CARDIAC RHYTHM MANAGEMENT

Product Performance Report

Important Patient Management Information for Physicians

2025

1st Edition – Issue 92



CRM Product Performance Report

Legacy Models

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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.

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 CRM 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 CRM 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.

Contact Information

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

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Within the United States:

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Introduction

For 41 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, insertable cardiac monitors (ICMs), and implantable pacing and defibrillation leads.

This Product Performance Report has been prepared in accordance with International Standard ISO 5841-2:2000(E). As Transcatheter Pacing Systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart, TPS is subject to complications similar to pacing leads and malfunctions or battery depletion events similar to an implanted pulse generator (IPG). The TPS performance report has been developed to align with these guidelines to the extent possible due to the unique difference between TPS compared to a typical implantable device or lead.

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.

Transcatheter Pacing Systems are monitored differently. Transcatheter pacing systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart. To account for the shortfalls of returned product analysis due to a very small percentage of devices being returned, a study of de-identified product data on the Medtronic CareLink™ network is used. The number of devices enrolled and transmitting actively enables a population large enough to give a representative volume of normal battery depletions and to provide insight into the complications that may occur after the device was successfully implanted. TPS survival estimates include both product failures and device-related medical complications and do not differentiate product failures from these complications such as perforation, dislodgement or elevated pacing thresholds.

Introduction continued

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.

Customer Communications - Advisory Summaries

This Product Performance Report includes summaries of all Customer Communications classified as 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 has passed.

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.

Customer Communications - Performance Notes

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

Customer Communications - Product Education Briefs

These communications are educational in nature and typically elaborate on information found in the Instructions for Use (IFU) or other approved labeling materials. A product education brief typically serves to clarify information found in labeling that may be misunderstood or misinterpreted by physicians or healthcare professionals. Product education briefs do not provide new patient management guidance, but may be used to reinforce existing recommendations already discussed in the IFU.

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 Management (CRM) 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.

Introduction continued

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 CRM 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, standard actuarial method for TPS 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. For TPS, the population is the de-identified devices on the Medtronic CareLinkTM network.

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. For TPS, the events are complications or malfunctions as defined in the methods for estimating.

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

Introduction continued

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), the TPS curves are actually computed and plotted using the standard actuarial method and 1-month intervals, 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 method.²

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

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

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 Management (CRM's) United States device registration data and United States 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 analyzed in the CRM 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

In alignment with industry guidance, Medtronic CRM considers a device as having malfunctioned when the device is removed from service and the analysis shows that any parameter was outside the performance limits established by Medtronic while in service.

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 found, through analysis, to 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. All 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

Or

(c) a device is taken out of service without an associated complaint and with evidence the battery reached its elective replacement indicator(s).

Medtronic CRM 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. 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 or may be 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:

Battery – Findings linked to the battery and its components

Device-Related Current Pathway – Findings confirmed through device or device memory returns linked to reduced or no energy shocks and other effects (e.g., 50% drop in daily pacing lead impedance measurements not due to a lead issue)

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.

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.

Software/Firmware – Findings linked to software or firmware function

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 or device memory data 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 CRM 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 (labeled as "Including Normal Battery Depletion"). 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 (labeled as "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 CRM for analysis, these numbers underestimate the true number of malfunctions and battery depletions. To more accurately estimate the device survival probabilities, the number of malfunctions and battery depletions used to plot each interval of the "Including Normal Battery Depletion" 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 Registration Tracking Application (DTrak) with data from Returned Product Analysis.

The DTrak system is an important element of Medtronic's Quality System. The DTrak 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 DTrak 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 DTrak 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.

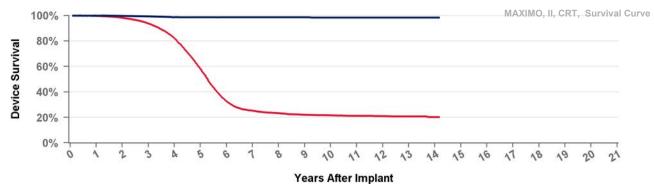
Adjustments to Registered Implants to Compensate for Unreported Devices Removed from Service

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 third party sources such as the Social Security Administration are used to update Medtronic's DTrak data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DTrak 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 DTrak is significantly different from published rates, an adjustment is applied to correct the difference. The correction factor is also applied to account for devices that were removed and not reported or returned.

D284TRK Maximo II CRT-D

US Market Release	17Sep2008	Total Malfunctions (USA)	135
CE Approval Date	14Mar2008	Therapy Function Not Compromised	129
Registered USA Implants	14,990	Electrical Component	5
Estimated Active USA Implants	1,319	Possible Early Battery Depletion	124
Normal Battery Depletions	4,085	Therapy Function Compromised	6
		Electrical Component	6



rears Aiter implant

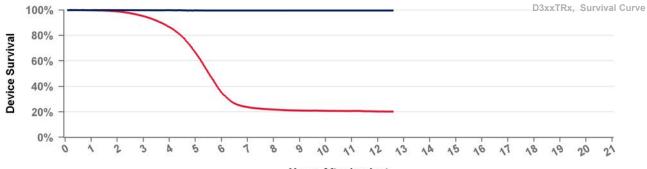
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 170 mo
Excluding NBD	100.0%	99.7%	99.3%	98.7%	98.6%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%
Including NBD	99.7%	98.2%	93.7%	82.1%	58.2%	32.5%	25.3%	23.3%	22.1%	21.7%	21.3%	21.0%	20.8%	20.4%	20.4%
Effective	12496	11082	9495	7252	3989	1659	1091	915	801	745	677	588	420	161	114
Sample Size															

D314TRG

Protecta XT CRT-D

US Market Release	25Mar2011	Total Malfunctions (USA)	94
CE Approval Date		Therapy Function Not Compromised	75
Registered USA Implants	41,864	Battery	8
Estimated Active USA Implants	4,627	Electrical Component	40
Normal Battery Depletions	10,525	Possible Early Battery Depletion	25
		Other	2
		Therapy Function Compromised	19
		Battery	11
		Electrical Component	8



Years After Implant

	Including	Normal	Battery	Depletion		Excluding	Normal	Battery	/ Depletion
--	-----------	--------	---------	-----------	--	-----------	--------	---------	-------------

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.7%	35.3%	23.8%	21.8%	21.1%	20.9%	20.7%	20.4%	20.2%
Effective Sample Size	54150	48922	42272	33503	21052	8905	4901	4058	3643	3406	3096	1984	177

D354TRG Protecta XT CRT-D

US Market Release

CE Approval Date

25Mar2010

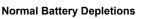
Registered USA Implants 1

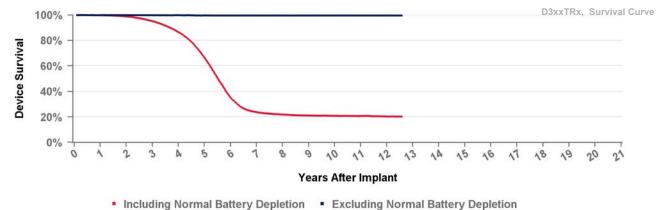
Estimated Active USA Implants

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised





Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.7%	35.3%	23.8%	21.8%	21.1%	20.9%	20.7%	20.4%	20.2%
Effective Sample Size	54150	48922	42272	33503	21052	8905	4901	4058	3643	3406	3096	1984	177

D354TRM

Protecta XT CRT-D

US Market Release CE Approval Date

15Jul2010

Registered USA Implants

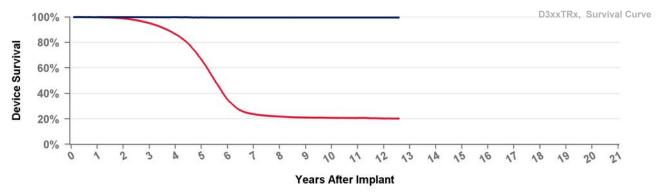
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.7%	35.3%	23.8%	21.8%	21.1%	20.9%	20.7%	20.4%	20.2%
Effective	54150	48922	42272	33503	21052	8905	4901	4058	3643	3406	3096	1984	177
Sample Size													

D364TRG

Protecta CRT-D

US Market Release

CE Approval Date

25Mar2010

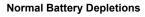
Total Malfunctions (USA)

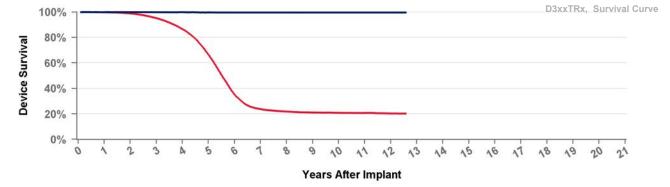
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised





Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.7%	35.3%	23.8%	21.8%	21.1%	20.9%	20.7%	20.4%	20.2%
Effective	54150	48922	42272	33503	21052	8905	4901	4058	3643	3406	3096	1984	177
Sample Size													

D364TRM

Protecta CRT-D

US Market Release CE Approval Date

15Jul2010

Including Normal Battery Depletion

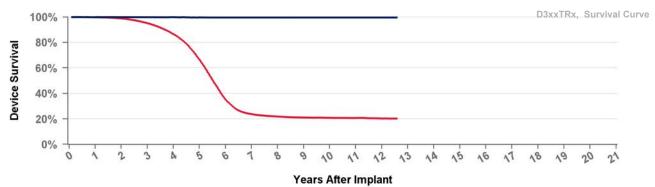
Therapy Function Not Compromised

Therapy Function Compromised

Total Malfunctions (USA)

Registered USA Implants Estimated Active USA Implants

Normal Battery Depletions



at 151 Years 2 6 9 10 11 12 **Excluding NBD** 100.0% 99.9% 99.9% 99.8% 99.7% 99.6% 99.6% 99.6% 99.6% 99.6% 99.6% 99.6%

Including NBD Effective Sample Size Excluding Normal Battery Depletion

42272

98.9%

48922

D394TRG Egida CRT-D

US Market Release

CE Approval Date

12Jan2011

Therapy Function Not Compromised

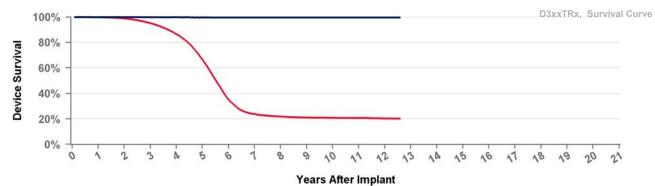
Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised

Total Malfunctions (USA)

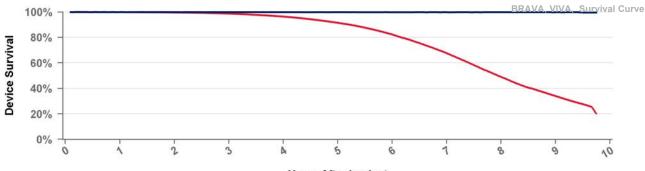


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.7%	35.3%	23.8%	21.8%	21.1%	20.9%	20.7%	20.4%	20.2%
Effective Sample Size	54150	48922	42272	33503	21052	8905	4901	4058	3643	3406	3096	1984	177

DTBA1D1 Viva XT

US Market Release	29Jan2013	Total Malfunctions (USA)	72
CE Approval Date		Therapy Function Not Compromised	47
Registered USA Implants	56,948	Battery	10
Estimated Active USA Implants	13,376	Electrical Component	33
Normal Battery Depletions	16,562	Possible Early Battery Depletion	1
		Other	3
		Therapy Function Compromised	25
		Battery	19
		Device-Related Current Pathway	2
		Electrical Component	4



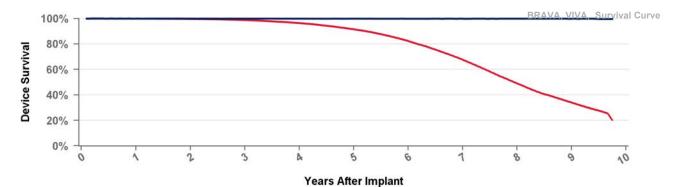
Years After Implant

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

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBA1D4 Viva XT

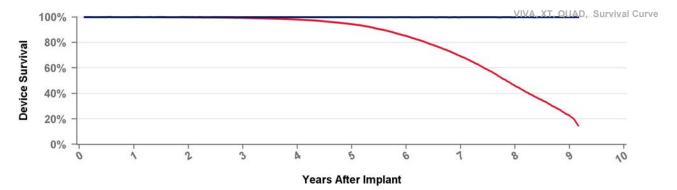
US Market Release	29Jan2013	Total Malfunctions (USA)	33
CE Approval Date		Therapy Function Not Compromised	24
Registered USA Implants	19,628	Battery	6
Estimated Active USA Implants	4,527	Electrical Component	15
Normal Battery Depletions	6,913	Possible Early Battery Depletion	3
		Therapy Function Compromised	9
		Battery	6
		Electrical Component	3



Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBA1Q1 Viva Quad XT

US Market Release	03Jul2014	Total Malfunctions (USA)	14
CE Approval Date		Therapy Function Not Compromised	9
Registered USA Implants	11,065	Battery	3
Estimated Active USA Implants	2,885	Electrical Component	4
Normal Battery Depletions	3,154	Possible Early Battery Depletion	1
		Other	1
		Therapy Function Compromised	5
		Battery	4
		Electrical Component	1

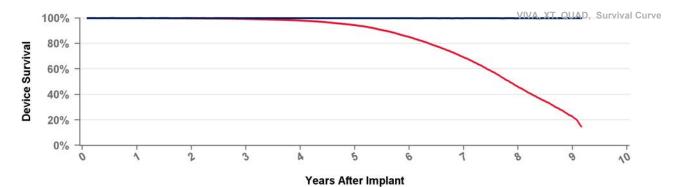


 Including Normal Battery Depletion Excluding Normal Battery Depleti 		Including Normal	Battery Depletion		Excluding	Normal	Battery	Depletio
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Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective Sample Size	33763	31338	28908	25969	22290	17379	11688	5634	850	198

DTBA1QQ Viva Quad XT

US Market Release	03Jul2014	Total Malfunctions (USA)	49
CE Approval Date		Therapy Function Not Compromised	37
Registered USA Implants	27,415	Battery	12
Estimated Active USA Implants	7,090	Electrical Component	20
Normal Battery Depletions	9,873	Electrical Interconnect	1
		Possible Early Battery Depletion	3
		Other	1
		Therapy Function Compromised	12
		Battery	9
		Electrical Component	3



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective Sample Size	33763	31338	28908	25969	22290	17379	11688	5634	850	198

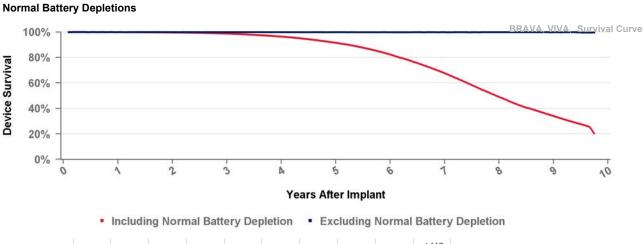
DTBA2D1 Viva XT

US Market Release Total Malfunctions (USA)

CE Approval Date 29Aug2016 Therapy Function Not Compromised

Registered USA Implants 1

Estimated Active USA Implants 1 Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBA2D4

Viva XT

US Market Release

CE Approval Date

08Aug2012

Total Malfunctions (USA)

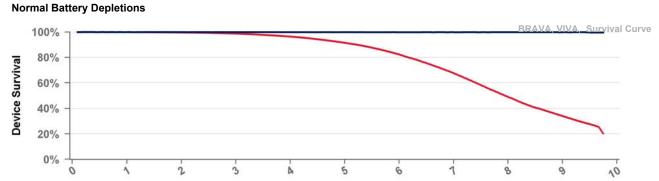
E Approvai Date

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Therapy Function Not Compromised



Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBA2Q1

Viva Quad XT

US Market Release CE Approval Date

12Sep2013

Total Malfunctions (USA)

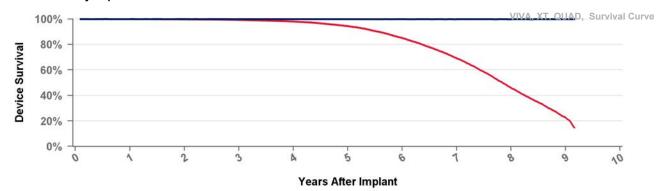
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



			25000000							
Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective	33763	31338	28908	25969	22290	17379	11688	5634	850	198

DTBA2QQ Viva Quad XT

US Market Release

CE Approval Date

08Aug2012

Total Malfunctions (USA)

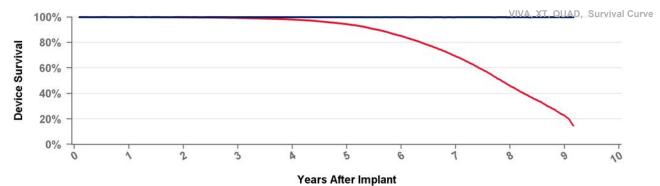
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



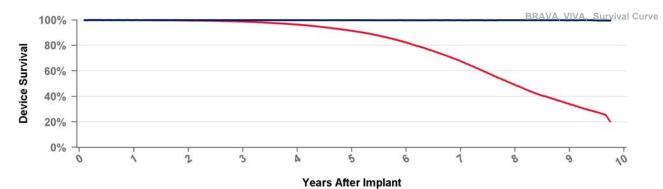
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective Sample Size	33763	31338	28908	25969	22290	17379	11688	5634	850	198

DTBB1D1

Viva S

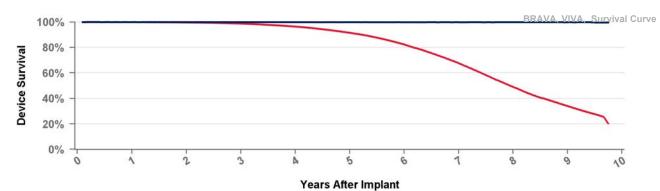
US Market Release	29Jan2013	Total Malfunctions (USA)	25
CE Approval Date		Therapy Function Not Compromised	20
Registered USA Implants	14,104	Battery	9
Estimated Active USA Implants	2,791	Electrical Component	8
Normal Battery Depletions	4,951	Possible Early Battery Depletion	2
		Other	1
		Therapy Function Compromised	5
		Battery	4
		Flectrical Component	1



Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBB1D4 Viva S

US Market Release	29Jan2013	Total Malfunctions (USA)	9
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	4,637	Battery	3
Estimated Active USA Implants	1,054	Electrical Component	2
Normal Battery Depletions	1,647	Other	1
		Therapy Function Compromised	3
		Battery	3

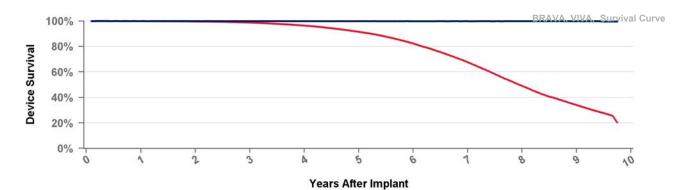


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBB1Q1 Viva Quad S

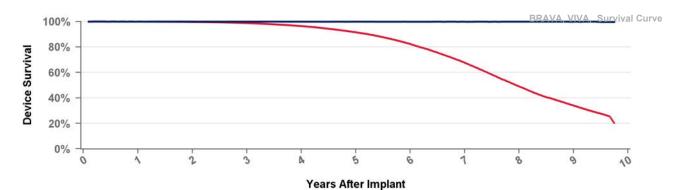
US Market Release	03Jul2014	Total Malfunctions (USA)	2
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	2,362	Battery	1
Estimated Active USA Implants	580	Electrical Component	1
Normal Battery Depletions	833	Therapy Function Compromised	0



Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBB1QQ Viva Quad S

US Market Release	03Jul2014	Total Malfunctions (USA)	10
CE Approval Date		Therapy Function Not Compromised	8
Registered USA Implants	5,114	Battery	1
Estimated Active USA Implants	1,274	Electrical Component	4
Normal Battery Depletions	2,142	Possible Early Battery Depletion	2
		Other	1
		Therapy Function Compromised	2
		Electrical Component	2



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

08Aug2012

DTBB2D1

Viva S

US Market Release

CE Approval Date

Registered USA Implants

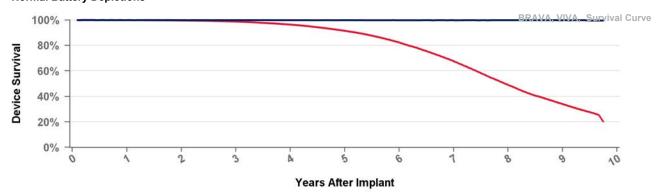
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



 Including Normal Battery Depletion 								 Excluding Normal Battery Depletion 				
Years	1	2	3	4	5	6	7	8	9	at 117 mo		
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%		
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%		
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182		

DTBB2D4

Viva S

US Market Release

CE Approval Date

08Aug2012

Total Malfunctions (USA)

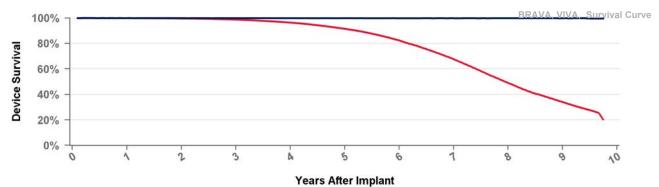
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



at 117 Years 2 3 5 6 8 9 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.8% 99.8% 99.8% 99.7% 96.4% 82.3% 20.4% 78571 71239 63014 53121 41442 28359 14878 4871 182

Including Normal Battery Depletion

Including NBD Effective Sample Size

DTBB2QQ

Viva Quad S

US Market Release

CE Approval Date 08Aug2012

Registered USA Implants

Estimated Active USA Implants

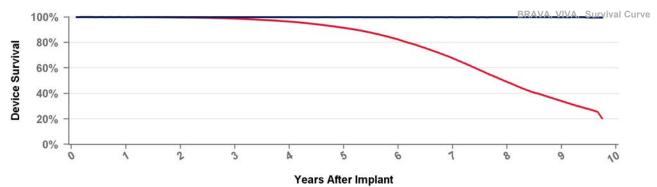
Normal Battery Depletions

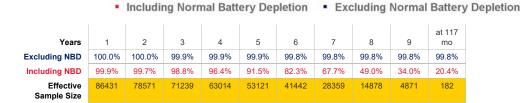
Total Malfunctions (USA)

Therapy Function Not Compromised

Excluding Normal Battery Depletion

Therapy Function Compromised





DTBC2D1

Brava

US Market Release

Total Malfunctions (USA) 08Aug2012

CE Approval Date

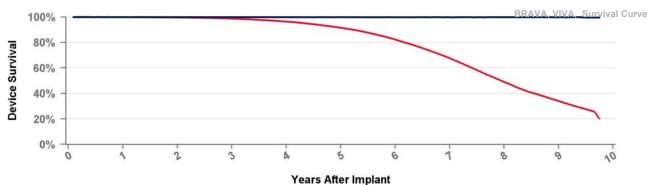
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



 Including Normal Battery Depletion Excluding Normal Battery Depletion at 117

Years 2 3 5 6 8 9 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.8% 99.8% 99.8% 99.7% 96.4% 91.5% 82.3% 49.0% 20.4% Including NBD Effective 78571 71239 63014 53121 41442 28359 14878 4871 182 Sample Size

DTBC2D4

Brava

US Market Release

08Aug2012

Total Malfunctions (USA)

CE Approval Date

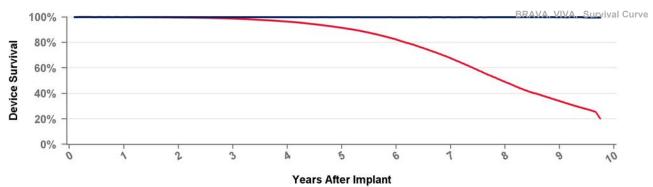
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.5%	82.3%	67.7%	49.0%	34.0%	20.4%
Effective Sample Size	86431	78571	71239	63014	53121	41442	28359	14878	4871	182

DTBC2Q1 Brava Quad

US Market Release

CE Approval Date

12Sep2013

Total Malfunctions (USA)

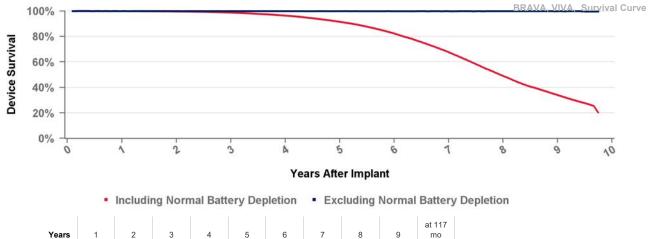
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years 3 5 6 8 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.8% 99.8% 99.8% 99.7% 49.0% 20.4% Including NBD 96.4% 82.3% Effective 78571 71239 63014 53121 41442 28359 14878 4871 182 Sample Size

DTBC2QQ

Brava Quad

US Market Release

08Aug2012

CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

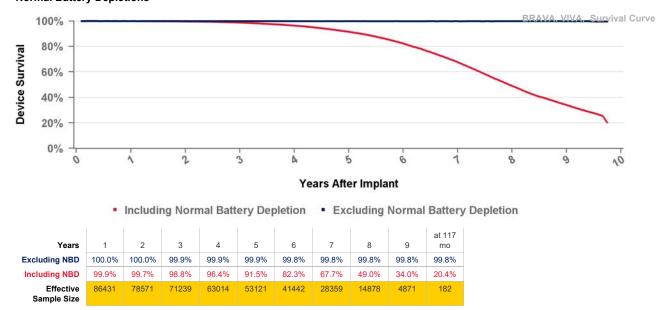
1

Estimated Active USA Implants

Therapy Function Compromised

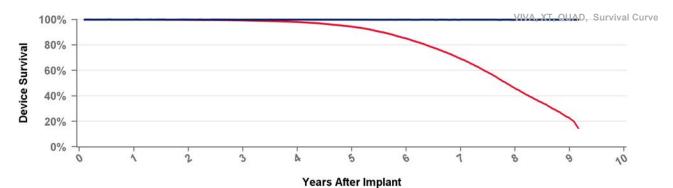
Total Malfunctions (USA)

Normal Battery Depletions



DTBX1QQ Viva Quad C

US Market Release	03Jul2014	Total Malfunctions (USA)	1
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	638	Electrical Component	1
Estimated Active USA Implants	72	Therapy Function Compromised	0
Normal Rattery Depletions	382		



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective Sample Size	33763	31338	28908	25969	22290	17379	11688	5634	850	198

DTBX2QQ Viva Quad C

US Market Release CE Approval Date

Registered USA Implants

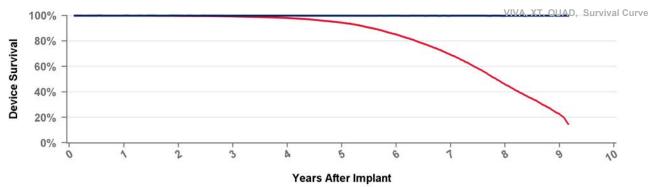
Estimated Active USA Implants

Normal Battery Depletions

03Jul2014 Total Malfunctions (USA)

Therapy Function Not Compromised

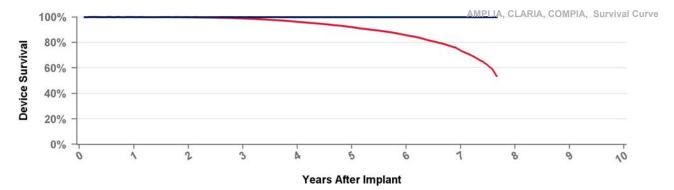
Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.1%	69.1%	45.8%	22.6%	14.7%
Effective Sample Size	33763	31338	28908	25969	22290	17379	11688	5634	850	198

DTMA1D1 Claria MRI

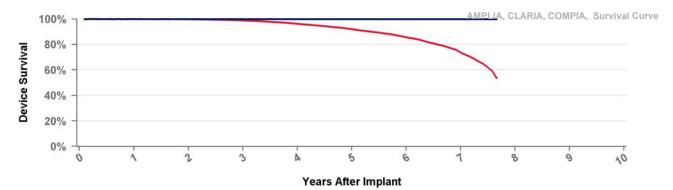
US Market Release	05Dec2016	Total Malfunctions (USA)	9
CE Approval Date		Therapy Function Not Compromised	7
Registered USA Implants	17,540	Battery	4
Estimated Active USA Implants	12,266	Electrical Component	1
Normal Battery Depletions	909	Electrical Interconnect	1
		Other	1
		Therapy Function Compromised	2
		Battery	1
		Electrical Component	1



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMA1D4 Claria MRI

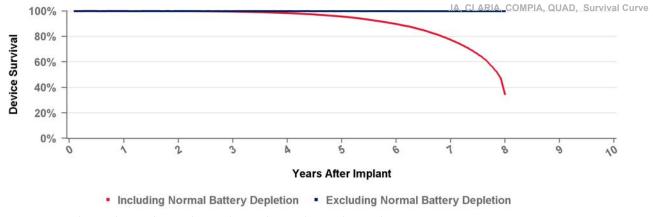
US Market Release	05Dec2016	Total Malfunctions (USA)	12
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	16,844	Battery	1
Estimated Active USA Implants	12,429	Electrical Component	5
Normal Battery Depletions	711	Therapy Function Compromised	6
		Battery	1
		Device-Related Current Pathway	2
		Electrical Component	2
		Electrical Interconnect	1



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMA1Q1 Claria MRI

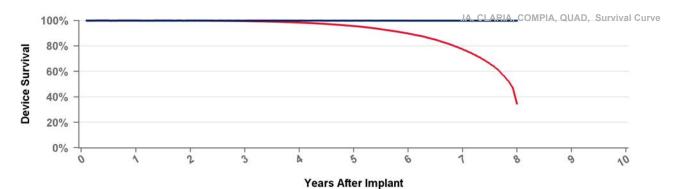
US Market Release	05Dec2016	Total Malfunctions (USA)	4
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	12,311	Battery	1
Estimated Active USA Implants	9,029	Electrical Interconnect	1
Normal Battery Depletions	512	Possible Early Battery Depletion	1
		Other	1
		Therapy Function Compromised	0



Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective Sample Size	115199	104647	88133	72046	53159	32609	14152	580

Claria MRI DTMA1QQ

US Market Release	05Dec2016	Total Malfunctions (USA)	35
CE Approval Date		Therapy Function Not Compromised	23
Registered USA Implants	76,558	Battery	2
Estimated Active USA Implants	58,994	Electrical Component	15
Normal Battery Depletions	2,975	Electrical Interconnect	1
		Possible Early Battery Depletion	1
		Software/Firmware	1
		Other	3
		Therapy Function Compromised	12
		Device-Related Current Pathway	5
		Electrical Component	7



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective Sample Size	115199	104647	88133	72046	53159	32609	14152	580

DTMA2D1

Claria MRI

US Market Release

CE Approval Date 29Aug2016

Registered USA Implants

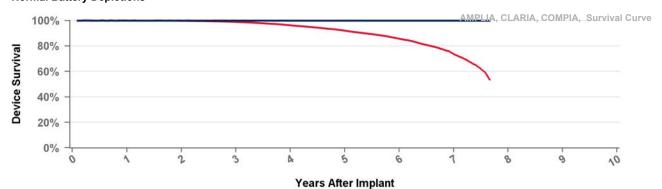
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMA2D4

Claria MRI

US Market Release

CE Approval Date

19Feb2016

Total Malfunctions (USA)

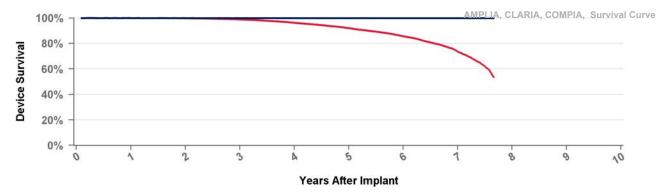
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMA2Q1

Claria MRI

US Market Release

29Aug2016

Total Malfunctions (USA)

CE Approval Date

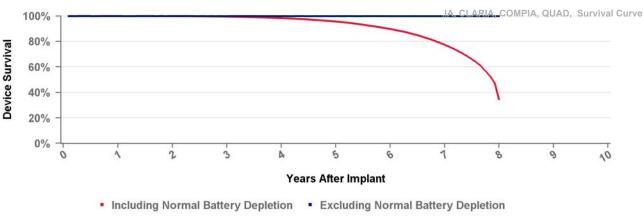
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 96 mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%	
Effective Sample Size	115199	104647	88133	72046	53159	32609	14152	580	

DTMA2QQ Claria MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

Therapy Function Not Compromised

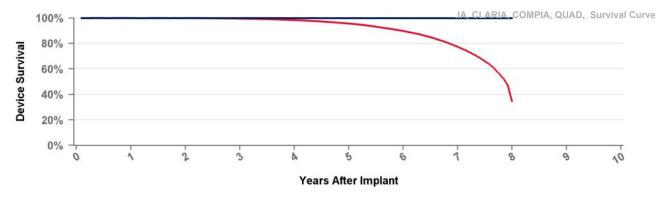
Registered USA Implants

Estimated Active USA Implants

19Feb2016

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

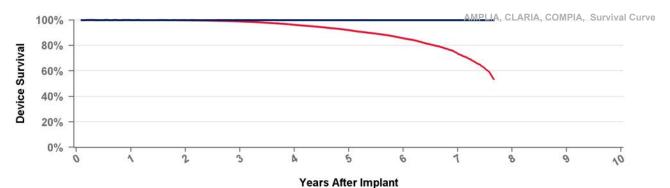
Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective	115199	104647	88133	72046	53159	32609	14152	580

DTMB1D1

Sample Size

Amplia MRI

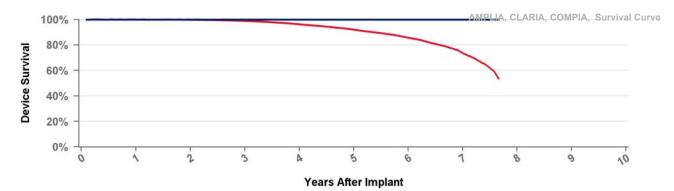
US Market Release	05Dec2016	Total Malfunctions (USA)	6
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	6,765	Battery	2
Estimated Active USA Implants	4,139	Electrical Component	2
Normal Battery Depletions	607	Other	1
		Therapy Function Compromised	1
		Battery	1



Including Normal Battery Depletion Excluding Normal Battery Depletion at 92 Years 3 5 6 mo Excluding NBD 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.9% 99.9% **Including NBD** 100.0% 99.8% 98.9% 96.2% 92 1% 85.7% 73.6% 53.6% 3832 Effective 38094 30057 22977 16038 10065 387

DTMB1D4 Amplia MRI

US Market Release	01Feb2016	Total Malfunctions (USA)	4
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	7,007	Battery	1
Estimated Active USA Implants	4,000	Electrical Component	2
Normal Battery Depletions	770	Therapy Function Compromised	1
		Possible Farly Battery Depletion	1

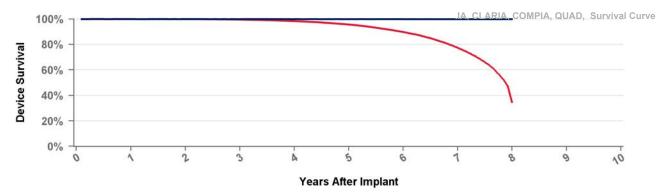


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective	43047	38094	30057	22977	16038	10065	3832	387

DTMB1Q1 Amplia MRI

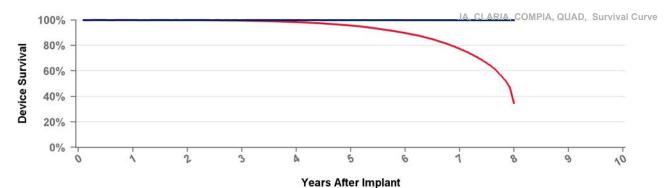
US Market Release	05Dec2016	Total Malfunctions (USA)	2
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	4,471	Battery	1
Estimated Active USA Implants	2,927	Therapy Function Compromised	1
Normal Battery Depletions	352	Battery	1



Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective Sample Size	115199	104647	88133	72046	53159	32609	14152	580

DTMB1QQ Amplia MRI

US Market Release	01Feb2016	Total Malfunctions (USA)	40
CE Approval Date		Therapy Function Not Compromised	31
Registered USA Implants	31,999	Battery	13
Estimated Active USA Implants	17,724	Electrical Component	12
Normal Battery Depletions	5,024	Possible Early Battery Depletion	3
		Other	3
		Therapy Function Compromised	9
		Battery	8
		Device-Related Current Pathway	1



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective	115199	104647	88133	72046	53159	32609	14152	580

Amplia MRI DTMB2D1

US Market Release

29Aug2016

Total Malfunctions (USA)

CE Approval Date

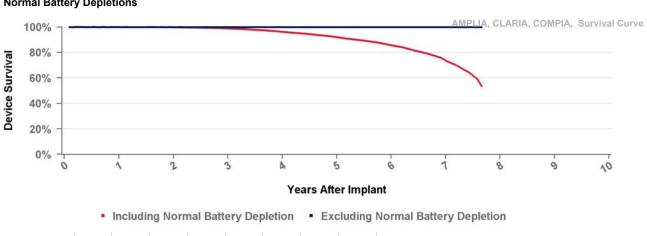
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMB2D4

Amplia MRI

US Market Release

CE Approval Date

19Feb2016

Total Malfunctions (USA)

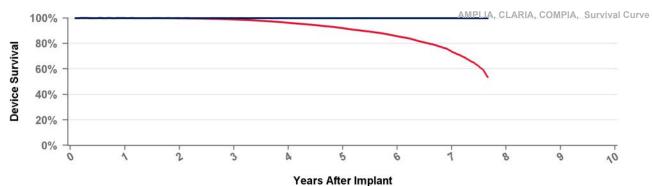
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised





Years **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 100.0% 99.8% 96.2% 85.7% Including NBD Effective 38094 30057 22977 16038 10065 Sample Size

DTMB2Q1

Amplia MRI

US Market Release

29Aug2016

Total Malfunctions (USA)

99.9%

3832

CE Approval Date

Therapy Function Not Compromised

99.9%

53.6%

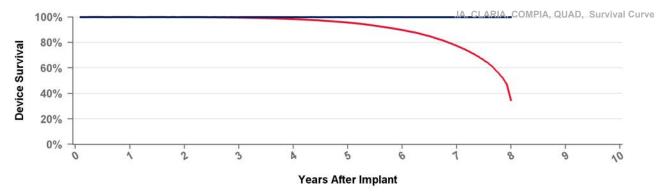
387

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective Sample Size	115199	104647	88133	72046	53159	32609	14152	580

DTMB2QQ Amplia MRI

US Market Release

19Feb2016

Total Malfunctions (USA)

CE Approval Date

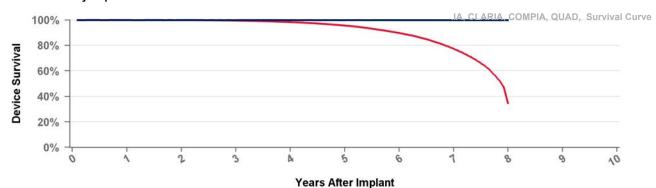
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised

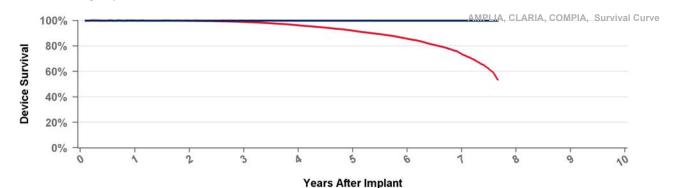


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective	115199	104647	88133	72046	53159	32609	14152	580

