. As of June 30, 2014, the worldwide reported externalized conductor rate for QuickSite and QuickFlex leads was 0.11%.



#### Defibrillation Leads

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Riata <sup>™</sup> Defibrillation Lead (Models 1570, 1571, 1572, 1580, 1581, 1582) District Defibrition Lead (Models	11/28/2011 Class I	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.
Riata <sup>™</sup> i Defibrillation Lead (Models 1560, 1561, 1562, 1590, 1591, 1592) Riata™ ST Defibrillation Lead (Models 7000, 7001, 7002, 7010, 7011, 7040,	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	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.
7041, 7042)	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	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.
	observed in Riata ST Optim <sup>™</sup> and Durata <sup>™</sup> models due to the presence of an abrasion resistant outer Optim <sup>™</sup> lead insulation sheath.	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.
	A summary of the types and incidence rates of Riata lead abrasion malfunctions is presented on pages 272-276 of this Product Performance Report.	If there is evidence of a lead electrical failure, manage the patient per standard practice. <sup>1</sup> 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.
		The value of routine x-ray or fluoroscopy for patients with leads having no electrical abnormalities is unknown at this time and is therefore not recommended.
		In addition, prophylactic explant or replacement of a lead without electrical dysfunction is not recommended.
		Currently there is no expert consensus regarding whether patients undergoing pulse generator replacement should undergo fluoroscopy or lead replacement should an externalized conductor without electrical anomalies be present. This is, in part, because the risk versus benefit of replacing a lead in such a patient may vary from patient to patient and center to center. Clinical decisions in this setting should be individualized based on specific patient conditions and circumstances.
		Based on input from the MAB, St. Jude Medical is conducting a prospective study to evaluate further the incidence of externalized conductors and the long-term performance of leads with externalized conductors that do not exhibit electrical abnormalities.
		Current Status (August 31, 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 August 31, 2014, there have been additional reports. The worldwide reported rates of all-cause abrasion and externalized conductors for Riata silicone leads was 3.18% and 1.85% respectively.
		Four cases of Riata 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>1</sup> Epstein, A.E. "Troubleshooting of Implantable Cardioverter-Defibrillators." <u>Clinical Cardiac Pacing. Defibrillation, and Resynchronization</u> <u>Therapy, 3rd ed.</u> Eds. Ellenbogen, K.A., Kay G.N., Lau, C-P., Wilkoff, B.L. Philadelphia: Elsevier, 2007. 1063-1086.



### Defibrillation Leads

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Riata <sup>™</sup> Defibrillation Lead (Models 1570, 1571, 1572, 1580, 1581, 1582) Riata <sup>™</sup> i Defibrillation Lead (Models 1560, 1561, 1562, 1590, 1591, 1592) Riata <sup>™</sup> ST Defibrillation Lead (Models 7000, 7001, 7002, 7010, 7011, 7040, 7041, 7042)	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 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.	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. <sup>1</sup> 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. <b>Current Status (August 31, 2014):</b> At the time of the advisory there was a worldwide reported insulation abrasion rate of 0.47% for Riata silicone leads. As of August 31, 2014, there have been additional reports and the worldwide reported insulation abrasion rate is 3.18%.

<sup>1</sup> Epstein, A.E. "Troubleshooting of Implantable Cardioverter-Defibrillators." <u>Clinical Cardiac Pacing, Defibrillation, and Resynchronization</u> <u>Therapy, 3rd ed.</u> Eds. Ellenbogen, K.A., Kay G.N., Lau, C-P., Wilkoff, B.L. Philadelphia: Elsevier, 2007. 1063-1086.

