PRODUCT PERFORMANCE REPORT

Cardiac Rhythm Management

May 2010



Letter from St. Jude Medical

May 2010

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 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, implantable cardioverter defibrillators (ICDs), pacemakers and implantable pacing and defibrillation leads.

This is the fourth report to include data from the **S**t. Jude Medical Product Longevity and Performance Registry (SCORE). SCORE is an active, ongoing source of information on the reliability and performance of St. Jude Medical cardiac rhythm management products. Unlike other active registries, SCORE tracks information on multiple product families, including leads as well as ICD and pacemaker models, making it the most comprehensive registry in the industry. This prospective, non-randomized, multi-center registry complements the data gathered from returned product analysis. In addition to helping determine and report survival probabilities, the data from this registry may also be used to support design and development of new cardiac rhythm management products. SCORE started enrolling patients in June 2007. The registry will actively monitor indefinitely the performance of implanted St. Jude Medical products at participating sites and is thus designed to include new products as they become available. SCORE is just one example of how we are working to reduce risk and set new standards for quality, performance and reliability.

Starting with this report, St. Jude Medical is pleased to provide survival probability and data associated with our Durata[®] SJ4 defibrillation leads. The Durata SJ4 employs a new in-line connector design which consolidates one IS-1 and two DF-1 connectors, thereby reducing bulk and procedure complexity. The Durata SJ4 retains the benefits of the Durata lead family, most notably the Optim[®] lead insulation offering increased resistance to abrasion, the soft silicone tip and slightly curved RV coil that reduces tip pressure, and the symmetrical body and centrally aligned cables that provide substantial lead body strength.

St. Jude Medical recognizes the value of the industry working together to provide transparent and consistent information about the performance of cardiac rhythm management products. Following the 2005 Policy Conference on Pacemaker and ICD Device Performance, cardiac device companies worked through an industry trade association, AdvaMed, to establish uniform guidelines for product performance reporting. The most recent output of this industry effort was the August 2009 revision of the document entitled <u>"Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads"</u>. This revision thoroughly addresses lead performance reporting by defining the methods and categories for reporting acute observations, chronic complications and laboratory-confirmed malfunctions. Starting with the October 2009 performance report, St. Jude Medical adopted these updated AdvaMed guidelines in order to provide physicians and their patients with enhanced device performance information that is consistent across manufacturers.

As we continually strive to provide unbiased and reliable information on the performance of our products, we are pleased to release this product performance report with the latest performance information on our implantable cardiac monitors, ICDs, pacemakers and lead systems.

Sincerely,

Kattleen M. Chester

Kathleen M. Chester Sr. Vice President, Regulatory Affairs & Quality Assurance Cardiac Rhythm Management



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INTRODUCTION AND OVERVIEW

Serving our mission

The St. Jude Medical mission is to develop medical technology and services that put more control into the hands of those who treat cardiac, neurological and chronic pain patients worldwide. We do this because we are dedicated to advancing the practice of medicine by reducing risk wherever possible and contributing to successful outcomes for every patient.

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; and
- Continuous improvement programs

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

For all ICDs starting with the Photon[™] Micro device and for all pacemakers starting with the Affinity[®] device, you will find the analysis of data, according to the industry guidelines, collected through December 31, 2009, including:

A graph of survival probability that reflects the frequency of device removal (including normal battery depletion, malfunction with compromised therapy, and malfunction without compromised therapy). It includes non-returned devices removed from service for battery depletion with no associated complaint as normal battery depletions as well as a method to adjust for under-reporting;

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- A graph of survival probability that excludes normal battery depletion in the analysis;
- A longevity bar representing the range of longevities for each model as referred to in the User's Manual;
- A table that accompanies and summarizes the data in each graph; and
- An update to <u>Advisories</u> on implantable devices starting in 2003.
- The survival charts include a summary description section, as identified below:

ICDs and Pacemakers

US Regulatory Approval Date	Number of Normal Battery Depletions
Registered Number of US Implants	Number of Malfunctions (including returns related to advisories)
Estimated Number of Active US Implants	Number of Advisories
Estimated Longevity in years	Maximum Delivered Energy – in joules (ICDs only)

Leads

US Regulatory Approval Date	Polarity
Registered Number of US Implants	Steriod
Estimated Number of Active US Implants	Number of Advisories
Insulation Material	Observations, Complications, and Lead Malfunctions for the recently released models
Lead Type and/or Fixation	

Additional data summary tables for ICDs starting with the Photon[™] Micro device and pacemakers starting with the Affinity[®] device can be found for Cardiac Resynchronization Therapy (CRT) ICDs on <u>page 29</u>, for CRT-Pacemakers on <u>page 39</u>, for ICDs on <u>pages 75</u> and <u>96</u> and for Pacemakers on <u>pages 161</u> and <u>187</u>.

For ICDs prior to the Photon[™] Micro device and pacemakers prior to the Affinity[®] device, you will find analysis of the data collected through December 31, 2009, consistent with previous product performance reporting methods. These device models include:

ICDs	Pacemakers		
Contour™ MD V-175, V-175AC,	Trilogy™ DR+ 2360, 2364	Microny [®] 2425T, 2525T, 2535K	Trilogy™ SR+ 2260, 2264
V-175B, V-175C, V-175D	Paragon™ III 2304, 2314, 2315	Regency [®] SC+ 2400L, 2402L	Solus [®] II 2006, 2007
	Synchrony [™] III 2028, 2029	Tempo™ V 1102	Solus [®] 2002, 2003
	AddVent™ 2060	Tempo [™] VR 1902	Phoenix [™] II 2005, 2008, 2009

Older lead models for which survival charts are presented consistent with previous product performance reporting methods include:

Defibrillation Leads	Pacing Leads		
TVL [™] ADX 1559	Tendril® 1148, 1188T	Passive Plus® DX 1336T, 1342T,	Passive Plus [®] 1135K, 1143K,
SPL [®] SP01, SP02, SP03, SP04	Tendril [®] DX 1388T/TC	1346T	1145K, 1235K, 1243K, 1245K
TVL [™] RV RV01, RV02, RV03, RV06,	Passive Plus [®] 1136T, 1142T,	Permathane™ ACE 1036T, 1038T	Passive Plus [®] DX 1343K, 1345K
RV07	1146T, 1222T, 1226T, 1236T,	Tendril [®] 1188K	Permathane [™] ACE 1035M
TVL™ SVC SV01, SV02, SV03	1242T, 1246T	Tendril [®] DX 1388K	AV Plus [®] 1368
		Fast-Pass [®] 1007	

We have also included a summary of the methods used for measuring product performance and a summary of the definitions for key terms used in preparing the report.

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WHAT'S NEW IN THIS REPORT

Durata[®] SJ4 Leads Data:

Starting with this report, St. Jude Medical is pleased to present survival probability and associated performance data on Durata[®] SJ4 defibrillation leads. Durata SJ4 and its single, in-line, four pole connector was introduced to the U.S. market in January 2009 with over 6,000 U.S. registered implants through December 31, 2009. Features of the Durata SJ4 include a single terminal pin connection that eliminates the yoke, minimizes bulk, and decreases the chances of lead to port mismatch. This design also uses fewer setscrews, which lessens complexity and helps to streamline procedures.

Optim® Insulation Performance:

Now that Optim insulation has been on the market for more than 3 years, with over 250,000 leads implanted in the U.S., a thorough analysis of Optim insulation performance has been performed and is presented on p. 234 of this report. Optim insulation is a silicone-polyurethane co-polymer which consolidates the best characteristics of two established CRM lead insulation materials, polyurethane and silicone. The most noteworthy reliability benefit of Optim[®] lead insulation has been a statistically significant reduction in lead insulation abrasion as compared to silicone insulated leads.

SCORE Registry Data:

St. Jude Medical is pleased to again provide results from the SCORE (**S**t. Jude Medical Product Longevity and Performance) Registry. SCORE is an active, ongoing source of reliability and performance information for St. Jude Medical market-released cardiac rhythm management products – including multiple product families of leads, ICD models and pacemaker models. SCORE Registry data complements the data collected from returned product analysis, further enhancing performance reporting from St. Jude Medical.

To ensure a sufficiently large and appropriately representative source of data, 45 clinical sites are participating in the SCORE Registry with approximately 5,800 patients enrolled as of December 31, 2009. Using a common protocol, these sites are individually monitoring and reporting on the performance of St. Jude Medical cardiac rhythm management products used at their site.

In order for a device model to be included in this report, 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. Consistent with industry practice, lead complications are included in the survival calculations for events with implant duration greater than 30 days.

The registry will actively monitor indefinitely the performance of implanted St. Jude Medical products at participating sites and is thus designed to include new products as they become available. In this report, the following device models have data from the SCORE Registry included:

ICDs

Promote[®] RF (Model 3207-36) Current[®] DR RF (Model 2207-36) Current[®] VR RF (Model 1207-36)

Defibrillation Leads

Durata[®] (Models 7120/7121) Durata[®] (Model 7122) Riata[®] ST Optim[®] (Models 7020/7021) Riata[®] ST (Models 7000/7001) Riata[®] (Models 1580/1581)

Pacemakers

Zephyr[®] DR (Model 5820) Zephyr[®] DR (Model 5826) Zephyr[®] SR (Model 5626) Victory[®] XL DR (Model 5816)

Pacing Leads

CRT Leads

Tendril[®] ST Optim[®] (Model 1888) Tendril[®] (Model 1788) Tendril[®] SDX (Model 1688) Tendril[®] SDX (Model 1488) OptiSense[®] (Model 1699) IsoFlex[®] S (Model 1646) QuickFlex[®] XL (Model 1158T) QuickFlex[®] (Model 1156T)

Additional device models will be included in future reports once a sufficient sample size is reached.

INTRODUCTION AND OVERVIEW

Lead Observation and Complication Reporting

St. Jude Medical continues to work with other cardiac device companies to develop a uniform approach to reporting clinical performance of devices and leads. Leads reporting for the recently released models has been enhanced to provide 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. In an effort to provide comprehensive performance information, the number of acute observations and chronic complications are tallied irrespective of whether the lead has been returned for analysis. The categories for reporting of chronic complications and acute observations are summarized 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, and 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 extra cardiac 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 Ω or > 2000 Ω (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 attributes of a lead such as sensors which affect a lead's ability to perform as designed or remain in service, as well as other complications not included above.

Lead Malfunction Reporting

Also in accordance with AdvaMed guidelines, laboratory analysis results of returned leads are now categorized into one of the following five categories of malfunctions:

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

Insulation Breach: Any lead insulation breach. Examples include: 1) proximal abrasions associated with lead-on-lead or lead-on-PG contact in the pocket, 2) mid-lead insulation damage caused by clavicular crush or insulation wear in the region of vein insertion, and 3) distal region wear due to lead-on-lead (intracardiac), lead-on-heart valve or lead-on-other anatomy contact.

Crimps, Welds, and Bonds: Any interruption in the conductor or lead body associated with a point of connection. Typically demonstrated by high or low shocking/pacing impedance, undersensing or oversensing.

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. (Note that this AdvaMed definition of "Other" confirmed malfunctions is not identical to the "Other" category of lab analysis previously reported in St. Jude Medical performance reports.)

Extrinsic Factors: Lead complication where the identified lead was removed from service and returned for analysis, where analysis was inconclusive because only portions of the lead were available or the returned lead was damaged by the explantation process, or where lab analysis could not determine an out of specification condition (typically including complications such as dislodgements, perforations, or failure to capture). For this particular category, malfunctions will only be included in survival probability for leads implanted greater than 30 days.

Industry Standards

The industry standard method of evaluating product performance is survival analysis, which estimates the probability that a device will not malfunction during a specified period of time. This statistical method best represents device performance in general over a specified period of time.

How St. Jude Medical measures product performance

For cardiac monitors, ICDs, pacemakers 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." 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 time period of 200 devices. The data used for the analysis includes up-to-date device information and complaints for all registered implants in the United States, 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.

"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 devices within each model family are included in the calculations.

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

St. Jude Medical lead survival analysis includes all leads returned to the company, as well as those registered as complaints but not returned. This method is used to ensure a conservative failure estimate for lead performance. The method to calculate leads survival includes lead complications (returns and complaints not returned) with implant duration greater than 30 days. Lead complications under 30 days 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 a lead is known to have been implanted for more than 30 days, it is subject to evaluation for survival characteristics. If there is laboratory data that determines the lead to have exhibited an electrical malfunction, the lead is counted as a non-survivor. If a lead was not returned for analysis, the status of the lead is examined. If the lead is identified as a complaint, is no longer in service as a result of the complaint, and was implanted for more than 30 days, then the lead is counted as a non-survivor. This condition is also followed for partial lead returns. Complaints 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.

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 anatomical influences. Therefore, the functional lifetime of cardiac leads is limited and can not be predicted with a high degree of confidence. As a supplement to the survival estimates, the categorization of lead malfunctions emphasize the root cause of malfunction rather than functional longevity prediction.

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Medical Advisory Board Review

St. Jude Medical has established separate and independent device and leads Medical Advisory Boards (MABs) to review 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:

Devices	Leads
Dr. Steven Bailin, Des Moines, Iowa	Dr. Roger Freedman, Salt Lake City, Utah
Dr. Jim Baker, Nashville, Tennessee	Dr. David Hayes, Rochester, Minnesota
Dr. Anne Curtis, Tampa, Florida	Dr. Steven Kalbfleisch, Columbus, Ohio
Dr. Steve Greenberg, Roslyn, New York	Dr. Steven Kutalek, Philadelphia, Pennsylvania
Dr. Thomas Mattioni, Phoenix, Arizona	Dr. Raymond Schaerf, Burbank, California
Dr. Gery Tomassoni, Lexington, Kentucky	Dr. Bruce Wilkoff, Cleveland, Ohio

Returning Devices to St. Jude Medical

To maintain the continued accuracy of our performance reporting, we encourage physicians to notify our Patient Records department each time a device is removed from service for any reason. Our Patient Records department can be reached at 888-SJM-CRMD or 818-362-6822.

St. Jude Medical encourages all explanted products to be returned for evaluation. St. Jude Medical will provide upon request a Returned Products Kit comprised of a postage paid explant box with a shipping address label, a Removed Device Information (RDI) form, a biohazard bag, and biohazard labels to seal the explant box. This kit, order #N0004, can be ordered at no charge through St. Jude Medical Customer Service by any of the following means:

Call St. Jude Medical Cardiac Rhythm Management Customer Service at 800-681-9293

Fax St. Jude Medical Cardiac Rhythm Management Customer Service at 800-918-8111

In addition, we are always ready to respond to questions, comments or suggestions. You can reach us by phone at 888-SJM-CRMD, or on the web at www.SJMprofessional.com.

Definitions

The following definitions have been used in preparing this report. Where applicable, the asterisk denotes definitions taken verbatim or based on AdvaMed guidance definitions.

Estimated Active Implants - The total number of registered implants of a device, adjusted to reduce the bias attributable to the potential under reporting of:

- Devices removed from service due to malfunction;
- Devices removed from service while in specification, such as devices removed due to changes in patient condition;
- Devices removed from service due to patient death; and
- Devices removed from service due to normal battery depletion.

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 user's manual. The estimate is based on battery life approximations, and is affected by many factors such as programmed parameters, percentage of time paced, internal impedance, use of AutoCapture[™] Pacing System, etc. For example, the estimated longevity for Victory[®] and Zephyr[®] pacemakers is based on the mean longevity (or 50%) value in our manuals corresponding to a pacing output setting of 2.5 V, 500 ohm lead impedance, 100% DDD pacing, AutoCapture[™] Off, and Stored EGMs Off (e.g. estimated longevity of 11.7 years for Zephyr[®] XL DR pacemaker model 5826). However, actual performance would vary considerably, depending on the actual programmed settings and operations.

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.*

*"Industry Guidance for Uniformed Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads", AdvaMed 2009.

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 setting 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 shall be categorized as a Malfunction without Compromised Therapy.*

Normal Battery Depletion - The condition where a returned device met its electrical specification and reached its elective replacement indicator voltage:

- with implant duration meeting or exceeding the nominal predicted longevity at default shipped settings,*
- or
- with an implant duration exceeding 75% of its estimated longevity, based on the longevity calculation tool using information from device usage and the actual device settings.* A device that does not exceed 75% of its estimated longevity would be considered a premature battery depletion malfunction (either with or without compromised therapy), provided that actual device setting information is available.

The quantity of normal battery depletions reported is determined directly from laboratory analysis and does not represent any adjustment to account for under reporting.

*"Industry Guidance for Uniformed Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads", AdvaMed 2009.

CARDIAC RESYNCHRONIZATION THERAPY CRT ICDs



Promote[®] + CRT-D (Model CD3211-36Q)

US Regulatory Approval	February 2009	Normal Battery Depletion	0
Registered US Implants	2,298	Total Malfunctions	0
Estimated Active US Implants	2,239	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



Including Normal Battery Depletion
Excluding Normal Battery Depletion
Battery Longevity

Including Normal Battery Depletion										
Year	at 5 months									
Survival Probability	100.00%									
± 1 standard error	0.00%									
Sample Size	200									

Excluding Normal Battery Depletion										
Year	at 5 months									
Survival Probability	100.00%									
± 1 standard error	0.00%									

Promote[®] + CRT-D (Model CD3211-36) February 2009 US Regulatory Approval Normal Battery Depletion 0 0 Registered US Implants 4,038 **Total Malfunctions** Estimated Active US Implants 3,874 Malfunctions w/ Compromised Therapy 0 0 Estimated Longevity (see table on page 28) Malfunctions w/o Compromised Therapy Max. Delivered Energy 36 joules Number of Advisories None

Survival from Returns and Complaints



Including Normal Battery Depletion
Excluding Normal Battery Depletion
Battery Longevity

Including Normal Battery Depletion										
Year	at 7 month									
Survival Probabil	t y 100.00%									
± 1 standard err	r 0.00%									
Sample Size	600									

Excluding Normal Battery Depletion											
	Year	at 7 month									
Su	rvival Probability	100.00%									
±	1 standard error	0.00%									

Promote [®] RF (Model 32	207-30)		
US Regulatory Approval	September 2007	Normal Battery Depletion	0
Registered US Implants	1,212	Total Malfunctions	0
Estimated Active US Implants	1,043	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion — Excluding Normal Battery Depletion — Battery Longevity

Including Normal Battery Depletion									
Year	1	at 20 months							
Survival Probability	100.00%	100.00%							
± 1 standard error	0.00%	0.00%							
Sample Size	900	200							

Excluding Normal Battery Depletion										
Year	1	at 20 months								
Survival Probability	100.00%	100.00%								
± 1 standard error	0.00%	0.00%								

Promote [®] (Model 3107-	36)		
US Regulatory Approval	May 2007	Normal Battery Depletion	0
Registered US Implants	713	Total Malfunctions	1
Estimated Active US Implants	516	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



····· Including Normal Battery Depletion ---- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion									
Year	1	2	at 29 months							
Survival Probability	100.00%	99.63%	99.63%							
± 1 standard error	0.00%	0.26%	0.26%							
Sample Size	700	500	300							

Excluding Normal Batte	ry Depletion						
Year	1	2	at 29 months				
Survival Probability	100.00%	99.63%	99.63%				
± 1 standard error	0.00%	0.26%	0.26%				

Promote [®] RF (Model 32	207-36)		
US Regulatory Approval	September 2007	Normal Battery Depletion	2
Registered US Implants	22,138	Total Malfunctions	20
Estimated Active US Implants	19,009	Malfunctions w/ Compromised Therapy	7
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy	13
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



..... Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion									
Year	1	2	at 26 months							
Survival Probability	99.83%	99.74%	99.74%							
± 1 standard error	0.03%	0.05%	0.05%							
Sample Size	17600	5900	300							

Excluding Normal Battery Depletion

Year	1	2	at 26 months				
Survival Probability	99.86%	99.77%	99.77%				
± 1 standard error	0.03%	0.05%	0.05%				

CRT ICDS

Promote [®] RF (Model 3	207-36)	SCORE Enrollment		Qual	Qualifying Complications			
US Regulatory Approval	September 2007	Number of Devices Enrolled in Study	621	Туре	Qty.	Rate		
		Cumulative Months of Follow-up	7,406	Backup Operatio	า 2	0.32%		

Survival from SCORE Registry



----- Battery Longevity

Year	1	at 20 months				
Survival Probability	99.50%	99.50%				
± 1 standard error	0.29%	0.29%				
Sample Size	320	53				

Atlas [®] II HF (Model V-	365)		
US Regulatory Approval	July 2006	Normal Battery Depletion	47
Registered US Implants	8,377	Total Malfunctions (O related to Advisory)	14
Estimated Active US Implants	5,662	Malfunctions w/ Compromised Therapy (O related to Advisory)	10
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	4
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



Including Normal Battery Depletion
Excluding Normal Battery Depletion
Battery Longevity

Including Normal Batter	Including Normal Battery Depletion												
Year	1	2	3	at 39 months									
Survival Probability	99.84%	99.19%	97.11%	97.11%									
± 1 standard error	0.05%	0.11%	0.30%	0.36%									
Sample Size	8400	6700	3300	200									

Excluding Normal Battery Depletion

Year	1	2	3	at 39 months			
Survival Probability	99.86%	99.76%	99.36%	99.36%			
± 1 standard error	0.04%	0.06%	0.15%	0.15%			

Atlas [®] II + HF (Model V	/-366)		
US Regulatory Approval	February 2007	Normal Battery Depletion	9
Registered US Implants	4,756	Total Malfunctions (O related to Advisory)	5
Estimated Active US Implants	3,640	Malfunctions w/ Compromised Therapy (O related to Advisory)	2
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	3
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion - Battery Longevity

Including Normal Battery Depletion											
Year		1	2	at 31 months							
Survival Prol	oability	99.72%	99.14%	98.92%							
± 1 standar	d error	0.08%	0.17%	0.23%							
Sample S	Size	4300	2600	300							

Excluding Normal Batte	Excluding Normal Battery Depletion												
Year	1	2	at 31 months										
Survival Probability	99.89%	99.77%	99.54%										
± 1 standard error	0.05%	0.05%	0.17%										

Epic [®] II HF (Model V-35	55)		
US Regulatory Approval	March 2006	Normal Battery Depletion	21
Registered US Implants	1,704	Total Malfunctions (O related to Advisory)	5
Estimated Active US Implants	1,063	Malfunctions w/ Compromised Therapy (O related to Advisory)	2
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	3
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	One





Including Normal Batter	Including Normal Battery Depletion											
Year	1	2	at 35 months									
Survival Probability	100.00%	98.44%	94.65%									
± 1 standard error	0.00%	0.37%	0.96%									
Sample Size	1700	1300	200									

Excluding I	Normal Battery De	pletion

Year	1	2	at 35 months				
Survival Probability	100.00%	99.32%	99.10%				
± 1 standard error	0.00%	0.24%	0.29%				

Epic [®] HF (Model V-337)			
US Regulatory Approval	November 2004	Normal Battery Depletion	231
Registered US Implants	3,966	Total Malfunctions (O related to Advisory)	2
Estimated Active US Implants	1,460	Malfunctions w/ Compromised Therapy (O related to Advisory)	1
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	1
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Two





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	4	at 53 months							
Survival Probability	99.94%	98.86%	92.56%	77.87%	72.19%							
± 1 standard error	0.04%	0.16%	0.48%	1.10%	1.49%							
Sample Size	4000	3300	2700	1500	200							

Excluding Normal Battery Depletion											
Year	1	2	3	4	at 53 months						
Survival Probability	99.94%	99.94%	99.86%	99.86%	99.86%						
± 1 standard error	0.04%	0.04%	0.07%	0.07%	0.07%						

Atlas [®] + HF (Model V-3-	43)		
US Regulatory Approval	November 2004	Normal Battery Depletion	324
Registered US Implants	18,615	Total Malfunctions (1 related to Advisory)	59
Estimated Active US Implants	9,666	Malfunctions w/ Compromised Therapy (1 related to Advisory)	42
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	17
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	Two





Including Normal Batte	Including Normal Battery Depletion									
Year	1	2	3	4	at 58 months					
Survival Probability	99.85%	99.35%	97.27%	92.20%	86.25%					
± 1 standard error	0.03%	0.06%	0.14%	0.31%	0.91%					
Sample Size	18600	15600	12200	6500	300					

Excluding Normal Battery Depletion

	Year	1	2	3	4	at 58 months			
S	urvival Probability	99.89%	99.73%	99.42%	99.00%	99.00%			
±	1 standard error	0.03%	0.04%	0.07%	0.11%	0.11%			

Epic [®] HF (Model V-338	3)		
US Regulatory Approval	June 2004	Normal Battery Depletion	381
Registered US Implants	3.101	Total Malfunctions (O related to Advisory)	11
Estimated Active US Implants	337	Malfunctions w/ Compromised Therapy (O related to Advisory)	3
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	8
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Three

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion - Battery Longevity

Including Normal Batte	Including Normal Battery Depletion										
Year	1	2	3	4	at 58 months						
Survival Probability	99.62%	98.04%	90.52%	72.05%	49.32%						
± 1 standard error	0.12%	0.24%	0.59%	1.08%	1.64%						
Sample Size	3100	2700	2300	1700	200						

Excluding Normal Battery Depletion										
Year	1	2	3	4	at 58 months					
Survival Probability	99.86%	99.79%	99.27%	98.87%	98.87%					
± 1 standard error	0.07%	0.09%	0.17%	0.26%	0.26%					

Atlas [®] + HF (Model V-34	40)		
US Regulatory Approval	June 2004	Normal Battery Depletion	300
Registered US Implants	4,923	Total Malfunctions (1 related to Advisory)	15
Estimated Active US Implants	1,248	Malfunctions w/ Compromised Therapy (1 related to Advisory)	9
Estimated Longevity	(see table on page 28)	Malfunctions w/o Compromised Therapy (O related to Advisory)	6
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	Three





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Includ	Including Normal Battery Depletion										
	Year	1	2	3	4	5	at 64 months				
Surv	ival Probability	99.74%	98.88%	96.31%	88.55%	75.15%	71.83%				
± 1	standard error	0.07%	0.16%	0.31%	0.57%	1.01%	1.38%				
S	Sample Size	4900	4200	3600	3000	1600	200				

Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 64 months		
Survival Probability	99.87%	99.71%	99.45%	99.18%	99.18%	99.18%		
± 1 standard error	0.04%	0.08%	0.12%	0.14%	0.16%	0.16%		

SUMMARY & LONGEVITY INFORMATION CRT ICDs



Battory	Longevity

			Approximate Du	ration (years)*	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD3211-36Q	Promote [®] + CRT-D	8.2	7.2	6.5	5.4
CD3211-36	Promote [®] + CRT-D	8.2	7.2	6.5	5.4
3207-30	Promote® RF	6.5	5.7	5.1	4.2
3107-36	Promote®	8.2	7.2	6.5	5.4
3207-36	Promote [®] RF	8.2	7.2	6.5	5.4
V-365	Atlas [®] II HF	8.2	7.2	6.5	5.4
V-366	Atlas [®] II + HF	8.2	7.2	6.5	5.4
V-355	Epic® II HF	7.0	6.1	5.5	4.5
V-337, V-338	Epic® HF, Serial Numbers <13000	6.4	5.7	5.2	4.4
V-337, V-338	Epic [®] HF, Serial Numbers >13000	6.5	5.8	5.2	4.4
V-343	Atlas® + HF	7.9	7.1	6.4	5.4
V-340	Atlas® + HF	7.9	7.1	6.4	5.4

*Battery longevity calculated with one EGM storage.