DTMC1D1 Compia MRI

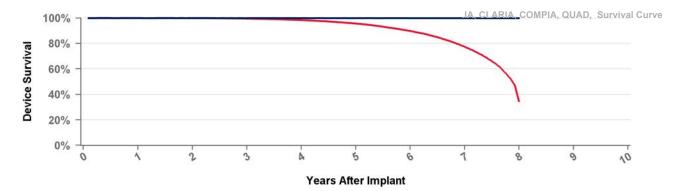
US Market Release 05Dec2016 **Total Malfunctions (USA)** 1 **Therapy Function Not Compromised CE Approval Date** 0 **Registered USA Implants** 1,142 **Therapy Function Compromised** 1 **Estimated Active USA Implants** 769 **Device-Related Current Pathway** 1 **Normal Battery Depletions** 88



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMC1QQ Compia MRI

US Market Release	01Feb2016	Total Malfunctions (USA)	5
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	5,017	Battery	3
Estimated Active USA Implants	3,210	Electrical Component	2
Normal Battery Depletions	706	Therapy Function Compromised	0



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%
Effective	115199	104647	88133	72046	53159	32609	14152	580

DTMC2D1 Compia MRI

US Market Release

CE Approval Date 29Aug2016

Registered USA Implants

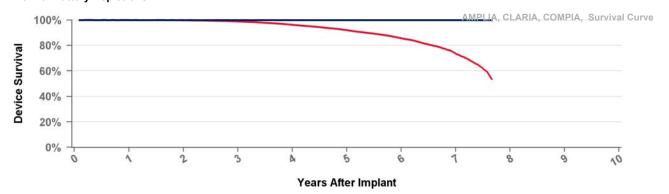
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMC2D4 Compia MRI

US Market Release

19Feb2016 **CE Approval Date**

Registered USA Implants

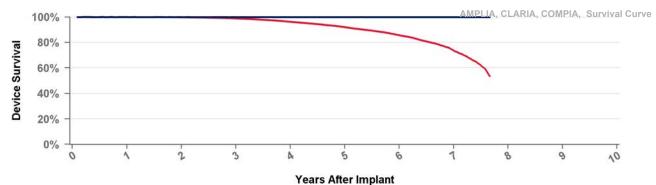
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	98.9%	96.2%	92.1%	85.7%	73.6%	53.6%
Effective Sample Size	43047	38094	30057	22977	16038	10065	3832	387

DTMC2QQ

Compia MRI

US Market Release CE Approval Date

19Feb2016

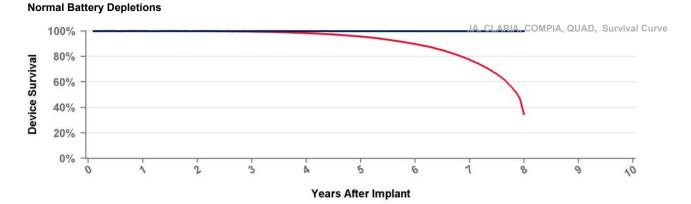
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Total Malfunctions (USA)



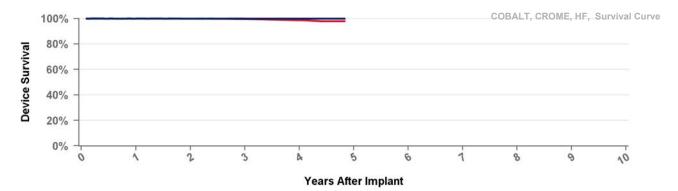


Yea **Excluding NB** Including NB Effectiv Sample Size

ars	1	2	3	4	5	6	7	at 96 mo	
BD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	
BD	100.0%	99.9%	99.6%	98.4%	95.7%	89.8%	77.4%	34.7%	
ive	115199	104647	88133	72046	53159	32609	14152	580	
iحم									

DTPA2D1 Cobalt XT HF

23Apr2020 **US Market Release Total Malfunctions (USA)** 1 **CE Approval Date** 18Dec2019 **Therapy Function Not Compromised** 1 **Registered USA Implants** 7,495 Other 1 **Estimated Active USA Implants** 7,067 **Therapy Function Compromised** 0 **Normal Battery Depletions** 22

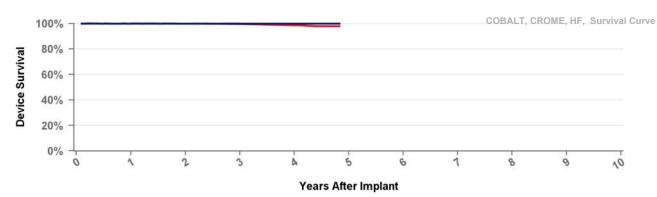


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPA2D4 Cobalt XT HF

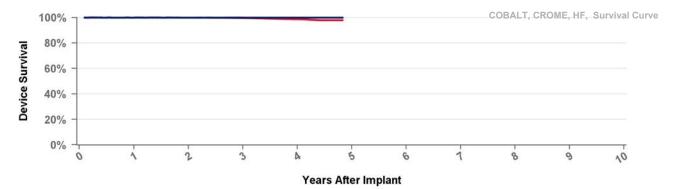
US Market Release	23Apr2020	Total Malfunctions (USA)	4
CE Approval Date	18Dec2019	Therapy Function Not Compromised	2
Registered USA Implants	12,266	Electrical Component	1
Estimated Active USA Implants	11,675	Electrical Interconnect	1
Normal Battery Depletions	20	Therapy Function Compromised	2
		Electrical Component	1
		Electrical Interconnect	1



Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

Cobalt XT HF Quad DTPA2Q1

US Market Release	23Apr2020	Total Malfunctions (USA)	1
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	5,266	Software/Firmware	1
Estimated Active USA Implants	4,968	Therapy Function Compromised	0
Normal Battery Depletions	4		



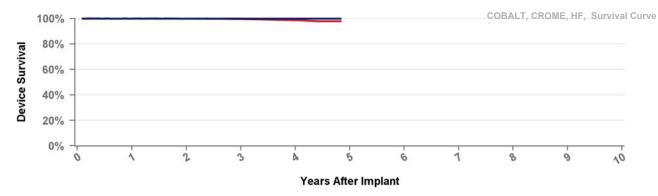
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPA2QQ

Cobalt XT HF Quad

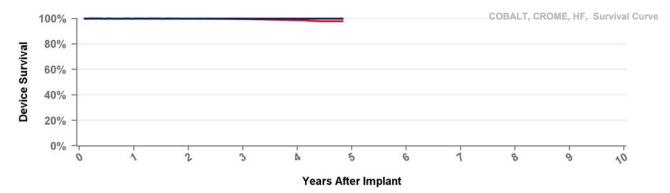
US Market Release	23Apr2020	Total Malfunctions (USA)	6
CE Approval Date	18Dec2019	Therapy Function Not Compromised	4
Registered USA Implants	50,576	Electrical Component	3
Estimated Active USA Implants	48,379	Software/Firmware	1
Normal Battery Depletions	42	Therapy Function Compromised	2
		Electrical Component	1
		Electrical Interconnect	1



Years	1	2	3	4	at 58 mo
		_	-		
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

Cobalt HF DTPB2D1

US Market Release	23Apr2020	Total Malfunctions (USA)	3
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	4,407	Electrical Component	1
Estimated Active USA Implants	3,968	Therapy Function Compromised	2
Normal Battery Depletions	48	Electrical Component	1
		Electrical Interconnect	1



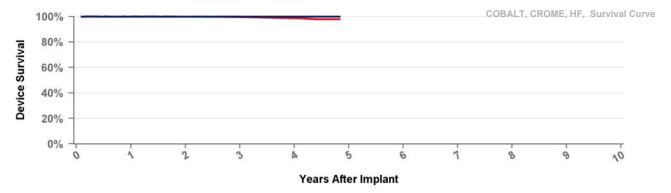
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPB2D4

Cobalt HF

US Market Release	23Apr2020	Total Malfunctions (USA)	6
CE Approval Date	18Dec2019	Therapy Function Not Compromised	5
Registered USA Implants	4,970	Electrical Component	1
Estimated Active USA Implants	4,580	Electrical Interconnect	3
Normal Battery Depletions	28	Software/Firmware	1
		Therapy Function Compromised	1
		Electrical Component	1



Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPB2Q1 Cobalt HF Quad

US Market Release 23Apr2020 **CE Approval Date**

18Dec2019

Total Malfunctions (USA) Therapy Function Not Compromised

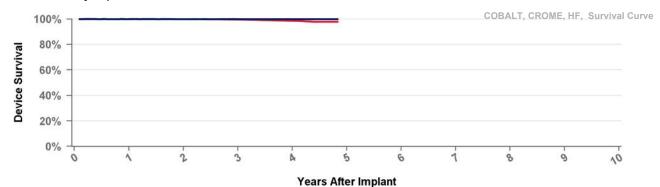
Registered USA Implants Estimated Active USA Implants

2,966

Normal Battery Depletions

2,705 12

Therapy Function Compromised



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

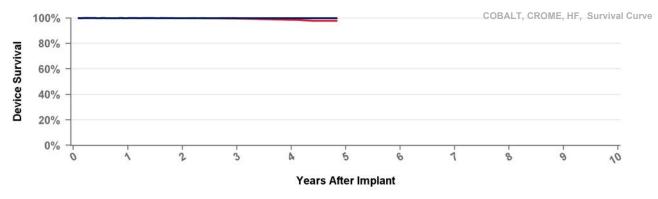
DTPB2QQ

Cobalt HF Quad

US Market Release	23Apr2020
CE Approval Date	18Dec2019
Registered USA Implants	23,117
Estimated Active USA Implants	21,535
Normal Battery Depletions	116

Total Malfunctions (USA) 14 **Therapy Function Not Compromised** 8 **Electrical Component** 6 **Electrical Interconnect** 1 Other 1 **Therapy Function Compromised** 6

Electrical Component 3 **Electrical Interconnect** 3



- Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPC2D1 **Crome HF**

US Market Release 23Apr2020 18Dec2019 **CE Approval Date**

Total Malfunctions (USA) Therapy Function Not Compromised

Registered USA Implants

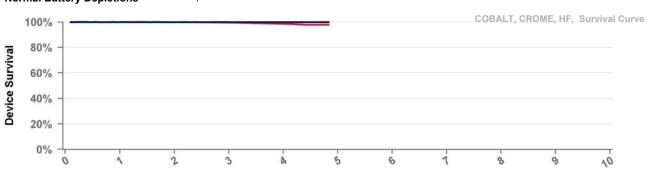
508

Therapy Function Compromised

Estimated Active USA Implants Normal Battery Depletions

4

467



Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPC2D4

Crome HF

US Market Release Total Malfunctions (USA) 23Apr2020

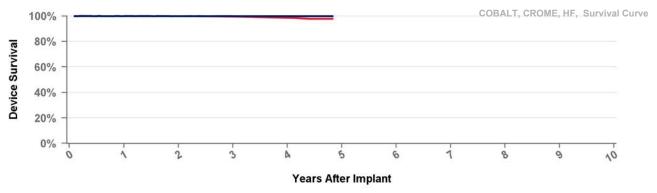
Therapy Function Not Compromised CE Approval Date 18Dec2019

Registered USA Implants 601 **Estimated Active USA Implants**

562

Therapy Function Compromised

Normal Battery Depletions 4



Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

Crome HF Quad DTPC2Q1

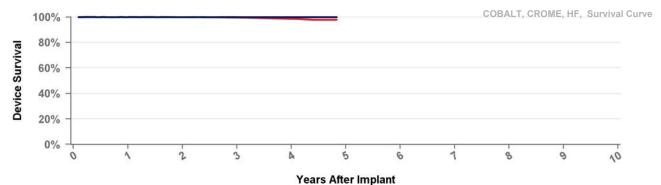
US Market Release 23Apr2020 **Total Malfunctions (USA)** 18Dec2019 **CE Approval Date**

Therapy Function Not Compromised

Registered USA Implants 250 **Estimated Active USA Implants** 235

Therapy Function Compromised

Normal Battery Depletions 6

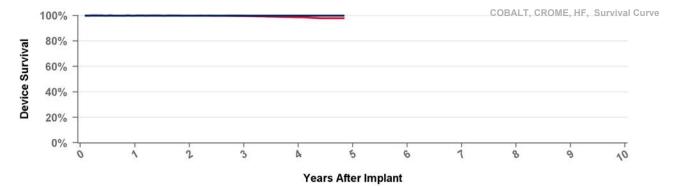


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

DTPC2QQ Crome HF Quad

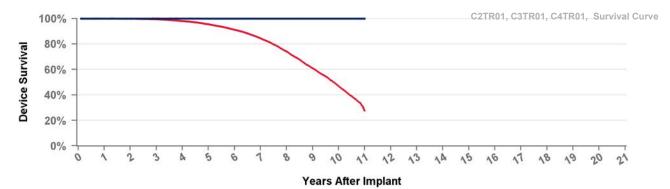
US Market Release Total Malfunctions (USA) 23Apr2020 1 **Therapy Function Not Compromised CE Approval Date** 18Dec2019 1 **Registered USA Implants Electrical Component** 2,318 1 **Estimated Active USA Implants Therapy Function Compromised** 0 2,184 **Normal Battery Depletions** 10



Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.6%	97.8%
Effective Sample Size	73512	41429	23006	7620	110

C2TR01 Syncra CRT-P

US Market Release	22Mar2011	Total Malfunctions (USA)	7
CE Approval Date	11May2010	Therapy Function Not Compromised	6
Registered USA Implants	10,237	Possible Early Battery Depletion	5
Estimated Active USA Implants	2,052	Other	1
Normal Battery Depletions	1,031	Therapy Function Compromised	1
		Possible Early Battery Depletion	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	98.0%	95.5%	91.1%	84.4%	74.1%	60.9%	46.8%	27.5%
Effective	26187	23392	20952	18301	15672	13095	10457	7571	4653	2093	100

C3TR01

Consulta CRT-P

US Market Release CE Approval Date

11May2010

Total Malfunctions (USA)

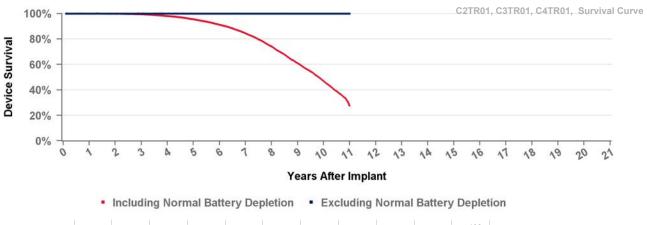
Registered USA Implants

Estimated Active USA Implants

Therapy Function Not Compromised

Normal Battery Depletions

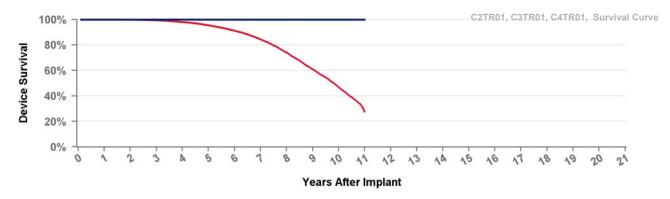
Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	at 132 mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	
Including NBD	99.9%	99.8%	99.5%	98.0%	95.5%	91.1%	84.4%	74.1%	60.9%	46.8%	27.5%	
Effective Sample Size	26187	23392	20952	18301	15672	13095	10457	7571	4653	2093	100	

C4TR01 Consulta CRT-P

US Market Release	22Mar2011	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	23,406	Possible Early Battery Depletion	5
Estimated Active USA Implants	5,201	Therapy Function Compromised	3
Normal Battery Depletions	2,452	Electrical Component	2
		Possible Early Battery Depletion	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	98.0%	95.5%	91.1%	84.4%	74.1%	60.9%	46.8%	27.5%
Effective	26187	23392	20952	18301	15672	13095	10457	7571	4653	2093	100

C5TR01

Viva CRT-P

US Market Release CE Approval Date

04Apr2014

Total Malfunctions (USA)

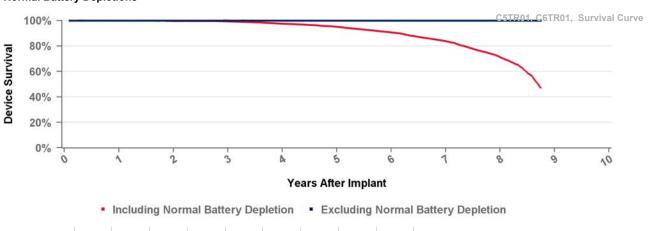
Registered USA Implants

Api2014

Therapy Function Not Compromised

Estimated Active USA Implants

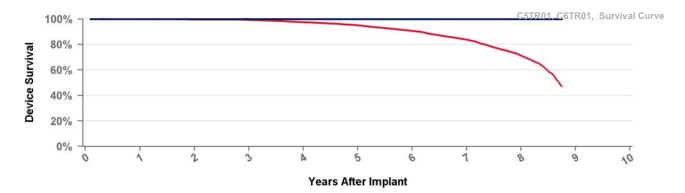
Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	at 105 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%
Including NBD	99.9%	99.7%	99.3%	97.5%	95.1%	90.7%	83.8%	71.2%	47.2%
Effective Sample Size	7363	6603	5919	5150	4411	3636	2873	1723	192

C6TR01 Viva CRT-P

US Market Release	09Jul2014	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	8
Registered USA Implants	9,202	Electrical Component	2
Estimated Active USA Implants	3,360	Possible Early Battery Depletion	6
Normal Battery Depletions	789	Therapy Function Compromised	0



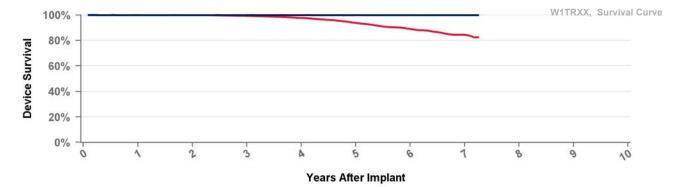
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 105 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%
Including NBD	99.9%	99.7%	99.3%	97.5%	95.1%	90.7%	83.8%	71.2%	47.2%
Effective	7363	6603	5919	5150	4411	3636	2873	1723	192

W1TR01

Percepta CRTP MRI

US Market Release	06May2017	Total Malfunctions (USA)	6
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	19,875	Electrical Component	2
Estimated Active USA Implants	16,559	Possible Early Battery Depletion	1
Normal Battery Depletions	228	Other	1
		Therapy Function Compromised	2



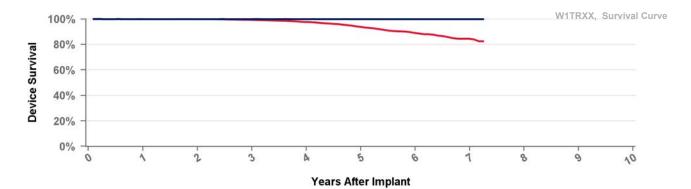
Electrical Component

2

								at 87
Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%
Effective	21321	16263	12071	8315	4920	2330	458	160
Sample Size								

W1TR02 Serena CRTP MRI

US Market Release	06May2017	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	3,449	Electrical Component	2
Estimated Active USA Implants	2,719	Other	1
Normal Battery Depletions	65	Therapy Function Compromised	0



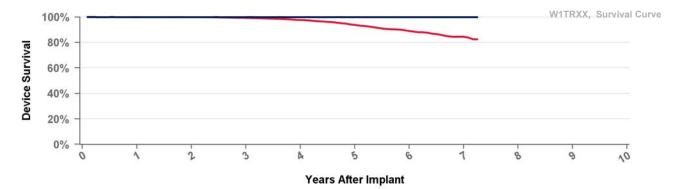
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%
Effective	21321	16263	12071	8315	4920	2330	458	160

W1TR03

Solara CRTP MRI

US Market Release	06May2017	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	4,231	Electrical Component	2
Estimated Active USA Implants	3,124	Possible Early Battery Depletion	1
Normal Battery Depletions	112	Therapy Function Compromised	0



Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%
Effective Sample Size	21321	16263	12071	8315	4920	2330	458	160

W1TR04 Percepta CRTP MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

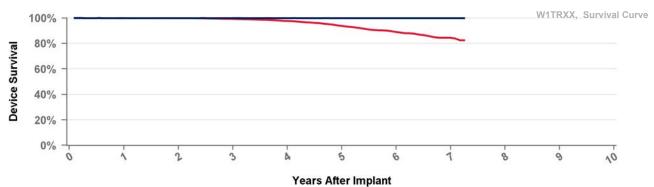
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%
Effective Sample Size	21321	16263	12071	8315	4920	2330	458	160

W1TR05

Serena CRTP MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

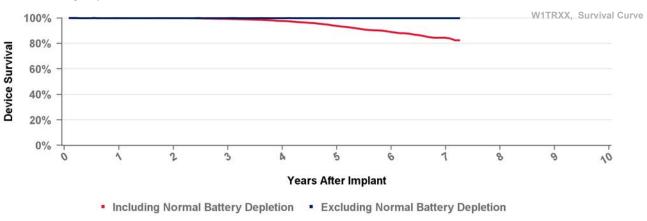
10Feb2017

10Feb2017

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%

Effective Sample Size

97.7% 93.8% 89.0% 84.4% 82.5% 100.0% 99.9% 99.3% 4920 16263 12071 2330 458 160

W1TR06 Sola

Solara CRTP MRI

10Feb2017

US Market Release

Total Malfunctions (USA)

CE Approval Date

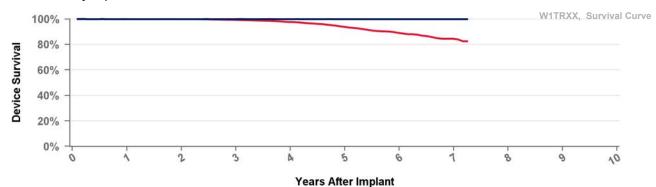
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

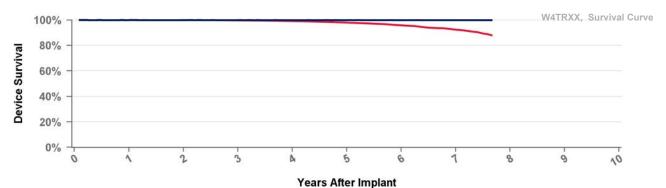
Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.3%	97.7%	93.8%	89.0%	84.4%	82.5%
Effective Sample Size	21321	16263	12071	8315	4920	2330	458	160

W4TR01

Sample Size

Percepta Quad CRTP MRI SureScan

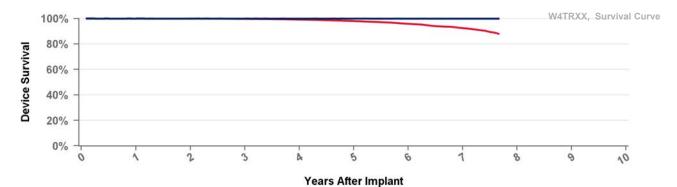
US Market Release	06May2017	Total Malfunctions (USA)	14
CE Approval Date		Therapy Function Not Compromised	13
Registered USA Implants	66,613	Electrical Component	11
Estimated Active USA Implants	56,230	Possible Early Battery Depletion	1
Normal Battery Depletions	444	Other	1
		Therapy Function Compromised	1
		Electrical Component	1



Including Normal Battery Depletion Excluding Normal Battery Depletion at 92 Years 3 5 6 mo 100.0% 100.0% **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% **Including NBD** 100.0% 100.0% 99.8% 99.2% 98.0% 95.9% 92 4% 87.9% Effective 54026 40953 29145 18394 10062 3352 260

W4TR02 Serena Quad CRTP MRI SureScan

US Market Release	06May2017	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	9,124	Electrical Component	3
Estimated Active USA Implants	7,353	Therapy Function Compromised	0
Normal Battery Depletions	67		

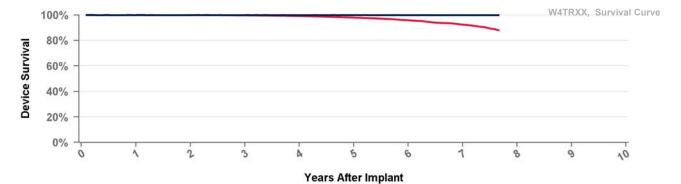


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.0%	95.9%	92.4%	87.9%
Effective Sample Size	68655	54026	40953	29145	18394	10062	3352	260

W4TR03 Solara Quad CRTP MRI SureScan

US Market Release	06May2017	Total Malfunctions (USA)	7
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	10,862	Electrical Component	4
Estimated Active USA Implants	8,325	Therapy Function Compromised	3
Normal Battery Depletions	114	Electrical Component	2
		Possible Early Battery Depletion	1



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.0%	95.9%	92.4%	87.9%
Effective Sample Size	68655	54026	40953	29145	18394	10062	3352	260

W4TR04

Percepta Quad CRTP MRI SureScan

10Feb2017

US Market Release

Total Malfunctions (USA)

CE Approval Date

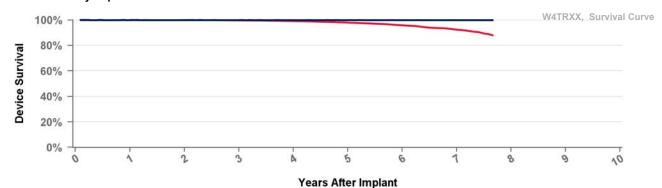
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised





Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.0%	95.9%	92.4%	87.9%
Effective Sample Size	68655	54026	40953	29145	18394	10062	3352	260

W4TR05

Serena Quad CRTP MRI SureScan

10Feb2017

US Market Release

Total Malfunctions (USA)

CE Approval Date

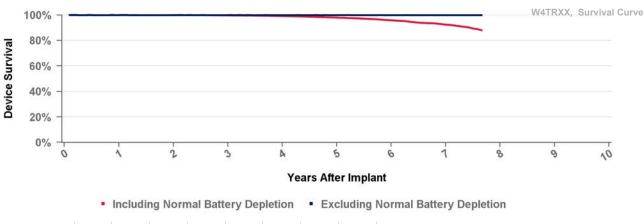
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 92 mo
xcluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%

Including NBD Effective Sample Size

W4TR06

Solara Quad CRTP MRI SureScan

10Feb2017

US Market Release

Total Malfunctions (USA)

CE Approval Date

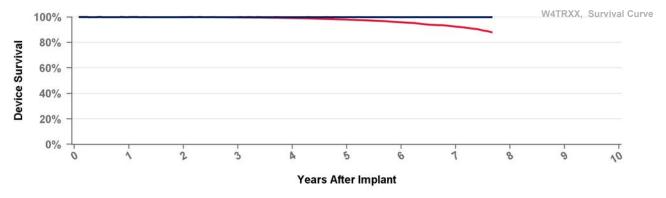
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.0%	95.9%	92.4%	87.9%
Effective Sample Size	68655	54026	40953	29145	18394	10062	3352	260

D214VRM

Secura VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

17Dec2010

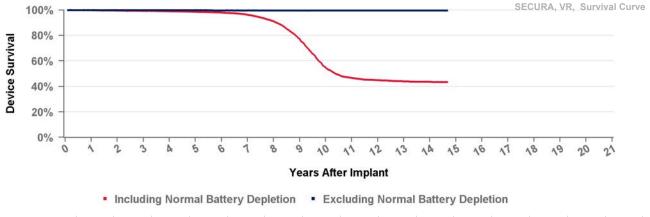
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



at 176 Years 2 3 5 6 8 9 10 11 12 13 14 mo **Excluding NBD** 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.7% 99.6% 99.6% 99.6% 99.6% 99.6% 99.6% 99.6% 99.6% 43.3% Including NBD 99.8% 99.6% 99.0% 98.6% 98.0% 91.1% 77.1% 54.7% 46.7% 43.9% 43.6% Effective 16328 15175 14070 12958 11844 10615 8588 5571 2906 2092 1656 747 150 1235 Sample Size

D234VRC

Secura VR

US Market Release CE Approval Date

14Mar2008

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Total Malfunctions (USA)

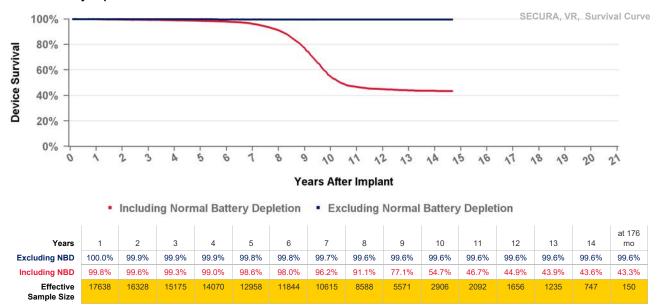
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



D264DRM Maximo II DR

US Market Release

09Jan2012 **Total Malfunctions (USA)**

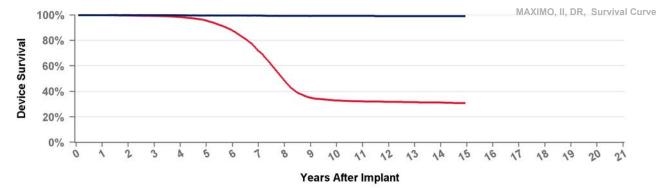
22Jul2010 **Therapy Function Not Compromised CE Approval Date**

Registered USA Implants 6

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions 2



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

															at 179	
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	mo	
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.5%	99.3%	99.3%	99.3%	99.3%	99.2%	99.2%	99.2%	99.2%	
Including NBD	99.9%	99.6%	99.3%	98.4%	95.6%	87.7%	71.7%	48.5%	35.1%	32.9%	32.2%	31.9%	31.5%	31.3%	30.9%	
Effective	17236	15934	14783	13616	12097	9584	5993	2812	1730	1494	1374	1215	979	590	111	
Sample Size																

D264VRM

Maximo II VR

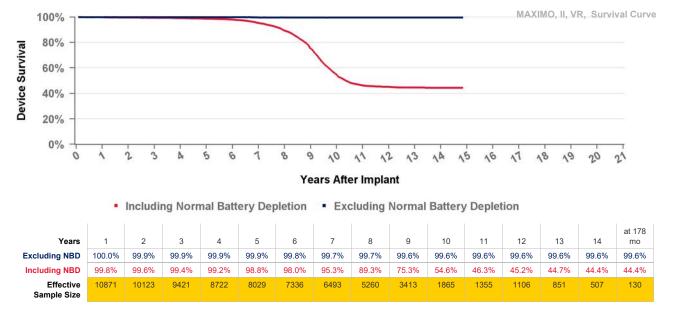
US Market Release 02May2012 **Total Malfunctions (USA)**

17Dec2010 **CE Approval Date Therapy Function Not Compromised**

Registered USA Implants

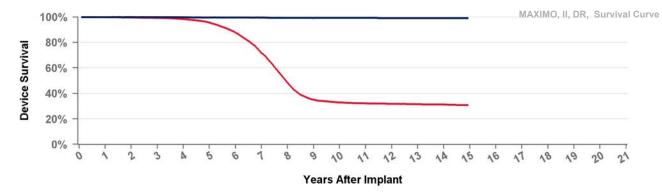
Estimated Active USA Implants

Therapy Function Compromised



D284DRG Maximo II DR

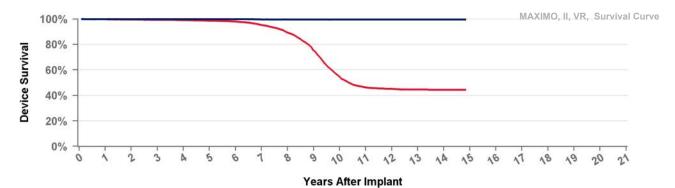
US Market Release	17Sep2008	Total Malfunctions (USA)	71
CE Approval Date	14Mar2008	Therapy Function Not Compromised	54
Registered USA Implants	19,956	Battery	7
Estimated Active USA Implants	2,330	Electrical Component	15
Normal Battery Depletions	3,648	Possible Early Battery Depletion	30
		Other	2
		Therapy Function Compromised	17
		Battery	11
		Electrical Component	5
		Possible Early Battery Depletion	1



Years	1	2	3	4	5	6	7	8	0	10	11	12	13	14	at 179 mo
ieais	'		J	4	J	U	'	0	3	10	11	12	13	14	IIIO
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.5%	99.3%	99.3%	99.3%	99.3%	99.2%	99.2%	99.2%	99.2%
Including NBD	99.9%	99.6%	99.3%	98.4%	95.6%	87.7%	71.7%	48.5%	35.1%	32.9%	32.2%	31.9%	31.5%	31.3%	30.9%
Effective Sample Size	17236	15934	14783	13616	12097	9584	5993	2812	1730	1494	1374	1215	979	590	111

D284VRC Maximo II VR

US Market Release	17Sep2008	Total Malfunctions (USA)	32
CE Approval Date	14Mar2008	Therapy Function Not Compromised	22
Registered USA Implants	12,861	Battery	10
Estimated Active USA Implants	2,057	Electrical Component	5
Normal Battery Depletions	1,624	Possible Early Battery Depletion	4
		Software/Firmware	3
		Therapy Function Compromised	10
		Battery	6
		Electrical Component	3
		Software/Firmware	1



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 178 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.0%	95.3%	89.3%	75.3%	54.6%	46.3%	45.2%	44.7%	44.4%	44.4%
Effective	10871	10123	9421	8722	8029	7336	6493	5260	3413	1865	1355	1106	851	507	130
Sample Size															

D294VRC

Virtuoso II VR

US Market Release CE Approval Date

20Aug2008

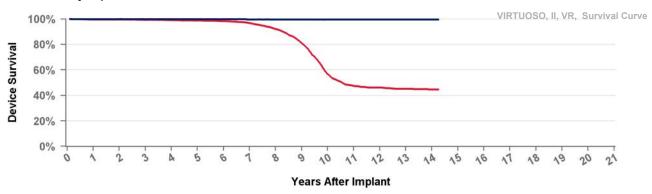
Total Malfunctions (USA)
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

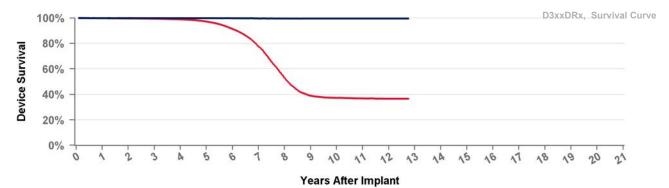
Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.7%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%
Including NBD	99.7%	99.7%	99.4%	99.2%	98.8%	98.3%	96.8%	92.1%	80.9%	56.8%	47.5%	46.2%	45.3%	44.7%	44.7%
Effective Sample Size	7677	7159	6652	6136	5663	5130	4571	3748	2499	1295	887	714	561	278	127

D314DRG Protecta XT DR

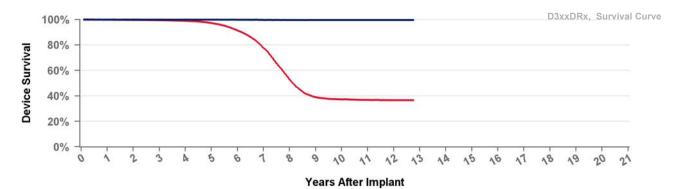
US Market Release	25Mar2011	Total Malfunctions (USA)	77
CE Approval Date		Therapy Function Not Compromised	39
Registered USA Implants	34,746	Battery	8
Estimated Active USA Implants	4,576	Electrical Component	25
Normal Battery Depletions	4,557	Electrical Interconnect	1
		Possible Early Battery Depletion	4
		Other	1
		Therapy Function Compromised	38
		Battery	30
		Electrical Component	8



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 153 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.7%	53.0%	39.0%	37.3%	36.9%	36.7%	36.6%
Effective Sample Size	54185	50301	46252	42262	37892	31014	20481	9415	5336	4639	4168	2749	136

D314DRM Protecta XT DR

US Market Release	09Nov2011	Total Malfunctions (USA)	25
CE Approval Date		Therapy Function Not Compromised	17
Registered USA Implants	13,914	Battery	3
Estimated Active USA Implants	2,162	Electrical Component	12
Normal Battery Depletions	1,929	Other	2
		Therapy Function Compromised	8
		Battery	7
		Flectrical Component	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 153 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.7%	53.0%	39.0%	37.3%	36.9%	36.7%	36.6%
Effective Sample Size	54185	50301	46252	42262	37892	31014	20481	9415	5336	4639	4168	2749	136

D354DRG Protecta XT DR

US Market Release

25Mar2010

CE Approval Date 2

Registered USA Implants

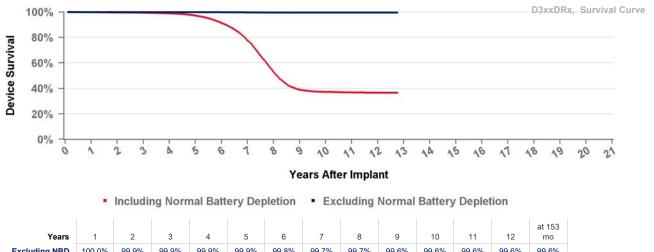
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 153 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.7%	53.0%	39.0%	37.3%	36.9%	36.7%	36.6%
Effective Sample Size	54185	50301	46252	42262	37892	31014	20481	9415	5336	4639	4168	2749	136

D354DRM Protecta XT DR

US Market Release

Total Malfunctions (USA)

15Jul2010

1

CE Approval Date

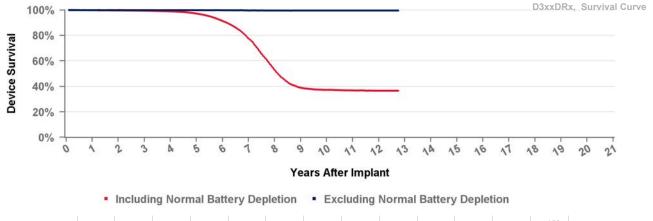
Registered USA Implants

Therapy Function Not Compromised

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



at 153 Years 2 3 5 6 8 9 10 11 12 mo **Excluding NBD** 100.0% 99.9% 99.9% 99.9% 99.9% 99.8% 99.7% 99.7% 99.6% 99.6% 99.6% 99.6% 99.6% 37.3% Including NBD 99.8% 99.7% 99.0% 97.2% 91.3% 53.0% 36.7% 36.6% Effective 50301 37892 31014 20481 9415 5336 4639 4168 2749 136

Sample Size **D354VRG**

Protecta XT

25Mar2010

US Market Release

Total Malfunctions (USA)

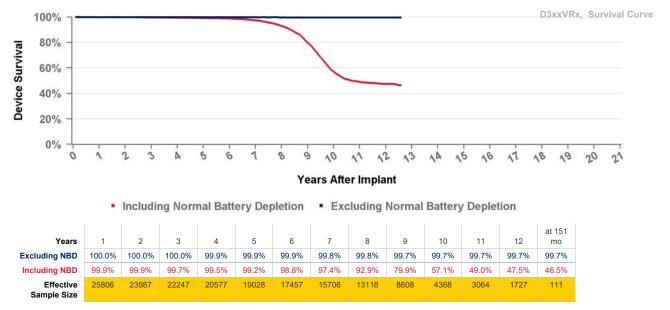
CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D354VRM Protecta XT VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