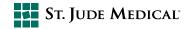


### ICM Devices

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
SJM Confirm <sup>™</sup> ICM (Models DM2100, DM2102)	3/11/2011 Class II US and Germany A product firmware upgrade using the Merlin™ Patient Care System (PCS) programmer running software versions 10.1.1.3, 10.1.1.2, or 11.2.2 leaves the implantable cardiac monitor device in a state which results in increased current usage. If not corrected this state could result in premature battery depletion.	If you are following any patients implanted with the SJM Confirm Models DM2100 or DM2102 and their device was upgraded using the Merlin programmer with the above mentioned software versions it is recommended to determine the patient's clinical reason for the implant and their continued need for the device: If the device has previously been used to record and assist in the diagnosis of an arrhythmia and is no longer needed, no further action is required. The device will exhaust its battery capacity prior to the 3 year expected longevity. If the unit is still indicated for diagnosing a potential clinical arrhythmia, contact your Field Clinical Engineer and he/she will assist in calculating the projected remaining longevity. If appropriate, the microprocessor operation can be reset to the nominal current drain. If the device is no longer indicated it can be left implanted until such time that a routine explant is desired. If the device is determined to be necessary and is experiencing increased current usage as described above, it can be corrected with assistance from your Sales Representative or St. Jude Medical Technical Services. St. Jude Medical is in the process of developing new Merlin PCS programmer software that will properly upgrade SJM Confirm devices.
		<b>Current Status (June 30, 2014):</b> 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 prevent 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>12</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: <sup>1</sup> Hayes and Friedman, Cardiac Pacing, Defibrillation and Resynchronization, 2nd Edition, p. 192

<sup>2</sup> Ellenbogen and Wood, Cardiac Pacing and ICDs, 4th Edition, p. 227



# INDEX



## INDEX

CRT Devices	Pg	ICDs	Pg
Allure Quadra™ RF CRT-P (PM3242)	58	Current <sup>™</sup> DR RF (2207-30)	104
Anthem <sup>™</sup> RF CRT-P (PM3210)	59	Current <sup>™</sup> DR RF (2207-36)	102
Atlas™ II + HF CRT-D (V-366)	43	Current <sup>™</sup> VR RF (1207-36)	131
Atlas™ II HF CRT-D (V-365)	44	Current <sup>™</sup> + VR (CD1211-36Q)	128
Atlas <sup>™</sup> + HF CRT-D (V-343)	45	Current <sup>™</sup> + VR (CD1211-36)	130
Frontier™ II CRT-P (5586)	61	Ellipse <sup>™</sup> DR (CD2311-36Q)	90
Promote™ RF CRT-D (3207-36)	41	Ellipse <sup>™</sup> DR (CD2311-36)	91
Promote <sup>™</sup> + CRT-D (CD3211-36Q)	37	Ellipse <sup>™</sup> DR (CD2411-36C)	87
Promote™ + CRT-D (CD3211-36)	39	Ellipse <sup>™</sup> DR (CD2411-36Q)	86
Quadra Assura™ CRT-D (CD3265-40Q)	24	Ellipse™ VR (CD1311-36Q)	123
Quadra Assura™ CRT-D (CD3265-40)	26	Ellipse <sup>™</sup> VR (CD1311-36)	124
Quadra Assura™ CRT-D (CD3365-40C)	21	Ellipse <sup>™</sup> VR (CD1411-36Q)	119
Quadra Assura™ CRT-D (CD3365-40Q)	19	Epic <sup>™</sup> + VR (V-196)	135
Unify™ CRT-D (CD3231-40Q)	33	Fortify <sup>™</sup> DR (CD2231-40Q)	94
Unify™ CRT-D (CD3231-40)	35	Fortify <sup>™</sup> DR (CD2231-40)	96
Unify Assura™ CRT-D (CD3257-40Q)	27	Fortify <sup>™</sup> VR (CD1231-40Q)	125
Unify Assura™ CRT-D (CD3257-40)	28	Fortify <sup>™</sup> VR (CD1231-40)	127
Unify Assura™ CRT-D (CD3357-40C)	23	Fortify Assura <sup>™</sup> DR (CD2257-40Q)	92
Unify Assura™ CRT-D (CD3357-40Q)	22	Fortify Assura <sup>™</sup> DR (CD2257-40)	93
Unify Quadra™ CRT-D (CD3249-40Q)	29	Fortify Assura <sup>™</sup> DR (CD2357-40C)	89
Unify Quadra™ CRT-D (CD3249-40)	31	Fortify Assura <sup>™</sup> DR (CD2357-40Q)	88
		Fortify Assura™ VR (CD1257-40Q)	121
Left-Heart Leads	Pg	Fortify Assura <sup>™</sup> VR (CD1257-40)	122
Quartet™ (1458Q)	67	Fortify Assura <sup>™</sup> VR (CD1357-40Q)	120
QuickFlex™ (1156T)	71		
QuickFlex™ XL (1158T)	73	Defibrillation Leads	Pg
QuickFlex™ µ (1258T)	69	Durata™ (7122)	155
QuickSite™ (1056T)	77	Durata™ DF4 (7120Q, 7121Q)	149
QuickSite™ (1056K)	79	Durata™ (7120, 7121)	153
QuickSite™ XL (1058T)	75	Durata <sup>™</sup> DF4 (7122Q)	151
		Durata™ DF4 (7170Q, 7171Q)	147
ICDs	Pg	Riata™ (1570, 1571)	170
Atlas™ II + DR (V-268)	105	Riata™ (1580, 1581)	171
Atlas™ + DR (V-243)	106	Riata™ (1582)	169
Atlas™ DR (V-242)	107	Riata <sup>™</sup> <i>i</i> (1560, 1561)	167
Atlas™ II VR (V-168)	133	Riata <sup>™</sup> <i>i</i> (1590, 1591)	168
Atlas™ + VR (V-193)	134	Riata™ ST (7000, 7001)	165
Current <sup>™</sup> + DR (CD2211-36Q)	98	Riata™ ST (7002)	164
Current <sup>™</sup> + DR (CD2211-36)	100	Riata™ ST (7010, 7011)	162
		Riata™ ST (7040, 7041)	163