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 – 2.45; Battery condition: Normal

Four maximum charges per year as well as monthly charging during the battery's mid-life voltage range.

CRT ICDS

Malfunction and Normal Battery Depletion Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy	Malfunctions w/ Compromised Therapy (under advisory)	Malfunctions w/ Compromised Therapy (premature battery depletion)	Malfunctions w/o Compromised Therapy	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
CD3211-36Q	Promote® + CRT-D	Feb-09	2298	2239	0	0	0	0	0	0	0
CD3211-36	Promote® + CRT-D	Feb-09	4038	3874	0	0	0	0	0	0	0
3207-30	Promote® RF	Sep-07	1212	1043	0	0	0	0	0	0	0
3107-36	Promote®	May-07	713	516	1	0	0	0	0	1	0
3207-36	Promote® RF	Sep-07	22138	19009	6	0	1	10	3	20	2
V-365	Atlas® II HF	Jul-06	8377	5662	5	0	5	2	2	14	47
V-366	Atlas® II + HF	Feb-07	4756	3640	0	0	2	1	2	5	9
V-355	Epic® II HF	Mar-06	1704	1063	1	0	1	1	2	5	21
V-337	Epic [®] HF	Nov-04	3966	1460	0	0	1	1	0	2	231
V-343	Atlas® + HF	Nov-04	18615	9666	2	1	39	6	11	59	324
V-338	Epic® HF	Jun-04	3101	337	2	0	1	1	7	11	381
V-340	Atlas® + HF	Jun-04	4923	1248	3	1	5	0	6	15	300

Including Normal Battery Depletion

Summary Information											
	Survival Probability										
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD3211-36Q	Promote® + CRT-D*										
CD3211-36	Promote® + CRT-D*										
3207-30	Promote [®] RF	100.00%									
3107-36	Promote®	100.00%	99.63%								
3207-36	Promote [®] RF	99.83%	99.74%								
V-365	Atlas® II HF	99.84%	99.19%	97.11%							
V-366	Atlas® II + HF	99.72%	99.14%								
V-355	Epic® II HF	100.00%	98.44%								
V-337	Epic® HF	99.94%	98.86%	92.56%	77.87%						
V-343	Atlas® + HF	99.85%	99.35%	97.27%	92.20%						
V-338	Epic® HF	99.62%	98.04%	90.52%	72.05%						
V-340	Atlas® + HF	99.74%	98.88%	96.31%	88.55%	75.15%					

*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.
CRT ICDS

Excluding Normal Battery Depletion Summary Information

						Survival Pro	robability					
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year	
CD3211-36Q	Promote® + CRT-D*											
CD3211-36	Promote® + CRT-D*											
3207-30	Promote [®] RF	100.00%										
3107-36	Promote®	100.00%	99.63%									
3207-36	Promote® RF	99.86%	99.77%									
V-365	Atlas [®] II HF	99.86%	99.76%	99.36%								
V-366	Atlas® II + HF	99.89%	99.77%									
V-355	Epic® II HF	100.00%	99.32%									
V-337	Epic® HF	99.94%	99.94%	99.86%	99.86%							
V-343	Atlas® + HF	99.89%	99.73%	99.42%	99.00%							
V-338	Epic® HF	99.86%	99.79%	99.27%	98.87%							
V-340	Atlas® + HF	99.87%	99.71%	99.45%	99.18%	99.18%						

*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 Pacemakers



CARDIAC RESYNCHRONIZATION THERAPY

Anthem [®] RF (Model PM	3210)		
US Regulatory Approval	July 2009	Normal Battery Depletion	0
Registered US Implants	756	Total Malfunctions	0
Estimated Active US Implants	731	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	8 Years	Malfunctions w/o Compromised Therapy	0
		Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion — Excluding Normal Battery Depletion — Battery Longevity

Including Normal Battery Depletion												
Year	at 4 months											
Survival Probability	100.00%											
± 1 standard error	0.00%											
Sample Size	200											

Excluding Normal Battery Depletion											
Year	at 4 months										
Survival Probability	100.00%										
± 1 standard error	0.00%										

CRT PACEMAKERS

Frontier [®] II (Model 5586	5)		
US Regulatory Approval	August 2004	Normal Battery Depletion	8
Registered US Implants	6,549	Total Malfunctions	6
Estimated Active US Implants	4,518	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	6.5 Years	Malfunctions w/o Compromised Therapy	5
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batter	Including Normal Battery Depletion												
Year	1	2	3	at 46 months									
Survival Probability	99.89%	99.66%	98.74%	98.12%									
± 1 standard error	0.05%	0.08%	0.26%	0.43%									
Sample Size	5900	3400	1800	200									

Excluding Normal Battery Depletion												
Year	1	2	3	at 46 months								
Survival Probability	99.89%	99.74%	99.58%	99.58%								
± 1 standard error	0.05%	0.06%	0.14%	0.14%								

CARDIAC RESYNCHRONIZATION THERAPY

CRT PACEMAKERS

Frontier [®] (Model 5508))		
US Regulatory Approval	May 2004	Normal Battery Depletion	40
Registered US Implants	671	Total Malfunctions	2
Estimated Active US Implants	128	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	5.9 Years	Malfunctions w/o Compromised Therapy	2
		Number of Advisories	None





Including Normal Battery Depletion Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	4								
Survival Probability	99.68%	97.18%	93.53%	87.13%								
± 1 standard error	0.23%	0.75%	1.14%	1.78%								
Sample Size	700	500	400	300								

Excluding Normal Batt	Excluding Normal Battery Depletion												
Year	1	2	3	4									
Survival Probability	100.00%	100.00%	100.00%	99.30%									
± 1 standard error	0.00%	0.00%	0.00%	0.49%									

SUMMARY & LONGEVITY INFORMATION CRT Pacemakers



CARDIAC RESYNCHRONIZATION THERAPY

CRT PACEMAKERS

Malfunction and Normal Battery Depletion Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy		Malfunctions w/o Compromised Therapy (under advisory)	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
PM3210	Anthem® RF	July-09	756	731	0	0	0	0	0	0
5586	Frontier® II	Aug-04	6549	4518	1	5	0	0	6	8
5508	Frontier®	May-04	671	128	0	1	0	1	2	40

CARDIAC RESYNCHRONIZATION THERAPY

Including Summary	Normal Battery De Information	pletion							
					Survival F	Probability			
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year
PM3210	Anthem [®] RF*								
5586	Frontier® II	99.89%	99.66%	98.74%					
5508	Frontier®	100.00%	97.54%	94.02%	87.97%				

*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.

CRT PACEMAKERS

Excluding Normal Battery Depletion Summary Information

		Survival Probability									
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year		
PM3210	Anthem [®] RF*										
5586	Frontier® II	99.89%	99.74%	99.58%							
5508	Frontier®	100.00%	100.00%	100.00%	99.30%						

*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.

LEFT-HEART LEADS



LEFT-HEART LEADS

QuickFlex [®] (Model 1156T)									
US Regulatory Approval	July 2007								
Registered US Implants	16,057								
Estimated Active US Implants	13,713								
Insulation	Polyurethane/Silicone								
Type and/or Fixation	S-Curve								
Polarity	Bipolar								
Steroid	Yes								
Number of Advisories	None								

		bservations ant, ≤30 days)		omplications D days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	12	0.07%	18	0.11%
Failure to Capture	4	0.02%	4	0.02%
Oversensing	0	0.00%	2	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	2	0.01%
Extracardiac Stimulation	16	0.10%	13	0.08%
Other	7	0.04%	2	0.01%
Total	39	0.24%	41	0.26%
Total Returned for Analysis	7		13	

Lead Malfunctions										
Type Qty. Rate										
Conductor Fracture	1	0.01%								
Insulation Breach	0	0.00%								
Crimps, Welds & Bonds	1	0.01%								
Other	1	0.01%								
Extrinsic Factors	10	0.06%								
Total	13	0.08%								



Year	1	2				
Survival Probability	99.90%	99.81%				
± 1 standard error	0.03%	0.06%				
Sample Size	11300	2900				

BIPOLAR

QuickFlex [®] (Model 1156T)								
US Regulatory Approval	July 2007							
Insulation	Polyurethane/Silicone							
Type and/or Fixation	S-Curve							
Polarity	Bipolar							
Steroid	Yes							
Number of Advisories	None							

SCORE Enrollment		Qualifying Co	omplication	S
Number of Devices Enrolled in Study	319	Туре	Qty.	Rate
Cumulative Months of Follow-up	3,423	Lead Dislodgement	1	0.31%



Survival from SCORE Registry

Year	1	at 18 months				
Survival Probability	99.54%	99.54%				
± 1 standard error	0.46%	0.46%				
Sample Size	139	61				

LEFT-HEART LEADS

QuickFlex [®] XL (Model 1158T)								
US Regulatory Approval	July 2007							
Registered US Implants	8,483							
Estimated Active US Implants	7,210							
Insulation	Polyurethane/Silicone							
Type and/or Fixation	S-Curve							
Polarity	Bipolar							
Steroid	Yes							
Number of Advisories	None							

		bservations ant, ≤30 days)		omplications 0 days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	8	0.09%	9	0.11%
Failure to Capture	2	0.02%	4	0.05%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	2	0.02%	2	0.02%
Extracardiac Stimulation	5	0.06%	6	0.07%
Other	6	0.07%	0	0.00%
Total	23	0.27%	21	0.25%
Total Returned for Analysis	9		7	

Lead Malfunctions									
Type Qty. Rate									
Conductor Fracture	1	0.01%							
Insulation Breach	0	0.00%							
Crimps, Welds & Bonds	1	0.01%							
Other	0	0.00%							
Extrinsic Factors	5	0.06%							
Total	7	0.08%							



Year	1	2				
Survival Probability	99.81%	99.81%				
± 1 standard error	0.06%	0.06%				
Sample Size	6100	1700				

BIPOLAR

QuickFlex [®] XL (Model 1158T)							
US Regulatory Approval	July 2007						
Insulation	Polyurethane/Silicone						
Type and/or Fixation	S-Curve						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

SCORE Enrollment		Qualifying C	Complications
Number of Devices Enrolled in Study	250	Туре	Qty.
Cumulative Months of Follow-up	2,929	Lead Dislodgement	1
		Failure to Capture	1

Rate

0.40%

0.40%



Year	1	at 18 months				
Survival Probability	99.13%	99.13%				
± 1 standard error	0.62%	0.62%				
Sample Size	127	61				

Survival from SCORE Registry

LEFT-HEART LEADS

QuickSite® XL (Model 1058T)							
US Regulatory Approval	February 2006						
Registered US Implants	10,071						
Estimated Active US Implants	7,155						
Insulation	Polyurethane/Silicone						
Type and/or Fixation	S-Curve						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

		bservations ant, ≤30 days)		omplications D days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	1	0.01%
Lead Dislodgement	8	0.08%	9	0.09%
Failure to Capture	3	0.03%	11	0.11%
Oversensing	1	0.01%	1	0.01%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	2	0.02%	1	0.01%
Extracardiac Stimulation	9	0.09%	4	0.04%
Other	2	0.02%	1	0.01%
Total	25	0.25%	28	0.28%
Total Returned for Analysis	9		7	

Lead Malfunctions							
Type Qty. Rate							
Conductor Fracture	0	0.00%					
Insulation Breach	0	0.00%					
Crimps, Welds & Bonds	0	0.00%					
Other	3	0.03%					
Extrinsic Factors	7	0.07%					
Total	10	0.10%					



Year	1	2	3	at 41 months			
Survival Probability	99.86%	99.78%	99.75%	99.75%			
± 1 standard error	0.04%	0.05%	0.06%	0.06%			
Sample Size	9300	6900	3400	300			

BIPOLAR

QuickSite [®] (Model 105	6T)
US Regulatory Approval	April 2005
Registered US Implants	33,422
Estimated Active US Implants	20,888
Insulation	Polyurethane/Silicone
Type and/or Fixation	S-Curve
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

)bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	2	0.01%
Lead Dislodgement	27	0.08%	69	0.21%
Failure to Capture	14	0.04%	61	0.18%
Oversensing	1	<0.01%	3	0.01%
Failure to Sense	0	0.00%	1	<0.01%
Insulation Breach	1	<0.01%	0	0.00%
Abnormal Pacing Impedance	3	0.01%	3	0.01%
Extracardiac Stimulation	23	0.07%	42	0.13%
Other	9	0.03%	7	0.02%
Total	78	0.23%	188	0.56%
Total Returned for Analysis	30		71	

Lead Malfunctions							
Type Qty. Rate							
Conductor Fracture	1	<0.01%					
Insulation Breach	3	0.01%					
Crimps, Welds & Bonds	1	<0.01%					
Other	1	<0.01%					
Extrinsic Factors	65	0.19%					
Total	71	0.21%					



Year	1	2	3	4	at 57 months			
Survival Probability	99.68%	99.53%	99.40%	99.27%	99.27%			
± 1 standard error	0.03%	0.04%	0.05%	0.07%	0.07%			
Sample Size	30500	24200	17100	8700	200			

LEFT-HEART LEADS

UNIPOLAR

QuickSite [®] (Model 1056K)							
June 2004							
8,759							
3,925							
Polyurethane/Silicone							
S-Curve							
Unipolar							
Yes							
None							

		bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	10	0.11%	25	0.29%
Failure to Capture	3	0.03%	25	0.29%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	2	0.02%
Extracardiac Stimulation	10	0.11%	11	0.13%
Other	2	0.02%	8	0.09%
Total	25	0.29%	71	0.81%
Total Returned for Analysis	24		37	

Lead Malfu	Inctions	
Туре	Qty.	Rate
Conductor Fracture	2	0.02%
Insulation Breach	0	0.00%
Crimps, Welds & Bonds	2	0.02%
Other	0	0.00%
Extrinsic Factors	24	0.27%
Total	28	0.32%



Year	1	2	3	4	5	at 70 months		
Survival Probability	99.70%	99.57%	99.25%	99.11%	98.89%	98.37%		
± 1 standard error	0.06%	0.08%	0.11%	0.12%	0.15%	0.15%		
Sample Size	7700	6500	5400	4400	3000	200		

OBSERVATIONS, COMPLICATIONS, AND MALFUNCTIONS Left-Heart Leads



LEFT-HEART LEADS

Acute Observations (Post Implant, ≤30 days)

	US Regulatory	Registered US	Estimated Active US		rdiac oration		ductor acture	_	.ead Igement		ure to pture	Over	sensing		ure to ense		ulation reach		nal Pacing edance		icardiac iulation	C	ther	Т	otal	Total Returned
Models	Approval	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
1156T	Jul-07	16057	13713	0	0.00%	0	0.00%	12	0.07%	4	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	16	0.10%	7	0.04%	39	0.24%	7
1158T	Jul-07	8483	7210	0	0.00%	0	0.00%	8	0.09%	2	0.02%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	5	0.06%	6	0.07%	23	0.27%	9
1058T	Feb-06	10071	7155	0	0.00%	0	0.00%	8	0.08%	3	0.03%	1	0.01%	0	0.00%	0	0.00%	2	0.02%	9	0.09%	2	0.02%	25	0.25%	9
1056T	Apr-05	33422	20888	0	0.00%	0	0.00%	27	0.08%	14	0.04%	1	<0.01%	0	0.00%	1	<0.01%	3	0.01%	23	0.07%	9	0.03%	78	0.23%	30
1056K	Jun-04	8759	3925	0	0.00%	0	0.00%	10	0.11%	3	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	10	0.11%	2	0.02%	25	0.29%	24

Chronic Complications (>30 days)

	US Regulatory	Registered US	Estimated Active US		rdiac oration		ductor		ead Igement		lure to pture	Over	sensing		lure to ense		ulation reach		nal Pacing edance		icardiac iulation	0	ther	т	otal	Total Returned
Models	Approval	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
1156T	Jul-07	16057	13713	0	0.00%	0	0.00%	18	0.11%	4	0.02%	2	0.01%	0	0.00%	0	0.00%	2	0.01%	13	0.08%	2	0.01%	41	0.26%	13
1158T	Jul-07	8483	7210	0	0.00%	0	0.00%	9	0.11%	4	0.05%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	6	0.07%	0	0.00%	21	0.25%	7
1058T	Feb-06	10071	7155	0	0.00%	1	0.01%	9	0.09%	11	0.11%	1	0.01%	0	0.01%	0	0.00%	1	0.01%	4	0.04%	1	0.01%	28	0.28%	7
1056T	Apr-05	33422	20888	0	0.00%	2	0.01%	69	0.21%	61	0.18%	3	0.01%	1	<0.01%	0	0.00%	3	0.01%	42	0.13%	7	0.02%	188	0.56%	71
1056K	Jun-04	8759	3925	0	0.00%	0	0.00%	25	0.29%	25	0.29%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	11	0.13%	8	0.09%	71	0.81%	37

Definitions of observations and complications can be found on pages 6 and 7.

BIPOLAR/UNIPOLAR

Lead Malfunctions

	US Regulatory	Registered US	Estimated Active US		luctor cture		lation each		s, Welds londs	0	ther		rinsic ctors	Тс	otal
Models	Approval	Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1156T	Jul-07	16057	13713	1	0.01%	0	0.00%	1	0.01%	1	0.01%	10	0.06%	13	0.08%
1158T	Jul-07	8483	7210	1	0.01%	0	0.00%	1	0.01%	0	0.00%	5	0.06%	7	0.08%
1058T	Feb-06	10071	7155	0	0.00%	0	0.00%	0	0.00%	3	0.03%	7	0.07%	10	0.10%
1056T	Apr-05	33422	20888	1	<0.01%	3	0.01%	1	<0.01%	1	<0.01%	65	0.19%	71	0.21%
1056K	Jun-04	8759	3925	2	0.02%	0	0.00%	2	0.02%	0	0.00%	24	0.27%	28	0.32%

Definitions of malfunction categories can be found on pages 7 and 8.

ICDS Dual-Chamber



Current [®] + DR (Model	CD2211-36)		
US Regulatory Approval	February 2009	Normal Battery Depletion	0
Registered US Implants	2,928	Total Malfunctions	0
Estimated Active US Implants	2,834	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	ry Depletion					
Year	at 7 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	500					

Excluding Normal Batte	ery Depletion					
Year	at 7 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

DUAL-CHAMBER

Current [®] + DR (Model	CD2211-36Q)		
US Regulatory Approval	February 2009	Normal Battery Depletion	0
Registered US Implants	2,612	Total Malfunctions	0
Estimated Active US Implants	2,583	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



uuru Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	ry Depletion					
Year	at 5 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	200					

Excluding Normal Batte	ry Depletion					
Year	at 5 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					

Current [®] DR RF (Mode	el 2207-30)		
US Regulatory Approval	September 2007	Normal Battery Depletion	0
Registered US Implants	1,434	Total Malfunctions	0
Estimated Active US Implants	1,274	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories	None

Survival from Returns and Complaints



Including Normal Ba	tery Depletion					
Year	1	at 20 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	1100	200				

Excluding Normal Battery Depletion										
Year	1	at 20 months								
Survival Probability	100.00%	100.00%								
± 1 standard error	0.00%	0.00%								

DUAL-CHAMBER

Current [®] DR (Model 21	07-36)		
US Regulatory Approval	May 2007	Normal Battery Depletion	0
Registered US Implants	651	Total Malfunctions	0
Estimated Active US Implants	516	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ---- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	ry Depletion						
Year	1	2	at 29 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				
Sample Size	600	500	300				

Excluding Normal Batte	ry Depletion						
Year	1	2	at 29 months				
Survival Probability	100.00%	100.00%	100.00%				
± 1 standard error	0.00%	0.00%	0.00%				

ICDS

Current [®] DR RF (Mode	el 2207-36)		
US Regulatory Approval	September 2007	Normal Battery Depletion	1
Registered US Implants	20,869	Total Malfunctions	16
Estimated Active US Implants	18,666	Malfunctions w/ Compromised Therapy	6
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	10
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Ir	Including Normal Battery Depletion											
	Year	1	2	at 25 months								
	Survival Probability	99.84%	99.71%	99.71%								
	± 1 standard error	0.03%	0.07%	0.07%								
	Sample Size	16500	5600	600								

Excluding 1	Normal Battery	Depletion

Year	1	2	at 25 months				
Survival Probability	99.85%	99.72%	99.72%				
± 1 standard error	0.03%	0.07%	0.07%				

DUAL-CHAMBER

Current [®] DR RF (Model 2207-36	5)	SCORE Enrollment			Qualifying Complications			
US Regulatory Approval Septen	nber 2007	Number of Devices Enrolled in Study	620		Туре	Qty.	Rate	
		Cumulative Months of Follow-up	7,418		Failure to Sense	1	0.16%	

Survival from SCORE Registry



Battery Longevity

Year	1	at 19 months				
Survival Probability	99.84%	99.84%				
± 1 standard error	0.16%	0.16%				
Sample Size	322	66				

Atlas [®] II DR (Model V-2	65)		
US Regulatory Approval	July 2006	Normal Battery Depletion	0
Registered US Implants	1,878	Total Malfunctions (O related to Advisory)	1
Estimated Active US Implants	1,432	Malfunctions w/ Compromised Therapy (O related to Advisory)	1
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3									
Survival Probability	99.89%	99.77%	99.77%									
± 1 standard error	0.08%	0.12%	0.12%									
Sample Size	1900	1500	700									

Excluding Normal Battery Depletion

Year	1	2	3				
Survival Probability	100.00%	99.88%	99.88%				
± 1 standard error	0.00%	0.09%	0.09%				

Atlas [®] II + DR (Model V	V-268)		
US Regulatory Approval	July 2006	Normal Battery Depletion	3
Registered US Implants	14,458	Total Malfunctions (O related to Advisory)	16
Estimated Active US Implants	11,416	Malfunctions w/ Compromised Therapy (O related to Advisory)	10
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	6
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



····· Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	at 39 months								
Survival Probability	99.88%	99.74%	99.70%	99.70%								
± 1 standard error	0.03%	0.05%	0.05%	0.05%								
Sample Size	13900	9900	4200	300								

Excluding Normal Batte	ry Depletion						
Year	1	2	3	at 39 months			
Survival Probability	99.89%	99.78%	99.74%	99.74%			
± 1 standard error	0.03%	0.04%	0.05%	0.05%			

ICDS

Εp	Dic [®] II DR (Model V-25	55)		
US	Regulatory Approval	March 2006	Normal Battery Depletion	1
Re	gistered US Implants	544	Total Malfunctions (O related to Advisory)	1
Est	timated Active US Implants	396	Malfunctions w/ Compromised Therapy	0
Est	timated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	1
Ma	x. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	at 30 months									
Survival Probability	99.38%	99.38%	99.38%									
± 1 standard error	0.36%	0.36%	0.36%									
Sample Size	500	400	200									

Excluding Normal Battery Depletion

Year	1	2	at 30 months				
Survival Probabilit	99.59%	99.59%	99.59%				
± 1 standard erro	0.29%	0.29%	0.29%				

DUAL-CHAMBER

Epic [®] II + DR (Model V	-258)		
US Regulatory Approval	March 2006	Normal Battery Depletion	1
Registered US Implants	2,038	Total Malfunctions	0
Estimated Active US Implants	1,544	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



····· Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Battery Depletion												
Year	1	2	3									
Survival Probability	99.88%	99.88%	99.88%									
± 1 standard error	0.08%	0.08%	0.08%									
Sample Size	2000	1500	700									

Excluding Normal Batte	Excluding Normal Battery Depletion												
Year	1	2	3										
Survival Probability	100.00%	100.00%	100.00%										
± 1 standard error	0.00%	0.00%	0.00%										

ICDS

Epic [®] DR (Model V-233)			
US Regulatory Approval	October 2003	Normal Battery Depletion	27
Registered US Implants	1,825	Total Malfunctions	0
Estimated Active US Implants	963	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Two

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Battery Depletion										
Year	1	2	3	4	at 59 months					
Survival Probability	99.89%	99.89%	99.04%	97.05%	96.20%					
± 1 standard error	0.08%	0.08%	0.24%	0.50%	0.62%					
Sample Size	1800	1600	1400	1100	200					

Excluding Normal Battery Depletion

Year	1	2	3	4	at 59 months			
Survival Probability	100.00%	100.00%	100.00%	100.00%	100.00%			
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.00%			
DUAL-CHAMBER

Epic [®] + DR (Model V-23	39)		
US Regulatory Approval	October 2003	Normal Battery Depletion	73
Registered US Implants	7,831	Total Malfunctions (O related to Advisory)	7
Estimated Active US Implants	4,275	Malfunctions w/ Compromised Therapy (O related to Advisory)	5
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	2
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Two