17Dec2010

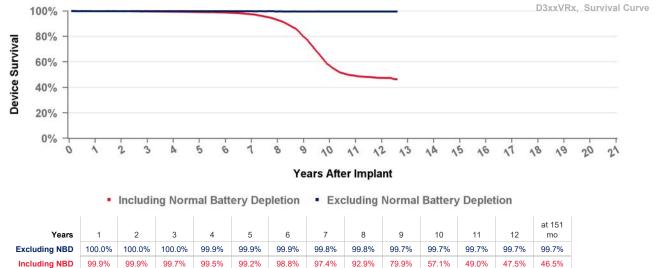
Registered USA Implants

Therapy Function Not Compromised

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Effective Sample Size

D364DRG

Protecta DR

US Market Release

Total Malfunctions (USA)

15706

CE Approval Date

Therapy Function Not Compromised

13118

8608

4368

3064

1727

111

Registered USA Implants

25Mar2010

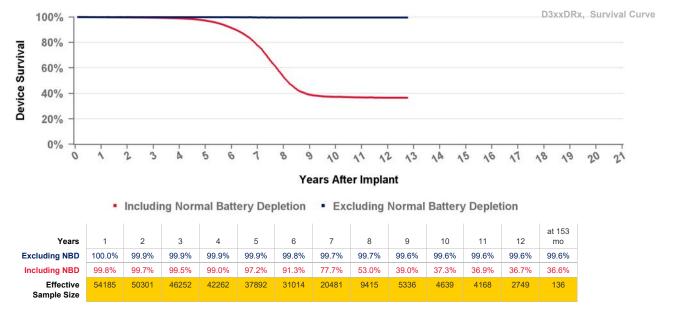
20577

19028

17457

Estimated Active USA Implants

Therapy Function Compromised



D364DRM

Protecta DR

US Market Release

CE Approval Date

15Jul2010 **Th**

Total Malfunctions (USA)

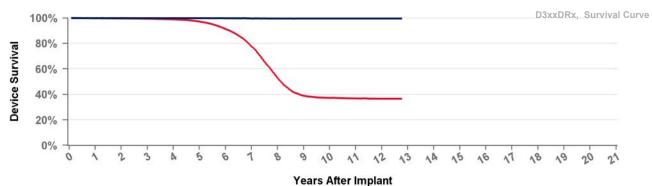
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised





Years 2 3 5 6 8 9 10 11 12 mo **Excluding NBD** 100.0% 99.9% 99.9% 99.9% 99.9% 99.8% 99.7% 99.7% 99.6% 99.6% 99.6% 99.6% 99.6% 99.5% 37.3% Including NBD 99.8% 99.7% 99.0% 97.2% 91.3% 53.0% 36.7% 36.6% Effective 50301 42262 37892 31014 20481 9415 5336 4639 4168 2749 136 Sample Size

D364VRG

Protecta VR

US Market Release

25Mar2010

Total Malfunctions (USA)

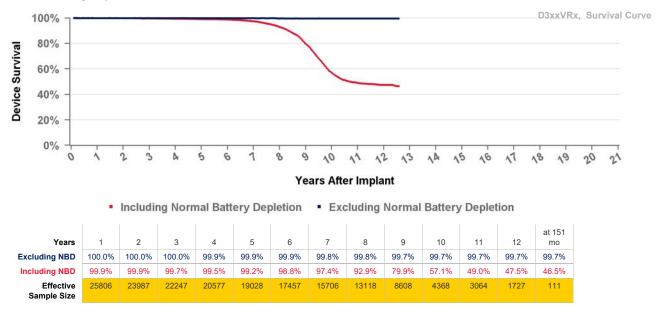
CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D364VRM

Protecta VR

US Market Release

CE Approval Date

17Dec2010

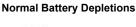
Total Malfunctions (USA)

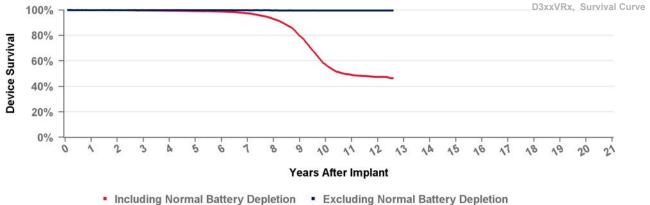
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised





at 151 Years 2 3 5 6 8 9 10 11 12 mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.7% 99.7% 99.7% 99.7% 99.7% 99.9% 99.9% 99.7% 97.4% 92.9% 57.1% 49.0% 46.5% 99.5% 99.2% 98.8%

15706

Including NBD Effective Sample Size

D384DRG

Cardia DR

22247

US Market Release

Total Malfunctions (USA)

CE Approval Date

12Jan2011

20577

19028

17457

Therapy Function Not Compromised

13118

8608

4368

3064

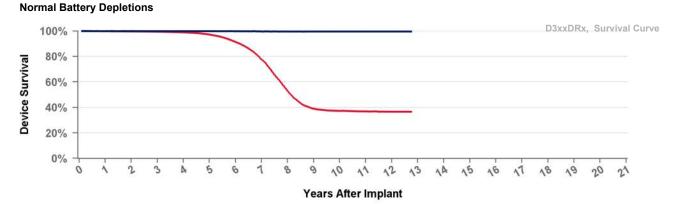
1727

111

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 153 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.7%	53.0%	39.0%	37.3%	36.9%	36.7%	36.6%
Effective	54185	50301	46252	42262	37892	31014	20481	9415	5336	4639	4168	2749	136
Sample Size													

D384VRG

Cardia VR

US Market Release

10 1000011

CE Approval Date

12Jan2011

Therapy Function Not Compromised

Registered USA Implants

1

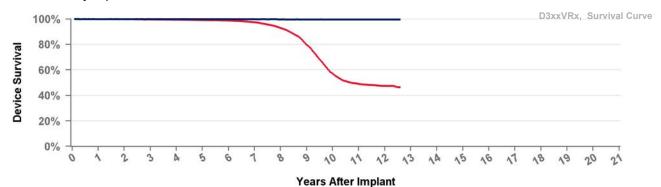
1

Estimated Active USA Implants

Therapy Function Compromised

Total Malfunctions (USA)

Normal Battery Depletions



rears Aiter implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 151 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.9%	57.1%	49.0%	47.5%	46.5%
Effective Sample Size	25806	23987	22247	20577	19028	17457	15706	13118	8608	4368	3064	1727	111

D394DRG

Egida DR

US Market Release

12Jan2011

Total Malfunctions (USA)

CE Approval Date

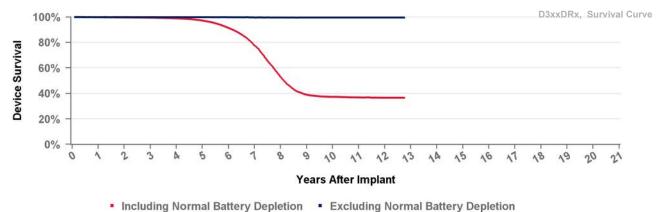
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 153 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.7%	53.0%	39.0%	37.3%	36.9%	36.7%	36.6%
Effective Sample Size	54185	50301	46252	42262	37892	31014	20481	9415	5336	4639	4168	2749	136

D394VRG

Egida VR

US Market Release

12Jan2011

CE Approval Date

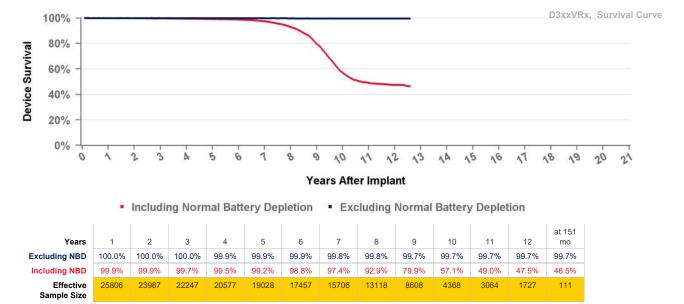
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

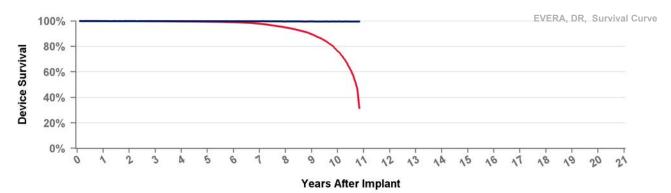
Therapy Function Compromised

Total Malfunctions (USA)



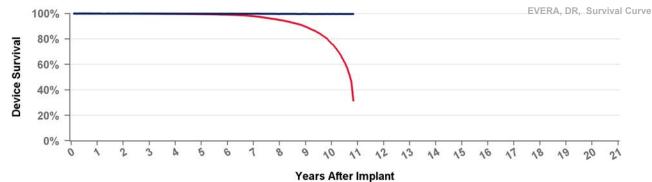
DDBB1D1 Evera XT

US Market Release	03Apr2013	Total Malfunctions (USA)	89
CE Approval Date		Therapy Function Not Compromised	53
Registered USA Implants	43,052	Battery	34
Estimated Active USA Implants	18,078	Electrical Component	16
Normal Battery Depletions	4,495	Software/Firmware	1
		Other	2
		Therapy Function Compromised	36
		Battery	31
		Device-Related Current Pathway	1
		Electrical Component	2
		Electrical Interconnect	1
		Other	1



Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDBB1D4 **Evera XT US Market Release** 03Apr2013 **Total Malfunctions (USA)** 78 **Therapy Function Not Compromised** 48 **CE Approval Date Registered USA Implants** 30,219 Battery 34 **Estimated Active USA Implants** 11,578 **Electrical Component** 10 **Normal Battery Depletions Electrical Interconnect** 2 4,007 Possible Early Battery Depletion 1 1 **Therapy Function Compromised** 30 Battery 23 Device-Related Current Pathway 4 **Electrical Component** 3



at 130 2 10 mo 100.0% 100.0% 100.0% 99.9% 99.7% 99.7% 99.9% 99.8% 99.8% 99.8% 99.7% 99.9% 99.9% 99.8% 99.7% 99.5% 99.1% 97.9% 94.9% 89.6% 76.4% 31.7% 218772 201953 138338 445 181288 161981 110959 82722 55553 31324 11984

Including Normal Battery Depletion

DDBB2D1 Evera XT

US Market Release

Years

Excluding NBD

Including NBD

Effective

Sample Size

CE Approval Date 17Dec2012

Registered USA Implants

Estimated Active USA Implants

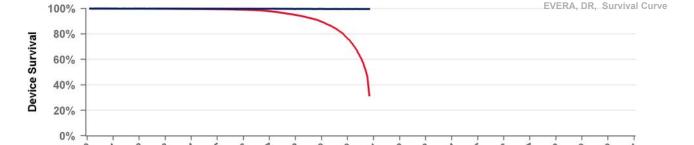
Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Excluding Normal Battery Depletion

Therapy Function Compromised



Years After Implant

		Includi	ng Norn	nal Batt	ery Dep	 Excluding Normal Battery Depletion 					
Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDBB2D4 Evera XT

US Market Release

CE Approval Date

17Dec2012

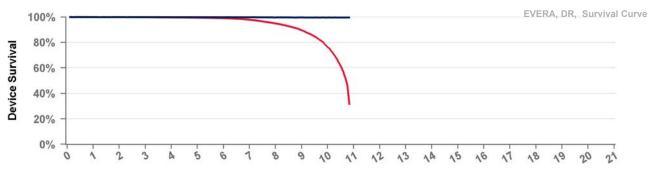
Total Malfunctions (USA)
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



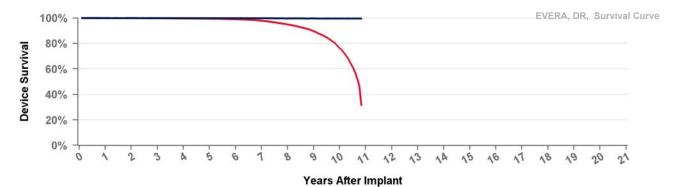
Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDBC3D1 Evera S

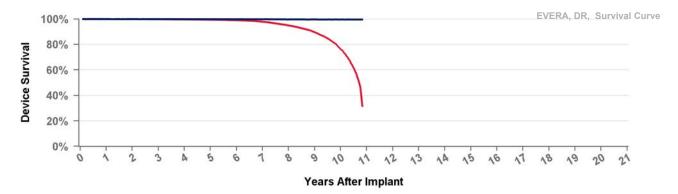
US Market Release	03Apr2013	Total Malfunctions (USA)	18
CE Approval Date	17Dec2012	Therapy Function Not Compromised	9
Registered USA Implants	8,434	Battery	7
Estimated Active USA Implants	3,437	Electrical Component	2
Normal Battery Depletions	1,047	Therapy Function Compromised	9
		Battery	6
		Device-Related Current Pathway	1
		Electrical Component	2



Including Normal Battery Depletion Excluding Normal Battery Depletion at 130 Years 3 5 6 8 9 10 mo 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.8% 99.8% 99.7% 99.7% 99.7% **Excluding NBD** Including NBD 99.9% 99.9% 99.8% 99.7% 99.5% 99.1% 97.9% 94.9% 89.6% 76.4% 31.7% Effective 445 201953 181288 161981 138338 110959 82722 55553 31324 11984 Sample Size

DDBC3D4 Evera S

US Market Release	03Apr2013	Total Malfunctions (USA)	14
CE Approval Date	17Dec2013	Therapy Function Not Compromised	5
Registered USA Implants	6,064	Battery	3
Estimated Active USA Implants	2,366	Electrical Component	2
Normal Battery Depletions	919	Therapy Function Compromised	9
		Battery	5
		Device-Related Current Pathway	2
		Electrical Component	1
		Possible Early Battery Depletion	1

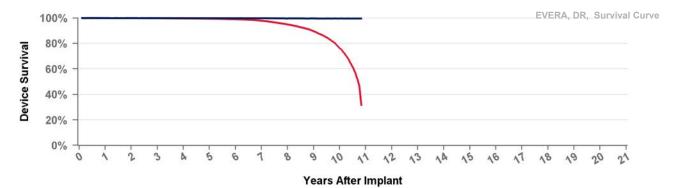


	Including	Normal Batte	ry Depletion		Excluding	Normal	Battery	Depletion
--	-----------	--------------	--------------	--	-----------	--------	---------	-----------

Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMB1D1 Evera MRI XT

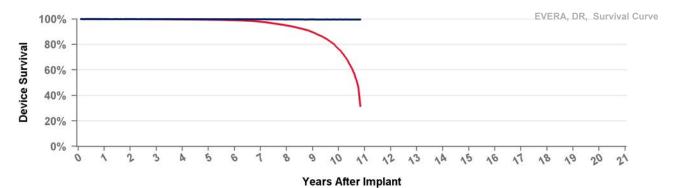
US Market Release	12Oct2016	Total Malfunctions (USA)	47
CE Approval Date		Therapy Function Not Compromised	28
Registered USA Implants	37,350	Battery	15
Estimated Active USA Implants	28,367	Electrical Component	11
Normal Battery Depletions	273	Electrical Interconnect	1
		Other	1
		Therapy Function Compromised	19
		Battery	6
		Device-Related Current Pathway	5
		Electrical Component	8



Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMB1D4 **Evera MRI XT**

US Market Release	11Sep2015	Total Malfunctions (USA)	109
CE Approval Date		Therapy Function Not Compromised	65
Registered USA Implants	107,237	Battery	34
Estimated Active USA Implants	83,275	Electrical Component	24
Normal Battery Depletions	1,172	Electrical Interconnect	4
		Other	3
		Therapy Function Compromised	44
		Battery	24
		Device-Related Current Pathway	15
		Electrical Component	5



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMB2D1 **Evera MRI XT**

US Market Release

CE Approval Date 05Sep2016

Registered USA Implants

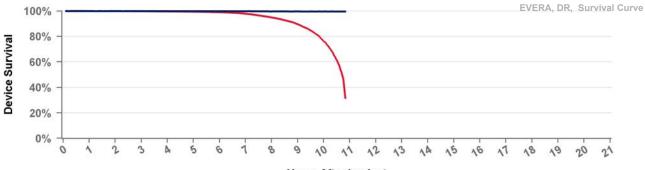
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



Years After Implant

Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMB2D4 **Evera MRI XT**

US Market Release

Total Malfunctions (USA)

CE Approval Date

31Mar2014

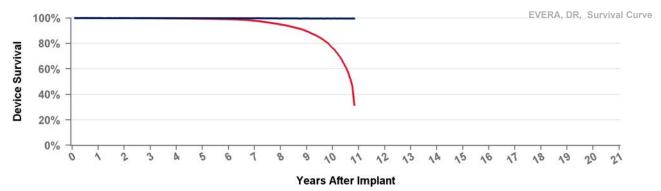
Registered USA Implants

Therapy Function Not Compromised

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions

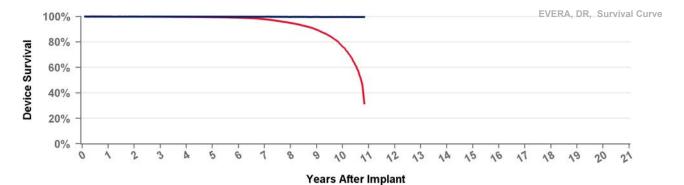


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMC3D1 **Evera MRIS**

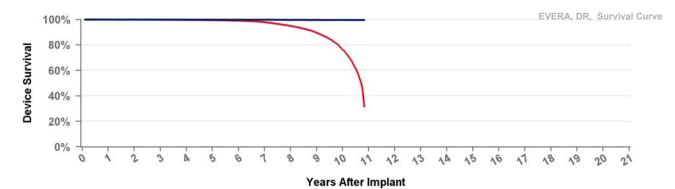
US Market Release	12Oct2016	Total Malfunctions (USA)	3
CE Approval Date	05Sep2016	Therapy Function Not Compromised	2
Registered USA Implants	3,379	Battery	1
Estimated Active USA Implants	2,542	Electrical Component	1
Normal Battery Depletions	39	Therapy Function Compromised	1
		Device-Related Current Pathway	1



Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMC3D4 Evera MRI

US Market Release	11Sep2015	Total Malfunctions (USA)	9
CE Approval Date	31Mar2014	Therapy Function Not Compromised	5
Registered USA Implants	7,184	Battery	4
Estimated Active USA Implants	5,474	Electrical Component	1
Normal Battery Depletions	103	Therapy Function Compromised	4
		Battery	1
		Device-Related Current Pathway	2
		Flectrical Component	1



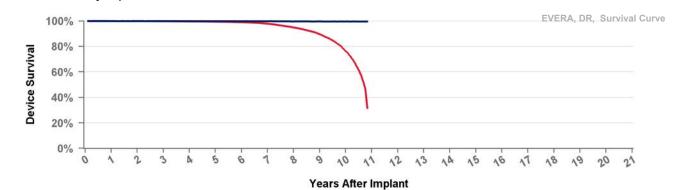
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMD3D1 Primo

Normal Battery Depletions

US Market Release01Mar2018Total Malfunctions (USA)1CE Approval Date10Nov2017Therapy Function Not Compromised1Registered USA Implants451Electrical Component1Estimated Active USA Implants387Therapy Function Compromised0



Years	1	2	3	4	5	6	7	8	9	10	at 130 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	97.9%	94.9%	89.6%	76.4%	31.7%
Effective Sample Size	218772	201953	181288	161981	138338	110959	82722	55553	31324	11984	445

DDMD3D4

Primo

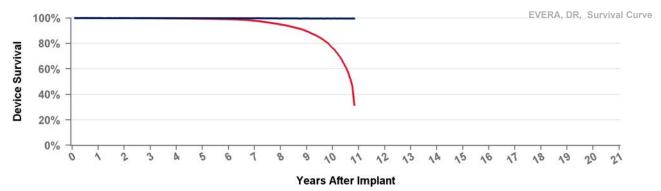
US Market Release 01Mar2018 **Total Malfunctions (USA)**

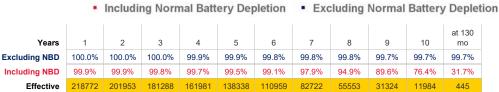
10Nov2017 **Therapy Function Not Compromised CE Approval Date**

Registered USA Implants 1,487

Therapy Function Compromised Estimated Active USA Implants 1,318

Normal Battery Depletions 1





Effective Sample Size DDME3D1

Years

Mirro

01Mar2018 **Total Malfunctions (USA) US Market Release**

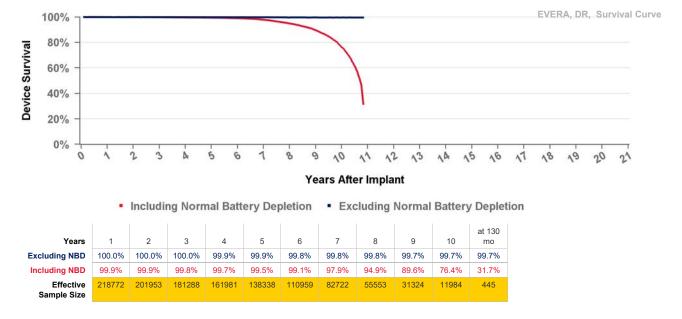
CE Approval Date 10Nov2017 **Therapy Function Not Compromised**

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DDME3D4

Mirro

US Market Release

01Mar2018

Total Malfunctions (USA)

CE Approval Date

10Nov2017

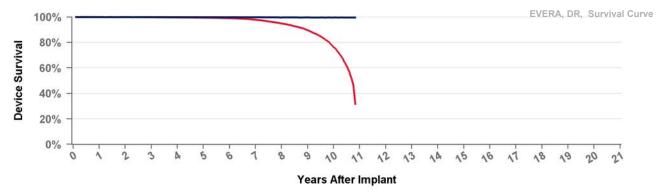
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



 Including Normal Battery Depletion Excluding Normal Battery Depletion at 130 2 3 5 6 8 9 10 mo

Excluding NBD Including NBD Effective Sample Size

Years

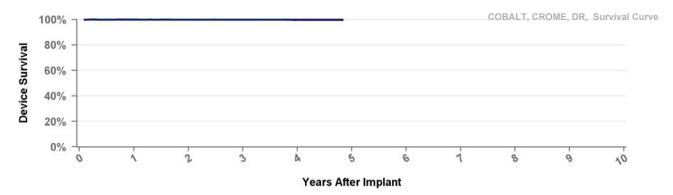
100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.8% 99.8% 99.7% 99.7% 99.7% 99.9% 99.9% 97.9% 94.9% 89.6% 76.4% 31.7% 99.7% 99.1% 201953 181288 161981 138338 110959 82722 31324 11984 445

DDPA2D1

Cobalt XT

Total Malfunctions (USA) US Market Release 23Apr2020 1 **CE Approval Date** 18Dec2019 **Therapy Function Not Compromised** 1 **Registered USA Implants Electrical Component** 6,442 1 **Estimated Active USA Implants Therapy Function Compromised** 0 6,175

Normal Battery Depletions

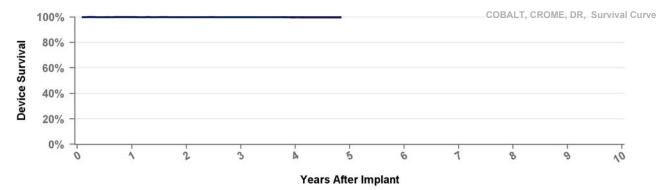


Years
Excluding NBD
Including NBD
Effective Sample Size

					at 58
S	1	2	3	4	mo
D	100.0%	100.0%	100.0%	100.0%	100.0%
D	100.0%	99.9%	99.9%	99.8%	99.7%
е	43366	24376	13933	4812	133
е					

DDPA2D4 Cobalt XT

US Market Release	23Apr2020	Total Malfunctions (USA)	3
CE Approval Date	18Dec2019	Therapy Function Not Compromised	2
Registered USA Implants	42,996	Electrical Component	2
Estimated Active USA Implants	40,989	Therapy Function Compromised	1
Normal Battery Depletions	10	Electrical Interconnect	1



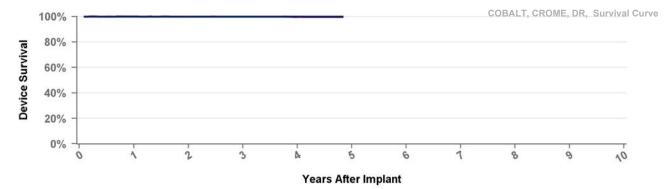
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%
Effective Sample Size	43366	24376	13933	4812	133

DDPB3D1

Cobalt

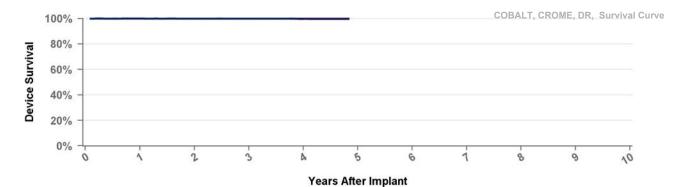
US Market Release	23Apr2020	Total Malfunctions (USA)	2
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	2,907	Battery	1
Estimated Active USA Implants	2,691	Therapy Function Compromised	1
Normal Battery Depletions		Device-Related Current Pathway	1



Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%
Effective Sample Size	43366	24376	13933	4812	133

DDPB3D4 Cobalt

US Market Release	23Apr2020	Total Malfunctions (USA)	8
CE Approval Date	18Dec2019	Therapy Function Not Compromised	5
Registered USA Implants	16,133	Battery	1
Estimated Active USA Implants	14,908	Electrical Component	2
Normal Battery Depletions	8	Other	2
		Therapy Function Compromised	3
		Electrical Component	1
		Electrical Interconnect	2



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%
Effective Sample Size	43366	24376	13933	4812	133

DDPC3D1

Crome

US Market Release 23Apr2020 **Total Malfunctions (USA)**

CE Approval Date 18Dec2019 **Therapy Function Not Compromised**

Registered USA Implants 393 **Therapy Function Compromised Estimated Active USA Implants** 364

Normal Battery Depletions

COBALT, CROME, DR, Survival Curve 100% 80% **Device Survival** 60% 40% 20% 0% 1 3 10

Years After Implant

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%
Effective Sample Size	43366	24376	13933	4812	133

DDPC3D4

Crome

US Market Release

23Apr2020

Total Malfunctions (USA)

CE Approval Date

18Dec2019

Therapy Function Not Compromised

Registered USA Implants

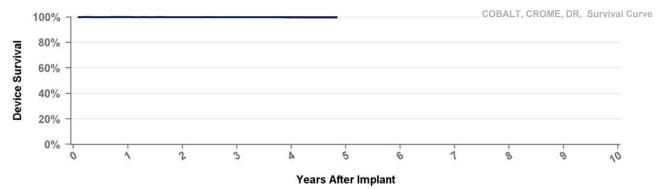
1,804

Estimated Active USA Implants

1,698

Therapy Function Compromised

Normal Battery Depletions



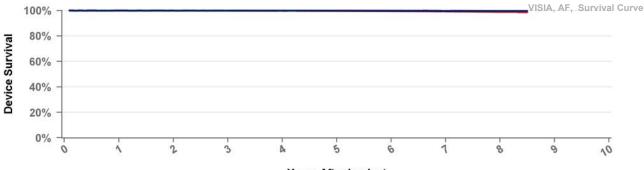
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%
Effective Sample Size	43366	24376	13933	4812	133

DVAB1D1

Visia AF

US Market Release	19Jan2016	Total Malfunctions (USA)	14
CE Approval Date		Therapy Function Not Compromised	10
Registered USA Implants	3,051	Battery	10
Estimated Active USA Implants	2,032	Therapy Function Compromised	4
Normal Battery Depletions	15	Battery	2
		Device-Related Current Pathway	2

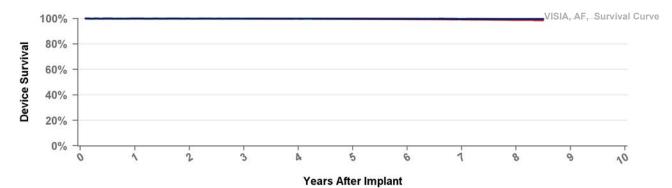


Years After Implant

Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVAB1D4 Visia AF

US Market Release	19Jan2016	Total Malfunctions (USA)	5
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	2,045	Battery	2
Estimated Active USA Implants	1,416	Therapy Function Compromised	3
Normal Battery Depletions		Battery	2
		Device-Related Current Pathway	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective	76469	70628	61654	52808	42238	29813	17365	5421	218

DVAB2D1

Visia AF XT

US Market Release CE Approval Date

19Oct2015

Total Malfunctions (USA)

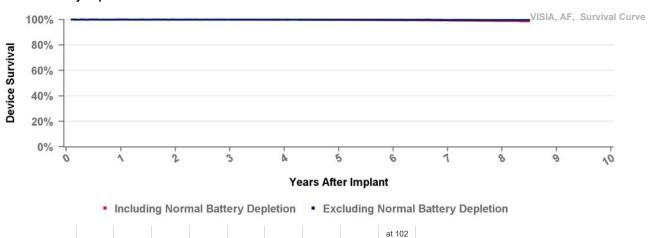
E Approvai Date

Therapy Function Not Compromised

Registered USA Implants
Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVAC3D1 Visia AF S

US Market Release

19Jan2016

Total Malfunctions (USA)

CE Approval Date

19Oct2015

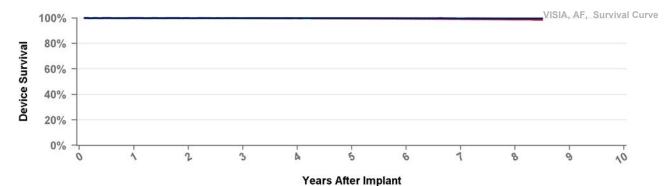
Therapy Function Not Compromised

Registered USA Implants
Estimated Active USA Implants

merapy Function Not Compromised

Normal Battery Depletions

Therapy Function Compromised

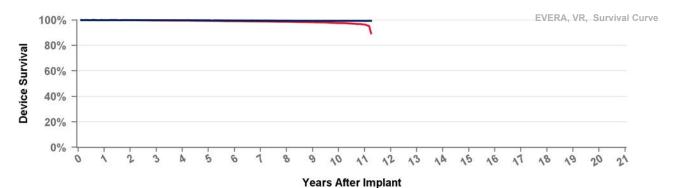


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVBB1D1 Evera XT

03Apr2013 76 **US Market Release Total Malfunctions (USA) Therapy Function Not Compromised CE Approval Date** 52 **Registered USA Implants** 16,113 Battery 45 **Estimated Active USA Implants** 8,573 **Electrical Component** 7 **Normal Battery Depletions** 128 **Therapy Function Compromised** 24 Battery 16 **Device-Related Current Pathway** 4 **Electrical Component** 4



Including Normal Battery Depletion Excluding Normal Battery Depletion at 135 Years 2 3 5 6 8 9 10 11 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.8% 99.8% 99.7% 99.6% 99.5% 99.4% 99.3% 99.3% 99.3% Including NBD 89.4% 100.0% 99.9% 99.7% 99.6% 99.4% 99.1% 98.9% 98.6% 98.3% 97.7% 96.4% **Effective** 52434 48863 45476 42393 39297 36127 33276 30753 24872 12566 2292 175 Sample Size

DVBB1D4 Evera XT US Market Release 03Apr2013 Total Malfunctions (USA)

CE Approval Date

Registered USA Implants 21,952

Estimated Active USA Implants 12,682

Normal Battery Depletions 202

Therapy Function Not Compromised 66

Battery 51

Electrical Component 9

99

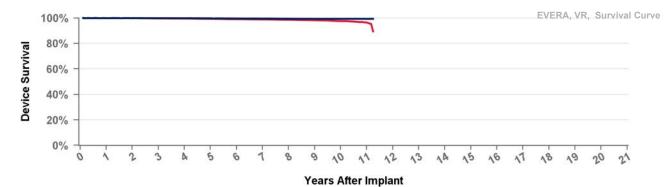
33

Possible Early Battery Depletion 2
Other 4

Therapy Function Compromised

Battery 26
Device-Related Current Pathway 6

Electrical Component 1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective Sample Size	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175

DVBB2D1 Evera XT

US Market Release

CE Approval Date

17Dec2012

Total Malfunctions (USA)

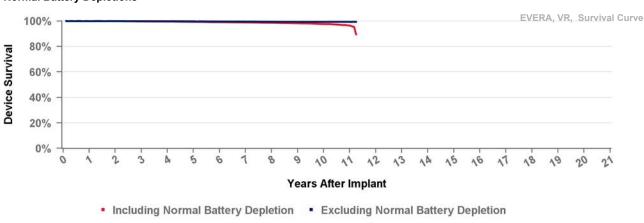
Therapy Function Not Compromised

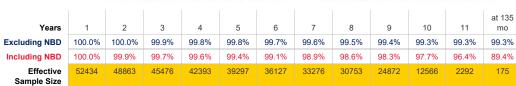
Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised





DVBB2D4 **Evera XT**

US Market Release

17Dec2012

CE Approval Date

Therapy Function Not Compromised

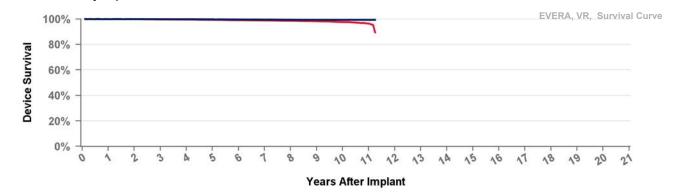
Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions



Total Malfunctions (USA)

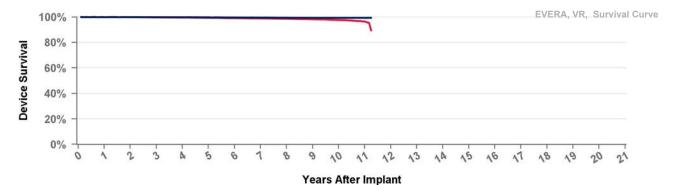


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175
Sample Size												

DVBC3D1 Evera S

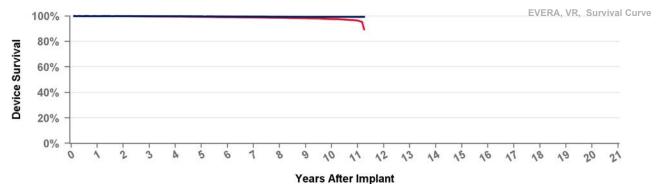
US Market Release	03Apr2013	Total Malfunctions (USA)	28
CE Approval Date	17Dec2012	Therapy Function Not Compromised	19
Registered USA Implants	4,642	Battery	17
Estimated Active USA Implants	2,586	Electrical Component	2
Normal Battery Depletions	38	Therapy Function Compromised	9
		Battery	8
		Electrical Component	1



Including Normal Battery Depletion Excluding Normal Battery Depletion at 135 Years 2 3 5 6 8 9 10 11 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.8% 99.8% 99.7% 99.6% 99.5% 99.4% 99.3% 99.3% 99.3% **Including NBD** 100.0% 99.9% 99.7% 99.6% 99 4% 99 1% 98.9% 98.6% 98.3% 97 7% 96.4% 89.4% 24872 Effective 48863 45476 42393 39297 36127 33276 30753 12566 2292 175 Sample Size

DVBC3D4 Evera S

US Market Release	03Apr2013	Total Malfunctions (USA)	24
CE Approval Date	17Dec2012	Therapy Function Not Compromised	17
Registered USA Implants	5,623	Battery	14
Estimated Active USA Implants	3,371	Electrical Component	3
Normal Battery Depletions	40	Therapy Function Compromised	7
		Battery	5
		Device-Related Current Pathway	2



rears Arter implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective Sample Size	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175

DVEA3E4

Aurora EV-ICD

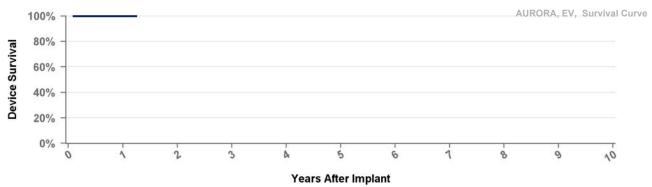
US Market Release 200ct2023 Total Malfunctions (USA)

CE Approval Date 17Feb2023 Therapy Function Not Compromised

Registered USA Implants 1,661

Estimated Active USA Implants 1,614 Therapy Function Compromised

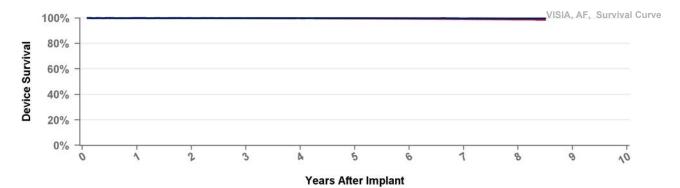
Normal Battery Depletions



		at 15
Years	1	mo
Excluding NBD	100.0%	100.0%
Including NBD	100.0%	100.0%
Effective Sample Size	286	114

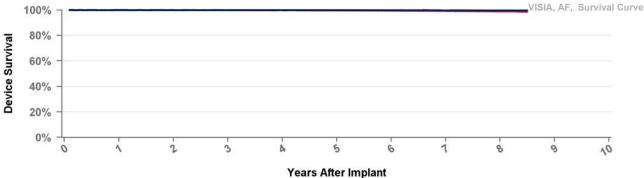
DVFB1D1 Visia MRI AF

US Market Release	12Oct2016	Total Malfunctions (USA)	24
CE Approval Date		Therapy Function Not Compromised	16
Registered USA Implants	17,778	Battery	10
Estimated Active USA Implants	14,260	Electrical Component	5
Normal Battery Depletions	16	Other	1
		Therapy Function Compromised	8
		Battery	2
		Device-Related Current Pathway	3
		Electrical Component	3



Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVFB1D4 Visia MRI AF **US Market Release Total Malfunctions (USA)** 19Jan2016 85 **Therapy Function Not Compromised CE Approval Date** 52 **Registered USA Implants** 57,274 Battery 41 **Estimated Active USA Implants** 45,719 Device-Related Current Pathway 1 **Normal Battery Depletions Electrical Component** 43 9 Other 1 **Therapy Function Compromised** 33 Battery 16 **Device-Related Current Pathway** 14 **Electrical Component** 3



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVFB2D1 Visia MRI AF XT

US Market Release

Effective

Sample Size

CE Approval Date

05Sep2016

Total Malfunctions (USA)

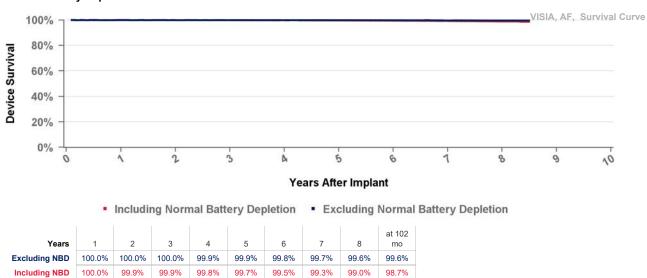
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



