CARDIAC RHYTHM & HEART FAILURE

Product Performance Report

Important Patient Management Information for Physicians

2018

1st Edition – Issue 78

Medtronic

Errata

- The original version of this edition of the CRHF Product Performance Report contained the following errors:
 the data counts on Generator pages showed worldwide (instead of the intended US only) totals
 the acute observation counts on Lead pages showed worldwide (instead of the intended US only) totals

This download file, posted on 31 May 2019 to wwwp.medtronic.com/productperformance/past-reports.html \, contains the corrected data

CRHF Product Performance Report

2018 1st Edition Issue 78

Cutoff date for this edition is 31 January 2018 for Lead Study data and 13 April 2018 for all other data, unless otherwise stated.

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Our Commitment to Quality

Medtronic was founded in 1949 and has grown to become a global leader in medical technology. Seeing what a difference medical technology could make in the lives of patients inspired our founder to develop the Medtronic Mission, which remains unchanged today.

The third tenet of the mission is all about quality:

"To strive without reserve for the greatest possible reliability and quality in our products, to be the unsurpassed standard of comparison, and to be recognized as a company of dedication, honesty, integrity, and service."

Regardless of function, all CRHF employees play a role in product quality. Whether designing new therapies, sourcing components, manufacturing products, hiring talented people, assigning financial resources to project teams, or serving in one of the hundreds of other roles, every employee has an influence on product quality.

Product performance information is received from many sources through various channels. Medtronic monitors information from many sources from Research and Development through Manufacturing and Field Performance Vigilance.

When a device is returned to Medtronic, laboratory technicians and engineers assess overall device function. Analysis of returned product is performed according to written procedures. These procedures determine the minimum analysis required. The analysis required varies depending on the type of device, age of the device, the associated information received with the device, actual experience with models of similar design, and other factors. Additional analysis is performed as necessary to investigate a performance concern from a customer, or to collect specific reliability data.

When a malfunction is identified, failure analysis is performed to provide the detailed information necessary to investigate possible causes and actions. Medtronic CRHF maintains in-house expertise and performs its failure analysis using facilities it owns and supports. This capability permits detailed failure analysis.

Analysis results are compared to original manufacturing records and design intent. Clinical observations are added to laboratory findings to help determine root cause. Each event is then compared to other events. If a pattern is detected, actions are taken to identify a common root cause, assess patient risk and an appropriate course of action.

Medtronic instituted the industry's first product performance reports in 1983 by publishing data on our chronic lead studies. Pacemakers and other devices followed as our performance reporting has constantly evolved based on customer needs and feedback. One thing has been a constant. It is our sincere commitment to communicate clearly, offering timely and appropriate product performance data and reliability information. This has always been and will continue to be our goal.

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Tim Samsel Vice President, Quality and Regulatory Medtronic Cardiac Rhythm Heart Failure Medtronic, Inc.

Contact Information

We invite our customers to use these telephone numbers to call with suggestions, inquiries, or specific problems related to our products.

US Technical Services Department

Phone: 1 (800) 723-4636 (Tachy)

1 (800) 505-4636 (Brady)

Fax: 1 (800) 824-2362

International Technical Centers

Europe (Heerlen NL) +31-45-566-8844 Japan (Tokyo) +81-3-6430-7026

For questions related to returning explanted product or returning product that shows signs of malfunction, please contact:

Outside the United States: Your Medtronic representative or international technical center at the number above.

Within the United States: Your Medtronic representative or CRHF Returned Product Analysis Laboratory Phone: 1 (800) 328-2518, ext. 44800 Email: crdm.returnedproduct@medtronic.com

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Introduction

For 35 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

This Product Performance Report (PPR) presents device survival estimates, advisory summaries, performance notes, and other information pertinent to assessing the performance of Medtronic implantable pulse generators (IPGs), implantable cardioverter defibrillators (ICDs), cardiac resynchronization therapy (CRT) devices, and implantable pacing and defibrillation leads.

This Product Performance Report has been prepared in accordance with International Standard ISO 5841- 2:2000(E).

The survival estimates provided in this report are considered to be representative of worldwide performance.

Survival Estimates

Medtronic, like other companies, monitors CRT, ICD, and IPG device performance using returned product analysis. We also monitor CRT, ICD, and IPG device performance using an active multicenter clinical study.

Returned product analysis is a passive approach to assessing product performance. This approach provides a suitable measure of product performance only when a significant number of explanted products are returned to the manufacturer. Returned product analysis provides a measure of hardware performance, but not necessarily the total clinical performance (e.g., the incidence of complications such as infection, erosion, muscle stimulation, etc. are not estimated).

The survival estimates provided in this report for CRT, ICD, and IPG devices are based on returned product analysis. This approach is suitable because a significant number of explanted generators are returned for analysis.

Lead performance is monitored differently. In contrast to CRT, ICD, and IPG devices, a very small percentage of leads are returned to the manufacturer due to the difficulty of explanting them. For leads, an active clinical study provides more accurate survival estimates compared to estimates based solely on returned product analysis.

Survival estimates for leads are based on clinical observations recorded via Medtronic's PAN Registry. This multicenter clinical study is designed to record clinical observations representative of the total clinical experience. Therefore, the lead survival estimates include both lead hardware failure and lead-related medical complications, and do not differentiate a lead hardware failure from other clinical events such as exit block, perforation, dislodgement, or concurrent pulse generator failure.

The actuarial life table method is applied to the data collected for CRT, ICD, and IPG devices and leads to provide the survival estimates included in this report. A general introduction to understanding this method of survival analysis is given later in this introduction.

ICD Charge Times

Since May 2000, Medtronic has provided important information on charge time performance of ICDs. The information provided in this report shows how ICD charge time can vary during the time a device is implanted. The information is presented in graphical format showing charge time as a function of implant time. The data for charge times are collected from devices enrolled in the PAN registry.

Introduction continued

Advisory Summaries

This Product Performance Report includes summaries of all advisories applicable to the performance of the products included in the report. An advisory is added to the report when any product affected by the advisory remains in service and at risk of experiencing the behavior described in the advisory. The advisory will remain in the report until Medtronic estimates no product affected by the advisory remains active, or the risk of experiencing the behavior described in the advisory remains active, or

For most advisories, the products subject to the advisory retain essentially the same survival probability as the products of the same model(s) not affected by the advisory. For those advisories where the survival probabilities of the affected and non-affected populations do differ significantly, Medtronic will provide separate survival data for each population. The separate survival data will remain in the report until Medtronic estimates no affected product remains in active service.

Performance Notes

This report concludes with a number of Performance Notes developed by Medtronic to provide additional product performance information relevant to follow-up practice and patient management.

How You Can Help

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of the reason for explant or removal from use. The procedures for returning products vary by geographic location.

Mailer kits with prepaid US postage are available for use within the United States to send CRTs, ICDs, IPGs, ICMs, and leads to Medtronic's Cardiac Rhythm and Heart Failure (CRHF) Returned Product Analysis Lab. These mailers are sized to accommodate the devices and leads from a single patient or clinical event and are designed to meet US postal regulations for mailing biohazard materials.

If the product being returned is located outside the United States, please contact your local Medtronic representative for instructions.

Medtronic also requests the return of explanted products from non-clinical sources, such as funeral homes, and will assume responsibility for storage and disposal of the product once received.

Mailer kits can be obtained by contacting the Returned Product Lab. For information on how to contact the Lab, refer to the Contact Information page of this report.

We continually strive to improve this CRHF Product Performance Report. In keeping with this philosophy, we ask for your suggestions on the content and format of this report, as well as any information you have regarding the performance of Medtronic products. For information on how to comment on this report, see the Contact Information page.

Overview of Survival Analysis

Medtronic uses the Cutler-Ederer actuarial life table method for devices and Kaplan-Meier for leads to estimate the length of time over which they will perform within performance limits established by Medtronic. This probability to perform within performance limits over time is called the survival probability.

Devices and leads are followed until an event occurs where the device or lead ceases to operate within performance limits. The length of time from implant to the event is recorded for individual devices and leads in the population sample. The population sample for CRT, ICD, and IPG devices is made up of patients whose devices are registered as implanted in the United States. For leads, the population sample is the patients enrolled in our multicenter, international prospective Product Surveillance Registry.

Introduction continued

For CRTs, IPGs and ICDs, the events can be normal battery depletion or a device malfunction. For leads, the events are complications as defined in the study protocol.

The actuarial life table method allows Medtronic to account for devices and leads removed from service for reasons unrelated to performance and for device and leads still in service. Devices and leads removed for reasons unrelated to performance or are still in service are said to be suspended. Examples of devices and leads removed from service for reasons unrelated to performance include:

- Removed to upgrade the device or lead
- No longer in service due to the death of the patient for reasons unrelated to the device or leads
- Implanted in patients who are lost to follow-up

For each suspension, the device or lead has performed within performance limits for a period of time, after which its performance is unknown.

Confidence Intervals

Since survival curves are based on a sample of the device and lead population, they are only estimates of survival. The larger the effective sample size, the more confident the estimate. A confidence interval can be calculated to assess the confidence in an estimate. In the Product Performance Report, Medtronic provides a 95% confidence interval. This can be interpreted as meaning that 95% of the time, the true survival of the device will fall somewhere in the interval.

Survival Curves in the Product Performance Report

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRTs, ICDs, and IPGs, and when the number entered is less than 50 for leads. The survival charts in the Product Performance Report show the effective sample size for each year interval where Medtronic has experience. When the effective sample size reaches 100 for CRTs, ICDs, and IPGs or when the number entered reaches 50 for leads, the next data point is added to the survival curve.

Although the report provides tabular data in one-year intervals, the device curves are actually computed and plotted using the Cutler-Ederer method and 1-month intervals (for CRT, ICD, and IPG devices) and leads curves are computed and plotted using Kaplan-Meier, which uses individual survival times.

A number of references are available for additional information on survival analysis using the Cutler-Ederer life table method¹ and for the Kaplan-Meier method.²

¹ Lee, Elisa T. (2003) Statistical Methods for Survival Data Analysis – 3rd Edition (Wiley Series in Probability and Statistics).

² Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

Method for Estimating CRT, ICD, and IPG Device Performance

The performance of CRT, ICD, and IPG devices is expressed in terms of device survival estimates, where "survival" refers to the function of the device, not the survival of the patient. These survival estimates are intended to illustrate the probability that a device will survive for a given number of years without malfunction or battery depletion.

The survival estimates are determined from the analysis of Medtronic Cardiac Rhythm and Heart Failure (CRHF's) United States device registration data and US returned product analysis data. These data are presented graphically and numerically.

Because this analysis is based on returned product analysis, the performance data does not reflect any device-related medical complications such as erosion, infection, muscle stimulation, or muscle inhibition.

Categorization of Depleted and Malfunctioning Devices for Survival Analysis

For survival estimation, every device returned to Medtronic CRHF and analyzed in the CRHF Returned Product Analysis laboratory is assigned to one of three categories. The device 1) is functioning normally, 2) has reached normal battery depletion, or 3) has malfunctioned. This categorization is combined with data from our device registry for the total number of implants and the implant durations to create the survival curves presented on the following pages.

Definition of Malfunction

Medtronic CRHF considers a device as having malfunctioned whenever the analysis shows that any parameter was outside the performance limits established by Medtronic while implanted and in service. To be considered a malfunction or battery depletion, the device must have been returned to Medtronic and analyzed.

Devices damaged after explant, damaged due to failure to heed warnings or contraindications in the labeling, or damaged due to interaction with other implanted devices (including leads) are not considered device malfunctions.

A device subject to a safety advisory is not considered to have malfunctioned unless it has been returned to Medtronic CRHF and found, through analysis, to actually have performed outside the performance limits established by Medtronic.

Not all malfunctions expose the patient to a loss of therapy. Some malfunctions included in the following survival estimates may not have been detected at all by the physician or the patient. These malfunctions, however, are included in the survival estimates and provide important feedback to our product development organization.

To provide insight into the nature of malfunctions, each malfunction is categorized as Malfunction with Compromised Therapy Function or Malfunction without Compromised Therapy Function.

For this report, Normal Battery Depletion, Malfunction with Compromised Therapy Function, and Malfunction without Compromised Therapy Function are defined as follows:

Normal Battery Depletion – The condition when:

- (a) a device is returned with no associated complaint and the device has reached its elective replacement indicator(s) with implant time that meets or exceeds the nominal (50 percentile) predicted longevity at default (labeled) settings, or
- (b) a device is returned and the device has reached its elective replacement indicator(s) with implant time exceeding 80% of the expected longevity calculated using the available device setting information.

Method for Estimating CRT, ICD, and IPG Device Performance continued

Medtronic CRHF establishes expected longevity by statistically characterizing the power consumed by the device and the power available from the device battery. This characterization is applied to a number of parameter configurations to derive a statistical mean longevity value and standard deviation for each parameter configuration. The statistical mean value minus three standard deviations is used as the expected longevity for determining if a battery depleted normally. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

Malfunction with Compromised Therapy Function

The condition when a device is found to have malfunctioned in a manner that compromised pacing or defibrillation therapy (including complete loss or partial degradation), while implanted and in service, as confirmed by returned product analysis.

Examples: Sudden loss of battery voltage; accelerated current drain such that low battery was not detected before loss of therapy; sudden malfunction during defibrillation therapy resulting in aborted delivery of therapy, intermittent malfunction where therapy is compromised while in the malfunction state.

Malfunction without Compromised Therapy Function

The condition when a device is found to have malfunctioned in a manner that did not compromise pacing or defibrillation therapy, while implanted and in service, as confirmed by returned product analysis.

Examples: Error affecting diagnostic functions, telemetry function, data storage; malfunction of a component that causes battery to lose power quickly enough to cause premature battery depletion, but slowly enough that the condition is detected through normal follow-up before therapy is lost; mechanical problems with connector header that do not affect therapy.

Expanded Malfunction Detail

The malfunctions are further divided into categories that identify the subject area of the malfunction. The malfunctions are divided into the following subject areas:

Electrical Component – Findings linked to electrical components such as integrated circuits, resistors, capacitors, diodes, etc.

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

Battery – Findings linked to the battery and its components

Software/Firmware – Findings linked to software or firmware function

Possible Early Battery Depletion – Findings where the actual reported implant time is less than 80% of the expected longevity calculated using the available device setting information with no device malfunction observed. There may not be sufficient device setting information to determine conclusively if battery depletion was normal or premature in the absence of a specific root cause finding. However, returned devices meeting the above criteria are conservatively classified as Possible Early Battery Depletion malfunctions.

Other – Findings related to other components such as insulators, grommets, setscrews, and packaging, and findings where analysis is inconclusive.

Returned Product Analysis Process

Analysis of returned product is performed according to written procedures. These procedures determine the minimum analysis required. The analysis required varies depending on the type of device, age of the device, the associated information received with the device, actual experience with models of similar design, and other factors. Additional analysis is performed as necessary to investigate a performance concern from a customer, or to collect specific reliability data.

When a device is returned with a performance concern from a customer, the general analysis process includes a preliminary analysis of the device in its as-received condition, followed by an automated functional test using test equipment equivalent to the equipment used in manufacturing.

When a malfunction is identified, failure analysis is performed to provide the detailed information necessary to investigate possible causes and actions. Medtronic CRHF maintains in-house expertise and performs its failure analysis using facilities it owns and supports. This capability permits detailed failure analysis.

Statistical Methods for Survival Analysis

Of the several different statistical methods available for survival analysis, the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), is used to determine survival estimates for CRT, IPG and ICD devices. Implant times are calculated from the implant date to the earlier of the explant date or the cutoff date of the report. From this data an estimate of the probability of device survival is calculated at each monthly interval.

On the following pages, each graph includes a survival curve where events include malfunctions and normal battery depletions. This survival curve is a good representation of the probability a device will survive a period of time without malfunction and without battery depletion. For example, if a device survival probability is 95% after 5 years of service, then the device has a 5% chance of being removed due to battery depletion or malfunction in the first 5 years following implant.

In addition, a second curve is included to show survival excluding normal battery depletion. This curve is a good representation of the probability for a device to survive without malfunction. This curve includes only malfunctions as events and excludes normal battery depletion.

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRT, ICD, and IPG devices. The survival charts in the Product Performance Report show the effective sample size for each year interval where we have experience. When the effective sample size reaches 100, the next data point is added to the survival curve.

Although the report provides tabular data in one-year intervals, the curves are actually computed and plotted using one-month intervals.

The data in the tables are rounded to the nearest tenth of one percent. Occasionally, a graph may show 100% survival, but have one or more malfunctions or battery depletions. This occurs because, even with the malfunctions or battery depletions, the data rounds to 100%.

Sample Size and How the Population and Population Samples Are Defined

The population sample from which the survival estimates are derived is comprised of the devices registered as implanted in the United States as of the report cutoff date. The number of registered implants, as well as an estimate of the number that remain in active service, is listed for each model. To be included in the population, the device must have been registered with Medtronic's registration system and implanted for at least one day.

This sample based on US implants is considered to be representative of the worldwide population, and therefore the survival estimates shown in this report should be representative of the performance worldwide of these models.

A CRT, ICD, or IPG model or model family will be included in this report when it has accumulated at least 10,000 implant months and will remain in the report as long as at least 500 devices remain active.

Methods Used to Adjust for Underreporting of Malfunction and Battery Depletion

The tables on the following pages show the actual number of malfunctions and battery depletions recorded by the analysis lab for US registered devices. Since not all devices are returned to Medtronic CRHF for analysis, these numbers underestimate the true number of malfunctions and battery depletions. To more accurately estimate the all-cause device survival probabilities, the number of malfunctions and battery depletions used to plot each interval of the all-cause survival curves is adjusted (multiplied) by a factor that is based on an estimate of the magnitude of underreporting. The magnitude of underreporting is estimated by comparing data in Medtronic's Device And Registrant Tracking (DART) system with data from Returned Product Analysis.

The DART system is an important element of Medtronic's Quality System. The DART system is designed to meet or exceed the US FDA's device tracking requirements set forth by the Safe Medical Devices Act. In the United States, over 98% of Medtronic's CRT, ICD, and IPG implants become registered in the DART system.

Because pacemakers do not cure the patient's underlying health problem, when a pacemaker stops functioning (due to either normal battery replacement or malfunction) it is replaced with a new pacemaker. Therefore, the replacement recorded in the DART system is a good indication that the previous pacemaker experienced either battery depletion or malfunction. The fraction of replaced devices that are subsequently returned can be used to estimate the correction factor for the under reporting of the combination of battery depletion and malfunction.

Note that devices of patients who have expired do not factor into the calculation of the correction. It is possible some proportion of these devices experienced battery depletion or malfunction. Since these are not counted into the correction factor based on the return rate of replaced devices, a correction factor based only on the return rate of replaced devices may still underestimate the true rate of battery depletion and malfunction. However, devices that are replaced because the patient is receiving a system upgrade or are removed because the patient no longer needs it (e.g., due to heart transplant) do contribute to the calculation of the correction factor and therefore impart an opposite bias.

Also note that this method of calculating the correction factor cannot distinguish between devices that are removed due to malfunction and those due to normal battery depletion. It might seem intuitive that devices that unexpectedly malfunction should be much more likely to be returned to the manufacturer than a device with ordinary normal battery depletion. But this has not been conclusively demonstrated. Therefore, this method only provides a correction factor reflecting the combination of battery depletion and malfunction.

No adjustment for underreporting is applied to the malfunction-free survival curve because a method for estimating malfunction-only underreporting has not been developed.

Adjustments to Registered Implants to Compensate for Unreported Devices Removed from Service

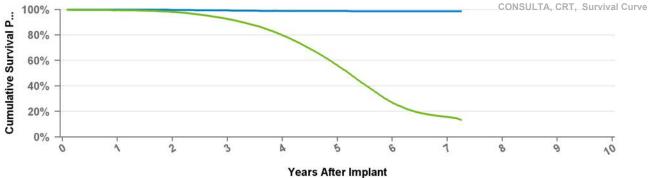
Devices are at times removed from service for reasons other than device malfunction or battery depletion. Examples are devices removed from service due to non-device related patient mortality and devices removed due to changes in the patient's medical condition. Because an accurate estimate of device survival depends on an accurate estimate of the number of devices in service, it is important not to overstate the number of devices in service. Medtronic addresses this under reporting to ensure the number of devices in service is not overstated . Regular updates obtained from the Social Security Administration about deceased persons are used to update Medtronic's DART data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DART system is monitored and compared to published mortality rates for comparable patient populations. If, during calculation of the survival curves, the patient mortality indicated by the data in DART is significantly different from published rates, an adjustment is applied to correct the difference. The correction factor for under reporting devices is also applied to account for devices that were removed and not reported or returned.



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.995	0.981	0.926	0.798	0.561	0.268	0.157	0.133
Effective Sample Size	58003	52868	45930	35390	20225	6674	1509	287

D224TRK	Consulta	CRT-D		
US Market Release		Sep-08	Total Malfunctions	601
CE Approval Date			Therapy Function Not Compromised	571
Registered USA Imp	olants	65,979	Battery Malfunction	2
Estimated Active US	SA Implants	13,163	Electrical Component	65
Normal Battery Depletions		19,016	Electrical Interconnect	1
			Other Malfunction	1
			Poss Early Battery Depltn	496
			Software Malfunction	6
			Therapy Function Compromised	30
			Battery Malfunction	4
			Electrical Component	26





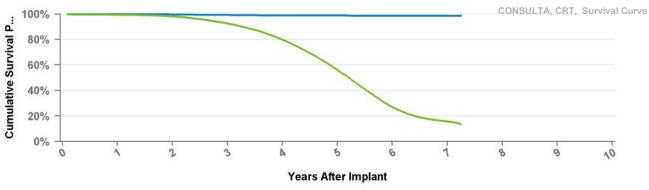
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.995	0.981	0.926	0.798	0.561	0.268	0.157	0.133
Effective Sample Size	58003	52868	45930	35390	20225	6674	1509	287

ulta CR I	-D
	ulta CRT

D

US Market Release		Total Malfunctions	0
CE Approval Date	Mar-08	Therapy Function Not Compromised	0
Registered USA Implants	3		
Estimated Active USA Implants	1	Therapy Function Compromised	0
Normal Battery Depletions	0		

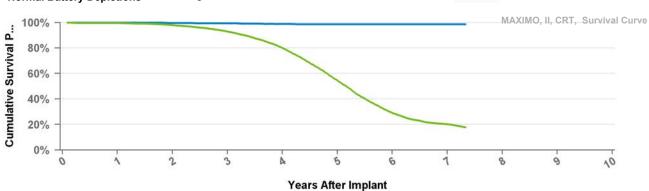




Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.995	0.981	0.926	0.798	0.561	0.268	0.157	0.133
Effective Sample Size	58003	52868	45930	35390	20225	6674	1509	287

D264TRMMaximo II CRT-DUS Market ReleaseJan-12CE Approval DateJul-10Therapy Function Not Compromised1





1

0

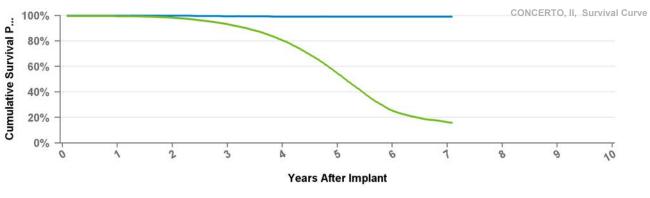
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 88 mo
Excluding NBD	1	0.997	0.994	0.988	0.987	0.987	0.987	0.987
Including NBD	0.996	0.98	0.929	0.8	0.545	0.29	0.202	0.177
Effective Sample Size	12930	11681	10180	7782	4187	1468	382	111

D274TRK Concerto II CRT-D

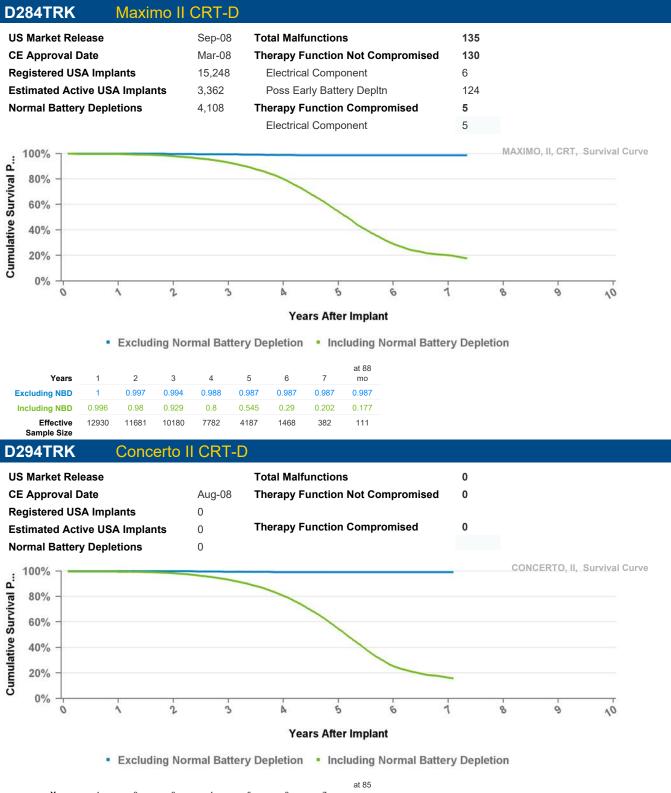
US Market Release	Aug-09
CE Approval Date	
Registered USA Implants	30,174
Estimated Active USA Implants	6,381
Normal Battery Depletions	8,566

ug-09	Total Malfunctions	184
	Therapy Function Not Compromised	174
80,174	Battery Malfunction	1
6,381	Electrical Component	21
8,566	Poss Early Battery Depltn	151
	Software Malfunction	1
	Therapy Function Compromised	10
	Battery Malfunction	1
	Electrical Component	9



Excluding Normal Battery Depletion Including Normal Battery Depletion

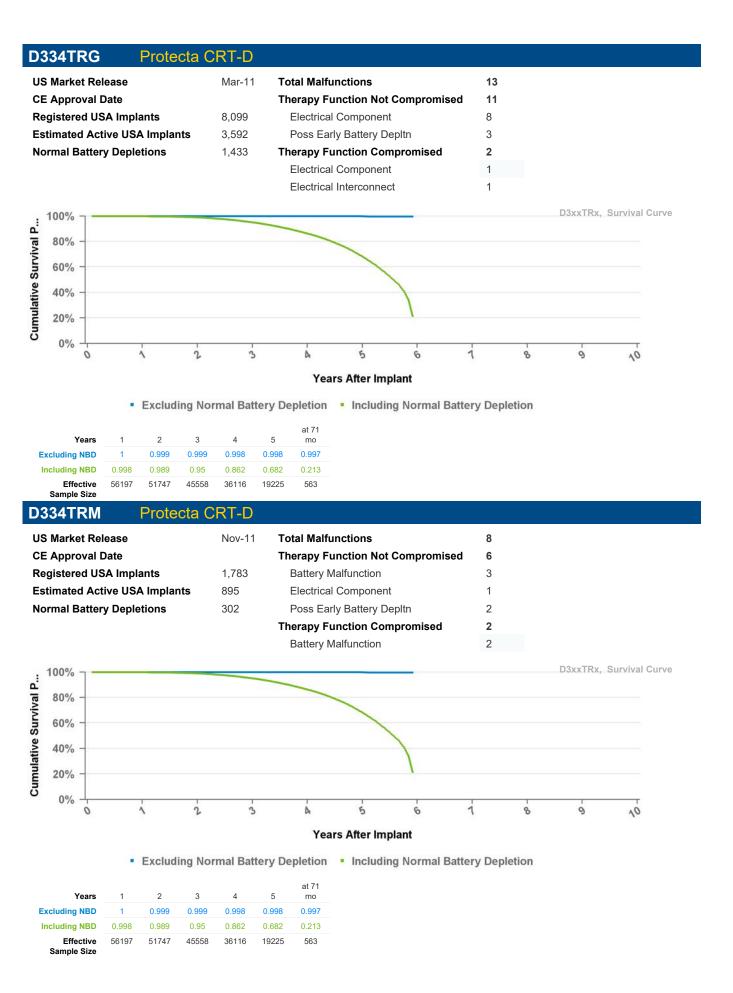
Years	1	2	3	4	5	6	7	at 85 mo
Excluding NBD	1	0.998	0.995	0.992	0.991	0.991	0.991	0.991
Including NBD	0.995	0.983	0.932	0.805	0.546	0.253	0.163	0.158
Effective Sample Size	25421	23240	20260	15510	8438	2997	501	257

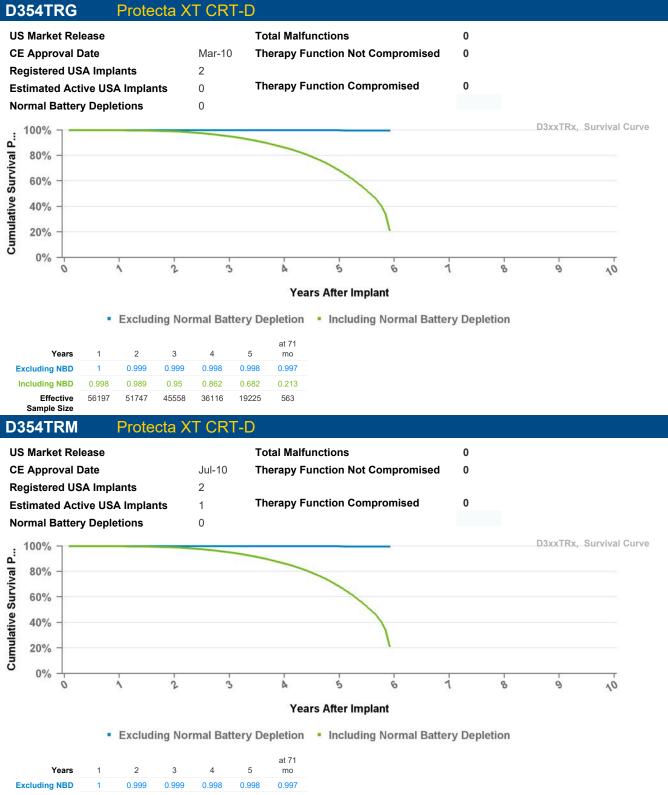


Years	1	2	3	4	5	6	7	mo
Excluding NBD	1	0.998	0.995	0.992	0.991	0.991	0.991	0.991
Including NBD	0.995	0.983	0.932	0.805	0.546	0.253	0.163	0.158
Effective Sample Size	25421	23240	20260	15510	8438	2997	501	257

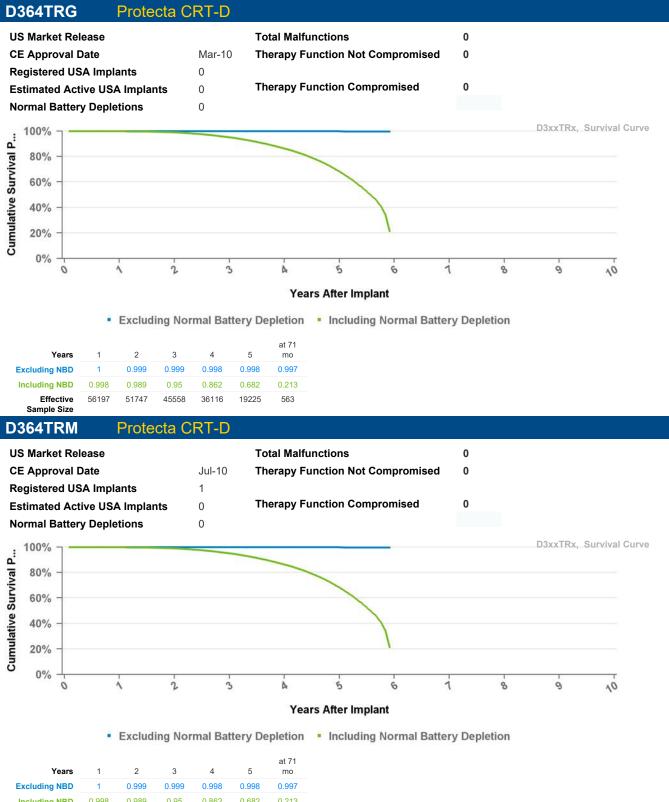


Medtronic CRFH Product Performance Report



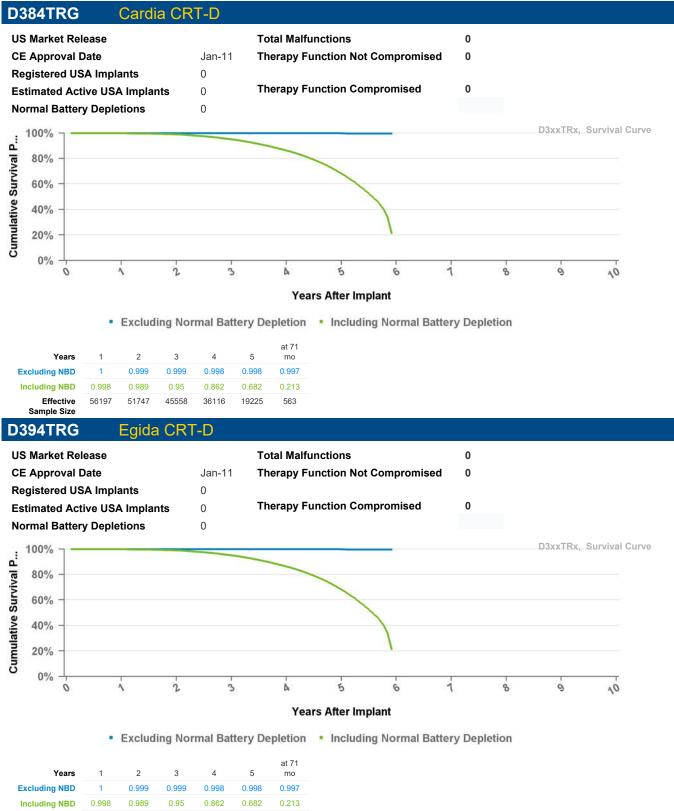


Excluding NBD	1	0.999	0.999	0.998	0.998	0.997
Including NBD	0.998	0.989	0.95	0.862	0.682	0.213
Effective Sample Size	56197	51747	45558	36116	19225	563



Including NBD	0.998	0.989	0.95	0.862	0.682	0.213
Effective	56197	51747	45558	36116	19225	563

Sample Size



56197

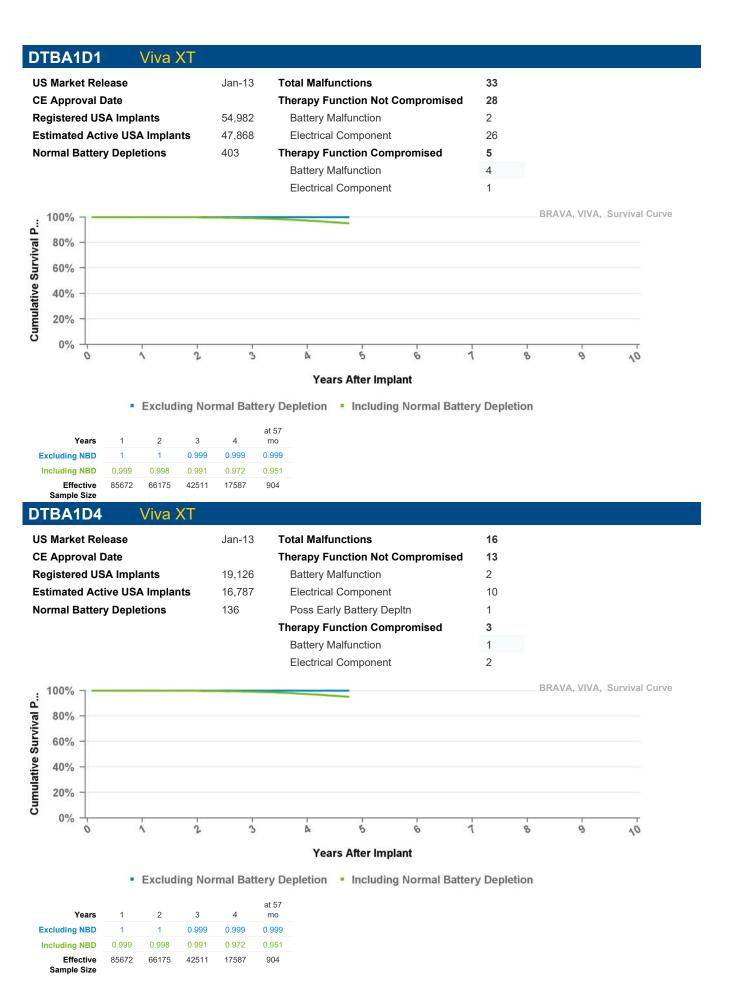
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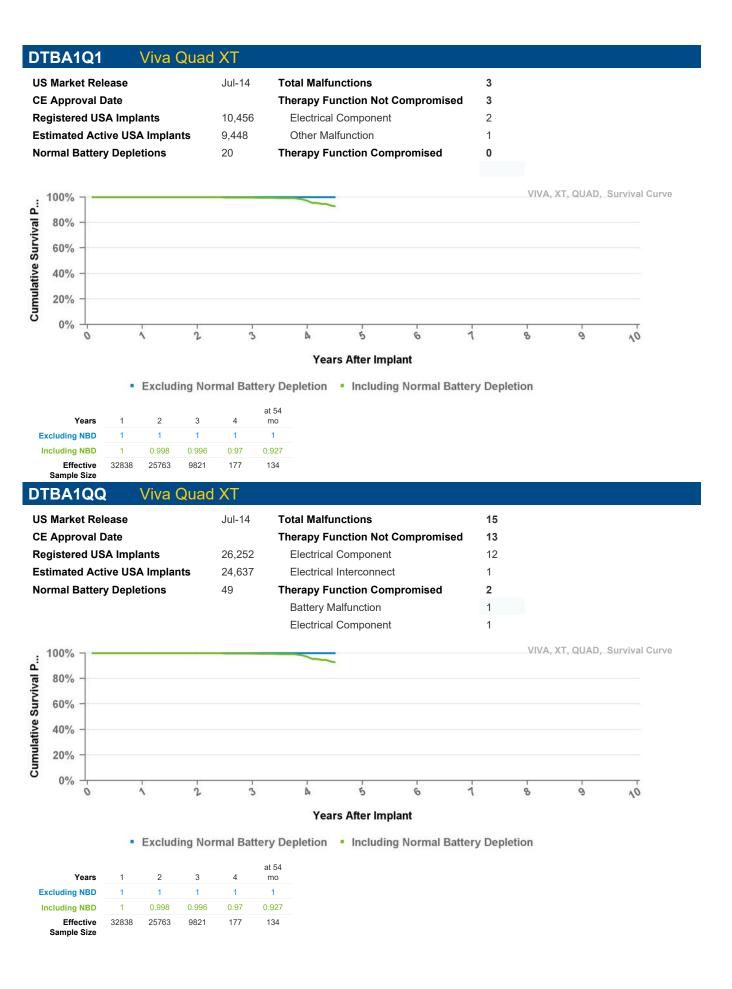
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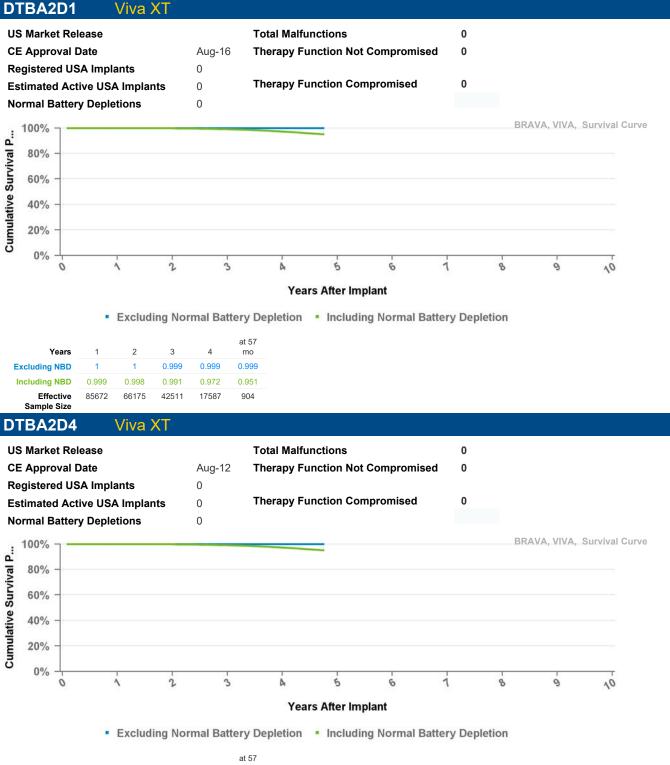
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19225