Survival from Returns and Complaints



---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	4	5	at 65 months						
Survival Probability	99.74%	99.52%	99.11%	97.93%	94.86%	93.25%						
± 1 standard error	0.06%	0.08%	0.12%	0.21%	0.49%	0.92%						
Sample Size	7800	6900	6000	4100	1900	200						

Excluding Normal Battery Depletion	
------------------------------------	--

Year	1	2	3	4	5	at 65 months		
Survival Probabilit	99.89%	99.83%	99.79%	99.79%	99.79%	99.79%		
± 1 standard error	0.04%	0.04%	0.06%	0.06%	0.06%	0.06%		

Atlas [®] DR (Model V-242)		
US Regulatory Approval	October 2003	Normal Battery Depletion	15
Registered US Implants	4,643	Total Malfunctions (O related to Advisory)	7
Estimated Active US Implants	2,764	Malfunctions w/ Compromised Therapy (O related to Advisory)	6
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	1
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	Three

Survival from Returns and Complaints



---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batter	Including Normal Battery Depletion												
Year	1	2	3	4	5	at 64 months							
Survival Probability	99.93%	99.77%	99.57%	98.77%	98.00%	98.00%							
± 1 standard error	0.04%	0.08%	0.11%	0.22%	0.27%	0.41%							
Sample Size	4600	4100	3500	2500	1100	200							

Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 64 months		
Survival Probability	100.00%	99.84%	99.78%	99.50%	99.50%	99.50%		
± 1 standard error	0.00%	0.06%	0.08%	0.14%	0.14%	0.14%		

DUAL-CHAMBER

Atlas [®] + DR (Model V-2	43)		
US Regulatory Approval	October 2003	Normal Battery Depletion	49
Registered US Implants	20,946	Total Malfunctions (O related to Advisory)	18
Estimated Active US Implants	12,807	Malfunctions w/ Compromised Therapy (O related to Advisory)	14
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	4
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	Three

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5	at 69 months							
Survival Probability	99.95%	99.88%	99.71%	99.37%	98.08%	96.70%							
± 1 standard error	0.01%	0.02%	0.04%	0.07%	0.21%	0.59%							
Sample Size	20900	18300	14900	9400	3600	300							

Excluding Normal Battery Depletion											
Year	1	2	3	4	5	at 69 months					
Survival Probability	99.97%	99.92%	99.83%	99.73%	99.73%	99.73%					
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.05%	0.05%					

Epic [®] + DR (Model V-23	36)		
US Regulatory Approval	April 2003	Normal Battery Depletion	168
Registered US Implants	2,346	Total Malfunctions (O related to Advisory)	11
Estimated Active US Implants	314	Malfunctions w/ Compromised Therapy (O related to Advisory)	1
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	10
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Three





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Incl	Including Normal Battery Depletion												
	Year	1	2	3	4	5	at 70 months						
Su	rvival Probability	99.91%	99.50%	99.11%	94.63%	82.63%	69.38%						
±	1 standard error	0.06%	0.14%	0.22%	0.51%	1.05%	1.66%						
	Sample Size	2300	2100	1800	1600	1300	300						

Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 70 months		
Survival Probability	99.91%	99.91%	99.91%	99.04%	98.44%	98.44%		
± 1 standard error	0.06%	0.06%	0.06%	0.25%	0.35%	0.35%		

DUAL-CHAMBER

Epic [®] DR (Model V-235)			
US Regulatory Approval	July 2002	Normal Battery Depletion	418
Registered US Implants	6,598	Total Malfunctions (O related to Advisory)	28
Estimated Active US Implants	1,009	Malfunctions w/ Compromised Therapy (O related to Advisory)	4
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	24
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Two





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

	Including Normal Battery Depletion													
	Year	1	2	3	4	5	6	at 80 months						
Ī	Survival Probability	99.89%	99.56%	98.47%	96.40%	89.61%	72.16%	60.77%						
	± 1 standard error	0.04%	0.08%	0.16%	0.27%	0.48%	0.94%	1.46%						
	Sample Size	6600	5900	5300	4600	3800	2400	200						

Excluding Normal Batte	Excluding Normal Battery Depletion												
Year	1	2	3	4	5	6	at 80 months						
Survival Probability	99.90%	99.86%	99.78%	99.26%	98.80%	98.80%	98.80%						
± 1 standard error	0.03%	0.05%	0.06%	0.12%	0.18%	0.18%	0.18%						

Atlas [®] DR (Model V-240)		
US Regulatory Approval	December 2001	Normal Battery Depletion	1053
Registered US Implants	8,850	Total Malfunctions (21 related to Advisory)	60
Estimated Active US Implants	478	Malfunctions w/ Compromised Therapy (21 related to Advisory)	31
Estimated Longevity	(see table on page 74)	Malfunctions w/o Compromised Therapy (O related to Advisory)	29
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion													
Year	1	2	3	4	5	6	7	at 87 months						
Survival Probability	99.63%	98.91%	94.98%	78.58%	55.28%	40.54%	39.21%	39.21%						
± 1 standard error	0.06%	0.11%	0.26%	0.54%	0.78%	0.98%	1.01%	1.01%						
Sample Size	8800	7700	6700	5500	3600	1300	400	200						

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.79%	99.60%	99.14%	98.48%	98.07%	97.92%	97.92%	97.92%	
± 1 standard error	0.05%	0.07%	0.11%	0.16%	0.20%	0.23%	0.23%	0.23%	

SUMMARY & LONGEVITY INFORMATION ICDs Dual-Chamber



Battery	/ Longevity				
			Approximate D	uration (years)*	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD2211-36	Current [®] + DR	8.2	7.5	7.0	6.1
CD2211-36Q	Current [®] + DR	8.2	7.5	7.0	6.1
2207-30	Current [®] DR RF	6.5	5.9	5.4	4.6
2107-36	Current [®] DR	8.2	7.5	7.0	6.1
2207-36	Current [®] DR RF	8.2	7.5	7.0	6.1
V-265	Atlas [®] II DR	8.2	7.5	7.0	6.1
V-268	Atlas [®] II + DR	8.2	7.5	7.0	6.1
V-255	Epic [®] II DR	7.0	6.4	5.9	5.1
V-258	Epic [®] II + DR	6.5	5.9	5.4	4.6
V-233	Epic [®] DR	6.4	6.0	5.6	4.9
V-239	Epic [®] + DR	6.4	6.0	5.6	4.5
V-242	Atlas [®] DR	7.9	7.3	6.9	6.1
V-243	Atlas [®] + DR	7.9	7.3	6.9	6.1
V-236	Epic [®] + DR	5.8	5.4	5.1	4.5
V-235	Epic [®] DR	5.6	5.3	4.9	4.4
V-240	Atlas [®] DR	6.0	5.6	5.2	4.6

*Battery longevity calculated with one EGM storage.

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

Battery Voltage Range: 3.20 – 2.45; Battery condition: Normal

Four maximum charges per year as well as monthly charging during the batteries mid-life voltage range.

(Four maximum charges per year for model V-240).

DUAL-CHAMBER

Malfunction and Normal Battery Depletion
Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy	Malfunctions w/ Compromised Therapy (under advisory)	Malfunctions w/ Compromised Therapy (premature battery depletion)	Malfunctions w/o Compromised Therapy	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
CD2211-36	Current® + DR	Feb-09	2928	2834	0	0	0	0	0	0	0
CD2211-36Q	Current® + DR	Feb-09	2612	2583	0	0	0	0	0	0	0
2207-30	Current [®] DR RF	Sep-07	1434	1274	0	0	0	0	0	0	0
2107-36	Current [®] DR	May-07	651	516	0	0	0	0	0	0	0
2207-36	Current [®] DR RF	Sep-07	20869	18666	2	0	4	7	3	16	1
V-265	Atlas® II DR	Jul-06	1878	1432	0	0	1	0	0	1	0
V-268	Atlas® II + DR	Jul-06	14458	11416	4	0	6	1	5	16	3
V-255	Epic® II DR	Mar-06	544	396	0	0	0	1	0	1	1
V-258	Epic® II + DR	Mar-06	2038	1544	0	0	0	0	0	0	1
V-233	Epic® DR	Oct-03	1825	963	0	0	0	0	0	0	27
V-239	Epic® + DR	Oct-03	7831	4275	5	0	0	2	0	7	73
V-242	Atlas® DR	Oct-03	4643	2764	3	0	3	1	0	7	15
V-243	Atlas® + DR	Oct-03	20946	12807	2	0	12	3	1	18	49
V-236	Epic® + DR	Apr-03	2346	314	0	0	1	8	2	11	168
V-235	Epic® DR	Jul-02	6598	1009	2	0	2	22	2	28	418
V-240	Atlas® DR	Dec-01	8850	478	5	21	5	12	17	60	1053

Including Normal Battery Depletion Summary Information

						Survival Pro	bability							
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year			
CD2211-36	Current® + DR*													
CD2211-36Q	Current® + DR*													
2207-30	Current [®] DR RF	100.00%	100.00%											
2107-36	Current [®] DR	100.00%	100.00%											
2207-36	Current [®] DR RF	99.84%	99.71%											
V-265	Atlas® II DR	99.89%	99.77%	99.77%										
V-268	Atlas® II + DR	99.88%	99.74%	99.70%										
V-255	Epic® II DR	99.38%	99.38%											
V-258	Epic® II + DR	99.88%	99.88%	99.88%										
V-233	Epic® DR	99.89%	99.89%	99.04%	97.05%									
V-239	Epic® + DR	99.74%	99.52%	99.11%	97.93%	94.86%								
V-242	Atlas® DR	99.93%	99.77%	99.57%	98.77%	98.00%								
V-243	Atlas® + DR	99.95%	99.88%	99.71%	99.37%	98.08%								
V-236	Epic® + DR	99.91%	99.50%	99.11%	94.63%	82.63%								
V-235	Epic® DR	99.89%	99.56%	98.47%	96.40%	89.61%	72.16%							
V-240	Atlas® DR	99.63%	98.91%	94.98%	78.58%	55.28%	40.54%	39.21%						

*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.

DUAL-CHAMBER

Excluding Normal Battery Depletion Summary Information

						Survival Pro	bability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD2211-36	Current® + DR*										
CD2211-36Q	Current® + DR*										
2207-30	Current [®] DR RF	100.00%	100.00%								
2107-36	Current [®] DR	100.00%	100.00%								
2207-36	Current [®] DR RF	99.85%	99.72%								
V-265	Atlas® II DR	100.00%	99.88%	99.88%							
V-268	Atlas® II + DR	99.89%	99.78%	99.74%							
V-255	Epic [®] II DR	99.59%	99.59%								
V-258	Epic® II + DR	100.00%	100.00%	100.00%							
V-233	Epic® DR	100.00%	100.00%	100.00%	100.00%						
V-239	Epic® + DR	99.89%	99.83%	99.79%	99.79%	99.79%					
V-242	Atlas® DR	100.00%	99.84%	99.78%	99.50%	99.50%					
V-243	Atlas [®] + DR	99.97%	99.92%	99.83%	99.73%	99.73%					
V-236	Epic® + DR	99.91%	99.91%	99.91%	99.04%	98.44%					
V-235	Epic® DR	99.90%	99.86%	99.78%	99.26%	98.80%	98.80%				
V-240	Atlas® DR	99.79%	99.60%	99.14%	98.48%	98.07%	97.92%	97.92%			

*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.

ICDS Single-Chamber



Current [®] + VR (Model (CD1211-36)		
US Regulatory Approval	February 2009	Normal Battery Depletion	0
Registered US Implants	1,575	Total Malfunctions	0
Estimated Active US Implants	1,526	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	at 7 months											
Survival Probability	100.00%											
± 1 standard error	0.00%											
Sample Size	200											

Excluding Normal Battery Depletion											
Year	at 7 months										
Survival Probability	100.00%										
± 1 standard error	0.00%										

Current [®] + VR (Model	CD1211-36Q)		
US Regulatory Approval	February 2009	Normal Battery Depletion	0
Registered US Implants	1,284	Total Malfunctions	0
Estimated Active US Implants	1,264	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



uuru Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Battery Depletion											
Year	at 4 months										
Survival Probability	100.00%										
± 1 standard error	0.00%										
Sample Size	300										

Excluding Normal Battery Depletion											
Year	at 4 months										
Survival Probability	100.00%										
± 1 standard error	0.00%										

Current [®] VR (Model 110	07-36)		
US Regulatory Approval	May 2007	Normal Battery Depletion	0
Registered US Implants	339	Total Malfunctions	1
Estimated Active US Implants	266	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Battery Depletion											
Year	1	at 20 months									
Survival Probability	99.36%	99.36%									
± 1 standard error	0.45%	0.45%									
Sample Size	300	200									

Excluding Normal Batte	Excluding Normal Battery Depletion											
Year	1	at 20 months										
Survival Probability	99.36%	99.36%										
± 1 standard error	0.45%	0.45%										

Current [®] VR RF (Mode	1207-30)		
US Regulatory Approval	September 2007	Normal Battery Depletion	0
Registered US Implants	760	Total Malfunctions	0
Estimated Active US Implants	695	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ---- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Battery Depletion											
Year	1	at 16 months									
Survival Probability	100.00%	100.00%									
± 1 standard error	0.00%	0.00%									
Sample Size	600	200									

Excluding Normal Batte	Excluding Normal Battery Depletion											
Year	1	at 16 months										
Survival Probability	100.00%	100.00%										
± 1 standard error	0.00%	0.00%										

Current [®] VR RF (Mode	el 1207-36)		
US Regulatory Approval	September 2007	Normal Battery Depletion	0
Registered US Implants	10,130	Total Malfunctions	12
Estimated Active US Implants	8,947	Malfunctions w/ Compromised Therapy	6
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	6
Max. Delivered Energy	36 joules	Number of Advisories	None

Survival from Returns and Complaints



····· Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion										
Year	1	2	at 25 months								
Survival Probability	99.78%	99.69%	99.69%								
± 1 standard error	0.04%	0.08%	0.08%								
Sample Size	8400	3000	200								

Excluding Normal Battery Depletion

Year	1	2	at 25 months				
Survival Probability	99.78%	99.69%	99.69%				
± 1 standard error	0.04%	0.08%	0.08%				

Current [®] VR RF (Model 1207-36)	SCORE Enrollment	Qualifying Complications
US Regulatory Approval September 2007	Number of Devices Enrolled in Study 384	None Reported
	Cumulative Months of Follow-up 4,545	

Survival from SCORE Registry



Battery Longevity

Year	1	at 18 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	204	58				

Atlas [®] II VR (Model V-1)	68)		
US Regulatory Approval	July 2006	Normal Battery Depletion	3
Registered US Implants	10,272	Total Malfunctions (O related to Advisory)	20
Estimated Active US Implants	8,191	Malfunctions w/ Compromised Therapy (O related to Advisory)	14
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	6
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



Including N	Including Normal Battery Depletion											
Yea	ar	1	2	3	at 38 months							
Survival P	robability	99.77%	99.62%	99.40%	99.40%							
± 1 stand	lard error	0.05%	0.07%	0.11%	0.11%							
Sample	e Size	9900	7100	3000	400							

Excluding Normal Battery Depletion

Year	1	2	3	at 38 months			
Survival Probability	99.78%	99.64%	99.48%	99.48%			
± 1 standard error	0.04%	0.07%	0.09%	0.09%			

Epic [®] II VR (Model V-15	58)		
US Regulatory Approval	March 2006	Normal Battery Depletion	0
Registered US Implants	1,530	Total Malfunctions	0
Estimated Active US Implants	1,155	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy	0
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3									
Survival Probability	100.00%	100.00%	100.00%									
± 1 standard error	0.00%	0.00%	0.00%									
Sample Size	1500	1100	500									

Excluding Normal Batte	Excluding Normal Battery Depletion											
Year	1	2	3									
Survival Probability	100.00%	100.00%	100.00%									
± 1 standard error	0.00%	0.00%	0.00%									

Atlas [®] + VR (Model V-1	93)		
US Regulatory Approval	October 2003	Normal Battery Depletion	21
Registered US Implants	20,431	Total Malfunctions (O related to Advisory)	28
Estimated Active US Implants	12,707	Malfunctions w/ Compromised Therapy (O related to Advisory)	19
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	9
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	Three

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Battery Depletion											
Year	1	2	3	4	5	at 69 months					
Survival Probability	99.89%	99.73%	99.64%	99.46%	99.05%	99.05%					
± 1 standard error	0.02%	0.04%	0.05%	0.07%	0.14%	0.14%					
Sample Size	20400	17900	14500	9400	3700	300					

Excluding Normal Battery Depletion

Year	1	2	3	4	5	at 69 months		
Survival Probability	99.95%	99.84%	99.76%	99.68%	99.34%	99.34%		
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.12%	0.12%		

Epic [®] + VR (Model V-19	96)		
US Regulatory Approval	April 2003	Normal Battery Depletion	31
Registered US Implants	7,945	Total Malfunctions (O related to Advisory)	16
Estimated Active US Implants	4,319	Malfunctions w/ Compromised Therapy (O related to Advisory)	5
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	11
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Three

Survival from Returns and Complaints



---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Battery Depletion												
Year	1	2	3	4	5	6						
Survival Probability	99.87%	99.68%	99.56%	99.18%	98.00%	93.66%						
± 1 standard error	0.04%	0.07%	0.08%	0.13%	0.28%	0.94%						
Sample Size	7900	7000	6100	4400	2300	700						

Excluding Normal Battery Depletion												
Year	1	2	3	4	5	6						
Survival Probability	99.92%	99.89%	99.85%	99.55%	99.29%	99.29%						
± 1 standard error	0.03%	0.04%	0.05%	0.10%	0.14%	0.14%						

Epic [®] VR (Model V-197)			
US Regulatory Approval	July 2002	Normal Battery Depletion	70
Registered US Implants	3,654	Total Malfunctions (O related to Advisory)	25
Estimated Active US Implants	954	Malfunctions w/ Compromised Therapy (O related to Advisory)	5
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	20
Max. Delivered Energy	30 joules	Number of Advisories (see pages 238-243)	Two

Survival from Returns and Complaints



---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Battery Depletion											
Year	1	2	3	4	5	6	at 82 months				
Survival Probability	99.89%	99.63%	99.33%	97.95%	96.18%	92.09%	86.40%				
± 1 standard error	0.06%	0.11%	0.14%	0.27%	0.39%	0.64%	1.08%				
Sample Size	3700	3200	2900	2500	2100	1500	200				

Excluding Normal Battery Depletion

Year	1	2	3	4	5	6	at 82 months		
Survival Probability	99.89%	99.63%	99.55%	98.69%	98.13%	98.13%	98.13%		
± 1 standard error	0.06%	0.11%	0.12%	0.21%	0.28%	0.28%	0.28%		

Atlas [®] VR (Model V-199)			
US Regulatory Approval	December 2001	Normal Battery Depletion	459
Registered US Implants	7,095	Total Malfunctions (22 related to Advisory)	70
Estimated Active US Implants	864	Malfunctions w/ Compromised Therapy (22 related to Advisory)	34
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	36
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	4	5	6	7	at 87 months				
Survival Probability	99.49%	98.72%	97.32%	95.01%	90.50%	76.54%	55.27%	53.44%				
± 1 standard error	0.08%	0.14%	0.21%	0.31%	0.44%	0.79%	1.42%	1.50%				
Sample Size	7100	6200	5400	4500	3700	2700	1200	200				

Excluding Normal Battery Depletion												
Year	1	2	3	4	5	6	7	at 87 months				
Survival Probability	99.62%	99.35%	98.88%	98.18%	97.46%	97.29%	96.97%	96.97%				
± 1 standard error	0.07%	0.10%	0.14%	0.19%	0.24%	0.25%	0.30%	0.30%				

Photon [™] µ VR (Model \	/-194)		
US Regulatory Approval	June 2001	Normal Battery Depletion	232
Registered US Implants	2,839	Total Malfunctions (5 related to Advisory)	23
Estimated Active US Implants	174	Malfunctions w/ Compromised Therapy (5 related to Advisory)	12
Estimated Longevity	(see table on page 96)	Malfunctions w/o Compromised Therapy (O related to Advisory)	11
Max. Delivered Energy	36 joules	Number of Advisories (see pages 238-243)	One





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batter	Including Normal Battery Depletion									
Year	1	2	3	4	5	6	7	at 89 months		
Survival Probability	99.60%	98.99%	98.34%	94.55%	88.48%	81.31%	57.66%	49.19%		
± 1 standard error	0.12%	0.19%	0.24%	0.48%	0.77%	1.03%	1.64%	1.88%		
Sample Size	2800	2500	2200	1900	1500	1200	800	200		

Excluding Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 89 months	
Survival Probability	99.60%	99.25%	98.90%	98.26%	98.12%	97.76%	97.76%	97.76%	
± 1 standard error	0.12%	0.16%	0.20%	0.29%	0.31%	0.35%	0.35%	0.35%	

Contour [™] MD (Models V-175, V-175AC, V-175B, V-175C & V-175D)							
US Regulatory Approval	October 1998						
Registered US Implants	4,929						
Estimated Active US Implants	204						
Estimated Longevity	(see table on page 96)						
Number of Advisories	None						





Year	1	2	3	4	5	6	7	8	
Survival Probability	99.37%	98.54%	97.05%	90.15%	62.79%	43.31%	38.98%	38.17%	
± 1 standard error	0.11%	0.17%	0.27%	0.50%	0.98%	1.16%	1.23%	1.26%	
Sample Size	4900	4200	3600	3100	2400	1200	500	300	

SUMMARY & LONGEVITY INFORMATION ICDs Single-Chamber



Battery Longe	vity				
			Approximate Du	ration (years)*	
Models	Family	No Pacing	25% Pacing	50% Pacing	100% Pacing
CD1211-36	Current [®] + VR	8.4	8.0	7.6	7.0
CD1211-36Q	Current [®] + VR	8.4	8.0	7.6	7.0
1107-36	Current® VR	8.4	8.0	7.6	7.0
1207-30	Current [®] VR RF	6.7	6.4	6.1	5.6
1207-36	Curren®t VR RF	8.4	8.0	7.6	7.0
V-168	Atlas [®] II VR	8.4	8.0	7.6	7.0
V-158	Epic [®] II VR	6.7	6.4	6.1	5.6
V-193	Atlas® + VR	8.6	8.2	7.9	7.3
V-196	Epic® + VR	6.3	6	5.8	5.4
	SN <115000				
V-196	Epic® + VR	6.9	6.6	6.4	5.9
	SN >115000				
V-197	Epic® VR	5.9	5.7	5.5	5.1
V-199	Atlas [®] VR	7.2	6.9	6.6	6.1
V-194	Photon™µ VR	7.1	6.8	6.5	6.0
	SN <42000				
V-194	Photon™µ VR	8.1	7.7	7.4	6.8
	SN >42000				

*Battery longevity calculated with one EGM storage.

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

Battery Voltage Range: 3.20 – 2.45; Battery condition: Normal

Four maximum charges per year as well as monthly charging during the batteries mid-life voltage range. (Four maximum charges per year for models V-194 and V-199).

		4 Max charges/Yr.	1 Maximum High-Voltage Charge/Mon				
Models	Family	No Pacing	No Pacing	15% Pacing	100% Pacing		
V-175, V-175AC,	Contour [™] MD	6.5 yr.	4.8 yr.	4.4 yr.	3.5 yr.		
V-175B, V-175C, V-175D							

†Pacing parameters: 5.0V, 0.5 ms, 60 ppm, 500 ohms Battery Voltage Range: 3.20 – 2.55

Malfunction and Normal Battery Depletion
Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy	Malfunctions w/ Compromised Therapy (under advisory)	Malfunctions w/ Compromised Therapy (premature battery depletion)	Malfunctions w/o Compromised Therapy	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
CD1211-36	Current [®] + VR	Feb-09	1575	1526	0	0	0	0	0	0	0
CD1211-36Q	Current® + VR	Feb-09	1284	1264	0	0	0	0	0	0	0
1107-36	Current® VR	May-07	339	266	1	0	0	0	0	1	0
1207-30	Current [®] VR RF	Sep-07	760	695	0	0	0	0	0	0	0
1207-36	Current [®] VR RF	Sep-07	10130	8947	3	0	3	3	3	12	0
V-168	Atlas® II VR	Jul-06	10272	8191	5	0	9	2	4	20	3
V-158	Epic® II VR	Mar-06	1530	1155	0	0	0	0	0	0	0
V-193	Atlas [®] + VR	Oct-03	20431	12707	9	0	10	2	7	28	21
V-196	Epic® + VR	Apr-03	7945	4319	3	0	2	11	0	16	31
V-197	Epic® VR	Jul-02	3654	954	4	0	1	18	2	25	70
V-199	Atlas® VR	Dec-01	7095	864	6	22	6	33	3	70	459
V-194	Photon™ µ VR	Jun-01	2839	174	3	5	4	10	1	23	232

Including Normal Battery Depletion Summary Information Survival Probability Models Family 1 year 2 year 3 year 4 year 5 year 6 year 7 year 8 year 9 year 10 year CD1211-36 Current® + VR* CD1211-36Q Current® + VR* 1107-36 Current[®] VR 99.36% 1207-30 Current[®] VR RF 100.00% 1207-36 Current[®] VR RF 99.78% 99.69% V-168 Atlas® II VR 99.77% 99.62% 99.40% Epic® II VR 100.00% 100.00% V-158 100.00% V-193 99.89% 99.73% 99.64% Atlas® + VR 99.46% 99.05% V-196 Epic® + VR 99.87% 99.68% 99.56% 99.18% 98.00% 93.66% V-197 Epic® VR 99.89% 99.63% 99.33% 97.95% 96.18% 92.09% V-199 Atlas® VR 99.49% 98.72% 97.32% 95.01% 90.50% 76.54% 55.27% V-194 Photon™ µ VR 99.60% 98.99% 98.34% 94.55% 88.48% 81.31% 57.66%

*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.