17365

61654

52808

42238

29813

70628

76469

218

5421

DVFB2D4 Visia MRI AF XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

19Oct2015

Registered USA Implants

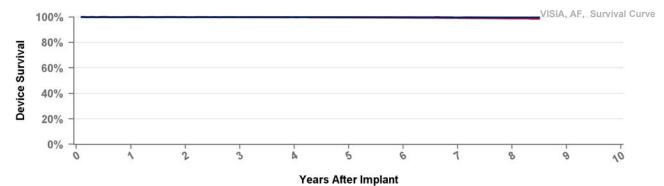
2

Therapy Function Not Compromised

Excluding Normal Battery Depletion

Normal Battery Depletions





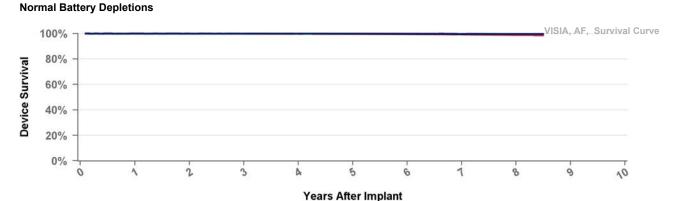
at 102 Years 2 3 4 5 6 8 mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.7% 99.6% 99.6% 100.0% 99.9% 99.8% 99.5% 99.0% 98.7% Including NBD Effective 70628 61654 52808 42238 29813 17365 5421 218 Sample Size

Including Normal Battery Depletion

DVFC3D1

Visia MRI AF S

US Market Release Total Malfunctions (USA) 12Oct2016 1 **Therapy Function Not Compromised CE Approval Date** 05Sep2016 1 **Registered USA Implants** 1,477 Battery 1 **Estimated Active USA Implants Therapy Function Compromised** 0 1,208

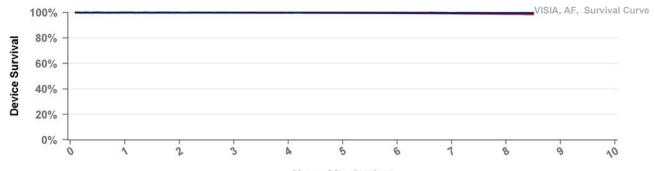


	•	Includi	ng Norn	 Excluding Normal Battery Depletic 						
Years	1	2	3	4	5	6	7	8	at 102 mo	
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%	
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218	

Visia MRI AF S DVFC3D4

4
4
4
0

Normal Battery Depletions 7



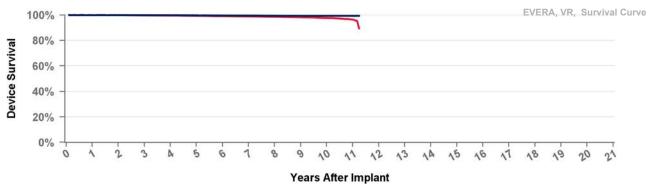
Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 102 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.3%	99.0%	98.7%
Effective Sample Size	76469	70628	61654	52808	42238	29813	17365	5421	218

DVMB1D4 **Evera MRI XT**

US Market Release	11Sep2015	Total Malfunctions (USA)	38
CE Approval Date		Therapy Function Not Compromised	19
Registered USA Implants	10,270	Battery	15
Estimated Active USA Implants	6,682	Electrical Component	3
Normal Battery Depletions	26	Other	1
		Therapy Function Compromised	19
		Battery	15
		Device-Related Current Pathway	4



Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175
Sample Size												

DVMB2D1

Evera MRI XT

US Market Release

CE Approval Date

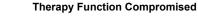
05Sep2016

Therapy Function Not Compromised

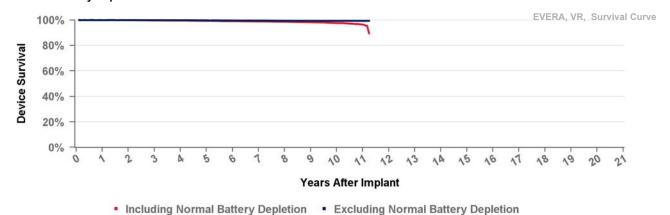
Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions



Total Malfunctions (USA)



at 135 Years 2 3 5 6 8 9 10 11 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.8% 99.8% 99.7% 99.6% 99.5% 99.4% 99.3% 99.3% 99.3% 100.0% 99.9% 99.6% 99.1% 98.6% 98.3% 97.7% 89.4% Including NBD Effective 39297 36127 33276 30753 24872 12566 2292 175 Sample Size

DVMB2D4

Evera MRI

US Market Release

31Mar2014

CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

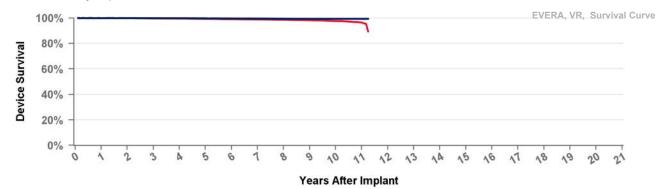
2

Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Compromised



	 Including Normal Battery Depletion 						 Excluding Normal Battery Depletion 					
Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective Sample Size	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175

DVMC3D1 **Evera MRIS**

US Market Release

12Oct2016

Total Malfunctions (USA)

CE Approval Date

05Sep2016

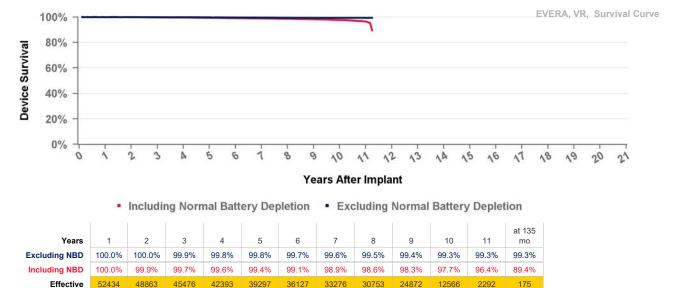
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Sample Size DVMC3D4

Evera MRI S

US Market Release

11Sep2015

Total Malfunctions (USA)

CE Approval Date

31Mar2014

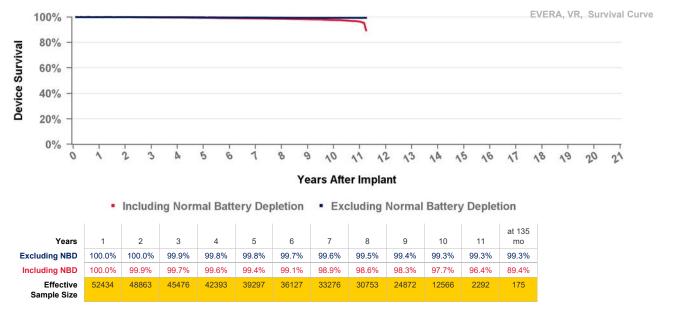
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DVMD3D1

Primo

US Market Release

01Mar2018

Total Malfunctions (USA)

CE Approval Date

10Nov2017

Therapy Function Not Compromised

Registered USA Implants

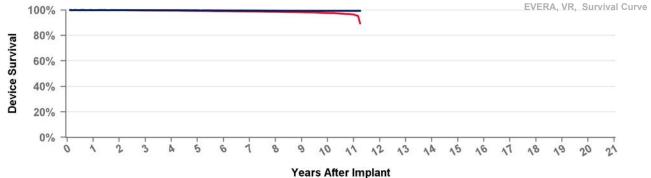
274

Estimated Active USA Implants

238

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective Sample Size	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175

DVMD3D4

Primo

US Market Release 01Mar2018 **Total Malfunctions (USA)**

CE Approval Date

10Nov2017

Therapy Function Not Compromised

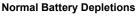
Registered USA Implants

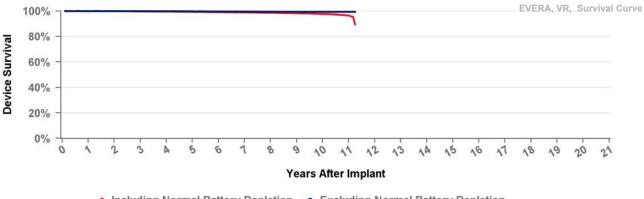
627

Estimated Active USA Implants

556

Therapy Function Compromised





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

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.6%	98.3%	97.7%	96.4%	89.4%
Effective Sample Size	52434	48863	45476	42393	39297	36127	33276	30753	24872	12566	2292	175

DVME3D1

Mirro

US Market Release

01Mar2018

Total Malfunctions (USA)

CE Approval Date

10Nov2017

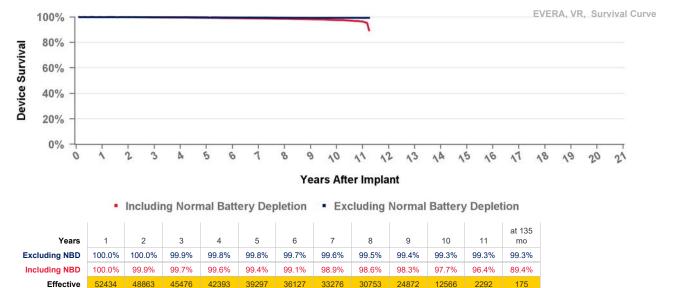
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Sample Size DVME3D4

Mirro

US Market Release

01Mar2018

Total Malfunctions (USA)

CE Approval Date

10Nov2017

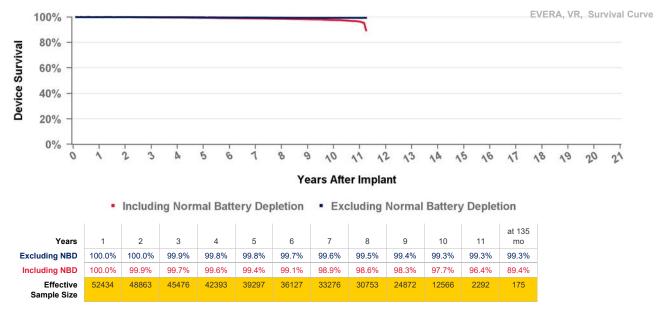
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DVPA2D1 Cobalt XT

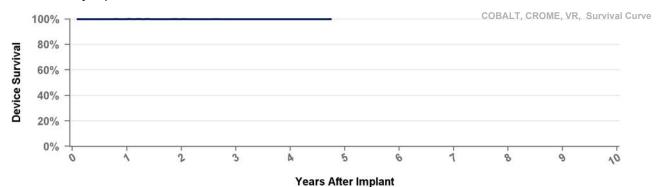
US Market Release 23Apr2020

18Dec2019 **Therapy Function Not Compromised CE Approval Date**

Registered USA Implants 1,941

Therapy Function Compromised Estimated Active USA Implants 1,811

Normal Battery Depletions 2



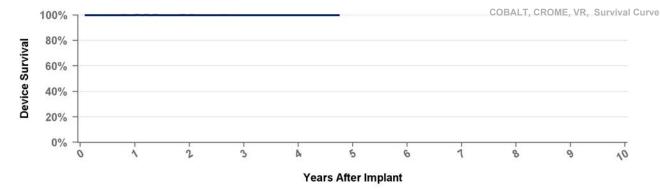
Total Malfunctions (USA)

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

DVPA2D4 Cobalt XT

US Market Release Total Malfunctions (USA) 23Apr2020 2 **Therapy Function Not Compromised CE Approval Date** 18Dec2019 1 **Registered USA Implants Electrical Interconnect** 16,071 1 **Estimated Active USA Implants** 15,230 **Therapy Function Compromised** 1 **Normal Battery Depletions Device-Related Current Pathway** 1



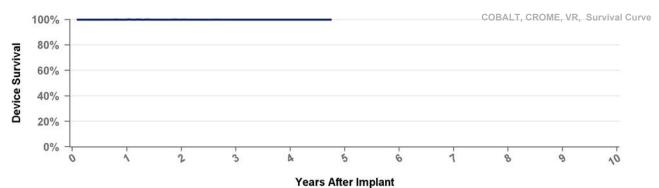
- Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

Cobalt

US Market Release	23Apr2020	Total Malfunctions (USA)	2
CE Approval Date	18Dec2019	Therapy Function Not Compromised	0
Registered USA Implants	1,725		
Estimated Active USA Implants	1,559	Therapy Function Compromised	2

Electrical Interconnect Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

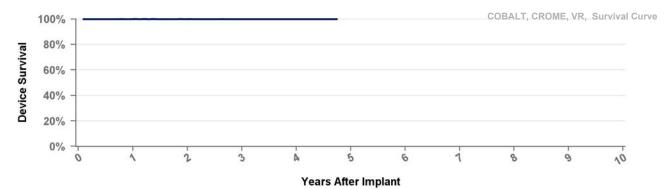
2

Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

DVPB3D4

Cobalt

US Market Release	23Apr2020	Total Malfunctions (USA)	4
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	6,786	Other	1
Estimated Active USA Implants	6,275	Therapy Function Compromised	3
Normal Battery Depletions	2	Device-Related Current Pathway	2
		Electrical Interconnect	1



Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

DVPC3D1

Crome

US Market Release

23Apr2020

Total Malfunctions (USA)

CE Approval Date

18Dec2019

Therapy Function Not Compromised

Registered USA Implants

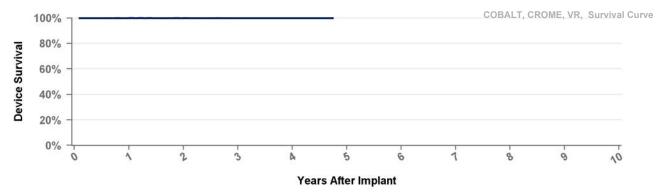
152

Estimated Active USA Implants

138

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

DVPC3D4

Crome

US Market Release

23Apr2020

Total Malfunctions (USA)

CE Approval Date

18Dec2019

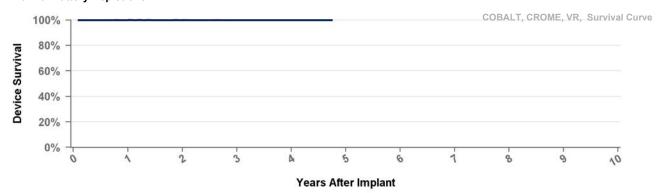
Therapy Function Not Compromised

Registered USA Implants Estimated Active USA Implants 781

729

Therapy Function Compromised

Normal Battery Depletions

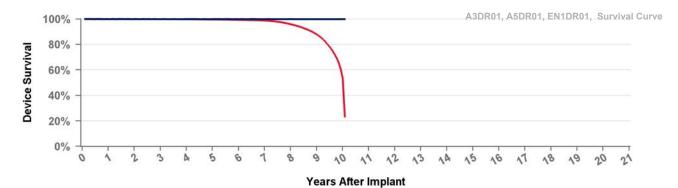


- Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 57 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	18850	11908	7341	2529	164

Advisa DR MRI A2DR01

US Market Release	15Jan2013	Total Malfunctions (USA)	85
CE Approval Date		Therapy Function Not Compromised	80
Registered USA Implants	344,436	Battery	1
Estimated Active USA Implants	194,547	Electrical Component	40
Normal Battery Depletions	13,905	Electrical Interconnect	4
		Possible Early Battery Depletion	26
		Software/Firmware	6
		Other	3
		Therapy Function Compromised	5
		Electrical Component	5



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	98.8%	95.9%	87.9%	53.7%	23.3%
Effective Sample Size	308287	290448	273721	257107	237694	216804	195953	133012	62188	4911	1140

A3DR01

Advisa DR MRI

US Market Release Total Malfunctions (USA) CE Approval Date 02Jun2009

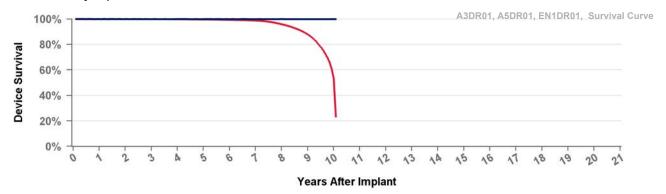
Registered USA Implants 23

Estimated Active USA Implants 3

Normal Battery Depletions 4

Therapy Function Not Compromised

Therapy Function Compromised

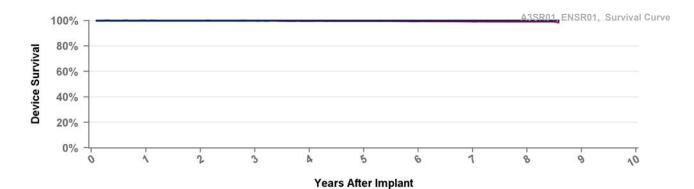


Including Normal Battery Depletion Excluding Normal Battery Depletion at 121 10 Years 6 8 mo **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% Including NBD

Effective Sample Size

A3SR01 Advisa SR MRI

US Market Release	19Mar2015	Total Malfunctions (USA)	9
CE Approval Date	24Apr2014	Therapy Function Not Compromised	8
Registered USA Implants	28,082	Electrical Component	3
Estimated Active USA Implants	15,602	Electrical Interconnect	1
Normal Battery Depletions	62	Possible Early Battery Depletion	2
		Other	2
		Therapy Function Compromised	1
		Electrical Component	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%	99.1%	98.3%
Effective Sample Size	22016	19374	17194	15015	12894	10979	9231	3967	514

02Jun2009

A5DR01

Advisa DR

US Market Release

CE Approval Date

Registered USA Implants

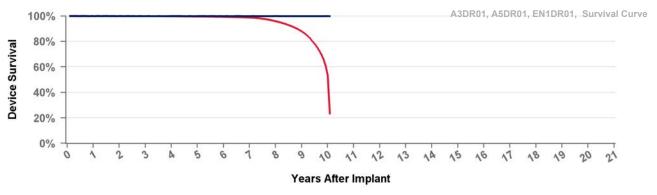
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised



			•								
Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	98.8%	95.9%	87.9%	53.7%	23.3%
Effective	308287	290448	273721	257107	237694	216804	195953	133012	62188	4911	1140
Sample Size											

ADD01 Adapta D

US Market Release CE Approval Date 17Jul2006 20Sep2005

1

Total Malfunctions (USA)

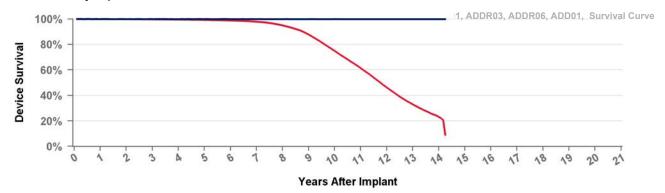
Devicts and HOA loom lends

p2005 Therapy Function Not Compromised

Registered USA Implants
Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions

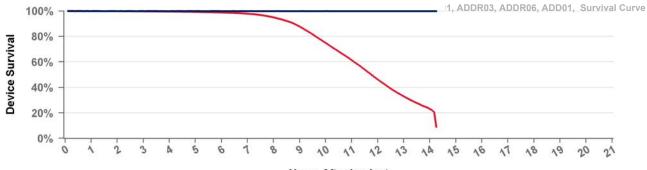


Including Normal Battery Depletion Excluding Normal Battery Depletion

															at 171
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.8%	97.9%	95.0%	87.7%	74.9%	61.3%	46.1%	32.9%	23.1%	8.9%
Effective	393174	365286	338807	313172	289378	265139	241047	211890	171070	125128	82659	45004	18460	2963	128
Sample Size															

ADDR01 Adapta DR

US Market Release	17Jul2006	Total Malfunctions (USA)	95
CE Approval Date	20Sep2005	Therapy Function Not Compromised	67
Registered USA Implants	454,887	Electrical Component	59
Estimated Active USA Implants	113,692	Electrical Interconnect	1
Normal Battery Depletions	53,749	Possible Early Battery Depletion	6
		Other	1
		Therapy Function Compromised	28
		Electrical Component	23
		Electrical Interconnect	3
		Other	2



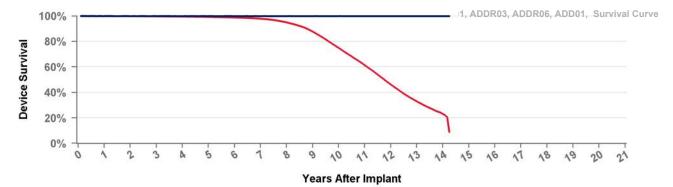
Years After Implant

	Including	Normal Battery	/ Depletion		Excluding	Normal	Battery	Depletion
--	-----------	----------------	-------------	--	-----------	--------	---------	-----------

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.8%	97.9%	95.0%	87.7%	74.9%	61.3%	46.1%	32.9%	23.1%	8.9%
Effective	393174	365286	338807	313172	289378	265139	241047	211890	171070	125128	82659	45004	18460	2963	128
Sample Size															

ADDR03 Adapta DR

US Market Release	17Jul2006	Total Malfunctions (USA)	2
CE Approval Date	20Sep2005	Therapy Function Not Compromised	1
Registered USA Implants	4,570	Electrical Component	1
Estimated Active USA Implants	1,239	Therapy Function Compromised	1
Normal Battery Depletions	651	Electrical Component	1

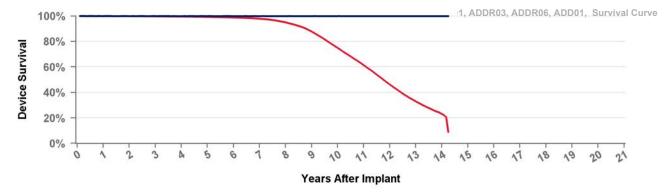


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.8%	97.9%	95.0%	87.7%	74.9%	61.3%	46.1%	32.9%	23.1%	8.9%
Effective	393174	365286	338807	313172	289378	265139	241047	211890	171070	125128	82659	45004	18460	2963	128
Sample Size															

ADDR06 Adapta DR

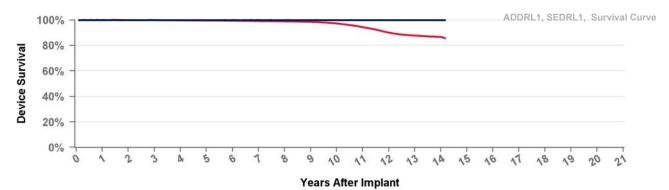
US Market Release 17Jul2006 **Total Malfunctions (USA)** 1 **Therapy Function Not Compromised CE Approval Date** 20Sep2005 1 **Registered USA Implants Electrical Component** 3,664 1 **Therapy Function Compromised Estimated Active USA Implants** 841 0 **Normal Battery Depletions** 438



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.8%	97.9%	95.0%	87.7%	74.9%	61.3%	46.1%	32.9%	23.1%	8.9%
Effective Sample Size	393174	365286	338807	313172	289378	265139	241047	211890	171070	125128	82659	45004	18460	2963	128

ADDRL1 Adapta L DR

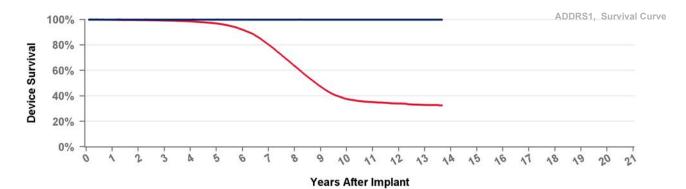
US Market Release	17Jul2006	Total Malfunctions (USA)	25
CE Approval Date	20Sep2005	Therapy Function Not Compromised	17
Registered USA Implants	138,613	Electrical Component	13
Estimated Active USA Implants	62,478	Electrical Interconnect	1
Normal Battery Depletions	2,911	Possible Early Battery Depletion	2
		Software/Firmware	1
		Therapy Function Compromised	8
		Electrical Component	5
		Electrical Interconnect	1
		Other	2



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 170 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.2%	99.0%	98.5%	97.3%	94.4%	90.0%	87.8%	86.7%	85.6%
3															
Effective	119657	112672	106027	99505	92193	84465	77100	69472	59955	49001	36333	22983	10999	1770	559
Sample Size															

Adapta S DR ADDRS1

US Market Release	17Jul2006	Total Malfunctions (USA)	15
CE Approval Date	20Sep2005	Therapy Function Not Compromised	9
Registered USA Implants	49,315	Electrical Component	5
Estimated Active USA Implants	9,525	Possible Early Battery Depletion	3
Normal Battery Depletions	6,727	Other	1
		Therapy Function Compromised	6
		Electrical Component	4
		Other	2

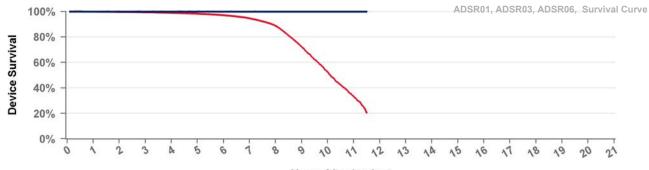


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 164 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.8%	99.6%	99.2%	98.5%	96.9%	92.0%	80.2%	63.4%	47.3%	37.6%	35.1%	34.0%	32.9%	32.6%
Effective	40118	36091	32379	29052	25765	21765	16542	11062	6745	4127	2821	1672	725	138
Sample Size														

ADSR01 Adapta SR

US Market Release	17Jul2006	Total Malfunctions (USA)	18
CE Approval Date	20Sep2005	Therapy Function Not Compromised	12
Registered USA Implants	91,664	Electrical Component	7
Estimated Active USA Implants	18,481	Electrical Interconnect	1
Normal Battery Depletions	6,630	Possible Early Battery Depletion	4
		Therapy Function Compromised	6
		Electrical Component	5
		Electrical Interconnect	1



Years After Implant

Years	1	2	3	4	5	6	7	8	9	10	11	at 138 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.4%	99.0%	98.3%	97.1%	94.6%	88.7%	72.1%	52.4%	33.1%	20.6%
Effective Sample Size	72043	62959	55132	48118	41283	34939	29008	22603	14951	7630	2024	332

ADSR03 Adapta SR

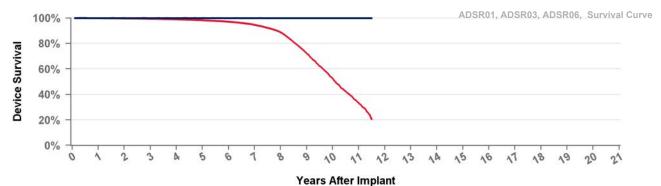
US Market Release 17Jul2006

CE Approval Date 20Sep2005 Therapy Function Not Compromised

Registered USA Implants 2,129

Estimated Active USA Implants 414 Therapy Function Compromised

Normal Battery Depletions 210



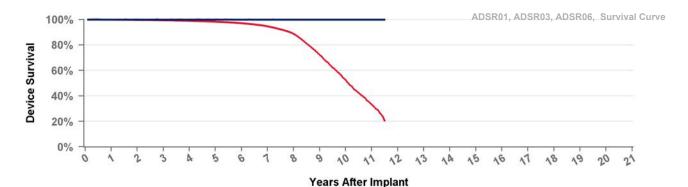
Total Malfunctions (USA)

Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 138 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.4%	99.0%	98.3%	97.1%	94.6%	88.7%	72.1%	52.4%	33.1%	20.6%
Effective Sample Size	72043	62959	55132	48118	41283	34939	29008	22603	14951	7630	2024	332

ADSR06 Adapta SR

US Market Release 17Jul2006 **Total Malfunctions (USA)** 2 **Therapy Function Not Compromised** 2 **CE Approval Date** 20Sep2005 **Registered USA Implants** 2,919 **Electrical Component** 2 **Estimated Active USA Implants** 591 **Therapy Function Compromised** 0 **Normal Battery Depletions** 283



												at 138
Years	1	2	3	4	5	6	7	8	9	10	11	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.4%	99.0%	98.3%	97.1%	94.6%	88.7%	72.1%	52.4%	33.1%	20.6%
Effective Sample Size	72043	62959	55132	48118	41283	34939	29008	22603	14951	7630	2024	332

ADVDD01 Adapta VDD

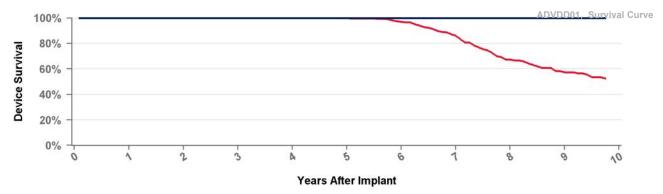
US Market Release 17Jul2006

CE Approval Date 20Sep2005 Therapy Function Not Compromised

Registered USA Implants 858

Estimated Active USA Implants 214 Therapy Function Compromised

Normal Battery Depletions 95



Total Malfunctions (USA)

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

										at 117	
Years	1	2	3	4	5	6	7	8	9	mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	86.1%	67.3%	57.4%	52.4%	
Effective Sample Size	706	650	590	536	474	412	324	192	131	101	

ATDR01

Attesta DR MRI

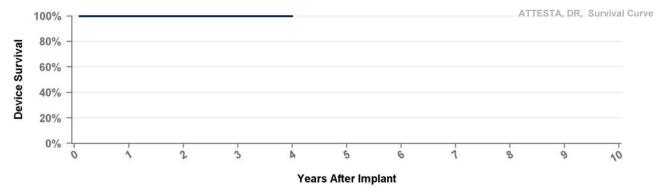
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 2,221

Estimated Active USA Implants 2,112 Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	at 48 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%
Effective Sample Size	1882	1319	757	124

ATDRL1 Attesta L DR MRI

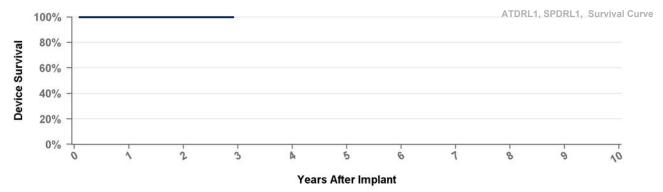
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 320

Estimated Active USA Implants 303 Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	at 35 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	271	188	107

ATDRS1

Attesta S DR MRI

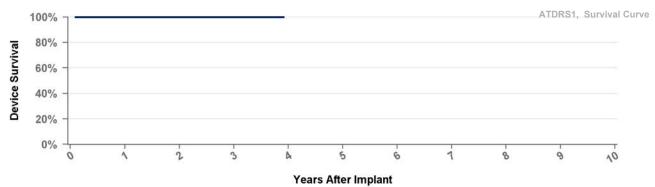
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 1,518

Estimated Active USA Implants 1,376 Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	at 47 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%
Effective Sample Size	1150	791	405	100

ATSR01 Attesta SR MRI

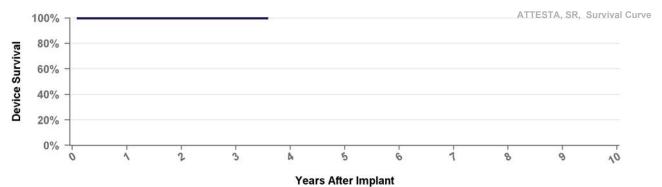
US Market Release 03Aug2017

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 1,303

Estimated Active USA Implants 971 Therapy Function Compromised

Normal Battery Depletions 1



Total Malfunctions (USA)

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 43 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.7%	99.7%	99.7%	99.7%
Effective Sample Size	810	520	262	106

EN1DR01 En

Ensura MRI

US Market Release Total Malfunctions (USA)

CE Approval Date 23Jun2010 Therapy Function Not Compromised

Registered USA Implants 6

Estimated Active USA Implants 2

Normal Battery Depletions

Therapy Function Compromised

A3DR01, A5DR01, EN1DR01, Survival Curve

80%
60%
40%
20%
0%
Vears After Implant

 Including Normal Battery Depletion 							 Excluding Normal Battery Depletion 				
Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	98.8%	95.9%	87.9%	53.7%	23.3%
Effective Sample Size	308287	290448	273721	257107	237694	216804	195953	133012	62188	4911	1140

EN1SR01 **Ensura SR MRI**

US Market Release

Total Malfunctions (USA)

CE Approval Date

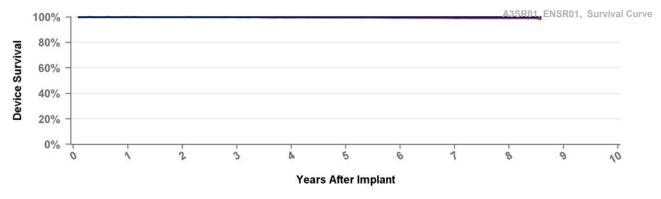
24Apr2014

Therapy Function Not Compromised

Registered USA Implants Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%	99.1%	98.3%
Effective Sample Size	22016	19374	17194	15015	12894	10979	9231	3967	514

RED01

Relia D

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008

Therapy Function Not Compromised

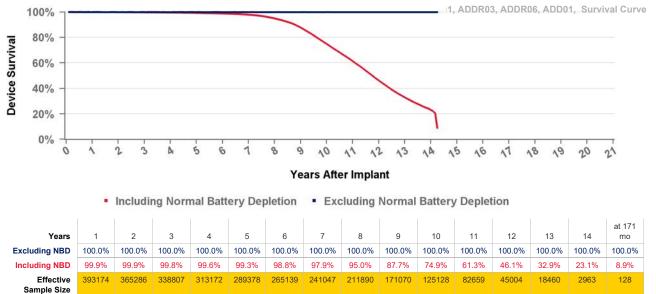
Registered USA Implants

2

Therapy Function Compromised

Estimated Active USA Implants Normal Battery Depletions

1



REDR01 Relia DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008

Registered USA Implants

Therapy Function Not Compromised

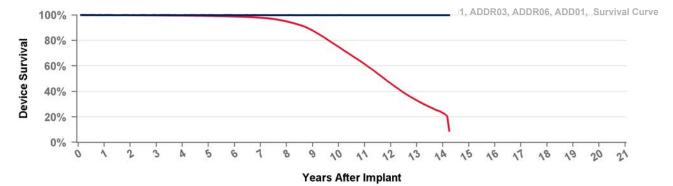
Estimated Active USA Implants

11 2

2

Therapy Function Compromised

Normal Battery Depletions



at 171 Years 2 3 6 8 9 10 11 12 13 14 **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 99.9% 99.6% 99.3% 98.8% 95.0% 87.7% 74.9% 61.3% 46.1% 32.9% 23.1% 8.9% 365286 338807 313172 289378 265139 241047 211890 171070 125128 18460 2963 128 82659 45004

Excluding Normal Battery Depletion

Including NBD Effective Sample Size

Relia S

RES01 **US Market Release**

Total Malfunctions (USA)

CE Approval Date

07May2008

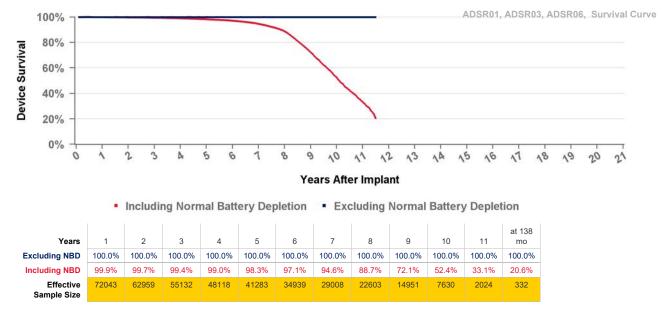
Therapy Function Not Compromised

Registered USA Implants Estimated Active USA Implants 4 2

Including Normal Battery Depletion

Therapy Function Compromised

Normal Battery Depletions



RESR01 Relia SR

US Market Release

CE Approval Date

07May2008

Therapy Function Not Compromised

Registered USA Implants

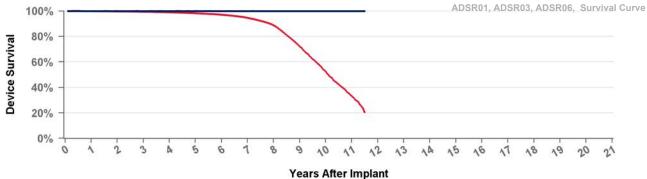
7

Therapy Function Compromised

Total Malfunctions (USA)

Estimated Active USA Implants

Normal Battery Depletions 1



 Including Normal Battery Depletion Excluding Normal Battery Depletion at 138 2 3 5 6 8 9 10 11 mo 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 99.9% 99.7% 99.4% 99.0% 98.3% 97.1% 94.6% 88.7% 52.4% 20.6%

29008

34939

Excluding NBD Including NBD Effective

REVDD01

Sample Size

Years

Relia VDD

55132

62959

US Market Release CE Approval Date

48118

41283

07May2008

Therapy Function Not Compromised

Total Malfunctions (USA)

22603

72.1%

14951

7630

33.1%

2024

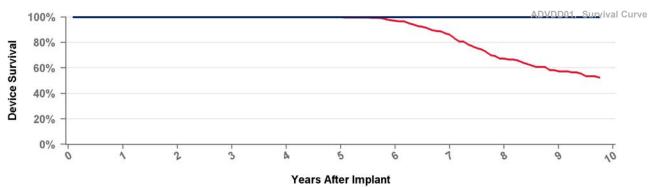
332

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

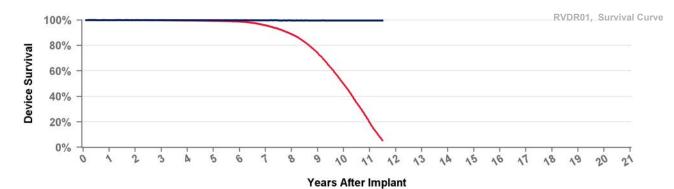
Therapy Function Compromised



			•							
Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	86.1%	67.3%	57.4%	52.4%
Effective Sample Size	706	650	590	536	474	412	324	192	131	101

Revo MRI SureScan **RVDR01**

US Market Release	08Feb2011	Total Malfunctions (USA)	111
CE Approval Date		Therapy Function Not Compromised	108
Registered USA Implants	69,116	Battery	1
Estimated Active USA Implants	13,901	Electrical Component	40
Normal Battery Depletions	12,077	Electrical Interconnect	1
		Possible Early Battery Depletion	61
		Software/Firmware	4
		Other	1
		Therapy Function Compromised	3
		Electrical Component	3



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 138 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.8%	99.6%	99.4%	98.8%	95.8%	88.8%	74.1%	49.8%	19.6%	5.3%
Effective Sample Size	59299	56147	53134	49973	46280	42265	37438	31211	22538	11765	2933	376

SED01

Effective

Sample Size

120511

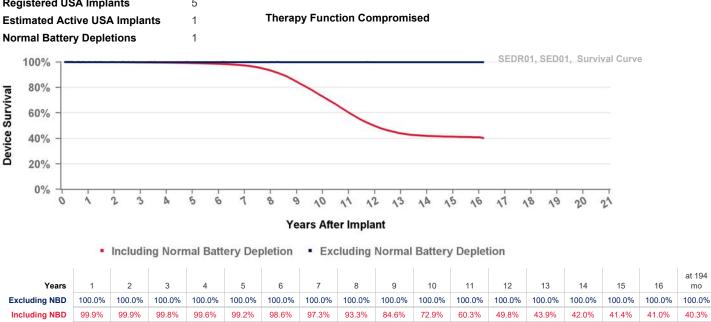
108984

Sensia D

US Market Release 17Jul2006 **Total Malfunctions (USA)**

CE Approval Date 20Sep2005 **Therapy Function Not Compromised**

Registered USA Implants 5



98337

88703

79973

72181

64960

46430

34770

24009

15562

9993

56748

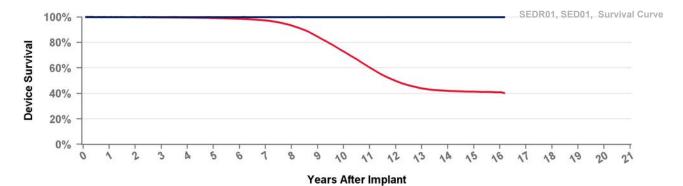
6338

3235

593

SEDR01 Sensia DR

US Market Release	17Jul2006	Total Malfunctions (USA)	33
CE Approval Date	20Sep2005	Therapy Function Not Compromised	17
Registered USA Implants	149,410	Electrical Component	15
Estimated Active USA Implants	28,126	Electrical Interconnect	1
Normal Battery Depletions	17,253	Other	1
		Therapy Function Compromised	46
		merapy runction compromised	16
		Electrical Component	6
		.,	
		Electrical Component	6