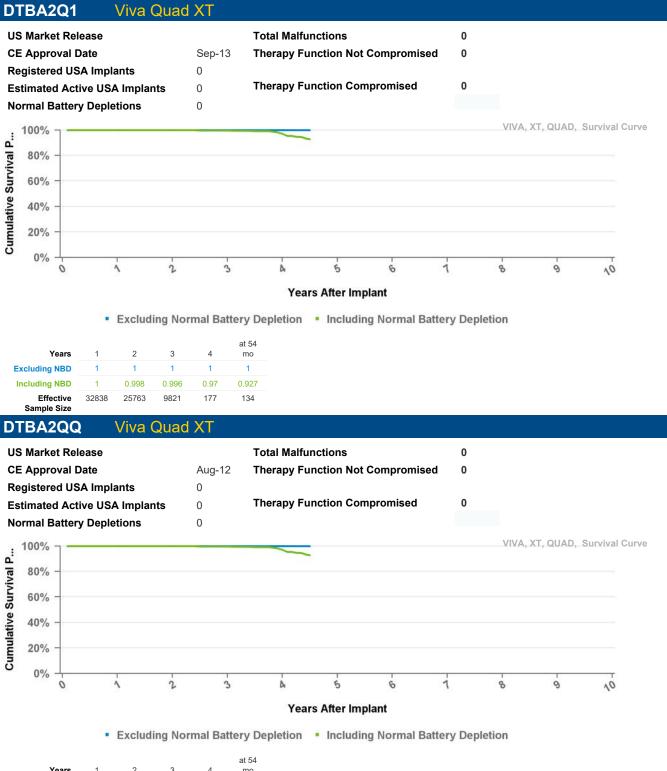
563



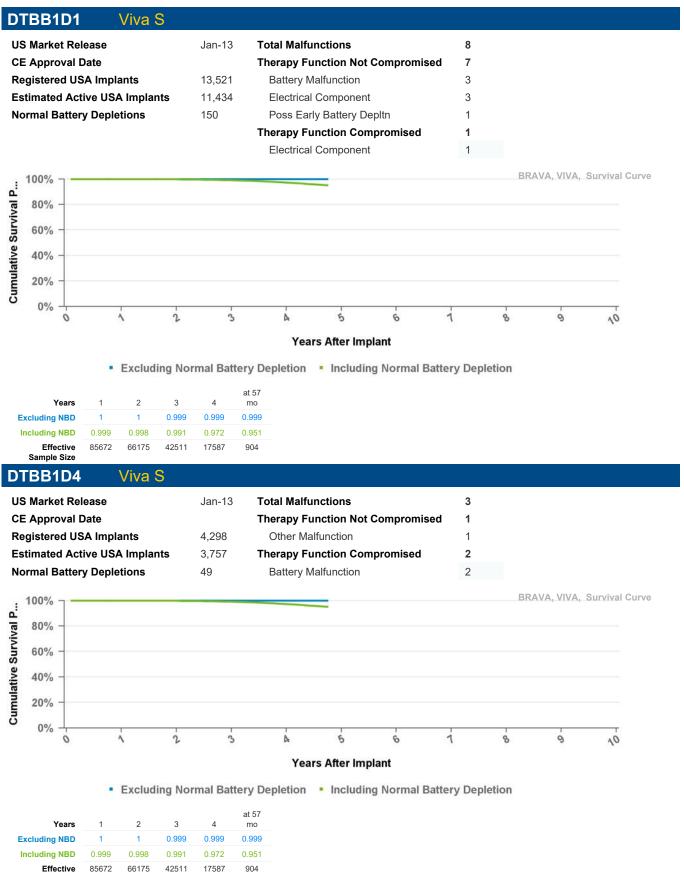




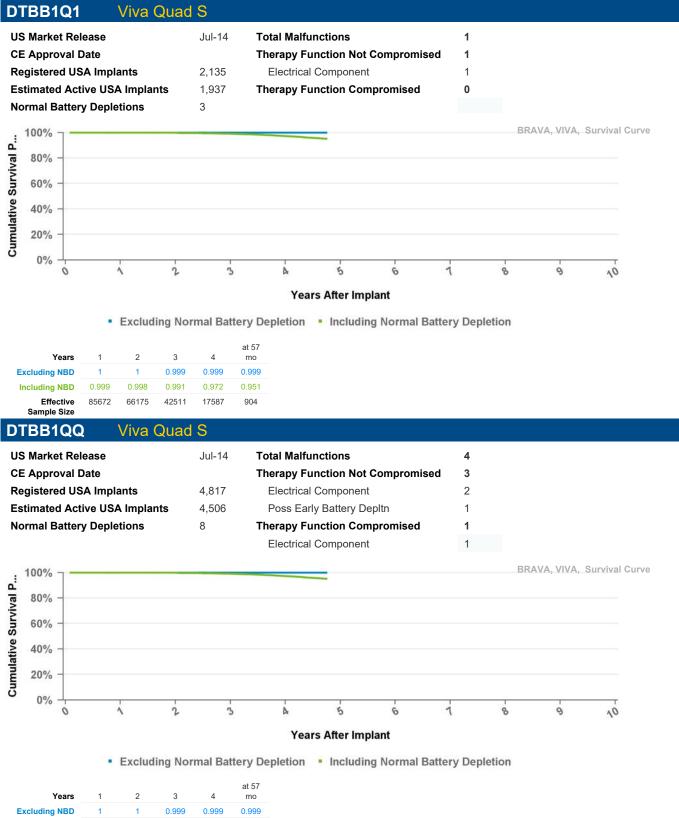
Years	1	2	3	4	at 57 mo
Excluding NBD	1	1	0.999	0.999	0.999
Including NBD	0.999	0.998	0.991	0.972	0.951
Effective Sample Size	85672	66175	42511	17587	904



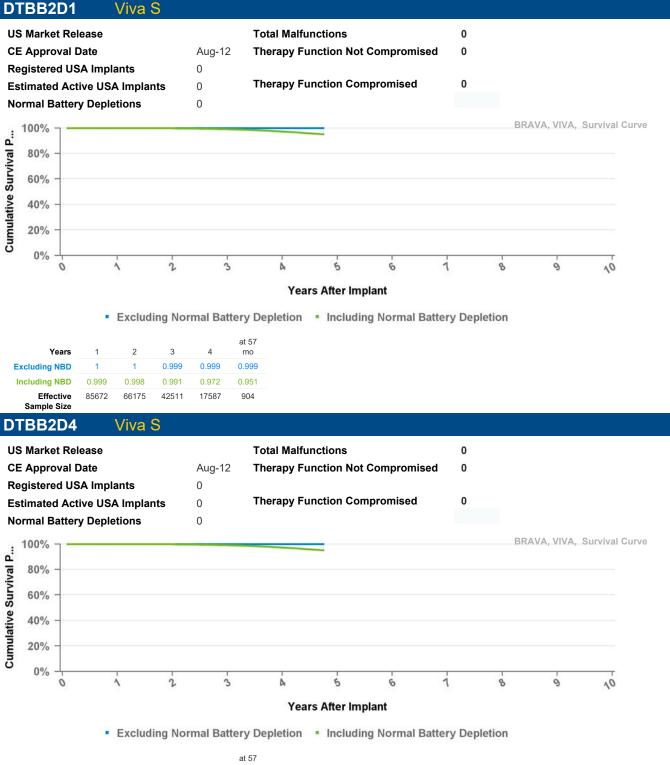
Years	1	2	3	4	at 54 mo	
Excluding NBD	1	1	1	1	1	
Including NBD	1	0.998	0.996	0.97	0.927	
Effective Sample Size	32838	25763	9821	177	134	



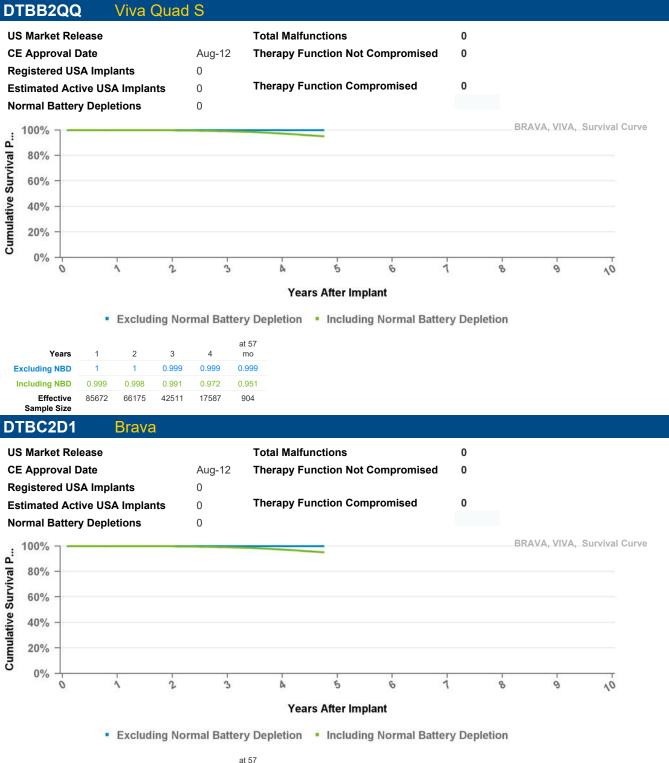




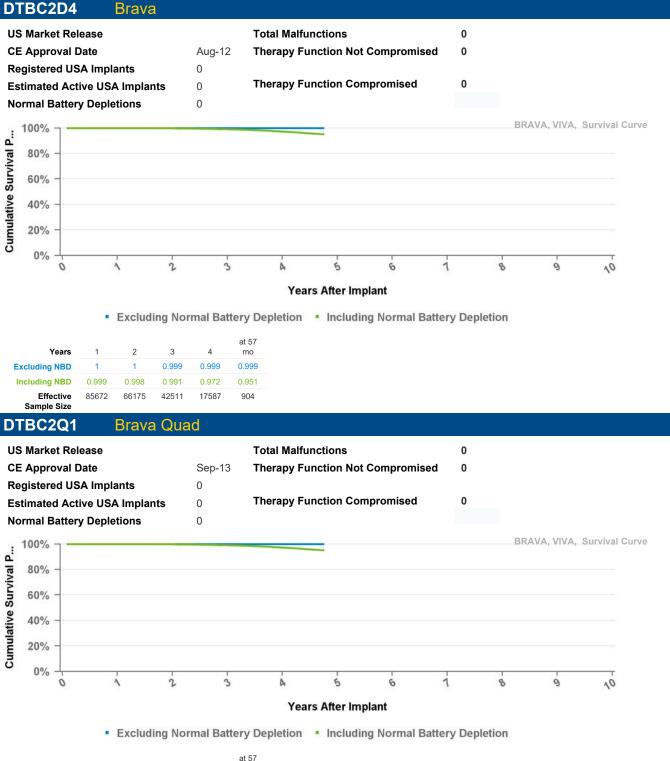




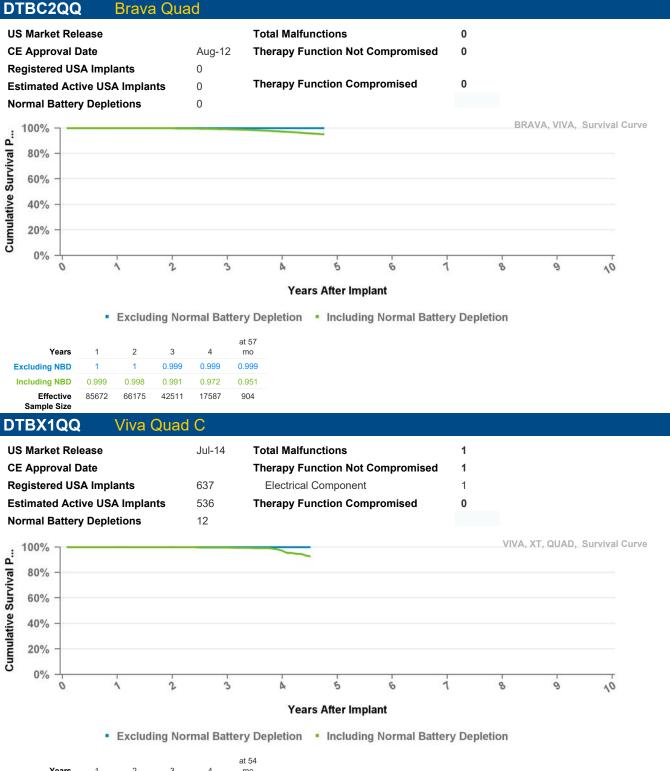
Years	1	2	3	4	at 57 mo	
Excluding NBD	1	1	0.999	0.999	0.999	
Including NBD	0.999	0.998	0.991	0.972	0.951	
Effective Sample Size	85672	66175	42511	17587	904	



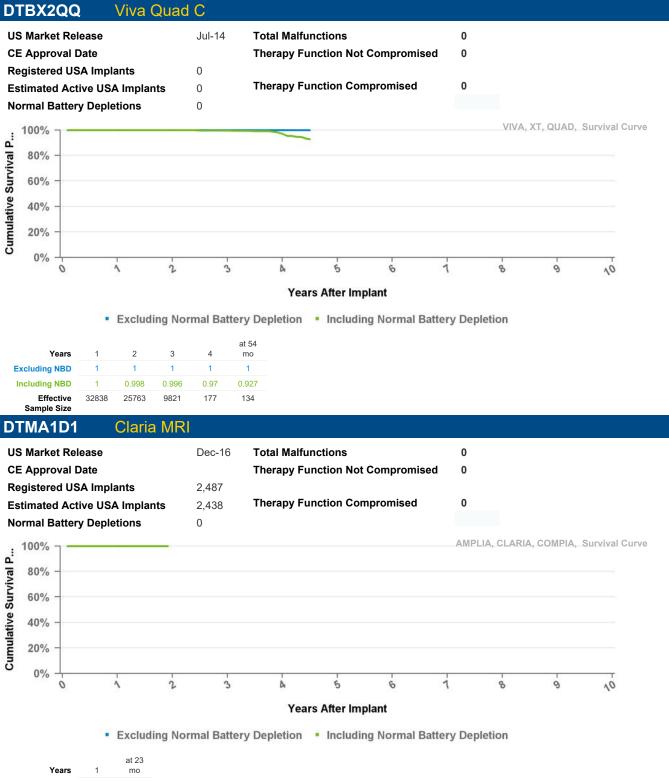
Years	1	2	3	4	at 57 mo
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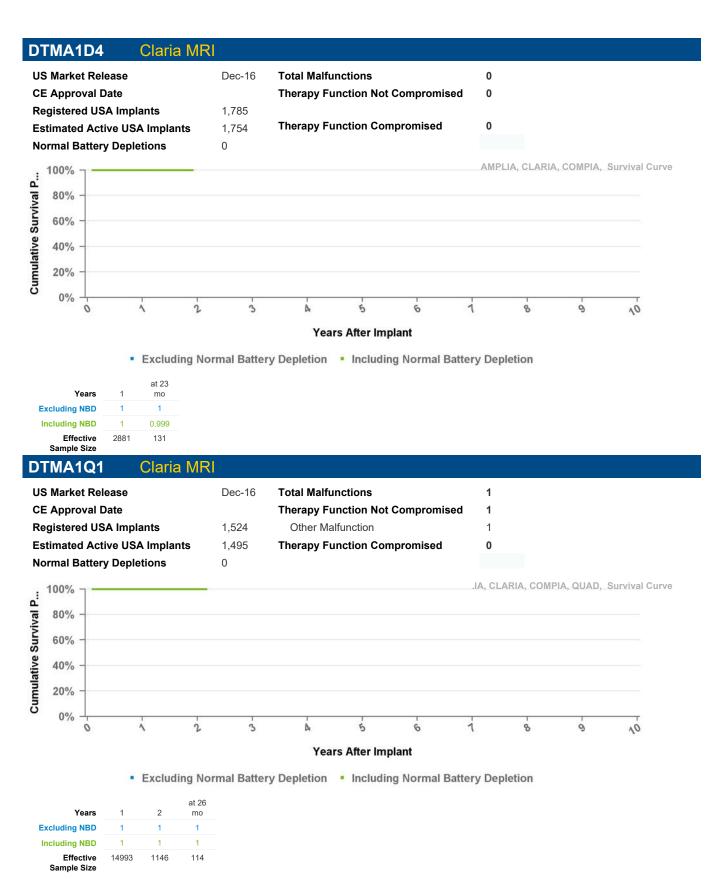
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Effective Sample Size	85672	66175	42511	17587	904

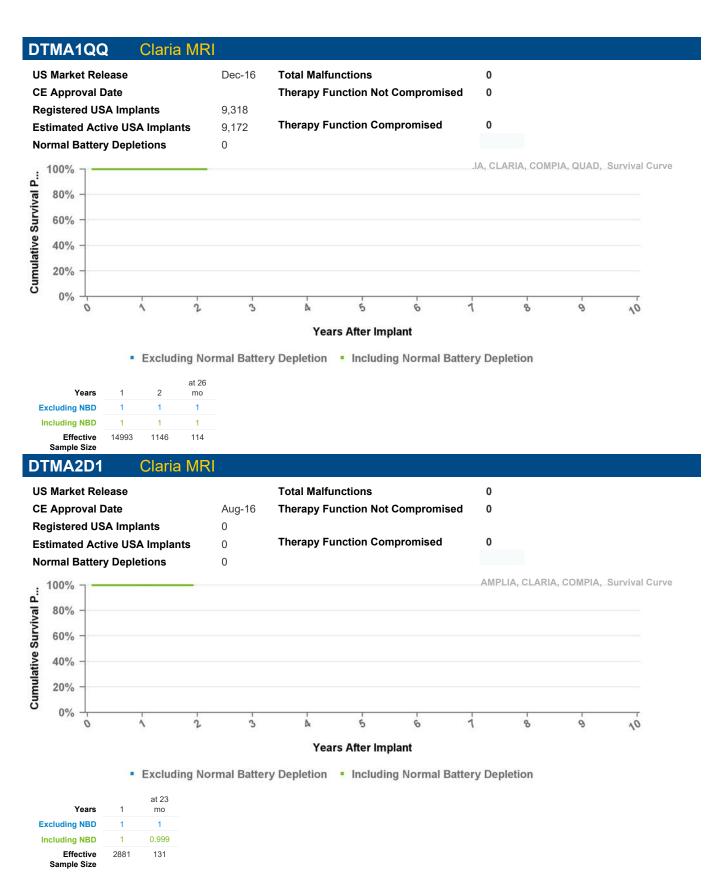


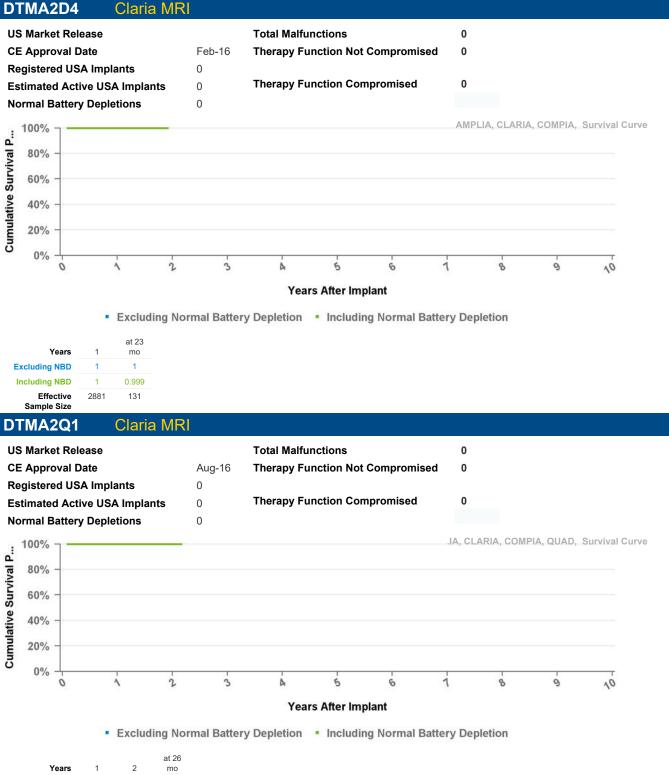
Years	1	2	3	4	at 54 mo	
Excluding NBD	1	1	1	1	1	
Including NBD	1	0.998	0.996	0.97	0.927	
Effective Sample Size	32838	25763	9821	177	134	



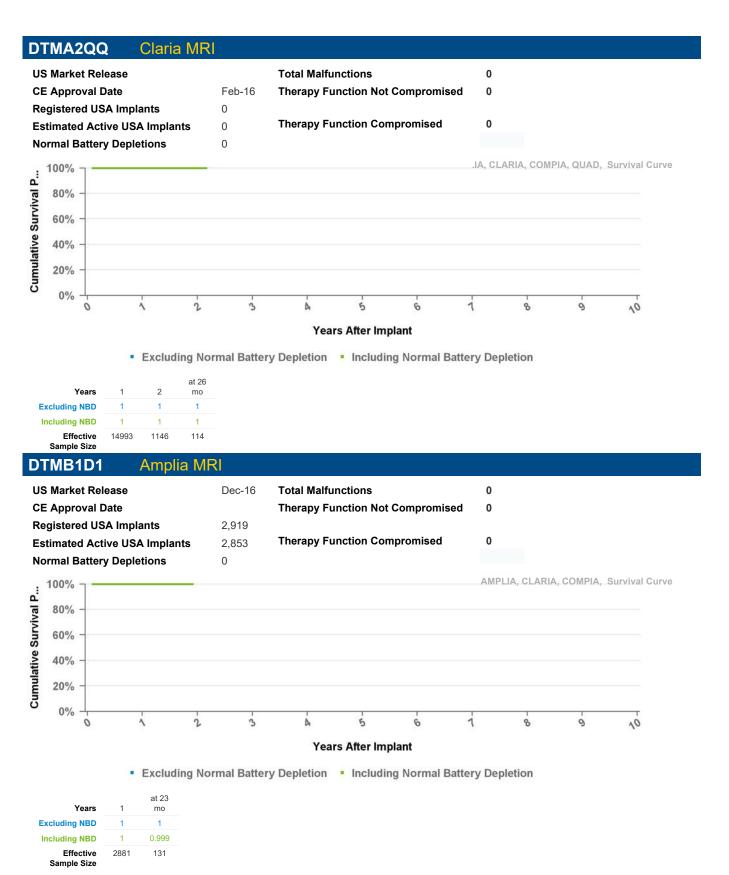
Excluding NBD 1 1 Including NBD 1 0.999 Effective 2881 131 Sample Size

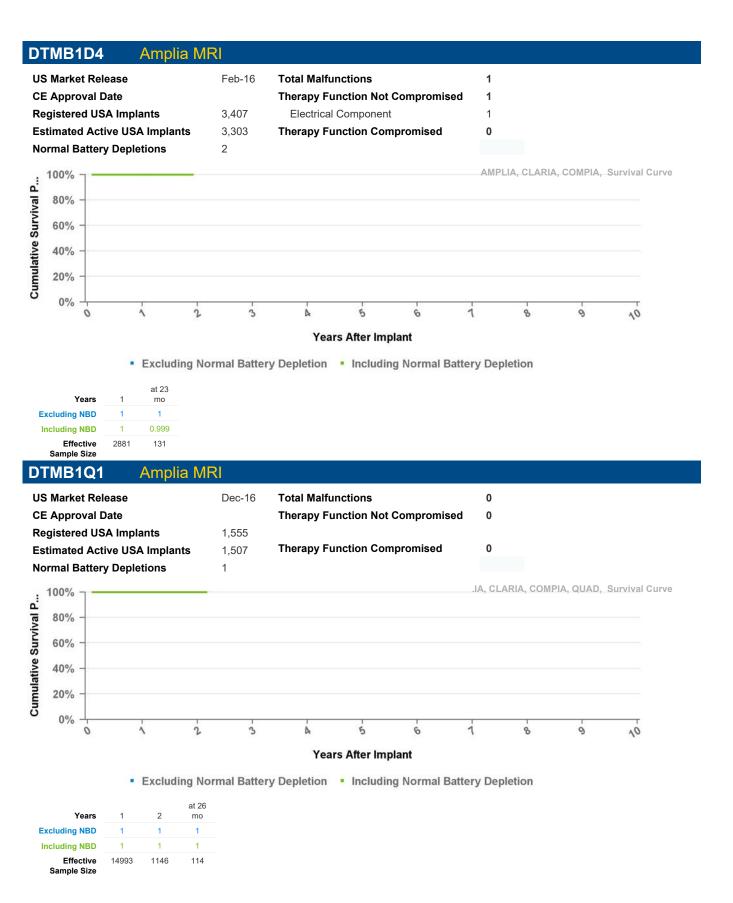




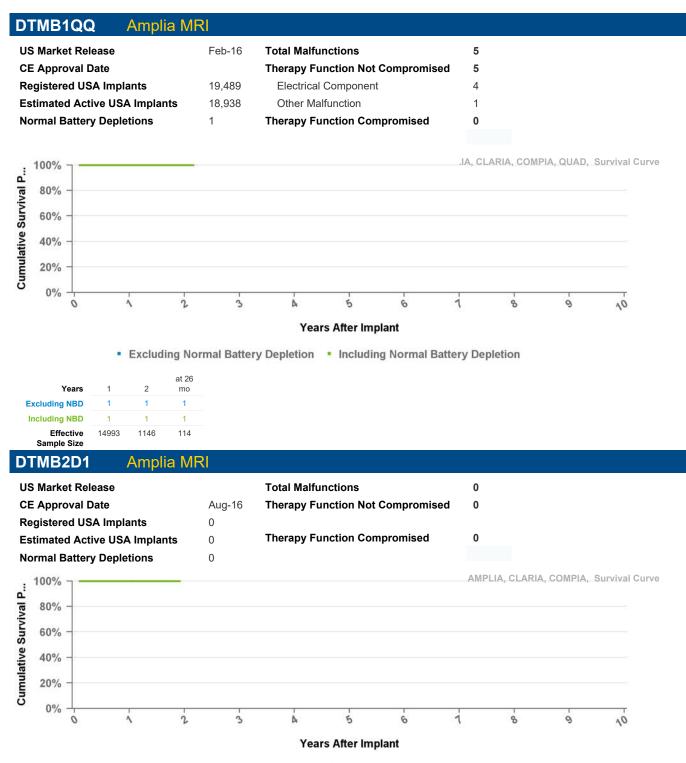


Years	1	2	at 26 mo	
Excluding NBD	1	1	1	
Including NBD	1	1	1	
Effective Sample Size	14993	1146	114	



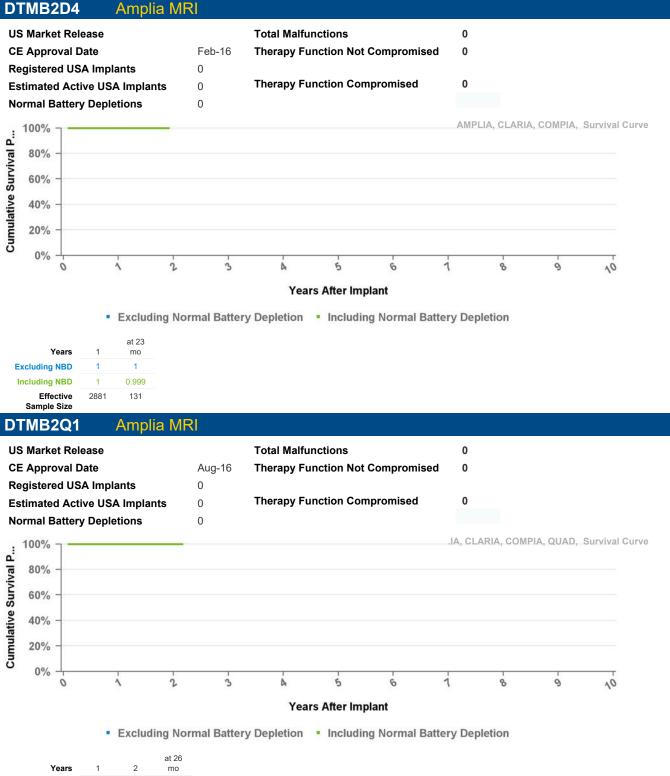


Medtronic CRFH Product Performance Report

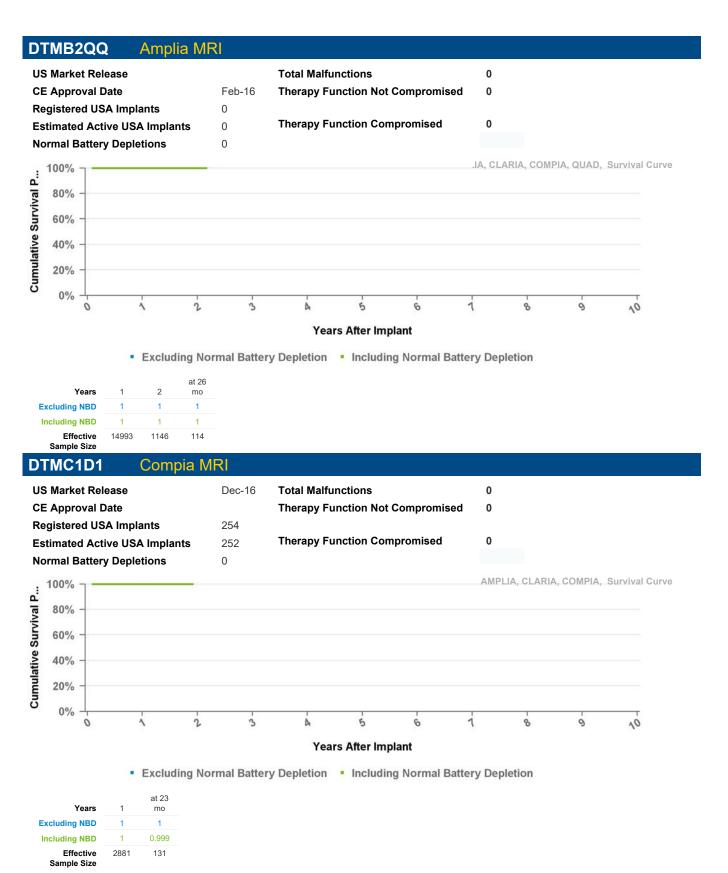


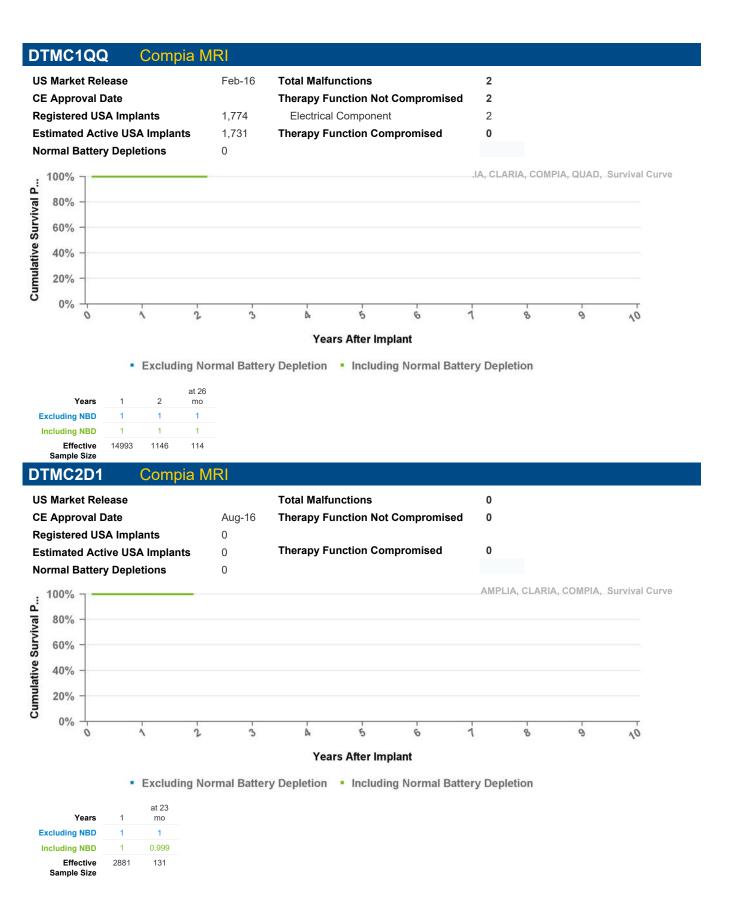


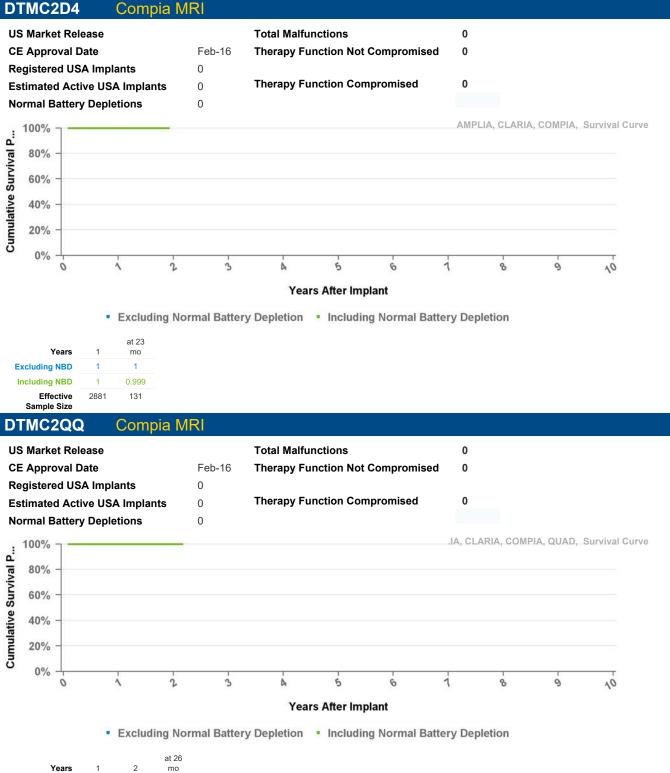
Years	1	at 23 mo
Excluding NBD	1	1
Including NBD	1	0.999
Effective Sample Size	2881	131



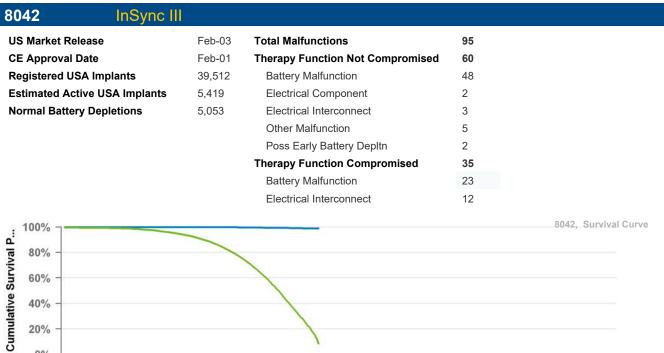
Years	1	2	mo
Excluding NBD	1	1	1
Including NBD	1	1	1
Effective Sample Size	14993	1146	114

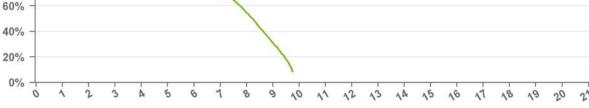






			ur 20
Years	1	2	mo
Excluding NBD	1	1	1
Including NBD	1	1	1
Effective Sample Size	14993	1146	114



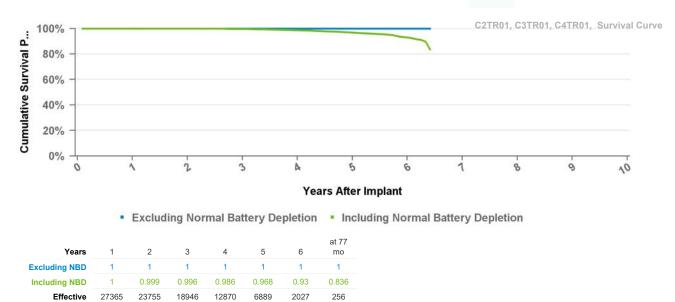


Excluding Normal Battery Depletion Including Normal Battery Depletion

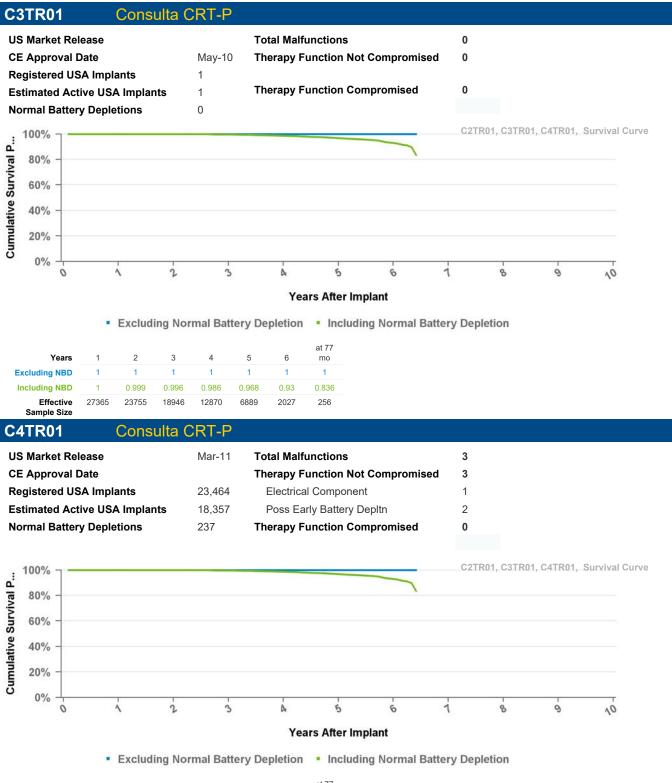
Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.994	0.991	0.988
Including NBD	0.995	0.992	0.982	0.961	0.923	0.851	0.73	0.547	0.311	0.086
Effective Sample Size	30583	26218	22543	19271	16091	12326	8793	4735	1359	107

Syncra CRT-P **C2TR01**

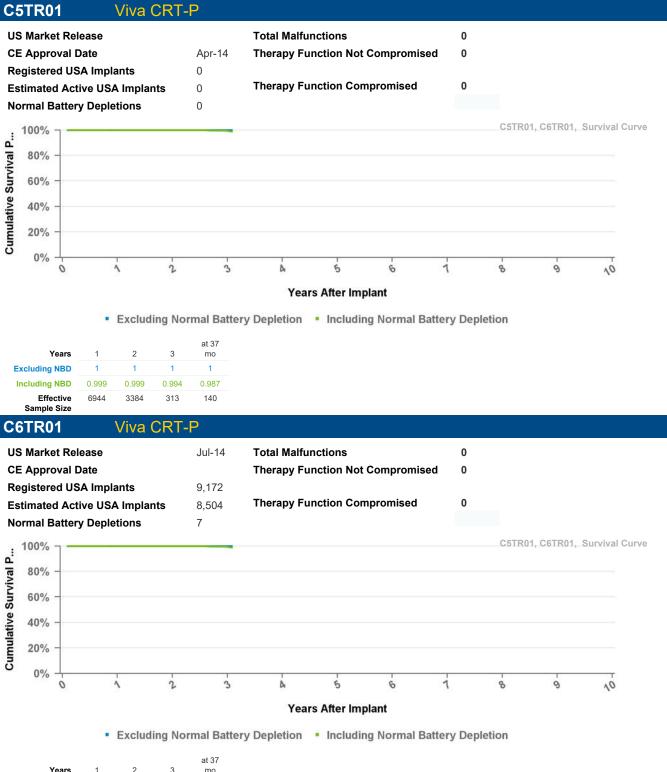
US Market Release CE Approval Date	Mar-11 May-10	Total Malfunctions Therapy Function Not Compromised	3 3
Registered USA Implants	10,181	Other Malfunction	1
Estimated Active USA Implants	7,314	Poss Early Battery Depltn	2
Normal Battery Depletions	142	Therapy Function Compromised	0



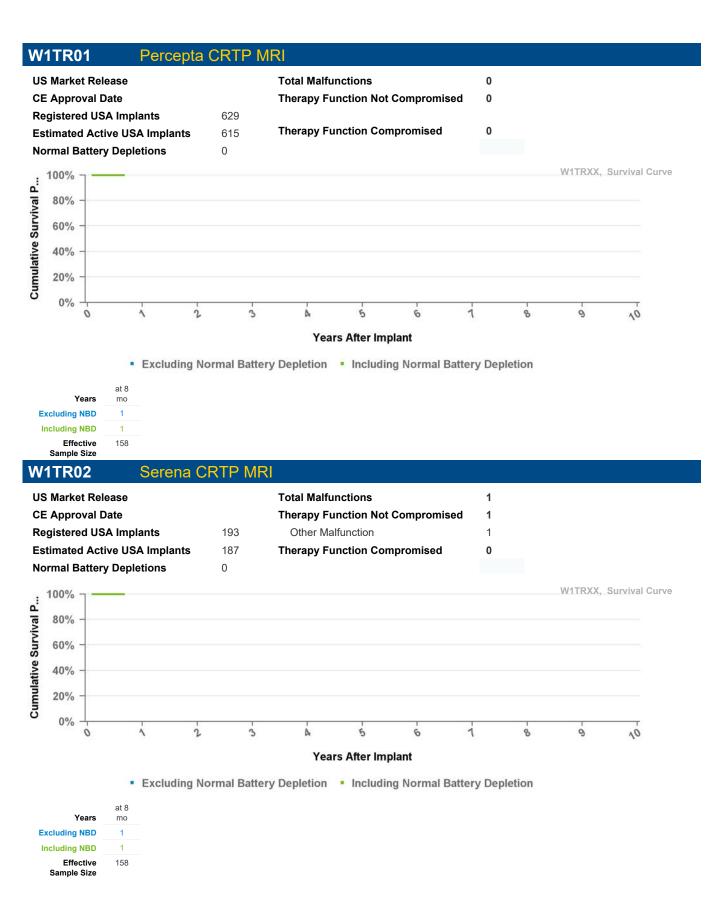
Sample Size



Years	1	2	3	4	5	6	at 77 mo
Excluding NBD	1	1	1	1	1	1	1
Including NBD	1	0.999	0.996	0.986	0.968	0.93	0.836
Effective Sample Size	27365	23755	18946	12870	6889	2027	256

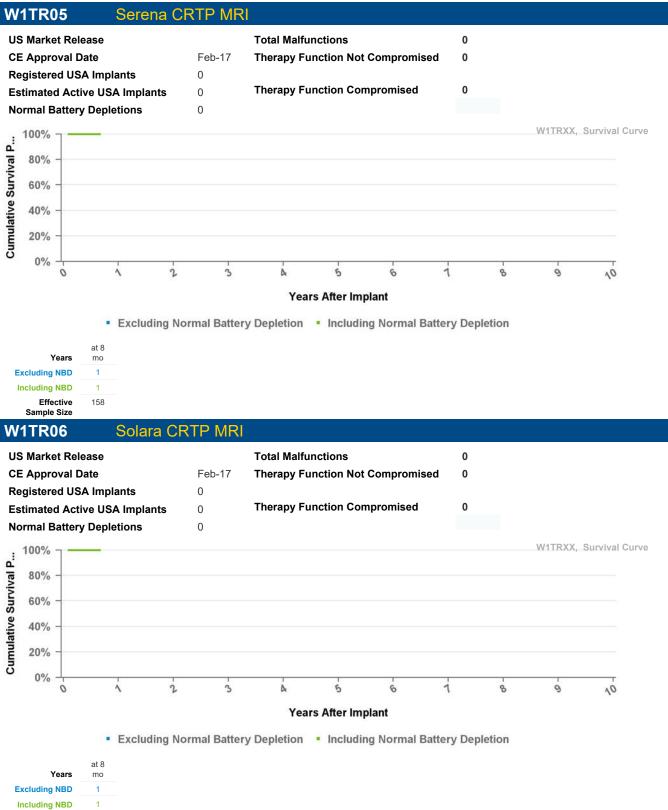


Years	1	2	3	at 37 mo	
Excluding NBD	1	1	1	1	
Including NBD	0.999	0.999	0.994	0.987	
Effective Sample Size	6944	3384	313	140	