Excluding Normal Battery Depletion Summary Information

			Survival Probability								
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
CD1211-36	Current® + VR*										
CD1211-36Q	Current® + VR*										
1107-36	Current [®] VR	99.36%									
1207-30	Current [®] VR RF	100.00%									
1207-36	Current [®] VR RF	99.78%	99.69%								
V-168	Atlas® II VR	99.78%	99.64%	99.48%							
V-158	Epic® II VR	100.00%	100.00%	100.00%							
V-193	Atlas [®] + VR	99.95%	99.84%	99.76%	99.68%	99.34%					
V-196	Epic® + VR	99.92%	99.89%	99.85%	99.55%	99.29%	99.29%				
V-197	Epic® VR	99.89%	99.63%	99.55%	98.69%	98.13%	98.13%				
V-199	Atlas® VR	99.62%	99.35%	98.88%	98.18%	97.46%	97.29%	96.97%			
V-194	Photon™ µ VR	99.60%	99.25%	98.90%	98.26%	98.12%	97.76%	97.76%			

*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.

Defibrillation Leads



Defibrillation Leads

Durata [®] SJ4 (Model 7120Q & 7121Q)								
US Regulatory Approval	January 2009							
Registered US Implants	5,527							
Estimated Active US Implants	5,365							
Insulation	Optim*							
Type and/or Fixation	Dual Coil, Active							
Polarity	Bipolar							
Steroid	Yes							
Number of Advisories	None							

		bservations ant, ≤30 days)		Complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	3	0.05%	1	0.02%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	7	0.13%	2	0.04%
Failure to Capture	2	0.04%	0	0.00%
Oversensing	5	0.09%	1	0.02%
Failure to Sense	1	0.02%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	18	0.33%	4	0.07%
Total Returned for Analysis	8		1	

Lead Malfunctions									
Туре	Qty.	Rate							
Conductor Fracture	0	0.00%							
Insulation Breach	0	0.00%							
Crimps, Welds & Bonds	0	0.00%							
Other	0	0.00%							
Extrinsic Factors	2	0.04%							
Total	2	0.04%							

Survival from Returns and Complaints



Year	at 6 months					
Survival Probability	99.77%					
± 1 standard error	0.08%					
Sample Size	200					

*Optim[®] insulation is a copolymer of silicone and polyurethane.
Durata [®] SJ4 (Model 7122	Q)
US Regulatory Approval	January 2009
Registered US Implants	645
Estimated Active US Implants	622
Insulation	Optim*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications 0 days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	0	0.00%	0	0.00%
Failure to Capture	1	0.16%	0	0.00%
Oversensing	1	0.16%	0	0.00%
Failure to Sense	1	0.16%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	3	0.47%	0	0.00%
Total Returned for Analysis	1		0	

Lead Malfunctions								
Туре	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%						

Survival from Returns and Complaints



Year	at 4 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	200					

Durata [®] (Models 7120 & 7121)							
US Regulatory Approval	September 2007						
Registered US Implants	42,103						
Estimated Active US Implants	37,837						
Insulation	Optim*						
Type and/or Fixation	Dual Coil, Active						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

		Dbservations lant, ≤30 days)		Chronic Complications (>30 days)		
Туре	Qty.	Rate	Qty.	Rate		
Cardiac Perforation	23	0.05%	4	0.01%		
Conductor Fracture	1	<0.01%	1	<0.01%		
Lead Dislodgement	35	0.08%	68	0.16%		
Failure to Capture	11	0.03%	25	0.06%		
Oversensing	35	0.08%	30	0.07%		
Failure to Sense	4	0.01%	7	0.02%		
Insulation Breach	0	0.00%	0	0.00%		
Abnormal Pacing Impedance	1	<0.01%	7	0.02%		
Abnormal Defibrillation Impedance	14	0.03%	4	0.01%		
Extracardiac Stimulation	1	<0.01%	0	0.00%		
Other	15	0.04%	11	0.03%		
Total	140	0.33%	157	0.37%		
Total Returned for Analysis	40		71			

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	1	<0.01%						
Insulation Breach	1	<0.01%						
Crimps, Welds & Bonds	1	<0.01%						
Other	7	0.02%						
Extrinsic Factors	56	0.13%						
Total	66	0.16%						

Survival from Returns and Complaints



Year	1	2	at 25 months				
Survival Probability	99.56%	99.49%	99.49%				
± 1 standard error	0.04%	0.05%	0.05%				
Sample Size	30100	8700	200				

Durata [®] (Models 7120 & 7121)						
US Regulatory Approval	September 2007					
Insulation	Optim*					
Type and/or Fixation	Dual Coil, Active					
Polarity	Bipolar					
Steroid	Yes					
Number of Advisories	None					

SCORE Enrollment	
Number of Devices Enrolled in Study	1,113
Cumulative Months of Follow-up	13,747

Qualifying Complications						
Type Qty. Rate						
Cardiac Perforation	1	0.09%				
Failure to Capture	1	0.09%				
Extracardiac Stimulation	1	0.09%				



Survival from SCORE Registry

Year	1	at 20 months				
Survival Probability	99.73%	99.73%				
± 1 standard error	0.16%	0.16%				
Sample Size	611	97				

Durata [®] (Model 7122)		
US Regulatory Approval	September 2007	Тур
Registered US Implants	4,854	Car
Estimated Active US Implants	4,466	Cor
Insulation	Optim*	Lea
Type and/or Fixation	Single Coil, Active	Fail
Polarity	Bipolar	Ove
Steroid	Yes	Fail
Number of Advisories	None	Ins

		bservations ant, ≤30 days)		omplications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	3	0.06%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	4	0.08%	9	0.19%
Failure to Capture	2	0.04%	5	0.10%
Oversensing	2	0.04%	2	0.04%
Failure to Sense	0	0.00%	1	0.02%
Insulation Breach	0	0.00%	1	0.02%
Abnormal Pacing Impedance	0	0.00%	3	0.06%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	11	0.23%	21	0.43%
Total Returned for Analysis	5		17	

Lead Malfunctions							
Туре	Qty.	Rate					
Conductor Fracture	1	0.02%					
Insulation Breach	1	0.02%					
Crimps, Welds & Bonds	0	0.00%					
Other	1	0.02%					
Extrinsic Factors	13	0.27%					
Total	16	0.33%					

Survival from Returns and Complaints



Year	1	at 20 months				
Survival Probability	99.42%	99.42%				
± 1 standard error	0.13%	0.13%				
Sample Size	3300	200				

Durata [®] (Model 7122)	
US Regulatory Approval	September 2007
Insulation	Optim*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

SCORE Enrollment			Qualifying Complications			
Number of Devices Enrolled in Study	133		Туре	Qty.	Rate	
Cumulative Months of Follow-up	1,425		Lead Dislodgement	1	0.09%	



Survival from SCORE Registry

*Optim[®] insulation is a copolymer of silicone and polyurethane.

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Sample Size

Riata [®] ST Optim [®]	(Models 7070 & 7071)
US Regulatory Approval	July 2006
Registered US Implants	2,890
Estimated Active US Implants	2,462
Insulation	Optim*
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications 0 days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	0.07%	1	0.03%
Conductor Fracture	1	0.03%	0	0.00%
Lead Dislodgement	3	0.10%	3	0.10%
Failure to Capture	5	0.17%	3	0.10%
Oversensing	3	0.10%	3	0.10%
Failure to Sense	2	0.07%	2	0.07%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	1	0.03%
Abnormal Defibrillation Impedance	0	0.00%	1	0.03%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	16	0.55%	14	0.48%
Total Returned for Analysis	4		5	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	1	0.03%						
Insulation Breach	0	0.00%						
Crimps, Welds & Bonds	1	0.03%						
Other	1	0.03%						
Extrinsic Factors	4	0.14%						
Total	7	0.24%						

Survival from Returns and Complaints



Year	1	2	at 30 months				
Survival Probability	99.53%	99.53%	99.53%				
± 1 standard error	0.14%	0.14%	0.14%				
Sample Size	2300	1100	200				

Riata [®] ST Optim [®]	(Models 7020 & 7021)
US Regulatory Approval	July 2006
Registered US Implants	15,272
Estimated Active US Implants	12,209
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	38	0.25%	10	0.07%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	32	0.21%	45	0.29%
Failure to Capture	19	0.12%	28	0.18%
Oversensing	19	0.12%	36	0.24%
Failure to Sense	8	0.05%	10	0.07%
Insulation Breach	0	0.00%	2	0.01%
Abnormal Pacing Impedance	1	0.01%	3	0.02%
Abnormal Defibrillation Impedance	4	0.03%	5	0.03%
Extracardiac Stimulation	4	0.03%	2	0.01%
Other	2	0.01%	11	0.07%
Total	127	0.83%	152	1.00%
Total Returned for Analysis	55		102	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	4	0.03%						
Insulation Breach	6	0.04%						
Crimps, Welds & Bonds	2	0.01%						
Other	1	0.01%						
Extrinsic Factors	73	0.48%						
Total	86	0.56%						

Survival from Returns and Complaints



Year	1	2	3	at 37 months			
Survival Probability	99.18%	99.04%	98.78%	98.78%			
± 1 standard error	0.07%	0.08%	0.20%	0.20%			
Sample Size	14200	10000	3800	300			

Riata [®] ST Optim [®]	(Models 7020 & 7021)
US Regulatory Approval	July 2006
Insulation	Optim*
Type and/or Fixation	Dual Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

SCORE Enrollment	
Number of Devices Enrolled in Study	172
Cumulative Months of Follow-up	3,012

Qualifying Complications							
Туре	Qty.	Rate					
Cardiac Perforation	1	0.58%					
Conductor Fracture	1	0.58%					
Failure to Sense	1	0.58%					
Abnormal Pacing Impedance 1 0.58%							
Abnormal Defibrillation Impedance	1	0.58%					



Survival	from	SCORE	Registry
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Year	1	at 23 months				
Survival Probability	97.23%	96.49%				
± 1 standard error	1.16%	1.55%				
Sample Size	133	71				

Riata [®] ST Optim [®]	(Model 7022)
US Regulatory Approval	July 2006
Registered US Implants	1,445
Estimated Active US Implants	1,214
Insulation	Optim*
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	5	0.35%	2	0.14%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	3	0.21%	6	0.42%
Failure to Capture	1	0.07%	0	0.00%
Oversensing	0	0.00%	4	0.28%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	1	0.07%	0	0.00%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	10	0.69%	12	0.83%
Total Returned for Analysis	3		5	

Lead Malfunctions								
Type Qty. Rate								
Conductor Fracture	1	0.07%						
Insulation Breach	0	0.00%						
Crimps, Welds & Bonds	0	0.00%						
Other	1	0.07%						
Extrinsic Factors	4	0.28%						
Total	6	0.42%						

Survival from Returns and Complaints



	Year	1	2	at 29 months				
Su	urvival Probability	99.15%	99.05%	99.05%				
±	1 standard error	0.26%	0.28%	0.28%				
	Sample Size	1300	900	200				

Riata[®] ST (Models 7010 & 7011)							
US Regulatory Approval	March 2006						
Registered US Implants	2,176						
Estimated Active US Implants	1,700						
Insulation	Silicone						
Type and/or Fixation	Dual Coil, Active						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

)bservations ant, ≤30 days)		complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	3	0.14%	1	0.05%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	1	0.05%	4	0.18%
Failure to Capture	3	0.14%	0	0.00%
Oversensing	2	0.09%	1	0.05%
Failure to Sense	1	0.05%	1	0.05%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	1	0.05%	1	0.05%
Abnormal Defibrillation Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.05%	1	0.05%
Total	12	0.55%	9	0.41%
Total Returned for Analysis	4		5	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	0	0.00%						
Insulation Breach	1	0.05%						
Crimps, Welds & Bonds	0	0.00%						
Other	0	0.00%						
Extrinsic Factors	3	0.14%						
Total	4	0.18%						



Year	1	2	3	at 38 months			
Survival Probability	99.65%	99.59%	99.59%	99.59%			
± 1 standard error	0.13%	0.15%	0.15%	0.15%			
Sample Size	2100	1700	900	200			

Riata[®] ST (Models 7040 & 7041)						
US Regulatory Approval	March 2006					
Registered US Implants	3,975					
Estimated Active US Implants	3,191					
Insulation	Silicone					
Type and/or Fixation	Dual Coil, Passive					
Polarity	Bipolar					
Steroid	Yes					
Number of Advisories	None					

		bservations ant, ≤30 days)		complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	4	0.10%	2	0.05%
Conductor Fracture	0	0.00%	2	0.05%
Lead Dislodgement	5	0.13%	3	0.08%
Failure to Capture	1	0.03%	4	0.10%
Oversensing	3	0.08%	10	0.25%
Failure to Sense	0	0.00%	3	0.08%
Insulation Breach	0	0.00%	1	0.03%
Abnormal Pacing Impedance	2	0.05%	3	0.08%
Abnormal Defibrillation Impedance	0	0.00%	2	0.05%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.03%	0	0.00%
Total	16	0.40%	30	0.75%
Total Returned for Analysis	3		8	

Lead Malfunctions							
Туре	Qty.	Rate					
Conductor Fracture	2	0.05%					
Insulation Breach	3	0.08%					
Crimps, Welds & Bonds	0	0.00%					
Other	2	0.05%					
Extrinsic Factors	5	0.13%					
Total	12	0.30%					



Year	1	2	3	at 41 months			
Survival Probability	99.45%	99.13%	99.00%	98.57%			
± 1 standard error	0.12%	0.17%	0.19%	0.36%			
Sample Size	3600	2600	1300	300			

Riata [®] ST (Model 7002)	
US Regulatory Approval	June 2005
Registered US Implants	2,378
Estimated Active US Implants	1,913
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		Acute Observations (Post Implant, ≤30 days)		Complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	6	0.25%	3	0.13%
Conductor Fracture	0	0.00%	2	0.08%
Lead Dislodgement	3	0.13%	8	0.34%
Failure to Capture	4	0.17%	6	0.25%
Oversensing	4	0.17%	8	0.34%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	2	0.08%	0	0.00%
Abnormal Defibrillation Impedance	1	0.04%	1	0.04%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.04%	2	0.08%
Total	21	0.88%	30	1.26%
Total Returned for Analysis	7		14	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	2	0.08%						
Insulation Breach	2	0.08%						
Crimps, Welds & Bonds	0	0.00%						
Other	0	0.00%						
Extrinsic Factors	9	0.38%						
Total	13	0.55%						



	Year	1	2	3	at 40 months			
Surviv	ival Probability	99.23%	98.76%	98.42%	98.42%			
± 1 s	standard error	0.19%	0.25%	0.32%	0.32%			
Sa	ample Size	2300	1700	800	200			

Riata [®] ST (Models 7000 & 7001)						
US Regulatory Approval	June 2005					
Registered US Implants	34,629					
Estimated Active US Implants	26,388					
Insulation	Silicone					
Type and/or Fixation	Dual Coil, Active					
Polarity	Bipolar					
Steroid	Yes					
Number of Advisories	None					

)bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	39	0.11%	20	0.06%
Conductor Fracture	0	0.00%	10	0.03%
Lead Dislodgement	36	0.10%	36	0.10%
Failure to Capture	42	0.12%	54	0.16%
Oversensing	40	0.12%	129	0.37%
Failure to Sense	7	0.02%	14	0.04%
Insulation Breach	1	<0.01%	7	0.02%
Abnormal Pacing Impedance	8	0.02%	9	0.03%
Abnormal Defibrillation Impedance	4	0.01%	9	0.03%
Extracardiac Stimulation	4	0.01%	2	0.01%
Other	11	0.03%	23	0.07%
Total	192	0.55%	313	0.90%
Total Returned for Analysis	91		158	

Lead Malfunctions									
Туре	Qty.	Rate							
Conductor Fracture	8	0.02%							
Insulation Breach	48	0.14%							
Crimps, Welds & Bonds	4	0.01%							
Other	0	0.00%							
Extrinsic Factors	80	0.23%							
Total	140	0.40%							



Year	1	2	3	at 45 months			
Survival Probability	99.46%	99.21%	98.89%	98.67%			
± 1 standard error	0.04%	0.05%	0.07%	0.14%			
Sample Size	33100	26500	16100	600			

Rate 0.85% 0.85%

Riata [®] ST (Models 7000 & 7001)								
US Regulatory Approval	June 2005							
Insulation	Silicone							
Type and/or Fixation	Dual Coil, Active							
Polarity	Bipolar							
Steroid	Yes							
Number of Advisories	None							

SCORE Enrollment		Qualifying	Complications
Number of Devices Enrolled in Study	117	Туре	Qty.
Cumulative Months of Follow-up	2,009	Lead Dislodgement	1
		Oversensing	1



Survival from SCORE Registry

Year	1	at 23 months				
Survival Probability	99.03%	97.93%				
± 1 standard error	0.96%	1.45%				
Sample Size	91	51				

DEFIBRILLATION LEADS

Riata [®] <i>i</i> (Models 1560 &	1561)	Lead Malfund
US Regulatory Approval	April 2004	Туре
Registered US Implants	1,005	Conductor Fracture
Estimated Active US Implants	669	Insulation Breach
Insulation	Silicone	Crimps, Welds & Bonds
Type and/or Fixation	Dual Coil, Passive	Other
Polarity	Integrated Bipolar	Extrinsic Factors
Steroid	Yes	Total
Number of Advisories	None	

Lead Malf	Lead Malfunctions									
Туре	Qty.	Rate								
Conductor Fracture	0	0.00%								
Insulation Breach	1	0.10%								
Crimps, Welds & Bonds	0	0.00%								
Other	0	0.00%								
Extrinsic Factors	0	0.00%								
Total	1	0.10%								



Year	1	2	3	4	at 51 months			
Survival Probability	99.68%	99.44%	99.30%	99.30%	99.30%			
± 1 standard error	0.19%	0.25%	0.29%	0.29%	0.29%			
Sample Size	1000	900	700	500	200			

Riata [®] <i>i</i> (Models 1590 &	Riata [®] <i>i</i> (Models 1590 & 1591)							
US Regulatory Approval	April 2004		Туре					
Registered US Implants	9,717		Conductor					
Estimated Active US Implants	6,424		Insulation					
Insulation	Silicone		Crimps, We					
Type and/or Fixation	Dual Coil, Active		Other					
Polarity	Integrated Bipolar		Extrinsic F					
Steroid	Yes		Total					
Number of Advisories	None							

Lead Malfunctions									
Туре	Qty.	Rate							
Conductor Fracture	3	0.03%							
Insulation Breach	7	0.07%							
Crimps, Welds & Bonds	0	0.00%							
Other	0	0.00%							
Extrinsic Factors	16	0.16%							
Total	26	0.27%							



Year	1	2	3	4	5			
Survival Probability	99.72%	99.62%	99.47%	99.31%	98.32%			
± 1 standard error	0.06%	0.07%	0.08%	0.10%	0.22%			
Sample Size	9500	8300	7200	5100	1800			

DEFIBRILLATION LEADS

Riata [®] (Model 1582)	Lead Malfunctions				
US Regulatory Approval	March 2003	Туре		Qty.	Rat
Registered US Implants	3,132	Con	ductor Fracture	2	0.0
Estimated Active US Implants	1,972	Insu	lation Breach	29	0.9
Insulation	Silicone	Crin	nps, Welds & Bonds	0	0.0
Type and/or Fixation	Single Coil, Active	Othe	er	0	0.0
Polarity	Bipolar	Extr	insic Factors	12	0.3
Steroid	Yes	Tota	I	43	1.3
Number of Advisories	None				

		Lead Malfunctions									
		Туре	Qty.	Rate							
]	Conductor Fracture	2	0.06%							
		Insulation Breach	29	0.93%							
		Crimps, Welds & Bonds	0	0.00%							
/e		Other	0	0.00%							
		Extrinsic Factors	12	0.38%							
		Total	43	1.37%							



Year	1	2	3	4	5	6		
Survival Probability	99.04%	98.43%	97.46%	96.89%	96.09%	94.98%		
± 1 standard error	0.18%	0.23%	0.32%	0.37%	0.46%	0.69%		
Sample Size	3000	2500	2100	1600	900	400		

Riata [®] (Models 1570 &	1571)	
US Regulatory Approval	March 2002	Туре
Registered US Implants	10,371	Conductor Fract
Estimated Active US Implants	6,307	Insulation Breac
Insulation	Silicone	Crimps, Welds &
Type and/or Fixation	Dual Coil, Passive	Other
Polarity	Bipolar	Extrinsic Factors
Steroid	Yes	Total
Number of Advisories	None	

Lead Malfunctions							
Туре	Qty.	Rate					
Conductor Fracture	3	0.03%					
Insulation Breach	19	0.18%					
Crimps, Welds & Bonds	0	0.00%					
Other	0	0.00%					
Extrinsic Factors	14	0.13%					
Total	36	0.35%					



Year	1	2	3	4	5	6	7	at 91 months	
Survival Probability	99.74%	99.50%	99.13%	98.47%	98.08%	97.28%	96.95%	96.95%	
± 1 standard error	0.05%	0.07%	0.10%	0.15%	0.18%	0.25%	0.28%	0.31%	
Sample Size	9900	8500	7300	5900	4200	2600	1300	200	

Riata [®] (Models 1580 & 1		Lead Malfunctions		
US Regulatory Approval	March 2002		Туре	Qty.
Registered US Implants	69,053	1	Conductor Fracture	11
Estimated Active US Implants	42,309		Insulation Breach	186
Insulation	Silicone	1	Crimps, Welds & Bonds	4
Type and/or Fixation	Dual Coil, Active	1	Other	3
Polarity	Bipolar		Extrinsic Factors	184
Steroid	Yes	1	Total	388
Number of Advisories	None			

 Rate

 0.02%

 0.27%

 0.01%

 <0.01%</td>

 0.27%

 0.27%

 0.56%



Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.52%	99.27%	98.84%	98.45%	97.90%	97.13%	96.30%	95.88%	
± 1 standard error	0.03%	0.03%	0.04%	0.05%	0.07%	0.11%	0.17%	0.25%	
Sample Size	67100	57900	50300	40100	25600	12800	5300	200	

Riata[®] (M odels 1580 & 1581)						
US Regulatory Approval	March 2002					
Insulation	Silicone					
Type and/or Fixation	Dual Coil, Active					
Polarity	Bipolar					
Steroid	Yes					
Number of Advisories	None					

SCORE Enrollment	
Number of Devices Enrolled in Study 115	Ν
Cumulative Months of Follow-up 1,837	

Qualifying Complications	
None Reported	



Survival from SCORE Registry

Year	1	at 18 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	87	52				

TVL [™] ADX (Model 1559)	
US Regulatory Approval	November 1999
Registered US Implants	4,734
Estimated Active US Implants	1,579
Insulation	Silicone
Type and/or Fixation	Single Coil, Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None



Year	1	2	3	4	5	6	7	8	9	at 114 months
Survival Probability	99.55%	98.71%	97.47%	96.08%	94.47%	93.27%	92.18%	91.61%	90.65%	90.42%
± 1 standard error	0.09%	0.18%	0.25%	0.32%	0.40%	0.46%	0.50%	0.53%	0.62%	0.66%
Sample Size	4500	4000	3600	3100	2800	2400	2100	1600	900	200

SPL [®] (Models SP01, SP02,	SP03 & SP04)
US Regulatory Approval	September 1997
Registered US Implants	12,899
Estimated Active US Implants	4,357
Insulation	Silicone
Type and/or Fixation	Dual Coil, Passive
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None



Year	2	4	6	8	10	12	at 147 months		
Survival Probability	99.09%	98.28%	97.65%	97.11%	96.71%	96.29%	96.29%		
± 1 standard error	0.09%	0.13%	0.16%	0.18%	0.22%	0.31%	0.31%		
Sample Size	10900	9000	7300	5500	2800	700	200		

BIPOLAR

TVL [™] RV (Models RV0 TVL [™] SVC (Models SV	01, RV02, RV03, RV06 & RV07) /01, SV02 & SV03)		
US Regulatory Approval		Insulation	Silicone
RV01, RV02, SV01, SV02, S	SV03 May 1996	Type and/or Fixation	Single Coil, Passive
RV03	April 1997	Polarity	Bipolar
RV06, RV07	July 2000	Steroid	No
Registered US Implants	Estimated Active US Implants	Number of Advisories	None
RV 3,709	RV 920		
SVC 920	SVC 219		



RV Models									
Year	2	4	6	8	10	12	at 158 months		
Survival Probability	99.48%	98.36%	97.41%	96.70%	95.44%	94.56%	94.41%		
± 1 standard error	0.12%	0.23%	0.31%	0.37%	0.49%	0.57%	0.59%		
Sample Size	3200	2600	2100	1600	1200	800	200		

SVC Models								
Year	2	4	6	8	10	at 131 months		
Survival Probability	99.75%	98.72%	98.32%	97.54%	97.21%	97.21%		
± 1 standard error	0.18%	0.43%	0.51%	0.68%	0.75%	0.75%		
Sample Size	800	700	500	400	300	200		

OBSERVATIONS, COMPLICATIONS, AND MALFUNCTIONS Defibrillation Leads



Acute Observations (Post Implant, ≤30 days)

	US Regulatory	Registered	Estimated Active US		ordiac foration		nductor acture	-	₋ead dgement		lure to opture	Over	sensing		ure to ense		ulation reach		nal Pacing edance	Defib	normal prillation edance		cardiac ulation	c	Other	Т	otal	Total Returned
Models	Approval	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	for Analysis
7120Q/7121Q	Jan-09	5527	5365	3	0.05%	0	0.00%	7	0.13%	2	0.04%	5	0.09%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	18	0.33%	8
7122Q	Jan-09	645	622	0	0.00%	0	0.00%	0	0.00%	1	0.16%	1	0.16%	1	0.16%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.47%	1
7120/7121	Sep-07	42103	37837	23	0.05%	1	<0.01%	35	0.08%	11	0.03%	35	0.08%	4	0.01%	0	0.00%	1	<0.01%	14	0.03%	1	<0.01%	15	0.04%	140	0.33%	40
7122	Sep-07	4854	4466	3	0.06%	0	0.00%	4	0.08%	2	0.04%	2	0.04%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	0.23%	5
7070/7071	Jul-06	2890	2462	2	0.07%	1	0.03%	3	0.10%	5	0.17%	3	0.10%	2	0.07%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	16	0.55%	4
7020/7021	Jul-06	15272	12209	38	0.25%	0	0.00%	32	0.21%	19	0.12%	19	0.12%	8	0.05%	0	0.00%	1	0.01%	4	0.03%	4	0.03%	2	0.01%	127	0.83%	55
7022	Jul-06	1445	1214	5	0.35%	0	0.00%	3	0.21%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	1	0.07%	0	0.00%	0	0.00%	0	0.00%	10	0.69%	3
7010/7011	Mar-06	2176	1700	3	0.14%	0	0.00%	1	0.05%	3	0.14%	2	0.09%	1	0.05%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	1	0.05%	12	0.55%	4
7040/7041	Mar-06	3975	3191	4	0.10%	0	0.00%	5	0.13%	1	0.03%	3	0.08%	0	0.00%	0	0.00%	2	0.05%	0	0.00%	0	0.00%	1	0.03%	16	0.40%	3
7002	Jun-05	2378	1913	6	0.25%	0	0.00%	3	0.13%	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	0.88%	7
7000/7001	Jun-05	34629	26388	39	0.11%	0	0.00%	36	0.10%	42	0.12%	40	0.12%	7	0.02%	1	<0.01%	8	0.02%	4	0.01%	4	0.01%	11	0.03%	192	0.55%	91

Chronic Complications (>30 days)

	US Regulatory	Registered US	Estimated Active US		ordiac foration		nductor acture	-	Lead dgement		ilure to apture	Over	sensing		ure to ense		ulation reach		nal Pacing edance	Defib	ormal rillation edance		cardiac ulation	c	Other	т	otal	Total Returned
Models	Approval	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	for Analysis
7120Q/7121Q	Jan-09	5527	5365	1	0.02%	0	0.00%	2	0.04%	0	0.00%	1	0.02%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.07%	1
7122Q	Jan-09	645	622	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
7120/7121	Sep-07	42103	37837	4	0.01%	1	<0.01%	68	0.16%	25	0.06%	30	0.07%	7	0.02%	0	0.00%	7	0.02%	4	0.01%	0	0.00%	11	0.03%	157	0.37%	71
7122	Sep-07	4854	4466	0	0.00%	0	0.01%	9	0.19%	5	0.10%	2	0.04%	1	0.02%	1	0.02%	3	0.06%	0	0.00%	0	0.00%	0	0.00%	21	0.43%	17
7070/7071	Jul-06	2890	2462	1	0.03%	0	0.00%	3	0.10%	3	0.10%	3	0.10%	2	0.07%	0	0.00%	1	0.03%	1	0.03%	0	0.00%	0	0.00%	14	0.48%	5
7020/7021	Jul-06	15272	12209	10	0.07%	0	0.00%	45	0.29%	28	0.18%	36	0.24%	10	0.07%	2	0.01%	3	0.02%	5	0.03%	2	0.01%	11	0.07%	152	1.00%	102
7022	Jul-06	1445	1214	2	0.14%	0	0.00%	6	0.42%	0	0.00%	4	0.28%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	12	0.83%	5
7010/7011	Mar-06	2176	1700	1	0.05%	0	0.00%	4	0.18%	0	0.00%	1	0.05%	1	0.05%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	1	0.05%	9	0.41%	5
7040/7041	Mar-06	3975	3191	2	0.05%	2	0.05%	3	0.08%	4	0.10%	10	0.25%	3	0.08%	1	0.03%	3	0.08%	2	0.05%	0	0.00%	0	0.00%	30	0.75%	8
7002	Jun-05	2378	1913	3	0.13%	2	0.08%	8	0.34%	6	0.25%	8	0.34%	0	0.00%	0	0.00%	0	0.00%	1	0.04%	0	0.00%	2	0.08%	30	1.26%	14
7000/7001	Jun-05	34629	26388	20	0.06%	10	0.03%	36	0.10%	54	0.16%	129	0.37%	14	0.04%	7	0.02%	9	0.03%	9	0.03%	2	0.01%	23	0.07%	313	0.90%	158

Definitions of observations and complications can be found on pages 6 and 7.