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	at 194 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.2%	98.6%	97.3%	93.3%	84.6%	72.9%	60.3%	49.8%	43.9%	42.0%	41.4%	41.0%	40.3%
Effective	120511	108984	98337	88703	79973	72181	64960	56748	46430	34770	24009	15562	9993	6338	3235	593	169
Sample Size	120011	100304	30337	00703	13313	72101	04300	30740	40430	34110	24003	10002	3333	0330	3233	333	103

SEDRL1 Sensia L DR

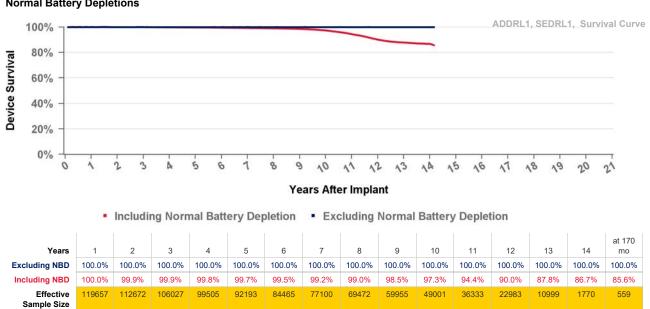
US Market Release 17Jul2006 **Total Malfunctions (USA)**

CE Approval Date 20Sep2005 **Therapy Function Not Compromised**

Registered USA Implants 5

Therapy Function Compromised Estimated Active USA Implants

Normal Battery Depletions



SES01 Sensia S **US Market Release** 17Jul2006 **CE Approval Date** 20Sep2005 **Registered USA Implants** 4

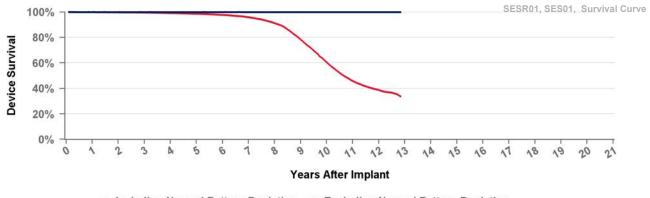
Total Malfunctions (USA)

Therapy Function Not Compromised

Estimated Active USA Implants 1

Therapy Function Compromised

Normal Battery Depletions

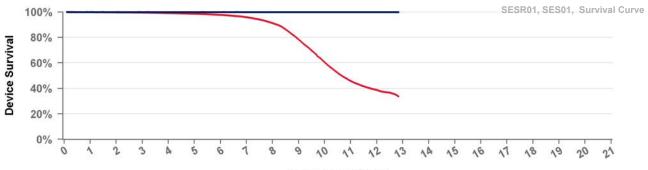


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 154 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.8%	99.6%	99.2%	98.6%	97.8%	95.9%	91.2%	78.4%	60.4%	45.8%	38.8%	33.7%
Effective Sample Size	85817	74447	64543	56004	48247	41088	34580	27806	20110	12154	5903	2349	261

SESR01 Sensia SR

US Market Release	17Jul2006	Total Malfunctions (USA)	17
CE Approval Date	20Sep2005	Therapy Function Not Compromised	13
Registered USA Implants	117,372	Electrical Component	7
Estimated Active USA Implants	20,954	Possible Early Battery Depletion	4
Normal Battery Depletions	9,122	Other	2
		Therapy Function Compromised	4
		Electrical Component	3
		Electrical Interconnect	1



Years After Implant

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 154 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.8%	99.6%	99.2%	98.6%	97.8%	95.9%	91.2%	78.4%	60.4%	45.8%	38.8%	33.7%
Effective Sample Size	85817	74447	64543	56004	48247	41088	34580	27806	20110	12154	5903	2349	261

SPDR01 Sphera DR MRI

US Market Release

03Aug2017

Total Malfunctions (USA)

CE Approval Date

16Jun2017

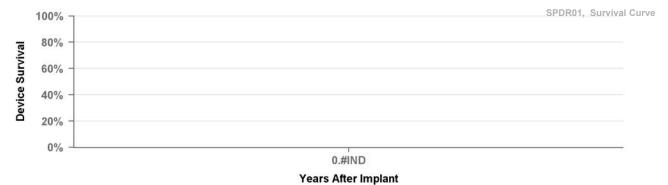
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



S. . .

Years
Excluding NBD
Including NBD
Effective
Sample Size

SPDRL1 Sphera L DR MRI

US Market Release

03Aug2017

Total Malfunctions (USA)

CE Approval Date

16Jun2017

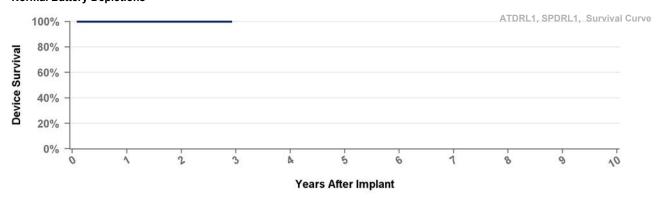
Therapy Function Not Compromised

Registered USA Implants

1

Therapy Function Compromised

Estimated Active USA Implants Normal Battery Depletions



Years	1	2	at 35 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	271	188	107

SPSR01 Sphera SR MRI

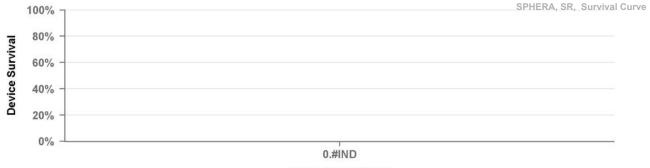
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 1

Estimated Active USA Implants 1 Therapy Function Compromised

Normal Battery Depletions



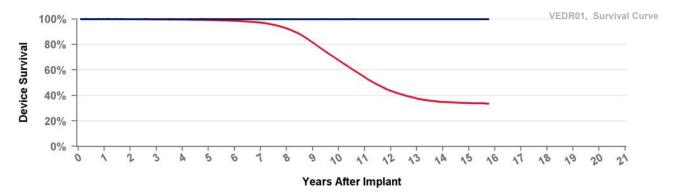
Years After Implant

Years
Excluding NBD
Including NBD
Effective
Sample Size

VEDR01

Versa DR

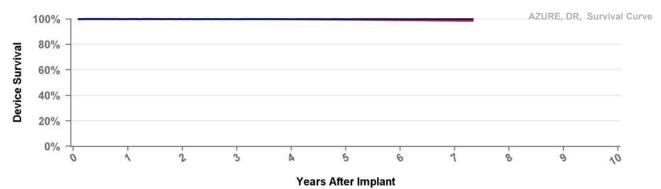
US Market Release	17Jul2006	Total Malfunctions (USA)	28
CE Approval Date	20Sep2005	Therapy Function Not Compromised	13
Registered USA Implants	118,957	Electrical Component	9
Estimated Active USA Implants	23,370	Electrical Interconnect	2
Normal Battery Depletions	15,041	Possible Early Battery Depletion	2
		Therapy Function Compromised	15
		Electrical Component	11
		Other	4



																at 189	
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Including NBD	99.9%	99.9%	99.8%	99.6%	99.2%	98.6%	97.2%	92.6%	81.6%	67.6%	54.3%	43.6%	37.6%	34.9%	34.0%	33.6%	
Effective	98637	90146	82056	74674	67967	62034	55730	47177	35507	25260	16918	10624	6616	3749	1570	181	
Sample Size																	

W1DR01 Azure XT DR

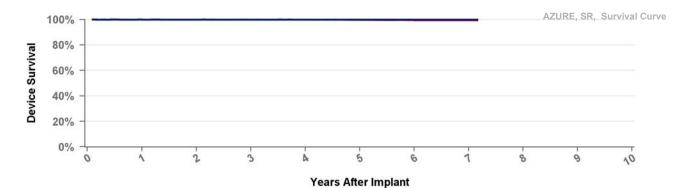
US Market Release	16Aug2017	Total Malfunctions (USA)	162
CE Approval Date	02Mar2017	Therapy Function Not Compromised	148
Registered USA Implants	805,165	Battery	4
Estimated Active USA Implants	724,496	Electrical Component	88
Normal Battery Depletions	868	Possible Early Battery Depletion	5
		Software/Firmware	28
		Other	23
		Therapy Function Compromised	14
		Battery	2
		Electrical Component	12



Years	1	2	3	4	5	6	7	at 88 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.8%	99.6%	99.2%	98.7%	98.7%
Effective Sample Size	693189	534521	395621	275289	171478	85267	13708	736

W1SR01 Azure XT SR

US Market Release	16Aug2017	Total Malfunctions (USA)	11
CE Approval Date	02Mar2017	Therapy Function Not Compromised	10
Registered USA Implants	62,539	Battery	1
Estimated Active USA Implants	51,956	Electrical Component	6
Normal Battery Depletions	36	Software/Firmware	1
		Other	2
		Therapy Function Compromised	1



Electrical Component

1

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 86 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%	99.5%	99.5%
Effective Sample Size	58407	45103	33630	23582	14118	6559	810	165

W2DR01

Azure XT DR

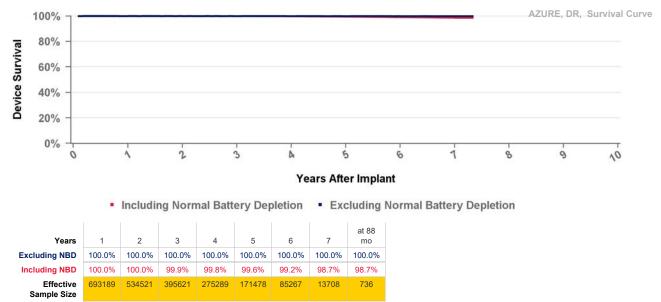
US Market Release Total Malfunctions (USA)

CE Approval Date 02Mar2017 Therapy Function Not Compromised

Registered USA Implants 3

Estimated Active USA Implants 2 Therapy Function Compromised

Normal Battery Depletions



W2SR01

Azure XT SR

US Market Release

02Mar2017

Total Malfunctions (USA)

CE Approval Date

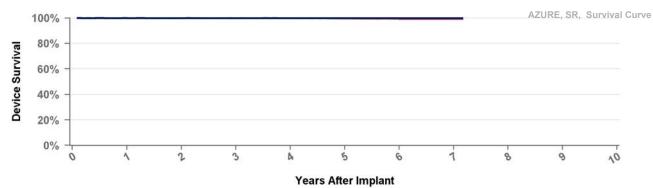
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised



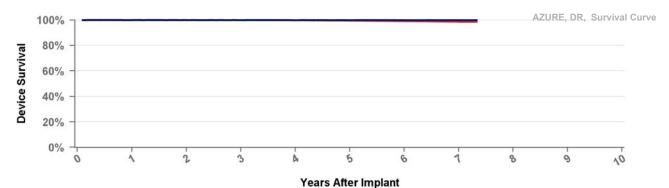
■ Including Normal Battery Depletion ■ Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 86 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%	99.5%	99.5%
Effective Sample Size	58407	45103	33630	23582	14118	6559	810	165

W3DR01

Azure S DR

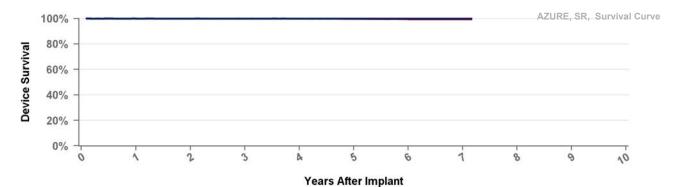
US Market Release	16Aug2017	Total Malfunctions (USA)	15
CE Approval Date	02Mar2017	Therapy Function Not Compromised	14
Registered USA Implants	66,683	Electrical Component	10
Estimated Active USA Implants	58,407	Possible Early Battery Depletion	2
Normal Battery Depletions	173	Software/Firmware	2
		Therapy Function Compromised	1
		Electrical Component	1



Including Normal Battery Depletion Excluding Normal Battery Depletion at 88 Years 3 5 6 mo 100.0% 100.0% **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% **Including NBD** 100.0% 100.0% 99.9% 99.8% 99.6% 99 2% 98.7% 98.7% Effective 534521 395621 171478 85267 13708 736 Sample Size

W3SR01 Azure S SR

US Market Release	16Aug2017	Total Malfunctions (USA)	1
CE Approval Date	02Mar2017	Therapy Function Not Compromised	1
Registered USA Implants	13,707	Electrical Component	1
Estimated Active USA Implants	11,243	Therapy Function Compromised	0
Normal Battery Depletions	6		



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 86 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%	99.5%	99.5%
Effective Sample Size	58407	45103	33630	23582	14118	6559	810	165

X2DR01

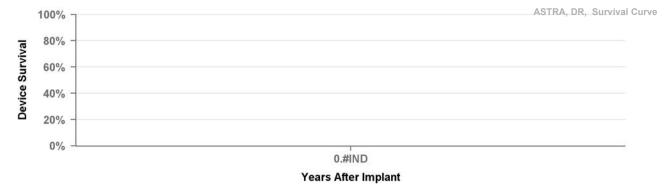
Astra XT DR MRI SureScan

US Market Release Total Malfunctions (USA)
CE Approval Date 02Mar2017 Therapy Function Not Compromised
Registered USA Implants 1

Estimated Active USA Implants Therapy Fun

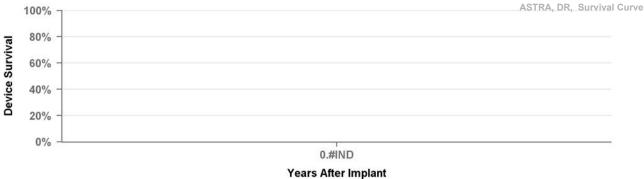
Normal Battery Depletions

Therapy Function Compromised



Years
Excluding NBD
Including NBD
Effective
Sample Size

X2SR01 Astra XT SR MRI SureScan **US Market Release Total Malfunctions (USA)** 02Mar2017 **Therapy Function Not Compromised CE Approval Date Registered USA Implants Therapy Function Compromised Estimated Active USA Implants Normal Battery Depletions** ASTRA, SR, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 0.#IND Years After Implant Years **Excluding NBD** Including NBD Effective Sample Size Astra S DR **X3DR01 US Market Release Total Malfunctions (USA) CE Approval Date Therapy Function Not Compromised** 02Mar2017 **Registered USA Implants Therapy Function Compromised Estimated Active USA Implants Normal Battery Depletions** ASTRA, DR, Survival Curve 100%





Astra S SR X3SR01

US Market Release

Total Malfunctions (USA)

02Mar2017

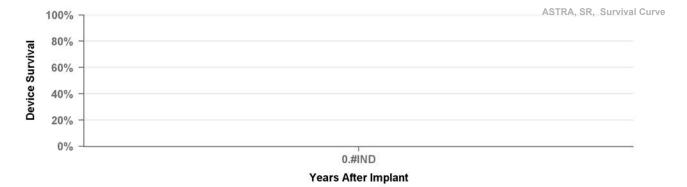
CE Approval Date

Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants Normal Battery Depletions

Therapy Function Compromised





Method for Estimating Transcatheter Pacing Performance

Micra TPS Performance Analysis

Transcatheter pacing systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart. Therefore, TPS is subject to complications similar to pacing leads (e.g. cardiac perforation) and malfunctions or battery depletion events similar to an implanted pulse generator (IPG). Although both transvenous systems and Micra IPG experience similar system level major complications, Micra has been shown to reduce the likelihood of major complications at a system level in postapproval registry data.

The performance report information is determined from the analysis of Medtronic Cardiac Rhythm Management (CRM) United States registration, complaint and CareLinkTM network data. A TPS 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 in the CareLinkTM population.

Shortfalls of using returned products to Estimate Micra TPS Performance

Micra TPS devices 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 failure mechanisms, this data cannot be used by itself for determining the survival probability because only a small fraction of Micra devices are explanted and returned to Medtronic for analysis. Some devices are programmed off due to an adverse event, however, they are often not retrieved/ explanted. The devices that are retrieved and returned cannot be assumed to be statistically representative of the performance of the total population for a given model. For this same reason, devices that meet their expected longevity are also not expected to be returned to Medtronic CRM.

The CareLink™ Network

To account for the shortfalls of returned product analysis, a study of de-identified product data on the Medtronic CareLinkTM network is used. The number of devices enrolled and transmitting actively enables a population large enough to give a representative volume of normal battery depletions and to provide insight into the complications that may occur after the device was successfully implanted. As the intent of the product performance report is to provide visibility to long-term device performance, the devices reviewed from the CareLinkTM Network have been implanted for at least 30 days.

Categorization of Micra TPS Qualifying Complications or Malfunctions for Survival Analysis on CareLink™

For survival estimation, complication and premature battery depletion data from Medtronic's Complaint Handling System is adjudicated and subsequently cross-referenced with an assessment of device performance from the Medtronic CareLinkTM network to categorize if the device is 1) functioning normally, 2) has reached normal battery depletion, or 3) has experienced a qualifying malfunction or complication. This categorization is combined with the CareLinkTM data for the total number of implants and implant durations to create survival estimates for the likelihood of experiencing a qualifying complication or malfunction, and normal battery depletion. Ultimately, the data is summarized in two survival curves, one with only qualifying complications or malfunctions and the other including normal battery depletion.

Definition of Qualifying Complication or Malfunction

A longevity analysis is completed for all de-identified devices followed on CareLink™ that have reached the Recommended Replacement Time (RRT), to identify devices that experienced possible early battery depletion. These are findings where the actual reported implant time is less than 80% of the expected longevity calculated using the available device diagnostic information.

Methods for Estimating Transcatheter Pacing Performance continued

Additionally, all reported Micra TPS complaints are adjudicated by subject matter experts and medical safety personnel for inclusion as a product performance event given available information. These product performance events are then cross-referenced with the CareLink™ population for inclusion in the survival analysis.

Product Performance events include, but are not limited to, these that occur 30 days after the implant procedure:

- Premature Battery Depletion
- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Elevated Pacing Threshold
- Tine Fracture

Normal Battery Depletion

A longevity analysis is completed for all devices followed on CareLinkTM that are at or within 6 months of RRT to identify devices were taken out of service due to normal battery depletion. The population that is within six months of RRT is assessed against the expected longevity of the product. Normal Battery Depletion is defined as the condition when the device has reached its elective replacement indicator(s) with implant time exceeding 80% of the expected longevity calculated using the available device diagnostic information.

Medtronic CRM 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. 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.

Statistical and Data Analysis Methods

The performance 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 a chronic device-related complication.

Active surveillance normally begins at the time of implant and continues until a product performance or censoring event occurs. Of the several different statistical methods available for survival analysis, PPR survival analysis is estimated using the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), and incorporated data from these retrospectively enrolled devices. Thus, in some cases sample sizes may fluctuate from one time interval to the next interval.

The survival estimate is the probability that a device is free of a product performance event or normal battery depletion at a given time point. For example, if a survival probability is 95% after 5 years of service, then the device has a 5% chance of experiencing a related complication or battery depletion in the first 5 years following implant.

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 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.

Methods for Estimating Transcatheter Pacing Performance continued

Because the de-identified information pulled from the CareLink $^{\text{TM}}$ network allows for assessment of all devices that were taken out of service there are no adjustments done for underreporting of malfunctions or battery depletion.

Definition of Analysis Dataset

To be included in the US survival analysis dataset, the product must have been successfully implanted and on the $CareLink^{TM}$ network for at least 30 days.

US Reports of Acute Observations

In the first weeks following implantation, physiologic responses and performance can vary until long-term stability is attained. Acute 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 performance stabilizes. It is for this reason that the CareLinkTM analysis, which is intended to measure long-term performance, do not include complications that occur within the first 30 days after implant.

Acute performance information, defined as the first month after implant, but not including the day of the implant procedure, is included in our reporting. The source of this information is the Medtronic complaint handling system database that includes events reported to Medtronic. This information is summarized in tables titled "Acute 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 Observation categories. The categories are:

- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Failure to Sense
- Elevated Pacing Threshold

Although multiple observations are possible for any given Micra, only one observation is reported per device. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Cardiac Perforation and Elevated Pacing Thresholds, Cardiac Perforation is reported.

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

US Reports of the Day of Implant Observations

Due to the procedural differences with Micra products compared to transvenous leads and IPGs, information about the clinical experience on the day of implant is included in our reporting. The source of this information is the Medtronic complaint handling system database that includes events reported to Medtronic which may be related to either the Micra device or the delivery system. The information is summarized in tables titled "Day of Implant Observations."

Methods for Estimating Transcatheter Pacing Performance continued

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 Day of Implant Observation categories. The categories are:

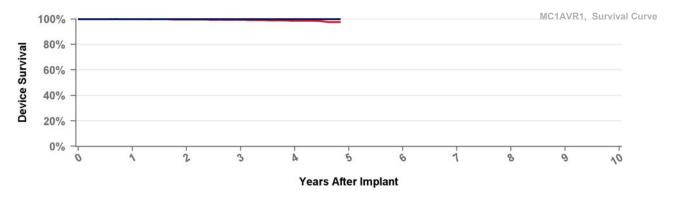
- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Failure to Sense
- Elevated Pacing Threshold

Although multiple observations are possible for any given Micra, only one observation is reported per device. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Cardiac Perforation and Elevated Pacing Thresholds, Cardiac Perforation is reported.

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

MC1AVR1 Micra AV

US Market Release 15Jan2020 **CareLink Population CareLink Qualifying Malfunctions/Complications** 31Mar2020 **CE Approval Date** Enrolled 34,606 Dislodgements 52,012 **Registered USA Implants** Active 25,907 **Elevated Pacing Threshold** 11 7 Cumulative Follow-Up Months 819,654 Failure To Capture Normal Battery Depletion Premature Battery Depletion 8 119 Tine Fracture



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	at 58 mo
Excluding NBD	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.7%	99.3%	98.7%	97.5%
Effective Sample Size	27377	16406	7729	2271	140

*Acute Observations N = 52,012 *Day of Implant Observations N = 52,012

Cardiac Perforation	13	Cardiac Perforation	272
Dislodgement	30	Dislodgement	87
Elevated Pacing Threshold	90	Elevated Pacing Threshold	144
Failure to Capture	46	Failure to Capture	84
Failure To Sense	121	Failure to Sense	39

The rate of perforation for commercially released Micra devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months¹ and 57% through 36 months² relative to transvenous pacing systems.

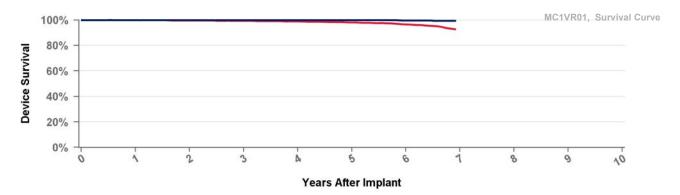
¹El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

²Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*}Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

MC1VR01 Micra VR

US Market Release	06Apr2016	CareLink Population	Ca	reLink Qualifying Malfunction	ns/Complications
CE Approval Date	14Apr2015	Enrolled	47,833	Cardiac Perforation	8
Registered USA Implants	72,276	Active	29,819	Dislodgements	1
		Cumulative Follow-Up Months	1,595,882	Elevated Pacing Threshold	45
		Normal Battery Depletion	361	Failure To Capture	7
				Premature Battery Depletion	16
				Tine Fracture	1



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	at 83 mo
Excluding NBD	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.5%
Including NBD	99.9%	99.7%	99.3%	98.9%	98.1%	96.5%	92.7%
Effective Sample Size	40738	30023	20358	12504	6813	2430	224

*Acute Observations N = 72,276 *Day of Implant Observations N = 72,276

Cardiac Perforation	21	Cardiac Perforation	291
Dislodgement	22	Dislodgement	178
Elevated Pacing Threshold	167	Elevated Pacing Threshold	270
Failure to Capture	83	Failure to Capture	133
Failure To Sense	19	Failure to Sense	72

The rate of perforation for commercially released Micra devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months¹ and 57% through 36 months² relative to transvenous pacing systems.

¹El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

²Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*}Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

MC2AVR1 Micra AV2

 US Market Release
 20Apr2023

 CE Approval Date
 04Jan2024

 Registered USA Implants
 29,232

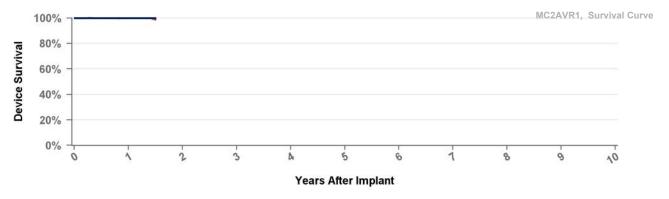
CareLink Population
Enrolled

CareLink Qualifying Malfunctions/Complications

11,367 Elevated Pacing Threshold 8

10,684 Failure To Capture 2

Active 10,684
Cumulative Follow-Up Months 77,488
Normal Battery Depletion 5



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	at 18 mo
Excluding NBD	99.9%	99.9%
Including NBD	99.8%	98.8%
Effective Sample Size	2063	131

*Acute Observations N = 29,232 *Day of Implant Observations N = 29,232

Cardiac Perforation	4	Cardiac Perforation	51
Dislodgement	8	Dislodgement	47
Elevated Pacing Threshold	52	Elevated Pacing Threshold	51
Failure to Capture	23	Failure to Capture	37
Failure To Sense	31	Failure to Sense	14

The rate of perforation for commercially released Micra devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months¹ and 57% through 36 months² relative to transvenous pacing systems.

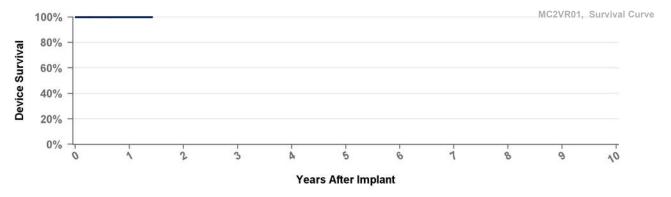
¹El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

²Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*}Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

MC2VR01 Micra VR2

US Market Release	20Apr2023	CareLink Population		CareLink Qualifying Malfunctions/Complication					
CE Approval Date	Approval Date 04Jan2024		4,274	Elevated Pacing Threshold 1					
Registered USA Implants	10,393	Active	3,986						
		Cumulative Follow-Up Months	29,562						
		Normal Battery Depletion	3						



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	at 17 mo
Excluding NBD	100.0%	100.0%
Including NBD	99.8%	99.8%
Effective Sample Size	758	113

*Acute Observations N = 10,393

Dislodgement	7
Elevated Pacing Threshold	22
Failure to Capture	13
Failure To Sense	6

*Day of Implant Observations N = 10,393

Cardiac Perforation	12
Dislodgement	19
Elevated Pacing Threshold	30
Failure to Capture	26
Failure to Sense	4

The rate of perforation for commercially released Micra devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months¹ and 57% through 36 months² relative to transvenous pacing systems.

¹El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

²Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*}Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

Method for Estimating Lead Performance

Medtronic Cardiac Rhythm Management (CRM) has tracked lead survival for over 41 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 131,000 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 pre-specified 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 market-released 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 has been implanted with a Medtronic market-released 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 required 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

Survival probabilities and the associated study 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 CRM 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 are 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 CRM 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:

- Cardiac Perforation
- Conductor Fracture
- Lead Dislodgement
- Failure to Capture
- Oversensing
- Failure to Sense
- Insulation Breach
- Impedance Abnormal
- Extracardiac Stimulation
- 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 Registration Tracking Application (DTrak).

Footnotes:

¹During 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.

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

3830 SelectSecure US Market Release 03Aug2005 **US Returned Product Analysis US Acute Lead Observations** CE Approval 31Jan2003 Conductor Fracture Cardiac Perforation 43 95 Registered USA Implants 299,222 Insulation Breach 121 Conductor Fracture 6 262,255 Estimated Active USA Implants Crimp/Weld/Bond 0 Extra Cardiac Stimulation 12 Fixation Type Fixed Screw Other 25 Failure to Capture 741 Pace Sense Polarity Bipolar Failure to Sense 117 Steroid Indicator Yes Impedance Out of Range 72 Insulation Breach 2 Lead Dislodgement 962

Atrial Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,843
Cumulative Months of Follow-Up	96,807
Number of Leads Active in Study	626

Qualifying Complications

Cardiac Perforation
Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture
Failure to Sense

20

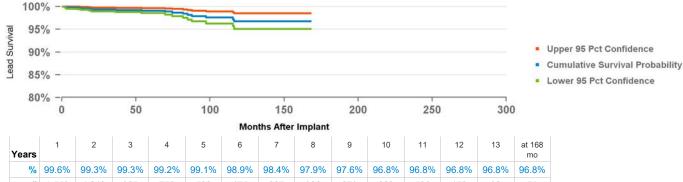
1	Impedance Out of Range	2
3	Insulation (not further defined)	1
1	Lead Dislodgement	4
4	Oversensing	1
3		

Oversensing

Unspecified Clinical Failure

150

2



Years														mo
%	99.6%	99.3%	99.3%	99.2%	99.1%	98.9%	98.4%	97.9%	97.6%	96.8%	96.8%	96.8%	96.8%	96.8%
#	1,549	1,213	965	750	592	474	387	326	273	223	196	158	92	51

His Bundle Placement

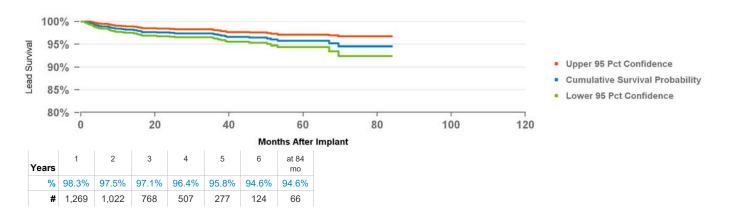
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,505
Cumulative Months of Follow-Up	56,792
Number of Leads Active in Study	816

Qualifying Complications

Extra Cardiac Stimulation	
Failure to Capture	
Failure to Sense	

1	Lead Dislodgement	6
34	Oversensing	1
3	Other	3



Left Bundle Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study

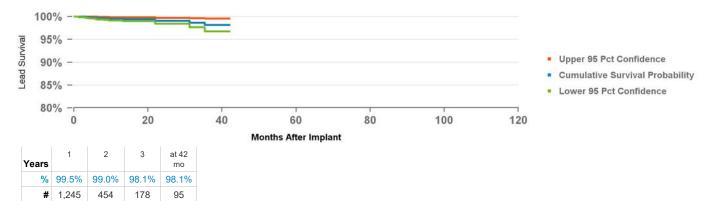
2,189 32,041 1,817

Qualifying Complications

Conductor Fracture Failure to Capture

13

Lead Dislodgement



Ventricular Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study 101,289 Cumulative Months of Follow-Up Number of Leads Active in Study

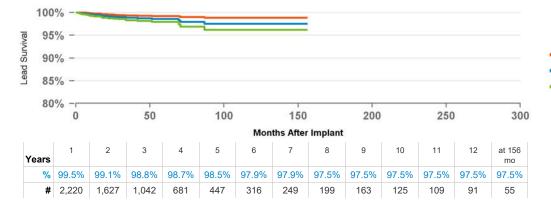
Qualifying Complications

Failure to Capture

27 Impedance Out of Range Lead Dislodgement Other

2 9 2

5



2,600

1,460

- Cumulative Survival Probability
- Lower 95 Pct Confidence

CapSure Sense 4074

US Market Release	23Jun2002	US Returned Product Analysis		US Acute Lead Observation	ons
CE Approval	01Feb2002	Conductor Fracture	16	Cardiac Perforation	38
Registered USA Implants	159,708	Insulation Breach	64	Conductor Fracture	2
Estimated Active USA Implants	77,699	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	4
Fixation Type	Tines	Other	0	Failure to Capture	200
Pace Sense Polarity	Bipolar			Failure to Sense	19
Steroid Indicator	Yes			Impedance Out of Range	16
				Lead Dislodgement	215
				Oversensing	9

Atrial Placement

Product Surveillance Registry Results

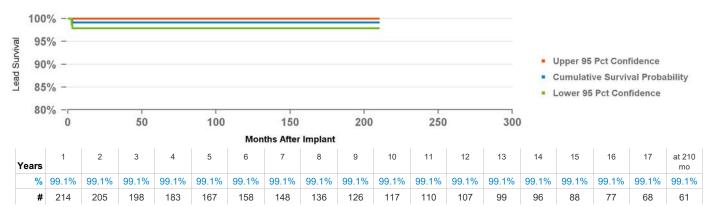
Number of Leads Enrolled in Study 227 Cumulative Months of Follow-Up 30,107 Number of Leads Active in Study 45

Qualifying Complications

Failure to Sense

2

Lead Dislodgement



Ventricular Placement

Product Surveillance Registry Results

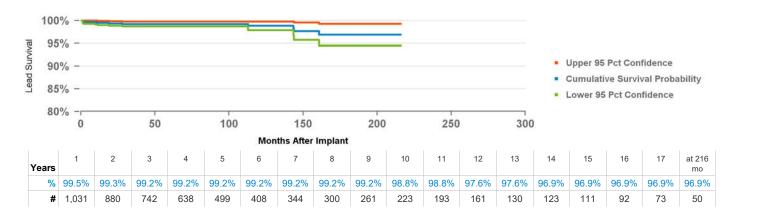
Number of Leads Enrolled in Study 1,192 Cumulative Months of Follow-Up 82,469 Number of Leads Active in Study 110

Qualifying Complications

Conductor Fracture Failure to Capture

12

Impedance Out of Range 2 Insulation (not further defined) 2 Lead Dislodgement 2 Other



4076 CapSureFix Novus

25Feb2004
14Jun2004
866,415
513,159
Active Screw In
Bipolar
Yes

US Returned Product Analysis

Conductor Fracture	134
Insulation Breach	233
Crimp/Weld/Bond	2
Other	23

US Acute Lead Observations

Cardiac Perforation	293
Conductor Fracture	11
Extra Cardiac Stimulation	30
Failure to Capture	460
Failure to Sense	329
Impedance Out of Range	89
Insulation Breach	2
Lead Dislodgement	1,017
Oversensing	185
Unspecified Clinical Failure	10

Atrial Placement

Product Surveillance Registry Results

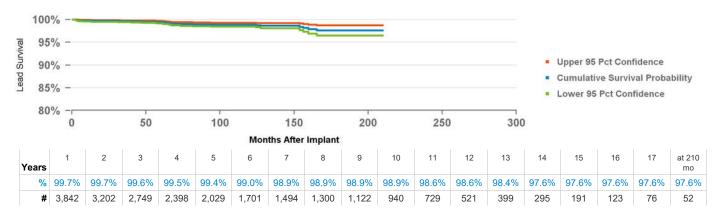
Number of Leads Enrolled in Study	5,120
Cumulative Months of Follow-Up	302,539
Number of Leads Active in Study	1,580

Qualifying Complications

, , ,	
Cardiac Perforation	
Conductor Fracture	
Failure to Capture	
Failure to Sense	

38

2	Insulation (not further defined)	3
3	Lead Dislodgement	14
9	Oversensing	2
3	Other	2



Ventricular Placement

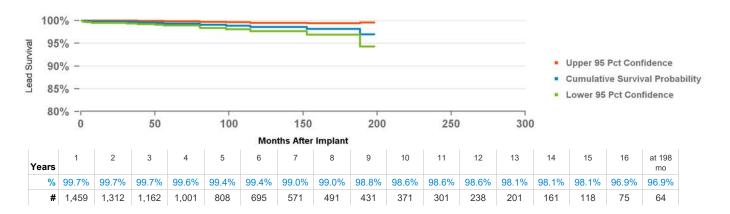
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,778
Cumulative Months of Follow-Up	123,023
Number of Leads Active in Study	243

Qualifying Complications

Conductor Fracture		
Extra Cardiac Stimulation		
Failure to Capture		
Failure to Sense		

1	Impedance Out of Range	2
1	Lead Dislodgement	1
6	Other	2
1		



4092 CapSure SP Novus

US Market Release	17Sep1998	US Returned Product Analysis		US Acute Lead Observation	ns
CE Approval	15Apr1998	Conductor Fracture	21	Cardiac Perforation	4
Registered USA Implants	186,244	Insulation Breach	101	Conductor Fracture	4
Estimated Active USA Implants	35,894	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	1
Fixation Type	Tines	Other	0	Failure to Capture	35
Pace Sense Polarity	Bipolar			Impedance Out of Range	2
Steroid Indicator	Yes			Insulation Breach	1
				Lead Dislodgement	35
				Oversensing	1
				Unspecified Clinical Failure	1

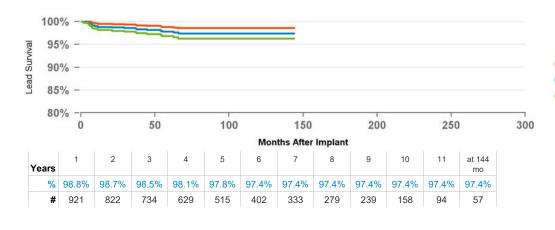
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,202
Cumulative Months of Follow-Up	70,346
Number of Leads Active in Study	7

Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

3	Impedance Out of Range	1
1	Lead Dislodgement	4
12		



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

4574 CapSure Sense

US Market Release	23Jun2002
CE Approval	01Feb2002
Registered USA Implants	127,590
Estimated Active USA Implants	74,399
Fixation Type	J-shape, tines
Pace Sense Polarity	Bipolar
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	14
Insulation Breach	26
Crimp/Weld/Bond	0
Other	0

US Acute Lead Observations

Cardiac Perforation	6
Conductor Fracture	1
Extra Cardiac Stimulation	1
Failure to Capture	203
Failure to Sense	100
Impedance Out of Range	12
Lead Dislodgement	298
Oversensing	19
Unspecified Clinical Failure	4

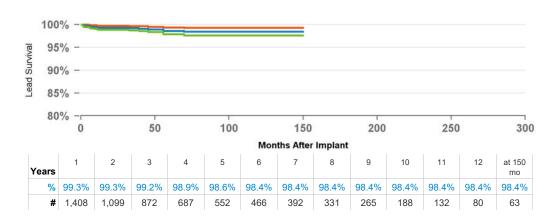
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,782
Cumulative Months of Follow-Up	88,920
Number of Leads Active in Study	561

Qualifying Complications

Conductor Fracture
Failure to Capture





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

4592 CapSure SP Novus US Market Release 05Oct1998 **US Returned Product Analysis US Acute Lead Observations** CE Approval 15Apr1998 Conductor Fracture 17 Failure to Capture 10 Registered USA Implants 89,801 Insulation Breach 34 Failure to Sense 2 Estimated Active USA Implants 19,586 Crimp/Weld/Bond 0 Insulation Breach 1 Fixation Type J-shape, tines Other 0 Lead Dislodgement 37 Bipolar Pace Sense Polarity Oversensing 2

Product Surveillance Registry Results

Steroid Indicator

Number of Leads Enrolled in Study	369
Cumulative Months of Follow-Up	23,164
Number of Leads Active in Study	26