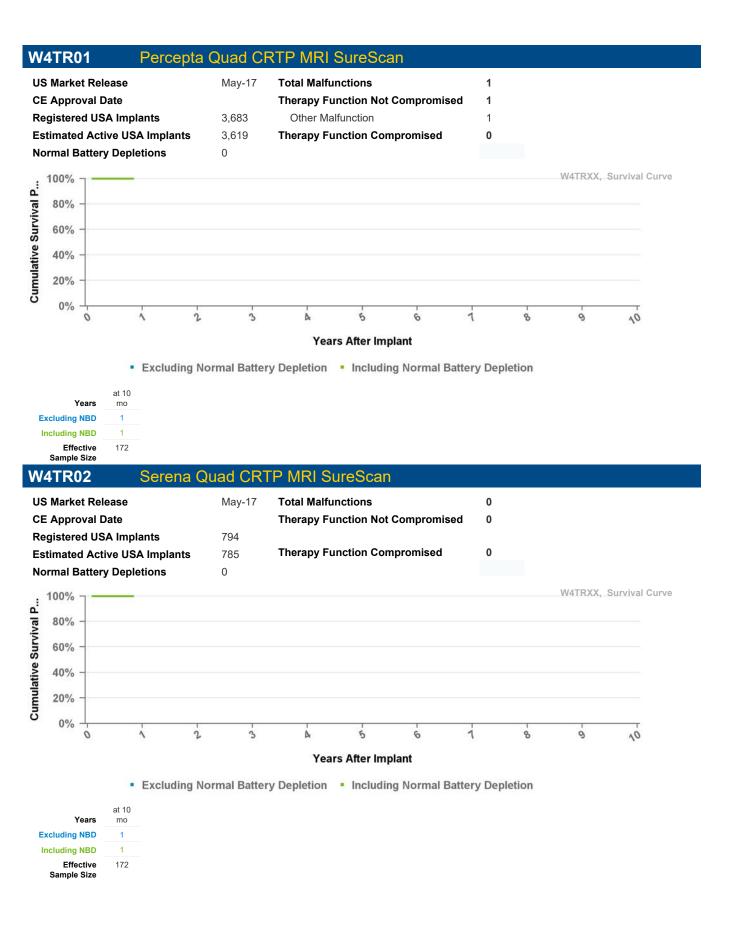


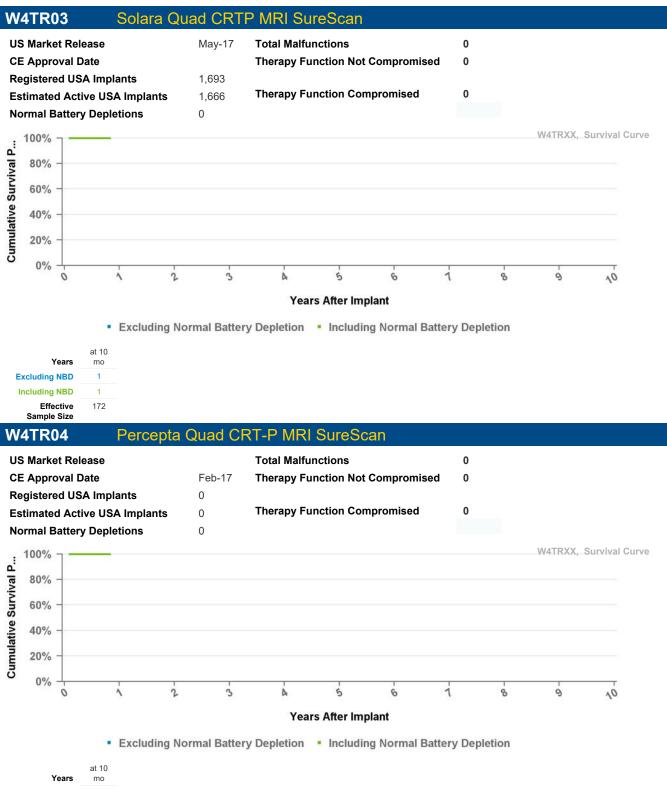


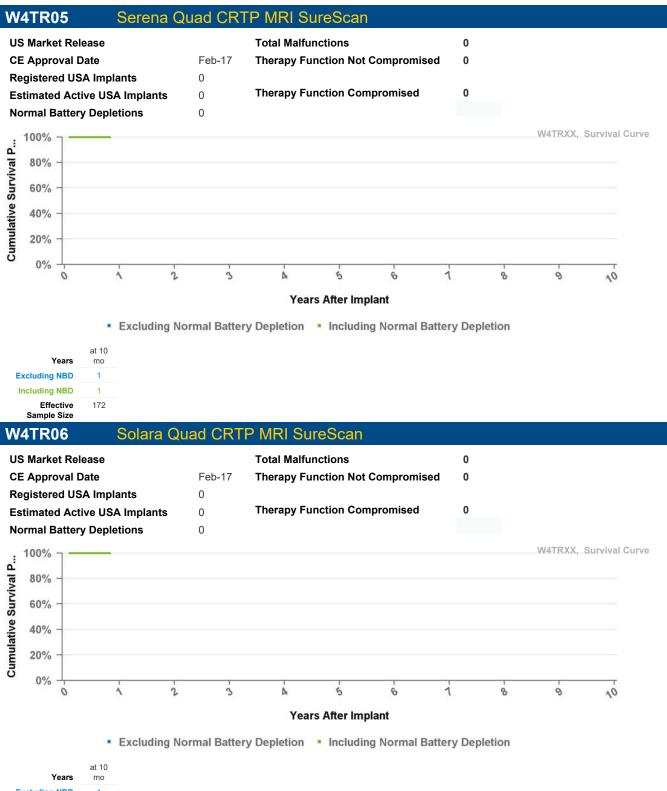
Effective Sample Size

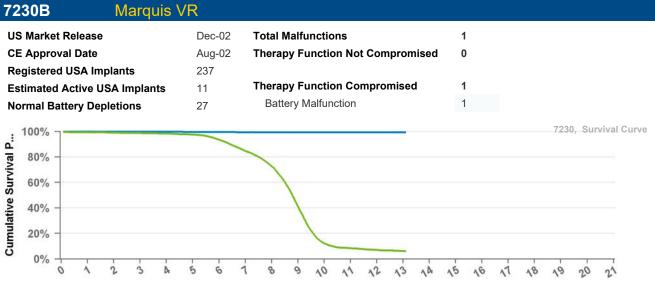


Effective 158









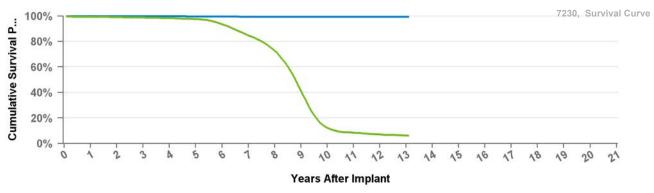
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	2	3	4	5	6	7	8	9	at 157 mo
Excluding NBD	1	0.993	0.993	0.993	0.993	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.993	0.993
Including NBD	0.994	0.991	0.988	0.984	0.976	0.935	0.847	0.727	0.415	0.122	0.084	0.071	0.063	0.061
Effective Sample Size	16508	12760	10566	9431	8386	7286	6056	4819	2561	592	334	226	129	107

7230Cx Marquis VR

US Market Release	Dec-02	Total Malf
CE Approval Date	Apr-02	Therapy F
Registered USA Implants	18,517	Battery
Estimated Active USA Implants	1,194	Electrica
Normal Battery Depletions	3,435	Other M
		Poss Ea
		Software

-02	Total Malfunctions	57	
-02	Therapy Function Not Compromised	31	
517	Battery Malfunction	1	
94	Electrical Component	14	
35	Other Malfunction	1	
	Poss Early Battery Depltn	14	
	Software Malfunction	1	
	Therapy Function Compromised	26	
	Battery Malfunction	17	
	Electrical Component	9	



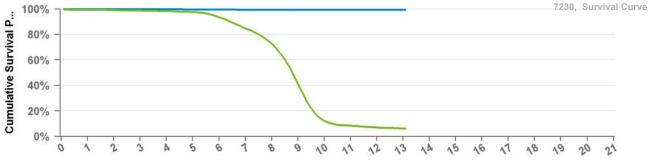
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	2	3	4	5	6	7	8	9	at 157 mo
Excluding NBD	1	0.993	0.993	0.993	0.993	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.993	0.993
Including NBD	0.994	0.991	0.988	0.984	0.976	0.935	0.847	0.727	0.415	0.122	0.084	0.071	0.063	0.061
Effective Sample Size	16508	12760	10566	9431	8386	7286	6056	4819	2561	592	334	226	129	107

Marquis VR

7230E

US Market Release	Dec-02	Total Malfunctions	3
CE Approval Date	Aug-02	Therapy Function Not Compromised	1
Registered USA Implants	632	Electrical Component	1
Estimated Active USA Implants	39	Therapy Function Compromised	2
Normal Battery Depletions	79	Battery Malfunction	2



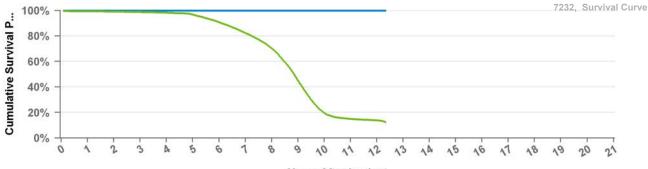
Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	11	12	13	2	3	4	5	6	7	8	9	at 157 mo
Excluding NBD	1	0.993	0.993	0.993	0.993	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.993	0.993
Including NBD	0.994	0.991	0.988	0.984	0.976	0.935	0.847	0.727	0.415	0.122	0.084	0.071	0.063	0.061
Effective Sample Size	16508	12760	10566	9431	8386	7286	6056	4819	2561	592	334	226	129	107

7232B Maximo VR

US Market Release	Oct-03	Total Malfunctions	0
CE Approval Date	Oct-04	Therapy Function Not Compromised	0
Registered USA Implants	170		
Estimated Active USA Implants	25	Therapy Function Compromised	0
Normal Battery Depletions	37		

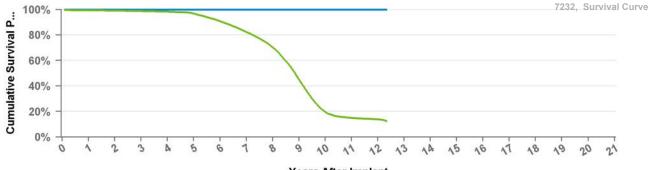


Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	2	3	4	5	6	7	8	9	at 148 mo
Excluding NBD	1	0.998	0.998	0.998	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.994	0.992	0.988	0.983	0.968	0.908	0.823	0.702	0.452	0.196	0.149	0.138	0.123
Effective Sample Size	38270	34245	30527	26921	23716	20622	17424	13967	8457	3050	1671	579	106

7232Cx Max	timo VR		
US Market Release	Oct-03	Total Malfunctions	73
CE Approval Date	Oct-03	Therapy Function Not Compromised	58
Registered USA Implants	43,671	Electrical Component	28
Estimated Active USA Impl	ants 5,107	Other Malfunction	3
Normal Battery Depletions	10,718	Poss Early Battery Depltn	25
		Software Malfunction	2
		Therapy Function Compromised	15
		Electrical Component	12
		Electrical Interconnect	1
		Other Malfunction	1
		Poss Early Battery Depltn	1

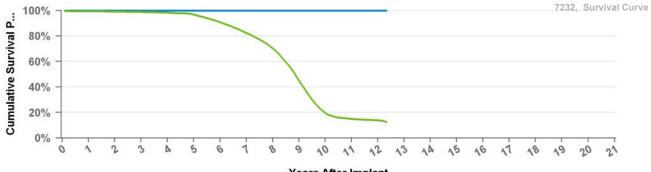


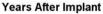
Years After Implant

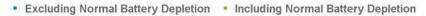
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	2	3	4	5	6	7	8	9	at 148 mo
Excluding NBD	1	0.998	0.998	0.998	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.994	0.992	0.988	0.983	0.968	0.908	0.823	0.702	0.452	0.196	0.149	0.138	0.123
Effective Sample Size	38270	34245	30527	26921	23716	20622	17424	13967	8457	3050	1671	579	106

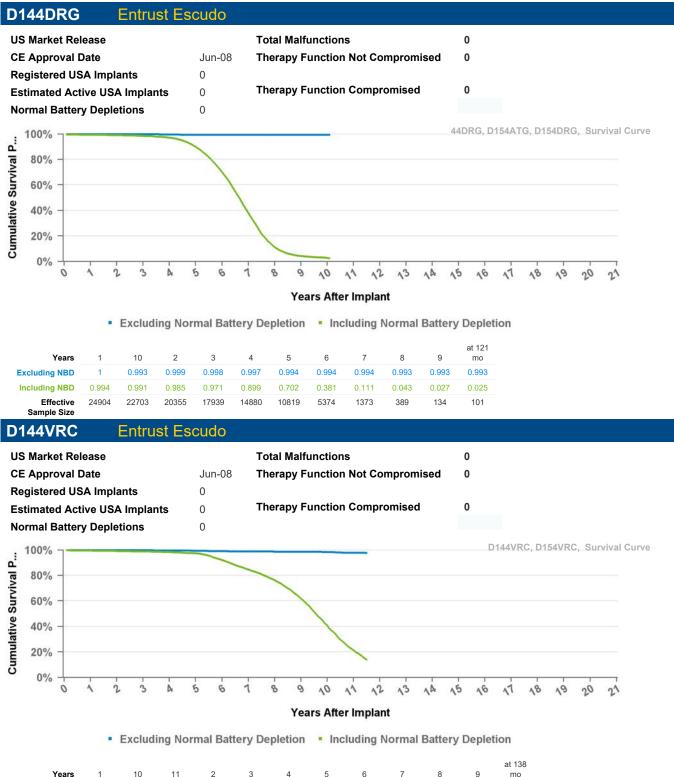
7232E Maximo	/R		
US Market Release	Oct-03	Total Malfunctions	1
CE Approval Date	Oct-04	Therapy Function Not Compromised	0
Registered USA Implants	490		
Estimated Active USA Implants	71	Therapy Function Compromised	1
Normal Battery Depletions	85	Electrical Component	1



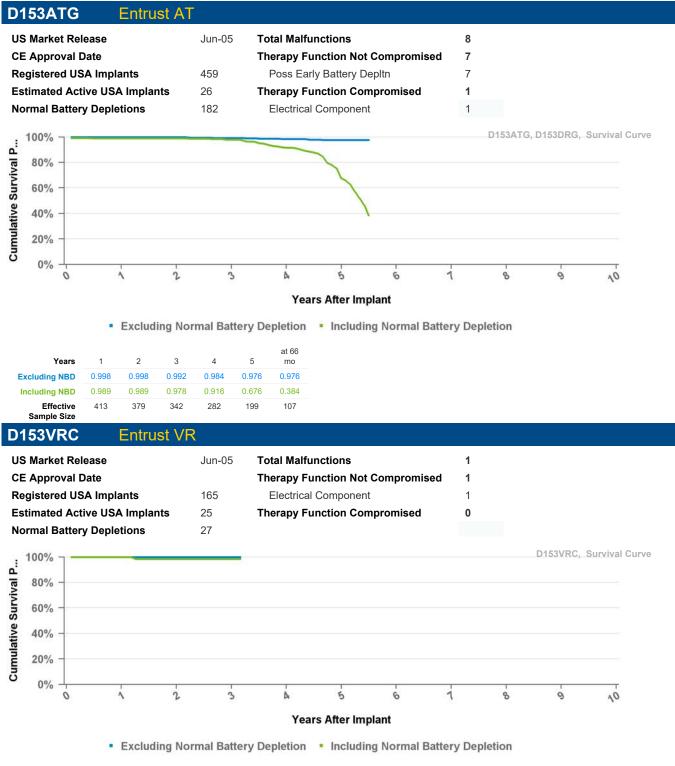




Years	1	10	11	12	2	3	4	5	6	7	8	9	at 148 mo
Excluding NBD	1	0.998	0.998	0.998	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.994	0.992	0.988	0.983	0.968	0.908	0.823	0.702	0.452	0.196	0.149	0.138	0.123
Effective Sample Size	38270	34245	30527	26921	23716	20622	17424	13967	8457	3050	1671	579	106

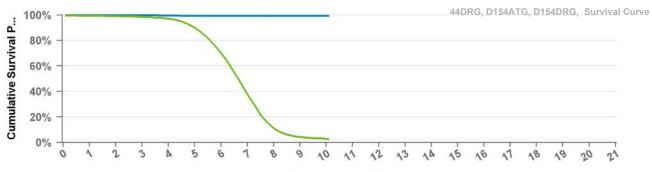


Years	1	10	11	2	3	4	5	6	7	8	9	mo
Excluding NBD	0.999	0.984	0.979	0.999	0.998	0.997	0.994	0.991	0.988	0.987	0.987	0.977
Including NBD	0.996	0.992	0.989	0.984	0.974	0.921	0.847	0.762	0.618	0.407	0.212	0.139
Effective Sample Size	12683	11493	10278	9080	8016	7016	6014	5100	3862	2299	860	235





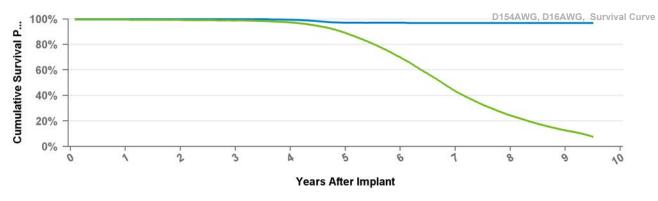
D154ATG Entrust AT	Γ		
US Market Release	Jun-05	Total Malfunctions	125
CE Approval Date	Feb-05	Therapy Function Not Compromised	109
Registered USA Implants	28,151	Electrical Component	30
Estimated Active USA Implants	2,301	Electrical Interconnect	1
Normal Battery Depletions	9,021	Other Malfunction	1
		Poss Early Battery Depltn	74
		Software Malfunction	3
		Therapy Function Compromised	16
		Electrical Component	16



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

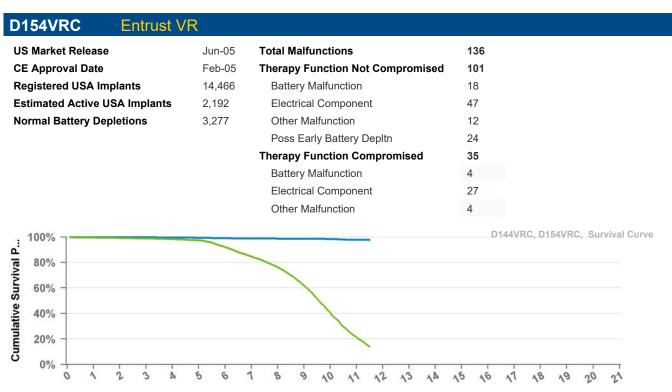
Years	1	10	2	3	4	5	6	7	8	9	at 121 mo
Excluding NBD	1	0.993	0.999	0.998	0.997	0.994	0.994	0.994	0.993	0.993	0.993
Including NBD	0.994	0.991	0.985	0.971	0.899	0.702	0.381	0.111	0.043	0.027	0.025
Effective Sample Size	24904	22703	20355	17939	14880	10819	5374	1373	389	134	101

D154AWG Virtuoso	DR		
US Market Release	May-06	Total Malfunctions	3,338
CE Approval Date		Therapy Function Not Compromised	3,287
Registered USA Implants	76,856	Battery Malfunction	9
Estimated Active USA Implants	11,034	Electrical Component	3,138
Normal Battery Depletions	21,745	Electrical Interconnect	2
		Other Malfunction	3
		Poss Early Battery Depltn	132
		Software Malfunction	3
		Therapy Function Compromised	51
		Battery Malfunction	2
		Electrical Component	45
		Other Malfunction	3
		Poss Early Battery Depltn	1



Excluding Normal Battery Depletion Including Normal Battery Depletion

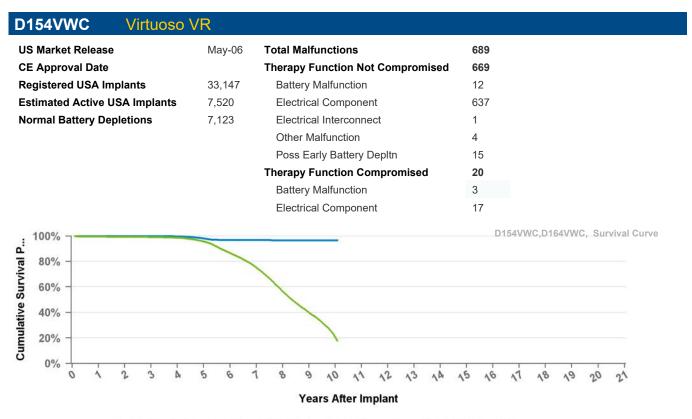
Years	1	2	3	4	5	6	7	8	9	at 114 mo
Excluding NBD	1	0.999	0.999	0.994	0.971	0.97	0.969	0.969	0.968	0.968
Including NBD	0.996	0.993	0.988	0.973	0.891	0.698	0.433	0.243	0.126	0.076
Effective Sample Size	63447	58189	53026	48186	40953	29870	16937	8287	2321	256



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	11	2	3	4	5	6	7	8	9	at 138 mo
Excluding NBD	0.999	0.984	0.979	0.999	0.998	0.997	0.994	0.991	0.988	0.987	0.987	0.977
Including NBD	0.996	0.992	0.989	0.984	0.974	0.921	0.847	0.762	0.618	0.407	0.212	0.139
Effective Sample Size	12683	11493	10278	9080	8016	7016	6014	5100	3862	2299	860	235

Medtronic CRFH Product Performance Report



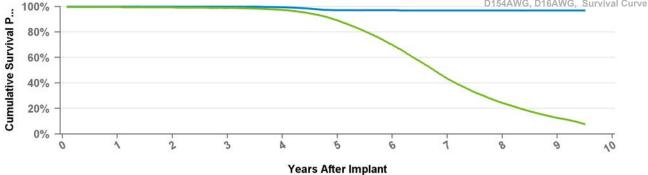
Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	2	3	4	5	6	7	8	9	at 121 mo
Excluding NBD	1	0.967	0.999	0.999	0.997	0.981	0.969	0.968	0.967	0.967	0.967
Including NBD	0.996	0.994	0.992	0.986	0.957	0.866	0.751	0.566	0.398	0.208	0.179
Effective Sample Size	28610	26096	23781	21754	19336	16197	13139	9165	4776	784	432

164AWG	Virtuoso DR
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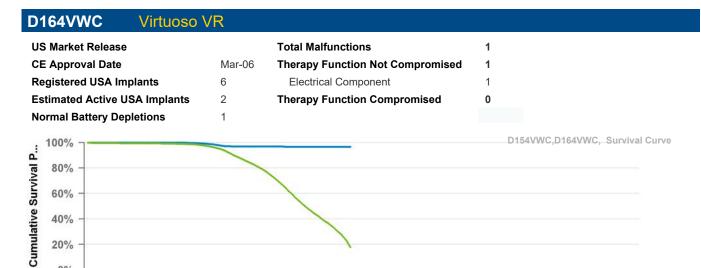
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US Market Release		Total Malfunctions	0	
CE Approval Date	Mar-06	Therapy Function Not Compromised	0	
Registered USA Implants	10			
Estimated Active USA Implants	3	Therapy Function Compromised	0	
Normal Battery Depletions	4			
				DAFANN



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 114 mo
Excluding NBD	1	0.999	0.999	0.994	0.971	0.97	0.969	0.969	0.968	0.968
Including NBD	0.996	0.993	0.988	0.973	0.891	0.698	0.433	0.243	0.126	0.076
Effective Sample Size	63447	58189	53026	48186	40953	29870	16937	8287	2321	256



З Years After Implant

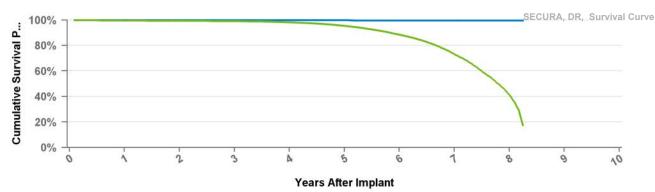
Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	2	3	4	5	6	7	8	9	at 121 mo
Excluding NBD	1	0.967	0.999	0.999	0.997	0.981	0.969	0.968	0.967	0.967	0.967
Including NBD	0.996	0.994	0.992	0.986	0.957	0.866	0.751	0.566	0.398	0.208	0.179
Effective Sample Size	28610	26096	23781	21754	19336	16197	13139	9165	4776	784	432

D204DRM Secura DR

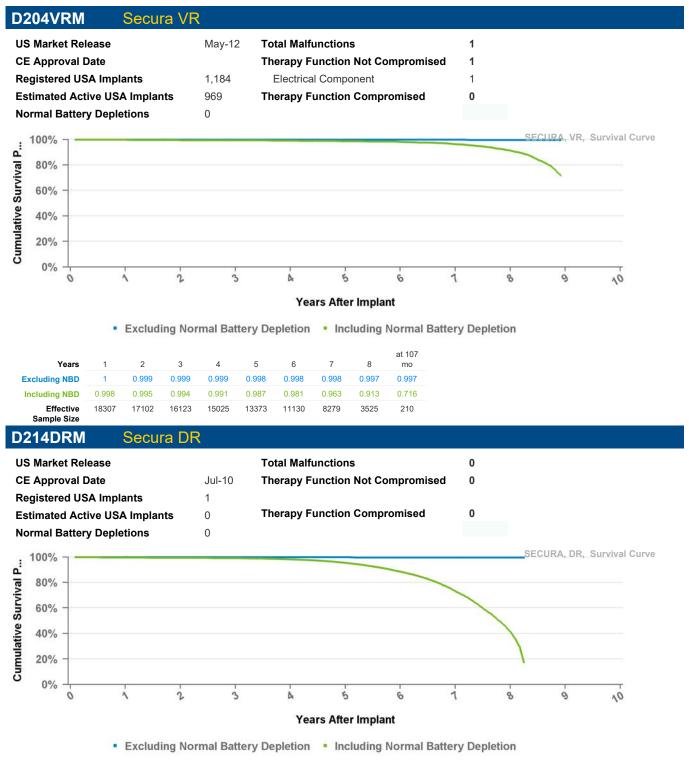
0% +

US Market Release	Jan-12	Total Malfunctions	3
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	1,880	Other Malfunction	1
Estimated Active USA Implants	1,461	Therapy Function Compromised	2
Normal Battery Depletions	28	Electrical Component	2

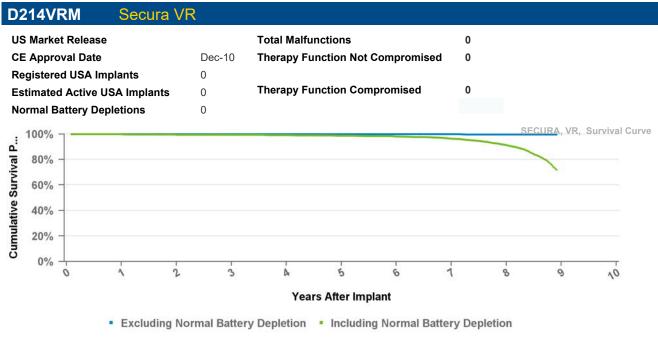


Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.996	0.996
Including NBD	0.996	0.994	0.991	0.982	0.954	0.885	0.731	0.415	0.172
Effective Sample Size	45377	42526	39931	37053	32749	25289	14523	2048	238

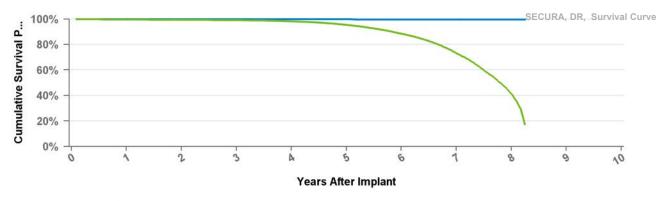


Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.996	0.996
Including NBD	0.996	0.994	0.991	0.982	0.954	0.885	0.731	0.415	0.172
Effective Sample Size	45377	42526	39931	37053	32749	25289	14523	2048	238



Years	1	2	3	4	5	6	7	8	at 107 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997
Including NBD	0.998	0.995	0.994	0.991	0.987	0.981	0.963	0.913	0.716
Effective Sample Size	18307	17102	16123	15025	13373	11130	8279	3525	210

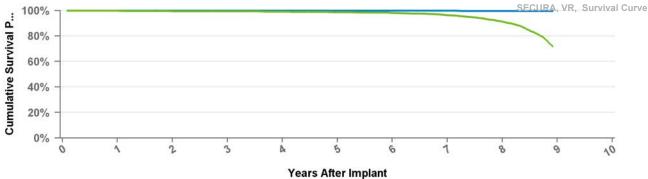
D224DRG S	ecura DR			
US Market Release	Sep-	08 Total Malfuncti	ons	136
CE Approval Date		Therapy Functi	on Not Compromised	110
Registered USA Implan	its 49,90	3 Battery Malfu	nction	11
Estimated Active USA	Implants 17,76	Electrical Cor	nponent	36
Normal Battery Depleti	ons 6,733	B Other Malfund	ction	4
		Poss Early Ba	attery Depltn	50
		Software Mal	function	9
		Therapy Functi	on Compromised	26
		Battery Malfu	nction	10
		Electrical Cor	nponent	13
		Other Malfund	ction	1
		Poss Early Ba	attery Depltn	1
		Software Mal	function	1



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.996	0.996
Including NBD	0.996	0.994	0.991	0.982	0.954	0.885	0.731	0.415	0.172
Effective Sample Size	45377	42526	39931	37053	32749	25289	14523	2048	238

D224VRC Secura	VR		
US Market Release	Sep-08	Total Malfunctions	39
CE Approval Date		Therapy Function Not Compromised	32
Registered USA Implants	20,043	Battery Malfunction	13
Estimated Active USA Implants	11,197	Electrical Component	8
Normal Battery Depletions	554	Other Malfunction	1
		Poss Early Battery Depltn	8
		Software Malfunction	2
		Therapy Function Compromised	7
		Electrical Component	5
		Poss Early Battery Depltn	1
		Software Malfunction	1

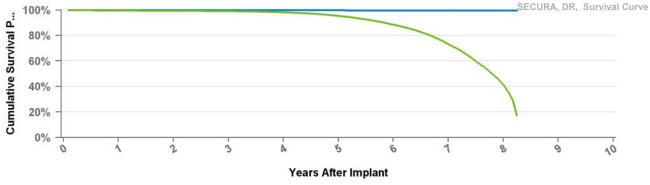


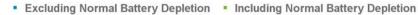


Years	1	2	3	4	5	6	7	8	at 107 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997
Including NBD	0.998	0.995	0.994	0.991	0.987	0.981	0.963	0.913	0.716
Effective Sample Size	18307	17102	16123	15025	13373	11130	8279	3525	210

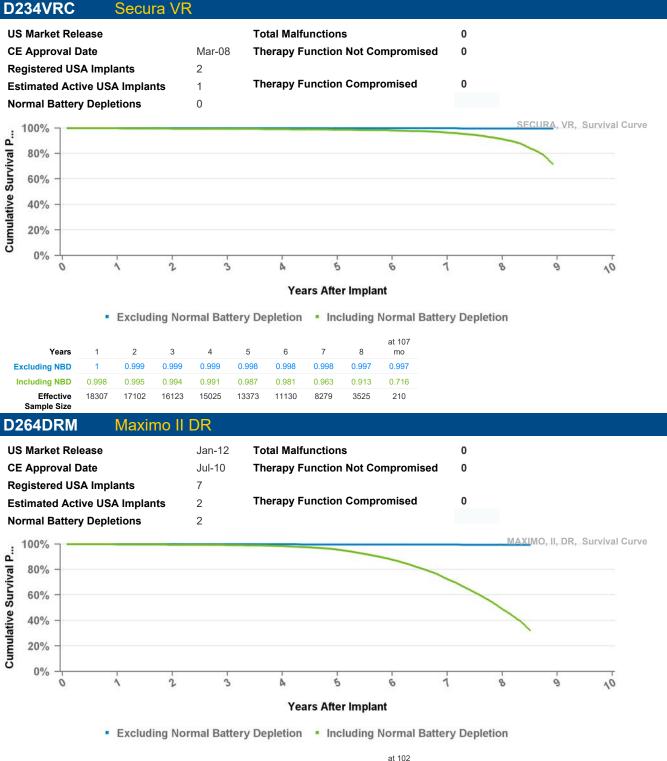
D234DRG	Secura DR

US Market Release		Total Malfunctions	0
CE Approval Date	Mar-08	Therapy Function Not Compromised	0
Registered USA Implants	3		
Estimated Active USA Implants	1	Therapy Function Compromised	0
Normal Battery Depletions	0		





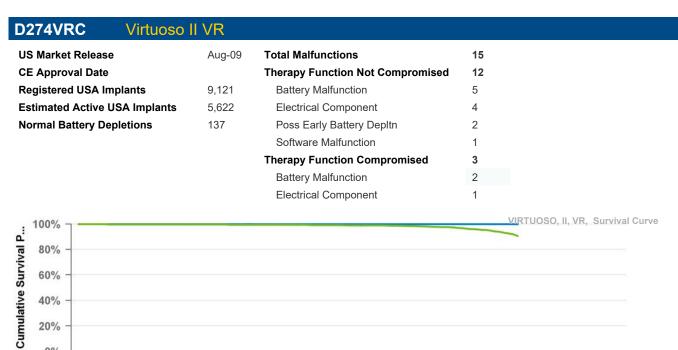
Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.996	0.996
Including NBD	0.996	0.994	0.991	0.982	0.954	0.885	0.731	0.415	0.172
Effective Sample Size	45377	42526	39931	37053	32749	25289	14523	2048	238



Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	1	1	0.999	0.998	0.997	0.997	0.996	0.994	0.994
Including NBD	0.997	0.995	0.992	0.984	0.956	0.876	0.724	0.488	0.322
Effective Sample Size	17584	16429	15445	14339	12587	9432	4983	1240	217



Years	1	2	3	4	5	6	7	mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.997
Including NBD	0.998	0.997	0.993	0.987	0.961	0.892	0.728	0.158
Effective Sample Size	19349	18171	17106	15896	14180	11421	6040	133

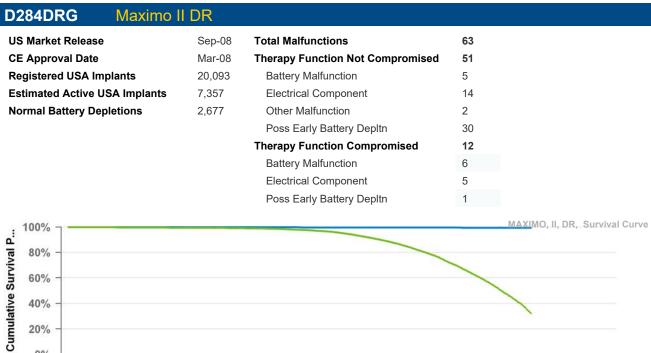


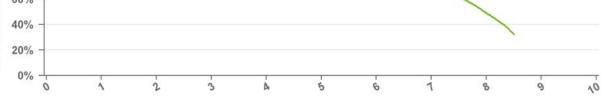


Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 97 mo
Excluding NBD	1	1	1	0.999	0.999	0.998	0.998	0.998	0.998
Including NBD	0.997	0.997	0.995	0.994	0.989	0.985	0.969	0.919	0.905
Effective Sample Size	7795	7319	6909	6429	5932	5368	3666	560	271

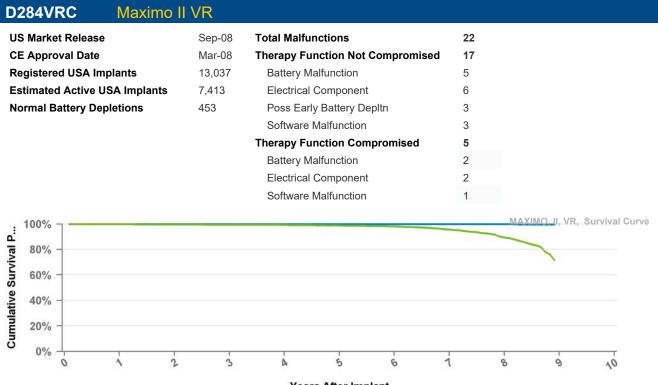
Medtronic CRFH Product Performance Report





Excluding Normal Battery Depletion Including Normal Battery Depletion

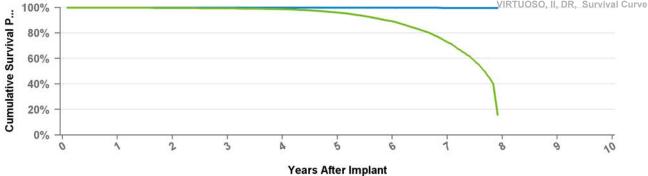
Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	1	1	0.999	0.998	0.997	0.997	0.996	0.994	0.994
Including NBD	0.997	0.995	0.992	0.984	0.956	0.876	0.724	0.488	0.322
Effective Sample Size	17584	16429	15445	14339	12587	9432	4983	1240	217



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 107 mo
Excluding NBD	1	0.999	0.999	0.999	0.999	0.999	0.998	0.998	0.997
Including NBD	0.998	0.996	0.995	0.993	0.988	0.981	0.956	0.894	0.718
Effective Sample Size	11250	10547	9935	9238	8298	6959	4971	2298	148

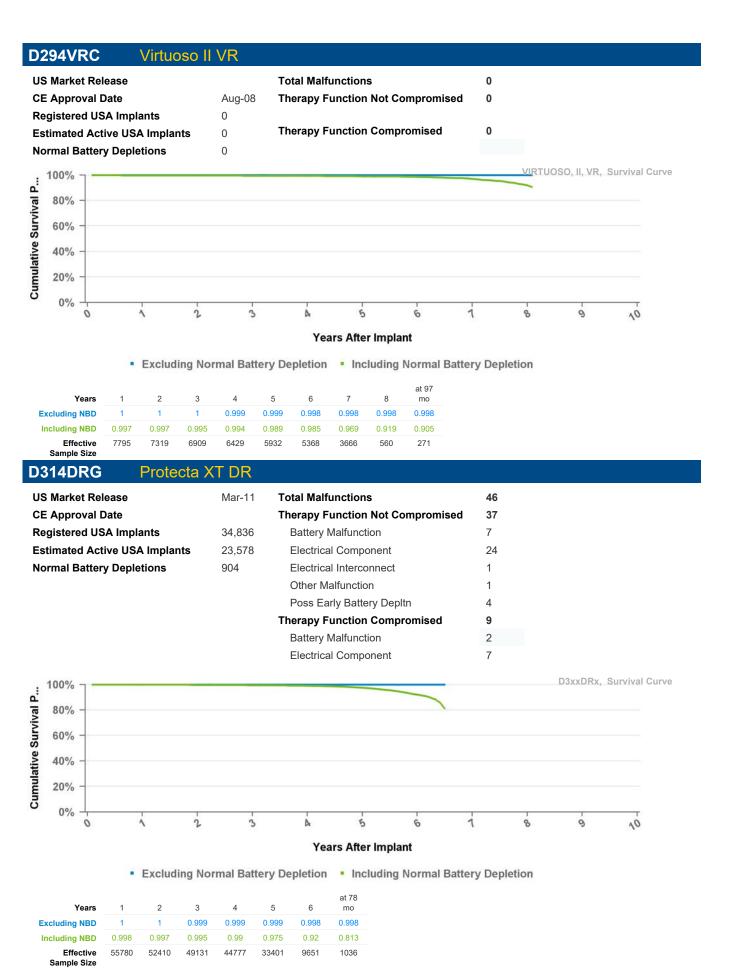
D294DRG Virtuoso	I DR			
US Market Release		Total Malfunctions	0	
CE Approval Date	Aug-08	Therapy Function Not Compromised	0	
Registered USA Implants	1			
Estimated Active USA Implants	0	Therapy Function Compromised	0	
Normal Battery Depletions	0			
12223				VIPTUOSO IL DR. Sumával Cum

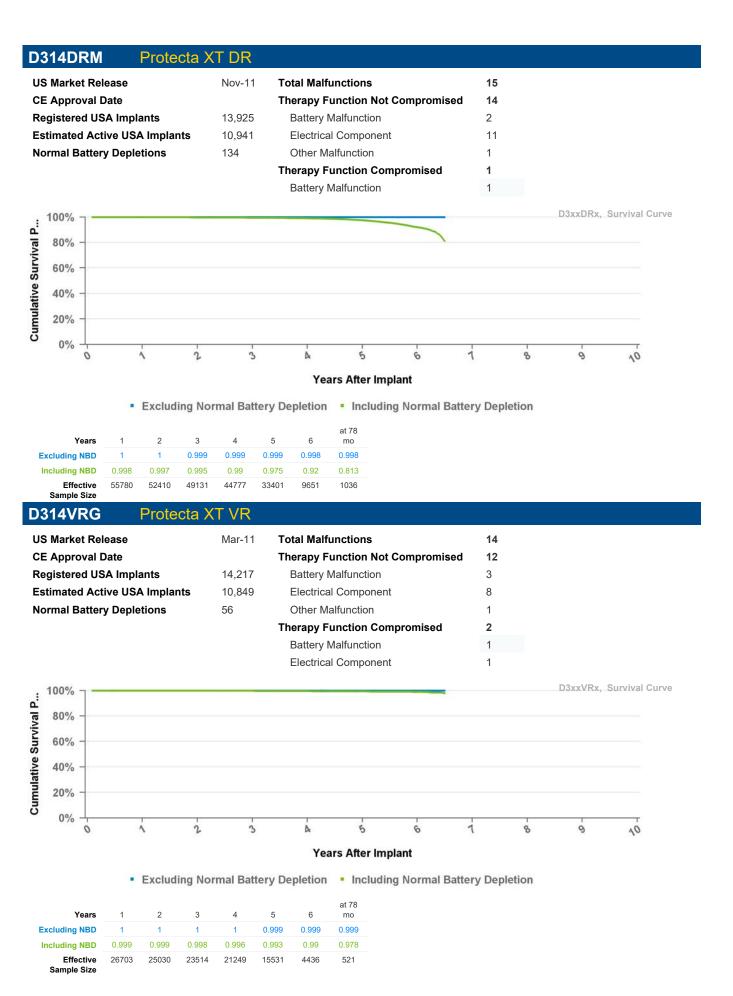


Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 95 mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.997
Including NBD	0.998	0.997	0.993	0.987	0.961	0.892	0.728	0.158
Effective Sample Size	19349	18171	17106	15896	14180	11421	6040	133