Lead Malfunctions

	US Regulatory	Registered US	Estimated Active US		luctor cture		llation each		s, Welds Bonds	0	ther		rinsic ctors	То	otal
Models	Approval	Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
7120Q/7121Q	Jan-09	5527	5365	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.04%	2	0.04%
7122Q	Jan-09	645	622	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
7120/7121	Sep-07	42103	37837	1	<0.01%	1	<0.01%	1	<0.01%	7	0.02%	56	0.13%	66	0.16%
7122	Sep-07	4854	4466	1	0.02%	1	0.02%	0	0.00%	1	0.02%	13	0.27%	16	0.33%
7070/7071	Jul-06	2890	2462	1	0.03%	0	0.00%	1	0.03%	1	0.03%	4	0.14%	7	0.24%
7020/7021	Jul-06	15272	12209	4	0.03%	6	0.04%	2	0.01%	1	0.01%	73	0.48%	86	0.56%
7022	Jul-06	1445	1214	1	0.07%	0	0.00%	0	0.00%	1	0.07%	4	0.28%	6	0.42%
7010/7011	Mar-06	2176	1700	0	0.00%	1	0.05%	0	0.00%	0	0.00%	3	0.14%	4	0.18%
7040/7041	Mar-06	3975	3191	2	0.05%	3	0.08%	0	0.00%	2	0.05%	5	0.13%	12	0.30%
7002	Jun-05	2378	1913	2	0.08%	2	0.08%	0	0.00%	0	0.00%	9	0.38%	13	0.55%
7000/7001	Jun-05	34629	26388	8	0.02%	48	0.14%	4	0.01%	0	0.00%	80	0.23%	140	0.40%
1560/1561	Apr-04	1005	669	0	0.00%	1	0.10%	0	0.00%	0	0.00%	0	0.00%	1	0.10%
1590/1591	Apr-04	9717	6424	3	0.03%	7	0.07%	0	0.00%	0	0.00%	16	0.16%	26	0.27%
1582	Mar-03	3132	1972	2	0.06%	29	0.93%	0	0.00%	0	0.00%	12	0.38%	43	1.37%
1570/1571	Mar-02	10371	6307	3	0.03%	19	0.18%	0	0.00%	0	0.00%	14	0.13%	36	0.35%
1580/1581	Mar-02	69053	42309	11	0.02%	186	0.27%	4	0.01%	3	<0.01%	184	0.27%	388	0.56%

Definitions of malfunction categories can be found on pages 7 and 8.

PACEMAKERS Dual-Chamber



PACEMAKERS

Accent [®] DR RF (Model F	PM2210)		
US Regulatory Approval	July 2009	Normal Battery Depletion	0
Registered US Implants	11,896	Total Malfunctions	0
Estimated Active US Implants	11,697	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	8 Years	Malfunctions w/o Compromised Therapy	0
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion									
Year	at 6 months									
Survival Probability	100.00%									
± 1 standard error	0.00%									
Sample Size	200									

Excluding Normal Battery Depletion										
Year	at 6 months									
Survival Probability	100.00%									
± 1 standard error	0.00%									

PACEMAKERS

Zephyr [®] DR (Model 5820)			
US Regulatory Approval	March 2007	Normal Battery Depletion	1
Registered US Implants	19,268	Total Malfunctions	3
Estimated Active US Implants	18,317	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	6.5 Years	Malfunctions w/o Compromised Therapy	2
		Number of Advisories	None

Survival from Returns and Complaints



..... Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Nor	Including Normal Battery Depletion											
Year		1	2	at 30 months								
Survival Pro	bability	99.96%	99.96%	99.86%								
± 1 standar	d error	0.01%	0.02%	0.07%								
Sample	Size	16300	7000	200								

Excluding Normal Battery Depletion

Year	1	2	at 30 months				
Survival Probability	99.96%	99.96%	99.96%				
± 1 standard error	0.01%	0.02%	0.02%				

Zephyr [®] DR (Model 582	0)	SCORE Enrollment		Qualifying Complications
US Regulatory Approval	March 2007	Number of Devices Enrolled in Study	178	None Reported
		Cumulative Months of Follow-up	1,987	

Survival from SCORE Registry



Battery Longevity

Year	1	at 15 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	93	52				

PACEMAKERS

Victory [®] DR (Model 5810)			
US Regulatory Approval	December 2005	Normal Battery Depletion	26
Registered US Implants	25,305	Total Malfunctions	11
Estimated Active US Implants	18,710	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	6.5 Years	Malfunctions w/o Compromised Therapy	11
		Number of Advisories	None





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	at 45 months								
Survival Probability	99.98%	99.89%	99.54%	99.01%								
± 1 standard error	0.01%	0.02%	0.07%	0.14%								
Sample Size	24000	18000	10600	200								

Excluding Normal Battery Depletion

Year	1	2	3	at 45 months			
Survival Probability	99.98%	99.90%	99.88%	99.84%			
± 1 standard error	0.01%	0.02%	0.03%	0.04%			

DUAL-CHAMBER

PACEMAKERS

Zephyr [®] XL DR (Model 5	826)		
US Regulatory Approval	March 2007	Normal Battery Depletion	1
Registered US Implants	86,833	Total Malfunctions	13
Estimated Active US Implants	78,858	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	11.7 Years	Malfunctions w/o Compromised Therapy	12
		Number of Advisories	None





······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Battery Depletion										
Year	2	at 31 months								
Survival Probability	99.97%	99.94%								
± 1 standard error	0.01%	0.01%								
Sample Size	67500	200								

Excluding Normal Battery Depletion										
Year	2	at 31 months								
Survival Probability	99.94%	99.94%								
± 1 standard error	0.01%	0.01%								
Zephyr [®] XL DR (Model 5826)	SCORE Enrollment		Qualifying Cor	mplicatio	ıs					
--	-------------------------------------	--------	------------------	-----------	-------					
US Regulatory Approval March 2007	Number of Devices Enrolled in Study	1,347	Туре	Qty.	Rate					
	Cumulative Months of Follow-up	16,048	Backup Operation	1	0.07%					

Survival from SCORE Registry



----- Battery Longevity

Year	at 22 months					
Survival Probability	99.93%					
± 1 standard error	0.07%					
Sample Size	80					

Victory [®] XL DR (Model 581	6)		
US Regulatory Approval	December 2005	Normal Battery Depletion	4
Registered US Implants	60,263	Total Malfunctions	23
Estimated Active US Implants	49,328	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	11.7 Years	Malfunctions w/o Compromised Therapy	22
		Number of Advisories	None





I	Including Normal Battery Depletion											
	Year	2	at 40 months									
	Survival Probability	99.91%	99.87%									
	± 1 standard error	0.01%	0.02%									
	Sample Size	43400	200									

Excluding Normal Batte	Excluding Normal Battery Depletion											
Year	2	at 40 months										
Survival Probability	99.92%	99.89%										
± 1 standard error	0.01%	0.02%										

Victory [®] XL DR (Model	5816)	SCORE Enrollment		Qualifying Complications
US Regulatory Approval	December 2005	Number of Devices Enrolled in Study	320	None Reported
		Cumulative Months of Follow-up	4,605	

Survival from SCORE Registry



Battery Longevity

Year	at 21 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	53					

Verity[®] ADx XL DR (Model 5356) Verity[®] ADx XL DR M/S (Model 5357M/S) Verity[®] ADx XL DC (Model 5256)

US Regulatory Approval	May 2003	Normal Battery Depletion	11
Registered US Implants	16,663	Total Malfunctions	7
Estimated Active US Implants	10,596	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	6.9 Years	Malfunctions w/o Compromised Therapy	7
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Battery Depletion
Excluding Normal Battery Depletion
Battery Longevity

Including Normal Batter	Including Normal Battery Depletion												
Year	1	2	3	4	5	at 66 months							
Survival Probability	99.92%	99.92%	99.84%	99.72%	99.58%	99.15%							
± 1 standard error	0.02%	0.02%	0.03%	0.06%	0.08%	0.15%							
Sample Size	16500	13600	10700	7300	3900	1100							

Year	1	2	3	4	5	at 66 months		
Survival Probability	99.92%	99.92%	99.90%	99.87%	99.83%	99.83%		
± 1 standard error	0.02%	0.02%	0.03%	0.03%	0.05%	0.05%		

Integrity [®] ADx DR (Mode	el 5360)		
US Regulatory Approval	May 2003	Normal Battery Depletion	170
Registered US Implants	5,818	Total Malfunctions	21
Estimated Active US Implants	2,712	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	3.8 Years	Malfunctions w/o Compromised Therapy	21
-		Number of Advisories	None





Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	at 58 months								
Survival Probability	99.82%	99.82%	99.34%	95.06%	81.81%								
± 1 standard error	0.05%	0.06%	0.12%	0.38%	0.91%								
Sample Size	5800	5000	4100	3000	800								

	Excluding Normal Battery Depletion											
	Year	1	2	3	4	at 58 months						
-	Survival Probability	99.89%	99.89%	99.84%	99.21%	97.98%						
	± 1 standard error	0.05%	0.05%	0.06%	0.15%	0.36%						

Integrity [®] ADx DR (Mode	el 5366)		
US Regulatory Approval	May 2003	Normal Battery Depletion	7
Registered US Implants	7,999	Total Malfunctions	1
Estimated Active US Implants	5,401	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	6.9 Years	Malfunctions w/o Compromised Therapy	1
		Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5	at 64 months							
Survival Probability	99.98%	99.98%	99.91%	99.91%	99.56%	99.56%							
± 1 standard error	0.02%	0.02%	0.04%	0.04%	0.15%	0.15%							
Sample Size	8000	7000	5600	3500	1800	600							

Year	1	2	3	4	5	at 64 months		
Survival Probability	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%		
± 1 standard error	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%		

Identity [®] ADx DR (Model	5380)		
US Regulatory Approval	March 2003	Normal Battery Depletion	1,600
Registered US Implants	53,095	Total Malfunctions (O related to Advisory)	135
Estimated Active US Implants	24,569	Malfunctions w/ Compromised Therapy (O related to Advisory)	4
Estimated Longevity	3.8 Years	Malfunctions w/o Compromised Therapy (O related to Advisory)	131
		Number of Advisories (see pages 238-243)	One





Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5								
Survival Probability	99.93%	99.82%	99.05%	94.33%	74.97%								
± 1 standard error	0.01%	0.02%	0.05%	0.13%	0.43%								
Sample Size	52400	44600	37900	28000	200								

Excluding Normal Battery Depletion											
Year	1	2	3	4	5						
Survival Probability	99.95%	99.92%	99.78%	99.42%	97.74%						
± 1 standard error	0.01%	0.01%	0.02%	0.04%	0.14%						

Identity [®] ADx XL DR (M	Nodel 5386) Ide l	ntity [®] ADx XL DC (Model 5286)	
US Regulatory Approval	March 2003	Normal Battery Depletion	64
Registered US Implants	64,593	Total Malfunctions (O related to Advisory)	33
Estimated Active US Implants	45,831	Malfunctions w/ Compromised Therapy (O related to Advisory)	1
Estimated Longevity	6.9 Years	Malfunctions w/o Compromised Therapy (O related to Advisory)	32
		Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

In	Including Normal Battery Depletion												
	Year	1	2	3	4	5	at 69 months						
5	Survival Probability	99.95%	99.92%	99.88%	99.76%	99.39%	98.44%						
:	± 1 standard error	0.01%	0.01%	0.01%	0.03%	0.06%	0.15%						
	Sample Size	63000	53500	44000	31300	16400	2900						

	Year	1	2	3	4	5	at 69 months		
S	Survival Probability	99.95%	99.93%	99.92%	99.90%	99.86%	99.71%		
:	± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.02%	0.06%		

Integrity [®] AFx DR (Mode	els 5342 & 5346)		
US Regulatory Approval	(5342) April 2000	Normal Battery Depletion	1,080
	(5346) July 2001	Total Malfunctions	72
Registered US Implants	47,491	Malfunctions w/ Compromised Therapy	6
Estimated Active US Implants	15,345	Malfunctions w/o Compromised Therapy	66
Estimated Longevity	6.3 Years	Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batter	Including Normal Battery Depletion											
Year	1	2	3	4	5	6	7	8	at 105 months			
Survival Probability	99.94%	99.90%	99.80%	99.66%	99.00%	97.81%	95.13%	90.42%	84.47%			
± 1 standard error	0.01%	0.02%	0.02%	0.03%	0.05%	0.08%	0.14%	0.21%	0.35%			
Sample Size	47100	42000	38500	34900	31300	27100	22200	15500	3400			

Excluding Normal	Excluding Normal Battery Depletion												
Year	1	2	3	4	5	6	7	8	at 105 months				
Survival Probabil	i ty 99.94%	99.89%	99.86%	99.79%	99.70%	99.67%	99.60%	99.50%	99.50%				
± 1 standard err	or 0.01%	0.02%	0.02%	0.02%	0.03%	0.03%	0.04%	0.04%	0.05%				

ldentity [®] (Model 5370)			
US Regulatory Approval	November 2001	Normal Battery Depletion	3,791
Registered US Implants	58,350	Total Malfunctions (20 related to Advisory)	359
Estimated Active US Implants	11,943	Malfunctions w/ Compromised Therapy (O related to Advisory)	5
Estimated Longevity	3.8 Years	Malfunctions w/o Compromised Therapy (20 related to Advisory)	354
		Number of Advisories (see pages 238-243)	One





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Inc	Including Normal Battery Depletion												
	Year	1	2	3	4	5	at 67 months						
S	urvival Probability	99.91%	99.73%	98.77%	91.69%	71.68%	60.27%						
=	⊥ 1 standard error	0.01%	0.02%	0.05%	0.14%	0.30%	0.41%						
	Sample Size	57900	50400	44600	37400	24900	3800						

Year	1	2	3	4	5	at 67 months		
Survival Probability	99.93%	99.87%	99.61%	98.90%	97.25%	96.80%		
± 1 standard error	0.01%	0.02%	0.03%	0.05%	0.11%	0.13%		

Identity [®] XL (Model 5376)			
US Regulatory Approval	November 2001	Normal Battery Depletion	391
Registered US Implants	51,405	Total Malfunctions (7 related to Advisory)	101
Estimated Active US Implants	27,756	Malfunctions w/ Compromised Therapy (O related to Advisory)	9
Estimated Longevity	6.9 Years	Malfunctions w/o Compromised Therapy (7 related to Advisory)	92
		Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



Including Normal Battery Depletion												
Year	1	2	3	4	5	6	7	at 87 months				
Survival Probability	99.92%	99.83%	99.69%	99.45%	98.96%	97.71%	94.74%	93.54%				
± 1 standard error	0.01%	0.02%	0.03%	0.04%	0.05%	0.09%	0.18%	0.23%				
Sample Size	51200	46300	41900	36200	29300	21600	12000	4300				

Excluding Normal Battery Depletion												
Year	1	2	3	4	5	6	7	at 87 months				
Survival Probability	99.93%	99.86%	99.82%	99.76%	99.65%	99.50%	99.26%	99.11%				
± 1 standard error	0.01%	0.02%	0.02%	0.02%	0.03%	0.04%	0.06%	0.08%				

Integrity [®] µ DR (Model 53	36)		
US Regulatory Approval	December 2000	Normal Battery Depletion	2,058
Registered US Implants	29,356	Total Malfunctions	85
Estimated Active US Implants	3,009	Malfunctions w/ Compromised Therapy	8
Estimated Longevity	4.0 Years	Malfunctions w/o Compromised Therapy	77
		Number of Advisories	None





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal B	Including Normal Battery Depletion												
Year	1	2	3	4	5	6	at 74 months						
Survival Probabili	y 99.85%	99.51%	98.21%	91.67%	77.47%	59.78%	57.15%						
± 1 standard erro	0.02%	0.04%	0.08%	0.20%	0.36%	0.58%	0.65%						
Sample Size	29200	25100	22200	18900	13700	6400	1500						

Year	1	2	3	4	5	6	at 74 months		
Survival Probability	99.87%	99.78%	99.42%	99.34%	99.08%	98.78%	98.78%		
± 1 standard error	0.02%	0.03%	0.05%	0.06%	0.07%	0.11%	0.11%		

Affinity® VDR (Model 5430))		
US Regulatory Approval	April 2000	Normal Battery Depletion	3
Registered US Implants	654	Total Malfunctions	0
Estimated Active US Implants	183	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	8.6 Years	Malfunctions w/o Compromised Therapy	0
-		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5	6	at 75 months						
Survival Probability	100.00%	100.00%	100.00%	99.43%	99.43%	99.43%	99.43%						
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.40%	0.40%	0.40%						
Sample Size	600	500	500	400	300	300	200						

Excluding Normal Batte	Excluding Normal Battery Depletion													
Year	1	2	3	4	5	6	at 75 months							
Survival Probability	100.00%	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%	0.00%							

Entity [™] DR (Model 5326) E	ntity [™] DC (м	lodel 5226)	
US Regulatory Approval	June 1999	Normal Battery Depletion	465
Registered US Implants	21,852	Total Malfunctions	36
Estimated Active US Implants	5,058	Malfunctions w/ Compromised Therapy	3
Estimated Longevity	6.3 Years	Malfunctions w/o Compromised Therapy	33
		Number of Advisories	None

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5	6	7	8	9				
Survival Probability	99.92%	99.88%	99.81%	99.38%	98.55%	96.77%	94.18%	89.60%	81.62%				
± 1 standard error	0.02%	0.02%	0.03%	0.06%	0.10%	0.16%	0.23%	0.36%	0.61%				
Sample Size	21800	18800	16800	15000	13100	11100	8600	5800	200				

Year	1	2	3	4	5	6	7	8	9	
Survival Probability	99.92%	99.88%	99.80%	99.70%	99.67%	99.67%	99.53%	99.41%	99.30%	
± 1 standard error	0.02%	0.02%	0.03%	0.04%	0.05%	0.05%	0.06%	0.08%	0.11%	

Affinity [®] DR (Mode	ls 5330 & 5331) Affini	ty® DC (Model 5230)	
US Regulatory Approval	(5330) January 1999	Normal Battery Depletion	2,126
	(5230/5331) June 1999	Total Malfunctions (65 related to Advisory)	234
Registered US Implants	65,615	Malfunctions w/ Compromised Therapy (O related to Advisory)	15
Estimated Active US Implant	ts 12,686	Malfunctions w/o Compromised Therapy (65 related to Advisory)	219
Estimated Longevity	6.3 Years	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



Including Normal Batter	Including Normal Battery Depletion												
Year	1	2	3	4	5	6	7	8	9	at 115 months			
Survival Probability	99.72%	99.63%	99.54%	99.26%	98.42%	96.32%	93.20%	88.01%	79.98%	73.40%			
± 1 standard error	0.02%	0.02%	0.03%	0.04%	0.06%	0.09%	0.14%	0.20%	0.30%	0.41%			
Sample Size	65200	57500	52100	47000	41800	36100	29000	20900	12700	3700			

E	Excluding Normal Battery Depletion													
	Year	1	2	3	4	5	6	7	8	9	at 115 months			
	Survival Probability	99.71%	99.61%	99.52%	99.40%	99.30%	99.18%	99.07%	98.92%	98.70%	98.62%			
	± 1 standard error	0.02%	0.03%	0.03%	0.03%	0.04%	0.04%	0.05%	0.05%	0.07%	0.08%			

AddVent [™] (Model 2060)	
US Regulatory Approval	May 1999
Registered US Implants	537
Estimated Longevity	9.3 Years
Number of Advisories	None



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.81%	99.55%	99.27%	99.27%	99.27%	99.27%	99.27%		
± 1 standard error	0.19%	0.32%	0.43%	0.43%	0.43%	0.43%	0.43%		
Sample Size	500	400	400	300	300	200	200		

Trilogy [™] DR+ (Model 2360 & 23	Trilogy [™] DR+ (Model 2360 & 2364)										
Population 1*		Population 2**									
US Regulatory Approval	September 1996	US Regulatory Approval	September 1996								
Registered US Implants	6,479	Registered US Implants	63,822								
Estimated Longevity	5.0 Years	Estimated Longevity	5.0 Years								
Number of Advisories	None	Number of Advisories (see pages 238-243)	Two								



Population 1*								
Year	2	4	6	8	at 110 months			
Survival Probability	99.36%	98.73%	94.96%	82.73%	71.87%			
± 1 standard error	0.10%	0.16%	0.38%	0.88%	1.52%			
Sample Size	5100	3900	2600	1100	200			

Population 2**								
Year	2	4	6	8	10	at 130 months		
Survival Probability	99.51%	98.62%	93.85%	42.36%	9.47%	8.14%		
± 1 standard error	0.03%	0.05%	0.09%	0.14%	0.72%	1.40%		
Sample Size	50400	38600	25000	9200	1000	300		

Paragon [™] III (Models 2304, 2314, 2315)									
US Regulatory Approval	October 1994								
Registered US Implants	3,832								
Estimated Longevity	6.3 Years								
Number of Advisories	None								



Year	2	4	6	8	10	at 134 months		
Survival Probability	99.85%	98.89%	97.37%	94.42%	81.58%	72.71%		
± 1 standard error	0.07%	0.20%	0.34%	0.63%	1.65%	2.15%		
Sample Size	3000	2300	1600	800	300	200		

Synchrony [™] III (Models 2028 & 2029)	
US Regulatory Approval	February 1993
Registered US Implants	43,510
Estimated Longevity	5.5 Years
Number of Advisories	None



Year	2	4	6	8	10	12	14	at 179 months	
Survival Probability	99.93%	99.06%	94.61%	90.27%	83.65%	70.19%	32.67%	9.57%	
± 1 standard error	0.01%	0.05%	0.14%	0.24%	0.45%	0.74%	0.99%	0.72%	
Sample Size	36500	29500	19000	7500	3100	1900	900	200	

Summary & Longevity Information

Pacemakers Dual-Chamber



DUAL-CHAMBER

Malfunction and Normal Battery Depletion Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy	Malfunctions w/o Compromised Therapy	Malfunctions w/o Compromised Therapy (under advisory)	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
PM2210	Accent [®] DR RF	Jul-09	11896	11697	0	0	0	0	0	0
5820	Zephyr® DR	Mar-07	24153	20874	1	2	0	0	3	1
5810	Victory [®] DR	Dec-05	25305	18710	0	10	0	1	11	26
5826	Zephyr® XL DR	Mar-07	86833	78858	1	11	0	1	13	1
5816	Victory® XL DR	Dec-05	60263	49328	1	22	0	0	23	4
5356/5357/5256	Verity® ADX XL DR/ DR(M/S)/DC	May-03	16663	10596	0	6	0	1	7	11
5360	Integrity® ADx DR	May-03	5818	2712	0	21	0	0	21	170
5366	Integrity® ADx XL DR	May-03	7999	5401	0	1	0	0	1	7
5380	Identity® ADx DR	Mar-03	53095	24569	4	123	0	8	135	1600
5386/5286	Identity® ADx XL DR/DC	Mar-03	64593	45831	1	32	0	0	33	64
5342/5346	Integrity® AFx DR	Apr-00/Jul-01	47491	15345	6	66	0	0	72	1080
5370	Identity®	Nov-01	58350	11943	5	324	20	10	359	3791
5376	Identity® XL	Nov-01	51405	27756	9	83	7	2	101	391
5336	Integrity® µ DR	Dec-00	29356	3009	8	76	0	1	85	2058
5430	Affinity® VDR	Apr-00	654	183	0	0	0	0	0	3
5326/5226	Entity™ DR/DC	Jun-99	21852	5058	3	32	0	1	36	465
5330/5331/5230	Affinity® DR/DC	Jan-99/Jun-99	65615	12686	15	154	65	0	234	2126

Including Normal Battery Depletion Summary Information

						Survival	Probability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2210	Accent [®] DR RF*										
5820	Zephyr [®] DR	99.96%	99.96%								
5810	Victory® DR	99.98%	99.89%	99.54%							
5826	Zephyr® XL DR	99.97%	99.94%								
5816	Victory [®] XL DR	99.95%	99.91%	99.89%							
5356/5357/5256	Verity® ADX XL DR/	99.92%	99.92%	99.84%	99.72%	99.58%					
	DR(M/S)/DC										
5360	Integrity [®] ADx DR	99.82%	99.82%	99.34%	95.06%						
5366	Integrity® ADx XL DR	99.98%	99.98%	99.91%	99.91%	99.56%					
5380	Identity [®] ADx DR	99.93%	99.82%	99.05%	94.33%	74.97%					
5386/5286	Identity [®] ADx XL DR/DC	99.95%	99.92%	99.88%	99.76%	99.39%					
5342/5346	Integrity [®] AFx DR	99.94%	99.90%	99.80%	99.66%	99.00%	97.81%	95.13%	90.42%		
5370	Identity [®]	99.91%	99.73%	98.77%	91.69%	71.68%					
5376	Identity® XL	99.92%	99.83%	99.69%	99.45%	98.96%	97.71%	94.74%			
5336	Integrity® µ DR	99.85%	99.51%	98.21%	91.67%	77.47%	59.78%				
5430	Affinity [®] VDR	100.00%	100.00%	100.00%	99.43%	99.43%	99.43%				
5326/5226	Entity [™] DR/DC	99.92%	99.88%	99.81%	99.38%	98.55%	96.77%	94.18%	89.60%	81.62%	
5330/5331/5230	Affinity [®] DR/DC	99.72%	99.63%	99.54%	99.26%	98.42%	96.32%	93.20%	88.01%	79.98%	

*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.