Yes

Qualifying Complications

Failure to Capture Failure to Sense

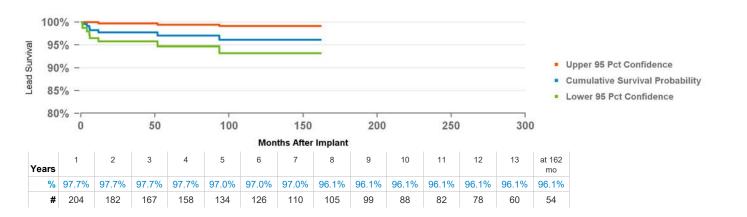
Lead Dislodgement

9

1

3 Other

Unspecified Clinical Failure



5054 CapSure Z Novus

US Market Release	03Jun1998	US Returned Product Analysis		US Acute Lead Observation	ns
CE Approval	05Jun1997	Conductor Fracture	16	Cardiac Perforation	2
Registered USA Implants	100,059	Insulation Breach	47	Conductor Fracture	2
Estimated Active USA Implants	18,195	Crimp/Weld/Bond	1	Failure to Capture	23
Fixation Type	Tines	Other	0	Impedance Out of Range	4
Pace Sense Polarity	Bipolar			Insulation Breach	1
Steroid Indicator	Yes			Lead Dislodgement	30
				Unspecified Clinical Failure	9

Atrial Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study 425
Cumulative Months of Follow-Up 42,516
Number of Leads Active in Study 1

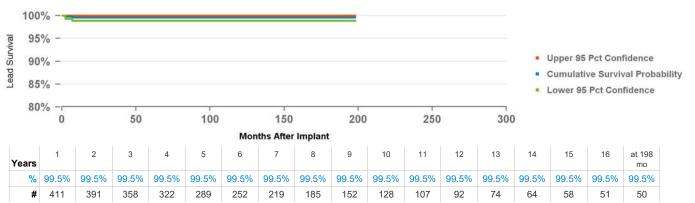
Qualifying Complications

Failure to Capture

2 Lead Dislodgement

3

Lead Dislodgement



Ventricular Placement

Product Surveillance Registry Results

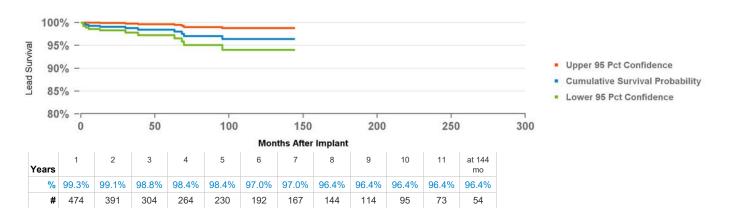
Number of Leads Enrolled in Study 992
Cumulative Months of Follow-Up 35,924
Number of Leads Active in Study 6

Qualifying Complications

Failure to Capture Failure to Sense

13

7 Impedance Out of Range2 Lead DislodgementOther



CapSureFix Novus 5076

US Market Release	31Aug2000
CE Approval	12Aug1999
Registered USA Implants	3,513,770
Estimated Active USA Implants	2,017,444
Fixation Type	Active Screw In
Pace Sense Polarity	Bipolar
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	1,615
Insulation Breach	1,710
Crimp/Weld/Bond	4
Other	208

US Acute Lead Observations

Cardiac Perforation	1,808
Conductor Fracture	38
Extra Cardiac Stimulation	117
Failure to Capture	2,881
Failure to Sense	1,845
Impedance Out of Range	514
Insulation Breach	17
Lead Dislodgement	5,787
Oversensing	1,035
Unspecified Clinical Failure	26

Atrial Placement

Froduct Surveillance Registry Results	
Number of Leads Enrolled in Study	14
Cumulativa Mantha of Fallow Un	70

Product Survoillance Pogistry Posults

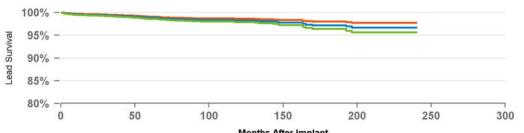
14,201 704,948 Cumulative Months of Follow-Up 4,837 Number of Leads Active in Study

Qualifying Complications

Cardiac Perforation
Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

128

Cardiac Perforation	2	Impedance Out of Range	13
Conductor Fracture	15	Insulation (not further defined)	3
Extra Cardiac Stimulation	3	Lead Dislodgement	49
Failure to Capture	19	Oversensing	3
Failure to Sense	12	Other	9





- Cumulative Survival Probability
- Lower 95 Pct Confidence

	months Arter Implant																				
Years 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19										19	at 240										
Y	ears																				mo
	%	99.6%	99.4%	99.3%	99.1%	98.8%	98.6%	98.5%	98.3%	98.3%	98.2%	98.2%	98.0%	97.8%	97.3%	97.2%	97.2%	96.7%	96.7%	96.7%	96.7%
	#	10,115	7,972	6,542	5,460	4,591	3,810	3,227	2,626	2,054	1,643	1,311	1,002	773	603	480	399	313	226	144	77

Ventricular Placement

Product Surveillance Registry Results

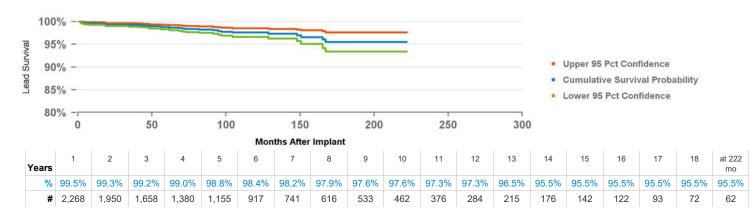
Number of Leads Enrolled in Study 3,433 Cumulative Months of Follow-Up 174,388 Number of Leads Active in Study 512

Qualifying Complications

Cardiac Perforation Conductor Fracture Failure to Capture Failure to Sense

39

Impedance Out of Range 4 Insulation (not further defined) 10 1 Lead Dislodgement 5 Oversensing 2 Other 2



5086MRI CapsureFix Novus MRI

US Market Release	08Feb2011	US Returned Product A	Analysis	US Acute Lead Observations		
CE Approval	21Jan2009	Conductor Fracture	120	Cardiac Perforation	213	
Registered USA Implants	207,827	Insulation Breach	224	Conductor Fracture	4	
Estimated Active USA Implants	125,134	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	18	
Fixation Type	Active Screw In	Other	12	Failure to Capture	144	
Pace Sense Polarity	Bipolar			Failure to Sense	29	
Steroid Indicator	Yes			Impedance Out of Range	9	
				Insulation Breach	2	
				Lead Dislodgement	312	

Atrial Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study	3,142
Cumulative Months of Follow-Up	148,543
Number of Leads Active in Study	1,255

Qualifying Complications

Conductor Fracture
Failure to Capture

21

3	3	Lead Dislodgement	12
3	3	Oversensing	2
		Other	1

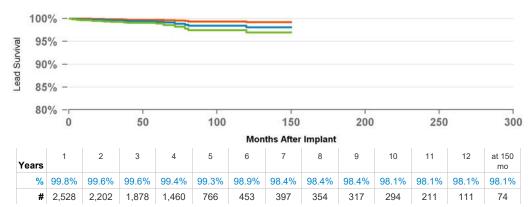
Upper 95 Pct Confidence

Lower 95 Pct Confidence

Cumulative Survival Probability

Oversensing

32



Ventricular Placement

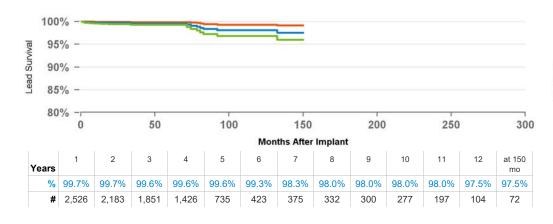
Product Surveillance Registry Results

Number of Leads Enrolled in Study	3,073
Cumulative Months of Follow-Up	145,681
Number of Leads Active in Study	1,237

Qualifying Complications

Conductor Fracture
Failure to Capture
Failure to Sense

3	Impedance Out of Range	2
8	B Lead Dislodgement	3
1	Oversensing	2
	Other	1



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

5092 CapSure SP Novus

US Market Release	03Jun1998	US Returned Product Analysis		US Acute Lead Observatio	ns
CE Approval	25Sep1997	Conductor Fracture	28	Cardiac Perforation	7
Registered USA Implants	141,709	Insulation Breach	73	Conductor Fracture	3
Estimated Active USA Implants	28,955	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	3
Fixation Type	Tines	Other	1	Failure to Capture	49
Pace Sense Polarity	Bipolar			Failure to Sense	7
Steroid Indicator	Yes			Impedance Out of Range	1
				Insulation Breach	3
				Lead Dislodgement	72
				Oversensing	1
				Unspecified Clinical Failure	8

Product Surveillance Registry Results

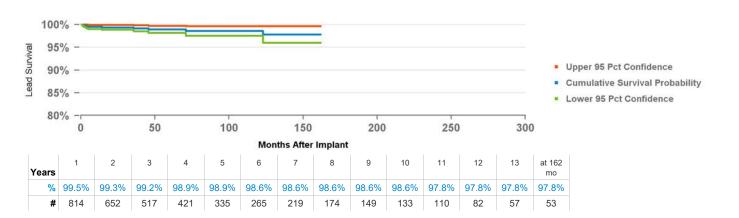
Number of Leads Enrolled in Study	1,218
Cumulative Months of Follow-Up	54,819
Number of Leads Active in Study	11

Qualifying Complications

Extra Cardiac Stimulation Failure to Capture

10

1 Impedance Out of Range 1
3 Lead Dislodgement 5



5554 CapSure Z Novus US Market Release 03Jun1998 **US Returned Product Analysis US Acute Lead Observations** CE Approval 05Jun1997 Conductor Fracture 24 Conductor Fracture 1 Registered USA Implants 64,872 Insulation Breach 45 Failure to Capture 31 Estimated Active USA Implants 14,210 Crimp/Weld/Bond 0 Failure to Sense 2 Fixation Type Tines Other 0 Impedance Out of Range 1 Pace Sense Polarity Bipolar Lead Dislodgement 39 Steroid Indicator Yes Unspecified Clinical Failure 3

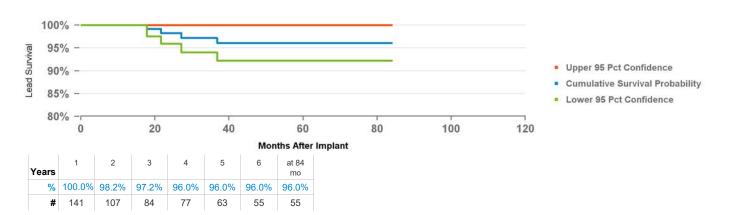
Product Surveillance Registry Results

Number of Leads Enrolled in Study	370
Cumulative Months of Follow-Up	9,549
Number of Leads Active in Study	8

Qualifying Complications

Failure to Capture

2 Impedance Out of Range 1
Lead Dislodgement 1
Oversensing 1



CapSure SP Novus 5592

US Market Release	03Jun1998	US Returned Product Analysis		US Acute Lead Observations	
CE Approval	25Sep1997	Conductor Fracture	7	Cardiac Perforation	1
Registered USA Implants	37,334	Insulation Breach	7	Failure to Capture	4
Estimated Active USA Implants	9,760	Crimp/Weld/Bond	0	Failure to Sense	3
Fixation Type	Tines	Other	0	Lead Dislodgement	43
Pace Sense Polarity	Bipolar			Oversensing	1
Steroid Indicator	Yes			Unspecified Clinical Failure	1

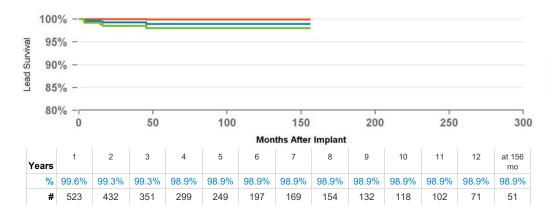
Product Surveillance Registry Results

Number of Leads Enrolled in Study	722
Cumulative Months of Follow-Up	39,887
Number of Leads Active in Study	24

Qualifying Complications

5 Failure to Capture

3 Lead Dislodgement



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

CapSure SP Novus

US Market Release	25Jun2001	US Returned Product Analysis		US Acute Lead Observation	ions	
CE Approval	23Mar2001	Conductor Fracture	16	Failure to Capture	4	
Registered USA Implants	17,612	Insulation Breach	18	Lead Dislodgement	14	
Estimated Active USA Implants	5,448	Crimp/Weld/Bond	0	Unspecified Clinical Failure	2	
Fixation Type	Tines	Other	0			
Pace Sense Polarity	Bipolar					

Product Surveillance Registry Results

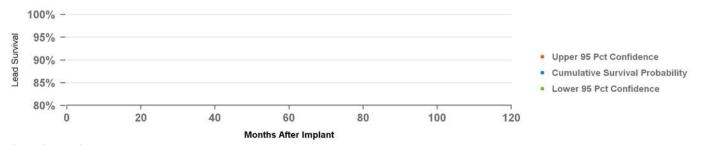
Steroid Indicator

Number of Leads Enrolled in Study	43
Cumulative Months of Follow-Up	4,761
Number of Leads Active in Study	10

Yes

Qualifying Complications

3 Conductor Fracture Insulation (not further defined) Oversensing



Years	at 0
rears	mo
%	100.0%
#	

6721	Epicardial Patch

US Market Release	31Mar1994	US Returned Product Analysis		US Acute Lead Observations	
CE Approval	01Jan1993	Conductor Fracture	15	Cardiac Perforation	1
Registered USA Implants	3,434	Insulation Breach	1	Conductor Fracture	2
Estimated Active USA Implants	858	Crimp/Weld/Bond	0	Failure to Capture	4
Fixation Type	Suture	Other	0	Failure to Sense	2
Pace Sense Polarity	n/a			Impedance Out of Range	24
Steroid Indicator	None			Oversensing	1

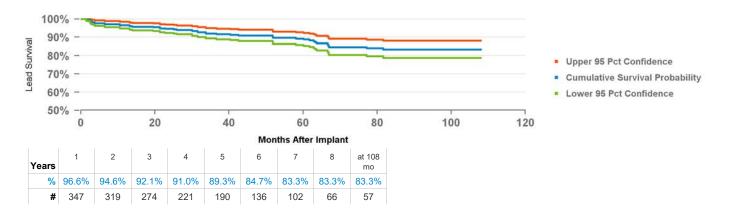
Product Surveillance Registry Results

Number of Leads Enrolled in Study	417
Cumulative Months of Follow-Up	24,242
Number of Leads Active in Study	5

Qualifying Complications

Conductor Fracture
Failure to Capture

21	Impedance Out of Range	4
8	Insulation (not further defined)	2
	Other	16



6930 Sprint Fidelis

 US Market Release
 02Sep2004

 CE Approval
 354

 Registered USA Implants
 63

 Fixation Type
 Tines

 Pace Sense Polarity
 True Bipolar/One Coil

Yes

US Returned Product Analysis

 Conductor Fracture
 5

 Insulation Breach
 0

 Crimp/Weld/Bond
 0

 Other
 0

US Acute Lead Observations

1

Unspecified Clinical Failure

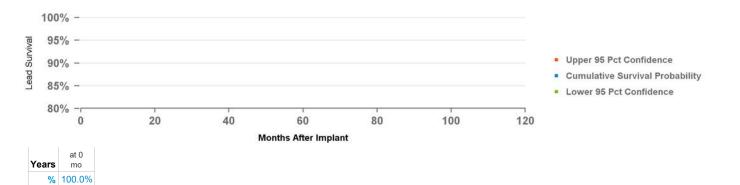
Product Surveillance Registry Results

Number of Leads Enrolled in Study 4
Cumulative Months of Follow-Up 332

Number of Leads Active in Study

#

Steroid Indicator



Sprint Fidelis 6931 US Market Release 02Sep2004 **US Returned Product Analysis US Acute Lead Observations** CE Approval Conductor Fracture 670 Cardiac Perforation 1 Registered USA Implants 8,081 2 Insulation Breach 1 Conductor Fracture Estimated Active USA Implants 1,148 Crimp/Weld/Bond 0 Failure to Capture 1 Fixation Type Active Screw In Other 5 Failure to Sense 1 Pace Sense Polarity True Bipolar/One Coil Lead Dislodgement 1 Steroid Indicator Yes Oversensing 3 Unspecified Clinical Failure 1

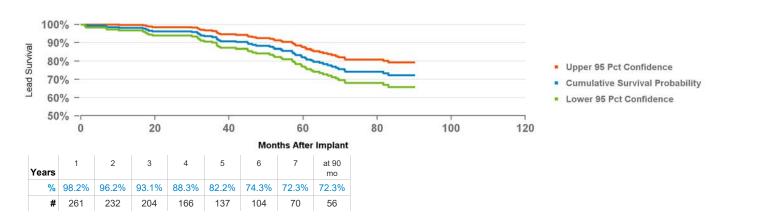
Product Surveillance Registry Results

Number of Leads Enrolled in Study	311
Cumulative Months of Follow-Up	18,179
Number of Leads Active in Study	6

Qualifying Complications

Conductor Fracture
Failure to Capture
Failure to Sense

36	Impedance Out of Range	10
3	Lead Dislodgement	2
1	Oversensing	7



6935 Sprint Quattro Secure S

US Market Release	01N0V2008
CE Approval	31Mar2008
Registered USA Implants	69,799
Estimated Active USA Implants	40,897
Fixation Type	Active Screw In
Pace Sense Polarity	True Bipolar/One Coil
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	505
Insulation Breach	14
Crimp/Weld/Bond	0
Other	44

US Acute Lead Observations

Cardiac Perforation	30
Conductor Fracture	3
Extra Cardiac Stimulation	2
Failure to Capture	43
Failure to Sense	16
Impedance Out of Range	38
Insulation Breach	1
Lead Dislodgement	69
Oversensing	71
Unspecified Clinical Failure	5

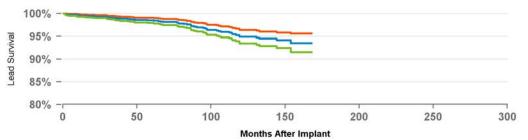
Product Surveillance Registry Results

Number of Leads Enrolled in Study	3,026
Cumulative Months of Follow-Up	176,512
Number of Leads Active in Study	542

Qualifying Complications

Cardiac Perforation
Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture
Failure to Sense

1	Impedance Out of Range	8
26	Lead Dislodgement	8
1	Oversensing	9
8	Other	6
1	Unspecified Clinical Failure	1



Upper	95	Pct	Confidence

- Cumulative Survival Probability
- Lower 95 Pct Confidence

Yea	1 'S		2	3	4	5	6	7	8	9	10	11	12	13	at 168 mo
	% 99.5	% 99	.3%	99.0%	98.6%	98.5%	98.1%	97.6%	96.8%	96.0%	94.9%	94.7%	94.5%	93.5%	93.5%
	# 2,49	7 2,	053	1,673	1,367	1,162	1,008	844	708	615	510	407	278	140	73

6935M Sprint Quattro Secure S

US Market Release	02Aug2012	US Returned Product A	US Acute Lead Observations		
CE Approval	12Jul2012	Conductor Fracture	890	Cardiac Perforation	
Registered USA Implants	435,164	Insulation Breach	37	Conductor Fracture	
Estimated Active USA Implants	359,135	Crimp/Weld/Bond	2	Extra Cardiac Stimulation	
Fixation Type	Active Screw In	Other	105	Failure to Capture	
Pace Sense Polarity	True Bipolar/One Coil			Failure to Sense	
Steroid Indicator	Yes			Impedance Out of Range	
				Insulation Breach	
				Lead Dislodgement	

Product Surveillance Registry Results

Number of Leads Enrolled in Study	10,106
Cumulative Months of Follow-Up	449,463
Number of Leads Active in Study	3,588

Qualifying Complications

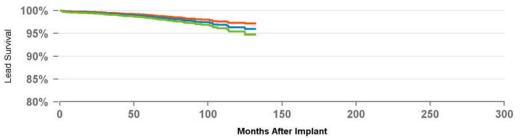
Failure to Sense

125

2	Impedance Out of Range	10
57	Insulation (not further defined)	3
1	Lead Dislodgement	24
15	Oversensing	6
1	Other	5
	Unspecified Clinical Failure	1

Oversensing

21224355291851563719



	Months After Implant										
Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
%	99.6%	99.5%	99.2%	99.0%	98.7%	98.3%	97.9%	97.5%	96.9%	96.3%	95.9%
#	8,054	5,983	4,720	3,853	3,232	2,583	2,047	1,376	742	356	104

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

6937A Transvene SVC-CS

US Market Release	06Apr2001	US Returned Product Analysis		US Acute Lead Observation	ead Observations	
CE Approval		Conductor Fracture	6	Cardiac Perforation	1	
Registered USA Implants	3,178	Insulation Breach	0	Conductor Fracture	3	
Estimated Active USA Implants	1,654	Crimp/Weld/Bond	0	Impedance Out of Range	2	
Fixation Type	Passive	Other	0	Lead Dislodgement	1	
Pace Sense Polarity	One Coil			Oversensing	2	
Steroid Indicator	None			Unspecified Clinical Failure	2	

Product Surveillance Registry Results

119

117

Number of Leads Enrolled in Study	127
Cumulative Months of Follow-Up	14,613
Number of Leads Active in Study	7

109

114

98

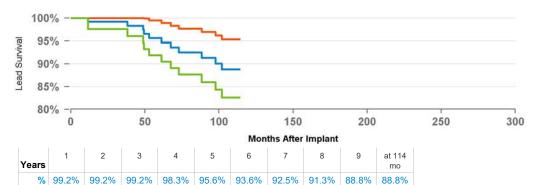
Qualifying Complications

55

Conductor Fracture

16

6	Impedance Out of Range	2
	Insulation (not further defined)	2
	Lead Dislodgement	1
	Other	1
	Unspecified Clinical Failure	4



80

73

Upper 95 Pct Confidence

Cumulative Survival Probability

Lower 95 Pct Confidence

US Market Release 13Dec2000 US Returned Product Analysis US Acute Lead Observations CE Approval 05Nov1999 Conductor Fracture 242 Conductor Fracture Registered USA Implants 44,865 Insulation Breach 4 Failure to Capture

11,716

Tines

Yes

True Bipolar/Two Coils

640

52

39,169

Conductor Fracture	242	Conductor Fracture
Insulation Breach	4	Failure to Capture
Crimp/Weld/Bond	1	Failure to Sense
Other	4	Impedance Out of Range
		Lead Dislodgement
		Oversensing

Product Surveillance Registry Results

Estimated Active USA Implants

Fixation Type

Pace Sense Polarity

Steroid Indicator

Number of Leads Enrolled in Study
Cumulative Months of Follow-Up
Number of Leads Active in Study

Qualifying Complications

Conductor Fracture
Failure to Capture
Failure to Sense

34

18	Impedance Out of Range	6
4	Oversensing	3
1	Other	1
	Unspecified Clinical Failure	1

Unspecified Clinical Failure

2

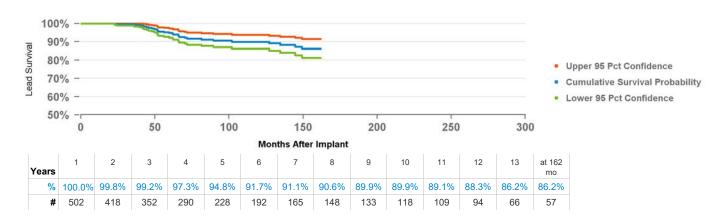
17

3

10

24

18



6946M **Sprint Quattro**

US Market Release	05Jan2016	US Returned Product Analysis		US Acute Lead Observations	
CE Approval	12Sep2013	Conductor Fracture	2	Cardiac Perforation	1
Registered USA Implants	4,812	Insulation Breach	0	Failure to Capture	7
Estimated Active USA Implants	4,183	Crimp/Weld/Bond	0	Failure to Sense	2
Fixation Type	Tines	Other	0	Impedance Out of Range	1
Pace Sense Polarity	True Bipolar/Two Coils			Lead Dislodgement	9
Steroid Indicator	Yes			Oversensing	6

Product Surveillance Registry Results

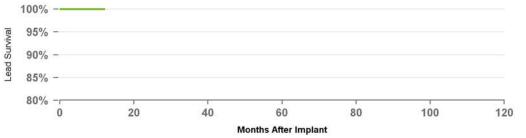
Number of Leads Enrolled in Study	67
Cumulative Months of Follow-Up	2,491
Number of Leads Active in Study	38

Qualifying Complications





- Cumulative Survival Probability
- Lower 95 Pct Confidence



Years	at 12 mo
%	100.0%
#	54

Sprint Quattro Secure 6947 US Market Release 12Nov2001 **US Returned Product Analysis US Acute Lead Observations** CE Approval 04Oct2001 Conductor Fracture Cardiac Perforation 1,441 29 Registered USA Implants 375,772 Insulation Breach 104 Conductor Fracture 26 Estimated Active USA Implants 124,006 Crimp/Weld/Bond Extra Cardiac Stimulation 4 2 Fixation Type Active Screw In Other 198 Failure to Capture 83 Pace Sense Polarity True Bipolar/Two Coils Failure to Sense 36 Steroid Indicator Yes Impedance Out of Range 61 Insulation Breach 4 Lead Dislodgement 124 Oversensing 141 Unspecified Clinical Failure 20 **Product Surveillance Registry Results Qualifying Complications** 105 Cardiac Perforation Number of Leads Enrolled in Study Impedance Out of Range 13 4,600 Cumulative Months of Follow-Up 305,785 Conductor Fracture 42 Insulation (not further defined) 6 Failure to Capture Lead Dislodgement 5 Number of Leads Active in Study 419 Failure to Sense Oversensing 21 Other 4 3 Unspecified Clinical Failure 100% -95% - Upper 95 Pct Confidence 90% -Cumulative Survival Probability

80)%																			
00	0		50		100		150		200		250	r;	300)						
						Mon	ths After	Implant												
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	at 240 mo
%	99.5%	99.3%	99.0%	98.7%	98.2%	97.9%	97.5%	97.1%	96.7%	96.2%	95.9%	95.5%	95.1%	94.7%	94.4%	92.9%	92.9%	91.4%	89.5%	86.9%
#	3,308	2,909	2,552	2,262	2,032	1,788	1,547	1,387	1,244	1,091	926	742	595	437	287	187	127	111	85	59

85% -

Lower 95 Pct Confidence

6947M Sprint Quattro Secure

US Market Release	13Feb2012
CE Approval	12Mar2010
Registered USA Implants	141,144
Estimated Active USA Implants	96,879
Fixation Type	Active Screw In
Pace Sense Polarity	True Bipolar/Two Coils
Steroid Indicator	Yes

US Returned Product Analysis

268
15
1
37

US Acute Lead Observations

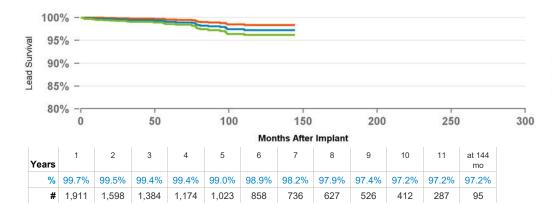
Cardiac Perforation	40
Conductor Fracture	16
Extra Cardiac Stimulation	12
Failure to Capture	128
Failure to Sense	49
Impedance Out of Range	39
Insulation Breach	1
Lead Dislodgement	243
Oversensing	91

Product Surveillance Registry Results

Number of Leads Enrolled in Study	2,445
Cumulative Months of Follow-Up	140,838
Number of Leads Active in Study	510

Qualifying Complications

15	Impedance Out of Range	1
4	Lead Dislodgement	1
4	Oversensing	2
	Other	1



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

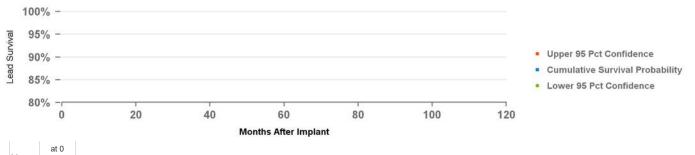
6948	Sprint Fidelis					
US Marke	et Release	02Sep2004	US Returned Product A	nalysis	US Acute Lead Observations	
CE Appro	val		Conductor Fracture	219	Conductor Fracture	2
Registere	d USA Implants	10,381	Insulation Breach	3	Failure to Capture	7
Estimated	Active USA Implants	1,622	Crimp/Weld/Bond	0	Lead Dislodgement	7
Fixation T	уре	Tines	Other	6	Oversensing	1
Pace Sen	se Polarity	True Bipolar/Two Coils			Unspecified Clinical Failure	3
Steroid In	dicator	Yes			•	

Product Surveillance Registry Results

Qualifying Complications

5

Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study 40 2,329 2 Conductor Fracture 4 Impedance Out of Range



Years	at 0 mo
%	100.0%
#	

6949 **Sprint Fidelis** US Market Release 02Sep2004 **US Returned Product Analysis US Acute Lead Observations** CE Approval Conductor Fracture Cardiac Perforation 8,183 Registered USA Implants 186,211 Insulation Breach 37 Conductor Fracture 23,768 Estimated Active USA Implants Crimp/Weld/Bond 3 Failure to Capture Fixation Type Active Screw In Other 119 Failure to Sense True Bipolar/Two Coils Pace Sense Polarity Impedance Out of Range Steroid Indicator Yes Insulation Breach Lead Dislodgement Oversensing Unspecified Clinical Failure **Product Surveillance Registry Results Qualifying Complications** 136 Number of Leads Enrolled in Study 986 Conductor Fracture 78 Impedance Out of Range 19 Failure to Capture Insulation (not further defined) 2 Cumulative Months of Follow-Up 58,228 Number of Leads Active in Study 27 Failure to Sense Lead Dislodgement 1 Oversensing 21 Other 3 Unspecified Clinical Failure 1 100% 90% 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50%

200

10

76.6%

153

9

78.0%

187

250

11

71.0%

125

12

68.5%

300

14

63.5%

65

at 180

mo

63.5%

55

13

66.2%

50

3

93.4%

532

4

91.0%

458

2

96.5%

626

Years

% 98.6%

719

100

5

88.2%

392

6

84.5%

343

150

Months After Implant

7

81.6%

281

79.0%

236

10

52

31

19

20

5

22

37

6996 Sub-Q Lead

US Market Release	11Jun2001	US Returned Product Analysis		US Acute Lead Observation	ns
CE Approval	19Dec1997	Conductor Fracture	39	Cardiac Perforation	1
Registered USA Implants	5,857	Insulation Breach	0	Failure to Capture	1
Estimated Active USA Implants	2,653	Crimp/Weld/Bond	0	Impedance Out of Range	19
F: () F	Suture on Anchor	Other	0	Insulation Breach	1
Fixation Type	Sleeve			Lead Dislodgement	3
Pace Sense Polarity	One Coil			Oversensing	1
Steroid Indicator	None			Oversensing	Į.

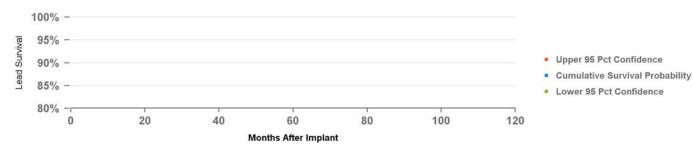
Product Surveillance Registry Results

Number of Leads Enrolled in Study	56
Cumulative Months of Follow-Up	2,620
Number of Leads Active in Study	4

Qualifying Complications

Conductor Fracture

Impedance Out of Range



	at 0
Years	mo
%	100.0%
#	

EV2401 Epsila EV

US Market Release
CE Approval
Registered USA Implants
Estimated Active USA Implants
Fixation Type
Pace Sense Polarity

Steroid Indicator

20Oct2023 17Feb2023 1,792 1,731 Shaped passive fixation True Bipolar/Two Coils

None

US Returned Product Analysis
Conductor Fracture
Insulation Breach
Crimp/Weld/Bond

Other

US Acute Lead Observations

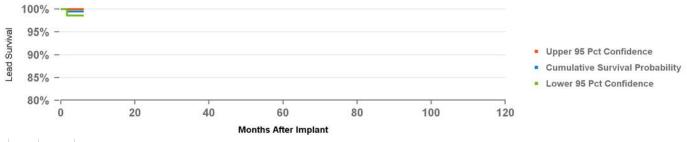
Cardiac Perforation	0
Failure to Capture	2
Failure to Sense	4
Impedance Out of Range	21
Lead Dislodgement	12
Oversensing	39

Product Surveillance Registry Results

Number of Leads Enrolled in Study556Cumulative Months of Follow-Up1,151Number of Leads Active in Study542



Lead Dislodgement



	at 6
Years	mo
%	99.5%
#	81

Attain LV

Steroid Indicator

US Market Release
CE Approval
Registered USA Implants
Estimated Active USA Implants
Fixation Type
Pace Sense Polarity

28Aug2001 **US Returned Product Analysis**

Conductor Fracture	1	
Insulation Breach	3	
Crimp/Weld/Bond	0	
Other	3	

US Acute Lead Observations

Extra Cardiac Stimulation	1
Failure to Capture	3
Failure to Sense	1
Lead Dislodgement	9

Product Surveillance Registry Results

140
7,282
4

11,921 975

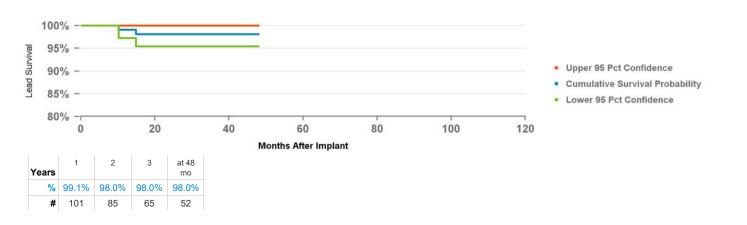
Unipolar

None

Distal Continous Curve







Attain OTW

4193

US Market Release	03May2002	US Returned Product A	nalysis	US Acute Lead Observation	าร
CE Approval	22Dec2000	Conductor Fracture	92	Extra Cardiac Stimulation	18
Registered USA Implants	100,665	Insulation Breach	31	Failure to Capture	11
Estimated Active USA Implants	12,055	Crimp/Weld/Bond	0	Lead Dislodgement	45
Fixation Type	Double Curve	Other	15	Oversensing	1
Pace Sense Polarity	Unipolar			Unspecified Clinical Failure	2
Steroid Indicator	Yes			•	

Product Surveillance Registry Results

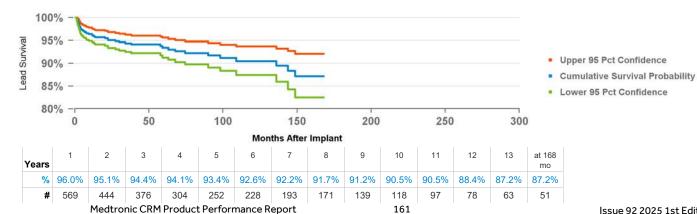
Number of Leads Enrolled in Study	805
Cumulative Months of Follow-Up	42,759
Number of Leads Active in Study	17

Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

52	
1	Impedance Out of Rand

1	Impedance Out of Range	2
10	Lead Dislodgement	16
20	Unspecified Clinical Failure	3



Attain OTW 4194

US Market Release	24Aug2004	US Returned Product A	Analysis	US Acute Lead O
CE Approval	14Jul2003	Conductor Fracture	48	Cardiac Perforation
Registered USA Implants	114,259	Insulation Breach	167	Conductor Fracture
Estimated Active USA Implants	28,267	Crimp/Weld/Bond	0	Extra Cardiac Stimula
Fixation Type	Double Curve	Other	2	Failure to Capture
Pace Sense Polarity	Bipolar			Impedance Out of Ra
Steroid Indicator	Yes			Lead Dislodgement
				Oversensing

Lead Observations

Cardiac Perforation	2
Conductor Fracture	3
Extra Cardiac Stimulation	49
Failure to Capture	43
Impedance Out of Range	9
Lead Dislodgement	153
Oversensing	2
Unspecified Clinical Failure	4

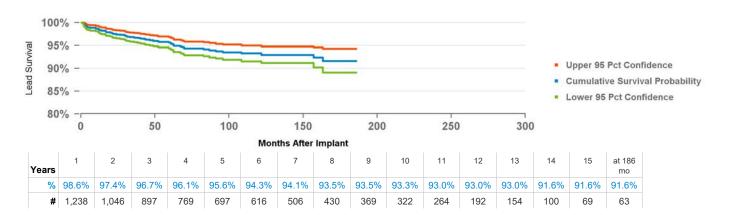
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,654
Cumulative Months of Follow-Up	101,664
Number of Leads Active in Study	119

Qualifying Complications

Conductor Fracture	
Extra Cardiac Stimulation	
Failure to Canture	

2	Insulation (ESC)	1
11	Insulation (not further defined)	2
22	Lead Dislodgement	30



4195 Attain StarFix

US Market Release	15Aug2008	US Returned Product Analysis		US Acute Lead Observations	
CE Approval	13May2005	Conductor Fracture	10	Extra Cardiac Stimulation	30
Registered USA Implants	17,447	Insulation Breach	3	Failure to Capture	21
Estimated Active USA Implants	6,147	Crimp/Weld/Bond	0	Impedance Out of Range	4
Fixation Type	Deployable Lobe Fixation	Other	2	Lead Dislodgement	30
Pace Sense Polarity	Unipolar			Unspecified Clinical Failure	1

Product Surveillance Registry Results

Steroid Indicator

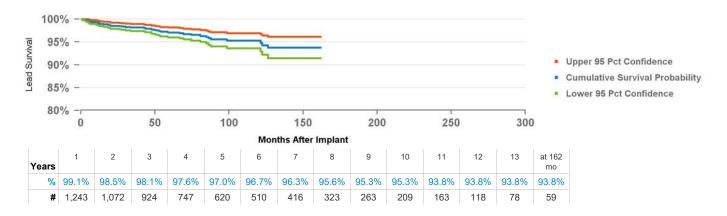
Number of Leads Enrolled in Study	1,486
Cumulative Months of Follow-Up	89,261
Number of Leads Active in Study	106

Yes

Qualifying Complications

Conductor Fracture	
Extra Cardiac Stimulation	
Failure to Capture	

4	Impedance Out of Range	2
18	Insulation (not further defined)	6
9	Lead Dislodgement	5
	Other	1



Attain Ability

US Market Release	15May2009
CE Approval	24Jul2007
Registered USA Implants	69,226
Estimated Active USA Implants	27,613
Fixation Type	Double Curve
Pace Sense Polarity	Bipolar
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	28
Insulation Breach	2
Crimp/Weld/Bond	0
Other	9

US Acute Lead Observations

Cardiac Perforation	3
Conductor Fracture	2
Extra Cardiac Stimulation	99
Failure to Capture	68
Failure to Sense	1
Impedance Out of Range	12
Insulation Breach	1
Lead Dislodgement	228
Oversensing	1
Unspecified Clinical Failure	2

Product Surveillance Registry Results

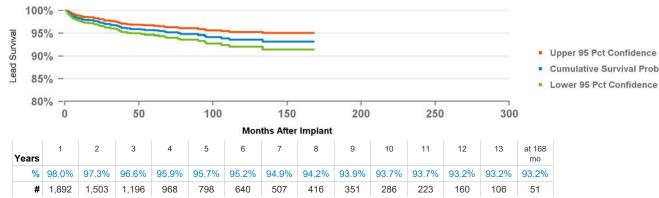
Number of Leads Enrolled in Study	2,325
Cumulative Months of Follow-Up	122,201
Number of Leads Active in Study	162

Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

87

3	Impedance Out of Range	2
17	Insulation (not further defined)	1
37	Lead Dislodgement	23
	Other	4



 Cumulative Survival Proba 					
	Cumul	ativo	Survi	lev	Proha

ability

Lower 95 Pct Confidence

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 168 mo
%	98.0%	97.3%	96.6%	95.9%	95.7%	95.2%	94.9%	94.2%	93.9%	93.7%	93.7%	93.2%	93.2%	93.2%
#	1,892	1,503	1,196	968	798	640	507	416	351	286	223	160	106	51