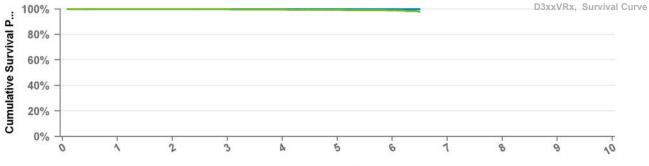
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D314VRM Protecta XT VR

US Market Release	May-12	Total Malfunctions	4
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	7,376	Electrical Component	2
Estimated Active USA Implants	5,965	Therapy Function Compromised	2
Normal Battery Depletions	19	Electrical Component	2



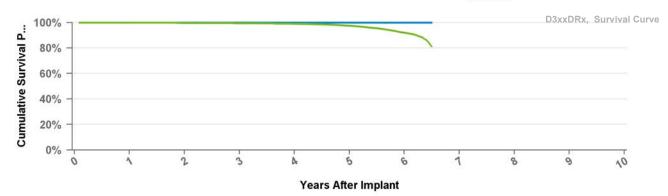
Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 78 mo
Excluding NBD	1	1	1	1	0.999	0.999	0.999
Including NBD	0.999	0.999	0.998	0.996	0.993	0.99	0.978
Effective Sample Size	26703	25030	23514	21249	15531	4436	521

D334DRG Protecta DR

US Market Release	Mar-11	Total Malfunctions
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	10,692	Battery Malfunction
Estimated Active USA Implants	7,189	Electrical Component
Normal Battery Depletions	397	Poss Early Battery Depltn
		Therapy Function Compromised
		Electrical Component



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

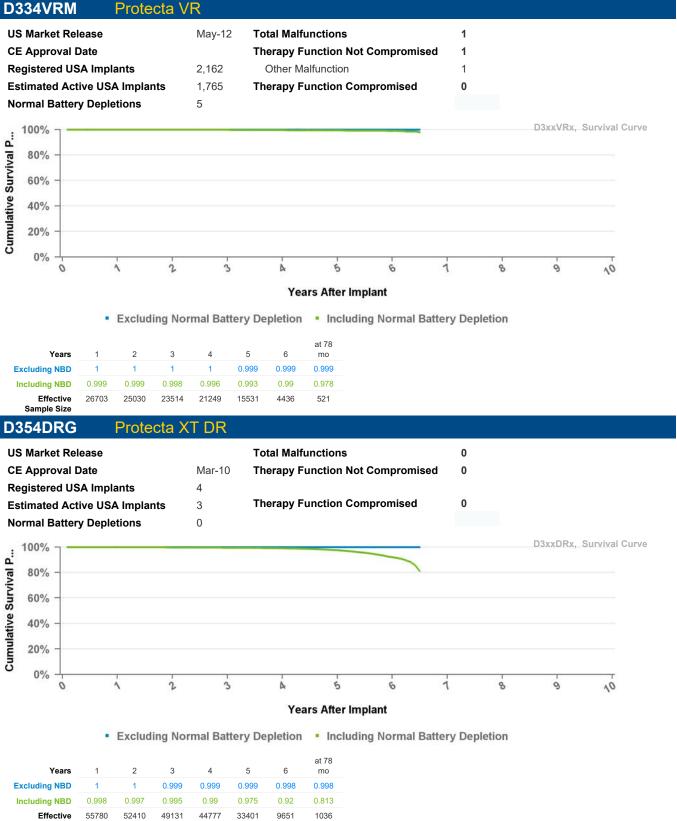
Years	1	2	3	4	5	6	at 78 mo
Excluding NBD	1	1	0.999	0.999	0.999	0.998	0.998
Including NBD	0.998	0.997	0.995	0.99	0.975	0.92	0.813
Effective Sample Size	55780	52410	49131	44777	33401	9651	1036



 Including NBD
 0.999
 0.999
 0.998
 0.996
 0.993
 0.99
 0.976

 Effective
 26703
 25030
 23514
 21249
 15531
 4436
 521

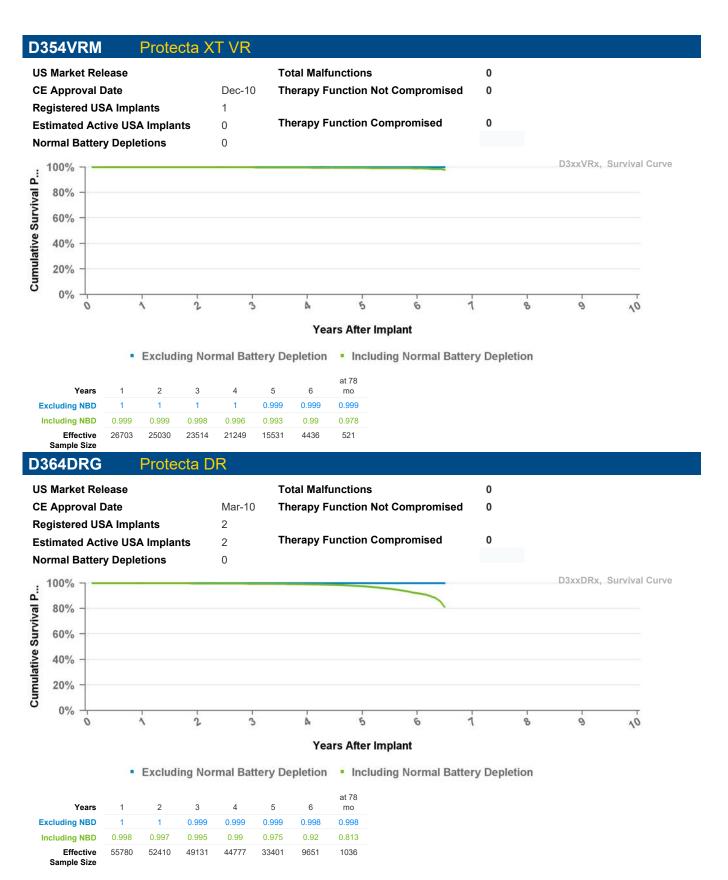
 Sample Size
 26703
 25030
 23514
 21249
 15531
 4436
 521



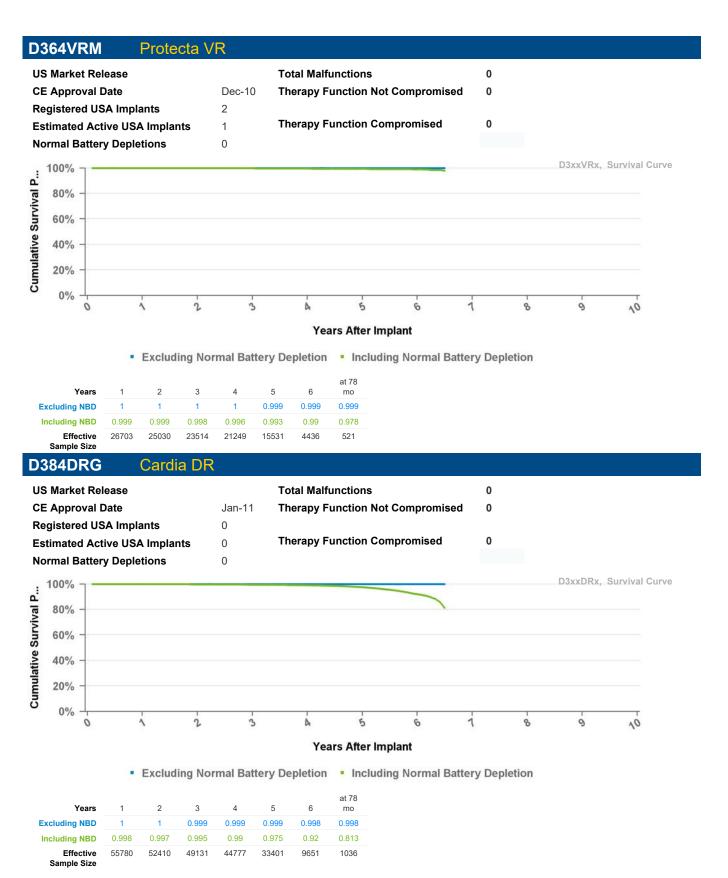
Effective Sample Size

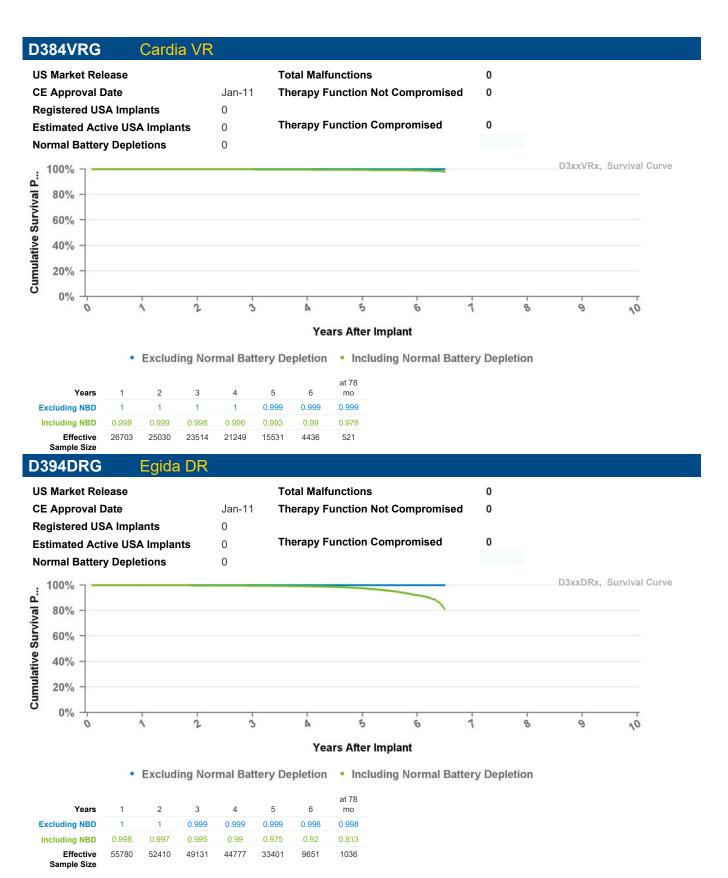


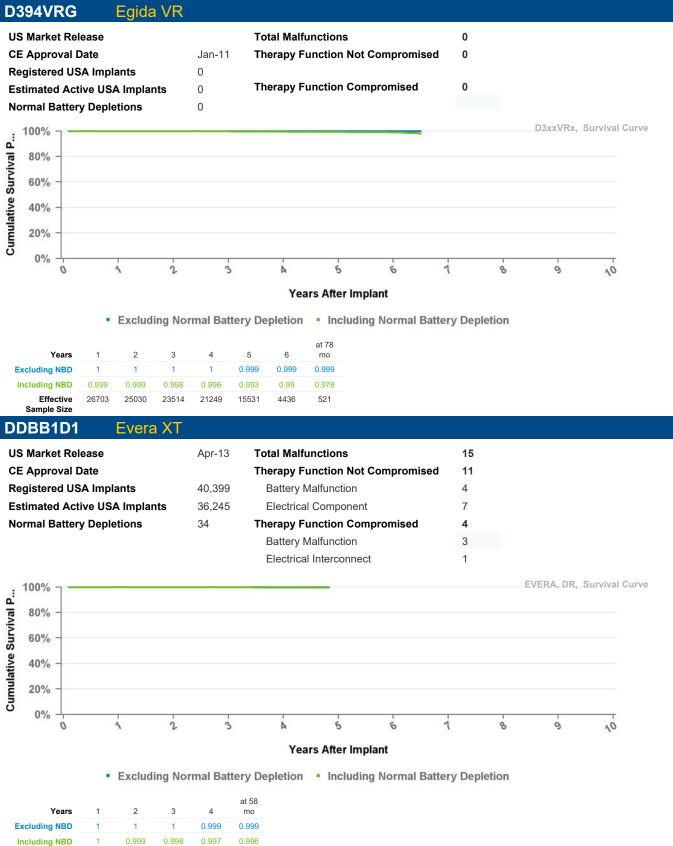
Effective Sample Size

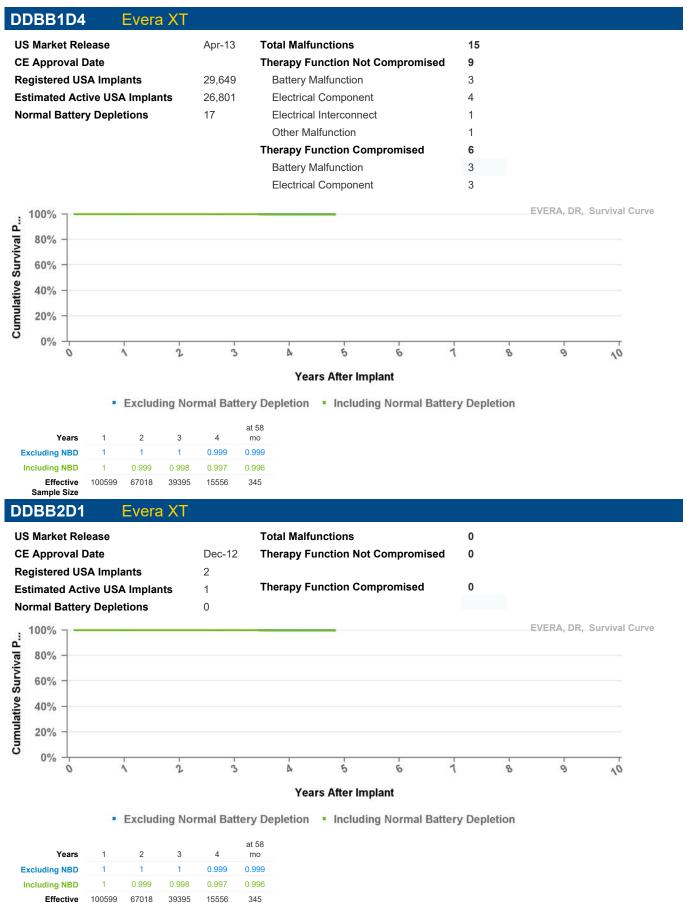






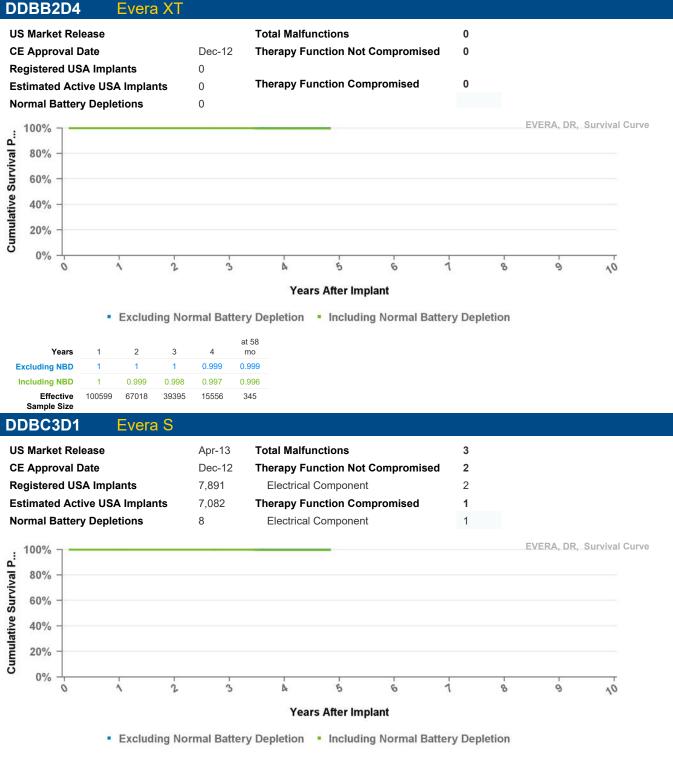




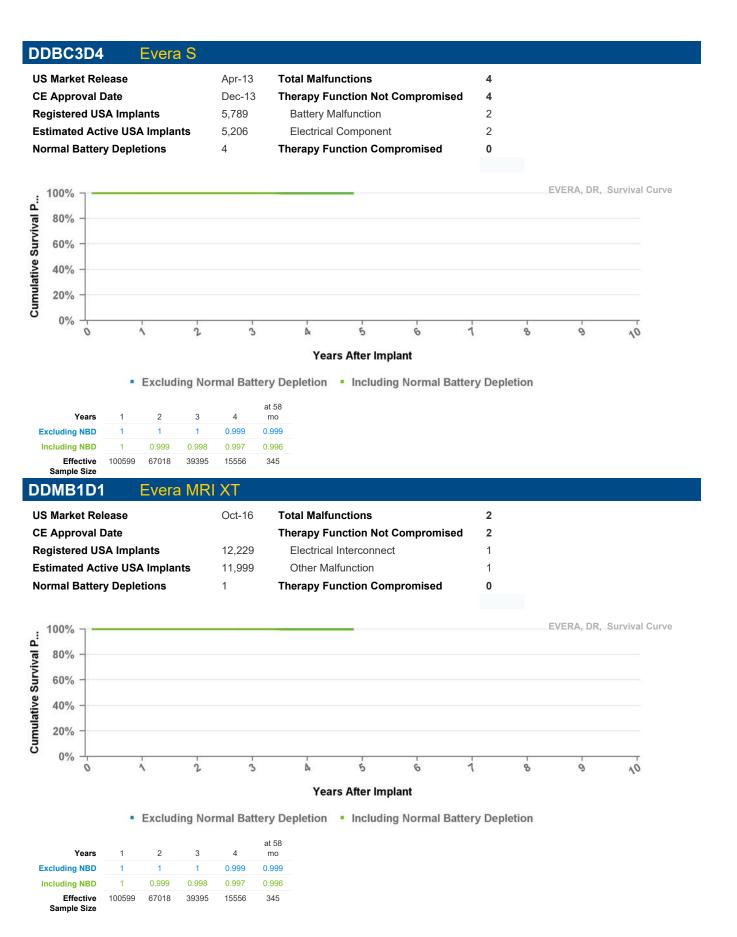


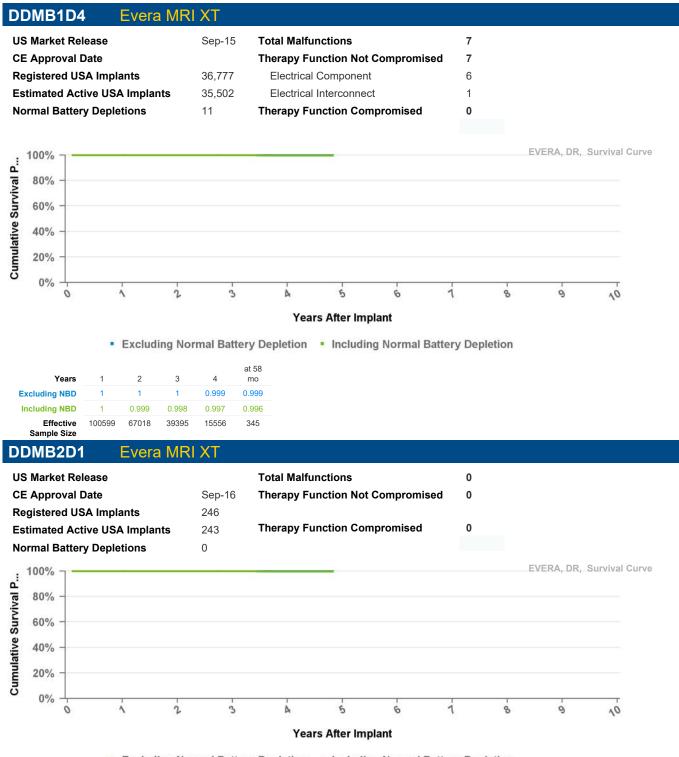
Effective 100599 67018 39395

Sample Size



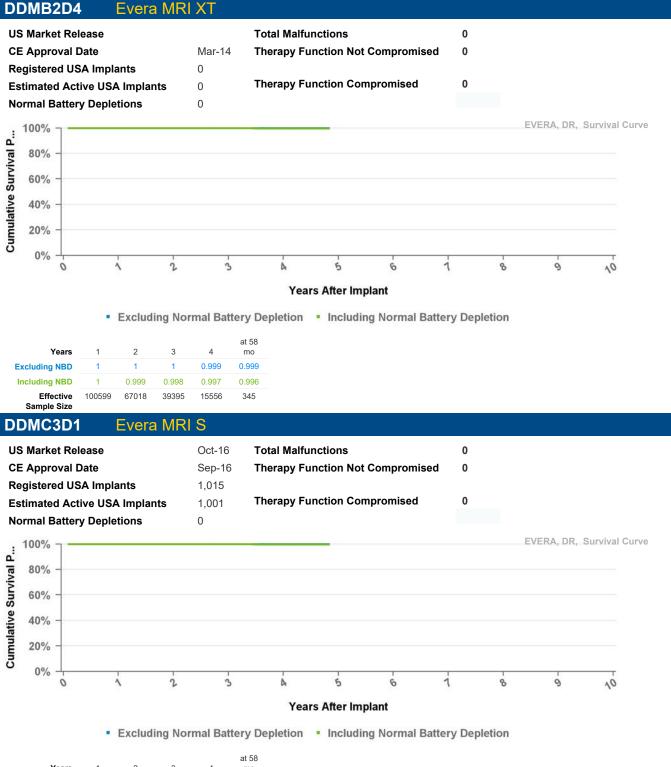
Years	1	2	3	4	at 58 mo	
Excluding NBD	1	1	1	0.999	0.999	
Including NBD	1	0.999	0.998	0.997	0.996	
Effective Sample Size	100599	67018	39395	15556	345	



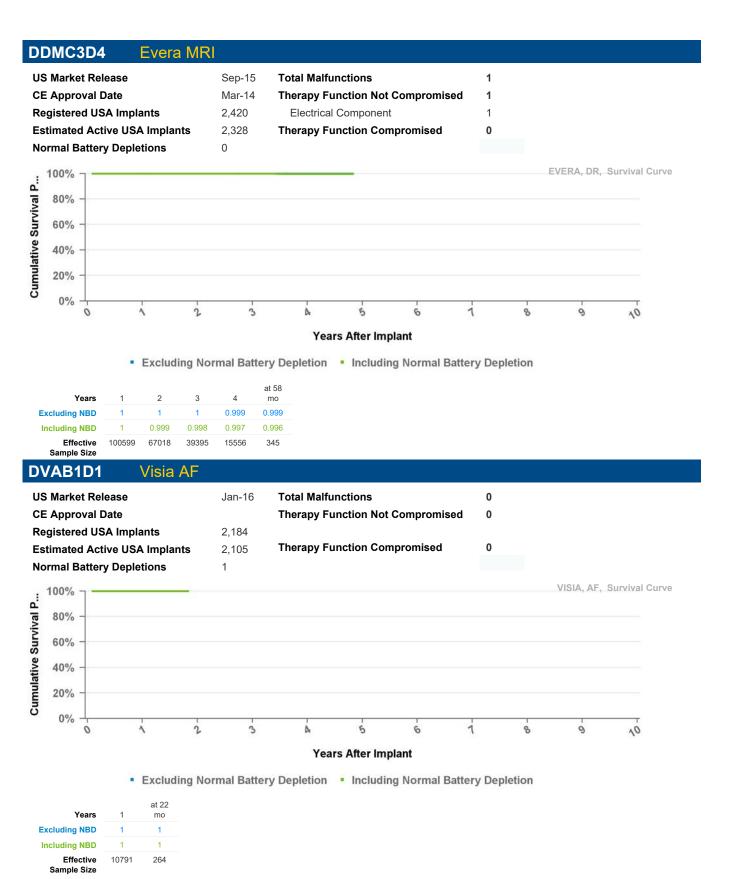


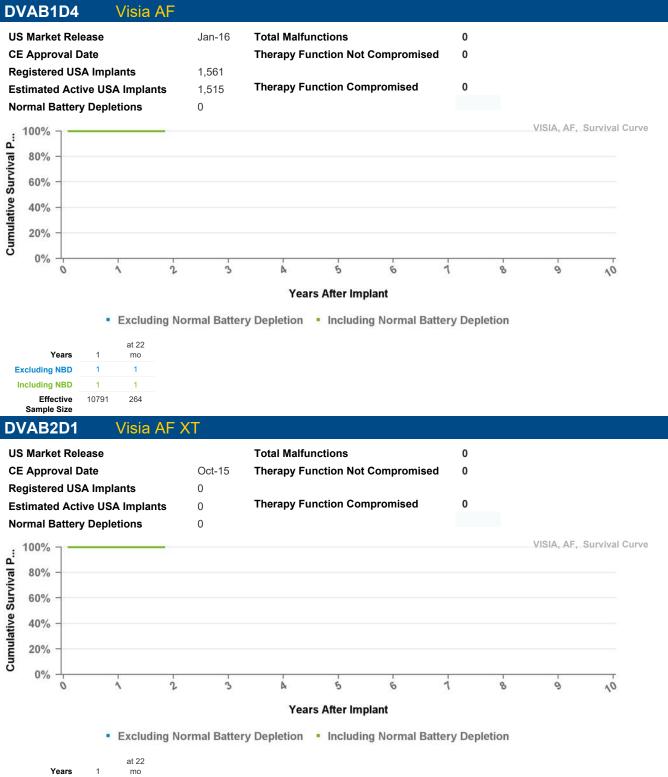


Years	1	2	3	4	at 58 mo
Excluding NBD	1	1	1	0.999	0.999
Including NBD	1	0.999	0.998	0.997	0.996
Effective Sample Size	100599	67018	39395	15556	345

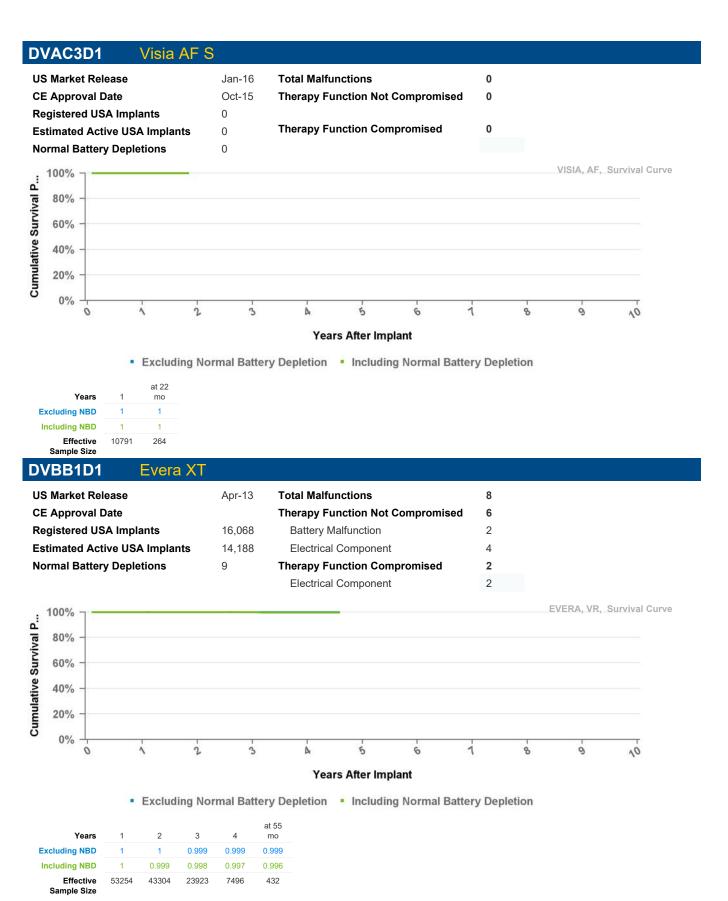


Years	1	2	3	4	mo	
Excluding NBD	1	1	1	0.999	0.999	
Including NBD	1	0.999	0.998	0.997	0.996	
Effective Sample Size	100599	67018	39395	15556	345	



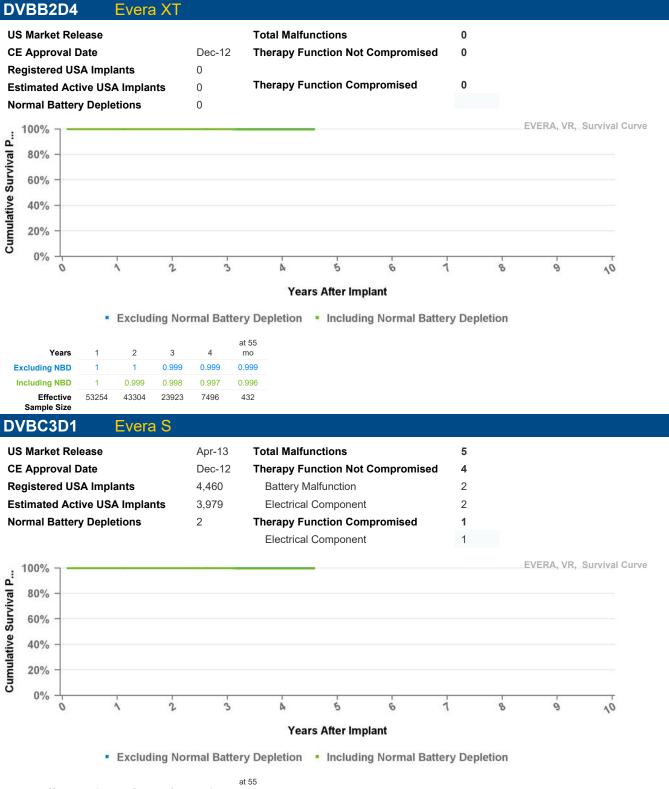


Years	1	mo
Excluding NBD	1	1
Including NBD	1	1
Effective Sample Size	10791	264

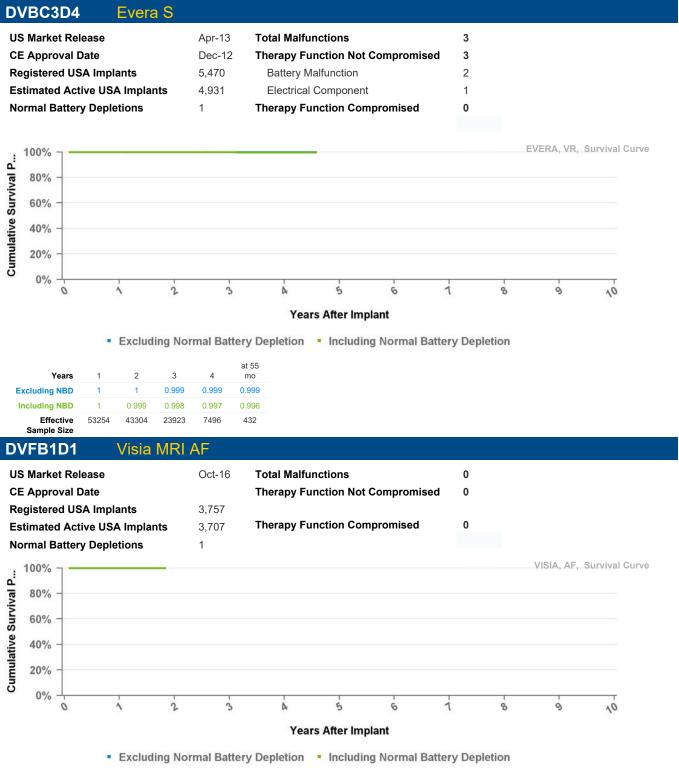




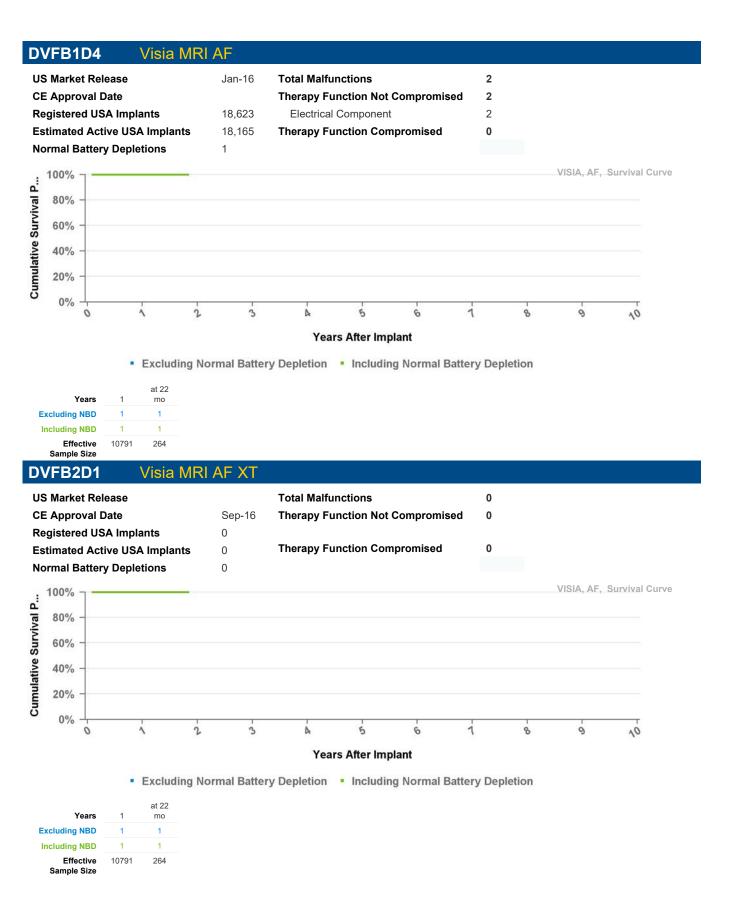


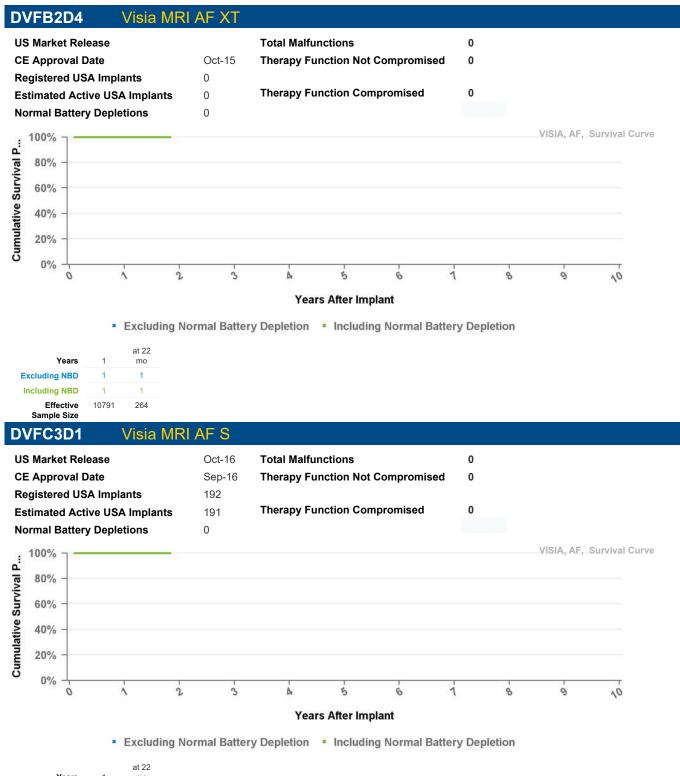


Years	1	2	3	4	mo
Excluding NBD	1	1	0.999	0.999	0.999
Including NBD	1	0.999	0.998	0.997	0.996
Effective Sample Size	53254	43304	23923	7496	432



Years	1	at 22 mo
Excluding NBD	1	1
Including NBD	1	1
Effective Sample Size	10791	264

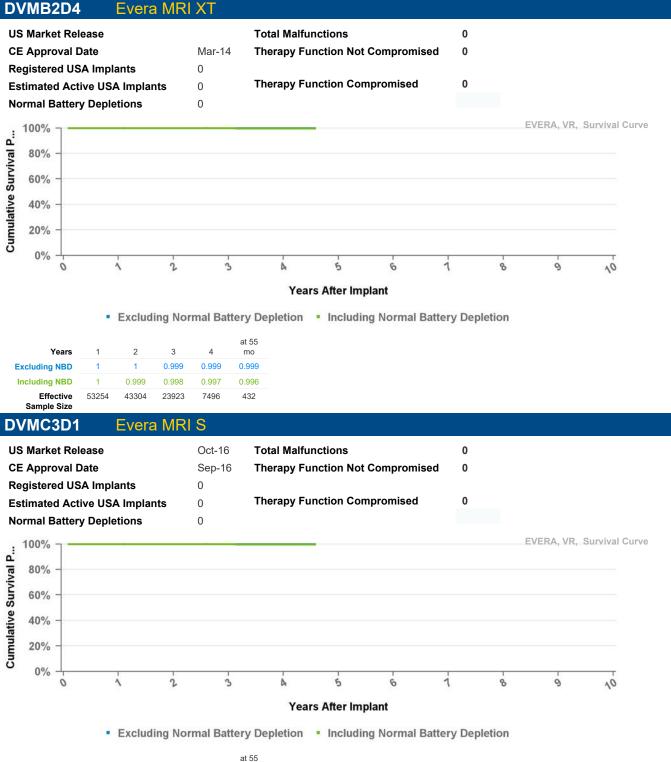




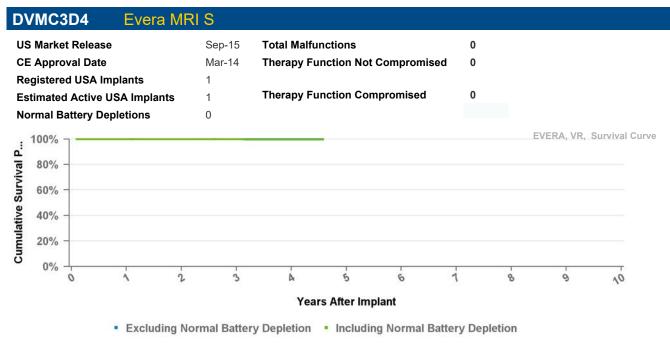
Years	1	mo
Excluding NBD	1	1
Including NBD	1	1
Effective	10791	264
Sample Size		



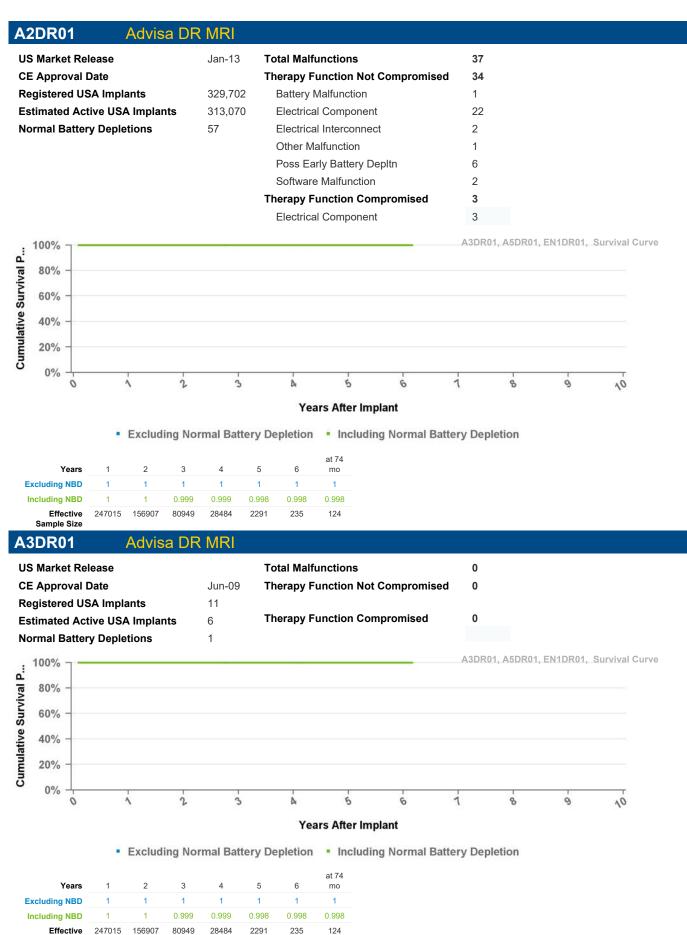
Years	1	2	3	4	at 55 mo	
Excluding NBD	1	1	0.999	0.999	0.999	
Including NBD	1	0.999	0.998	0.997	0.996	
Effective Sample Size	53254	43304	23923	7496	432	

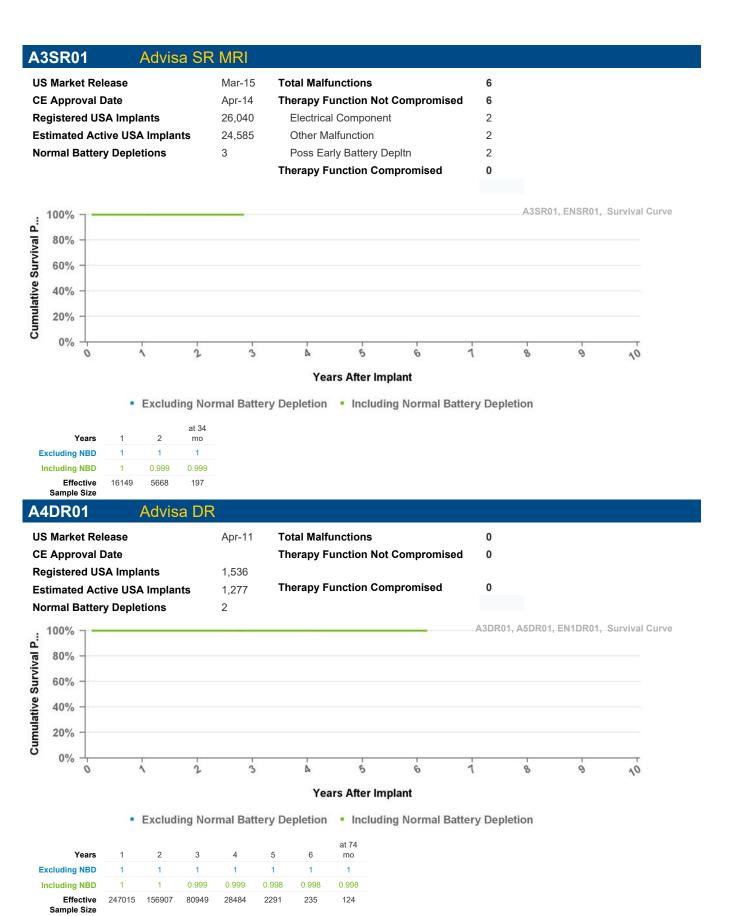


Years	1	2	3	4	at 55 mo
Excluding NBD	1	1	0.999	0.999	0.999
Including NBD	1	0.999	0.998	0.997	0.996
Effective Sample Size	53254	43304	23923	7496	432