Excluding Normal Battery Depletion Summary Information

						Survival	Probability				
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year
PM2210	Accent [®] DR RF*										
5820	Zephyr® DR	99.96%	99.96%								
5810	Victory [®] DR	99.98%	99.90%	99.88%							
5826	Zephyr [®] XL DR	99.97%	99.94%								
5816	Victory® XL DR	99.95%	99.92%	99.91%							
5356/5357/5256	Verity [®] ADX XL DR/	99.92%	99.92%	99.90%	99.87%	99.83%					
	DR(M/S)/DC										
5360	Integrity® ADx DR	99.89%	99.89%	99.84%	99.21%						
5366	Integrity® ADx XL DR	99.98%	99.98%	99.98%	99.98%	99.98%					
5380	Identity® ADx DR	99.95%	99.92%	99.78%	99.42%	97.74%					
5386/5286	Identity [®] ADx XL DR/DC	99.95%	99.93%	99.92%	99.90%	99.86%					
5342/5346	Integrity® AFx DR	99.94%	99.89%	99.86%	99.79%	99.70%	99.67%	99.60%	99.50%		
5370	Identity [®]	99.93%	99.87%	99.61%	98.90%	97.57%					
5376	Identity® XL	99.93%	99.86%	99.82%	99.76%	99.65%	99.50%	99.26%			
5336	Integrity® µ DR	99.87%	99.78%	99.42%	99.34%	99.08%	98.78%				
5430	Affinity® VDR	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
5326/5226	Entity™ DR/DC	99.92%	99.88%	99.80%	99.70%	99.67%	99.67%	99.53%	99.41%	99.30%	
5330/5331/5230	Affinity [®] DR/DC	99.71%	99.61%	99.52%	99.40%	99.30%	99.18%	99.07%	98.92%	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.

PACEMAKERS Single-Chamber



Accent [®] SR RF (Model PN	11210)		
US Regulatory Approval	July 2009	Normal Battery Depletion	0
Registered US Implants	1,851	Total Malfunctions	0
Estimated Active US Implants	1,803	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	10.9 Years	Malfunctions w/o Compromised Therapy	0
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion												
Year	at 5 months												
Survival Probability	100.00%												
± 1 standard error	0.00%												
Sample Size	200												

Excluding Normal Batte	Excluding Normal Battery Depletion												
Year	at 5 months												
Survival Probability	100.00%												
± 1 standard error	0.00%												

SINGLE-CHAMBER

Zephyr [®] SR (Model 5620)			
US Regulatory Approval	March 2007	Normal Battery Depletion	0
Registered US Implants	7,310	Total Malfunctions	2
Estimated Active US Implants	5,866	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	8.8 Years	Malfunctions w/o Compromised Therapy	2
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	at 29 months										
Survival Probability	99.92%	99.92%	99.92%										
± 1 standard error	0.04%	0.04%	0.04%										
Sample Size	5700	1900	200										

Excluding Normal Batte	Excluding Normal Battery Depletion									
Year	1	2	at 29 months							
Survival Probability	99.92%	99.92%	99.92%							
± 1 standard error	0.04%	0.04%	0.04%							

Zephyr [®] XL SR (Model 56	26)		
US Regulatory Approval	May 2007	Normal Battery Depletion	0
Registered US Implants	14,876	Total Malfunctions	6
Estimated Active US Implants	12,677	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	15.8 Years	Malfunctions w/o Compromised Therapy	6
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batter	Including Normal Battery Depletion								
Year	2	at 28 months							
Survival Probability	99.84%	99.84%							
± 1 standard error	0.05%	0.05%							
Sample Size	3900	200							

Excluding Normal Batte	ry Depletion					
Year	2	at 28 months				
Survival Probability	99.84%	99.84%				
± 1 standard error	0.05%	0.05%				

SINGLE-CHAMBER

Zephyr [®] XL SR (Model 5626)	SCORE Enrollment		Qualifying Complications
US Regulatory Approval May 2007	Number of Devices Enrolled in Study	196	None Reported
	Cumulative Months of Follow-up	2,277	

Survival from SCORE Registry



----- Battery Longevity

Year	at 16 months					
Survival Probability	100.00%					
± 1 standard error	0.00%					
Sample Size	50					

Victory [®] SR (Model 5610)			
US Regulatory Approval	December 2005	Normal Battery Depletion	2
Registered US Implants	12,948	Total Malfunctions	3
Estimated Active US Implants	8,788	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	8.8 Years	Malfunctions w/o Compromised Therapy	3
		Number of Advisories	None

Survival from Returns and Complaints



······ Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ------ Battery Longevity

Including Normal Batte	Including Normal Battery Depletion								
Year	1	2	3	at 44 months					
Survival Probability	99.94%	99.94%	99.77%	99.62%					
± 1 standard error	0.02%	0.02%	0.09%	0.14%					
Sample Size	12200	8200	4200	200					

Year	1	2	3	at 44 months			
Survival Probability	99.94%	99.94%	99.86%	99.86%			
± 1 standard error	0.02%	0.02%	0.07%	0.07%			

SINGLE-CHAMBER

Integrity [®] ADx SR (Model	5160)		
US Regulatory Approval	May 2003	Normal Battery Depletion	12
Registered US Implants	3,395	Total Malfunctions	1
Estimated Active US Implants	1,510	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	5.7 Years	Malfunctions w/o Compromised Therapy	1
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion								
Year	1	2	3	4	at 57 months				
Survival Probability	100.00%	100.00%	99.63%	99.07%	97.98%				
± 1 standard error	0.00%	0.00%	0.12%	0.23%	0.47%				
Sample Size	3400	2600	2000	1300	500				

Excluding	Normal Battery	Depletion
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Year	1	2	3	4	at 57 months			
Survival Probability	100.00%	100.00%	100.00%	99.83%	99.60%			
± 1 standard error	0.00%	0.00%	0.00%	0.12%	0.20%			

	Verity® ADx XL SR (Model 5156); Verity® ADx XL SR M/S (Model 5157M/S); Verity® ADx XL SC (Model 5056)											
US Regulatory Approval	May 2003	Normal Battery Depletion	5									
Registered US Implants	13,790	Total Malfunctions	5									
Estimated Active US Implants	7,935	Malfunctions w/ Compromised Therapy	1									
Estimated Longevity	10.2 Years	Malfunctions w/o Compromised Therapy	4									
		Number of Advisories	None									

Survival from Returns and Complaints



Including Normal Battery Depletion												
Year	2	4	at 65 months									
Survival Probability	99.90%	99.81%	99.41%									
± 1 standard error	0.03%	0.05%	0.21%									
Sample Size	9900	4200	700									

Excluding Normal Battery Depletion											
	Year	2	4	at 65 months							
	Survival Probability	99.92%	99.89%	99.89%							
	± 1 standard error	0.03%	0.03%	0.03%							

SINGLE-CHAMBER

Identity [®] ADx SR (Model	5180)		
US Regulatory Approval	May 2003	Normal Battery Depletion	104
Registered US Implants	19,913	Total Malfunctions	19
Estimated Active US Implants	9,851	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	5.7 Years	Malfunctions w/o Compromised Therapy	19
		Number of Advisories	None

Survival from Returns and Complaints



Including Normal Batte	Including Normal Battery Depletion											
Year	1	2	3	4	5	at 65 months						
Survival Probability	99.93%	99.88%	99.71%	98.81%	95.42%	92.25%						
± 1 standard error	0.02%	0.03%	0.05%	0.11%	0.34%	0.58%						
Sample Size	19500	14800	11300	7500	3600	1000						

Excluding Normal	Battery Depletion
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Year	1	2	3	4	5	at 65 months		
Survival Probability	99.98%	99.95%	99.87%	99.73%	99.52%	99.25%		
± 1 standard error	0.01%	0.02%	0.03%	0.06%	0.10%	0.17%		

Identity [®] SR (Model 5172)			
US Regulatory Approval	November 2001	Normal Battery Depletion	450
Registered US Implants	21,897	Total Malfunctions (1 related to Advisory)	49
Estimated Active US Implants	6,398	Malfunctions w/ Compromised Therapy (O related to Advisory)	1
Estimated Longevity	7.8 Years	Malfunctions w/o Compromised Therapy (1 related to Advisory)	48
		Number of Advisories (see pages 238-243)	One





- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion												
Year	1	2	3	4	5	6	at 78 months						
Survival Probability	99.93%	99.70%	99.34%	98.62%	95.61%	84.12%	77.66%						
± 1 standard error	0.02%	0.04%	0.07%	0.10%	0.21%	0.53%	0.72%						
Sample Size	21800	17500	14400	11400	8200	4900	1200						

Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.95%	99.86%	99.77%	99.64%	99.30%	98.81%	98.62%		
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.08%	0.12%	0.17%		
Microny[®] (Models 2425T, 2525T & 2535K)									
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US Regulatory Approval	April 2001								
Registered US Implants	6,449								
Estimated Longevity	7.5 Years								
Number of Advisories	None								



Year	1	2	3	4	5	6	7	at 93 months	
Survival Probability	99.95%	99.92%	99.84%	99.64%	99.49%	99.49%	99.49%	99.10%	
± 1 standard error	0.03%	0.04%	0.07%	0.12%	0.16%	0.16%	0.16%	0.42%	
Sample Size	4500	3300	2400	1700	1100	700	400	200	

Integrity [®] µ SR (Model 51	36)		
US Regulatory Approval	December 2000	Normal Battery Depletion	279
Registered US Implants	11,968	Total Malfunctions	10
Estimated Active US Implants	1,810	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	5.3 Years	Malfunctions w/o Compromised Therapy	10
		Number of Advisories	None





---- Including Normal Battery Depletion ----- Excluding Normal Battery Depletion ----- Battery Longevity

Including Normal Batte	Including Normal Battery Depletion									
Year	1	2	3	4	5	6	7	at 87 months		
Survival Probability	99.97%	99.84%	99.79%	99.18%	96.30%	92.53%	81.28%	77.60%		
± 1 standard error	0.02%	0.04%	0.05%	0.11%	0.26%	0.40%	0.81%	0.96%		
Sample Size	11900	9400	7800	6500	5100	3700	2300	700		

Excluding Normal Battery Depletion

Year	1	2	3	4	5	6	7	at 87 months	
Survival Probability	99.96%	99.91%	99.88%	99.81%	99.72%	99.72%	99.72%	99.72%	
± 1 standard error	0.02%	0.03%	0.04%	0.05%	0.07%	0.07%	0.07%	0.07%	

Integrity [®] SR (Model 5142)			
US Regulatory Approval	April 2000	Normal Battery Depletion	36
Registered US Implants	10,496	Total Malfunctions	6
Estimated Active US Implants	2,889	Malfunctions w/ Compromised Therapy	1
Estimated Longevity	8.6 Years	Malfunctions w/o Compromised Therapy	5
		Number of Advisories	None

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batter	Including Normal Battery Depletion									
Year	1	2	3	4	5	6	7	8	at 106 months	
Survival Probability	99.96%	99.91%	99.91%	99.87%	99.83%	99.63%	99.16%	97.48%	96.75%	
± 1 standard error	0.02%	0.03%	0.03%	0.04%	0.05%	0.09%	0.13%	0.31%	0.41%	
Sample Size	10500	8600	7400	6300	5300	4300	3300	2300	700	

Excluding Normal Batte	Excluding Normal Battery Depletion										
Year	1	2	3	4	5	6	7	8	at 106 months		
Survival Probability	99.96%	99.91%	99.91%	99.91%	99.91%	99.91%	99.85%	99.75%	99.75%		
± 1 standard error	0.02%	0.03%	0.03%	0.03%	0.03%	0.03%	0.05%	0.09%	0.09%		

Affinity [®] SR (Models S	5130 & 5131)		
US Regulatory Approval	(5130) January 1999	Normal Battery Depletion	115
	(5131) June 1999	Total Malfunctions (17 related to Advisory)	59
Registered US Implants	28,676	Malfunctions w/ Compromised Therapy (O related to Advisory)	4
Estimated Active US Implants	5,910	Malfunctions w/o Compromised Therapy (17 related to Advisory)	55
Estimated Longevity	8.6 Years	Number of Advisories (see pages 238-243)	One

Survival from Returns and Complaints



- Including Normal Battery Depletion - Excluding Normal Battery Depletion Battery Longevity

Including Normal Batte	Including Normal Battery Depletion									
Year	2	4	6	8	at 119 months					
Survival Probability	99.68%	99.48%	99.03%	97.95%	94.78%					
± 1 standard error	0.04%	0.05%	0.08%	0.15%	0.38%					
Sample Size	23000	16500	11500	6700	1000					

Excluding Normal Battery Depletion

	Year	2	4	6	8	at 119 months			
:	Survival Probability	99.67%	99.52%	99.47%	99.41%	99.22%			
	± 1 standard error	0.04%	0.05%	0.05%	0.06%	0.13%			

Regency [®] SC+ (Models 2400L & 2402L)								
US Regulatory Approval	May 1998							
Registered US Implants	2,225							
Estimated Longevity	9.1 Years							
Number of Advisories	None							



Year	1	2	3	4	5	6	7	8	at 104 months	
Survival Probability	100.00%	99.83%	99.83%	99.72%	99.56%	99.56%	99.56%	99.56%	99.56%	
± 1 standard error	0.00%	0.12%	0.12%	0.17%	0.23%	0.23%	0.23%	0.23%	0.23%	
Sample Size	1600	1200	1000	800	600	500	400	300	200	

Tempo [™] V (Model 1102); Tempo [™] VR (Model 1902)								
Population 1*		Population 2**						
US Regulatory Approval	August 1997	US Regulatory Approval	August 1997					
Registered US Implants	607	Registered US Implants	1,087					
Estimated Longevity	5.3 Years	Estimated Longevity	5.3 Years					
Number of Advisories	None	Number of Advisories (see pages 238-243)	Тwo					





Population 1*								
Year	1	2	3	4	5	at 67 months		
Survival Probability	99.83%	99.60%	98.79%	98.44%	98.44%	98.44%		
± 1 standard error	0.17%	0.29%	0.55%	0.65%	0.65%	0.65%		
Sample Size	500	400	400	300	200	200		

Population 2**									
Year	1	2	3	4	5	6	7		
Survival Probability	99.34%	98.50%	97.79%	94.25%	87.54%	69.99%	22.55%		
± 1 standard error	0.25%	0.38%	0.56%	0.88%	1.18%	1.46%	1.65%		
Sample Size	900	700	500	400	300	200	200		

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Trilogy [™] SR+ (Models 2260 & 2264)								
Population 1*		Population 2**						
US Regulatory Approval	March 1997	US Regulatory Approval	March 1997					
Registered US Implants	16,082	Registered US Implants	2,779					
Estimated Longevity	7.7 Years	Estimated Longevity	7.7 Years					
Number of Advisories	None	Number of Advisories (see pages 238-243)	Two					

Survival from Returns and Complaints



Population 1*								
Year	2	4	6	8	10	12		
Survival Probability	99.54%	99.19%	98.76%	98.30%	75.59%	11.93%		
± 1 standard error	0.06%	0.08%	0.11%	0.15%	0.80%	0.85%		
Sample Size	11800	8400	5900	4000	2100	200		

Population 2**								
Year	2	4	6	8	at 124 months			
Survival Probability	99.74%	99.23%	86.47%	14.49%	5.62%			
± 1 standard error	0.11%	0.18%	0.23%	0.49%	2.37%			
Sample Size	1800	1300	900	600	200			

Solus [®] II (Models 2006 & 2007)								
US Regulatory Approval	February 1993							
Registered US Implants	32,331							
Estimated Longevity	6.0 Years							
Number of Advisories	None							



Year	2	4	6	8	10	12	14	at 178 months	
Survival Probability	99.87%	99.33%	96.32%	92.49%	87.29%	66.72%	34.79%	17.06%	
± 1 standard error	0.02%	0.06%	0.16%	0.29%	0.52%	1.05%	1.27%	1.12%	
Sample Size	24500	17700	11000	4300	1900	1100	500	200	

Phoenix [™] II (Models 2005, 2008 & 2009)							
US Regulatory Approval	July 1990						
Registered US Implants	26,790						
Estimated Longevity	8.3 Years						
Number of Advisories	None						



Year	2	4	6	8	10	12	14	16	at 212 months	
Survival Probability	99.96%	99.81%	99.37%	98.46%	96.66%	91.36%	77.20%	45.78%	16.17%	
± 1 standard error	0.01%	0.03%	0.08%	0.14%	0.25%	0.49%	0.89%	1.28%	1.04%	
Sample Size	18900	13000	8800	5800	3500	2200	1400	700	200	

SINGLE-CHAMBER

Solus [®] (Models 2002 & 2003)								
US Regulatory Approval	June 1990							
Registered US Implants	26,790							
Estimated Longevity	8.3 Years							
Number of Advisories	None							



Year	2	4	6	8	10	12	14	16	at 209 months	
Survival Probability	99.97%	99.93%	99.72%	99.10%	98.25%	95.74%	81.18%	48.77%	20.68%	
± 1 standard error	0.01%	0.02%	0.05%	0.10%	0.16%	0.31%	0.82%	1.34%	1.27%	
Sample Size	18700	14200	10500	7400	4900	2900	1500	700	200	

Summary & Longevity Information

Pacemakers Single-Chamber



SINGLE-CHAMBER

Malfunction and Normal Battery Depletion Summary Information

Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Malfunctions w/ Compromised Therapy	Malfunctions w/o Compromised Therapy	Malfunctions w/o Compromised Therapy (under advisory)	Malfunctions w/o Compromised Therapy (premature battery depletion)	Total Malfunctions	Total Normal Battery Depletion
PM1210	Accent [®] SR RF	Jul-09	1851	1803	0	0	0	0	0	0
5620	Zephyr® SR	Mar-07	7310	5866	0	2	0	0	2	0
5626	Zephyr® XL SR	May-07	14876	12677	0	6	0	0	6	0
5610	Victory [®] SR	Dec-05	12948	8788	0	3	0	0	2	2
5160	Integrity® Adx SR	May-03	3395	1510	0	1	0	0	0	12
5156/5157/5056	Verity® Adx XL SR/ SR(M/S)/SC	May-03	13790	7935	1	4	0	0	5	5
5180	Identity® Adx SR	May-03	19913	9851	0	17	0	2	19	104
5172	Identity® SR	Nov-01	21897	6398	1	43	1	4	49	450
5136	Integrity® µ SR	Dec-00	11968	1810	0	10	0	0	10	279
5142	Integrity® SR	Apr-00	10496	2889	1	5	0	0	6	36
5130/5131	Affinity® SR	Jan-99/Jun-99	28676	5910	4	38	17	0	59	115

Including Normal Battery Depletion Summary Information

			Survival Probability										
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year		
PM1210	Accent [®] SR RF*												
5620	Zephyr [®] SR	99.92%	99.92%										
5626	Zephyr® XL SR	99.92%	99.84%										
5610	Victory [®] SR	99.94%	99.94%	99.77%									
5160	Integrity [®] Adx SR	100.00%	100.00%	99.63%	99.07%								
5156/5157/5056	Verity® Adx XL SR/ SR(M/S)/SC	99.96%	99.90%	99.81%	99.81%	99.65%							
5180	Identity [®] Adx SR	99.93%	99.88%	99.71%	98.81%	95.42%							
5172	Identity® SR	99.93%	99.70%	99.34%	98.62%	95.61%	84.12%						
5136	Integrity® µ SR	99.97%	99.84%	99.79%	99.18%	96.30%	92.53%	81.28%					
5142	Integrity [®] SR	99.96%	99.91%	99.91%	99.87%	99.83%	99.63%	99.16%	97.48%				
5130/5131	Affinity® SR	99.81%	99.68%	99.61%	99.48%	99.36%	99.03%	98.57%	97.95%				

*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.

Excluding Normal Battery Depletion Summary Information

			Survival Probability									
Models	Family	1 year	2 year	3 year	4 year	5 year	6 year	7 year	8 year	9 year	10 year	
PM1210	Accent [®] SR RF*											
5620	Zephyr [®] SR	99.92%	99.92%									
5626	Zephyr® XL SR	99.92%	99.84%									
5610	Victory [®] SR	99.94%	99.94%	99.86%								
5160	Integrity® Adx SR	100.00%	100.00%	100.00%	99.83%							
5156/5157/5056	Verity® Adx XL SR/ SR(M/S)/SC	99.96%	99.92%	99.89%	99.89%	99.89%						
5180	Identity® Adx SR	99.98%	99.95%	99.87%	99.73%	99.52%						
5172	Identity® SR	99.95%	99.86%	99.77%	99.64%	99.30%	98.81%					
5136	Integrity® µ SR	99.96%	99.91%	99.88%	99.81%	99.72%	99.72%	99.72%				
5142	Integrity [®] SR	99.96%	99.91%	99.91%	99.91%	99.91%	99.91%	99.85%	99.75%			
5130/5131	Affinity® SR	99.81%	99.67%	99.61%	99.52%	99.49%	99.47%	99.45%	99.41%			

*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.