Attain Ability Plus 4296 US Market Release 01Apr2011 **US Returned Product Analysis US Acute Lead Observations** CE Approval 18Dec2009 2 Conductor Fracture 4 Cardiac Perforation Registered USA Implants 35,324 Insulation Breach 0 Conductor Fracture 1 Estimated Active USA Implants 17,117 Crimp/Weld/Bond 2 Extra Cardiac Stimulation 65 Fixation Type Double Curve Other 4 Failure to Capture 39 Pace Sense Polarity **Dual Electrodes** Impedance Out of Range 11 Steroid Indicator Yes Insulation Breach 4

Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,473
Cumulative Months of Follow-Up	80,295
Number of Leads Active in Study	168

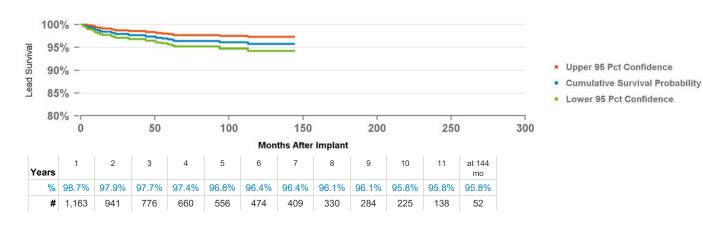
Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

38

1	Lead Dislodgement	14
12	Other	2
9		

Lead Dislodgement



Attain Performa 4298 US Market Release 01Aug2014 **US Returned Product Analysis US Acute Lead Observations** CE Approval 01Jan2013 7 Conductor Fracture Cardiac Perforation 7 Registered USA Implants 126,764 Insulation Breach 0 Conductor Fracture 1 Estimated Active USA Implants 97,709 Crimp/Weld/Bond 0 Extra Cardiac Stimulation 247 Fixation Type Double Curve Other 27 Failure to Capture 186 Pace Sense Polarity Quadripolar Failure to Sense 1 Steroid Indicator Yes Impedance Out of Range 51 Lead Dislodgement 275

Product Surveillance Registry Results

Number of Leads Enrolled in Study	2,277
Cumulative Months of Follow-Up	116,840
Number of Leads Active in Study	531

Qualifying Complications

Extra Cardiac Stimulation
Failure to Capture

5	Lead Dislodgement	16
5	Other	3



4396 Attain Ability Straight

US Market Release	31Mar2011	US Returned Product An	nalysis	US Acute Lead Observatio	ns
CE Approval	18Dec2009	Conductor Fracture	5	Cardiac Perforation	1
Registered USA Implants	8,492	Insulation Breach	1	Conductor Fracture	2
Estimated Active USA Implants	4,379	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	21
Fixation Type	Tines	Other	0	Failure to Capture	14
Pace Sense Polarity	Dual Electrodes			Lead Dislodgement	35
Steroid Indicator	Yes				

Product Surveillance Registry Results

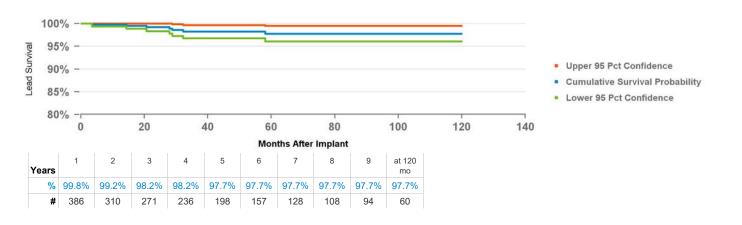
Number of Leads Enrolled in Study	485
Cumulative Months of Follow-Up	26,686
Number of Leads Active in Study	69

Qualifying Complications

Extra Cardiac Stimulation
Failure to Capture

10

1 Insulation (not further defined)4 Lead Dislodgement4



4398 Attain Performa Straight

US Market Release	10Dec2014	US Returned Product Ar	nalysis	US Acute Lead Observation	ons
CE Approval	01Jan2013	Conductor Fracture	4	Cardiac Perforation	8
Registered USA Implants	44,022	Insulation Breach	0	Conductor Fracture	1
Estimated Active USA Implants	34,958	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	116
Fixation Type	Tines	Other	8	Failure to Capture	84
Pace Sense Polarity	Quadripolar			Impedance Out of Range	15
Steroid Indicator	Yes			Lead Dislodgement	46

Product Surveillance Registry Results

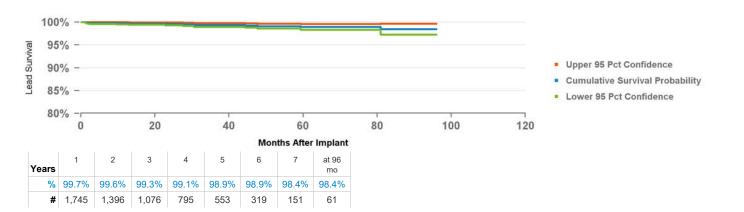
Number of Leads Enrolled in Study	2,138
Cumulative Months of Follow-Up	85,359
Number of Leads Active in Study	1,018

Qualifying Complications

Extra Cardiac Stimulation
Failure to Capture

17

1 Impedance Out of Range2 Lead Dislodgement8



Attain Performa S 4598 10Dec2014 US Market Release **US Returned Product Analysis US Acute Lead Observations** CE Approval 01Jan2013 7 Conductor Fracture Cardiac Perforation 12 Registered USA Implants 82,691 Insulation Breach 0 Conductor Fracture 2 Estimated Active USA Implants 66,788 Crimp/Weld/Bond 0 Extra Cardiac Stimulation 148 Fixation Type S-shape Other 15 Failure to Capture 111 Pace Sense Polarity Quadripolar Impedance Out of Range 40 Steroid Indicator Yes Lead Dislodgement 96 Oversensing 1

Product Surveillance Registry Results

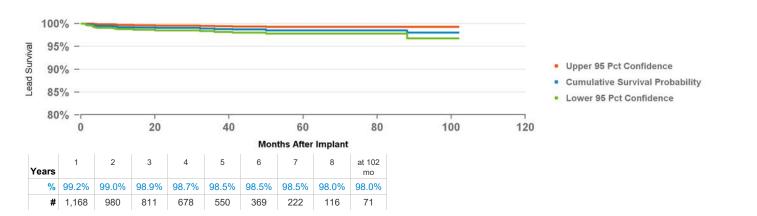
Number of Leads Enrolled in Study1,388Cumulative Months of Follow-Up67,043Number of Leads Active in Study365

Qualifying Complications

Extra Cardiac Stimulation 3
Failure to Capture 1
Failure to Sense 1

17

Lead Dislodgement 12



Attain Stability Quad 4798 US Market Release 03Jun2019 **US Returned Product Analysis US Acute Lead Observations** CE Approval 24Apr2017 Conductor Fracture 1 Cardiac Perforation 10 Registered USA Implants 63,583 Insulation Breach 0 Conductor Fracture 2 Estimated Active USA Implants 59,000 Crimp/Weld/Bond 0 Extra Cardiac Stimulation 122 Non-electrically Active Other 15 Failure to Capture 143 Fixation Type Side Fixation Impedance Out of Range 47 Pace Sense Polarity Quadripolar Lead Dislodgement 124 Steroid Indicator Yes Oversensing 1

Product Surveillance Registry Results

Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study

Qualifying Complications

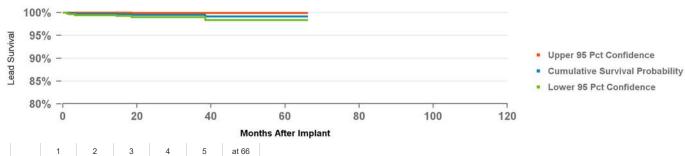
Conductor Fracture Extra Cardiac Stimulation Failure to Capture

9 1

2

4

Lead Dislodgement 2



1,505

34,824

908

						Mon	tl
Years	1	2	3	4	5	at 66 mo	
%	99.7%	99.5%	99.5%	99.1%	99.1%	99.1%	

333

168

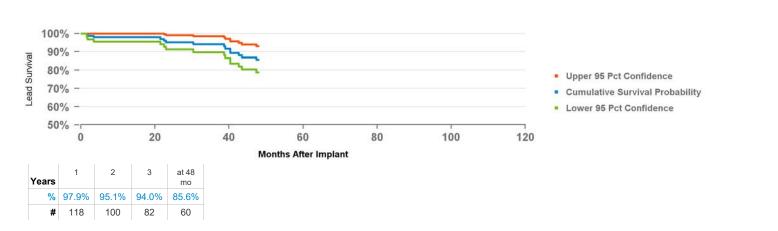
89

1,055

4965 CapSure Epi US Market Release 06Sep1996 **US Returned Product Analysis US Acute Lead Observations** CE Approval 01Jan1993 Conductor Fracture 302 Cardiac Perforation 1 Registered USA Implants 24,378 Insulation Breach 65 Conductor Fracture 1 Estimated Active USA Implants 6,762 Crimp/Weld/Bond Failure to Capture 1 11 Fixation Type Suture Other 0 Failure to Sense 8 Pace Sense Polarity Unipolar Impedance Out of Range 21 Steroid Indicator Yes Oversensing 2 Unspecified Clinical Failure 3

Product Surveillance Registry Results

Product Surveillance Registry Results		Qualifying Complications	18	
Number of Leads Enrolled in Study	234	Conductor Fracture	10	Insulation (not further defined)
Cumulative Months of Follow-Up	7,531	Failure to Capture	4	Oversensing
Number of Leads Active in Study	3	Failure to Sense	1	



4968 CapSure Epi

US Market Release	16Sep1999
CE Approval	21Apr1998
Registered USA Implants	66,017
Estimated Active USA Implants	36,191
Fixation Type	Suture
Pace Sense Polarity	Bipolar
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	157
Insulation Breach	98
Crimp/Weld/Bond	0
Other	1

US Acute Lead Observations

Cardiac Perforation	1
Conductor Fracture	4
Extra Cardiac Stimulation	7
Failure to Capture	107
Failure to Sense	15
Impedance Out of Range	22
Insulation Breach	1
Lead Dislodgement	8
Oversensing	33

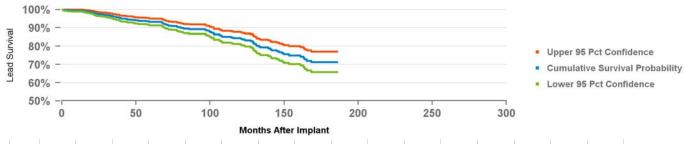
Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,055
Cumulative Months of Follow-Up	74,317
Number of Leads Active in Study	181

Qualifying Complications

Conductor Fracture	3
Extra Cardiac Stimulation	
Failure to Capture	3
Failure to Sense	

34	Impedance Out of Range	5
2	Insulation (not further defined)	6
30	Lead Dislodgement	1
3	Oversensing	27
	Other	3



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	at 186 mo
%	99.4%	97.6%	96.0%	94.4%	93.2%	91.2%	89.5%	89.2%	85.5%	84.5%	80.2%	77.8%	75.0%	72.0%	71.3%	71.3%
#	827	748	669	582	513	447	398	343	266	218	176	151	119	91	68	56

5071 Screw-in

US Market Release	03Dec1992	US Returned Product Analysis		US Acute Lead Observations		
CE Approval	01Jan1993	Conductor Fracture	35	Cardiac Perforation	3	
Registered USA Implants	58,041	Insulation Breach	2	Extra Cardiac Stimulation	6	
Estimated Active USA Implants	12,595	Crimp/Weld/Bond	0	Failure to Capture	126	
Fixation Type	Fixed Screw	Other	1	Failure to Sense	4	
Pace Sense Polarity	Unipolar			Impedance Out of Range	15	
Steroid Indicator	None			Lead Dislodgement	4	
				Oversensing	2	
				Unspecified Clinical Failure	1	

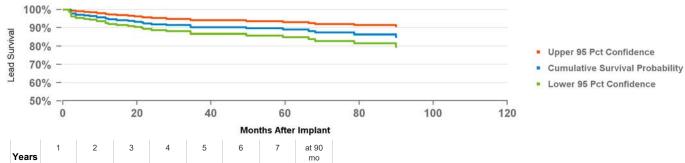
Product Surveillance Registry Results

Number of Leads Enrolled in Study	475
Cumulative Months of Follow-Up	18,155
Number of Leads Active in Study	44

Qualifying Complications

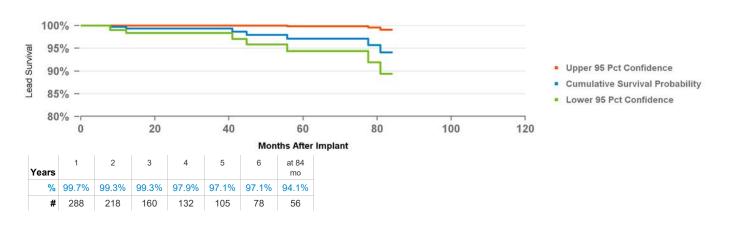
Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture
Failure to Sense

5	Impedance Out of Range	3
1	Lead Dislodgement	3
21	Oversensing	2
2	Other	1



Years	1	2	3	4	5	6	7	at 90 mo	
%	95.0%	91.9%	90.3%	90.3%	89.0%	87.4%	86.4%	85.1%	
#	237	192	162	145	123	98	79	64	

5038 CapSure VDD-2 US Market Release 10Sep1998 **US Returned Product Analysis US Acute Lead Observations** CE Approval 15Apr1997 Conductor Fracture 8 Extra Cardiac Stimulation 1 Registered USA Implants 9,662 Insulation Breach 3 Failure to Capture 3 Estimated Active USA Implants 2,200 2 Crimp/Weld/Bond 0 Failure to Sense Fixation Type Tines Other 0 Lead Dislodgement 7 Pace Sense Polarity Quadripolar Oversensing 2 Steroid Indicator Yes **Product Surveillance Registry Results Qualifying Complications** 8 Number of Leads Enrolled in Study 570 Conductor Fracture 3 Cumulative Months of Follow-Up Failure to Capture 2 15,952 Number of Leads Active in Study 2 Failure to Sense 3



Method for Estimating Insertable Cardiac Monitor Performance

Insertable Cardiac Monitor (ICM) Performance Analysis

The Reveal LINQ™ and LINQ II™ ICMs are small, leadless devices that are inserted under the skin, in the chest that records subcutaneous ECG. These ICMs can be subject to malfunctions, similar to other implanted devices.

The performance report information is determined from the analysis of available complaint and available CareLinkTM network data. An ICM model 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 in the CareLinkTM population.

Using returned product data and CareLink™ to Estimate Insertable Cardiac Monitor Performance

ICMs 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 failure mechanisms, this data can be limited in determining the survival probability as not all ICMs are returned to Medtronic for analysis. As ICMs are diagnostic devices, it is possible for a device not to be returned after meeting the device designated longevity or the patient receiving a diagnosis of their condition.

For certain malfunctions relating to oversensing for LINQ II $^{\text{TM}}$, CareLink $^{\text{TM}}$ Network data is leveraged. This data is related to FA1368: LINQ II $^{\text{TM}}$ Insertable Cardiac Monitoring Systems (LNQ22) with Potential for Amplified Noise.

Qualifying Complication or Malfunctions

All reported ICM complaints are adjudicated by subject matter experts for inclusion as a product performance event given available information. These product performance events are then cross-referenced with the CareLinkTM population for inclusion in the survival analysis.

Product Performance events include, but are not limited to:

- Amplified Noise due to moisture (FA1368) this only affects LINQ II™
- Premature Battery Depletion
- Electrical Component
- Software/Firmware
- Other

The CareLink™ Network

As noted previously, the CareLink TM Network is leveraged for data related to FA1368, in addition to determining the inclusion of product performance events in the survival analysis.

Statistical and Data Analysis Methods

The performance 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 a chronic device-related complication.

Method for Estimating Insertable Cardiac Monitor Performance continued

Active surveillance normally begins at the time of implant and continues until a product performance or censoring event occurs. Of the several different statistical methods available for survival analysis, PPR survival analysis is estimated using the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), and incorporated data from these retrospectively enrolled devices. Thus, in some cases sample sizes may fluctuate from one time interval to the next interval.

The survival estimate is the probability that a device 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 device has a 5% chance of experiencing a related complication in the first 5 years following implant.

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 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.

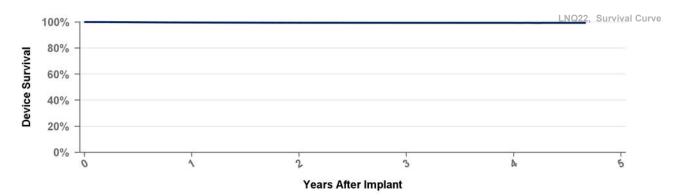
Because the information pulled from the CareLinkTM network allows for assessment of all devices that were taken out of service there are no adjustments done for underreporting of malfunctions.

Definition of Analysis Dataset

To be included in the survival analysis dataset, the product must have been successfully implanted and on the $CareLink^{TM}$ network for at least 30 days.

LNQ22 LINQ II

US Market Release	03Jul2020	CareLink Population		Qualifying Malfunctions/Complications		
CE Approval Date Serial Number Prefix	05Nov2019 RLB	Enrolled Active	364,817 287.480	Amplified Noise due to moisture (FA1368)	1,204	
Mass Volume	3.4 g 1.4 cc	Cumulative Follow-Up Months	6,319,375	Electrical Component Other	8 27	
Estimated Longevity	4.5 years			Premature Battery Depletion	245	
				Software/Firmware	95	



· Freedom From Malfunction

Years	1	2	3	4	at 56 mo
Freedom From Malfunction	99.6%	99.5%	99.4%	99.4%	99.3%
Effective Sample Size	218212	108811	39949	7902	124

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 CRM 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.

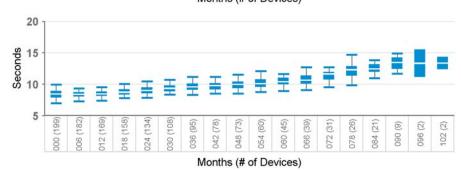
D204VRM, D214VRM, D224VRC, D234VRC

Model Number	Brand
D214VRM	Secura VR
D234VRC	Secura VR

20 Seconds 15 5 000 (246) (16) 990 072 (78) 084 (70) (99) 060 096 (45) 102 (30) 120 (2) 006 (219) 036 (147) 054 (112) 060 (100) 078 (76) 042 (137 048 (121 Months (# of Devices)

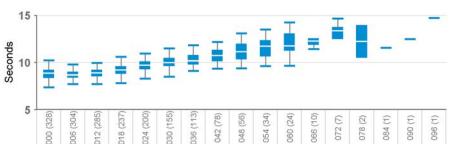
D264DRG, D284DRG, D384DRx, D394DRx

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



D264TRM, D284TRK, D384TRx, D394TRx

Model Number	Brand
D284TRK	Maximo II CRT-D
D394TRG	Egida CRT-D

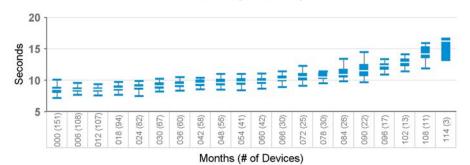


048 Months (# of Devices)

054

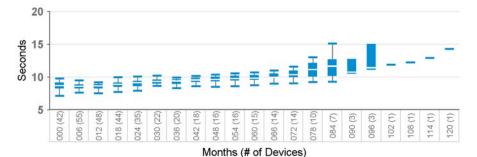
D264VRM, D284VRC, D384VRx, D394VRx

Model Number	Brand
D264VRM	Maximo II VR
D284VRC	Maximo II VR
D384VRG	Cardia VR
D394VRG	Egida VR



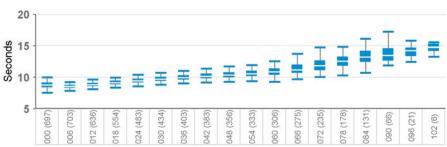
D274VRC, D294VRC

Model Number	Brand
D2041/PC	Virtuoso II VP



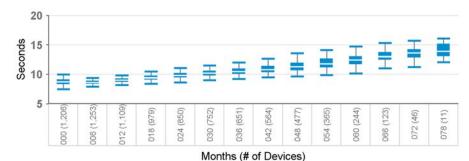
D314DRx

Model Number	Brand
D314DRG	Protecta XT DR
D314DRM	Protecta XT DR



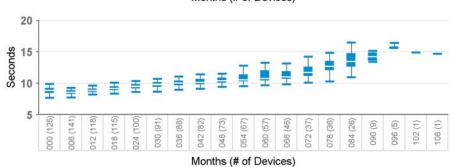
D314TRx

Model Number	Brand
D314TRG	Protecta XT CRT-D



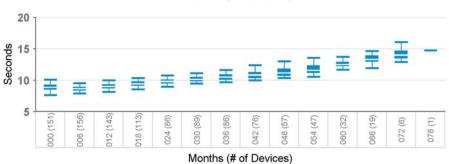
D334DRx, D364DRx

Model Number	Brand
D364DRG	Protecta DR
D364DRM	Protecta DR



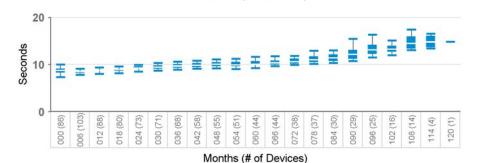
D334TRx, D364TRx

Model Number	Brand
D364TRG	Protecta CRT-D
D364TPM	Protecta CRT-D



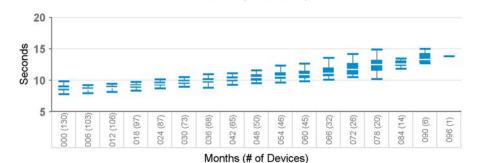
D334VRx, D364VRx

Model Number	Brand
D364VRG	Protecta VR
D364VRM	Protecta VR



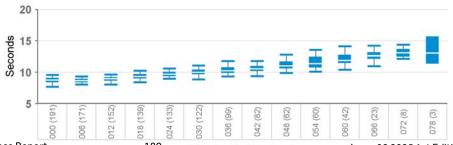
D354DRx

Model Number	Brand
D354DRG	Protecta XT DR
D35/IDRM	Protecta XT DR

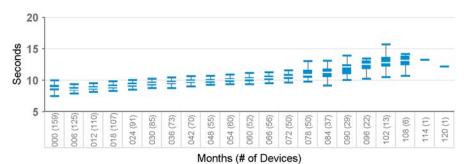


D354TRx

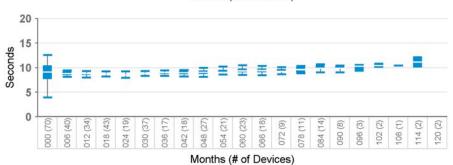
Model Number	Brand
D354TRG	Protecta XT CRT-D
D354TRM	Protecta XT CRT-D



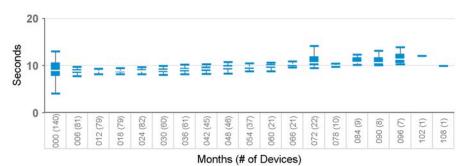
D354VRx	
Model Number	Brand
D354VRG	Protecta XT VR
D354VRM	Protecta XT VR



DDxxxxx, DR		
Model Number	Brand	
DDBB1D1	Evera XT	
DDBB1D4	Evera XT	
DDBB2D1	Evera XT	
DDBB2D4	Evera XT	
DDBC3D1	Evera S	
DDBC3D4	Evera S	
DDMB1D1	Evera MRI XT	
DDMB1D4	Evera MRI XT	
DDMB2D1	Evera MRI XT	
DDMB2D4	Evera MRI XT	
DDMC3D1	Evera MRI S	
DDMC3D4	Evera MRI	
DDMD3D1	Primo	
DDMD3D4	Primo	
DDME3D1	Mirro	
DDME3D4	Mirro	



TOD and	TORT DOIL
DTxxxxx, CF	RT-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 DTMB1Q1	Amplia MRI Amplia MRI
DTMB1Q1 DTMB1QQ	Amplia MRI
DTMB1QQ DTMB2D1	Amplia MRI
DTMB2D1	Amplia MRI
DTMB2D4 DTMB2Q1	Amplia MRI
DTMB2Q1	Amplia MRI
DTMC1D1	Compia MRI
DTMC1QQ	Compia MRI
DTMC2D1	Compia MRI
DTMC2D4	Compia MRI
DTMC2QQ	Compia MRI
	-
DVEA3E4, D DVEX3E4	VEAZE4,
Model Number	Brand
DVFA3F4	Aurora FV-ICD



006 (4) Months (# of Devices)

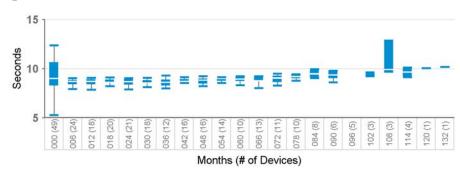
Model Number	Brand
DVEA3E4	Aurora EV-ICD

Seconds 10

000 (58)

012 (1)

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	
DVMB2D1	Evera MRI XT	
DVMB2D4	Evera MRI XT	
DVMC3D1	Evera MRI S	
DVMC3D4	Evera MRI S	
DVMD3D1	Primo	
DVMD3D4	Primo	
DVME3D1	Mirro	
DVME3D4	Mirro	



Potential for Autonomous Cursor Motion

CareLink™ 2090 Programmer

Original Date of Communication: July 2024

STATUS UPDATE - APRIL 2025

As of 18 April 2025, Medtronic has 540 reports of autonomous cursor behavior including reports identified during the software update. There are no additional reports of unintended therapy delivered. There have been no reports of permanent harm or death associated with this behavior.

ORIGINAL COMMUNICATION - JULY 2024

Medtronic CareLink™ 2090 programmers with serial number prefixes PKK0 and PKK1 have the potential for autonomous cursor motion when Finger Touchscreen capability is enabled by software version 3.2 or higher. Through 11 June 2024, Medtronic has received 23 reports of autonomous cursor behavior, with 2 reports of unintended therapy delivered when the programmer was not under the control of trained personnel during a patient session. There have been no reports of permanent harm or death associated with this behavior.

If a programmer is unattended while in an active patient device session, a risk to patients may exist if an autonomous cursor motion engages in unintended programming. Medtronic estimates that 1.0% of Model 2090 programmers with serial number prefixes PKK0 or PKK1 could display this behavior when updated to software version 3.2 or higher.

INSTRUMENT MANAGEMENT RECOMMENDATIONS:

Software updates are necessary to maintain proper programmer function. Medtronic representatives will assist in performing the software update on all Medtronic CareLink $^{\text{TM}}$ 2090 programmers and assess proper function. Medtronic representatives will assist with returning programmers needing repair or replacement.

LINQ II ICM Potential for Amplified Noise June 2024

LINQ II™ Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2024

STATUS UPDATE - APRIL 2025

As of 30 March 2025, Medtronic has identified 1,204 (1.86%) devices that have exhibited these characteristics, with zero (0) reports of serious harm. Medtronic estimates the projected rate of this issue to be 3.4% at 2 years or 8.7% at 4.5 years for the identified subset, and patient management recommendations are unchanged.

ORIGINAL COMMUNICATION – JUNE 2024

In November 2023, Medtronic communicated that a specific subset of LINQ II insertable cardiac monitors (ICMs) underwent a manufacturing process that may allow for moisture to impact electrode performance and create the potential for amplified noise and/or overall signal reduction of the ICM. This noise pattern is different from occasional noise due to device position/migration, patient activity, or external electromagnetic interference.

During continued investigation, Medtronic identified additional devices that have the potential for amplified noise. The identified subset now includes 64,700 total devices. Based on CareLink analysis and reported complaints as of 01 May 2024, 553 (0.85%) devices have exhibited these characteristics, with zero (0) reports of serious harm. Medtronic estimates the projected rate of this issue to be 2.9% at 2 years or 6.2% at 4.5 years for the identified subset. If an amplified noise pattern occurs, potential harms include missed/delayed diagnosis, delayed medical intervention, and early device replacement. **Medtronic recently implemented manufacturing changes to address this issue**. Overall LINQ II freedom from malfunction, including this issue, is projected to be 98.51% at 4.5 years.

PATIENT MANAGEMENT RECOMMENDATIONS:

In consultation with our Independent Physician Quality Panel (IPQP), Medtronic emphasizes continued care of patients implanted with an ICM per the existing device labeling. These recommendations are reflective of the November 2023 communication.

- Please encourage enrollment in and regular transmissions to CareLink.
 - Medtronic will continue to apply recurring algorithmic searches on CareLink for the specific amplified noise pattern and notify the clinician if present. No further action is required for patients regularly transmitting to CareLink.
- For patients not followed in CareLink:
 - Consider whether enrolling in CareLink is an option, per HRS/EHRA/APHRS/LAHRS guidance.¹
 CareLink monitoring will reduce the potential for episodes caused by amplified noise to overwrite true episodes before they are reviewed.

- o If noise interferes with the ability to assess the patient's rhythm or reason for monitoring, contact Medtronic Technical Services for assistance (dxhelp@medtronic.com or 1-800-929-4043).
- If the ICM is no longer in use, no further action is necessary.

¹Ferrick A, et. al. (2023). 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic. Heart Rhythm, 20(9), e92-e144.

SOFTWARE UPDATE AVAILABLE - Increased Potential for Reduced Energy or No Energy Delivered During HV Therapy When Programmed AX>B (2023)

Claria, Amplia, Compia, Viva, Brava, Visia AF, Evera, Primo, Mirro ICDs/CRT-Ds

Original Date of Communication: May 2023

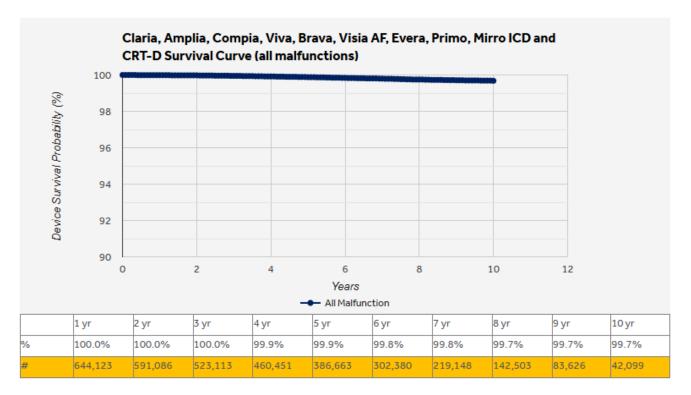
Devices managed with an updated programming system are no longer in scope of the May 2023 communication.

STATUS UPDATE - APRIL 2025

As of 14 April 2025, Medtronic has identified 40 devices (representing 0.0033% of devices distributed worldwide) that experienced the issue described in the communication. No permanent harms or deaths have been attributed to this issue. When programmed B>AX, the occurrence rate remains in line with the historic non-advisory population as described in the original communication. To support the recommendations in the May 2023 communication, Medtronic reviewed more than 680,000 shock events that occurred in over 228,000 unique devices.

Medtronic has released a software update that aligns programming systems with the programming recommendations in most geographies. Devices managed with an updated programming system are no longer in scope of the May 2023 communication.

The overall reliability of these devices remains high. The graph below shows device survival probability inclusive of all confirmed malfunctions.



ORIGINAL COMMUNICATION - MAY 2023

This communication advises physicians of a rare potential for reduced- or no-energy output during high voltage (HV) therapy (typically 0-12J) in implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds) manufactured with a specific (glassed) feedthrough, including currently available ICDs and CRT-Ds. Through 10 April 2023, Medtronic has identified 27 devices from approximately 816,000 devices (representing 0.003%) distributed worldwide that have experienced a reduced- or no-energy HV therapy due to the issue described in this letter. There have been no deaths due to this issue in the glassed feedthrough device population.

With current field programming, devices with a glassed feedthrough may experience increased potential (projected to be 0.02% at 5 years) for reduced- or no-energy output during HV therapy. In some cases, a persistent 50% drop in all pacing lead impedances may be displayed; lead function, however, is not affected. See Issue Details below for further information on root cause, projected rates, risks, and potential harms.

A broader analysis was conducted to determine the incidence of device related reduced- or no-energy HV therapy events outside of the above population, with implants dating back to 2012. Using these historical observed events, projected rates for this population of devices is 0.002% at five (5) years and 0.006% at nine (9) years. This analysis identified two deaths from the historical population in which there was evidence suggesting a device-related reduced- or no-energy HV therapy occurred.

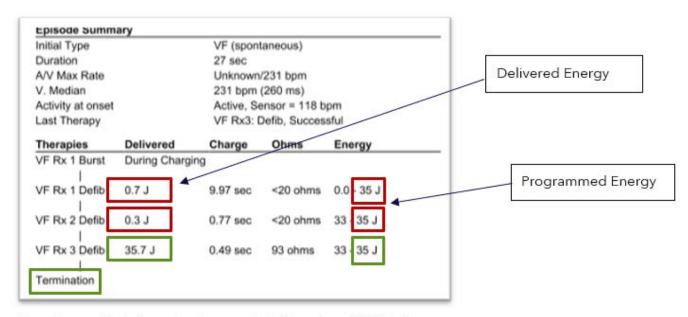
Should this issue occur, pacing, sensing, episode detection, anti-tachycardia pacing (ATP) therapies, battery longevity, and telemetry remain functional. **When devices in the glassed feedthrough population are programmed**

exclusively in the B>AX configuration, the potential for a reduced- or no-energy HV therapy is 0.002% at five (5) years and 0.005% at nine (9) years, comparable to historical device performance.

PATIENT MANAGEMENT RECOMMENDATIONS:

Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic provides the following guidance:

- Prophylactic device replacement is NOT recommended.
 - The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement (0.032% - 0.043%^{1,2,3}).
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
 - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
 - For patients remotely followed via CareLink, your Medtronic representative will provide a
 report to assist with identifying patients who may have one or more HV therapy pathways
 programmed AX>B. You may contact your local representative to obtain an updated copy of
 the report at any time.
- Prioritize reprogramming patients who have both a history of HV therapy and Rx1 programmed AX>B.
 - o Rx1 provides the greatest statistical likelihood to resolve an arrhythmia, and therefore it is important to minimize risk of a reduced- or no-energy HV therapy in the first sequence.
- For remaining patients with AX>B programming in any HV therapy sequence, schedule the next follow-up for in-clinic reprogramming, with the appropriate discretion, to minimize potential for reduced- or no-energy HV therapies to occur.
- Per standard practice, check tachyarrhythmia episodes to determine effectiveness of therapies that have been delivered.
 - o Instruct patients to contact the clinic if they receive HV therapy or hear an audible tone coming from their device.
 - Verify delivered energy is consistent with programmed energy in the Episode Summary.
 Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).



Example screen illustrating reduced-energy shocks for an Evera XT DR device.

- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.
- Contact Medtronic Technical Services (1-800-929-4043) or your local representative if one of the following is observed as these may be an indication of either a device or lead-related issue:
 - Reduced- or no-energy HV therapy is displayed in Episode Text (regardless of programmed pathway)
 - A persistent drop of approximately 50% in RA, RV and LV pacing lead impedance measurements as this may be an indication of increased potential for a future reduced- or no-energy therapy.

ISSUE DETAILS:

There is an increased potential for a reduced- or no-energy HV therapy in the AX>B configuration when all the following conditions are met:

- The device has a glassed feedthrough (manufactured after July 2017).
- There is significant separation of the layers of insulation materials in the feedthrough components of the device header.
- An unintended current pathway forms within the void created by the insulation separation, capable of conducting high levels of current during HV therapy.

When an unintended current pathway is detected during HV therapy, the Short Circuit Protection (SCP) feature may trigger (see Appendix A). This behavior can be intermittent; both full-energy and reduced-energy HV therapies within the same episode have been observed. SCP events may also be lead related; for both lead-related and device-related unintended current pathways, the defibrillation waveform is truncated early in the energy delivery sequence, resulting in reduced or no energy being delivered (~0-12J).

RATES OF OCCURRENCE FOR DEVICE-RELATED REDUCED- or NO-ENERGY HV THERAPY:

Through 10 April 2023, 27 devices with glassed feedthroughs have been identified as experiencing a reduced or no-energy HV therapy (0.003% out of 816,000 distributed devices). Of these, 26 were in devices with an AX>B delivered pathway. Based on an analysis of patients with a glassed feedthrough device and with a history of HV therapy, the observed rate for this issue is 0.03%. See Table 1 below for projected rates of occurrence and risk for harm. Potential harms related to reduced- or no-energy HV therapy include failure to terminate an arrhythmia, which could lead to death, as well as complications associated with device replacement and/or unnecessary lead replacement if the reduced- or no-energy HV therapy is erroneously attributed to a lead failure.

TABLE 1: Comparison of projected event rates and risk of catastrophic harm, with and without reprogramming

Рори	lation	Projected event rate (one or more reduced- or no-energy HV therapies in an episode)	Mortality risk of this issue, considering the probability a sequence of six HV therapies fails to terminate an arrhythmia
Glassed feedthrough devices with current	Overall Population of Devices	0.02% @ 5 years*	0.004% @ 5 years*
field programming (~816,000 devices)	For Patients with History of HV Therapy	0.48% @ 5 years*	0.08% @ 5 years*
Glassed feedthrough	Overall Population of Devices	0.005% @ 9 years**	0.001% @ 9 years**
pathways reprogrammed B>AX	For Patients with History of HV Therapy	0.04% @ 9 years**	0.01% @ 9 years**
Historical devices dating back to 2012 (~651,000 devices) Devices For Patients with	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**
	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**

^{*} A timeframe of 5 years is used for this projection given the average implant duration of the devices in scope of this communication is approximately 4 years and allowing for adequate time for reprogramming.

Medtronic is updating Instructions for Use, HV therapy nominals and the programmer interfaces for these device models to be consistent with information in this letter. Medtronic will release additional information once the necessary regulatory approvals have been received, as applicable in the local region.

APPENDIX A - ADDITIONAL DETAILS ON SHORT CIRCUIT PROTECTION (SCP)

^{**} A time frame of 9 years is used based on the weighted average for device longevity for ICDs and CRTDs.

Short Circuit Protection (SCP) is a safety feature that can only occur during high voltage (HV) therapy. SCP is designed to truncate energy delivery to protect the device when an unintended current pathway is detected during a shock. An SCP event can occur when an unintended current pathway develops either in the lead or in the device.

Contact Medtronic for additional guidance if you believe an SCP event occurred.

Programming all high voltage delivery pathways to B>AX will minimize the effect of an unintended current pathway in the device header (e.g., feedthrough), thereby minimizing the potential for an SCP event. Comparing the programmed energy to the delivered energy in the Episode Text for a treated episode can be used to identify SCP events. The lead impedance in the Episode Text will also display <20 ohms. Refer to the sections below on how to identify if an SCP event has occurred.

For Evera/Visia AF/Primo/Mirro ICDs and Viva/Brava/Claria/Amplia/Compia CRT-D devices:

Identifying SCP events: For episodes in which a high voltage therapy was delivered, if there is a significantly reduced-energy or no-energy shock delivered, the device may have experienced an SCP event. In each stored episode, delivered energy is displayed in the Episode Text and on the Interval Plot. If an SCP event occurred, this text may indicate that a lower energy was delivered and <20 ohm impedance value. Note: there is currently no available SCP alert in this family of devices.