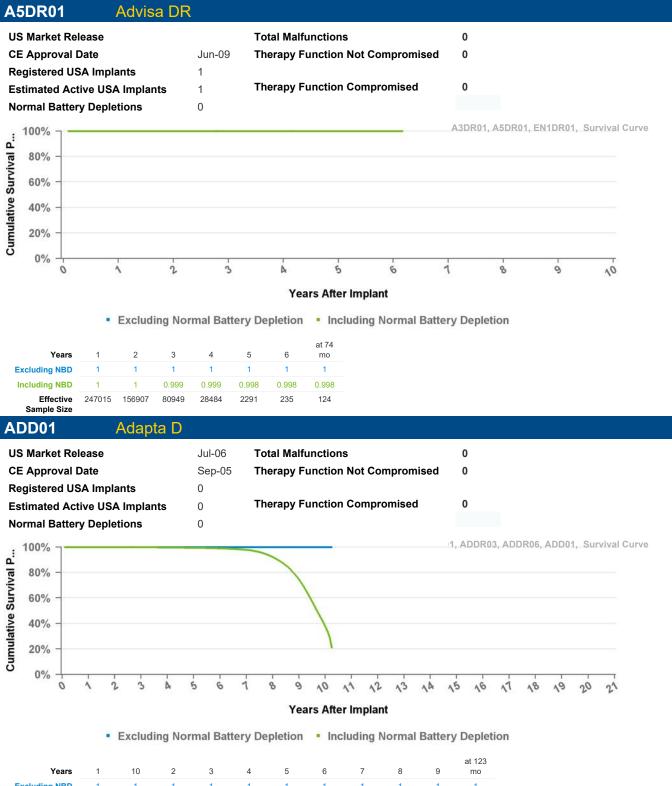


Years	1	2	3	4	at 55 mo
Excluding NBD	1	1	0.999	0.999	0.999
Including NBD	1	0.999	0.998	0.997	0.996
Effective Sample Size	53254	43304	23923	7496	432



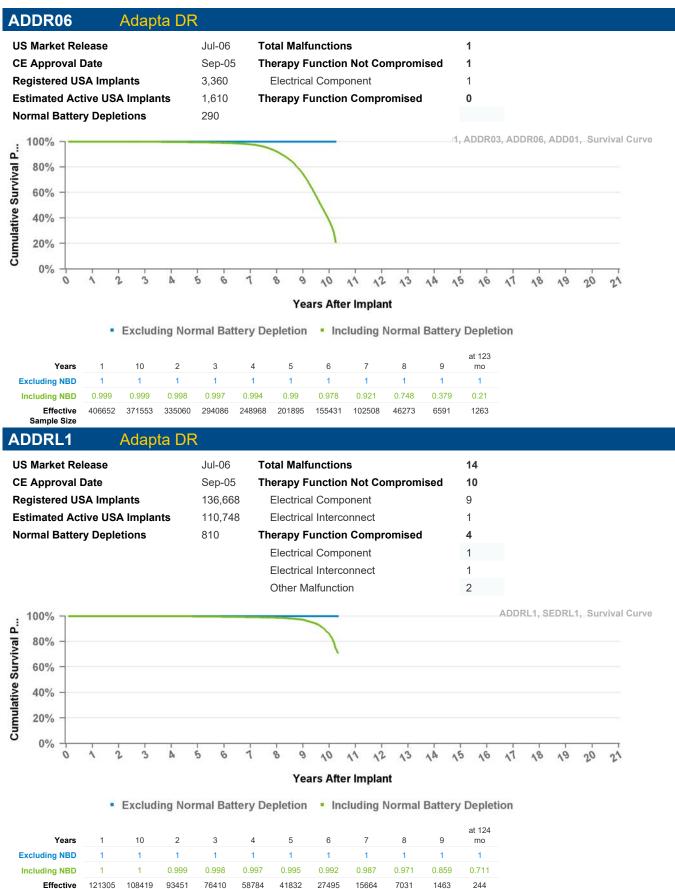


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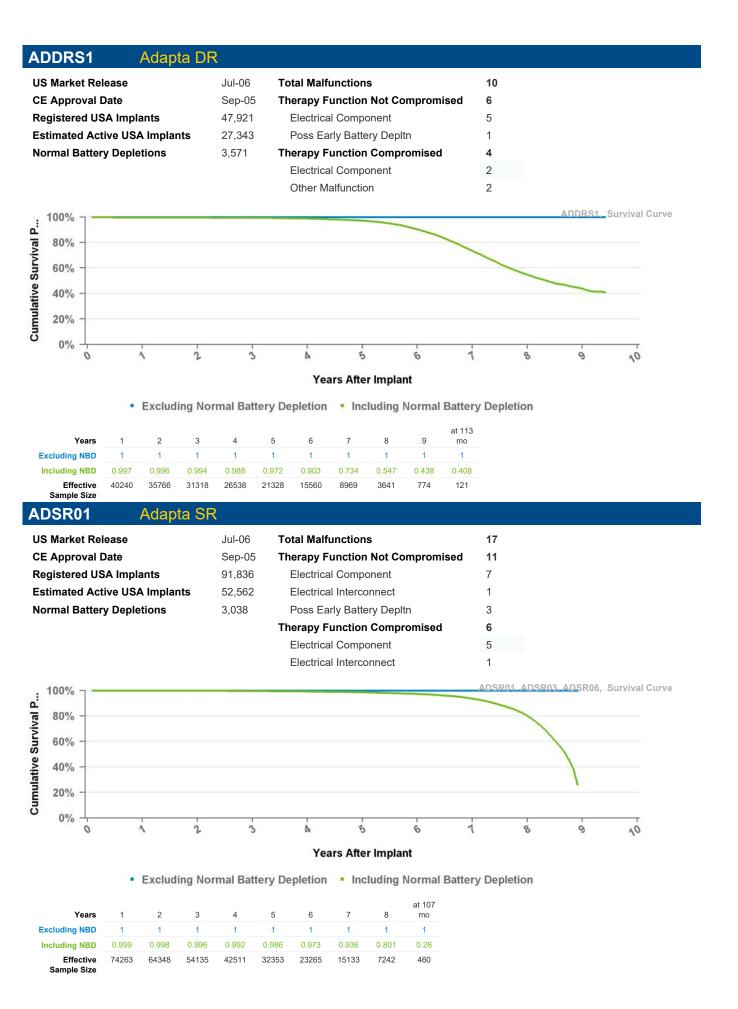


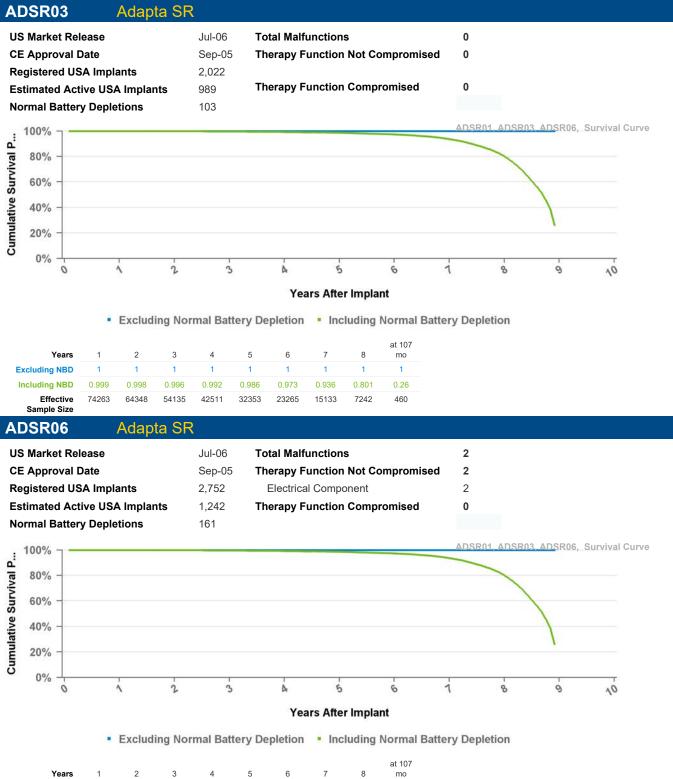
Years	1	10	2	3	4	5	6	7	8	9	mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.999	0.998	0.997	0.994	0.99	0.978	0.921	0.748	0.379	0.21
Effective Sample Size	406652	371553	335060	294086	248968	201895	155431	102508	46273	6591	1263



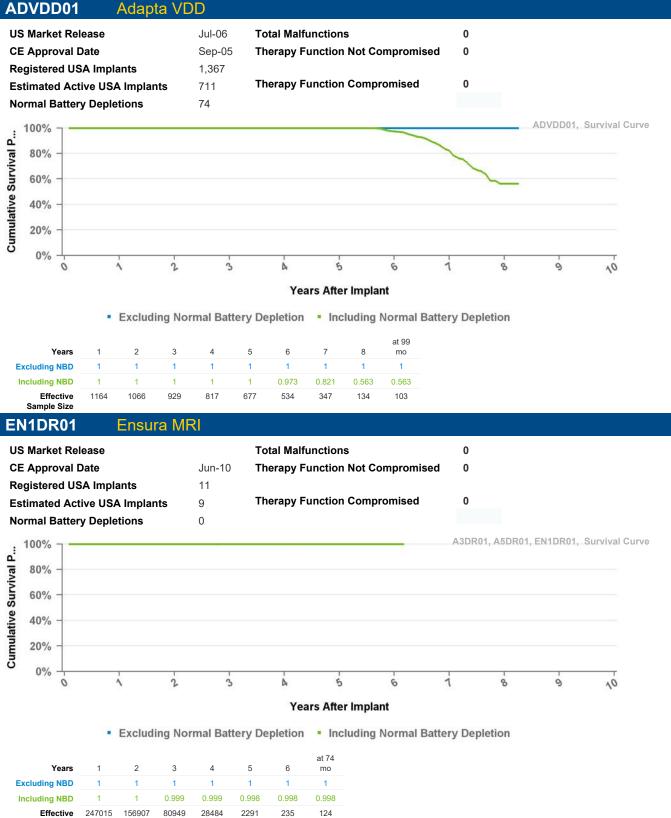


Sample Size

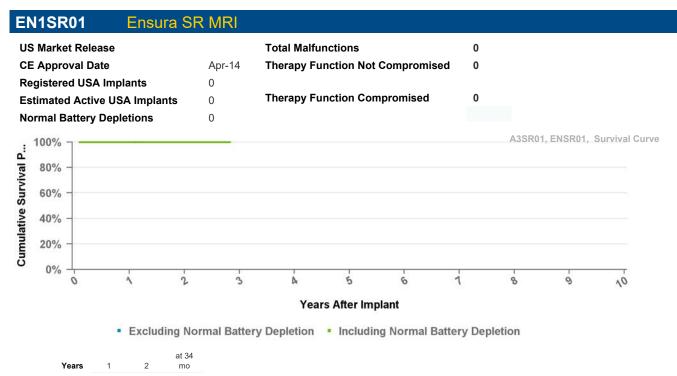




Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.998	0.996	0.992	0.986	0.973	0.936	0.801	0.26
Effective Sample Size	74263	64348	54135	42511	32353	23265	15133	7242	460

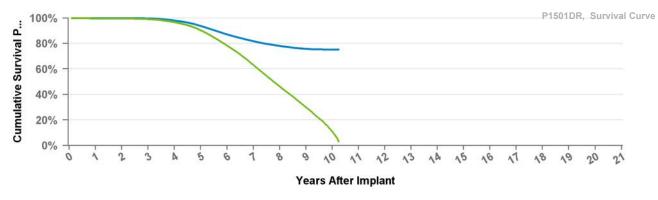


Effective Sample Size



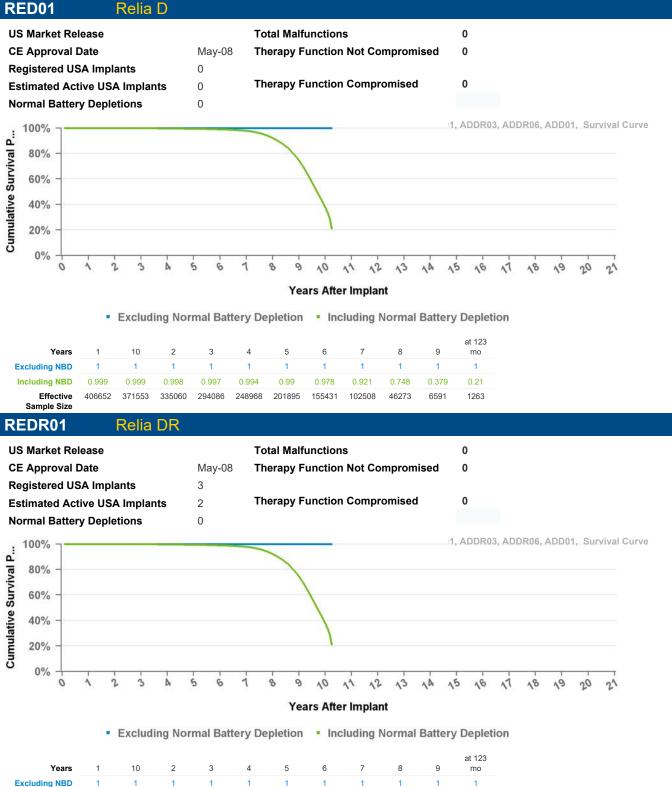
Excluding NBD	1	1	1
Including NBD	1	0.999	0.999
Effective Sample Size	16149	5668	197

P1501DR	EnRhythr	n DR		
US Market Release		May-05	Total Malfunctions	15,026
CE Approval Date		Aug-04	Therapy Function Not Compromised	14,971
Registered USA Imp	lants	110,093	Battery Malfunction	14,843
Estimated Active US	A Implants	22,263	Electrical Component	58
Normal Battery Depl	etions	16,154	Electrical Interconnect	2
			Other Malfunction	1
			Poss Early Battery Depltn	67
			Therapy Function Compromised	55
			Battery Malfunction	6
			Electrical Component	38
			Electrical Interconnect	4
			Other Malfunction	5
			Poss Early Battery Depltn	2

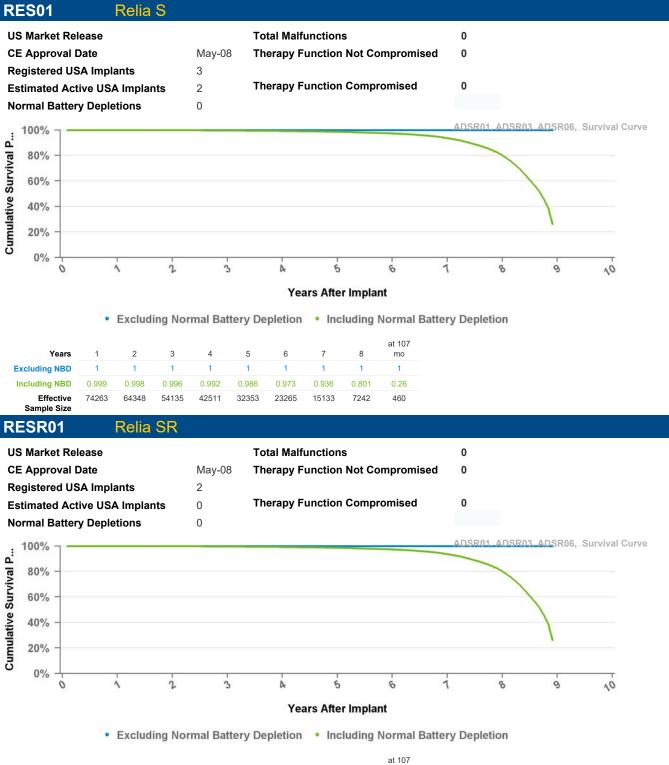


Excluding Normal Battery Depletion Including Normal Battery Depletion

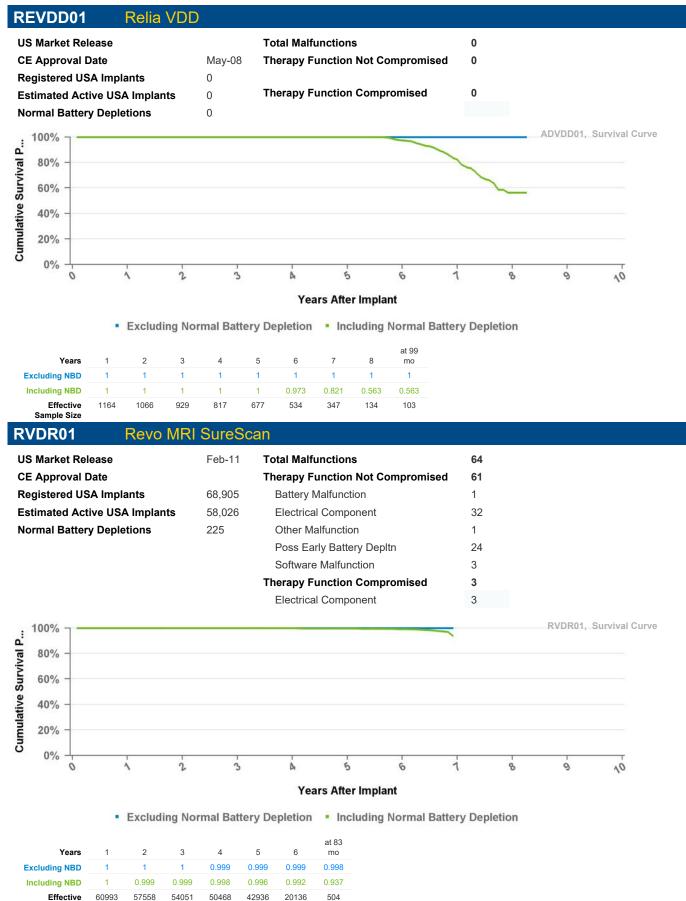
Years	1	10	2	3	4	5	6	7	8	9	at 123 mo
Excluding NBD	0.999	0.753	0.999	0.997	0.98	0.937	0.871	0.818	0.781	0.758	0.752
Including NBD	0.997	0.996	0.991	0.967	0.903	0.783	0.631	0.463	0.299	0.111	0.032
Effective Sample Size	95567	89233	83193	76177	66162	52126	37527	21702	9783	1839	380



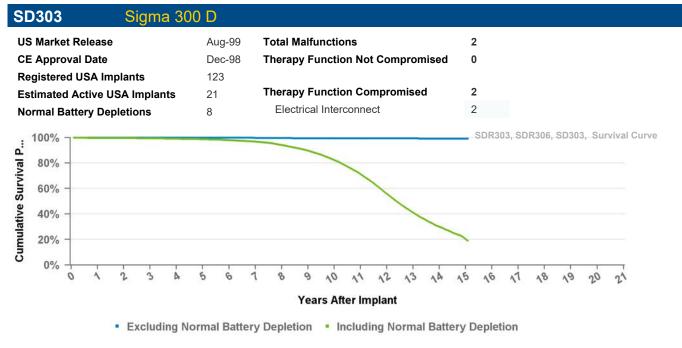
Tears	1	10	2	3	4	5	0	1	0	9	mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.999	0.998	0.997	0.994	0.99	0.978	0.921	0.748	0.379	0.21
Effective Sample Size	406652	371553	335060	294086	248968	201895	155431	102508	46273	6591	1263



Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.998	0.996	0.992	0.986	0.973	0.936	0.801	0.26
Effective Sample Size	74263	64348	54135	42511	32353	23265	15133	7242	460



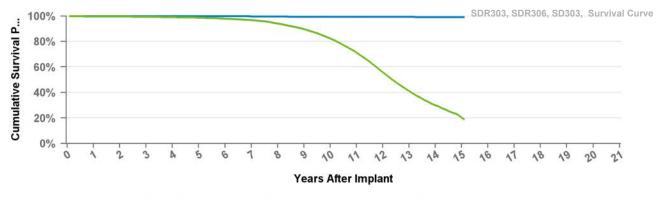
Effective 609 Sample Size



Years	1	10	11	12	13	14	15	2	3	4	5	6	7	8	9	at 181 mo
Excluding NBD	1	0.994	0.994	0.993	0.993	0.992	0.992	1	1	0.999	0.999	0.998	0.997	0.996	0.995	0.992
Including NBD	0.997	0.996	0.994	0.991	0.987	0.979	0.968	0.941	0.897	0.823	0.712	0.557	0.411	0.299	0.201	0.189
Effective Sample Size	88291	78247	69203	60879	53405	46774	40577	35102	30216	25210	19257	11992	6314	2719	378	221

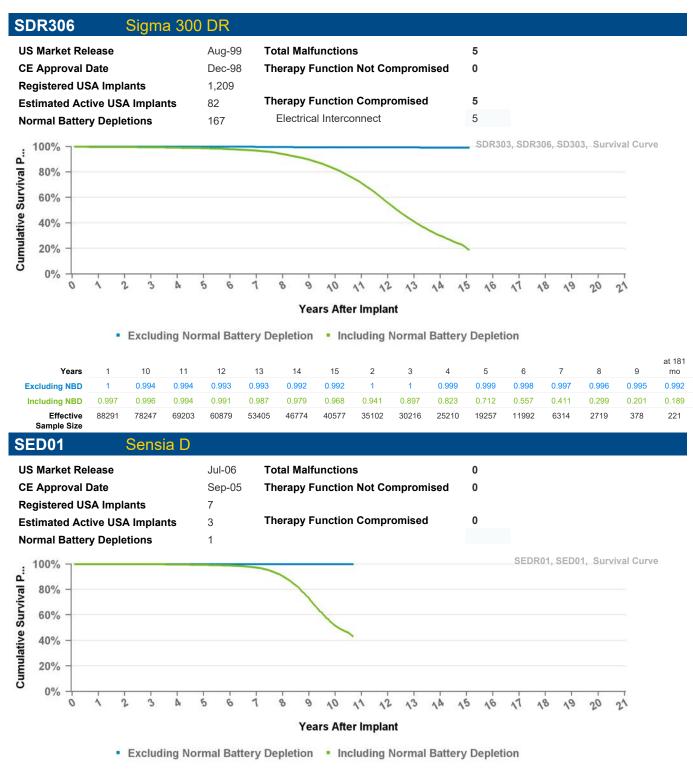
SDR303 Sigma 300 DR

US Market Release	Aug-99	Total Malfunctions	286
CE Approval Date	Dec-98	Therapy Function Not Compromised	60
Registered USA Implants	105,517	Electrical Component	9
Estimated Active USA Implants	12,895	Electrical Interconnect	49
Normal Battery Depletions	10,311	Other Malfunction	1
		Poss Early Battery Depltn	1
		Therapy Function Compromised	226
		Electrical Component	7
		Electrical Interconnect	218
		Other Malfunction	1

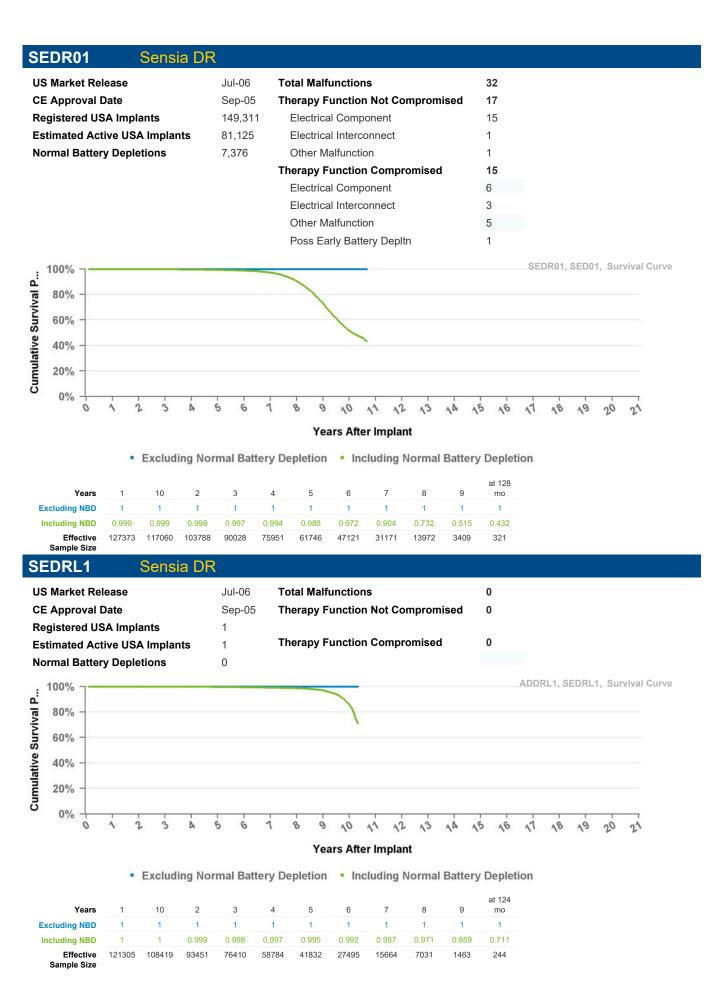


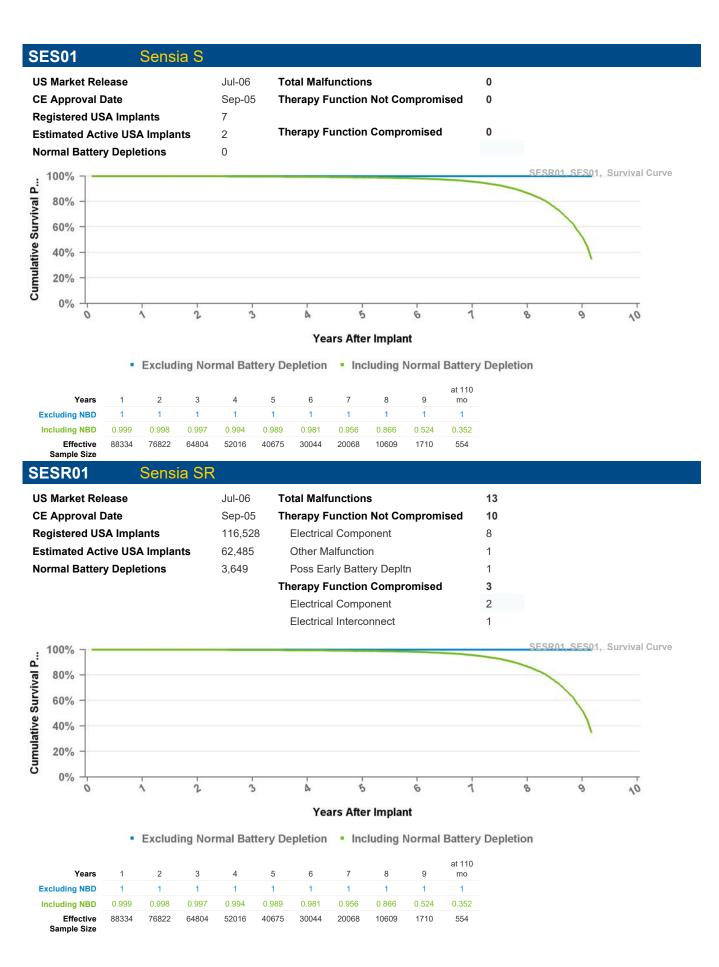
Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	14	15	2	3	4	5	6	7	8	9	at 181 mo
Excluding NBD	1	0.994	0.994	0.993	0.993	0.992	0.992	1	1	0.999	0.999	0.998	0.997	0.996	0.995	0.992
Including NBD	0.997	0.996	0.994	0.991	0.987	0.979	0.968	0.941	0.897	0.823	0.712	0.557	0.411	0.299	0.201	0.189
Effective Sample Size	88291	78247	69203	60879	53405	46774	40577	35102	30216	25210	19257	11992	6314	2719	378	221

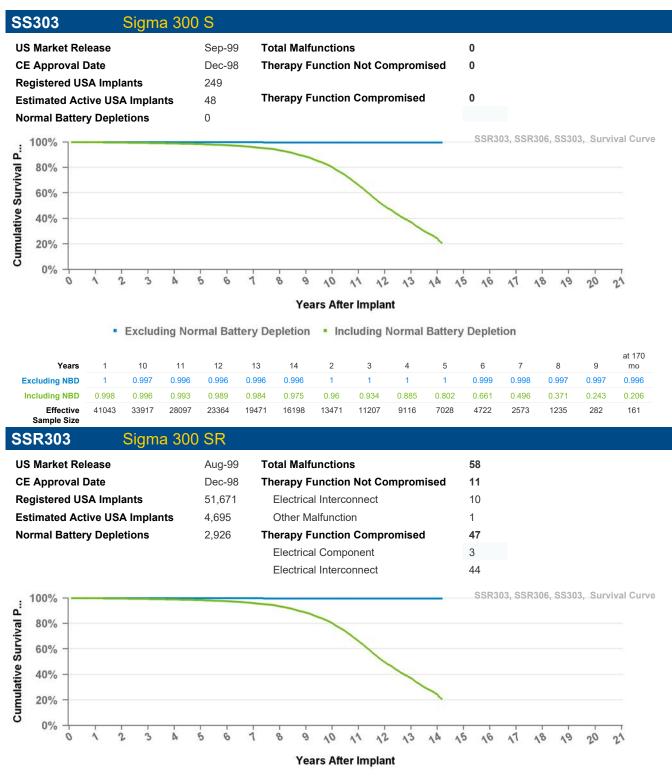


Years	1	10	2	3	4	5	6	7	8	9	at 128 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.999	0.998	0.997	0.994	0.988	0.972	0.904	0.732	0.515	0.432
Effective Sample Size	127373	117060	103788	90028	75951	61746	47121	31171	13972	3409	321





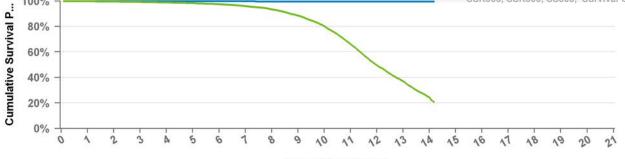
Medtronic CRFH Product Performance Report



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 170 mo
Excluding NBD	1	0.997	0.996	0.996	0.996	0.996	1	1	1	1	0.999	0.998	0.997	0.997	0.996
Including NBD	0.998	0.996	0.993	0.989	0.984	0.975	0.96	0.934	0.885	0.802	0.661	0.496	0.371	0.243	0.206
Effective Sample Size	41043	33917	28097	23364	19471	16198	13471	11207	9116	7028	4722	2573	1235	282	161





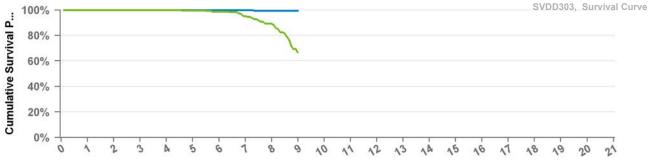
Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 170 mo
Excluding NBD	1	0.997	0.996	0.996	0.996	0.996	1	1	1	1	0.999	0.998	0.997	0.997	0.996
Including NBD	0.998	0.996	0.993	0.989	0.984	0.975	0.96	0.934	0.885	0.802	0.661	0.496	0.371	0.243	0.206
Effective Sample Size	41043	33917	28097	23364	19471	16198	13471	11207	9116	7028	4722	2573	1235	282	161

SVDD303 Sigma 300 VDD

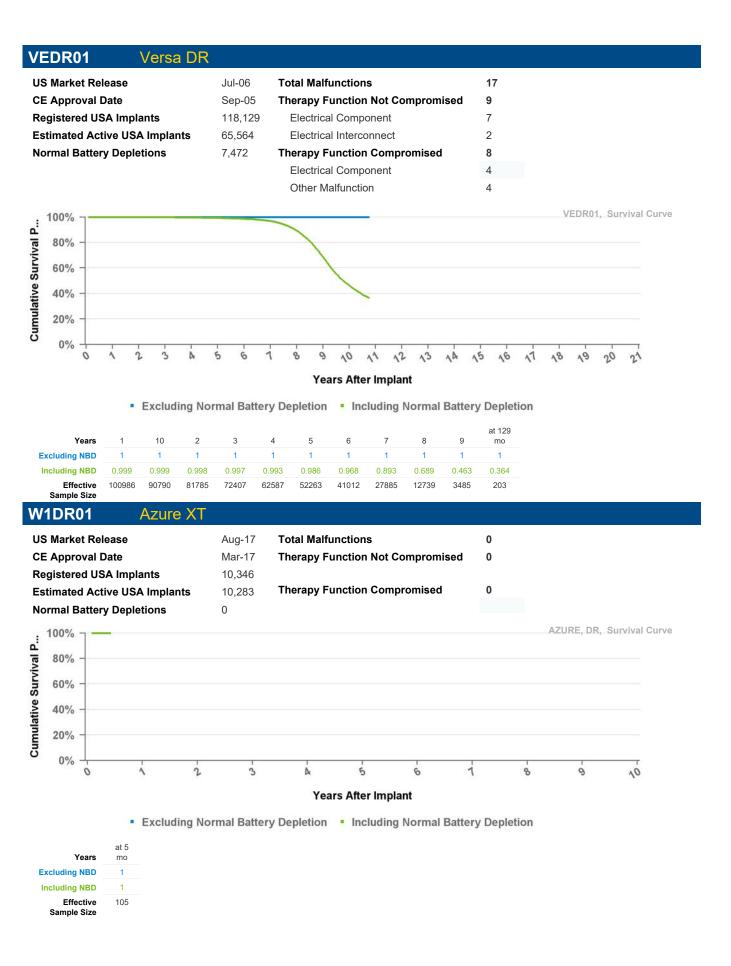
Estimated Active USA Implants42Therapy Function Compromised1Normal Battery Depletions82Electrical Interconnect1
Normal Battery Depletions 82 Electrical Interconnect 1

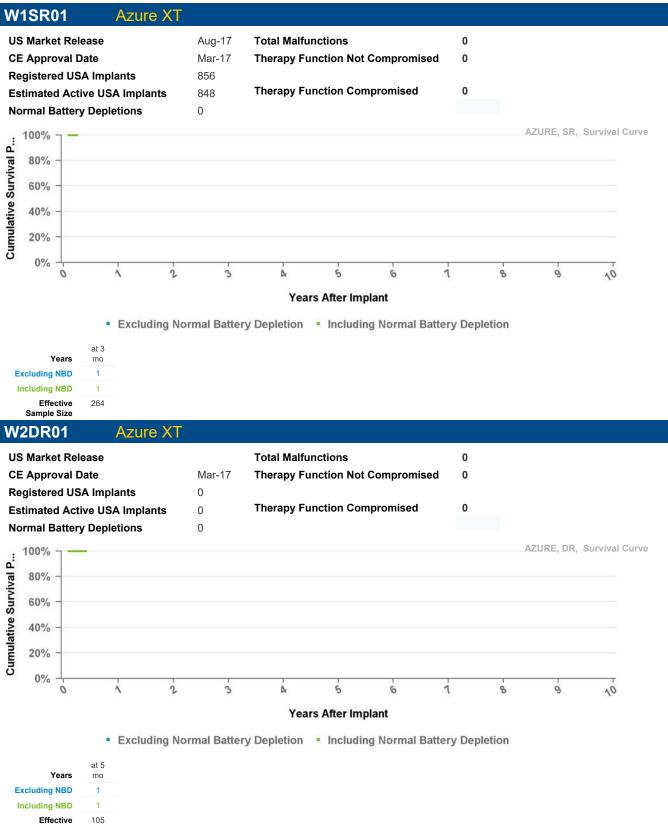


Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 108 mo
Excluding NBD	1	1	1	1	1	1	1	0.995	0.995
Including NBD	1	1	1	1	0.997	0.987	0.952	0.892	0.666
Effective Sample Size	531	461	413	365	317	265	211	166	105

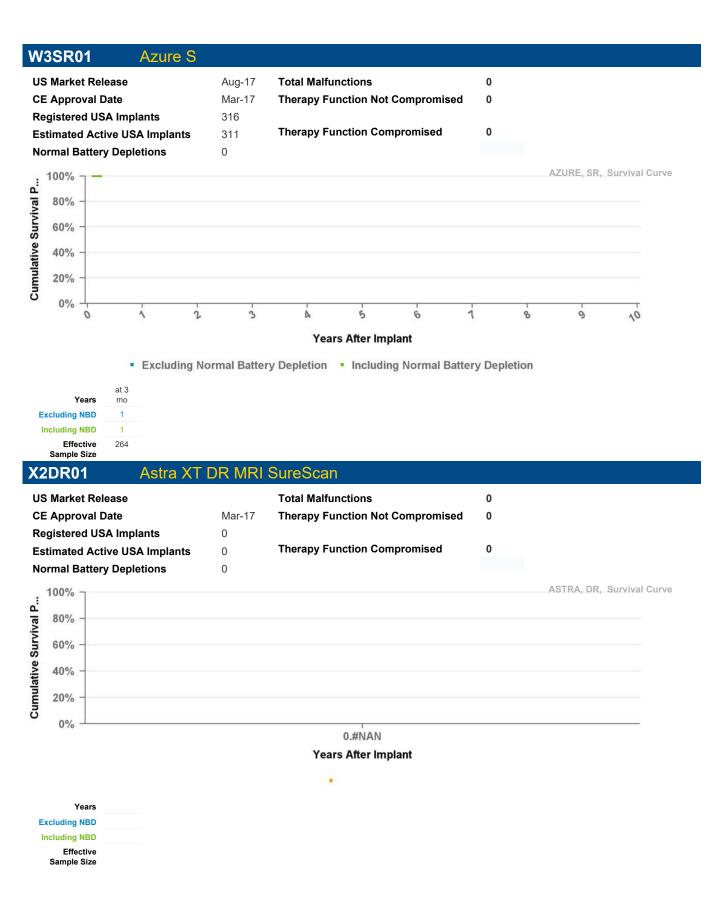


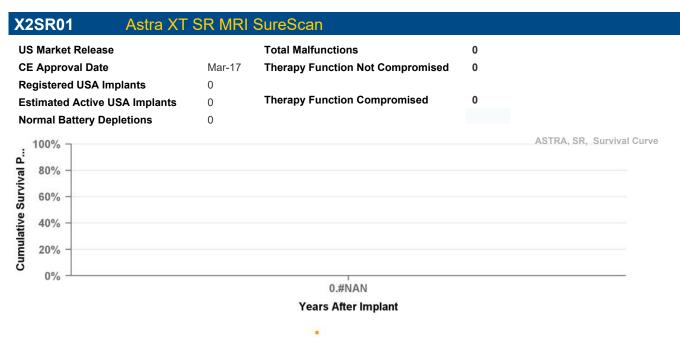


Effective Sample Size



Effective Sample Size





Years Excluding NBD Including NBD Effective Sample Size

Method for Estimating Lead Performance

Medtronic Cardiac Rhythm and Heart Failure (CRHF) has tracked lead survival for over 32 years with its multicenter, global chronic lead studies.

Leads Performance Analysis

Implanted leads operate in the challenging biochemical environment of the human body and the body's response to foreign objects. Implanted leads are also subject to mechanical stresses associated with heart motion, body motion, and patient anatomy.

In this environment, pacemaker and defibrillation leads cannot be expected to last forever. While IPGs and ICDs have a battery that will deplete after a predictable length of time, a lead's longevity cannot be predicted easily based on mechanical measurements, nor are there simple indicators that a lead is approaching the end of its service life. Therefore, regular monitoring while implanted, and evaluation of lead integrity upon IPG or ICD replacement, is necessary to determine if a lead may be approaching the end of its service life.

Shortfalls Of Using Returned Product And Complaints To Estimate Lead Performance

Leads and lead segments returned to Medtronic are analyzed to determine whether or not they meet performance limits established by Medtronic. Although returned product analyses are valuable for gaining insight into lead failure mechanisms, this data cannot be used by itself for determining the survival probability of leads because only a small fraction of leads are explanted and returned for analysis. Some leads are modified due to adverse device effect, however may not be explanted. Additionally, those leads that are returned cannot be assumed to be statistically representative of the performance of the total population for a given lead model. Partial or total lead extraction can result in significant damage to a lead, making a definitive analysis of a suspected failure, and its cause, impossible.

To account for the under reporting inherent with lead survival analysis based solely on returned product, some manufacturers add reported complaints where adverse product performance is evident but the product itself has not been returned. The improvement to the accuracy of survival estimates depends on the degree to which all complaints are actually communicated to the manufacturer. Since not all complaints are communicated to the manufacturer, adding complaints to the survival analysis does not completely solve the under reporting problem.

Lead survival probabilities are more appropriately determined through a prospective clinical surveillance study that includes active follow up with the patients. Although Medtronic monitors returned product analysis and complaints, these are not used to determine lead survival estimates.

Medtronic consolidated all cardiac rhythm surveillance registries into the PAN Registry. The PAN Registry is a patient centric surveillance platform which follows patients implanted with Medtronic cardiac rhythm product(s). The Product Performance Report (PPR) tracks PAN Registry enrolled patients to monitor lead performance status in vivo. The PAN Registry is designed to record clinical observations representative of the total clinical experience. Lead survival estimates include both lead hardware failure and lead-related clinical events that are classified as product performance events, and do not differentiate a lead hardware failure from other clinical events such as Failure to capture, perforation, dislodgement, or concurrent pulse generator failure.