PACING LEADS Bipolar & Unipolar Active & Passive Fixation



IsoFlex [®] Optim [®] (Model 1944)									
US Regulatory Approval	March 2008								
Registered US Implants	1,906								
Estimated Active US Implants	1,743								
Insulation	Optim*								
Type and/or Fixation	Passive								
Polarity	Bipolar								
Steroid	Yes								
Number of Advisories	None								

		bservations ant, ≤30 days)		omplications 0 days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	4	0.21%	1	0.05%
Failure to Capture	0	0.00%	0	0.00%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	1	0.05%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	5	0.26%	1	0.05%
Total Returned for Analysis	1		0	

Lead Malfu	unctions	
Туре	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%

Survival from Returns and Complaints



Year	1	at 15 months				
Survival Probability	99.94%	99.94%				
± 1 standard error	0.06%	0.06%				
Sample Size	1200	300				

IsoFlex [®] Optim [®] (мо	del 1948)
US Regulatory Approval	March 2008
Registered US Implants	6,705
Estimated Active US Implants	6,185
Insulation	Optim*
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	2	0.03%	0	0.00%
Failure to Capture	2	0.03%	1	0.01%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	0	0.00%	0	0.00%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	1	0.01%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%
Total	4	0.06%	2	0.03%
Total Returned for Analysis	2		0	

Lead Malf	unctions	
Туре	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%

Survival from Returns and Complaints



Year	1	at 17 months				
Survival Probability	99.98%	99.59%				
± 1 standard error	0.02%	0.02%				
Sample Size	4000	300				

OptiSense [®] (Models 1	.699T & 1699TC)
US Regulatory Approval	May 2007
Registered US Implants	19,133
Estimated Active US Implants	16,988
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications D days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	1	0.01%
Lead Dislodgement	4	0.02%	8	0.04%
Failure to Capture	3	0.02%	7	0.04%
Oversensing	2	0.01%	2	0.01%
Failure to Sense	8	0.04%	2	0.01%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	1	0.01%	0	0.00%
Total	18	0.09%	20	0.10%
Total Returned for Analysis	12		9	

Lead Malfunctions							
Type Qty. Rate							
Conductor Fracture	1	0.01%					
Insulation Breach	0	0.00%					
Crimps, Welds & Bonds	0	0.00%					
Other	0	0.00%					
Extrinsic Factors	7	0.04%					
Total	8	0.04%					



Year	1	2	at 29 months				
Survival Probab	ty 99.92%	99.88%	99.81%				
± 1 standard e	or 0.02%	0.04%	0.08%				
Sample Size	14800	5600	300				

OptiSense [®] (Model	s 1699T & 1699TC)
US Regulatory Approval	May 2007
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

SCORE Enrollment		Qualifying Co	mplication	S
Number of Devices Enrolled in Study	802	Туре	Qty.	Rate
Cumulative Months of Follow-up	9,996	Lead Dislodgement	1	0.12%



Survival from SCORE Registry

Year	1	at 22 months				
Survival Probability	99.87%	99.87%				
± 1 standard error	0.13%	0.13%				
Sample Size	429	60				

Tendril [®] ST Optim [®] (Mode	els 1888T & 1888TC)
US Regulatory Approval	June 2006
Registered US Implants	147,345
Estimated Active US Implants	130,303
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

)bservations ant, ≤30 days)		Complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	19	0.01%	11	0.01%
Conductor Fracture	4	<0.01%	6	<0.01%
Lead Dislodgement	61	0.04%	72	0.05%
Failure to Capture	51	0.03%	41	0.03%
Oversensing	7	<0.01%	17	0.01%
Failure to Sense	5	<0.01%	2	<0.01%
Insulation Breach	3	<0.01%	9	0.01%
Abnormal Pacing Impedance	5	<0.01%	9	0.01%
Extracardiac Stimulation	3	<0.01%	2	<0.01%
Other	13	0.01%	11	0.01%
Total	171	0.12%	180	0.12%
Total Returned for Analysis	55		104	

Lead Malfunctions							
Type Qty. Rate							
Conductor Fracture	1	<0.01%					
Insulation Breach	7	<0.01%					
Crimps, Welds & Bonds	0	0.00%					
Other	5	<0.01%					
Extrinsic Factors	87	0.06%					
Total	100	0.07%					

Survival from Returns and Complaints



Year	1	2	3	at 38 months			
Survival Probability	99.88%	99.85%	99.84%	99.84%			
± 1 standard error	0.01%	0.01%	0.02%	0.02%			
Sample Size	112700	46000	11700	300			

Tendril [®] ST Optim [®]	(Models 1888T & 1888TC)
US Regulatory Approval	June 2006
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

Number of Devices Freedland in Obudy	
Number of Devices Enrolled in Study	2,989
Cumulative Months of Follow-up	31,572

Qualifying Complications								
Туре	Qty.	Rate						
Lead Dislodgement	7	0.23%						
Abnormal Pacing Impedance	1	0.03%						
Extracardiac Stimulation	1	0.03%						



Survival	from	SCORE	Registry
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Year	ır	1	2	at 25 months				
Survival Pro	obability	99.75%	99.58%	99.58%				
± 1 standa	ard error	0.10%	0.19%	0.19%				
Sample	Size	1351	77	55				

Tendril [®] ST Optim [®] (Mode	els 1882T & 1882TC)
US Regulatory Approval	June 2006
Registered US Implants	10,812
Estimated Active US Implants	9,622
Insulation	Optim*
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

		bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	2	0.02%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	9	0.08%	6	0.06%
Failure to Capture	4	0.04%	1	0.01%
Oversensing	2	0.02%	2	0.02%
Failure to Sense	1	0.01%	1	0.01%
Insulation Breach	0	0.00%	0	0.00%
Abnormal Pacing Impedance	0	0.00%	0	0.00%
Extracardiac Stimulation	0	0.00%	0	0.00%
Other	2	0.02%	1	0.01%
Total	20	0.18%	11	0.10%
Total Returned for Analysis	4		9	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	0	0.00%						
Insulation Breach	0	0.00%						
Crimps, Welds & Bonds	0	0.00%						
Other	0	0.00%						
Extrinsic Factors	6	0.06%						
Total	6	0.06%						

Survival from Returns and Complaints



Year	1	2	at 31 months				
Survival Probability	99.90%	99.84%	99.84%				
± 1 standard error	0.04%	0.07%	0.07%				
Sample Size	8100	3100	300				

Tendril [®] (Models 1782T & 1782TC)							
US Regulatory Approval	February 2006						
Registered US Implants	12,779						
Estimated Active US Implants	10,515						
Insulation	Silicone						
Type and/or Fixation	Active						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

		bservations ant, ≤30 days)	Chronic Complications (>30 days)		
Туре	Qty.	Rate	Qty.	Rate	
Cardiac Perforation	5	0.04%	0	0.00%	
Conductor Fracture	0	0.00%	1	0.01%	
Lead Dislodgement	8	0.06%	9	0.07%	
Failure to Capture	4	0.03%	9	0.07%	
Oversensing	0	0.00%	2	0.02%	
Failure to Sense	0	0.00%	0	0.00%	
Insulation Breach	0	0.00%	0	0.00%	
Abnormal Pacing Impedance	2	0.02%	2	0.02%	
Extracardiac Stimulation	1	0.01%	0	0.00%	
Other	2	0.02%	0	0.00%	
Total	22	0.17%	23	0.18%	
Total Returned for Analysis	10		20		

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	1	0.01%						
Insulation Breach	2	0.02%						
Crimps, Welds & Bonds	0	0.00%						
Other	0	0.00%						
Extrinsic Factors	15	0.12%						
Total	18	0.14%						



Year	1	2	3	at 42 months			
Survival Probability	99.90%	99.83%	99.81%	99.71%			
± 1 standard error	0.03%	0.04%	0.05%	0.11%			
Sample Size	11300	7300	3400	300			

Tendril [®] (Models 1788T & 1788TC)							
US Regulatory Approval	February 2006						
Registered US Implants	60,306						
Estimated Active US Implants	48,259						
Insulation	Silicone						
Type and/or Fixation	Active						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

		Observations Iant, ≤30 days)		Complications 10 days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	10	0.02%	1	<0.01%
Conductor Fracture	1	<0.01%	2	<0.01%
Lead Dislodgement	32	0.05%	22	0.04%
Failure to Capture	26	0.04%	28	0.05%
Oversensing	2	<0.01%	9	0.01%
Failure to Sense	2	<0.01%	1	<0.01%
Insulation Breach	1	<0.01%	2	<0.01%
Abnormal Pacing Impedance	9	0.01%	8	0.01%
Extracardiac Stimulation	2	<0.01%	1	<0.01%
Other	20	0.03%	5	0.01%
Total	105	0.17%	79	0.13%
Total Returned for Analysis	37		59	

Lead Malfunctions								
Туре	Qty.	Rate						
Conductor Fracture	0	0.00%						
Insulation Breach	17	0.03%						
Crimps, Welds & Bonds	1	<0.01%						
Other	7	0.01%						
Extrinsic Factors	37	0.06%						
Total	62	0.10%						



Year	1	2	3	at 40 months			
Survival Probability	99.92%	99.87%	99.80%	99.80%			
± 1 standard error	0.01%	0.02%	0.02%	0.03%			
Sample Size	55200	38800	18300	900			

Tendril [®] (Models 1788T & 1788TC)							
US Regulatory Approval	February 2006						
Insulation	Silicone						
Type and/or Fixation	Active						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

SCORE Enrollment			
Number of Devices Enrolled in Study	197		
Cumulative Months of Follow-up	2,467] `	

Qualifying Complications
None Reported



Survival from SCORE Registry

Year	1	at 17 months				
Survival Probability	1.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	100	54				

IsoFlex [®] P (Model 1644T))bservations ant, ≤30 days)		omplications O days)	Lead Malfun	
US Regulatory Approval	April 2005	Туре	Qty.	Rate	Qty.	Rate	Туре	Qty.
Registered US Implants	941	Cardiac Perforation	0	0.00%	0	0.00%	Conductor Fracture	0
Estimated Active US Implants	697	Conductor Fracture	0	0.00%	1	0.11%	Insulation Breach	0
Insulation	Polyurethane	Lead Dislodgement	1	0.11%	0	0.00%	Crimps, Welds & Bond	ls O
Type and/or Fixation	Passive	Failure to Capture	0	0.00%	2	0.21%	Other	0
Polarity	Bipolar	Oversensing	0	0.00%	0	0.00%	Extrinsic Factors	2
Steroid	Yes	Failure to Sense	0	0.00%	0	0.00%	Total	2
Number of Advisories	None	Insulation Breach	0	0.00%	0	0.00%		
		Abnormal Pacing Impedance	0	0.00%	0	0.00%		
		Extracardiac Stimulation	0	0.00%	0	0.00%		
		Other	1	0.11%	0	0.00%		
		Total	2	0.21%	3	0.32%		

Total Returned for Analysis

Rate

0.00% 0.00% 0.00% 0.21% 0.21%

Survival from Returns and Complaints

1

2



Year	1	2	3	at 39 months			
Survival Probability	99.63%	99.63%	99.63%	99.63%			
± 1 standard error	0.17%	0.21%	0.21%	0.21%			
Sample Size	900	700	400	200			

IsoFlex [®] P (Model 1648T)						
US Regulatory Approval	April 2005					
Registered US Implants	2,771					
Estimated Active US Implants	2,035					
Insulation	Polyurethane					
Type and/or Fixation	Passive					
Polarity	Bipolar					
Steroid	Yes					
Number of Advisories	None					

		bservations ant, ≤30 days)		omplications) days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	0	0.00%	0	0.00%
Conductor Fracture	0	0.00%	0	0.00%
Lead Dislodgement	2	0.07%	0	0.00%
Failure to Capture	2	0.07%	1	0.04%
Oversensing	0	0.00%	0	0.00%
Failure to Sense	1	0.04%	0	0.00%
Insulation Breach	0	0.00%	1	0.04%
Abnormal Pacing Impedance	0	0.00%	1	0.04%
Extracardiac Stimulation	1	0.04%	0	0.00%
Other	0	0.00%	2	0.07%
Total	6	0.22%	5	0.18%
Total Returned for Analysis	1		3	

Lead Malfu	unctions	
Туре	Qty.	Rate
Conductor Fracture	0	0.00%
Insulation Breach	0	0.00%
Crimps, Welds & Bonds	0	0.00%
Other	1	0.04%
Extrinsic Factors	2	0.07%
Total	3	0.11%



Year	1	2	3	at 45 months			
Survival Probability	99.89%	99.84%	99.77%	99.77%			
± 1 standard error	0.07%	0.08%	0.11%	0.11%			
Sample Size	2700	1900	1000	200			

IsoFlex [®] S (Model 164	2T)			Dbservations lant, ≤30 days)		Complications O days)	Lead Malfur		
US Regulatory Approval	May 2002	Туре	Qty.	Rate	Qty.	Rate	Туре	Qty.	
Registered US Implants	23,479	Cardiac Perforation	0	0.00%	0	0.00%	Conductor Fracture	0	
Estimated Active US Implants	17,096	Conductor Fracture	0	0.00%	1	<0.01%	Insulation Breach	1	
Insulation	Silicone	Lead Dislodgement	42	0.18%	16	0.07%	Crimps, Welds & Bonds	2	
Type and/or Fixation	Passive	Failure to Capture	5	0.02%	8	0.03%	Other	7	
Polarity	Bipolar	Oversensing	0	0.00%	0	0.00%	Extrinsic Factors	9	
Steroid	Yes	Failure to Sense	3	0.01%	3	0.01%	Total	19	
Number of Advisories	None	Insulation Breach	0	0.00%	0	0.00%		-	
		Abnormal Pacing Impedance	3	0.01%	1	<0.01%			
		Extracardiac Stimulation	1	<0.01%	0	0.00%			
		Other	0	0.00%	1	<0.01%			
		Total	54	0.23%	30	0.13%			

Rate

0.00% <0.01% 0.01% 0.03% 0.04% 0.08%

Survival from Returns and Complaints

31

11

Total Returned for Analysis



Year	1	2	3	4	5	6	at 78 months		
Survival Probability	99.92%	99.89%	99.88%	99.86%	99.82%	99.82%	99.82%		
± 1 standard error	0.02%	0.02%	0.03%	0.03%	0.04%	0.04%	0.04%		
Sample Size	21600	16300	11900	8000	4500	1900	200		

IsoFlex [®] S (Model 164	l6T)			e Observations ıplant, ≤30 days)		Complications O days)	Lead Ma	alfunctions
US Regulatory Approval	May 2002	Туре	Qty.	Rate	Qty.	Rate	Туре	Qty.
Registered US Implants	77,531	Cardiac Perforation	3	<0.01%	1	<0.01%	Conductor Fracture	5
Estimated Active US Implants	53,506	Conductor Fracture	2	<0.01%	10	0.01%	Insulation Breach	5
Insulation	Silicone	Lead Dislodgement	29	0.04%	14	0.02%	Crimps, Welds & Bonds	1
Type and/or Fixation	Passive	Failure to Capture	29	0.04%	47	0.06%	Other	6
Polarity	Bipolar	Oversensing	0	0.00%	9	0.01%	Extrinsic Factors	22
Steroid	Yes	Failure to Sense	3	<0.01%	2	<0.01%	Total	39
Number of Advisories	None	Insulation Breach	1	<0.01%	0	0.00%		
		Abnormal Pacing Impedance	6	0.01%	17	0.02%		
		Extracardiac Stimulation	0	0.00%	0	0.00%		
		Other	2	<0.01%	9	0.01%		
		Total	75	0.10%	109	0.14%		

 Rate

 0.01%

 0.01%

 0.01%

 0.01%

 0.03%

 0.05%

Survival from Returns and Complaints

29

Total Returned for Analysis

28



Year	1	2	3	4	5	6	at 79 months		
Survival Probability	99.92%	99.89%	99.84%	99.80%	99.74%	99.74%	99.74%		
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.03%	0.03%	0.03%		
Sample Size	71500	53000	37800	24600	13700	5600	300		

IsoFlex [®] S (Model 1646T)							
US Regulatory Approval	May 2002						
Insulation	Silicone						
Type and/or Fixation	Passive						
Polarity	Bipolar						
Steroid	Yes						
Number of Advisories	None						

SCORE Enrollment		Qualifying C	Complications	
Number of Devices Enrolled in Study	350	Туре	Qty.	Rate
Cumulative Months of Follow-up	4,297	Lead Dislodgement	1	0.29%
		Failure to Capture	1	0.29%



Survival from SCORE Registry

Year	1	at 20 months				
Survival Probability	99.37%	99.37%				
± 1 standard error	0.45%	0.45%				
Sample Size	193	55				

Tendril [®] SDX (Models	1688T & 1688TC)			
US Regulatory Approval	June 2003			
Registered US Implants	323,486			
Estimated Active US Implants	232,037			
Insulation	Silicone			
Type and/or Fixation	Active			
Polarity	Bipolar			
Steroid	Yes			
Number of Advisories	None			

		Dbservations ant, ≤30 days)		Complications O days)
Туре	Qty.	Rate	Qty.	Rate
Cardiac Perforation	34	0.01%	6	<0.01%
Conductor Fracture	3	<0.01%	54	0.02%
Lead Dislodgement	148	0.05%	158	0.05%
Failure to Capture	107	0.03%	223	0.07%
Oversensing	9	<0.01%	109	0.03%
Failure to Sense	19	0.01%	12	<0.01%
Insulation Breach	5	<0.01%	17	0.01%
Abnormal Pacing Impedance	23	0.01%	119	0.04%
Extracardiac Stimulation	3	<0.01%	3	<0.01%
Other	27	0.01%	52	0.02%
Total	378	0.12%	753	0.23%
Total Returned for Analysis	137		337	

Lead Malfunctions							
Туре	Qty.	Rate					
Conductor Fracture	76	0.02%					
Insulation Breach	74	0.02%					
Crimps, Welds & Bonds	16	<0.01%					
Other	6	<0.01%					
Extrinsic Factors	202	0.06%					
Total	374	0.12%					



Year	1	2	3	4	5	6	at 77 months		
Survival Probability	99.89%	99.82%	99.74%	99.67%	99.61%	99.57%	99.57%		
± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.02%	0.02%	0.02%		
Sample Size	299800	233200	178900	117200	56000	17300	300		

Tendril [®] SDX (Models	s 1688T & 1688TC)
US Regulatory Approval	June 2003
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

SCORE Enrollment			Qualifying Complications				
Number of Devices Enrolled in Study	918		Туре	Qty.	Rate		
Cumulative Months of Follow-up	11,458		Lead Dislodgement	1	0.11%		



Survival from SCORE Registry

Year	1	2				
Survival Probability	99.89%	99.89%				
± 1 standard error	0.11%	0.11%				
Sample Size	498	57				

Tendril [®] SDX (Models	.)		
US Regulatory Approval	March 2000		Туре
Registered US Implants	273,469		Conductor I
Estimated Active US Implants	134,368		Insulation E
Insulation	Silicone		Crimps, We
Type and/or Fixation	Active		Other
Polarity	Bipolar		Extrinsic Fa
Steroid	Yes		Total
Number of Advisories	None		-

Lead Malfunctions									
Туре	Qty.	Rate							
Conductor Fracture	120	0.04%							
Insulation Breach	75	0.03%							
Crimps, Welds & Bonds	13	<0.01%							
Other	2	<0.01%							
Extrinsic Factors	235	0.09%							
Total	445	0.16%							



Year	1	2	3	4	5	6	7	8	9	at 117 months
Survival Probability	99.92%	99.88%	99.86%	99.83%	99.82%	99.80%	99.80%	99.78%	99.78%	99.78%
± 1 standard error	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Sample Size	266000	233400	209500	183600	152300	118500	80200	42600	16400	300
BIPOLAR

Tendril [®] SDX (Models	s 1488T & 1488TC)
US Regulatory Approval	March 2000
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Bipolar
Steroid	Yes
Number of Advisories	None

SCORE Enrollment		
Number of Devices Enrolled in Study	127	
Cumulative Months of Follow-up	1,970	

Qualifying Complications
None Reported



Survival from SCORE Registry

Year	1	at 17 months				
Survival Probability	100.00%	100.00%				
± 1 standard error	0.00%	0.00%				
Sample Size	86	51				

AV Plus [®] DX (Model 1368)	
US Regulatory Approval	May 1999
Registered US Implants	2,432
Estimated Active US Implants	1,018
Insulation	Silicone
Type and/or Fixation	Passive
Atrial Polarity	Bipolar
Ventricular Polarity	Bipolar
Steroid	Yes
Number of Advisories	None



Year	1	2	3	4	5	6	7	8	9	at 109 months
Survival Probability	100.00%	100.00%	100.00%	99.92%	99.92%	99.92%	99.92%	99.92%	99.92%	99.92%
± 1 standard error	0.00%	0.00%	0.00%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%
Sample Size	2300	1900	1500	1300	1000	800	600	500	300	200

BIPOLAR

Tendril [®] (Models 1148 & 1188T); Tendril [®] DX (Models 1388T & 1388TC)							
US Regulatory Approval	(1148) June 1993; (1188T) June 1994; (1388T) June 1997						
Registered US Implants	323,872						
Estimated Active US Implants	113,279						
Insulation	Silicone						
Type and/or Fixation	Active						
Polarity	Bipolar						
Steroid	(1148/1188) No; (1388) Yes						
Number of Advisories	None						



Year	2	4	6	8	10	12	14	16	
Survival Probability	99.79%	99.58%	99.34%	99.02%	98.65%	98.10%	97.51%	96.77%	
± 1 standard error	0.01%	0.01%	0.02%	0.02%	0.03%	0.05%	0.10%	0.14%	
Sample Size	275000	216600	159500	107900	61900	23500	7600	200	

Tendril [®] (Model 1188K)	Tendril [®] DX (Model 1388К)
US Regulatory Approval	(1188K) June 1995; (1388K) June 1997
Registered US Implants	1,346
Estimated Active US Implants	303
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Unipolar
Steroid	(1188K) No; (1388K) Yes
Number of Advisories	None



Year	2	4	6	8	10	at 128 months		
Survival Probability	99.74%	99.54%	99.15%	98.62%	98.04%	97.65%		
± 1 standard error	0.15%	0.21%	0.31%	0.43%	0.59%	0.70%		
Sample Size	1200	900	700	500	300	200		

Passive Plus[®] (Models 1136T, 1142T, 1146T, 1222T, 1226T, 1236T, 1242T & 1246T) Passive Plus[®] DX (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 373,882 Estimated Active US Implants 103.334 Insulation Silicone Type and/or Fixation Passive Polarity Bipolar Steroid (1136T, 1142T, 1146T, 1222T, 1226T, 1236T, 1242T, 1246T) No; (1336T, 1342T, 1346T) Yes

None

Number of Advisories



Year	2	4	6	8	10	12	14	16	18	at 229 months
Survival Probability	99.88%	99.77%	99.65%	99.51%	99.34%	99.15%	98.87%	98.74%	98.35%	98.35%
± 1 standard error	0.01%	0.01%	0.01%	0.02%	0.02%	0.03%	0.04%	0.06%	0.11%	0.11%
Sample Size	319300	256400	196900	136900	84800	48000	23800	9300	2500	200

Passive Plus [®] (Models 1135K, 1143K, 1145K, 1235K, 1243K & 1245K) Passive Plus [®] DX (Models 1343K & 1345K)							
US Regulatory Approval	(1135K, 1143K, 1145K) July 1994; (1235K, 1243K, 1245K) August 1995;						
	(1343K, 1345K) June 1998						
Registered US Implants	4,481						
Estimated Active US Implants	854						
Insulation	Silicone						
Type and/or Fixation	Passive						
Polarity	Unipolar						
Steroid	(1135K, 1143K, 1145K, 1235K, 1243K, 1245K) No; (1343K, 1345K) Yes						
Number of Advisories	None						



	Year	2	4	6	8	10	12	at 158 months		
S	urvival Probability	99.92%	99.86%	99.69%	99.38%	98.87%	98.54%	98.27%		
±	± 1 standard error	0.04%	0.06%	0.11%	0.18%	0.29%	0.37%	0.46%		
	Sample Size	3700	3000	2300	1600	1000	500	200		

Permathane [™] ACE	(Models 1036T & 1038T)
US Regulatory Approval	June 1989
Registered US Implants	19,767
Estimated Active US Implants	2,512
Insulation	Polyurethane
Type and/or Fixation	Passive
Polarity	Bipolar
Steroid	No
Number of Advisories	None

100% 80% 60% 40% 20% 0% 10 12 14 16 18 20 0 2 4 6 8 Years After Implant

Year	2	4	6	8	10	12	14	16	18	at 231 months
Survival Probability	99.90%	99.80%	99.60%	99.38%	99.04%	98.58%	98.09%	97.54%	96.91%	96.74%
± 1 standard error	0.02%	0.04%	0.05%	0.08%	0.10%	0.14%	0.18%	0.22%	0.33%	0.37%
Sample Size	17100	13800	11100	8700	6800	5200	3900	2400	900	200

Unipolar Lead (Model 1007)	
US Regulatory Approval	June 1987
Registered US Implants	1,748
Estimated Active US Implants	186
Insulation	Silicone
Type and/or Fixation	Active
Polarity	Unipolar
Steroid	No
Number of Advisories	None



Year	2	4	6	8	10	12	14	16	18	at 217 months
Survival Probability	99.54%	99.07%	98.40%	98.40%	98.40%	98.03%	97.81%	97.81%	97.81%	97.81%
± 1 standard error	0.14%	0.26%	0.36%	0.36%	0.36%	0.45%	0.49%	0.49%	0.49%	0.49%
Sample Size	1500	1300	1000	800	700	500	400	300	200	200

UNIPOLAR

Permathane [™] ACE (Model	1035M)
US Regulatory Approval	March 1987
Registered US Implants	656
Estimated Active US Implants	57
Insulation	Polyurethane
Type and/or Fixation	Passive
Polarity	Unipolar
Steroid	No
Number of Advisories	None



Year	1	2	3	4	5	6	7	8	at 99 months	
Survival Probability	100.00%	100.00%	100.00%	100.00%	99.73%	99.73%	99.73%	99.73%	99.73%	
± 1 standard error	0.00%	0.00%	0.00%	0.00%	0.27%	0.27%	0.27%	0.27%	0.27%	
Sample Size	600	500	500	400	400	300	300	200	200	

Observations, Complications, and Malfunctions

Pacing Leads Bipolar & Unipolar Active & Passive Fixation



Acute Observations (Post Implant, ≤30 days)

	US Regulatory	Registered US	Estimated Active US		ordiac oration		iductor acture	-	.ead dgement		lure to opture	Over	sensing		lure to ense		ulation reach		nal Pacing edance		acardiac nulation	c	other	1	Fotal	Total Returned
Models	Approval	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
1944	Mar-08	1906	1743	0	0.00%	0	0.00%	4	0.21%	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	0.26%	1
1948	Mar-08	6705	6185	0	0.00%	0	0.00%	2	0.03%	2	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	0.06%	2
1699T/TC	May-07	19133	16988	0	0.00%	0	0.00%	4	0.02%	3	0.02%	2	0.01%	8	0.04%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	18	0.09%	12
1888T/TC	Jun-06	147345	130303	19	0.01%	4	<0.01%	61	0.04%	51	0.03%	7	<0.01%	5	<0.01%	3	<0.01%	5	<0.01%	3	<0.01%	13	0.01%	171	0.12%	55
1882T/TC	Jun-06	10812	9622	2	0.02%	0	0.00%	9	0.08%	4	0.04%	2	0.02%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	20	0.18%	4
1782T/TC	Feb-06	12779	10515	5	0.04%	0	0.00%	8	0.06%	4	0.03%	0	0.00%	0	0.00%	0	0.00%	2	0.02%	1	0.01%	2	0.02%	22	0.17%	10
1788T/TC	Feb-06	60306	48259	10	0.02%	1	<0.01%	32	0.05%	26	0.04%	2	<0.01%	2	<0.01%	1	<0.01%	9	0.01%	2	<0.01%	20	0.03%	105	0.17%	37
1644T	Apr-05	941	697	0	0.00%	0	0.00%	1	0.11%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.11%	2	0.21%	1
1648T	Apr-05	2771	2035	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	0.22%	1
1642T	May-02	23479	17096	0	0.00%	0	0.00%	42	0.18%	5	0.02%	0	0.00%	3	0.01%	0	0.00%	3	0.01%	1	<0.01%	0	0.00%	54	0.23%	31
1646T	May-02	77531	53506	3	<0.01%	2	<0.01%	29	0.04%	29	0.04%	0	0.00%	3	<0.01%	1	<0.01%	6	0.01%	0	0.00%	2	<0.01%	75	0.10%	29
1688T/TC	Jun-03	323486	232037	34	0.01%	3	<0.01%	148	0.05%	107	0.03%	9	<0.01%	19	0.01%	5	<0.01%	23	0.01%	3	<0.01%	27	0.01%	378	0.12%	137

Chronic	Complic	ations (>3	30 days)																							
Models	US Regulatory Approval	Registered US Implants	Estimated Active US Implants		rdiac oration Rate		ductor acture Rate		ead Igement Rate		lure to pture Rate	Over Qty.	sensing Rate		lure to ense Rate		ulation reach Rate		nal Pacing edance Rate		cardiac ulation Rate	O Qty.	ther Rate	T Qty.	otal Rate	Total Returned for Analysis
1944	Mar-08	1906	1743	0	0.00%	0	0.00%	1	0.05%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.05%	0
1948	Mar-08	6705	6185	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	0	0.00%	0	0.00%	2	0.03%	0
1699T/TC	May-07	19133	16988	0	0.00%	1	0.01%	8	0.04%	7	0.04%	2	0.01%	2	0.01%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	20	0.10%	9
1888T/TC	Jun-06	147345	130303	11	0.01%	6	<0.01%	72	0.05%	41	0.03%	17	0.01%	2	<0.01%	9	0.01%	9	0.01%	2	<0.01%	11	0.01%	180	0.12%	104
1882T/TC	Jun-06	10812	9622	0	0.00%	0	0.00%	6	0.06%	1	0.01%	2	0.02%	1	0.01%	0	0.00%	0	0.00%	0	0.00%	1	0.01%	11	0.10%	9
1782T/TC	Feb-06	12779	10515	0	0.00%	1	0.01%	9	0.07%	9	0.07%	2	0.02%	0	0.00%	0	0.00%	2	0.02%	0	0.00%	0	0.00%	23	0.18%	20
1788T/TC	Feb-06	60306	48259	1	<0.01%	2	<0.01%	22	0.04%	28	0.05%	9	0.01%	1	<0.01%	2	<0.01%	8	0.01%	1	<0.01%	5	0.01%	79	0.13%	59
1644T	Apr-05	941	697	0	0.00%	1	0.11%	0	0.00%	2	0.21%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	0.32%	2
1648T	Apr-05	2771	2035	0	0.00%	0	0.00%	0	0.00%	1	0.04%	0	0.00%	0	0.00%	1	0.04%	1	0.04%	0	0.00%	2	0.07%	5	0.18%	3
1642T	May-02	23479	17096	0	0.00%	1	<0.01%	16	0.07%	8	0.03%	0	0.00%	3	0.01%	0	0.00%	1	<0.01%	0	0.00%	1	<0.01%	30	0.13%	11
1646T	May-02	77531	53506	1	<0.01%	10	0.01%	14	0.02%	47	0.06%	9	0.01%	2	<0.01%	0	0.00%	17	0.02%	0	0.00%	9	0.01%	109	0.14%	28
1688T/TC	Jun-03	323486	232037	6	<0.01%	54	0.02%	158	0.05%	223	0.07%	109	0.03%	12	<0.01%	17	0.01%	119	0.04%	3	<0.01%	52	0.02%	753	0.23%	337

Definitions of observations and complications can be found on pages 6-7.