## INDEX

**Pg** 

**Pg** 

**Pg** 

Defibrillation Leads	Pg	Pacing Leads
Riata™ ST Optim™ (7020, 7021)	159	AV Plus™ DX (1368)
Riata™ ST Optim™ (7022)	161	IsoFlex <sup>™</sup> P (1648T)
Riata™ ST Optim™ (7070, 7071)	157	IsoFlex <sup>™</sup> S (1642T)
SPL <sup>™</sup> (SP01, SP02, SP03, SP04)	174	IsoFlex™ S (1646T)
TVL <sup>™</sup> ADX (1559)	173	IsoFlex <sup>™</sup> Optim <sup>™</sup> (1944)
		IsoFlex <sup>™</sup> Optim <sup>™</sup> (1948)
Pacemakers	Pg	OptiSense™ (1699T, 1699TC)
Accent <sup>™</sup> DR (PM2110)	185	OptiSense™ (1999)
Accent <sup>™</sup> DR RF (PM2210)	183	Passive Plus™ (1136T, 1142T, 1145T,
Accent <sup>™</sup> SR (PM1110)	212	1222T, 1226T, 1236T, 1242T, 1246T)
Accent <sup>™</sup> SR RF (PM1210)	213	Passive Plus™ DX (1336T, 1342T, 1346T)
Affinity <sup>™</sup> DC (5230)	203	Tendril™ (1148T, 1188T)
Affinity™ DR (5330, 5331)	203	Tendril™ (1782T, 1782TC)
Affinity™ SR (5130, 5131)	224	Tendril™ (1788T, 1788TC)
Assurity <sup>™</sup> DR RF (PM2240)	182	Tendril <sup>™</sup> DX (1388T, 1388TC)
Entity™ DC (5226)	202	Tendril <sup>™</sup> SDX (1488T, 1488TC)
Entity <sup>™</sup> DR (5326)	202	Tendril <sup>™</sup> SDX (1688T, 1688TC)
Identity <sup>™</sup> (5370)	200	Tendril <sup>™</sup> ST Optim <sup>™</sup> (1882T, 1882TC)
Identity ADx™ DR (5380)	196	Tendril™ ST Optim™ (1888T, 1888TC)
Identity ADx <sup>™</sup> SR (5180)	220	Tendril <sup>™</sup> STS (2088TC)
Identity ADx <sup>™</sup> XL DC (5286)	197	
Identity ADx™ XL DR (5386)	197	Implantable Cardiac Monitors
Identity <sup>™</sup> SR (5172)	221	SJM Confirm <sup>™</sup> (DM2100)
Identity™ XL (5376)	201	
Integrity <sup>™</sup> ADx DR (5366)	195	Focus on Clinical Performance
Integrity <sup>™</sup> AFx DR (5342, 5346)	199	Update on Durata <sup>™</sup> Lead Performance
Integrity <sup>™</sup> SR (5142)	223	Update on Optim™ Lead Insulation
Microny <sup>™</sup> (2425T, 2525T, 2535K)	222	Update on Riata™ Lead Performance
Verity ADx <sup>™</sup> XL DC (5256)	194	
Verity ADx <sup>™</sup> XL DR (5356)	194	
Verity ADx <sup>™</sup> XL DR M/S (5357M/S)	194	
Verity ADx <sup>™</sup> XL SC (5056)	219	
Verity ADx <sup>™</sup> XL SR (5156)	219	
Verity ADx <sup>™</sup> XL SR M/S (5157M/S)	219	
Victory <sup>™</sup> DR (5810)	189	
Victory <sup>™</sup> SR (5610)	218	
Victory <sup>™</sup> XL DR (5816)	192	
Zephyr <sup>™</sup> DR (5820)	187	
Zephyr <sup>™</sup> SR (5620)	217	
Zephyr™ XL DR (5826)	190	
Zephyr <sup>™</sup> XL SR (5626)	215	