PAN Registry

Medtronic has been monitoring the performance of its cardiac therapy products with a multicenter study since 1983 and has evaluated the performance of more than 95,000 leads, with data reported from countries around the world. Throughout this time period, Medtronic has continually worked to adapt systems and processes to more effectively monitor product performance following market release. The following summarizes current registry requirements.

Medtronic's product surveillance registry is a world-wide study that has a prospective, non-randomized, observational design. A key purpose of the registry is to provide continuing evaluation and periodic reporting of the long-term reliability and performance of Medtronic market-released cardiac rhythm therapy products. Product-related adverse events, indicating the status of the product, are collected to measure product survival probabilities. The data gathered may also be used to support the design and development of new cardiac therapy products. The registry is designed to continue indefinitely, encompassing new products as they become commercially available.

To ensure a sufficiently large and representative source of data, participating clinical sites must meet prespecified selection criteria. Patients are enrolled upon implantation of a Medtronic Cardiac rhythm product. Every effort is made to ensure participants are representative of the range of clinical environments in which Medtronic cardiac rhythm products are used. Eligible products for enrollment include Medtronic marketreleased cardiac rhythm therapy products for which additional information to further characterize product performance following market release is desired. Number of enrollments is reviewed regularly to ensure adequate sample size is obtained for each individual product. Enrollment may be capped and follow-up discontinued when sufficient duration and precision is achieved to effectively characterize product survivability.

Enrolled patients are followed in accordance with the standard care practices of their care provider from their implant date until they can no longer be followed (e.g., death, lost to follow-up, etc.). However, to ensure regular patient status assessments are completed, follow-up windows consistent with typical care practices have been established with a minimum annual follow-up requirement. Product-related adverse events, system modifications and changes in patient status (e.g. death and withdrawal from the study) are required to be reported upon occurrence. This active surveillance model ensures a robust dataset for effectively monitoring product performance.

Patients are eligible for enrollment if:

- Patient is intended to be implanted or is within 30 days post-implant of a Medtronic marketreleased cardiac lead connected to a market-released CRT, ICD, or IPG device, and the lead is used for a pacing, sensing, or defibrillation application, or
- Patient participated in a qualifying investigational study of a Medtronic cardiac rhythm product that is now market-released; complete implant and follow-up data are available; and the data can be appropriately and legally released

Each site is require to inform Medtronic whenever a lead event has occurred, a lead is modified, or when a patient is no longer participating. Timely, accurate, and complete reporting and analysis of safety information for surveillance is crucial for the protection of patients, clinicians, and the sponsor Medtronic continually evaluates the quality and integrity of the data through a combination of on-site and centralized monitoring activities.

Lead Complications

Chronic lead performance is characterized by estimating lead related complication free survival probabilities. For analysis purposes, the complication criteria, which align with the AdvaMed 'Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads', are defined below. These criteria do not, however, enable a lead integrity or "hardware" failure to be conclusively differentiated from other clinical events such as an undetected lead dislodgement, perforation, or concurrent pulse generator failure manifested as a sensing or capture problem.

All reported lead-related adverse events are classified by the reporting investigator and are adjudicated by an independent event adjudication committee¹. A lead-related event with at least one of the following classifications that is adjudicated by the committee as a complication and occurs more than 30 days after implant is considered a product performance event and will contribute to the survival analysis endpoint. Events with an onset date of 30 days or less after the implant are considered procedure related and therefore are not included as product performance events. Product performance events include, but are not limited to:

- Failure to capture
- Failure to sense/undersensing
- Oversensing
- Elevated pacing thresholds
- Abnormal pacing impedance (based on lead model, but normal range is typically 200 2,000 ohms)
- Abnormal defibrillation impedance (based on lead model, but normal range is typically 20 200 ohms)
- Lead Insulation breach
- Lead Conductor fracture, confirmed electrically, visually or radiographically
- Extracardiac stimulation
- Cardiac perforation
- Lead dislodgement
- Structural Lead Failure

Data Analysis Methods

The performance of leads is expressed in terms of lead survival estimates, where "survival" refers to the function of the lead, not the survival of the patient. These survival estimates are intended to illustrate the probability that a lead will survive for a given number of years without a chronic lead-related complication.

Active surveillance normally begins at the time of implant and continues until a product performance or censoring event occurs. In some cases in the PAN Registry, active surveillance of a device starts after the device was implanted. The survival probability of such device is conditional on survival to the time when the device enters the Registry. This phenomenon is called Left-truncation². PPR lead survival analysis is estimated using the Kaplan-Meier method, a statistical method to incorporate data from these retrospectively enrolled devices, left-truncated data, was applied. The statistical technique uses data from existing devices while appropriately adjusting the device survival curves for the time the device was not actively followed in the registry. Thus, in some cases sample sizes may fluctuate from one time interval to the next interval.

On the following pages, each graph includes a survival curve for each lead model. The survival estimates is the probability that a lead is free of a product performance event at a given time point. For example, if a survival probability is 95% after 5 years of service, then the lead has a 5% chance of experiencing a lead-related complication in the first 5 years following implant.

The data in the tables is rounded to the nearest tenth of one percent. Occasionally, a graph may show 100% survival, but have one or more complications. This occurs because even with the complications, the data rounds to 100%.

The survival curves are statistical estimates. As sample size increases and performance experience accumulates, the estimation improves. Confidence intervals are provided as a way to indicate the degree of certainty of the estimates. Greenwood's formula is used to calculate the standard errors, and the log-log method is used to produce the 2-sided 95% confidence bounds.

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the number of leads entering an interval is less than 50 leads. When the number of leads entering an interval reaches 50, the next data point is added to the survival

curve. For those lead models that do not have sufficient sample size, a survival curve will not be presented.

Definition of Analysis Dataset

The survival estimates are derived from all device components successfully enrolled as of the data received cut-off date (e.g. date of data entry at a study site). The number of enrollments is listed for each lead model.

This sample is considered to be representative of the worldwide population, and therefore the survival estimates shown should be representative of the performance worldwide of these models.

Criteria for Model Inclusion

Performance information for a model or model family will be published when more than 100 leads have been enrolled and no fewer than 50 leads followed for at least 6 months. Medtronic, at its discretion, may stop providing updated performance information on lead models that received original US market-release approval 20 or more years ago.

Returned Product Analysis Results

Although the returned product analysis data is not used to generate the survival estimates, the data provides valuable insight into the causes of lead malfunction.

For reporting returned product analysis results, Medtronic CRHF considers a lead as having malfunctioned whenever the analysis shows that any parameter was outside the performance limits established by Medtronic while implanted and in service. To be considered a malfunction for returned product analysis reporting, the lead must have been returned to Medtronic and analyzed.

The results of the analysis is presented in four categories. The lead reporting categories are:

Conductor Fracture: Conductor malfunction with complete or intermittent loss of continuity that could interrupt current flow (e.g., fractured conductors), including those associated with clavicle flex fatigue or crush damage.

Insulation Breach: A malfunction of the insulation allowing inappropriate entry of body fluids or inappropriate current flow between the conductors, or between the conductor and the body. Examples include cuts, tears, depressions, abrasions, and material degradation.

Crimps/Welds/Bonds: Any malfunction in a conductor or lead body associated with a point of connection.

Other: Malfunctions of specific lead mechanical attributes, such as sensors, connectors, seal rings, or malfunction modes not included in the three categories above.

A lead subject to a safety advisory is not considered to have malfunctioned unless it has been returned to Medtronic CRHF and found, through analysis, to actually have performed outside the performance limits established by Medtronic.

For leads designed for either ventricular or atrial use, the numbers listed in the Returned Product Analysis tables include both.

The numbers of malfunctions listed in the Returned Product Analysis tables are the actual numbers confirmed in the returned product analysis. The numbers of complications listed in the complications tables are the actual numbers observed in the PSR centers around the world.

US Reports of Acute Lead Observations (Occurring within First Month of Service)

In the first weeks following lead implantation, physiologic responses and lead performance can vary until long-term lead stability is attained. Acute (defined as the first month after implant) lead performance may be subject to a number of factors, including patient-specific anatomy, clinical conditions and/or varying implant conditions/techniques. After a period of time, the implant and the lead performance stabilizes. It is for this reason that the Product Surveillance Registry results, which are intended to measure long-term performance, do not include complications that occur within the first 30 days after implant.

Information about the clinical experience in the first month of service is included in our reporting. The source for this information is Medtronic's complaint handling system database. The information is summarized in tables titled "US Reports of Acute Lead Observations."

Each Event Report received by Medtronic's complaint handling system is assigned one or more Reason for Report codes based on the information received. The Reason for Report codes have been grouped into Acute Lead Observation categories. The categories used for this product performance reporting are drawn from the "FDA Guidance for Submission of Research and Marketing Applications for Permanent Pacemaker Leads and for Pacemaker Lead Adapter 510(k) Submissions." The categories are:

- 1. Cardiac Perforation
- 2. Conductor Fracture
- 3. Lead Dislodgement
- 4. Failure to Capture
- 5. Oversensing
- 6. Failure to Sense
- 7. Insulation Breach
- 8. Impedance Abnormal
- 9. Extracardiac Stimulation
- 10. Unspecified

Although multiple observations are possible for any given lead, only one observation is reported per lead. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Lead Dislodgement and Failure to Sense, Lead Dislodgement is reported.

The lead event reported to Medtronic may or may not have involved clinical action or product returned to Medtronic. The lead may have remained implanted and in service.

Estimated Number of Implanted and Active Leads in the United States

In addition to providing the number of leads enrolled in the PSR, we also provide the number of leads registered as implanted and the number remaining active in the United States based on the status recorded in the Medtronic Device and Registrant Tracking system.

Footnotes:

1: During the evolution of SLS, event adjudication was transitioned from a Medtronic technical review committee to an independent event adjudication committee in 2011. Data analyses include adjudication using both methods.

2: Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

)) JS Market F				03Aug20	05			and Decident	A			
	JS Market F CE Approva				31Jan20			US Retur	ned Product	Analys	IS	US Acute Lead Observ	vations
	Registered		nts		37,163	00		Conductor Fr			19	Cardiac Perforation	
	Estimated A				27,949			Crimp Weld E				Conductor Fracture	
	ixation Type		mpianto		Fixed Sc	rew		Insulation Bre	each		34	Extracardiac Stimulation	
	ace Sense				Bipolar	CW		Other			3	Failure To Capture	
	Steroid Indica				Yes							Failure To Sense	
0					100							Impedance Abnormal	
												Insulation Breach	
												Lead Dislodgement	
												Oversensing	
												Unspecified	
tria	al Place	ement											
od	uct Surve	eillance R	egistry R	esults			Qualif	ying Comp	lications		17		
	er of Leads				1	,016		Perforation		1	Impedance	Abnormal	2
umu	lative Month	hs of Follow	/up		48	,914	Conduc	ctor Fracture		2	Lead Dislo		4
umb	er of Leads	Active in S	tudy			465	Extraca	ardiac Stimula	tion	1			
							Failure	To Capture		4			
							Failure	To Sense		3			
1	00%												
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D D	70% -										 Cu 	mulative Survival Probability	
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	0		20	40		60		80	100	12)		
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ears		2	3	4	5	6	7	at 96 mo					
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en	tricular	Placem	ent										
rod	uct Surve	eillance R	egistry R	esults			Qualif	ying Comp	lications		10		
	er of Leads					761		To Capture		4	Impedance	e Abnormal	1
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Medtronic CRFH Product Performance Report	

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	Registered				119,708			Conductor Crimp Wel			ç		Cardiac Perforation Conductor Fracture	
	Estimated A	Active USA	Implants		70,043			Insulation E			35		Extracardiac Stimulation	
	ixation Typ				Tines			Other					Failure To Capture	
	Pace Sense				Bipolar								Failure To Sense	
S	Steroid Indic	ator			Yes								Impedance Abnormal	
													Insulation Breach	
													Lead Dislodgement	
													Oversensing	
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	luct Surve		eaistrv R	esults			Qualif	vina Con	plication	s	2			
	er of Leads					227		To Sense				ead Dislodge	ement	1
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	er of Leads					104								
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j –	80% -											 Upper 	95 Pct Confidence	
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			50		-	450		-	0.54					
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% # en rod	s 1 99.1% # 214 tricular	99.1% 205 Placen eillance R	3 99.1% 198 nent registry R	4 99.1% 183	Mor 5 99.1% 167	oths After I 6 99.1% 158	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122	10 99.1% 112	11 99.1% 74 8	<u>99.1%</u> 60		
% # en od	s 1 99.1% # 214 # 214 # tricular # uct Surve	99.1% 205 Placen eillance R s Enrolled ir	3 99.1% 198 nent tegistry R n Study	4 99.1% 183	Mor 5 99.1% 167	1124 After I	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 II	99.1% 60 mpedance Al	onormal	1
% en rod umb	tricular uct Surve	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 li 2 li	99.1% 60 mpedance Al	onormal ach	1
% en rod umb	s 1 99.1% # 214 # 214 # tricular # uct Surve	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	1124 After I	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge	onormal ach ement	1 1 2
% en rod umb	tricular uct Surve	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al	onormal ach ement	1 1 2 1
# rod umb umc	s 1 99.1% tricular luct Surve oper of Leads alative Mont ber of Leads	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge	onormal ach ement	1 1 2 1
% # i'en rod umk umk	s 1 99.1% # 214 tricular duct Surve ber of Leads ulative Mont ber of Leads	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge	onormal ach ement	1 1 2 1
% fen rod umt umt umt	s 1 99.1% 214 tricular luct Surve oper of Leads ulative Mont ber of Leads	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge	onormal ach ement	1 1 2 1
% fen rod umt umt umt	s 1 99.1% # 214 tricular duct Surve ber of Leads ulative Mont ber of Leads	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge Dther Complic	onormal ach ement	1 1 2 1
% fen rod umt umt umt	s 1 99.1% 214 tricular luct Surve oper of Leads lative Mont oper of Leads	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge Other Complice Other Complice	onormal ach ement cation	1 1 2 1
% fen rod umt umt umt	s 1 99.1% tricular luct Surve oper of Leads ulative Mont oper of Leads 100% - 90% - 80% -	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge Other Complice Upper Cumu	onormal ach ement cation	1 1 2 1
% fen rod umk umk	1 99.1% 214 tricular uct Surve or of Leads lative Mont or of Leads 100% 90% 80% 70%	99.1% 205 Placen eillance R s Enrolled ir hs of Follow	3 99.1% 198 hent Registry R h Study vup	4 99.1% 183	Mor 5 99.1% 167	158 124 823	7 99.1% 148 Qualif	8 99.1% 134 ying Con	9 99.1% 122 application	10 99.1% 112	11 99.1% 74 8 1 h 2 h L	99.1% 60 mpedance Al nsulation Bre ead Dislodge Other Complice Upper Cumu	onormal ach ement cation 95 Pct Confidence lative Survival Probability	1 1 2 1

982

					Mor	ths After Ir	nplant							
J	0		50	10	00	150		200	250	0	300			
	0% -r											- 10	and our of ourmence	
6	0% -												wer 95 Pct Confidence	
9 8 7	0% -												mulative Survival Probability	
8	0% -											 116 	per 95 Pct Confidence	
9	0% -													
10	0%					1								
ımber	r of Leads	Active in S	tudy			450	Failure	To Capture	;			Other Corr	•	1
ımula	tive Month	ns of Follow	vup		87,	096	Extraca	rdiac Stimu	lation			Lead Dislo		1
		Enrolled in			1,	535		tor Fracture			1	Impedance	Abnormal	2
odu	ct Surve	illance R	egistry R	esults			Qualif	ying Com	plication	s	9)		
enti	ricular	Placem	nent											
#	2,812	2,431	2,058	1,620	1,143	832	582	314	196	112	67			
%_	99.8%	99.7%	99.6%	99.5%	99.3%	99.1%	99.0%	99.0%	99.0%	99.0%	99.0%	6		
ars	1	2	3	4	5	6	7	8	9	10	at 126	mo		
					Mor	ths After Ir	nplant							
	0		50	10		150		200	250	0	300			
5	0%		- 1		9	1			1					
6	0% -											· Lo	wer 95 Pct Confidence	
7	0% -											Cu	mulative Survival Probability	
í	0% -											• Up	per 95 Pct Confidence	
9	0% -													
10	0%													
							⊢aiiure	To Sense			3			
Imper	r of Leads	Active in S	otudy		1,	487		To Capture	•			Oversensi	ng	1
		ns of Follow			164,			tor Fractur				Lead Dislo		5
		Enrolled in				341		Perforation				Insulation I		2
			egistry R	esults		044			plication	S		8		
							0			_				
tria	I Place	mont												
													Unspecified	
													Oversensing	
													Lead Dislodgement	
													Impedance Abnormal Insulation Breach	
	eroid Indica				Yes								Failure To Sense	
	ce Sense I				Bipolar			Other			2	22	Failure To Capture	
	ation Type		Implanto		Active Sc			Insulation E	Breach		11		Extracardiac Stimulation	
	0	ctive USA			399,644			Crimp Weld				1	Conductor Fracture	
D/	E Approval	JSA Implar	ote		14Jun20 580,077			Conductor	Fracture		8	34	Cardiac Perforation	
					441 00	0.4		US Retu		ouuci r	inaryo	•	US Acute Lead Observ	

Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
%	99.8%	99.8%	99.8%	99.7%	99.4%	99.4%	99.0%	99.0%	98.6%	98.6%	98.6%
#	1,311	1,160	1,030	837	638	535	409	259	177	107	51

Medtronic CRFH Product Performance Report

US Market Release	17Sep1998	US Returned Product	Analysis	US Acute Lead Observ	ations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	15Apr1998 187,213 66,970 Tines Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	17 79 2	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	33
Product Surveillance Registry Resul	ts	Qualifying Complications	21	- 1	
lumber of Leads Enrolled in Study	1,189	Conductor Fracture	3 Impedar	nce Abnormal	1
umulative Months of Followup	67,692	Extracardiac Stimulation	1 Lead Dis	slodgement	4
lumber of Leads Active in Study	32	Failure To Capture	12		
100% -					
90% -					
≧n 80% -				Upper 95 Pct Confidence	
80% - 70% -				Cumulative Survival Probability	
60% -				Lower 95 Pct Confidence	
50% -r	100 150	200 250	300		

Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
%	98.8%	98.7%	98.5%	98.1%	97.8%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%
#	943	840	745	630	507	393	321	260	211	131	67

4574 CapSure Sens	е				
US Market Release	23Jun2002	US Returned Product	t Analysis	US Acute Lead Observa	tions
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	01Feb2002 82,489 52,047 J-shape, tines Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	10	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	1 4 14 3 118 118 1
Product Surveillance Registry Resu	ilts	Qualifying Complications	8	Unspecified	4
Number of Leads Enrolled in Study	1,061	Conductor Fracture	2 Lead Dis	lodgement	5
Cumulative Months of Followup	34,596	Failure To Capture	1		
Number of Leads Active in Study	627				
100%	40 60	80 100	• 0	Jpper 95 Pct Confidence Cumulative Survival Probability ower 95 Pct Confidence	

Months After Implant

at 72 mo

98.5%

74

Years

%

#

1

99.3%

795

2

99.3%

579

3

99.3%

418

4

99.0%

301

5

98.5%

05Oct1998	US Poturnod Product	Analysis	US Acute Lead Obser	wations
15Apr1998 15Apr1998 89,535 33,729 J-shape, tines Bipolar Yes	US Returned Product	9 28	US Acute Lead Obser Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement	rvations
2	Qualifying Complications	8	Oversensing Unspecified	
			lodgement	2
18,709	Failure To Sense	1	Jougement	2
60				
			Jpper 95 Pct Confidence	
	15Apr1998 89,535 33,729 J-shape, tines Bipolar Yes 352 18,709	15Apr1998 Conductor Fracture 89,535 Crimp Weld Bond 33,729 Insulation Breach J-shape, tines Other Bipolar Yes Yes Failure To Capture 15Apr1998 Failure To Sense	15Apr1998 Conductor Fracture 9 89,535 Crimp Weld Bond 28 J-shape, tines Other 0ther Bipolar Yes Ves 28 Qualifying Complications 8 352 Failure To Capture 5 Lead Dise 18,709 Failure To Sense 1	15Apr1998 Conductor Fracture 9 Cardiac Perforation 89,535 Crimp Weld Bond Conductor Fracture 9 Cardiac Perforation J-shape, tines Crimp Weld Bond 28 Extracardiac Stimulation Bipolar Other Failure To Capture Failure To Sense Yes Unsulation Breach 28 Extracardiac Stimulation Mail Other Failure To Sense Insulation Breach Lead Dislodgement Oversensing Unspecified Mail S2 Failure To Capture 5 18,709 Failure To Sense 1





Cumulative Survival Probability

Lower 95 Pct Confidence

CE				lovus											
	6 Market Re	elease			03Jun19			US Retu	urned Pr	oduct A	nalysis		US Acute	Lead Observ	vations
	E Approval				05Jun19	97		Conductor	Fracture		15		Cardiac Perf	foration	
	egistered U				99,450			Crimp Weld			1		Conductor F	racture	
	stimated Ac	tive USA	Implants		33,883			Insulation E			38		Extracardiac	Stimulation	
	ation Type				Tines			Other			3		Failure To C	apture	
	ce Sense P				Bipolar								Failure To S	ense	
Ste	eroid Indica	tor			Yes								Impedance /	Abnormal	
													Insulation Br	reach	
													Lead Dislod	gement	
													Oversensing]	
													Unspecified		
tria	l Placer	nent													
			egistry Re	esults			Qualif	ving Corr	plication	s	2				
	r of Leads B					426		To Capture		-		ad Dislodg	ement		1
	tive Month				38	,690						ad Dislody			
	r of Leads A				50	64									
10	0%														
. 9	0% -														
All A	0% -														
	0% -												r 95 Pct Con		
Ď														val Probability	
	0% -											 Lowe 	r 95 Pct Con	fidence	
5	0% -r		50	10	0	150		200	250	n	300				
	0		50	I.		nths After I	malant	200	250		300				
ears	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo		
ears_	99.5%	2 99.5%		4 99.5%	99.5%	99.5%	99.5%	o 99.5%	99.5%	99.5%	99.5%	99.5%	99.5%		
70 #	412	392	359	323	289	252	219	185	152	128	107	99.3%	57		
				323	209	252	219	100	152	120	107	90	57		
	ricular I														
rodu	ct Survei	llance R	egistry Re	esults					plication	S	11				
umbe	r of Leads B	Enrolled in	Study			985	Failure	To Capture	9			pedance A			1
umulə	tive Months	s of Follow	/up		33	,420	Failure	To Sense			2 Le	ad Dislodg	ement		1
umbe	r of Leads A	Active in S	tudy			36									
10	0%		-												
	0% -														
N N	0% -											IInne	r 95 Pct Con	fidence	
RAINNIN 8	0% -													val Probability	
BAIAINS DE 7													er 95 Pct Con		
ead Survive	0% -											- Lowe	a aa rot oon	nuence	
8 7 6	0% -														
8 7 6	0%		50	1(00	150		200	25	0	300				
8 7 6			50	10		150 nths After I	mplant	200	25	D	300				
Predu poliving	0%	2	50 3	4		150 hths After In 6	mplant 7	200 8	250 9	D 10	300	at 138 mo			

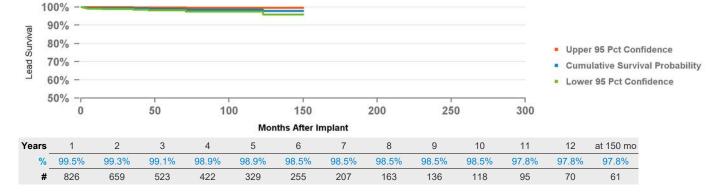
481

US Market Release	05Jun19	98		US Retu	Irned Pro	oduct Ar	alvsis		US Acute	Lead Observation	s
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	25Sep19 10,056 3,069 Fixed Scr Bipolar Yes			Conductor I Crimp Weld nsulation B Other	Fracture Bond		9		Cardiac Perfe Conductor Fr Extracardiac Failure To Ca Failure To Se Impedance A Insulation Bre Lead Dislodg Oversensing Unspecified	oration acture Stimulation apture ense bhormal each	
oduct Surveillance Registry Res		519		/ing Com Perforatior	plications	5	4 1		Chopcomod		
nulative Months of Followup	23.	332	Failure	To Capture			2				
nber of Leads Active in Study		14	Failure	To Sense			1				
100%				1				Cumu	r 95 Pct Conf ulative Surviv r 95 Pct Conf	al Probability	
90% - 80% - 70% - 60% -	100	150		200	250	6	300	Cumu	ulative Surviv	al Probability	
90% - 80% - 70% - 60% - 50% - 0 50	Mon	ths After In	•					 Cumi Lowe 	ulative Surviv r 95 Pct Conf	al Probability	
90% - 80% - 70% - 60% - 50% - 0 50 ars 1 2 3			nplant 7 98.4%	8 98.4%	9 97.3%	10 97.3%	300 11 97.3%	Cumu	ulative Surviv	al Probability	

ears	1	2	3	4	5	6	7	8	9	10	11	12	at 156 m	0	
		6	6			ths After Ir	•	0	<u>_</u>	10		10	1450		
	0		50	10	00	150		200	25	0	300				
	50% -r														
Lee	60% -												er 95 Pct Co		
Lead Survival	70% -													vival Probability	
NN N	80% -											 Uppe 	r 95 Pct Co	onfidence	
Aal	90% -														
	00%			-											
								To Sense				her Compli	cation		1
	er of Leads					720		To Capture				versensing			1
	lative Month				104,			tor Fractur				ad Dislodg			3
	er of Leads			counto	2.	522		Perforation				pedance A	bnormal		4
	uct Surve			esults			Qualify	vina Com	plication	s	27				
	tricular	,	,	_,. 50	.,010	.,	.,				0.0	200			
/0 #		4,469	3,569	2,739	1,940	1,463	1,081	775	586	464	340	205	114	57	
ears %		2 99.6%	99.4%	4 99.2%	98.9%	98.6%	98.6%	o 98.4%	98.4%	98.3%	98.1%	98.0%	98.0%	97.3%	
ears	1	2	3	4	5	6	npiant 7	8	9	10	11	12	13	at 168 mo	
	0		50	I.		ths After Ir		200	20	0	300				
8	50% -r		50	10	0	150		200	25	0	300				
1												 Lowe 	r 95 Pct C	onfidence	
LCG	60% -													vival Probability	
ñ,	70% -														
Lead Survival	80% -											 Unno 	r 95 Pct Co	onfidence	
5	90% -														
1	00%			_		-									
							Failure	To Sense			4 Ot	her Compli	cation		4
							Failure	To Capture	9		8 Ov	versensing			3
umbe	er of Leads	Active in S	tudy		3,	806	Extraca	rdiac Stimu	ulation		2 Le	ad Dislodg	ement		16
umul	lative Month	s of Follov	/up		324,	408	Conduc	tor Fractur	e			sulation Bre			1
	er of Leads				7,	984	Cardiac	Perforatio	n		2 Im	pedance A	bnormal		6
rodu	uct Surve	illance R	egistry R	esults			Qualify	ying Com	plication	IS	56				
tria	al Place	ment													
													Unspecifie	ed	
													Oversensi	ng	
													Lead Dislo	odgement	2,
													Insulation	Breach	
51	teroid Indica	ator			Yes								Impedanc	e Abnormal	
	ace Sense				Bipolar								Failure To	Sense	
	ixation Type				Active Sc	rew In	(Other			223		Failure To	Capture	
	Estimated A		Implants		1,528,34		I	Insulation E	Breach		904		Extracardi	ac Stimulation	
	Registered				2,346,37		(Crimp Weld	d Bond				Conductor	Fracture	
_	E Approva				12Aug19		(Conductor	Fracture		873		Cardiac P	erforation	
C								US Retu			,			te Lead Observ	

	IS Market I	-	ureFix		08Feb2	011					
	E Approva				21Jan20		US Retu	Irned Product	Analysi	s US Acute Lead Ob	
	Registered		ante		208,528		Conductor I	Fracture	6	0 Cardiac Perforation	:
	Estimated A				184,327		Crimp Weld	Bond		Conductor Fracture	
	xation Typ		Timpiants		,		Insulation E	Ireach	10	3 Extracardiac Stimulatio	n
					Active Se	crew in	Other		1	2 Failure To Capture	
	ace Sense				Bipolar					Failure To Sense	
51	eroid Indic	ator			Yes					Impedance Abnormal	
										Insulation Breach	
										Lead Dislodgement	:
										Oversensing	
										Unspecified	
tria	al Place	ment									
			Registry R	esults			Qualifying Com	plications	1	5	
	er of Leads				3	,094	Conductor Fracture			Lead Dislodgement	11
	ative Mont		-			,427	Failure To Capture			Oversensing	1
	er of Leads					,574				o voi containg	I
			,								
1	00%		_								
	90% -										
	80% -									 Upper 95 Pct Confidence 	
	70% -									 Cumulative Survival Probability 	ility
	60%									Lower 95 Pct Confidence	
	50% -r							1			
	0		20	4	0	60	80	100	120		
					Мо	nths After Ir	nplant				
ars	1	2	3	4	5	at 72 mo					
%	99.8%	99.6%	99.6%	99.4%	99.4%	99.4%					
#	2,683	2,314	1,957	1,474	603	61					
ent	ricular	Placen	nent								
			Registry R	esults			Qualifying Com	nlications	1	2	
	er of Leads			counto	2	,040	Conductor Fracture				4
										Impedance Abnormal	1
	ative Mont					5,580	Failure To Capture Failure To Sense			Lead Dislodgement	3
mpe	er of Leads	Active in a	Study		1	,547	Fallure To Sense		1		
1	00%										
	90% -										
	80% -									Upper 95 Pct Confidence	
	70% -									 Cumulative Survival Probability 	ility
	60% -									Lower 95 Pct Confidence	200
	50%										
	0		20	4	0	60	80	100	120		
						nths After Ir					
	1	2	3	4	5	at 72 mo					
ars %	-	2 99.7%	3 99.6%	4 99.5%	5 99.5%	at 72 mo 99.5%					

5092	CapSure SP Novu	s						
US Marke	et Release	03Jun1998		US Returned Produ	ct Analy	vsis	US Acute Lead Obser	vations
CE Appro	oval	25Sep1997		Conductor Fracture	-	22	Cardiac Perforation	7
Register	ed USA Implants	141,291		Crimp Weld Bond			Conductor Fracture	2
Estimate	d Active USA Implants	52,837		Insulation Breach		58	Extracardiac Stimulation	3
Fixation T	уре	Tines		Other		3	Failure To Capture	49
Pace Sen	se Polarity	Bipolar					Failure To Sense	7
Steroid In	dicator	Yes					Impedance Abnormal	1
							Insulation Breach	3
							Lead Dislodgement	72
							Oversensing	1
							Unspecified	9
Product Sur	veillance Registry Results		Qua	lifying Complications		10		
Number of Lea	ads Enrolled in Study	1,209	Extra	cardiac Stimulation	1	I Impedance	Abnormal	1
Cumulative Mo	onths of Followup	52,607	Failu	re To Capture	3	B Lead Dislo	lgement	5
Number of Lea	ads Active in Study	38						



5554 CapSure Z N US Market Release	03Jun1998	LIS Poturnod Product	Analysis	LIS Aguta Load Ober	wationa
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	030011998 05Jun1997 64,527 24,308 Tines Bipolar Yes	US Returned Product Conductor Fracture Crimp Weld Bond Insulation Breach Other	Analysis 18 30 2	US Acute Lead Observer Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	vations 1 31 2 1 38
Product Surveillance Registry Re Number of Leads Enrolled in Study Cumulative Months of Followup	asults 361 8,761	Qualifying Complications Failure To Capture		Unspecified nce Abnormal slodgement	1
Number of Leads Active in Study	10		Overser	0	1
100% - 90% - 80% - 70% - 60% - 50% -			•	Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	

Months After Implant

at 72 mo

96.0%

50

Years

%

#

1 100.0%

152

2

98.2%

117

3

97.2%

93

4

96.0%

79

5

96.0%

592 CapSure SP No	ovus				
US Market Release	03Jun1998	US Returned Product	t Analysis	US Acute Lead Obser	vations
CE Approval	25Sep1997	Conductor Fracture	6	Cardiac Perforation	
Registered USA Implants	37,291	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	17,039	Insulation Breach	4	Extracardiac Stimulation	
Fixation Type	Tines	Other	1	Failure To Capture	
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	4
				Oversensing	
				Unspecified	
roduct Surveillance Registry Result	S	Qualifying Complications	5		
umber of Leads Enrolled in Study	709	Failure To Capture	3 Lead Disl	odgement	2
umulative Months of Followup	36,646				
umber of Leads Active in Study	46				
100%			- U	oper 95 Pct Confidence	
70% -			• Ci	umulative Survival Probability	
60% -			• Lo	ower 95 Pct Confidence	

ł	50% -r		50	10	00	150		200	250	0	300	
					Mor	ths After I	mplant					
Years	1	2	3	4	5	6	7	8	9	10	11	at 144 mo
%	99.6%	99.3%	99.3%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%
#	533	442	358	299	236	183	152	132	112	97	80	54

5594 CapSure SP N					
US Market Release	25Jun2001	US Returned	Product Analysi	s US Acute Lead Observation	ons
CE Approval	23Mar2001	Conductor Fracture	e 1	3 Cardiac Perforation	
Registered USA Implants	17,591	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	9,524	Insulation Breach	1	3 Extracardiac Stimulation	
Fixation Type	Tines	Other		Failure To Capture	4
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	14
				Oversensing	
				Unspecified	2
Product Surveillance Registry Res	ults	Qualifying Complicati	ions 2		
Number of Leads Enrolled in Study	31	Conductor Fracture	1 (Oversensing 1	
Cumulative Months of Followup	2,595			5	
Number of Leads Active in Study	9				
100% -					
w 90% -					
80% -				 Upper 95 Pct Confidence 	
80% - 80% - 70% -				Cumulative Survival Probability	
⁸ 60% -				Lower 95 Pct Confidence	
50%				- Lower 35 FCt Connuence	
0 20	40 60	80	100 120		
	Months After	P. State Commission			
Years at 0 mo	inonino Piter				

% 100.0% #

	000 11000										
US Market Release	09Oct1998			US Retu	Irned Pr	oduct A	nalysis		US Acute Lea	d Observatio	ons
CE Approval			(Conductor I	Fracture		14		Cardiac Perforation	on	
Registered USA Implants	25,370		(Crimp Weld	Bond				Conductor Fractur	re	
Estimated Active USA Implants	5,218		I	nsulation B	reach		24		Extracardiac Stim	ulation	
Fixation Type	Active Screv	v In	Other			12		Failure To Capture	e		
Pace Sense Polarity	Bipolar								Failure To Sense		
Steroid Indicator	Yes								Impedance Abnor	mal	
									Insulation Breach		
									Lead Dislodgeme	nt	
									Oversensing		
									Unspecified		
duct Surveillance Registry Res	sults		Qualify	ying Com	plication	s	14				
ber of Leads Enrolled in Study	84	9	Conduc	tor Fracture	e		1 Lea	ad Dislodg	ement	3	
ulative Months of Followup	44,13	0	Failure	To Capture			1 Ov	ersensing		6	
ber of Leads Active in Study	2	7	Failure	To Sense			3				
100% - 90% - 80% - 70% - 60% - 50% - 0 50	100	150		200	250)	300	Cum	er 95 Pct Confidenc ulative Survival Pr er 95 Pct Confiden	obability	
90% - 80% - 70% - 60% -	100 Months	150		200	250)	300	Cum	ulative Survival Pr	obability	
90% - 80% - 70% - 60% - 50% - 0 50	Months	s After In	plant					 Cum Lowe 	ulative Survival Pr er 95 Pct Confiden	obability	
90% - 80% - 70% - 60% - 50% -	Months 4 5	2020200		200 8 98.0%	9 98.0%) 10 98.0%	300 11 94.7%	Cum	ulative Survival Pr	obability	

US Market Release	31Mar1994	US Returned Produc	ct Analysis	US Acute Lead O	bservations
CE Approval	01Jan1993	Conductor Fracture	15	Cardiac Perforation	
Registered USA Implants	3,204	Crimp Weld Bond	10	Conductor Fracture	
Estimated Active USA Implants	1,100	Insulation Breach	1	Extracardiac Stimulation	n
Fixation Type	Suture	Other		Failure To Capture	
Pace Sense Polarity	n/a	Oulei		Failure To Sense	
Steroid Indicator	None			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
oduct Surveillance Registry Resu	lts	Qualifying Complications	47	Chippetinea	
mber of Leads Enrolled in Study	416	Conductor Fracture		ce Abnormal	4
mulative Months of Followup 23,730		Failure To Capture	8 Insulation		2
mber of Leads Active in Study	6	·	Oversens		12
100% - 90% - 80% - 70% - 60% -			• c	pper 95 Pct Confidence umulative Survival Probal ower 95 Pct Confidence	bility
50%					
50%	40 60	80 100	120		
	40 60 Months After		120		
			120		

#

US Market Release	02Sep2004	US Returned Produc	t Analysis	US Acute Lead Observations
CE Approval		Conductor Fracture	5	Cardiac Perforation
Registered USA Implants	354	Crimp Weld Bond	5	Conductor Fracture
Estimated Active USA Implants	120	Insulation Breach		Extracardiac Stimulation
Fixation Type	Tines	Other		Failure To Capture
Pace Sense Polarity	True Bipolar/One Coil	Other		Failure To Sense
Steroid Indicator	Yes			Impedance Abnormal
				Insulation Breach
				Lead Dislodgement
				Oversensing
				Unspecified
oduct Surveillance Registry Res	ulte			
mber of Leads Enrolled in Study	4			
mulative Months of Followup	262			
mber of Leads Active in Study	1			
moor of Leads / touve in olddy				
moor or Loads / loave in Olday	T			
-				
100% -				
100% -				
100% -				 Upper 95 Pct Confidence
100% -				 Upper 95 Pct Confidence Cumulative Survival Probability
100% - 90% - 80% -				
100% - 90% - 80% - 70% -				Cumulative Survival Probability
100% - 90% - 80% - 70% - 60% -	40 60	80 100	120	Cumulative Survival Probability

#

02Sep2004	US Returned Product	Analys	is US Acute Lead Obs	ervations
	Conductor Fracture	64	40 Cardiac Perforation	
	Crimp Weld Bond		Conductor Fracture	
	Insulation Breach		1 Extracardiac Stimulation	
	Other		5 Failure To Capture	
			Failure To Sense	
Yes			Impedance Abnormal	
			Insulation Breach	
			Lead Dislodgement	
			Oversensing	
			Unspecified	
	Qualifying Complications	1	59	
310	Conductor Fracture	36	Impedance Abnormal	10
17,162	Failure To Capture	3	Lead Dislodgement	2
26	Failure To Sense	1	Oversensing	7
			 Upper 95 Pct Confidence Cumulative Survival Probabili 	
	8,075 2,209 Active Screw In True Bipolar/One Coil Yes 310 17,162	8,075 Conductor Fracture 2,209 Crimp Weld Bond Active Screw In Insulation Breach True Bipolar/One Coil Other Yes Use Screw In Gualifying Complications Conductor Fracture 310 Conductor Fracture 17,162 Failure To Capture	8,075 Conductor Fracture 6 2,209 Insulation Breach Insulation Breach Active Screw In Other Other True Bipolar/One Coil Yes 0 Yes Gualifying Complications 4 310 Conductor Fracture 36 17,162 Failure To Capture 3	8,075 Conductor Fracture 640 Cardiac Perforation 2,209 Insulation Breach 1 Extracardiac Stimulation Active Screw In Other 5 Failure To Capture Yes Failure To Sense Insulation Breach 1 Ves Extracardiac Stimulation Insulation Breach 1 Ves Failure To Capture Failure To Sense Impedance Abnormal 1nsulation Breach 1 Lead Dislodgement Oversensing 10 Conductor Fracture 36 Impedance Abnormal 117,162 Failure To Capture 1 Lead Dislodgement 26 Failure To Sense 1 Oversensing 26 Failure To Sense 1 Oversensing 26 Failure To Sense 1 Oversensing

80

at 84 mo

71.9%

64

100

120

Lower 95 Pct Confidence

60%

Years

%

#

50% -r

0

2

95.9%

240

1

98.2%

271

20

3

92.7%

209

40

5

81.8%

137

4

87.9%

168

60

Months After Implant

6

73.8%

6935 Sprint Quattro Se	ecure S					
US Market Release	01Nov2008	US Returne	d Product Analy	/sis	US Acute Lead Observa	ations
CE Approval	31Mar2008	Conductor Fract	ure	255	Cardiac Perforation	21
Registered USA Implants	57,947	Crimp Weld Bon	d		Conductor Fracture	2
Estimated Active USA Implants	46,331	Insulation Breact	n	9	Extracardiac Stimulation	
Fixation Type	Active Screw In	Other		40	Failure To Capture	23
Pace Sense Polarity	True Bipolar/One Coil				Failure To Sense	8
Steroid Indicator	Yes				Impedance Abnormal	17
					Insulation Breach	1
					Lead Dislodgement	52
					Oversensing	51
					Unspecified	5
Product Surveillance Registry Results		Qualifying Complica	ations	37		
Number of Leads Enrolled in Study	2,606	Cardiac Perforation		1 Impedance A	Abnormal	3
Cumulative Months of Followup	106,913	Conductor Fracture	14	4 Lead Dislod	gement	7
Number of Leads Active in Study	1,046	Extracardiac Stimulation	ı	1 Oversensing		6
		Failure To Capture		3 Other Comp	lication	1
		Failure To Sense		1		
100% -						
<u> </u>						
80% - 80\% - 80\% -						
ดั ฐ 70% -					er 95 Pct Confidence	
					ulative Survival Probability	
				Low	er 95 Pct Confidence	
50%	40 60	80	100 1	20		
0 20	Months After Im		100 1	20		
Years 1 0 0 1		•				
Years 1 2 3 4	5 6	7 at 90 mo				
% 99.4% 99.2% 98.9% 98.6%		96.9% 95.8%				
# 2,205 1,771 1,402 1,050	6 678 369	175 81				