BIPOLAR/UNIPOLAR

Lead Malfunctions

	US Regulatory	Registered US	Estimated Active US		luctor cture		lation each		s, Welds londs	C	ther		rinsic ctors	т	otal
Models	Approval	Implants	Implants	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate	Qty.	Rate
1944	Mar-08	1906	1743	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1948	Mar-08	6705	6185	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
1699T/TC	May-07	19133	16988	1	0.01%	0	0.00%	0	0.00%	0	0.00%	7	0.04%	8	0.04%
1888T/TC	Jun-06	147345	130303	1	<0.01%	7	<0.01%	0	0.00%	5	<0.01%	87	0.06%	100	0.07%
1882T/TC	Jun-06	10812	9622	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	0.06%	6	0.06%
1782T/TC	Feb-06	12779	10515	1	0.01%	2	0.02%	0	0.00%	0	0.00%	15	0.12%	18	0.14%
1788T/TC	Feb-06	60306	48259	0	0.00%	17	0.03%	1	<0.01%	7	0.01%	37	0.06%	62	0.10%
1644T	Apr-05	941	697	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.21%	2	0.21%
1648T	Apr-05	2771	2035	0	0.00%	0	0.00%	0	0.00%	1	0.04%	2	0.07%	3	0.11%
1642T	May-02	23479	17096	0	0.00%	1	<0.01%	2	0.01%	7	0.03%	9	0.04%	19	0.08%
1646T	May-02	77531	53506	5	0.01%	5	0.01%	1	<0.01%	6	0.01%	22	0.03%	39	0.05%
1688T/TC	Jun-03	323486	232037	76	0.02%	74	0.02%	16	<0.01%	6	<0.01%	202	0.06%	374	0.12%
1488T/TC	Mar-00	273469	134368	120	0.04%	75	0.03%	13	<0.01%	2	<0.01%	235	0.09%	445	0.16%

Definitions of malfunction categories can be found on pages 7 and 8.

IMPLANTABLE CARDIAC MONITORS



Implantable Cardiac Monitors

SJM Confirm [®] (Model D	M2100)		
US Regulatory Approval	August 2008	Normal Battery Depletion	0
Registered US Implants	3,289	Total Malfunctions	4
Estimated Active US Implants	2,912	Malfunctions w/ Compromised Therapy	0
Estimated Longevity	3.0 Years*	Malfunctions w/o Compromised Therapy	4
		Number of Advisories	None





Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Including Normal Batte	ry Depletion					
Year	1	at 14 months				
Survival Probability	99.70%	99.70%				
± 1 standard error	0.12%	0.12%				
Sample Size	2200	400				

Excluding Normal Battery Depletion								
Year	1	at 14 months						
Survival Probability	99.70%	99.70%						
± 1 standard error	0.12%	0.12%						

*After 12 month shelf-life.

SUMMARY INFORMATION Implantable Cardiac Monitors



Implantable Cardiac Monitors

Malfund					
Models	Family	US Regulatory Approval	Registered US Implants	Estimated Active US Implants	Confirmed Malfunctions
DM2100	SJM Confirm®	Aug-08	3,289	2,912	4

Focus on Clinical Performance



Focus on Clinical Performance

Optim® Lead Insulation

In June 2006 St. Jude Medical brought to the cardiac rhythm management (CRM) market the first novel insulation technology in over 20 years: a siliconepolyurethane co-polymer known as Optim[®] insulation featured in Tendril[®] ST Optim[®] lead models 1888T/TC and 1882T/TC. This was rapidly followed in July 2006 by an Optim-insulated defibrillation lead, the Riata[®] ST Optim[®] lead model 7020/7021. Optim lead insulation consolidates the best characteristics of two established CRM lead insulation materials, polyurethane and silicone. The polyurethane content of Optim insulation imparts lubricity, strength, and abrasion resistance while the nearly 50% silicone content imparts flexibility and biostability.^{1,2} The clinical performance of Optim insulation proved to be excellent,³ leading to the subsequent market release of several Optim-insulated leads: IsoFlex[®] Optim[®] lead model 1944/1948 in March 2008, QuickFlex[®] µ lead model 1258T in March 2009*, and OptiSense[®] lead model 1999 in January 2010.

Now that Optim insulation has been on the market for more than 3 years, with over 250,000 leads implanted in the U.S., a thorough analysis of Optim insulation performance is possible. All aspects of Optim lead performance can be appreciated by referring to the Acute Observation, Chronic Complication, and Lead Malfunction tables found in this performance report. The most noteworthy reliability benefit of Optim lead insulation is a significant reduction in the most common mode of lead malfunction: insulation abrasion.⁴ Insulation abrasion can occur as a result of lead contact with pacemakers, ICDs, adjacent leads, or anatomical structures and can occur in the subcutaneous, intravascular, or intracardiac areas of the lead. The clinical effects associated with abrasion malfunctions can include sensing noise and changes in both pacing and defibrillation impedances and thresholds.

In order to validate the benefits of Optim insulation in reducing insulation abrasion malfunctions, a Kaplan-Meier analysis was performed on both the Tendril and Riata[®]/Durata[®] lead families. This statistical analysis compared the clinical occurrence of insulation abrasion malfunctions found on silicone-insulated leads and Optim-insulated leads during their first three years on the market. A log-rank test was then used to verify the statistical significance of any difference in the insulation abrasion malfunction probabilities.

*European market release. Not market released in the U.S. at the time of this performance report publication.

The two graphs below demonstrate that the presence of Optim[®] insulation in CRM pacing and defibrillation leads reduces the probability of abrasion malfunction by 75-90+% after more than 3 years of implant. The time points selected for the graphs (42 months for Tendril[®] leads and 38 months for Riata[®]/Durata[®] leads) represent the longest duration Optim insulation data available for each model family. These dramatic reductions in abrasion malfunction probability were confirmed to be statistically significant ($p \ll 0.05$).



Optim® Insulation Effects on St. Jude Medical

Optim[®] Insulation Effects on St. Jude Medical Tachycardia Lead Abrasion



¹ 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).

² J. Tan and C. Jenney, "Comparative In Vivo Biostability Study of A New Lead Insulation Material Versus Polyurethanes," HRS2006, Heart Rhythm, 3, S146 (2006).

³ F. Khairallah, F. Hamati, D. Peress, A. Schneider, J. Alonso, and M.S. Gupta, "Performance of Cardiac Leads with Optim Insulation Material: Initial Experience from the OPTIMUM Registry," HRS2009, Heart Rhythm, 6, S382 (2009).

⁴ 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



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.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic® ICDs (Models V-197, V-235, V-337, V-338, V-339), Epic® + ICDs (Models V-196, V-233, V-236, V-239, V-350) Epic® II ICDs (Models V-158, V-255, V-258, V-355, V-356, V-357) Atlas® + ICDs (Model V-340, V-341, V-343, V-193, V-242, V-243) Atlas® II ICDs (Models V-168, V-265, V-268, V-365, V-366, V-367)	01/16/08 Class II A very rare condition (incidence of eight in 143,000 devices worldwide; six in the US and two outside the US) that could lead to a ventricular sensing anomaly in Epic® and Atlas® family of implantable cardioverter defibrillators (ICDs) has been identified. A loss of ventricular sensing would prevent an ICD from being able to detect an arrhythmia. The loss of ventricular sensing anomaly can only occur when the device's software writes to a particular memory location and only if there is a precise alignment of two timing parameters that normally do not coincide during routine operation of the device. The precise alignment requires the software write to occur at the exact time that a comparison is made during a specific 61 microsecond (µsec) window.	A simple programmer software/device firmware upgrade will resolve the issue and prevent a future occurrence. Patients who are followed on a routine basis with scheduled follow-up visits every three to six months should continue with their scheduled visit. Upon interrogation of one of the subject devices, the Merlin® Patient Care System and Model 3510 programmers with the newly provided software will automatically identify a device that can benefit from a firmware upgrade and will instruct the clinician that an upgrade is available. St. Jude Medical, along with our independent Medical Advisory Board members, has determined that no other action is recommended. Current Status (December 31, 2009): At the time of the advisory, there were 8 worldwide (6 U.S.) devices confirmed to have been affected by this issue. As of December 31, 2009 there have been no additional devices confirmed to have this issue since the time of the advisory.
Identity® SR (5172) Identity® DR (5370) Identity® XL DR (5376)	10/12/06 Class II A programmer software anomaly can lead to incorrect reporting of battery voltage, expected battery longevity and elective replacement indicator (ERI) status in St. Jude Medical® Identity® pacemakers. The anomaly does not affect the device's actual battery voltage, longevity or functionality, but could result in inaccurate reporting of the status of these measured data parameters. This software anomaly can appear in the St. Jude Medical® Identity® family of pacemakers when programmed by the St. Jude Medical APS [™] III Model 3500/3510 or Merlin® Patient Care System Model 3650 programmers.	No follow-up is recommended at the time of advisory. Devices do not need to be replaced. A programmer software update, pending FDA and other regulatory agency approval, will mitigate this anomaly when the device is interrogated. Before the programmer software update is available, any subsequent measured data update that is performed during the session would be valid and the device operating magnet rate would be up-to-date. After the programmer software update is available, any device affected by this issue will be automatically corrected via the normal interrogation process. Current Status (December 31, 2009): At the time of the advisory, there were 53 worldwide (50 U.S.) devices confirmed to have been affected by this issue. As of December 31, 2009 there were an additional 78 worldwide (65 U.S.) devices confirmed with this issue, all prior to the distribution of the software fix.
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 (December 31, 2009): At the time of the advisory, there were 60 worldwide (38 U.S.) devices confirmed to have been affected by this issue. As of December 31, 2009 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

Model Identification Advisory Follow-up Recommendations at Time of Advisory Epic® DR/HF (V-233/V-337/V-338). 6/13/05 Two anomalies were discovered during routine product monitoring. Neither of these anomalies presents a significant clinical risk to Epic® Plus DR/VR/HF Class II your patients, and no clinical complications have been reported to St. Jude Medical. Both are easily corrected by performing a simple. (V-236/V-239/V-196/ Two anomalies have been identified: automated software download to the device. This potentially affects approximately 30,000 implanted ICDs in the United States and V-239T/V-196T/V-350), 1. Due to a device software anomaly, it is possible that when includes the following model numbers: Atlas® DR (V-242). the device's battery is nearing its elective replacement Epic® DR/HF (V-233/V-337/V-338). Epic® Plus DR/VR/HF (V-236/V-239/V-196/V-239T/V-196T/V-350). Atlas® DR (V-242). and Atlas® and Atlas® Plus DR/VR/HF indicator (ERI), a charging cycle may be skipped. Plus DR/VR/HF (V-243/V-193/V-193C/V-340/V-341/V-343). The first anomaly can occur when one of the affected devices attempts to (V-243/V-193/V-193C/ 2. After a capacitor charge, if a rate responsive pacing mode deliver multiple shocks in rapid succession. Due to a device software anomaly, it is possible that when the device's battery is nearing its V-340/V-341/V-343). (e.g., DDDR, VVIR, etc.) is programmed "On," this "noise" elective replacement indicator (ERI), a charging cycle may be skipped. If this were to occur, the first shock will always be delivered as may be interpreted by the device's accelerometer (activity 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 sensor) as physical activity, causing a temporary increase in the pacing rate that may persist after charging is completed. all delivered shocks would be at their programmed energy. This behavior was discovered as an incidental finding during analysis of one returned device that had delivered a large number of high-voltage shocks over a short time period. A second anomaly is caused by electrical "noise" generated as a result of the charging of the device's high-voltage capacitors. After a capacitor charge, if a rate responsive pacing mode (e.g., DDDR, VVIR, etc.) is programmed "On," this "noise" may be interpreted by the device's accelerometer (activity sensor) as physical activity, causing a temporary increase in the pacing rate that may persist after charging is completed. The degree and duration of the rate increase will depend on a variety of factors, but the rate will never exceed the programmed Maximum Sensor Rate, and the device will gradually return to the appropriate rate. The anomalous behavior, which has been observed during the performance of manual capacitor maintenance, has been traced back to a component supplied to St. Jude Medical by one vendor: therefore, only the subset of the device models listed above that were manufactured with the affected component (device serial numbers below 141000 for any model) will exhibit this behavior. St. Jude Medical has developed programmer software that will automatically detect the affected ICDs and download device software that will correct the "skipped charge" anomaly and mitigate the response to electrical noise. Once the upgrade is performed, the potential for a skipped charge will be eliminated. Additionally, once the upgrade is performed if a rate responsive mode is programmed. "On." devices with serial numbers below 141000 will have their rate response functions suspended for the time period during which the electrical noise could be present (i.e., while significant residual voltage remains on the high-voltage capacitors); non-rate responsive pacing at the programmed base rate will continue to be provided as appropriate. This period during which rate response is suspended

natients

since the time of the advisory.

not be affected by the software download.

months that the patient be seen within this time period.

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

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

In addition, if devices are programmed to pacing settings that result in high current consumption, such as high output bi-ventricular pacing, consideration should be given to scheduling the patient for a follow-up visit within three months if it is not scheduled to occur within that time period. As always, St. Jude Medical defers to your clinical judgment on any decisions regarding the management of your

Current Status (December 31, 2009): There have been no implanted devices confirmed to have been affected by this issue

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Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Epic® (V-197, V-235), Epic®+ (V-196, V-236), Epic® HF (V-338), Epic®+ HF (V-250), Atlas®+ (V-193, V-243), Atlas®+ HF (V-340), or Atlas® (model V-242) ICDs	3/10/05 Class II A software parameter that affects the sensitivity of the reed switch in the listed devices was being set to an incorrect value which could prevent these devices from entering the magnet mode to inhibit tachy therapy when an external magnet is applied.	During routine product evaluation, St. Jude Medical Quality Assurance identified that a software parameter that affects the sensitivity of the reed switch in the listed devices was being set to an incorrect value during manufacturing beginning in late November of last year. This has the effect of preventing these devices from entering the magnet mode to inhibit tachy therapy when an external magnet is applied. This is a software controlled parameter that can be easily corrected via the programmer . All other bradycardia pacing and tachyarnythmia detection and therapy features are not affected in devices subject to this notification. Until the magnet sensitivity parameter is corrected via the programmer, tachy therapy may not be properly inhibited as is customary with placement of an external magnet, but can be inhibited by using the programmer to program the device to Defib Off, and then back On as needed. The affected devices were manufactured during a three month period beginning November 22, 2004. To date, there have been no field reports of any magnet mode failures, nor have there been any clinical complications reported associated with this issue. Magnet mode application is usually used to inhibit tachycardia therapy such as when a patient is subjected to electrocautery during a surgical procedure. In order to remedy this situation, in addition to this notification, St. Jude Medical Sales Representatives and Field Clinical Engineers have been provided with a simple software tool that can be used to set, via the programmer, the reed switch's magnet sensitivity to the proper value. You may contact them to schedule this reprogramming at the patient's next scheduled follow-up visit or at your discretion.
Identity® ADx DR Models 5286, 5380, 5386 and 5480	07/31/03 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 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 they better device they programmed settings that prove methics are been identified and a downloadable firmware correction has been they better device they
		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 (December 31, 2009): 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
Tempo [™] 2102 and Meta 1256D	11/04/02 Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	Decreased reliability has been observed in a group of these devices. The devices in the advisory population were manufactured at the Telectronics' manufacturing facility between the second quarter of 1996 and the second quarter of 1997. Premature battery depletion resulting from bridging between adjacent connectors has resulted in no output or no telemetry in 1% of this population of devices to date. The following recommendations are made: Physicians are advised to review patients who have 1256D/2102 pacemakers at an early date to evaluate pacemaker function. For patients who are pacemaker dependent , the physician should give consideration to explantation and replacement as soon as practicable. For patients who are not considered pacemaker dependent , the physician should consider replacement only if any abnormal function is identified (such as no output, telemetry loss, telemetry abnormality or premature end of life indication). All remaining non-pacemaker dependent patients with 1256D/2102 pacemakers should subsequently be reviewed at least every six months.
Tempo [™] 1102, 1902, 2102, 2902 and Meta 1256D	11/04/02 Class II Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	This Advisory applies to a well-defined group of Tempo [™] and Meta [™] 1256D pacemakers which have been observed to exhibit premature battery depletion. This is an extension of a previous Tempo [™] /Meta [™] advisory dated 6/6/00. The following recommendations are made: For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.
Profile [™] V-186	7/13/01 Class II Failure of a ceramic capacitor could lead to sensing anomalies/ early battery depletion	This Advisory applies to a well-defined group of Profile [™] MD (Model V-186HV3) implantable cardioverter-defibrillators (ICDs) which have been observed to exhibit decreased reliability. These devices had specific modules (subcircuits) manufactured during a five-month period during the first half of 1999. Those potentially affected devices that have not exhibited any anomalous behavior within 24 months of manufacture are not at increased risk of failure at a later date. These failures were caused by a component anomaly that is limited to a specific, traceable lot (group) of capacitors. 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.

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Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Meta™ DDDR 1256	6/6/00 Class II Integrated circuit failure due to electrostatic discharge during manufacturing resulting in no output or sensing anomalies.	This Advisory applies to a well-defined group of Meta [™] 1256 pacemakers, which have been observed to exhibit decreased reliability. The following recommendations are made: For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent, unless pacemaker replacement is medically contraindicated. For patients who are not considered pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.
Tempo [™] 1102, 1902, 2102, 2902, and Meta [™] 1256D	6/6/00 Class II Dendritic growth at the battery/hybrid connection could cause a short circuit, which in turn could result in premature battery depletion.	This Advisory applies to a well-defined group of Tempo [™] and Meta [™] 1256D pacemakers, which have been observed to exhibit premature battery depletion. The following recommendations are made: For patients who are significantly pacemaker dependent. The decision as to whether or not to replace a pacemaker prophylactically remains one of clinical judgment. We therefore recommend that you strongly consider replacing these pacemakers on a prophylactic basis for all patients who are significantly pacemaker dependent. Again, this is a matter of clinical judgment. In the event a device is not replaced, continued routine monitoring is advised.
Trilogy™ 2250L, 2260L, 2264L, 2308L, 2318L, 2350L, 2360L, 2364L	3/10/00 Class II Risk of malfunction due to an anomaly of the pacemaker's microprocessor. Typical manifestations of this anomaly are dashes observed on the programmer screen, unexpected rate variation, abnormally high battery current drain, and mode change.	Continued monitoring of Trilogy [™] devices affected by an Advisory issued in July 1999 has revealed an additional low level of adverse events. A sub-population of the above models, principally those manufactured before January 1999, is potentially affected by a risk of malfunction due to an anomaly of the pacemaker's microprocessor. To date this has been reported in only 0.11% of the implanted population. Typical manifestations of this anomaly are: Interrogation/programming difficulties, including the presence of dashes () on the programmer screen for some parameter values after interrogation Unexpected rate variations Abnormally high battery current drain Mode change The presence of dashes on the programmer screen is typically caused by partial programming of one or more of the programmed parameters and may be corrected by reprogramming. In the event that observed dashes () cannot be resolved by reprogramming, please contact your St. Jude Medical representative, as it may be possible to resolve the situation non-invasively via special programming and may not be indicative of a microprocessor anomaly.
		 Considering the low level of incidence of this anomaly, the following steps are recommended: 1. Assess the patient population, relative to the potential for an inappropriate mode change to single-chamber atrial pacing, to determine which patients are pacemaker-dependent and have an inadequate ventricular escape rhythm. 2. 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. 3. Almost all microprocessor malfunctions described in this notification were found during routine follow-up. This reinforces the importance that pacemaker patients should be followed regularly in accordance with best prevailing medical practices.

Model Identification	Advisory	Follow-up Recommendations at Time of Advisory
Affinity® 5130L, 5130R, 5330L, 5330R, 5230L, 5230R	2/14/00 Class II An unsecured resistor connection to the hybrid circuit might cause abnormal measured data, false RRT indication, backup WI 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.
Trilogy™ 2250L, 2260L, 2264L, 2308L, 2318L, 2350L, 2360L, 2364L	7/19/99 Class II Premature battery depletion caused by a current leakage path that could be created during the laser welding process to attach the battery to the device hybrid	 Analysis of the clinical data associated with the failed devices has shown that an early increase in battery impedance could be observed at one or more previous routine follow-up visits prior to reaching RRT. The observed rise in battery impedance is an earlier and more reliable indicator than the reported battery voltage. The battery depletion, although accelerated, does not occur abruptly and patients advised. 1. For patients who have had a follow-up visit at least 12 months after their device was implanted, check the measured data printout from the last follow-up schedule for that patient (6-month intervals recommended). If follow-up visits every 6 months is not your routine schedule, then an additional visit at 18 months should be performed. 2. For patients who have not yet had a follow-up visit at least 12 months after their device was implanted, the following is recommended. If follow-up visits every 6 months is not your routine schedule, then an additional visit at 18 months should be performed. 3. For patients who have not yet had a follow-up visit at least 12 months after their device was implanted, the following is recommended. 4. If the patient has had their device implanted for less than two months or has not had a device interrogation with measured data and a copy retained in the patient's pacemaker or office chart. 4. Otherwise, if the battery impedance from the most recent evaluation is "< 1 k0hm," begin an every 3-month follow-up schedule for less than two performed at least 12 months should be performed. 4. If the battery impedance with your routine schedule, then an additional visit at 18 months visit at 18 months should be performed. 4. If the battery impedance is not your routine follow-up schedule for that patient (6-month intervals recommended). If follow-up usits every 3-month follow-up schedule for the battery impedance is not your routine schedule, then an additional visit at 18 months should be performed.

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St. Jude Medical is focused on reducing risk by continuously finding ways to put more control into the hands of those who save and enhance lives.

ATRIAL FIBRILLATION

CARDIAC RHYTHM MANAGEMENT

CARDIOVASCULAR

Veddestavägen 19

+46 8 474 40 00

175 84 Järfälla

Sweden

NEUROMODULATION

Global Headquarters

One St. Jude Medical Drive St. Paul, Minnesota 55117 USA +1 651 756 2000 +1 651 756 3301 Fax

Cardiac Rhythm Management Division 15900 Valley View Court Sylmar, California 91342 USA +1 818 362 6822 +1 818 364 5814 Fax

St. Jude Medical AB U.S. Division 807 Las Cimas Parkway Suite 400 Austin, Texas 78746 USA +1 512 732 7400 +46 8 760 95 42 Fax +1 512 732 2418 Fax

SJMprofessional.com

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