# 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.

Riata<sup>™</sup> ST Optim<sup>™</sup> (7030, 7031) TVL<sup>™</sup> RV (RV01, RV02, RV03, RV06, RV07) TVL<sup>™</sup> SVC (SV01, SV02, SV03)

Page 306

May 2010

May 2010



## Phased-out Models

Pacing Leads	Final Edition
ACE™ (1015M, 1025M)	Oct 2009
Fast-Pass™ (1018T, 1028T)	Oct 2009
IsoFlex <sup>™</sup> P (1644T)	Apr 2011
Passive Plus™ (1135K, 1143K, 1145K,1235K, 1243K, 1245K)	May 2010
Passive Plus™ DX (1343K, 1345K)	May 2010
Permathane <sup>™</sup> ACE (1035M)	May 2010
Permathane <sup>™</sup> ACE (1036T, 1038T)	May 2010
Tendril™ (1188K)	May 2010
Tendril™ DX (1388K)	May 2010
Unipolar Lead (Model 1007)	May 2010



#### Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Unless otherwise noted, TM indicates that the name is a trademark of, or licensed to, St. Jude Medical or one of its subsidiaries. ST. JUDE MEDICAL and the nine-squares symbol are trademarks and service marks of St. Jude Medical, Inc. and its related companies. © 2014 St. Jude Medical, Inc. All Rights Reserved.

#### St. Jude Medical Inc.

Global Headquarters One St. Jude Medical Drive St. Paul, Minnesota 55117 USA **T** +1 651 756 2000 | **F** +1 651 756 3301 St. Jude Medical Inc. Implantable Electronic Systems 15900 Valley View Court Sylmar, California 91342 USA T +1 818 362 6822 I F +1 818 364 5814 **St. Jude Medical S.C., Inc.** Americas Division 6300 Bee Cave Road Bldg. Two, Suite 100 Austin, Texas 78746 USA **T** +1 512 286 4000 | **F** +1 512 732 2418 SJM Coordination Center BVBA The Corporate Village Da Vincilaan 11-Box F1 B-1935 Zaventem, Belgium T +32 2 774 68 11 | F +32 2 772 83 84

### SJMprofessional.com