6935M	Sprint	Quattr	o Sec	cure S									
	ket Release			02Aug20			US Retu	rned Produ	ct Analy	sis	US Acute Lead Ob	oservations	
CE App				12Jul201			Conductor F	racture		158	Cardiac Perforation		78
0	red USA Implan			160,934			Crimp Weld	Bond			Conductor Fracture		6
	ed Active USA I	mplants		152,029			Insulation Br	each		4	Extracardiac Stimulation	on	11
Fixation				Active Sc			Other			17	Failure To Capture		136
	nse Polarity				olar/One Coil						Failure To Sense		33
Steroid I	ndicator			Yes							Impedance Abnormal		43
											Insulation Breach		1
											Lead Dislodgement		234
											Oversensing		104
											Unspecified		
Product Su	urveillance Re	gistry Re	esults			Qual	ifying Comp	lications		37			
Number of Le	eads Enrolled in	Study		5	369	Cardia	ac Perforation		1	Impe	dance Abnormal	3	
Cumulative M	Ionths of Follow	qu		108	,397	Cond	uctor Fracture		9	Insula	ation Breach	1	
Number of Le	eads Active in St	udy		3	,996	Failur	e To Capture		8	Lead	Dislodgement	12	
						Failur	e To Sense		1	Overs	sensing	1	
										Other	Complication	1	
100% ·					-								
. 90%	-												
80% · · · · · · · · · · · · · · · · · · ·	-												
אר 20% -											Upper 95 Pct Confidence		
- 60%											Cumulative Survival Probat	oility	
											 Lower 95 Pct Confidence 		
50%	0	20		40	60		80	100	12	0			
	0	20	<u>ः</u>			nlant	00	100	12	.0			
Veena	0	2	4		nths After Im	piant							
Years 1 % 99.5	2	3	4 98.5%	at 54 mo 98.5%	-								
% 99.5 # 3,54		98.9% 906	98.5% 240	98.5% 77	-								
# 3,54	1,940	900	240	11									

37A Transvene S\ US Market Release	06Apr2001			LIS Dot	urned Pro	duct A	nalva	us US Acute Lead Obs	onvations
CE Approval							lialys		ervations
Registered USA Implants	2,418			Conductor I				5 Cardiac Perforation	
Estimated Active USA Implants	1,430			Crimp Weld				Conductor Fracture	
Fixation Type	Passive			Insulation B	reach			Extracardiac Stimulation	
Pace Sense Polarity	One Coil			Other				Failure To Capture	
Steroid Indicator	None							Failure To Sense	
								Impedance Abnormal	
								Insulation Breach	
								Lead Dislodgement	
								Oversensing	
								Unspecified	
duct Surveillance Registry Res					plications	•		14	
nber of Leads Enrolled in Study	121		Conduc	tor Fracture	÷		5	Impedance Abnormal	1
nulative Months of Followup	13,292							Insulation Breach	2
nber of Leads Active in Study	13	3						Lead Dislodgement	1
								Unspecified	4
1000								Other Complication	1
100% -									
90% -									
80% -								 Upper 95 Pct Confidence 	
70% -								 Cumulative Survival Probabili 	itv
60% -								Lower 95 Pct Confidence	.,
50%									
0 50	100	150		200	250		300	0	
	Months	After In	nplant						
rs 1 2 3	4 5	6	7	8	9	10	at 126	3 mo	
% 98.4% 97.5% 97.2%	96.7% 95.4% 9	4.9%	93.9%	93.4%	92.2%	91.1%	91.1	%	
# 827 695 581		311	217	168	109	71	56		

6944 Sprint Quattro					
US Market Release	13Dec2000	US Returned Product	Analys	is US Acute Lead Obse	rvations
CE Approval	05Nov1999	Conductor Fracture	1	86 Cardiac Perforation	
Registered USA Implants	44,835	Crimp Weld Bond		1 Conductor Fracture	2
Estimated Active USA Implants	19,780	Insulation Breach		4 Extracardiac Stimulation	
Fixation Type	Tines	Other		6 Failure To Capture	17
Pace Sense Polarity	True Bipolar/Two Coils	5		Failure To Sense	3
Steroid Indicator	Yes			Impedance Abnormal	11
				Insulation Breach	
				Lead Dislodgement	24
				Oversensing	13
				Unspecified	6
Product Surveillance Registry Results		Qualifying Complications	:	27	
Number of Leads Enrolled in Study	610	Conductor Fracture	14	Impedance Abnormal	4
Cumulative Months of Followup	30,266	Failure To Capture	4	Oversensing	3
Number of Leads Active in Study	160	Failure To Sense	1	Unspecified	1
100% - 90% - 80% - 70% -				 Upper 95 Pct Confidence Cumulative Survival Probability 	,
<u> </u>				Lower 95 Pct Confidence	



140

90

58

- Upper 95 Pct Confidence
- Cumulative Survival Probability
- Lower 95 Pct Confidence

Years

%

523

434

355

283

946M Sprint Quattro				
US Market Release	05Jan2016	US Returned Product Analysis	US Acute Lead Observations	
CE Approval	12Sep2013		Cardiac Perforation	
Registered USA Implants	946		Conductor Fracture	
Estimated Active USA Implants	932		Extracardiac Stimulation	
Fixation Type	Tines		Failure To Capture	
Pace Sense Polarity	True Bipolar/Two Coils		Failure To Sense	
Steroid Indicator	Yes		Impedance Abnormal	
			Insulation Breach	
			Lead Dislodgement	
			Oversensing	
			Unspecified	



- Cumulative Survival Probability
- Lower 95 Pct Confidence

Months After Implant

100% -90% -

80% -

70% -

60% -50% --

Years at mo

Lead Survival

6947 Sprint Quattro	Secure									
US Market Release	12Nov2001		US Retu	rned Pr	oduct A	nalysi	s	US Acut	te Lead Observ	vations
CE Approval	04Oct2001	(Conductor F	racture		98	4	Cardiac Pe	erforation	28
Registered USA Implants	374,402	(Crimp Weld	Bond			4	Conductor	Fracture	23
Estimated Active USA Implants	203,768		Insulation B	reach		8	6	Extracardi	ac Stimulation	2
Fixation Type	Active Screw In		Other			21	5	Failure To	Capture	79
Pace Sense Polarity	True Bipolar/Two Co	olls					1	Failure To	Sense	35
Steroid Indicator	Yes						I	mpedance	e Abnormal	58
							I	Insulation	Breach	4
							1	Lead Dislo	dgement	121
								Oversensi	0	128
							I	Unspecifie	d	22
Product Surveillance Registry Res			ying Com		S	7	4			
Number of Leads Enrolled in Study	4,315		tor Fracture			27	Impedance Ab	onormal		11
Cumulative Months of Followup	225,634		To Capture				Insulation Brea			5
Number of Leads Active in Study	1,286	Failure	To Sense				Lead Dislodge	ement		5
							Oversensing			17
4000/							Unspecified			2
100% -						(Other Complic	ation		1
<u>90%</u> –										
80% -							 Upper 	95 Pct Co	onfidence	
80% - 80% - 70\% - 70\% -							 Cumu 	lative Sur	vival Probability	
<u> </u>							Lower	95 Pct Co	onfidence	
50%	1									
0 50	100 150		200	25	D	300				
	Months After In	nplant								
Years 1 2 3	4 5 6	7	8	9	10	11	12	13	at 162 mo	
% 99.5% 99.3% 99.0%	98.7% 98.2% 98.0%	97.5%	97.0%	96.3%	95.4%	95.0%	6 94.1%	94.1%	94.1%	
# 3,656 3,107 2,634	2,184 1,697 1,264	837	494	313	213	153	102	78	51	

947M Sprint Quattro Se	cure				
US Market Release	13Feb2012	US Returned Product	Analysis	US Acute Lead Obse	ervations
CE Approval	12Mar2010	Conductor Fracture	81	Cardiac Perforation	20
Registered USA Implants	101,512	Crimp Weld Bond		Conductor Fracture	9
Estimated Active USA Implants	91,988	Insulation Breach	9	Extracardiac Stimulation	10
Fixation Type	Active Screw In	Other	16	Failure To Capture	79
Pace Sense Polarity	True Bipolar/Two Coils			Failure To Sense	3
Steroid Indicator	Yes			Impedance Abnormal	23
				Insulation Breach	
				Lead Dislodgement	16
				Oversensing	5
				Unspecified	
roduct Surveillance Registry Results		Qualifying Complications	12		
umber of Leads Enrolled in Study	2,019	Conductor Fracture	5 Other Co	mplication	1
umulative Months of Followup	72,498	Failure To Capture	4		
umber of Leads Active in Study	1,090	Failure To Sense	2		
100%					
<u>90% –</u>					
§ 80% -			• 11	pper 95 Pct Confidence	
80% - 70% -				umulative Survival Probabilit	W.
60% -				ower 95 Pct Confidence	
50% -				ower our of oomidence	
	40 60	80 100	120		
	Months After Imp	lant			
ears 1 2 3 4	at 60 mo				
ears 1 2 3 4 % 99.7% 99.5% 99.4% 99.4%	at 60 mo 98.7%				

US Market Release		02Sep2004		US Rotur	ned Product	Analysis	US Acute Lead O	hservations
CE Approval						-		5361 Vali0115
Registered USA Impla	nts	10,374		Conductor Fra		200	Cardiac Perforation Conductor Fracture	
Estimated Active USA		3,192		Crimp Weld E		0		·
Fixation Type		Tines		Insulation Bre	ach	3	Extracardiac Stimulati	ion
Pace Sense Polarity		True Bipolar/Two C	oils	Other		2	Failure To Capture Failure To Sense	
Steroid Indicator		Yes						
							Impedance Abnormal	
							Insulation Breach	
							Lead Dislodgement Oversensing	
							Unspecified	
			•				Unspecified	
oduct Surveillance R				lifying Comp	lications	4		
mber of Leads Enrolled in	,	39	Cone	ductor Fracture		3 Impe	dance Abnormal	1
mulative Months of Follow	•	2,171						
mber of Leads Active in S	study	7						
100% -								
90% -								
80% - 70% -								
70% -							 Upper 95 Pct Confidence 	
70% -							 Cumulative Survival Proba 	bility
60% -							 Lower 95 Pct Confidence 	
50% -		10 00		-	100	100		
0	20	40 60		80	100	120		
		Months After	mplant					
ars at 0 mo								
% 100.0%								

#

6949 Sprint Fidelis							
US Market Release	02Sep2004	US Retu	rned Pro	duct Analys	sis	US Acute Lead Observ	ations
CE Approval		Conductor F		•	666	Cardiac Perforation	10
Registered USA Implants	186,700	Crimp Weld	Bond		3	Conductor Fracture	46
Estimated Active USA Implants	47,972	Insulation B	reach		37	Extracardiac Stimulation	
Fixation Type Pace Sense Polarity	Active Screw In True Bipolar/Two Coils	Other			85	Failure To Capture	31
Steroid Indicator	Yes					Failure To Sense	19
Steroid Indicator	Tes					Impedance Abnormal	18
						Insulation Breach	5
						Lead Dislodgement	22
						Oversensing	32
						Unspecified	25
Product Surveillance Registry Results		Qualifying Com	plications		113		
Number of Leads Enrolled in Study	970	Conductor Fracture	1	63	Impedance /	Abnormal	19
Cumulative Months of Followup	52,863	Failure To Capture		4	Insulation Br	reach	2
Number of Leads Active in Study	123	Failure To Sense		6	Lead Dislod	gement	1
					Oversensing	9	17
					Other Comp	lication	1
100%							
w 90% -							
ž 80% -					• Upp	er 95 Pct Confidence	
80% - 80% - 70\% - 70\% -	~					ulative Survival Probability	
<u> </u>						ver 95 Pct Confidence	
50%					LOW	er 55 Fet Gonndence	
0 50 10	0 150	200	250	30	0		
	Months After Imp	1000	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		100		
Years 1 2 3 4	5 6	7 8	9	10 at 126	δ mo		
% 98.5% 96.5% 93.3% 90.9%	88.4% 85.0% 8	32.1% 79.9%	79.5%	78.6% 75.1	1%		
# 840 721 613 508	394 309	207 143	93	61 50)		

6996 Sub-Q Lead							
US Market Release	11Jun2001		US Return	ed Product	Analysis	US Acute Lead Observation	ons
CE Approval	19Dec1997		Conductor Frac	ture	29	Cardiac Perforation	1
Registered USA Implants	4,892		Crimp Weld Bo	nd		Conductor Fracture	
Estimated Active USA Implants	2,691		Insulation Brea	ch		Extracardiac Stimulation	
Fixation Type	Suture on Anchor Sle	eve	Other			Failure To Capture	1
Pace Sense Polarity	One Coil					Failure To Sense	
Steroid Indicator	None					Impedance Abnormal	9
						Insulation Breach	1
						Lead Dislodgement	1
						Oversensing	
						Unspecified	
Product Surveillance Registry Results		Qua	lifying Compli	cations	2		
Number of Leads Enrolled in Study	50	Cond	luctor Fracture		1 Imp	edance Abnormal 1	
Cumulative Months of Followup	2,080						
Number of Leads Active in Study	8						
100% -							
<u>a</u> 90% -							
<u>گ</u> 80% –						 Upper 95 Pct Confidence 	
80% - 70% -						Cumulative Survival Probability	
<u> </u>						 Lower 95 Pct Confidence 	
50%							
	40 60		80	100	120		
	Months After Im	plant					
Years at 0 mo							
% 100.0%							

#

US Market Release	28Aug2001	US Returned Product	Analysis	US Acute Lead Observations
CE Approval		Conductor Fracture	1	Cardiac Perforation
Registered USA Implants	11,980	Crimp Weld Bond	1	Conductor Fracture
Estimated Active USA Implants	1,795	Insulation Breach	1	Extracardiac Stimulation
Fixation Type	Distal Continous Curve	Other	4	Failure To Capture
Pace Sense Polarity	Unipolar	Other	4	Failure To Sense
Steroid Indicator	None			Impedance Abnormal
				Insulation Breach
				Lead Dislodgement
				Oversensing
				Unspecified
oduct Surveillance Registry Resu	lts O	ualifying Complications	3	
mber of Leads Enrolled in Study		ailure To Capture	3	
mulative Months of Followup	6,776		Ū	
imber of Leads Active in Study	7			
100% -				
0.08/				
90% -				
80% - 70% -				Upper 95 Pct Confidence
70% -				Cumulative Survival Probability
60% -				Lower 95 Pct Confidence
50%	1 1	1		
0 20	40 60	80 100	120	

99.1%

105

%

#

98.0%

89

98.0%

68

98.0%

4193 Attain OTW	03May2002	LIC Deturned Preduct	Analysis	LIC Aquita Laard Ob	e e muetien -	
US Market Release CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	03May2002 22Dec2000 100,807 23,754 Double Curve Unipolar Yes	US Returned Product Conductor Fracture Crimp Weld Bond Insulation Breach Other	Analysis 76 25 46	US Acute Lead Ob Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing		1 1
Product Surveillance Registry Results	796	Qualifying Complications	46	Unspecified edance Abnormal	2	
Cumulative Months of Followup Number of Leads Active in Study	38,496 88	Extracardiac Stimulation Failure To Capture		d Dislodgement	14 3	
100% - 90% - 80% - 70% - 60% -				 Upper 95 Pct Confidence Cumulative Survival Probab Lower 95 Pct Confidence 	ility	

100

8

91.6%

134

120

at 120 mo

90.3%

60

9

91.0%

87

50% -r

0

1

96.0%

629

Years

%

#

20

3

94.3%

409

2

95.0%

487

40

4

94.1%

317

60

5

93.3%

247

Months After Implant

6

92.6%

206

80

7

92.1%

165

4194 Attain OTW					
US Market Release	24Aug2004	US Returned Product	Analysis	US Acute Lead Obs	servations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	14Jul2003 114,945 53,233 Double Curve Bipolar Yes	114,945Conductor Fracture114,945Crimp Weld Bond53,233Insulation BreachDouble CurveOtherBipolarOther		Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal	
Product Surveillance Registry Resu	lfs	Qualifying Complications	62	Insulation Breach Lead Dislodgement Oversensing Unspecified	1
Number of Leads Enrolled in Study	1.616	Conductor Fracture		ion Breach	2
Cumulative Months of Followup	78,178	Extracardiac Stimulation	inounat	Dislodgement	28
Number of Leads Active in Study	438	Failure To Capture	Eodd E	ion Breach Esc	1
100% - 90% - 80% - 70% - 60% -				Upper 95 Pct Confidence Cumulative Survival Probabil Lower 95 Pct Confidence	ity

50 100 150 200 250 300 Months After Implant 2 3 4 5 6 7 8 9 10 at 126 mo 97.4% 95.6% 94.4% 94.2% 93.1% 92.6% 91.7% 96.7% 96.2% 93.1% 1,121 918 555 420 256 746 163 98 66 53

50% --

0

1

98.6%

1,346

Years

%

#

US Market Release	15Aug2008		US Returned Product	Analys	sis	US Acute Lead Obser	vations
CE Approval	13May2005		Conductor Fracture	-	7	Cardiac Perforation	
Registered USA Implants	17,366		Crimp Weld Bond			Conductor Fracture	
Estimated Active USA Implants	11,119		Insulation Breach		2	Extracardiac Stimulation	3
Fixation Type	Deployable Lobe Fix	kation	Other		4	Failure To Capture	2
Pace Sense Polarity	Unipolar					Failure To Sense	
Steroid Indicator	Yes					Impedance Abnormal	
						Insulation Breach	
						Lead Dislodgement	3
						Oversensing	
						Unspecified	
roduct Surveillance Registry Results		Qua	lifying Complications		33		
umber of Leads Enrolled in Study	1,485	Cond	luctor Fracture	3	Impedance A	Abnormal	2
umulative Months of Followup	67,536	Extra	cardiac Stimulation	12	Insulation Br	reach	5
umber of Leads Active in Study	451	Failu	re To Capture	6	Lead Dislodg	gement	5
100% -							

- Lead Survi 80% -70% -60% -50% -r 20 100 120 0 40 60 80 Months After Implant 1 2 3 4 5 6 7 at 90 mo Years 99.2% 97.4% 96.8% 95.5% 98.6% 98.3% 97.9% 96.1% % 1,075 904 300 1,262 675 479 158 90 #
- Upper 95 Pct Confidence
- Cumulative Survival Probability
- Lower 95 Pct Confidence

	Ability											
US Market Release			15May20			US Retur	ned Product	Analys	is	US Acute Lead Ob	oservations	5
CE Approval			24Jul200)7		Conductor Fr	acture		21	Cardiac Perforation		
Registered USA Implant			68,025			Crimp Weld I	Bond			Conductor Fracture		
Estimated Active USA In	nplants		47,379			Insulation Bro	each		1	Extracardiac Stimulation	on	8
Fixation Type			Double C	urve		Other			12	Failure To Capture		1
Pace Sense Polarity			Bipolar							Failure To Sense		
Steroid Indicator			Yes							Impedance Abnormal		
										Insulation Breach		
										Lead Dislodgement		2
										Oversensing		
										Unspecified		
oduct Surveillance Re	gistry Res	sults			Qualif	ying Comp	lications		76			
nber of Leads Enrolled in	Study		2	,250	Conduc	tor Fracture		3	Impedan	ce Abnormal	2	
mulative Months of Follow	q		89	,803	Extraca	rdiac Stimula	ation	13	Insulation	n Breach	1	
mber of Leads Active in St	udy			569	Failure	To Capture		33	Lead Dis	lodgement	21	
									Other Co	mplication	3	
100% -					Sec. 1							
90% -												
80% -												
										pper 95 Pct Confidence		
70% -									• 0	umulative Survival Probab	oility	
60% -									• L	ower 95 Pct Confidence		
50% -	1	1		1		1	1		21			
0	20	4(60		80	100	120	0			
			Mor	nths After In	nplant							
ars 1 2	3	4	5	6	at 84 mo							
% 98.0% 97.3%	96.6%	95.9%	95.7%	95.0%	94.7%							

CE Approval 18Dec2009 Registered USA Implants 34,255 Estimated Active USA Implants 28,269 Fixation Type Double Curve Pace Sense Polarity Dual Electrodes Steroid Indicator Yes Product Surveillance Registry Results 1,441 Number of Leads Enrolled in Study 1,441 Computer of Leads Active in Study 608 00% - 00%	US Market Release	01Apr2011	US Returned Product	t Analysis	US Acute Lead Obse	ervations
Estimated Active USA Implants 28,269 Fixation Type Double Curve Pace Sense Polarity Dual Electrodes Steroid Indicator Yes Cher A Cher A Failure To Capture Cualifying Complications Cualifying Complications Cualifying Complication Cualifying Cualifying Cualifying Cualifying			Conductor Fracture	-	Cardiac Perforation	
Pace Sense Polarity Dual Electrodes Steroid Indicator Yes Other 4 Failure To Capture Complications Standard Stimulation Failure To Capture Standard Stimulation	Estimated Active USA Implants	28,269	1	2		5
Impedance Abnormal Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified Unspecified 13 Failure To Capture 100%	Pace Sense Polarity	Dual Electrodes	Other	4		2
umber of Leads Enrolled in Study 1,441 Extracardiac Stimulation 12 Lead Dislodgement 13 umulative Months of Followup 47,170 umber of Leads Active in Study 608 Followup 608 • Upper 95 Pct Confidence 90% - 80% - 70% - 60% - 50% - 50% - 20 40 60 80 100 120	Steroid Indicator	Yes			Insulation Breach Lead Dislodgement Oversensing	11
Cumulative Months of Followup 47,170 Failure To Capture 8 Other Complication 1 lumber of Leads Active in Study 608 - 90% - 80% - 70% - 60% - 50% - 50% - 20 40 60 80 100 120 - Cumulative Survival Probability - Lower 95 Pct Confidence - Cumulative Survival Probability - Cumulative Sur	vroduct Surveillance Registry Resul	ts	Qualifying Complications	34	·	
Jumber of Leads Active in Study 608 100% - - 90% - - 80% - - 70% - - 60% - - 50% - - 0 20 40 60 80 100 100% - - 100% - - 100% - - 100% - - 100% - - 100% - - 100% - - 100% - - 100 - - 100 - - 100 - - 100 - 120	lumber of Leads Enrolled in Study	1,441	Extracardiac Stimulation	12 Lead Dis	lodgement	13
90% - 80% - 70% - 60% - 50% - 0 20 40 60 80 100 120		,	Failure To Capture	8 Other Co	mplication	1
50% - - - - - 0 20 40 60 80 100 120	90% - 80% - 70% -		•	• 0	cumulative Survival Probabilit	У
Months After Implant	50%	40 60	80 100		ower 95 Pct Confidence	
Months After Implant		Months After I	mplant			

1,121

US Market Release	01Aug2014	US Returned Product	t Analysis	US Acute Lead Observa	tions
CE Approval	01Jan2013	Conductor Fracture	1	Cardiac Perforation	:
Registered USA Implants	52,266	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	49,297	Insulation Breach	1	Extracardiac Stimulation	12
Fixation Type	Double Curve	Other	14	Failure To Capture	6
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	1
				Insulation Breach	
				Lead Dislodgement	98
				Oversensing	
				Unspecified	
roduct Surveillance Registry Results		Qualifying Complications	12		
lumber of Leads Enrolled in Study	1,435	Extracardiac Stimulation	2 Lead Dis	odgement	10
cumulative Months of Followup	22,963				
lumber of Leads Active in Study	1,143				
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60	80 100	• 0	pper 95 Pct Confidence umulative Survival Probability ower 95 Pct Confidence	

99.2%

855

%

#

98.9%

371

98.5%

US Market Release	31Mar2011	US Returned Product	Analysis	US Acute Lead Observ	ations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	18Dec2009 7,602 6,126 Tines Dual Electrodes Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	1	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	1
Product Surveillance Registry Res Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	ults 445 14,767 208	Qualifying Complications Failure To Capture	4 3 Lead Di	Unspecified slodgement	1
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60	, 80 100		Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	

349

268

197 119 59

	10Dec2014	US Returned Produc	t Analysis	US Acute Lead Observatio	ns
CE Approval	01Jan2013	Conductor Fracture	1	Cardiac Perforation	
Registered USA Implants	13,020	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	12,414	Insulation Breach		Extracardiac Stimulation	2
Fixation Type	Tines	Other	3	Failure To Capture	2
Pace Sense Polarity	Bipolar		-	Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	1
				Oversensing	
				Unspecified	
duct Surveillance Registry	Bosults	1			
mber of Leads Enrolled in Study	530		1		
mulative Months of Followup	5,488	Lead Dislodgement	1		
mber of Leads Active in Study	454				
Tiber of Leads Active III Study	404				
100%					
90% -					
				Upper 95 Pct Confidence	
90% -				Upper 95 Pct Confidence Cumulative Survival Probability	
90% - 80% -					
90% - 80% - 70% - 60% -				Cumulative Survival Probability	
90% - 80% - 70% -	40 60	80 100		Cumulative Survival Probability	

US Market Release	10Dec2014	US Returned Produ	uct Analysis	US Acute Lead Observat	tions
CE Approval	01Jan2013	Conductor Fracture	3	Cardiac Perforation	
Registered USA Implants	25,448	Crimp Weld Bond	-	Conductor Fracture	
Estimated Active USA Implants	24,395	Insulation Breach	1	Extracardiac Stimulation	4
Fixation Type	Canted	Other	1	Failure To Capture	23
Pace Sense Polarity	Quad Pole			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	2
				Oversensing	
				Unspecified	
Product Surveillance Registry Results		Qualifying Complications	6	·	
Number of Leads Enrolled in Study	723	Failure To Sense	1 Lead Dis	lodgement	5
Cumulative Months of Followup	9,097		Ecdd Dis	lougement	0
Number of Leads Active in Study	609				
100%					
<u> </u>					
80% -					
p 70% -				Ipper 95 Pct Confidence	
°°				umulative Survival Probability	
- 60% -			• L	ower 95 Pct Confidence	
		T 1	1		
50%	10 00	0.0 4.0.0	400		
	40 60 Months After I	80 100	120		

 %
 98.9%
 98.9%

 #
 344
 111

n 044 []]

	Sure Epi							
US Market Release		06Sep1996	i	US Retu	rned Product	Analysis	US Acute Lead O	bservations
CE Approval		01Jan1993		Conductor F	racture	258	Cardiac Perforation	
Registered USA Im		23,027		Crimp Weld	Bond	1	Conductor Fracture	
Estimated Active US	SA Implants	8,591		Insulation B		52	Extracardiac Stimulation	on
Fixation Type		Suture		Other			Failure To Capture	
Pace Sense Polarity		Unipolar					Failure To Sense	
Steroid Indicator		Yes					Impedance Abnormal	
							Insulation Breach	
							Lead Dislodgement	
							Oversensing	
							Unspecified	
oduct Surveillance	Registry Resu	Its	c	Qualifying Com	plications	16		
umber of Leads Enrolle	d in Study	23	2 0	Conductor Fracture	2	9 Insulatio	on Breach	1
umulative Months of Fo	llowup	7,16	1 F	ailure To Capture		3 Overser	nsing	2
umber of Leads Active i	n Study		5 F	ailure To Sense		1	-	
100% - 90% - 80% - 70% - 60% - 50% -			1	, ,	1		Upper 95 Pct Confidence Cumulative Survival Probat Lower 95 Pct Confidence	pility
0	20	40	60	80	100	120		
		Months	s After Impla	int				
ears 1 2	3 at 4	48 mo						
% 98.6% 96.7%	% 95.7% 8	7.1%						

111

131

#

91

US Market Release	16Sep199	99		US Reti	Irned Pr	oduct A	nalvsis	US Acute Lead	Observations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	21Apr199 44,028 27,021 Suture Bipolar Yes			US Retu Conductor I Crimp Welc Insulation E Other	Bond	oduct A	nalysis 87 47 1	Cardiac Perforation Conductor Fracture Extracardiac Stimul	ation
Product Surveillance Registry Res	ults		Qualif	vina Com	plication	s	84	Lead Dislodgement Oversensing Unspecified	
Number of Leads Enrolled in Study		990		tor Fracture		-		npedance Abnormal	4
Cumulative Months of Followup	54,7	706	Extraca	rdiac Stimu	lation			sulation Breach	3
Number of Leads Active in Study		261	Failure	To Capture			27 C	Versensing	21
			Failure	To Sense			3 C	ther Complication	1
100% - 90% - 80% - 70% - 60% - 50% - 50% -	100	150		200	250)	300	 Upper 95 Pct Confidence Cumulative Survival Prot Lower 95 Pct Confidence 	bability
0 50		150 ths After In	malant	200	250)	300		
Years 1 2 3		6	npiant 7	8	9	10	11	at 138 mo	
	4 5 94.0% 92.8%	90.9%	89.1%	o 89.1%	9 84.4%	83.2%	78.5%	77.3%	
# 763 669 579	488 414	322	259	199	137	96	63	54	

5071 Screw-in					
US Market Release	03Dec1992	US Returned Produ	ict Analysis	US Acute Lead Obs	ervations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	01Jan1993 52,663 16,397 Fixed Screw Unipolar None	Conductor Fracture Crimp Weld Bond Insulation Breach Other	24 2 1	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	
Product Surveillance Registry Res	ulto	Qualifying Complications	28	Unspecified	
lumber of Leads Enrolled in Study	430	Conductor Fracture			1
Cumulative Months of Followup	11,626	Failure To Capture		e Abnormal	1
lumber of Leads Active in Study	107	Failure To Sense	19 Lead Disl 2 Oversens	•	2
100% - 90% - 80% - 70% - 60% -			• c	pper 95 Pct Confidence umulative Survival Probabili ower 95 Pct Confidence	ity
50% - 20	40 60	80 100	120		
0 20	40 00 Months After I	AND AND STRATES	120		
'ears 1 2 3	4 5 at 66 mo				
· · · · · · · · · · · · · · · · · · ·	39.7% 88.5% 88.5%	-			

125

#

214

158

91

63

US Market Release	10Sep1998	US Returned Product	Analysis	US Acute Lead Observation	16
CE Approval	15Apr1997				15
Registered USA Implants	10,152	Conductor Fracture	6	Cardiac Perforation	
Estimated Active USA Implants	3,593	Crimp Weld Bond		Conductor Fracture	
Fixation Type	Tines	Insulation Breach	2	Extracardiac Stimulation	
Pace Sense Polarity	Quadripolar	Other		Failure To Capture	
Steroid Indicator	Yes			Failure To Sense	
				Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
roduct Surveillance Registry Resu	ults	Qualifying Complications	8		
umber of Leads Enrolled in Study	567	Conductor Fracture	3		
umulative Months of Followup	15,737	Failure To Capture	2		
umber of Leads Active in Study	3	Failure To Sense	3		
100% -					
0.0%					
0.0%				Unner 95 Pct Confidence	
0.0%				Upper 95 Pct Confidence	
90% - 80% - 70% -				Cumulative Survival Probability	
90% - 80% - 70% - 60% -					
90% - 80% - 70% - 60% - 50% -		80 100		Cumulative Survival Probability	
90% - 80% - 70% - 60% -	40 60	80 100		Cumulative Survival Probability	
90% - 80% - 70% - 60% - 50% -	40 60 Months After 4 5 6	And Anna State Control of State Control		Cumulative Survival Probability	

292

222

164

132

105

77

ICD and CRT-D Charge Time Performance

Medtronic continues its commitment to providing updated information on charge time performance.

Introduction

Information on charge time performance of Medtronic products is presented in this section of the CRHF Product Performance Report. Medtronic implemented the collection of charge time data on July 1, 1999. The data are collected via our ongoing active clinical study of long-term system performance called the Product Surveillance Registry. The study protocol requests device data be routinely taken and sent to Medtronic at no more than 6-month intervals.

In our analysis performed for this report, only charge times resulting from full energy charges are considered. To ensure consistent reporting across devices, the charge time reported at implant represents the last charge time available from date of implant. When more than one charge time is available in a 6-month interval, a conservative approach has been adopted whereby only the maximum charge time in each 6-month interval is reported. As charge time is directly proportional to the time elapsed since the last capacitor reformation, charges occurring within 15 days of a previous charge are excluded. This precludes the reporting of overly optimistic results.

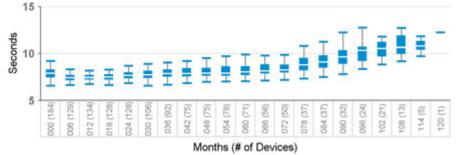
Data from over 20,000 devices contribute to the charge time data in this report. By tracking and reporting this charge time data, Medtronic is able to ascertain the actual performance of its charging circuitry. The insight gained through this information is applied to Medtronic's ongoing efforts to provide charge times that are short and consistent over the life of the product.

Charge time data for ICD and CRT-D models are presented using boxplots at 6-month intervals. The shaded box on the plots represents the middle half of the data – the Interquartile Range (IQR). The white line in the middle of each box is the median charge time. The top of the box representing the IQR is the third quartile or the 75th percentile (i.e., 75% of all charge times fall below this line), whereas the bottom of the box represents the first quartile or the 25th percentile. Vertical lines are drawn from the quartiles to the farthest value not more than 1.5 times the interquartile range. Any values more extreme than the vertical lines are considered outliers.

7230	
Model Number	Brand
7230B	Marquis VR
7230Cx	Marquis VR
7230E	Marquis VR

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5 -	000 (188)	006 (146)	012 (137)	018 (96)	024 (91)	030 (86)	036 (71)	042 (77)	048 (70)	054 (72)	060 (58)	086 (53)	072 (49)	078 (41)	084 (40)	090 (31)	096 (25)	102 (19)	108 (6)	114(1)

7232	
Model Number	Brand
7232B	Maximo VR
7232Cx	Maximo VR
7232E	Maximo VR

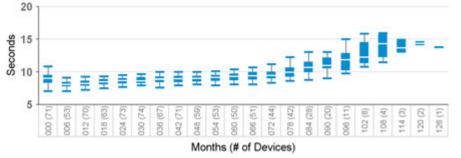


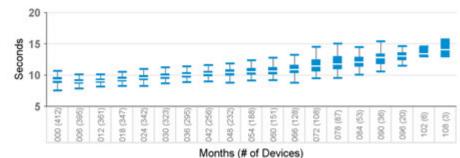
D144DRG, D D154DRG	154ATG,
Model Number	Brand
D144DRG	Entrust Escudo

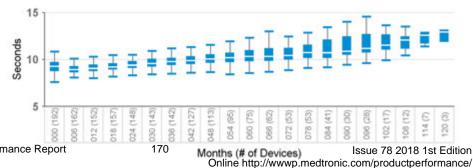
D154ATG Entrust AT

D144VRC, D	154VRC
Model Number	Brand
D144VRC	Entrust Escudo
D154VRC	Entrust VR

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0	00 (205)	06 (153)	012 (157)	018 (149)	024 (133)	330 (131)	36 (135)	042 (128)	048 (122)	054 (123)	060 (103)	066 (82)	072 (60)	078 (41)	084 (26)	090 (13)	096 (5)







D154AWG, D164AWG Model Number Brand D154AWG Virtuoso DR D164AWG Virtuoso DR



Model Number	Brand
D154VWC	Virtuoso VR
D164VWC	Virtuoso VR

Medtronic CRFH Product Performance Report

Months (# of Devices) Online http://wwwp.medtronic.com/productperformance/

D204DRM,	D214DRM,
D224DRG,	D234DRG
	Dura al

Model Number	Brand
D204DRM	Secura DR
D214DRM	Secura DR
D224DRG	Secura DR
D234DRG	Secura DR

D204TRM, D214TRM, D224TRK, D234TRK

Model Number	Brand
D204TRM	Consulta CRT-D
D214TRM	Consulta CRT-D
D224TRK	Consulta CRT-D
D234TRK	Consulta CRT-D

D204VRM, D214VRM, D224VRC, D234VRC

Model Number	Brand
D204VRM	Secura VR
D214VRM	Secura VR
D224VRC	Secura VR
D234VRC	Secura VR

D264DRG, D284DRG, D384DRx, D394DRx

Model Number	Brand
D264DRM	Maximo II DR
D284DRG	Maximo II DR
D384DRG	Cardia DR
D394DRG	Egida DR

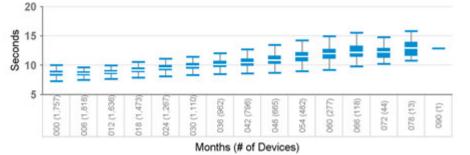
D264TRM, D284TRK, D384TRx, D394TRx

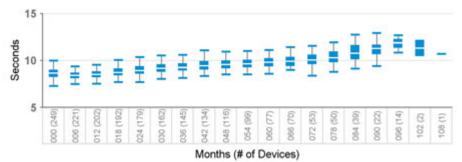
Model Number	Brand
D264TRM	Maximo II CRT-D
D284TRK	Maximo II CRT-D
D384TRG	Cardia CRT-D
D394TRG	Egida CRT-D

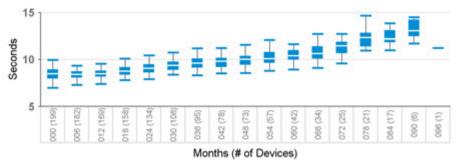
D264VRM, D284VRC, D384VRx, D394VRx

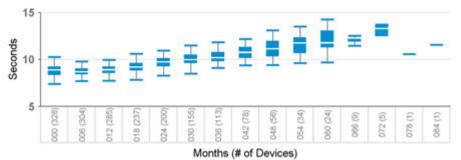


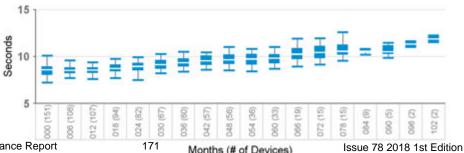
Months (# of Devices)







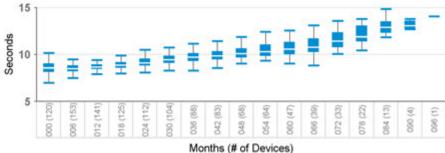




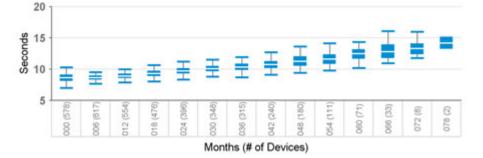
Months (# of Devices) Issue 78 2018 1st Edition Online http://wwwp.medtronic.com/productperformance/

Medtronic CRFH Product Performance Report

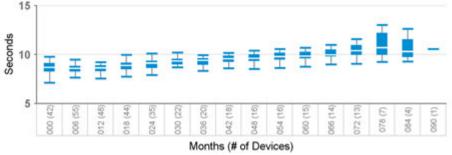
D274DRG, D294DRG		
	Model Number	Brand
	D274DRG	Virtuoso II DR
	D294DRG	Virtuoso II DR



D274TRK, D294TRKModel NumberBrandD274TRKConcerto II CRT-DD294TRKConcerto II CRT-D



D274VRC, D294VRC	
Brand	
Virtuoso II VR	
Virtuoso II VR	





Brand

Protecta XT CRT-D

Protecta XT CRT-D

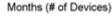
D314TRx

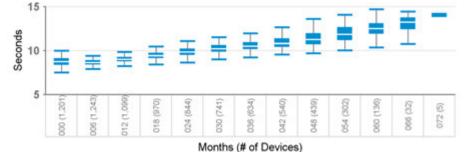
D314TRG

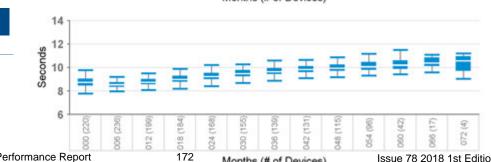
D314TRM

Model Number









D314VRx Model Number Brand D314VRG Protecta XT VR D314VRM Protecta XT VR

Medtronic CRFH Product Performance Report

Months (# of Devices) Issue 78 2018 1st Edition Online http://wwwp.medtronic.com/productperformance/

D334DRx, D364DRx	
Model Number	Brand
D334DRG	Protecta DR
D334DRM	Protecta DR
D364DRG	Protecta DR
D364DRM	Protecta DR

D334TRx, D364TRx Model Number Brand D334TRG Protecta CRT-D D334TRM Protecta CRT-D Protecta CRT-D D364TRG D364TRM Protecta CRT-D

D334VRx, D364VRx	
Brand	
Protecta VR	

D354DRx	
Model Number	Brand
D354DRG	Protecta XT DR
D354DRM	Protecta XT DR



Brand

D354VRx

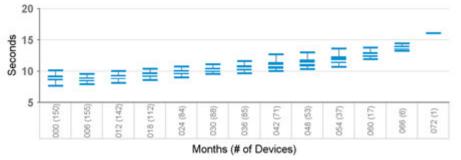
D354VRG

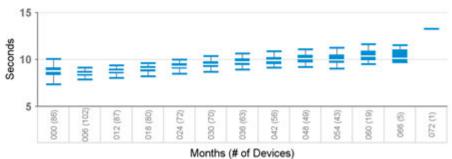
D354VRM

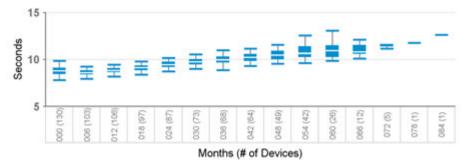
Model Number

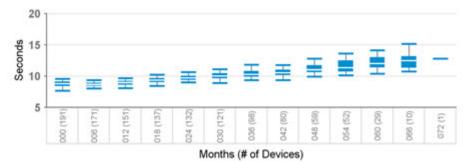
15 Seconds 10 Ŧ Ŧ Ŧ 5 060 (24) (45) 20 (93) 006 (141 5 042 88 990 000 018 (8 980 948 824

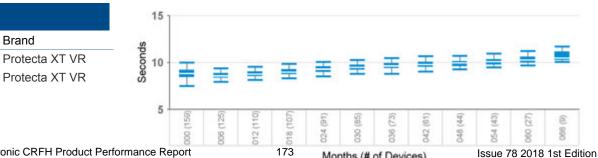
Months (# of Devices)







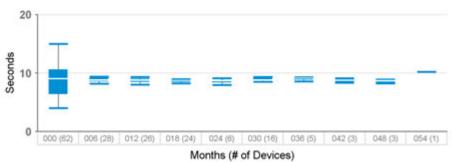




Medtronic CRFH Product Performance Report

Months (# of Devices) Online http://wwwp.medtronic.com/productperformance/

DDxxxxx, DR	
Brand	
Evera XT	
Evera S	
Evera S	
Evera MRI XT	
Evera MRI S	
Evera MRI	

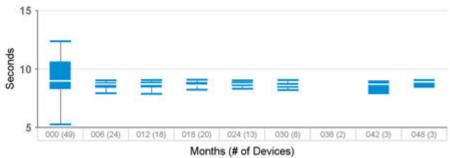


DTxxxxx, CR	T-D
Model Number	Brand
DTBA1D1	Viva XT
DTBA1D4	Viva XT
DTBA1Q1	Viva Quad XT
DTBA1QQ	Viva Quad XT
DTBA2D1	Viva XT
DTBA2D4	Viva XT
DTBA2Q1	Viva Quad XT
DTBA2QQ	Viva Quad XT
DTBB1D1	Viva S
DTBB1D4	Viva S
DTBB1Q1	Viva Quad S
DTBB1QQ	Viva Quad S
DTBB2D1	Viva S
DTBB2D4	Viva S
DTBB2QQ	Viva Quad S
DTBC2D1	Brava
DTBC2D4	Brava
DTBC2Q1	Brava Quad
DTBC2QQ	Brava Quad
DTBX1QQ	Viva Quad C
DTBX2QQ	Viva Quad C
DTMA1D1	Claria MRI
DTMA1D4	Claria MRI
DTMA1Q1	Claria MRI
DTMA1QQ	Claria MRI
DTMA2D1	Claria MRI
DTMA2D4	Claria MRI
DTMA2Q1	Claria MRI
DTMA2QQ	Claria MRI
DTMB1D1	Amplia MRI
DTMB1D4	Amplia MRI
DTMB1Q1	Amplia MRI
DTMB1QQ	Amplia MRI
DTMB2D1	Amplia MRI
DTMB2D4	Amplia MRI
DTMB2Q1	Amplia MRI
DTMB2QQ	Amplia MRI
DTMC1D1	Compia MRI
DTMC1QQ	Compia MRI
DTMC2D1	Compia MRI
DTMC2D4	Compia MRI
DTMC2QQ	Compia MRI



Months (# of Devices)

DVxxxxx, VR	
Model Number	Brand
DVAB1D1	Visia AF
DVAB1D4	Visia AF
DVAB2D1	Visia AF XT
DVAC3D1	Visia AF S
DVBB1D1	Evera XT
DVBB1D4	Evera XT
DVBB2D1	Evera XT
DVBB2D4	Evera XT
DVBC3D1	Evera S
DVBC3D4	Evera S
DVFB1D1	Visia MRI AF
DVFB1D4	Visia MRI AF
DVFB2D1	Visia MRI AF XT
DVFB2D4	Visia MRI AF XT
DVFC3D1	Visia MRI AF S
DVFC3D4	Visia MRI AF S
DVMB1D4	Evera MRI XT
DVMB2D4	Evera MRI XT
DVMC3D1	Evera MRI S
DVMC3D4	Evera MRI S



ADVISORIES

Potential Loss of Device Functionality Lower Risk Subset

Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD Original Date of Advisory: March 2018

Product

In January 2018, Medtronic completed notification to physicians about a subset of 48 Medtronic Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and Implantable Cardioverter Defibrillators (ICDs) underwent a specific sequence of manufacturing processes that could result in an unexpected loss of device functionality, including high-voltage therapy.

Within this Lower-Risk Subset of 752 devices, if the device delivered the maximum number of shocks until battery depletion, we estimate 0.5% of these devices would experience arcing during high voltage charging, with failure occurring within the first two (2) high-voltage charges in 0.18% of the devices. See table below for comparison of device subsets.

Through 8 March 2018, there have been zero (0) complaints related to internal arcing in these 752 devices. While the risk for failure is lower in this group of devices, it is not possible to identify which of these 752 devices may fail or when they may fail. Successful delivery of previous high-voltage therapy does not ensure future performance.

You may use the "Search for Information by Serial Number" tool on <u>home</u> page of this web site to determine if a specific device is affected.

Table – Device Subsets			
	March 2018 752 Lower-Risk Devices		
One field failure has been observed with no deaths reported	No field failures have been observed		
	0.18% of these devices are projected to fail during the first two high-voltage charges		
Medtronic communicated a recommendation to strongly consider prophylactic replacement in these devices.	Patient management recommendations follow below.		

Patient Management Recommendations – Lower Risk Subset

We realize that each patient requires unique clinical considerations. In consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic provides the following recommendations to physicians for patients who have been implanted with one of the identified devices:

- Prophylactic device replacement should be considered for patients at higher risk, including patients whose clinical history indicates prior need for high-voltage therapy and/or for pacemaker-dependent patients.
- Physicians should carefully weigh the risks and benefits of device replacement. The estimated per patient risk for mortality due to this issue is 0.02% to 0.04% considering the risk of device failure and the likelihood of a patient requiring high voltage therapy. This is comparable to the estimated per patient mortality risk of complications associated with a device replacement (0.04%)^{[1,[1]]}.
- For patients in whom it is determined that replacement is not warranted:
 - Consider programming changes to reduce the potential for high-voltage charges associated with arrhythmia detection and therapies, such as enabling ATP *before* charging for fast ventricular rhythms or programming a separate fast VT via VF zone with ATP. For assistance with patient-specific programming needs, contact Medtronic Technical Services at 800-723-4636.
 - Continue three-month in-clinic or remote follow-ups to verify device functionality. Inability to interrogate a device or a failed remote monitoring transmission may be an indication that internal arcing has occurred.

ADVISORIES

Devices that have failed will not send an alert as telemetry and all device functionality is immediately lost if internal arcing occurs.

• Advise patients to seek medical attention immediately if they experience new or unexpected symptoms suspicious for a ventricular arrhythmia.

Status Update

Within the 752 devices, there have been zero confirmed failures (0%) through April 23, 2018. An estimated 651 devices remain active

		Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
752 Worldwide (all in USA, Puerto Rico or US Virgin Islands.)	0	651	0% Worldwide

^{III}Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; MRCS: MDT2260884, Version 2.0, 11/02/2015.

^{III}Birnie, D et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm, Volume 5, Issue 3, Pages 387-390.

Potential Loss of Device Functionality

Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD Original Date of Advisory: January 2018

Product

A subset of 48 Medtronic Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and Implantable Cardioverter Defibrillators (ICDs) underwent a specific sequence of manufacturing processes that could result in an unexpected loss of device functionality, including high-voltage therapy. You may use the "Search for Information by Serial Number" tool on home page of this web site to determine if a specific device is affected. No other Medtronic devices are included in this advisory.

Advisory

These 48 devices were sent through a manufacturing sequence that introduced the potential for internal arcing during highvoltage charging, leading to the immediate and permanent loss of device functionality. Through 12 January 2018, Medtronic has confirmed one (1) implanted device failure resulting in loss of high-voltage therapy related to this issue, where the patient was rescued with external defibrillation.

Due to the nature of this issue, it is not possible to identify which of these 48 devices may fail or when they may fail. Further, we cannot predict how many high-voltage charges can occur prior to a potential failure. Based on testing of a limited number of available devices that underwent this manufacturing sequence, this failure was observed during highvoltage cycle testing to battery depletion in 23% of these devices, with failure observed within the first two (2) highvoltage charges in 7.7% of the tested devices. Successful delivery of previous high-voltage therapy does not guarantee future performance.

Patient Management Recommendations

We realize that each patient requires unique clinical considerations. In consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic provides the following recommendation:

• Prophylactic device replacement should be strongly considered for patients who have been implanted with one of the devices in the affected subset.

Status Update

Within the 48 devices, there has been 1 confirmed failure (2.1%) through April 23, 2018. An estimated 8 devices remain active.

	,	Population	Current Malfunction Rate (confirmed malfunctions over total population)
48 Worldwide (all USA)	1	8	2.1% Worldwide

Potential Loss of Left Ventricle Pacing Due to Software Issue

All models of Claria MRI CRT-D SureScan and Amplia MRI CRT-D SureScan devices. Original Date of Advisory: December 2016

Product

All models of Claria MRI CRT-D SureScan and Amplia MRI CRT-D SureScan devices.

Status Update April 2018

Medtronic has now obtained the necessary regulatory approvals and is ready to begin applying a programmer software update (SW034 Software Version 8.2) to correct this software issue in the devices. In addition, as previously described in the original advisory letter, the software update also addresses a transient mode switch behavior that may occur in MRI Quadripolar CRT-D device models (Claria MRI™, Amplia MRI™ and Compia MRI™). Deployment of the software is complete in many parts of the world. Full deployment worldwide is expected by November 2018.

Once installed by a Medtronic Representative on the programmer, an in-clinic device interrogation will update the patient's device automatically. To prevent possible recurrence of the issues, the patient must continue to be programmed only with programmers that have this update. The loss of LV pacing issue will still occur if the specific programming sequence described in the original advisory letter is performed using a programmer not updated with SW034 Software Version 8.2.

Directions on how to apply this update to patient devices and to verify that devices are operating correctly can be found at http://www.medtronic.com/us-en/healthcare-professionals/products/product-performance/claria-mri-crt-d-surescan.html. If you have any questions, or if we can be of further assistance, please contact your local Medtronic Representative or Medtronic Technical Services at 800-723-4636.

Original Advisory

Due to a device software issue, a loss of Left Ventricle (LV) pacing occurs following a specific device programming sequence. If it occurs, this issue can be corrected by re-programming the device. All tachyarrhythmia detection and therapy features remain fully operational.

A software update is being developed to address this issue. Further information will be communicated once the software update receives applicable regulatory approvals.

All models of Claria MRI and Amplia MRI devices are included in the affected population. This issue can only occur in devices that have been programmed from Managed Ventricular Pacing (MVP) mode to a pacing mode with AdaptivCRT enabled.

When a patient with AdaptivCRT enabled (shipped setting) is subsequently programmed to MVP mode and then reprogrammed back to DDD or DDDR, AdaptivCRT is not re-enabled. When this programming sequence occurs, LV pacing is not delivered, despite parameters indicating AdaptivCRT is enabled. This will result in RV only pacing, which may be undesirable for the patient. LV pacing will remain disabled until a specific programming sequence is manually completed; refer to the Patient Management section below for details.

Through 10 November 2016, two events have been reported to Medtronic related to this issue. A review of available data revealed an overall occurrence rate of 0.38%. Medtronic has not received any reports of patient injury related to this issue.

Original Patient Management Recommendations

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following options for managing patients with a device that may be susceptible to the AdaptivCRT/MVP interaction.

Until the software update has been approved and the affected device models receive the update, follow the programming recommendations provided below. These recommendations also apply to any new device implants.

1. At the patient's next scheduled CareLink transmission or in-office follow-up, identify if the patient's device is operating with AdaptivCRT enabled and loss of LV-pacing. Continue this practice for all subsequent device evaluations until the software update has been implemented.

Using CareLink or Programmer interrogation session reports:

- If the CRT setting is currently programmed to Adaptive Bi-V and LV or Adaptive Bi-V (Figure 1), review rate histogram CRT Pacing percentages (CRT Pacing: Bi-V and LV).
- If Bi-V and LV pacing percentages Since Last Session are both near 0%, then the device has encountered the programming sequence and has lost LV pacing; proceed to step 2.

Figure 1

Parameter Sun	amary						
Mode Mode Switch	DDD 171 bpm	Lower Rate Upper Track Upper Sensor	60 bpm 130 bpm 120 bpm	AdaptivCRT V: Pacing Paced AV Sensed AV	Adaptive BeV and LV LV->RV 130 ms 106 ms		
Detection AT/AF VF FVT VT Enhancements	Monitor On OEF On On VT Monitor	Rates >171 bpm >200 bpm 167-200 bpm r, AF/All, Sieus Tach	All Rx Off Burst(3), 8	g Charging, 35J x 6 urst(3), 35J x 4 rave, Noise			CRT not running operating with RV only pacing
Clinical Status Treated VF FVT (Off) VT AT/AF(Monitor)		Since 30	Aug-2016 0	% of Time	Prior to Last Session 22-Aug-2016 to 30-Aug-201 8 days Total VP	6 99.9%	Since Last Session 30-Aug-2016 to 14-Sep-2016 15 days
Monitored	~		-	Te of Lime	AS-VS AS-VP AP-VS AP-VP	< 0.1% 77.9% < 0.1% 22.1%	<0.1% 77.1% <0.1% 22.8%
					Total VP* VSR Pace VS	99.9% < 0.1% < 0.1%	99.9% 0.1% 0.1%
					CRT Pacing BI-V LV	D.0%	0.0%
					The second second	1% to 2% due to peri	odic AdaptivCRT sensing

2. For patients identified with loss of LV pacing:

Perform the following programming steps to restore the device to its expected operating state with AdaptivCRT enabled:

- Select the CRT parameter window, select Nonadaptive CRT, and select PROGRAM.
- Select the CRT parameter window, select the desired AdaptivCRT setting (Adaptive Bi-V and LV or Adaptive Bi-V), and select PROGRAM.

Until the software update is available, follow the programming steps above to avoid the loss of LV pacing.

As part of the software update previously mentioned, Medtronic will also address an unrelated transient mode switch behavior that may occur in MRI Quadripolar CRT-D device models (Claria MRI, Amplia MRI and Compia MRI). The mode switch behavior is unrelated to ventricular tachyarrhythmia detection and therapies. This behavior only occurs when a VectorExpress[™] Test is started, but then aborts due to a fast or unstable rate, or due to a manual user abort (i.e., manually selecting STOP Test). Under these scenarios, the device remains in the transient mode switch state until any of the following occur:

- An automatic Atrial Capture Management[™] (ACM) pacing threshold search,
- An automatic delivery of any ATP or shock therapy, or
- An in-office follow-up activity, such as a pacing parameter programming or conducting one of the following inoffice tests: Sensing, Threshold, Underlying Rhythm, or CardioSync[™]. A "Test Started" indication is sufficient to clear the transient state.

Through 10 November 2016, Medtronic has not received any field reports or complaints of this transient mode switch behavior

If you have any questions, please contact your local Medtronic Representative or Medtronic Technical Services at 800-723-4636.

Potential Rapid Battery Depletion Due To Circuit Component

Viva[™] CRT-D and Evera[™] ICD Original Date of Advisory: August 2016

Product

A specific subset of 78 Viva CRT-D and Evera ICD may experience rapid battery depletion due to a low resistance path developing within a circuit component. You may use the "Search for Information by Serial Number" tool at http://wwwp.medtronic.com/productperformance to determine if a specific device is affected.

Advisory

Devices in the affected population may experience rapid battery depletion due to a low resistance path developing within a circuit component. This is not related to a failure within the battery.

Development of a low resistance path in the circuit component in some cases has been reported to cause battery depletion in seven (7) days or less and may present clinically during a patient follow-up visit as:

- One or more electrical resets, which will display as an observation on the programmer.
- No pacing or defibrillation therapy output.
- No telemetry.
- Programmer screen display of "SERIOUS DEVICE MEMORY FAILURE."

Patient audible alerts and CareAlerts™ may not reliably notify the patient or clinician, due to this issue.

Reported complications have included shortness of breath, pocket heating, low heart rate, and early device explant.

Patient Management Recommendations

We realize that each patient requires unique clinical consideration and we support your judgment in caring for your patients. After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following options for managing patients implanted with an affected device:

Advise patients to seek medical attention immediately if they experience symptoms (e.g., fainting or lightheadedness) or if the audible patient alert sounds.

For pacemaker-dependent patients or those at a higher risk of Ventricular Tachycardia (VT) or Ventricular Fibrillation (VF):

• Physicians should consider device replacement.

For patients where the physician does not believe device explant is the best course of action, Medtronic offers these additional options:

- Program the audible alerts for "Low Battery Voltage RRT" to "On-High". It is possible that alerts may not sound if the battery is depleted. Therefore physicians should also consider one of the following:
 - Provide a handheld magnet to patients to frequently check device status.
 - Requires one or more audible alerts be programmed ON.
 - Device operation may be monitored frequently (e.g., daily) by patients placing the magnet over the device for 1-2 seconds and then removing the magnet. If the device is functional, a steady tone will sound for approximately 10 seconds. If no tone or an oscillating high/low tone is heard, advise patients to seek care immediately.
 - Prescribe either a CareLink[™] transmission be performed by the patient, or a maintenance transmission by the clinic, on a more frequent basis (e.g., weekly or daily) based on the unique patient considerations. The clinic should review these transmissions upon receipt.
 - If the transmission is unsuccessful the patient should be brought into the clinic for immediate follow-up as this may be an indication that the device battery has depleted to a level where it can no longer support telemetry.

Status Update

Within the 78 devices, there have been 10 confirmed failures (13%) through April 23, 2018. Medtronic modeling predicts an additional three (3) failures may occur in the remaining active population. An estimated 32 devices remain active.

Initial Attected Population		Estimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)
78Worldwide	10 Worldwide	32 Worldwide	0.13%

Potential High Battery Impedance InSync[®] III Model 8042 Original Date of Advisory: November 2015

Product

All InSync[®] III Model 8042 Pacemakers

Advisory

Medtronic has identified an issue related to long-term battery performance. Through 27 October 2015, Medtronic has confirmed 30 devices (0.03%) worldwide have been impacted by this issue, for which the root cause is unexpected high battery impedance.

Unexpected high battery impedance can result in the battery's inability to supply sufficient electrical current, impacting device function. Twelve (12) of the 30 devices had reports of unexpected loss of pacing capture. The other 18 devices experienced some form of erratic behavior, including early elective replacement indication (ERI), significant fluctuations in remaining longevity estimates, and inaccurate lead impedances. Through 27 October 2015, events associated with this issue have occurred in devices with implant durations of 53 months or more. Medtronic has received one report of a patient death, where it is possible, but unconfirmed, that this issue was a contributing factor.

If pacing capture is compromised, some patients may experience a return of heart failure symptoms due to loss of biventricular pacing. In cases involving pacemaker-dependent patients, a loss of pacing capture could result in serious injury or death.

The Physician Letter for this issue is available at http://www.medtronic.com/insync-iii-crt-p

Patient Management Recommendations (As of November 2015)

We realize that each patient requires unique clinical consideration. After consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic offers the following recommendations for patients with an InSync III CRT-pacemaker:

- Prophylactic device replacement in non-pacemaker-dependent patients is not recommended.
- For pacemaker-dependent patients, physicians should carefully weigh the risks and benefits of device replacement to mitigate this issue on an individual patient basis
 - The estimated per patient mortality risk of this issue (0.007% to 0.02%) is comparable to the estimated per patient mortality risk of complications associated with an incremental, early device replacement (0.005%).
- Continue routine patient follow up in accordance with standard practice, and advise patients to seek medical attention immediately if they experience new or unexpected symptoms.

Status Update

As of April 23, 2018, approximately 10,300 devices remain active worldwide, from an original implant population of 96,800. In the United States, 4,200 active devices remain. Our modeling predicts an estimated failure rate between 0.16% and 0.6% for the remaining active devices. Due to the unpredictable nature of this issue, it is not possible to identify which devices might fail or when they might fail. The issue cannot be mitigated by programming changes or increasing patient follow-up frequency. InSync III CRT-pacemakers are no longer distributed.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
96,800 Worldwide (39,900 United States)	146 Worldwide (70 United States)	10,300 Worldwide (4,200 United States)	0.15% Worldwide (0.20% United States)

Potential Rapid Battery Depletion

EnTrust® VR/DR/AT ICDs

Original Date of Advisory: March 2012

Product

All EnTrust ICDs.

Advisory

A small percentage of EnTrust ICDs may not meet expected longevity or provide at least three months of device operation between the Elective Replacement Indicator (ERI) and End of Life (EOL) due to a more-rapid-than-expected drop in battery voltage. No patient deaths or serious injuries have been reported as a result of this issue.

The reported events have involved a drop in battery voltage from \sim 3.0 V to ERI (2.61 V) over a time period ranging from approximately one week to six months. All reported events have occurred at least 30 months after implant.

Medtronic has identified the cause of these occurrences to be an internal battery short that develops as the battery capacity is consumed. The Physician Letter is available at <u>http://www.medtronic.com/product-advisories/entrust/physician/index.htm</u>

Patient Management Recommendations (As of March 2012)

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following patient management recommendations:

- Physicians should continue routine follow-up sessions at least every three months in accordance with product labeling.
- Physicians should program the audible patient alerts for "Low Battery Voltage ERI" and "Excessive Charge Time EOL" to ON.
- Physicians should replace devices promptly after they reach ERI if the decline in voltage is more rapid than expected.
- Prophylactic replacement of EnTrust ICDs is not recommended.

Status Update

As of April 23, 2018, there have been 97 confirmed events. No patient deaths have been reported due to this issue. No reports have been made of a failure to deliver high voltage therapy.

Initial Affected Population	Number of Confirmed Advisory Related Events	Lestimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)
69,200 Worldwide (44,300 United States)	97 Worldwide (75 United States)	2,700 Worldwide (300 United States)	0.14% Worldwide (0.17% United States)

Potential Conductor Wire Fracture

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

Product

All Model 6930, 6931, 6948, and 6949 implantable defibrillation leads.

Advisory

There are two primary locations where chronic conductor fractures have occurred on Sprint Fidelis leads: 1) the distal portion of the lead, affecting the anode (ring electrode) and 2) near the anchoring sleeve tie-down, predominantly affecting the cathode (helix tip electrode), and occasionally the high voltage conductor. These two locations account for approximately 90% of the chronic fractures identified in Returned Product Analysis (RPA). The remaining 10% of chronic fractures occurred in the DF-1 connector leg and the proximal portion of the RV coil. High voltage conductor fractures could result in the inability to deliver defibrillation therapy. Anode or cathode conductor fractures (at either location) may present clinically as increased impedance, oversensing, increased interval counts, multiple inappropriate shocks, and/or loss of pacing output.

Patient Management Recommendations (Updated April 2011)

The Lead Integrity Alert (LIA) provides three days advance notice prior to inappropriate therapy to 76% of patients with lead fractures¹. As a result, we strongly recommend that all Sprint Fidelis patients who have the ability to upgrade to Lead Integrity Alert do so promptly. Also ensure that high voltage lead impedance alerts (maximum of 100 ohms) are programmed. When a lead fracture is suspected or confirmed, immediate patient attention is strongly recommended. Physicians should inform their patients to seek medical attention without delay if they experience unexpected shocks.

- If a Fidelis lead fracture of any type has occurred, we recommend implanting a new high voltage lead with or without extraction of the Fidelis lead.
- In patients with normal device function and no manifestation of lead fracture, no action is recommended. The risk of prophylactic intervention appears to be greater than serious injury resulting from lead fracture even for pacemaker dependent patients, except in select individual patient circumstances as determined by the physician.
- In the event of a device change-out or upgrade procedure, with no manifestation of lead fracture, consider the patient age and lead model data above, as well as patient life expectancy, co-morbidities, ease of extraction related to implant time, patient preference, etc., for the following options:
 - o Leave a properly performing lead intact.
 - o Implant a new ICD lead without extraction of the existing lead.
 - Carefully consider all factors before prophylactic placement of a pace-sense lead. Data shows an increased risk of high voltage conductor fracture if a pace-sense conductor fracture has previously occurred. This data is available at <u>http://www.medtronic.com/us-en/healthcare-</u> professionals/products/product-performance/sprint-fidelis-11-2015-update.html
 - Individual patient circumstances may warrant extracting and implanting a new ICD lead. If warranted, Medtronic's Independent Physician Quality Panel recommends the lead extraction procedure be performed by a physician with extensive lead extraction experience.²

Status Update

As of April 23, 2018, of the initial implant population of 205,600 in the United States, approximately 53,500 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 75.1% (+4.8/-4.5%) at 126 months. As the implanted population ages and the sample size increases for each time interval, the accuracy of the estimated survival probability will increase as shown by tighter confidence intervals.

Initial Attected Population		Estimated Remaining Active Population
	, .,	72,800 Worldwide (53,500 United States)

Footnotes:

1: Swerdlow C, Gunderson, B, et al. "Downloadable Algorithm to Reduce Inappropriate Shocks Caused by Fractures of Implantable Cardioverter-Defibrillator Leads", Circulation, November 2008, 118: 2122-2129.

2: "Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management", Heart Rhythm, Vol 6, No 7, July 2009.

Dual Chamber Pacemakers with Measurement Lock-up ERI Kappa 600, 700, 800, 900, EnPulse, Adapta, Versa, Sensia, Relia, and Vitatron Models E50A1, E60A1, and G70A1

Purpose of this Information

This Performance Note describes a rare measurement lock-up issue that impacts the Medtronic dual chamber pacemakers listed above. If this measurement lock-up occurs, the device will trigger a false Elective Replacement Indicator (ERI). A reset is available to clear this condition and there is no need to explant the device. This issue does not impact battery longevity.

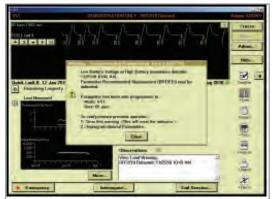
Background

If this rare measurement lock-up occurs in the pacemaker, it causes the device to read a value of zero for battery voltage. After four measurements of zero, the device will trigger ERI and revert to a VVI pacing mode at 65 bpm. There is no loss of ventricular pacing and the output voltage will remain the same.

Programmer Software Reset Method (Adapta, Versa, Sensia, Relia, Vitatron Series E and G)

Programmer software is available which can differentiate a regular ERI and an ERI caused by the measurement lockup issue. Upon interrogation of a device with the measurement lock-up ERI, the programmer software

Example 1 – Programmer Software Detects Measurement Lock-up ERI



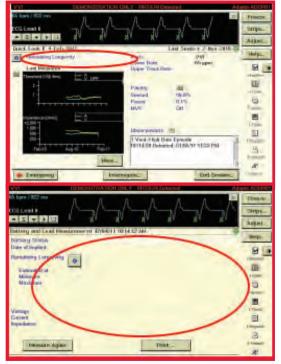
recognizes the issue and guides the clinician to clear the ERI (Example 1). Following an ERI reset, the device parameters should be reviewed and reprogrammed to clinician specifications.

Reset Method for Kappa and EnPulse

A service tool continues to be available through Medtronic Technical Services to clear the measurement lock-up issue for Kappa and EnPulse devices.

The issue can be identified using the programmer or via CareLink transmission; the battery voltage measurements and remaining longevity will appear as blank values (Example 2). If this measurement lock-up occurs, contact Medtronic Brady Technical Services at 1-800-505-4636 for assistance.





Clinical Management of VCM near Elective Replacement

Background

Medtronic Technical Services has received reports of devices going to ERI or end of life (EOL) sooner than expected after a normal follow-up in which the device longevity was projected to be approximately 18 months. It has been noted that these cases typically involve Kappa 700 devices where Ventricular Capture Management set the ventricular lead to high output (5 V, 1 ms), which occurs by device design when a high threshold is measured. It is important for physicians and allied professionals to understand VCM behavior as it relates to longevity so that they can, in turn, understand how this affects management of the device and follow-up visits as VCM equipped IPGs near the end of their expected life.

Device Longevity and VCM Behavior

Ventricular Capture Management is a feature that uses evoked response sensing to determine the stimulation threshold needed to capture the ventricular chamber. Proper detection of the evoked response is crucial to the VCM algorithm determining an accurate capture threshold. There are rare conditions, however, during which the VCM algorithm will not be able to measure the evoked response accurately.¹ When this occurs, for safety reasons the VCM algorithm will reprogram the output to 5 V, 1 ms until the subsequent VCM measurement.

If the device has considerable remaining longevity, these occasional excursions to high output do not substantially affect remaining longevity. However, if the device has less than approximately 18 months remaining longevity, there is the possibility that the high output condition caused by the 5 V, 1 ms output will drain the battery and trigger ERI.

When ERI is declared by the device, VCM is disabled and the outputs are left at 5 V, 1 ms until the device is reprogrammed at an in-office follow-up. This increased current drain of a high output condition will speed depletion of the device, possibly resulting in the device getting to the EOL (battery voltage \leq 2.15 V).

Please note that the following parameter changes occur when the device goes to ERI:

Table: IPG Therapy Parameter Changes at ERI

Parameter	Value
Pacing Mode	VVI
Lower Rate	65 bpm
Single Chamber Hysteresis	OFF
Sleep Function	OFF
Ventricular Capture Management	OFF
Atrial Sensing Assurance	OFF
Ventricular Sensing Assurance	OFF

Kappa 700 is Medtronic's first-generation VCM algorithm, which has a relatively higher incidence of evoked response undersensing compared to subsequent algorithms, resulting in more frequent high output conditions. Therefore, Kappa 700 products are the primary focus of this note. It should be noted that IPGs equipped with the second-generation VCM algorithm (Kappa 900, EnPulse, Adapta/Versa/Sensia, and Relia) have not been observed with evoked response undersensing in the general population, though the items listed in "Follow-Up Considerations" may also be used on these devices.

Follow-Up Considerations

- Estimated longevity in the event the device goes to high output can be determined by the following steps. This allows the clinician to determine follow-up frequency if he or she is concerned the device may go to ERI due to high output.
 - Program the ventricular channel to 5 V, 1 ms
 - Navigate to Data/Battery and Lead Measurements
 - When the message stating "Warning Old Data" is displayed, select "Yes" to measure battery voltage and lead impedance at the new ventricular outputs
 - An updated remaining longevity estimate will be calculated on the elevated outputs. Note the "Minimum Remaining Longevity." Clinical decisions can be based on this value.
 - Program the Amplitude and Pulse Widths back to their original values before leaving the session
- If the capture trends and lead impedance trends are stable, VCM can be programmed to "Monitor Only" for the remaining device life. This should be considered only if remaining longevity is 18 months or less.
- Follow-up frequency can be increased for those patients who do not have stable capture or lead impedance trends. This can be done via a CareLink Home Monitor, or in-office.

¹ Medtronic, Inc. (2001). Medtronic Kappa 700/600 Series Pacemaker Reference Guide (Chapter 4, p. 27). Can be retrieved from http://manuals.medtronic.com.

Medtronic CRFH Product Performance Report

General Follow-Up and Replacement of ICD Leads

Implanted leads operate in the challenging biochemical environment of the human body and the body's response to foreign objects. Implanted leads are also subject to mechanical stresses associated with heart motion, body motion, and patient anatomy.

In this environment, pacemaker and defibrillation leads cannot be expected to last forever. Unlike implantable cardioverter defibrillators (ICDs), a lead's longevity cannot be predicted nor are there simple indicators that a lead is approaching the end of its service life. The determination that a lead may be approaching end of service life requires follow-up of the chronically implanted lead and thorough evaluation of lead integrity at ICD replacement.

Follow-Up of Chronically Implanted Leads

The frequency of follow-up for ICD patients will depend on a number of factors including the patient's medical condition, ICD system implant time, hospital/clinic followup practice, and Medicare guidelines.

In all cases, it is important to assess the functionality of the ICD system and the integrity. For newly implanted leads, it is beneficial to establish a baseline of chronic performance parameters once the lead has stabilized, generally within 6 to 12 months after implant. These performance parameters should include pacing and sensing thresholds and impedance. During routine patient follow-up, these procedures can be used to evaluate lead integrity.

- Measure pacing and sensing threshold and compare to the chronic baseline. Significant increases or decreases may be indicative of lead failure, dislodgement, perforation, exit block, etc.
- Measure pacing impedance where possible and compare to the chronic baseline. Decreases of 30% or more or pacing impedances below 200-250 ohms may be indicative of insulation failure. Sudden and significant increases in pacing impedance may be indicative of conductor fracture.
- High voltage lead circuit impedance should be between 10-75 ohms at system implant. Chronic measurements below 10 and above 200 ohms may be indicative of high voltage lead circuit failure.
- Carefully review ECGs or the nonsustained detection log on Medtronic ICDs for indications of pacing and/or sensing abnormalities such as oversensing, undersensing, and loss of capture
- Elicit and investigate any patient complaints/symptoms that may be suggestive of potential lead failure

Where routine follow-up indicates, additional tools should be used to further evaluate performance. Tools include radiographic data, ICD electrograms, ICD Patient Alert and performance information from the Product Surveillance Registry (PSR).

The final decision on the functional integrity and continued use of an implanted lead must be a matter of medical judgment based on these factors as well as specific patient conditions.

General Criteria for Lead Replacement

The evaluation of a chronically implanted lead is an important part of the decision to continue to use the lead with a new ICD. However, these results alone do not necessarily predict the future integrity of that lead. With the expected longevity of today's ICDs varying between approximately 5 and 10 years, a physician replacing a device should consider a number of factors, including those listed below.

Factors that should be considered in a decision to replace or continue to use include:

- Pacing and sensing thresholds should be evaluated for the potential to maintain acceptable levels
- Pacing impedance should be measured. Bear in mind that pacing impedance below 250 ohms results in excessive battery current drain, which may seriously compromise ICD longevity, regardless of lead integrity.
- The physical appearance of the lead should be examined for insulation cracks, breaches, or other indications of lead wear or degradation
- Medtronic System Longevity Study data should be referenced. Actuarial survival of the lead and the observed lead failure mechanisms are specific factors to consider. Use of a new lead should be considered if failure mechanisms suggest an increased time dependency as suggested in the shape of performance curve for the specific lead model.
- Current publications may provide additional information on the clinical management of leads.¹⁻³ Ultimately, the decision to replace an implanted lead involves medical judgment.
- ¹ Hauser RG, Cannom D, Hayes DL, et al. Long-term structural failure of coaxial polyurethane implantable cardioverter defibrillator leads. *PACE*. June 2002;25(6):879-882.
- ² Ellenbogen KA, Wood MA, Shepard RK, et al. Detection and management of an implantable cardioverter defibrillator lead failure: incidence and clinical implications. *J Am Coll Cardiol.* January 1, 2003;41(1):73-80.
- ³ Hauser RG, Kallinen LM, Almquist AK, Gornick CC, Katsiyiannis WT. Early failure of a small-diameter highvoltage implantable cardioverter-defibrillator lead. *Heart Rhythm*. July 2007;4(7):892-896.

Clinical Management of High-Voltage Lead System Oversensing

Appropriate sensing by an ICD system refers to the sensing of cardiac events that may or may not require therapy delivery. ICD systems must sense relatively large QRS complexes while avoiding sensing of smaller T waves, yet continue to sense often small variable amplitude ventricular fibrillation. Thus, ICD systems attempt to dynamically adjust sensing of electrical events and discriminate between them based on detection algorithms and programmed settings.

Inappropriate sensing can occur when an ICD system classifies events of non-cardiac origin as QRS/VF events, or senses and counts T and far-field P waves as ventricular depolarizations. This is often referred to as "oversensing," and may result in delivery of inappropriate high-voltage therapies. This is due, in part, to the desire to err on the side of delivering lifesaving high voltage therapy rather than withholding it. Thus, an ICD system that is experiencing oversensing issues will continue to deliver therapeutic shocks as required, but may also subject the patient to unnecessary shocks.

Oversensing can be difficult to manage, in that the precipitating cause of the oversensing can be problematic to isolate. Oversensing can be caused by many factors, including myopotentials/farfield sensing, electromagnetic interference, T wave sensing, connector issues, incomplete or complete conductor fractures, and insulation breaches. While the individual physician must exercise medical judgment in determination of appropriate clinical management of ICD systems, the chart below may assist in the process of causal factor differentiation and possible intervention.

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Phenomenon	Causal Factors	Characteristics	Management/Comments
Myopotentials/ Far-field sensing	Diaphragmatic muscle potentials in breathing, wide tip-to-ring (coil on integrated bipolar leads) spacing	Nonphysiological sensed event on EGM, which may confuse detection potentially resulting in false positive shocks	Check R waves for deterioration. Reprogram sensitivity. Try repositioning lead. Consider change-out to true bipolar lead, or if true bipolar lead in use, one with closer tip-to-ring spacing than current lead.
EMI (Electro-Magnetic Interference)	Arc welders, electrical generators, store walk-through security scanners, poorly insulated electrical equipment	Multiple and consecutive short intervals (< 140 ms) independent of underlying sinus beats. Associated with proximity to the EMI source.	Avoid EMI areas. True bipolar leads less susceptible.
T-wave sensing	Drugs, ischemic tissue, exercise, Long QT syndrome, electrolyte imbalance	Sense markers seen on EGM related to T wave. False positive detection.	Check for R wave deterioration and characteristics. If R wave > 3.0 mV, reprogram sensitivity. If R wave < 3.0 mV, reposition/replace lead. Address causal factor (e.g., drugs [if appropriate/medically viable]).
Connector problems	Loose setscrew, cross-threaded setscrew, incomplete lead insertion into header	This is an acute phenomenon seen within 6 months of implant (usually sooner)	Requires invasive check of connections. May be reproducible with pocket manipulation.
Incomplete conductor fracture	One or more filars of a multifilar conductor fracturing while leaving enough filars intact to provide a conduction circuit	Characterized by chaotic oversensing related to motion of the fracture site	Check EGMs and x-rays. Manipulate lead at suspected fracture site if possible as a provocative test. If confirmed, replace lead.
Lead insulation breach	Cuts, tears, metal ion oxidization, abrasion, cold flow, environmental stress cracking	Characterized by cyclical and/or erratic, intermittent, spontaneous oversensing; often post-pace or post-shock can cause false positives	Replace lead. If acute, usually secondary to implant damage/replacement damage. If late, material characteristic.
Oversensing during interrogation with programming head (not wireless telemetry) with complete lead fracture	Interrogation with a programming head in combination with complete lead fracture that creates an open circuit can induce noise on the sensing circuitry inside the ICD can	Nonphysiologic sensed event on EGM. If detection is enabled during interrogation, oversensing may result in inappropriate therapy.	Quickly remove the programming head. CANCEL the interrupted interrogation and manually load the software for the specific device model. Reposition the programmer head over the device and immediately select SUSPEND. Device will resume detection when programming head is removed, or when RESUME is selected. Replace lead.

Technical Services is available at all times to advise clinicians in the troubleshooting and management of Medtronic products. For assistance in the United States, please call 1 (800) 723-4636. In other countries, please contact your local Medtronic representative.

Tests and Observations for Clinical Assessment of Chronic Pacing Leads

Test/Observation	Possible Insulation Failure	Possible Conductor Failure	Possible Other System Failure	Effect on Test/ Observation
Pacing Impedance (Telemetered or Measured Invasively)	Sudden and Significant Decrease	Sudden and Significant Increase	Dislodgement. Perforation. Electrolyte Imbalance. Improper IPG/Lead Connection	Increase or Decrease Increase or Decrease
Pacing Thresholds (Telemetered/Programmed or Measured Invasively)	Sudden and Significant Increase, Especially in Bipolar System	Sudden and Significant Increase	Dislodgement. Exit Block. Infarct at Electrode Site. Perforation. Improper IPG/Lead Connection	Increase Increase Increase
Electrograms (Telemetered or Measured Invasively)	Sudden and Significant Decrease in Amplitudes and/or Slew Rates for P and/or R Waves	Sudden and Significant Decrease or Disappearance of Amplitudes and/or Slew Rates for P and/or R Waves	Dislodgement. Perforation Infarct at Electrode Site Electrolyte Imbalance Improper IPG/Lead Connection	Decrease Decrease .Decrease
Waveform Analysis (Oscillographs of Pacer Artifact from ECG Electrodes)	Sudden Increase in Ratios of Leading-Edge Voltages to Trailing-Edge Voltages (i.e., over 25% increase)	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)	Improper IPG/Lead Connection	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)
Radiographs (Post-Implant, Recent, Current)	Not Discernible	Visual Observation of Conductor/Connector/ Electrode Fracture (Sometimes Discernible)	Dislodgement or Perforation. Improper IPG/Lead Connection.	Sometimes Discernible
Visual Inspection (Invasive)	Insulation Breach and/or Degradation, or Ligature Cut-Through	Not Easily Discernible	Connector Defect or Connector Pulled Apart. Improper IPG/ Lead Connection.	Sometimes Discernible
Pectoral Muscle Stimulation	Sudden Onset, Especially in Bipolar System		Connector Defect in Bipolar or Unipolar. Hypersensitivity to Unipolar Pulse Generator Can. Anti-Stim Coating or Protection Deficient.	
Phrenic Nerve/ Diaphragmatic Stimulation	Sudden Onset in Bipolar or Unipolar Systems		Perforation or Displacement of Atrial Lead (Phrenic Nerve)	
Pacemaker ECG Stimulus Artifact Size and Morphology Change (May Not Be Possible with Digital ECG)	Sudden Onset and Significant Change, Especially in Bipolar System (Increase in Size)	Sudden Changes, Usually a Decrease in Size	Perforation or Dislodgement. Connector Defect. Improper IPG/ Lead Connection.	Sometimes Discernible
Oversensing (Intermittent or Continuous)	Sudden Onset, Especially in Bipolar Systems		Physical Contact between the Electrode(s) on the Lead and that of Another Lead. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Undersensing (Intermittent or Continuous)	Sudden Onset in Either Unipolar or Bipolar Systems	Sudden Onset in Either Unipolar or Bipolar Systems	Dislodgement or Perforation. Infarct at Electrode Site. Electrolyte Imbalance. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Loss of Capture	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	

Mailer Kits Available for Returning Product

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of reason for explant or removal from use. The procedures for returning products vary by geographic location.

Mailer kits with prepaid US postage are available for use within the United States to send CRT, ICD, IPG, and leads to Medtronic's CRHF Returned Product Analysis Lab. These mailers are sized to accommodate the devices and leads from a single patient or clinical event and are designed to meet US postal regulations for mailing biohazard materials.

If the product being returned is located outside the United States, please contact your local Medtronic representative for instructions.

Medtronic also requests the return of devices from non-clinical sources, such as funeral homes, and will assume responsibility for storage and disposal of the product once received.

Mailer kits can be obtained by contacting the Returned Product Lab.

CRHF Returned Product Analysis Laboratory Phone: 1 (800) 328-2518, ext. 44800 Email: crdm.returnedproduct@medtronic.com



Medtronic 710 Medtronic Parkway Minneapolis,MN 55432-5604 USA Tel: (763) 514-4000 Fax: (763) 514-4879

Toll-free:1 (800) 328-2518 (24-hour technical support for physicians and medical professionals)

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