Clinicians can consider enabling the device audible alert and/or CareAlert for "Number of Shocks Delivered in an Episode," with "N = 1." Turning this alert "ON" may help ensure the patient and/or clinic is made aware when a HV therapy is delivered by the device.

If an SCP event occurs during a manual shock delivery, there will be no episode data. For manual shock deliveries, review the shock impedance and the delivered energy from the Last High Voltage Therapy section on the Battery and Lead Measurement screen of the programmer.

¹Tarakji KG, et al. Antibacterial Envelope to Prevent Cardiac Implantable Device Infection. The New England Journal of Medicine. 2019; 380(20):1895-1905.

²Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; Agile: MDT2260884, Version 2.0, 11/02/2015. ³Birnie D, et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm. 2008; 5(3):387-90.

SOFTWARE UPDATE AVAILABLE - Increased Potential for Reduced Energy or No Energy Delivered During HV Therapy When Programmed AX>B (2023)

Cobalt™ XT, Cobalt™ and Crome™ ICDs and CRT-Ds

Original Date of Communication: May 2023

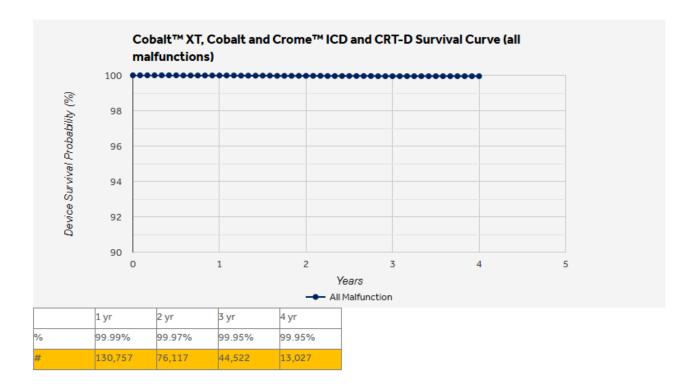
Devices managed with an updated programming system are no longer in scope of the May 2023 communication.

STATUS UPDATE - APRIL 2025

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With current field programming, devices with a glassed feedthrough may experience increased potential (projected to be 0.02% at 5 years) for reduced- or no-energy output during HV therapy. In some cases, a persistent 50% drop in all pacing lead impedances may be displayed; lead function, however, is not affected. See Issue Details below for further information on root cause, projected rates, risks, and potential harms.

A broader analysis was conducted to determine the incidence of device related reduced- or no-energy HV therapy events outside of the above population, with implants dating back to 2012. Using these historical observed events, projected rates for this population of devices is 0.002% at five (5) years and 0.006% at nine (9) years. This analysis identified two deaths from the historical population in which there was evidence suggesting a device-related reduced- or no-energy HV therapy occurred.

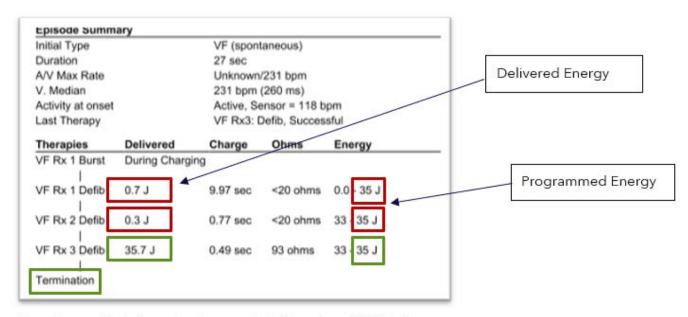
Should this issue occur, pacing, sensing, episode detection, anti-tachycardia pacing (ATP) therapies, battery longevity, and telemetry remain functional. **When devices in the glassed feedthrough population are programmed**

exclusively in the B>AX configuration, the potential for a reduced- or no-energy HV therapy is 0.002% at five (5) years and 0.005% at nine (9) years, comparable to historical device performance.

PATIENT MANAGEMENT RECOMMENDATIONS:

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- Prophylactic device replacement is NOT recommended.
 - The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement (0.032% - 0.043%^{1,2,3}).
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
 - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
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 Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).



Example screen illustrating reduced-energy shocks for an Evera XT DR device.

- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.
- Contact Medtronic Technical Services (1-800-929-4043) or your local representative if one of the following is observed as these may be an indication of either a device or lead-related issue:
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When an unintended current pathway is detected during HV therapy, the Short Circuit Protection (SCP) feature may trigger (see Appendix A). This behavior can be intermittent; both full-energy and reduced-energy HV therapies within the same episode have been observed. SCP events may also be lead related; for both lead-related and device-related unintended current pathways, the defibrillation waveform is truncated early in the energy delivery sequence, resulting in reduced or no energy being delivered (~0-12J).

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Through 10 April 2023, 27 devices with glassed feedthroughs have been identified as experiencing a reduced or no-energy HV therapy (0.003% out of 816,000 distributed devices). Of these, 26 were in devices with an AX>B delivered pathway. Based on an analysis of patients with a glassed feedthrough device and with a history of HV therapy, the observed rate for this issue is 0.03%. See Table 1 below for projected rates of occurrence and risk for harm.

Potential harms related to reduced- or no-energy HV therapy include failure to terminate an arrhythmia, which could lead to death, as well as complications associated with device replacement and/or unnecessary lead replacement if the reduced- or no-energy HV therapy is erroneously attributed to a lead failure.

TABLE 1: Comparison of projected event rates and risk of catastrophic harm, with and without reprogramming

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Glassed feedthrough	Overall Population of Devices	0.005% @ 9 years**	0.001% @ 9 years**
pathways reprogrammed B>AX	For Patients with History of HV Therapy	0.04% @ 9 years**	0.01% @ 9 years**
Historical devices	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**
(~651,000 devices) For Patien	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**

^{*} A timeframe of 5 years is used for this projection given the average implant duration of the devices in scope of this communication is approximately 4 years and allowing for adequate time for reprogramming.

Medtronic is updating Instructions for Use, HV therapy nominals and the programmer interfaces for these device models to be consistent with information in this letter. Medtronic will release additional information once the necessary regulatory approvals have been received, as applicable in the local region.

APPENDIX A - ADDITIONAL DETAILS ON SHORT CIRCUIT PROTECTION (SCP)

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Short Circuit Protection (SCP) is a safety feature that can only occur during high voltage (HV) therapy. SCP is designed to truncate energy delivery to protect the device when an unintended current pathway is detected during a shock. An SCP event can occur when an unintended current pathway develops either in the lead or in the device.

Contact Medtronic for additional guidance if you believe an SCP event occurred.

Programming all high voltage delivery pathways to B>AX will minimize the effect of an unintended current pathway in the device header (e.g., feedthrough), thereby minimizing the potential for an SCP event. Comparing the programmed energy to the delivered energy in the Episode Text for a treated episode can be used to identify SCP events. The lead impedance in the Episode Text will also display <20 ohms. Refer to the sections below on how to identify if an SCP event has occurred.

For Cobalt/Crome ICD and CRT-D devices:

Identifying SCP events during high voltage (HV) therapy delivery: When an SCP event has occurred, the device will issue an RV Defibrillation Lead Impedance CareAlert. Audible and wireless alerts are issued, if enabled. These devices are shipped with alerts enabled and are nominally active once implant detection completes.

A CareAlert will occur simultaneous with HV therapy delivery and will specifically report "RV Defib Lead Impedance 0 Ω " with the same time stamp as the therapy delivery. The alert condition is displayed in the CareAlert Events log (Data >> CareAlert Events). The Quick Look Observations will also display "Alert: RV defib lead impedance warning on Mmm/DD/YYYY." SCP events are not reflected in the long-term lead impedance trends.

Following an SCP event in devices with both the SVC Coil and Active Can enabled, the device will turn off the SVC coil. If the SCP event is caused by a lead integrity issue involving the SVC coil, turning off the SVC coil can allow any subsequent shocks to be delivered using the RV Coil -to- Active Can vector. The programmed therapy parameters will indicate the SVC Coil has been automatically disabled. The SVC coil will remain off until it is turned back on by the clinician.

If an SCP event occurs during a manual shock delivery, there will be no episode data. For manual shock deliveries, review the shock impedance and the delivered energy from the Last High Voltage Therapy section on the Battery and Lead Measurement screen of the programmer.

¹Tarakji KG, et al. Antibacterial Envelope to Prevent Cardiac Implantable Device Infection. The New England Journal of Medicine. 2019; 380(20):1895-1905.

²Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; Agile: MDT2260884, Version 2.0, 11/02/2015. ³Birnie D, et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm. 2008; 5(3):387-90.

SOFTWARE UPDATE AVAILABLE - Potential for Intermittent-Reduced-Energy Shock Due To Short Circuit Protection Event (2022)

Cobalt™ XT, Cobalt™ and Crome™ ICDs and CRT-Ds

Original Date of Communication: June 2022

STATUS UPDATE - APRIL 2025

Manufacturing updates may increase device programming options. Contact Medtronic Technical Services for details.

As of 10 August 2022, a software release is now available for CareLink™ SmartSync™ Device Managers (SmartSync). Once a SmartSync tablet has been updated with software application D00U005 version 7.1.1 (or higher), the programmer will deploy a device update to Cobalt and Crome implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds) to prevent the potential for an intermittent, second-phase Short Circuit Protection (SCP) event during high-voltage (HV) therapy delivery. This software update was previously announced as part of an advisory communication Medtronic issued in June 2022 (see original communication posted below).

Through 14 April 2025, Medtronic has confirmed 160 devices (representing 0.08% of devices distributed worldwide) have experienced a second-phase SCP event. In all events, ~79% of the programmed shock energy was delivered. No events have occurred in devices programmed B>AX that have the August 2022 software update. No permanent harms or deaths have been directly attributed to this issue.

Medtronic representatives are available to work with clinicians to ensure all SmartSync tablets in their facility(s) are updated with application software D00U005 version 7.1.1 (or higher). The software can be installed by connecting each SmartSync tablet to the internet, opening the SmartSync App and accepting the on-screen prompts.

As disclosed in the June 2022 patient management recommendations, patients will require an in-clinic visit for the update to be installed into their device via interrogation with an updated SmartSync tablet. Once installed, the update will allow devices to deliver the full programmed shock energy. Programming B>AX pathway and Active Can enabled is still required. On-screen messaging will reinforce these programming recommendations.

Clinicians can identify if a patient's device has successfully received the update by viewing the displayed Configuration ID and confirming the first number in the sequence is as indicated below:

- 11-1-0 or higher for Cobalt/Crome VR devices
- 10-1-0 or higher for Cobalt/Crome DR and CRT-D devices

The Device Configuration ID can be found under the "Device Information" section of the SmartSync Parameters Report, or for CareLink patients, under the Transmission Details page by selecting <More Reports > 'Parameters.'

ORIGINAL COMMUNICATION - JUNE 2022

This communication provides notice of the potential for reduced shock energy (~79% of programmed energy) during high-voltage (HV) therapy for Cobalt and Crome implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds). Through 03 June 2022, Medtronic has identified 27 devices (0.03% of devices distributed worldwide) that have experienced a reduced-energy shock, which is accompanied by a Short Circuit Protection (SCP) alert. Medtronic has not received any reports of permanent harm or death due to this issue. Medtronic has submitted a device software update to address this issue and anticipates it will be available for download into implanted devices
beginning third/fourth quarter of calendar year 2022>, pending regulatory approvals.

ISSUE SUMMARY:

Short Circuit Protection (SCP) alerts trigger during HV therapy during the first- or second-phase of the HV biphasic waveform delivery. This communication focuses on second-phase SCP events that are the result of a secondary, low-level current pathway detected in the HV circuitry.

- A second-phase SCP event will deliver approximately 79% of programmed energy as a monophasic waveform.
- **Defibrillation efficacy is reduced by ~1%** for this type of SCP event when HV therapy is programmed to 40J, considering cumulative success across the full series of shocks (Rx1 through Rx6).

Based on analysis of peer-reviewed literature as well as CareLink data on shock efficacy from more than 279,000 episodes*, termination success rates for 32J (~79% of 40J), monophasic shocks versus 40J biphasic shocks are estimated in Table 1. Termination success may vary depending on individual patient risk factors and medication use.

TABLE 1

	Normal Operation	Second-phase SCP	
	(40J, Biphasic delivery)	(32J, Monophasic delivery)	
Estimated First Shock	89%	85%	
Success* (in VF Zone)			
Estimated Cumulative	99%	98%	
Success Shocks 1-6*			

^{*}Medtronic data on file; May 2022.

While 0.03% has been observed to date, Medtronic projects 0.18%** of the ~80,000 distributed devices
may experience a second-phase SCP event within 24 months of service life, when considering the
probability for these SCP events increases over time, and the likelihood a patient will need HV therapy
during that time.

For the population of patients who received HV therapy, the observed rate was 0.77%.
 When projecting for this population, the chance of encountering a second-phase SCP event is ~5.0%** at 24 months.

**The above projections are based on calculations without the planned device software update. Once installed, this update, in addition to the programming recommendations, will resolve occurrences of second-phase SCP events.

Potential harms related to a second-phase SCP event include failure to terminate the arrhythmia due to reduced-delivered-energy, a theoretical risk of proarrhythmia, and complications associated with device replacement, including unnecessary lead replacement due to misinterpretation of the SCP alert.

- While not observed clinically, Medtronic estimates the risk for proarrhythmia is 0.002% in the AX>B configuration, and improbable in the B>AX configuration (less than 0.00004%), with Active Can pathway enabled. These risks may be higher when Active Can is disabled.
- The overall risk for **patient mortality due to this issue is estimated to be 0.002%** at 24 months when combining the likelihood a patient will need therapy with the probability an arrhythmia fails to terminate after six sequences of 32J monophasic shocks.
 - Comparatively, the risk of patient mortality due to complications associated with device replacement is 0.032% - 0.043%^{1,2,3}

PATIENT MANAGEMENT RECOMMENDATIONS AND CONSIDERATIONS:

SCP events are evident to the patient and clinician. Devices will issue an audible tone and, for patients enrolled in CareLink, a wireless CareAlert will report RV Defib lead impedance 0 ohms.

Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic recommends:

- Prophylactic device replacement is NOT recommended.
- Remote monitoring with normal frequency of follow-up per clinic protocol, with patients' next follow-up scheduled in-clinic to allow for device reprogramming (if necessary):
 - Programming all HV therapies to 40J with a B>AX pathway and Active Can/SVC Coil set with Active Can enabled across all therapy zones.
- Contact Medtronic Technical Services (1-800-723-4636) or your local representative if an RV Defib Lead
 Impedance Alert reporting zero (0) ohms is observed as this is an indicator that an SCP event was
 detected during HV therapy.
 - o Importantly, if the delivered energy during the episode is ~79% of the programmed energy AND the SCP alert indicates an RV Defib Lead impedance alert reporting exactly zero (0) ohms, this is an indication of a second-phase SCP event (as described in this letter) and not a lead issue.

- Consider device replacement only after observing and confirming the cause of an SCP event with a Medtronic representative, with the understanding a device has an ~81% probability of delivering subsequent reduced-energy shocks, and with the understanding an update for implanted devices is anticipated to be available beginning <third quarter/fourth quarter> of calendar year 2022.
 - Note: The software update will require an additional in-clinic follow-up in order for it to be installed into a patient's device. The update will ensure the full shock energy is delivered in the presence of a secondary, low-level current pathway in the HV circuitry.
- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.

¹ Tarakji KG, et al. Antibacterial Envelope to Prevent Cardiac Implantable Device Infection. The New England Journal of Medicine. 2019; 380(20):1895-1905.

² Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; Agile: MDT2260884, Version 2.0, 11/02/2015.

³ Birnie D, et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm. 2008; 5(3):387-90.

Software Update Available to Correct Potential for SmartSync Telemetry Error

CareLink SmartSync™ Device Manager supporting Cobalt™ and Crome™ ICDs and CRT-Ds

Original Date of Communication: April 2022

STATUS UPDATE - APRIL 2025

As of 22 April 2025, Medtronic has received 219 reports of the SmartSync Telemetry Error in Cobalt and Crome devices. No serious adverse events or permanent harms have been reported.

ORIGINAL COMMUNICATION - APRIL 2022

Medtronic is notifying health care professionals of a software update for CareLink SmartSync™ Device

Managers (SmartSync) that will address a telemetry error that may occur with Medtronic Cobalt™ and Crome™ implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds).

Specifically, software application D00U005 version 6.0.3 will deploy an update to implanted devices that will correct the potential for temporary suspension of some device features (details below) due to a telemetry error involving inductive (non-Bluetooth) telemetry. As of 22 March 2022, 0.3% of devices have experienced this issue. No serious adverse events or permanent harms have been reported due to this error.

Medtronic representatives will work with you to ensure all SmartSync tablets in your facility are updated with application software D00U005 version 6.0.3 or higher. Once the software has been installed on a tablet, a patient's device will automatically receive an update (to prevent the telemetry error) during their next SmartSync session.

Details:

Some Cobalt and Crome devices may encounter a persistent "session-active" flag following the use of inductive telemetry. The persistent session-active flag is the result of a telemetry connection error that can occur when intermittent or disrupted signals manifest while communicating with the device at the end of the telemetry session. Inductive telemetry with a Cobalt/Crome device typically occurs during device interrogation with a CareLink ExpressTM Mobile reader head. A persistent session-active flag will result in temporary suspension of the following features (if available in the device) until the flag is cleared:

- Battery voltage measurements
- Capture Management™

- Atrial Lead Position Check™
- AdaptivCRT[™], EffectivCRT[™] diagnostic, and EffectivCRT[™] During AF
- Wavelet[™] template management
- Battery conditioning charges

Potential risks include loss of pacing or inadequate CRT support, and/or loss of Recommended Replacement Time (RRT) indicator.

When battery measurements are suspended for more than seven days, the longevity estimator cannot calculate a value and the estimator will display a grey bar with "???." Longevity estimates will be unavailable for approximately 82 weeks. A device that experiences a persistent session-active flag can be manually cleared via a specific sequence of steps, using a non-Bluetooth SmartSync telemetry session. Contact Medtronic Technical Services at 800-723-4636 for further instruction. After the persistent flag is manually cleared, the above features will automatically be restored. Remaining longevity estimates will resume approximately 82 weeks after the date the flag is cleared. The issue is unlikely to result in clinical impact to the patient given the features listed above can be restored with an inclinic SmartSync programmer session.

Devices manufactured after July 2021 have already received the software update and are not susceptible to the described behavior. Refer to Appendix A (below) for details on how to identify which Cobalt/Crome devices have already received the update.

Patient Management Recommendations:

We realize that each patient requires unique clinical considerations. In consultation with our Independent Physician Quality Panel (IPQP), Medtronic recommends continuing normal follow-up frequency per local clinic protocol.

Once the software is installed on a SmartSync tablet, please follow these recommendations:

- Patients routinely seen in the clinic will automatically receive the update during their next interrogation
 using an updated SmartSync tablet (D00U005 version 6.0.3 or higher). No additional programming of the
 device is required.
- Patients followed remotely who do not have regularly scheduled in-clinic sessions should have their next follow-up session conducted in clinic using an updated SmartSync tablet (D00U005 version 6.0.3 or higher). No additional programming of the device is required.

Note: If a patient's device displays a grey longevity estimator bar with "???," the device may have a persistent session-active flag. Contact Medtronic Technical Services at 800-723-4636 for assistance.

APPENDIX A

How to Confirm a Patient's Device Has Received the Update?

Each device will display a Device Configuration ID after interrogation by an updated SmartSync tablet, or after transmitting to CareLink. The Device Configuration ID can be found via the Parameters Report as noted below:

For SmartSync - the following is available from the Parameters Report PDF file.

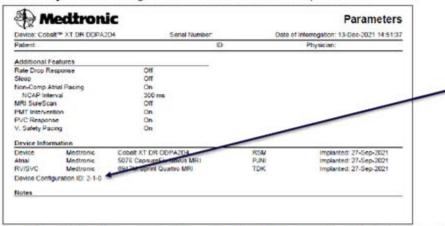


Image: Sample SmartSync-generated Parameters Report showing updated Device Configuration ID.

For CareLink - the following is available from the Transmission Details page by selecting 'More Reports' >

'Parameters.'

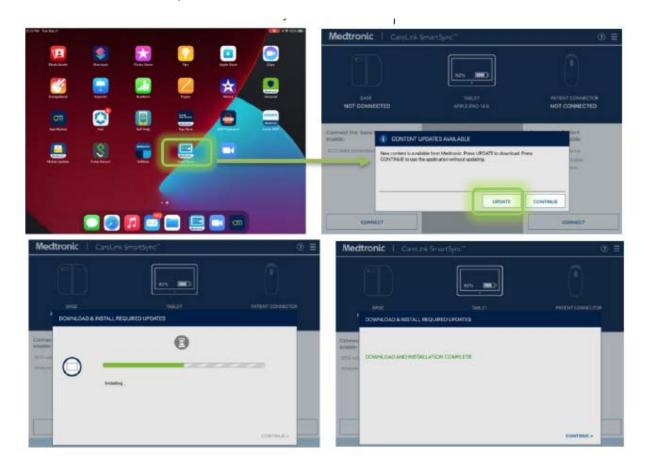


Image: Sample CareLink Parameters Report showing updated Device Configuration ID.

How do I update my SmartSync[™] application software for the issue described in the April/May 2022 communication?

On any tablet, you can update to the most recent version for all applications resident on that tablet by simply connecting to the internet and either automatically discover if new software is available by launching the SmartSync App (see images below), OR manually discover if new software is available by navigating to the Software Information

screen and perform "Check for Updates." Contact your local Medtronic representative or Medtronic Technical Services at 800-638-1991 if you need assistance.



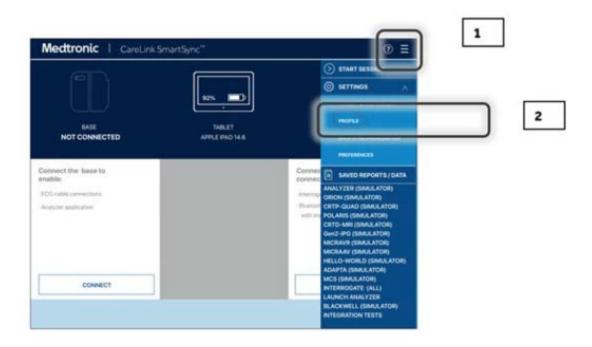
How do I confirm if a SmartSync tablet has already been installed with the updated software?

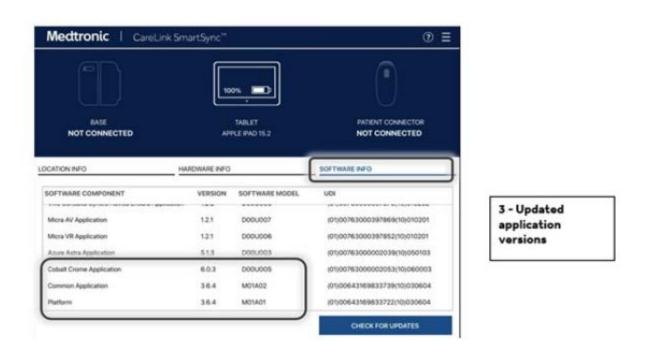
On any tablet, you can confirm the application software version for any device family by:

- 1. Selecting the MENU in the upper right corner of the SmartSync App [1]
- 2. Selecting PROFILE [2]
- 3. Selecting the SOFTWARE tab and scrolling through the SOFTWARE INFO list [3]

If the software update for this issue has already been installed, you will see the following versions listed:

- The Common/Platform application version is 3.6.4 (or higher)
- is 6.0.3 (or higher)





LINQ II - Brady, Pause and PVC Detections Disabled Following Electrical Reset

LINQ II™ Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

STATUS UPDATE - APRIL 2025

Medtronic released a software update in August 2023 to address this issue in LINQ II ICMs manufactured from July 2020 to June 2021. The update is available through SmartSync App 3.12.4 or higher.

Medtronic implemented a manufacturing update to all newly manufactured LINQ II ICMs released into distribution to prevent a partial electrical reset from disabling Brady, Pause and PVC event detection.

Updated LINQ II ICMs can be identified, before being implanted, by the GTIN that is printed under the barcode on the box. The new U.S. LINQ II GTIN ends with "002."

As a reminder, unused LINQ II devices manufactured prior to June 2021 were requested to be returned to Medtronic per the Original advisory (dated June 2021) – these devices cannot be updated in the field and will continue to be susceptible to the issue.

ORIGINAL COMMUNICATION - JUNE 2021

This notice is to inform you that LINQ II insertable cardiac monitors (ICMs) that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady, Pause and PVC events to clinicians. Medtronic estimates that 0.21% of LINQ II ICMs have experienced a partial electrical reset resulting in the inability to detect Brady, Pause and PVC events. While there is a potential for underreporting due to lack of awareness that an electrical reset has occurred, there have been zero (0) serious or permanent harms or deaths reported as a result of this issue. After a partial electrical reset, these Brady, Pause and PVC episode types will not be reported to the clinician.

- A correction for currently implanted LINQ II ICMs is not available.
- We are requesting that hospitals quarantine all LINQ II ICMs on hospital shelves. Physicians should cease
 implanting any remaining LINQ II ICMs that may remain in shelf stock and return any unused product to
 Medtronic.
- There will be an update for future manufactured LINQ II ICMs, which is anticipated to be available in the U.S. July 2021.

This letter contains a description of the information known to date and patient management recommendations.

ISSUE DESCRIPTION

Medtronic has identified that LINQ II ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady, Pause, and PVC events. A partial electrical reset is normal behavior that can occur when the device detects a possible issue with the device software. However, an error in the partial electrical reset implementation is causing this unintended behavior.

All LINQ II ICM devices currently in distribution are susceptible to this issue. Through 10 May 2021, Medtronic has received 37 complaints related to an electrical reset. The projected rate of a LINQ II ICM experiencing a partial electrical reset that results in the inability to detect Brady, Pause, and PVC events is 0.73% at 36 months. Complaint data suggests the majority of electrical resets were associated with Electromagnetic Interference (EMI) due to cardioversion or electrocautery. Potential harms include those associated with the risk of a delayed medical intervention or missed diagnosis for Brady, Pause, and/or PVC events, and an explant procedure.

If a partial electrical reset occurs, CareLink™ and Reveal LINQ™ Mobile Manager (LMM) will continue to indicate that detection parameters are "ON;" however, Brady, Pause, and PVC events will not be automatically collected. The Patient Assistant (Patient Activator) will continue to function to manually trigger ECG collection, store the tracing and mark symptoms.

Tachy and AT/AF detections are not affected by a partial electrical reset.

HOSPITAL RISK MANAGER ACTIONS (U.S. CUSTOMERS ONLY)

Medtronic is requesting customers with affected product on hand to take the following actions:

- 1. Identify and quarantine all unused affected Medtronic LINQ II ICMs.
- 2. Return all unused affected product in your inventory to Medtronic. Contact Medtronic Customer Service at 1-800-848-9300 to initiate a product return. Your local Medtronic Representative can assist you as necessary in initiating the return of this product.
- Please share this notification with the Cardiology and cardiac monitoring departments,
 Pacemaker/Device Clinic leadership, and physicians who implant or manage patients with LINQ II insertable cardiac monitors (ICMs).
- 4. Complete the enclosed Confirmation Form and email to RS.CFQFCA@medtronic.com

PATIENT MANAGEMENT RECOMMENDATIONS

If an electrical reset has never occurred, all detection criteria are being monitored and recorded as programmed. Continue with normal follow-up per local clinic protocols for these patients.

Identifying if an electrical reset has occurred:

For patients who are actively followed on CareLink in the U.S: During our investigation of this issue, we identified patients whose device showed evidence of a partial electrical reset as of 10 May 2021. For those clinicians with identified patients, a supplemental letter was provided. If you have not received a supplemental letter, then none of your patients who are actively transmitting on CareLink were identified as having a recorded electrical reset event during our investigation.

All patients, including those on CareLink, should be carefully monitored for reports of an electrical reset condition. Follow instructions below.

- During in person or remote follow-up: If a device experiences an electrical reset, clinicians will be
 informed via programmer pop-up or CareLink display message. Actively monitor for these notifications
 at each patient follow-up, and contact Medtronic Technical Services should you receive an alert. Note:
 Once cleared, electrical reset notifications are no longer accessible.
- **Retroactively:** Review the Brady lifetime episode counter from the most recent session report (CareLink or in-office). If a report is not available, consider scheduling a follow-up for each patient being monitored for Brady, Pause or PVC events. Review the Brady lifetime episode counter:
 - o If the lifetime count for Brady is non-zero, a partial electrical reset has **not** occurred.
 - O If the lifetime count for Brady is zero, and the Brady detection parameter indicates it is "ON," a partial electrical reset <u>may</u> have occurred. Contact Medtronic Technical Services for assistance by emailing RS.LINQElectricalResetFCA@medtronic.com (U.S.) OR calling 1-800-929-4043 (U.S.).

Patients with a confirmed partial electrical reset:

- Medtronic medical staff, in consultation with our Independent Physician Quality Panel, recommends against device replacement for patients being monitoring for Tachy or AT/AF; continue normal patient follow-up.
- When monitoring for Brady, Pause, or PVC events, device replacement may be appropriate. Consider the following before device replacement:
 - It is important to note that the Patient Assistant (Patient Activator) will continue to manually mark symptoms even after a partial electrical reset. Patient-activated recordings are not impacted by this issue.
 - o If replacement is desirable, consider Reveal LINQ with TruRhythm™ or alternative ICM. While Reveal LINQ devices are also are susceptible to this issue (see correction notice, Reveal LINQ™ with TruRhythm™ Insertable Cardiac Monitoring Systems Brady & Pause Detections Disabled Following Partial Electrical Reset), the observed rate is 0.049% for Reveal LINQ with TruRhythm ICMs compared to 0.21% for LINQ II ICMs.

Note: Implanted Reveal LINQ with TruRhythm ICMs have the ability to receive a future software update to correct this issue, which will be implemented via the Model 2090 and Encore™ programmers, and is anticipated to be available in the U.S. late calendar year 2021.

- Future manufactured LINQ II devices will have a correction for this issue implemented during manufacturing pending regulatory approval of the corrective fix, but initial supply may be limited.
- As a reminder, per the LINQ II ICM's Instructions for Use, contact Medtronic anytime an electrical reset occurs.

Reveal LINQ with TruRhythm - Brady & Pause Detections Disabled Following Electrical Reset

Reveal LINQ™ with TruRhythm™ Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

STATUS UPDATE - APRIL 2025

This advisory is being addressed via a software update. Medtronic CareLink (2090) and Encore (29901) Programmer software, SW026 version 8.3, is available to correct a low rate of occurrence issue with Reveal LINQ ICMs where Brady and Pause detections are disabled following a partial electrical reset.

Reveal LINQ ICMs that are interrogated in-office with an updated 2090 or Encore programmer are no longer susceptible to this issue. This corrective fix to the device cannot be delivered with the Reveal LINQ™ Mobile Manager (LMM). Until the update is installed, future partial electrical resets may disable Brady and/or Pause detections as described in the June 2021 communication.

Note: The immediate availability of the software release is specific to countries that follow FDA approval, or that do not require software to be regulated. Release timing may differ for other geographies including those that require CE Mark approval. Check with your local Medtronic representative to determine if the software update is available in your region.

Please work with your local Medtronic Representative to update all 2090 and Encore device programmers. In addition, Medtronic requests you follow the below patient management recommendations:

Patient Management Recommendations:

- Reveal LINQ ICMs with <u>a confirmed partial electrical reset</u> will receive the corrective fix for this issue immediately by the device clinician completing the following steps:
 - Interrogate the ICM with an updated 2090 or Encore programmer (software application SW026 version 8.3). The corrective fix is automatically installed during initial interrogation. To confirm an ICM has successfully received the update, refer to Appendix A.
 - 2. Per the Instructions for Use (IFU), following any electrical reset, verify ICM parameters are set appropriately for the patient and reprogram if necessary.
- For Reveal LINQ ICMs that have <u>not</u> experienced a partial electrical reset, an update will occur during the
 next in-clinic visit in which an updated Model 2090 or Encore programmer installed with software
 application SW026 version 8.3 (or higher) is used to interrogate the ICM. Partial electrical resets will
 disable Brady and/or Pause detections as described in the June 2021 communication until the update is
 installed on to the patient's ICM.

- For patients who are actively followed on CareLink, continue routine monitoring for CareAlerts and verify notification settings for electrical resets.
- Per the IFU, notify your Medtronic representative if an electrical reset occurs. If a partial
 electrical reset is confirmed, the patient's ICM will require reprogramming.
- o During the programmer session, the corrective fix will be installed automatically.

ORIGINAL COMMUNICATION - JUNE 2021

This notice is to inform you that Reveal LINQ with TruRhythm ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady and Pause events to clinicians. Medtronic estimates that 0.049% of Reveal LINQ with TruRhythm ICMs have experienced a partial electrical reset resulting in the inability to detect Brady and Pause events. While there is a potential for underreporting due to lack of awareness that an electrical reset has occurred, there have been zero (0) serious or permanent harms or deaths reported as a result of this issue. After a partial electrical reset, these Brady and Pause episode types will not be reported to the clinician.

- Currently implanted/distributed Reveal LINQ with TruRhythm ICMs will receive a future software update to correct this issue delivered via the Model 2090 and Encore™ programmers. The corrective fix is anticipated to be available late calendar year 2021 (U.S.). Availability of the software will be communicated once Medtronic has obtained the necessary regulatory approvals.
- There will be an update for future manufactured Reveal LINQ with TruRhythm ICMs, which is anticipated to be available in the U.S. October 2021. Medtronic will inform physicians once this manufacturing update is implemented into newly manufactured Reveal LINQ with TruRhythm ICMs.

ISSUE DESCRIPTION

Medtronic has identified that Reveal LINQ with TruRhythm ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady and Pause events. A partial electrical reset is normal behavior that can occur when the device detects a possible issue with the device software. However, an error in the partial electrical reset implementation is causing this unintended behavior.

All Reveal LINQ with TruRhythm ICMs currently in distribution are susceptible to this issue. Through 10 May 2021, Medtronic has received 87 complaints related to an electrical reset. The projected rate of a Reveal LINQ with TruRhythm ICM experiencing a partial electrical reset that results in the inability to detect Brady and Pause events is 0.056% at 36 months. Complaint data suggests the majority of electrical resets were associated with Electromagnetic Interference (EMI) due to cardioversion or electrocautery. Potential harms include those associated with the risk of a delayed medical intervention or missed diagnosis for Brady and Pause events, and an explant procedure.

If a partial electrical reset occurs, CareLink™, Model 2090 and Encore programmer software and Reveal LINQ™ Mobile Manager (LMM) will continue to indicate that detection parameters are "ON;" however, Brady and Pause

events will not be automatically collected. The Patient Assistant (Patient Activator) will continue to function to manually trigger ECG collection, store the tracing, and mark symptoms.

Tachy and AT/AF detections are not affected by a partial electrical reset.

HOSPITAL RISK MANAGER ACTIONS (U.S. CUSTOMERS ONLY)

- Please share this notification with the Cardiology and cardiac monitoring departments,
 Pacemaker/Device Clinic leadership, and physicians who implant or manage patients with LINQ II insertable cardiac monitors (ICMs).
- 2. Complete the enclosed Confirmation Form and email to RS.CFQFCA@medtronic.com

PATIENT MANAGEMENT RECOMMENDATIONS

If an electrical reset has never occurred, all detection criteria are being monitored and recorded as programmed. Continue with normal follow-up per local clinic protocols for these patients.

Identifying if an electrical reset has occurred:

For patients who are actively followed on CareLink in the U.S: During our investigation of this issue, we identified patients whose device showed evidence of a partial electrical reset as of 10 May 2021. For those clinicians with identified patients, a supplemental letter was provided. If you have not received a supplemental letter, then none of your patients who are actively transmitting on CareLink were identified as having a recorded electrical reset event during our investigation.

All patients, including those on CareLink, should be carefully monitored for reports of an electrical reset condition. Follow instructions below.

- During in person or remote follow-up: If a device experiences an electrical reset, clinicians will be
 informed via programmer pop-up or CareLink display message. Actively monitor for these notifications
 at each patient follow-up, and contact Medtronic Technical Services should you receive an alert. Note:
 Once cleared, electrical reset notifications are no longer accessible.
- Retroactively: Review the Brady lifetime episode counter from the most recent session report (CareLink
 or in-office). If a report is not available, consider scheduling a follow-up for each patient being monitored
 for Brady or Pause events. Review the Brady lifetime episode counter:
 - o If the lifetime count for Brady is non-zero, a partial electrical reset has <u>not</u> occurred.
 - o If the lifetime count for Brady is zero, and the Brady detection parameter indicates it is "ON," a partial electrical reset <u>may</u> have occurred. Contact Medtronic Technical Services for assistance by emailing RS.LINQElectricalResetFCA@medtronic.com (U.S.) OR calling 1-800-929-4043 (U.S.).

Patients with a confirmed partial electrical reset:

- Medtronic medical staff, in consultation with our Independent Physician Quality Panel, recommends
 against device replacement for patients being monitoring for Tachy or AT/AF; continue normal patient
 follow-up.
- When monitoring for Brady or Pause events, it is important to note that the Patient Assistant (Patient
 Activator) will continue to manually mark symptoms even after a partial electrical reset. Patientactivated recordings are not impacted by this issue. If patients require monitoring for Brady and/or
 Pause events, and it is not acceptable to wait for the software update to become available (see details
 below), consider device replacement. Recognize that exposure to EMI could introduce this issue for new
 device implants that occur before the manufacturing update is implemented anticipated in the U.S. in
 October 2021.
- As a reminder, per the Reveal LINQ with TruRhythm ICM's Instructions for Use, contact Medtronic
 anytime an electrical reset occurs.

FUTURE SOFTWARE UPDATE AVAILABILITY

Medtronic is developing a programmer-delivered software update to correct this issue for Reveal LINQ with TruRhythm ICMs currently implanted or in distribution. Anticipated availability in the U.S. is late calendar year 2021; Medtronic representatives will inform you of the availability and work with you to install the software onto clinic and hospital 2090 and Encore programmers. LMM application software will be unable to deliver the software update for this issue. In order for patients with Reveal LINQ with TruRhythm ICMs to receive the update, the device will need to be interrogated with an updated 2090 or Encore programmer.

APPENDIX A

Reveal LINQ™ with TruRhythm™ Insertable Cardiac Monitoring Systems

Brady & Pause Detections Disabled Following Partial Electrical Reset

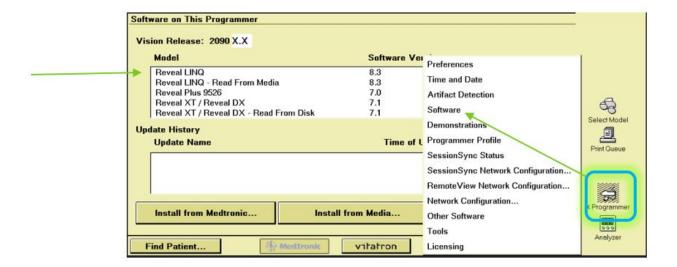
Software Update Available

How do I update my Model 2090 and Encore programmers with the Reveal LINQ with TruRhythm software described in the November 2021 communication)?

Software update SW026 version 8.3 can be installed onto all Model 2090 or Encore programmers through either the Medtronic Software Distribution Network (SDN) or via a USB. Medtronic representatives will work with you to install the software.

How do I confirm if a Model 2090 or Encore programmer has already been installed with the updated software (SW026 v8.3)?

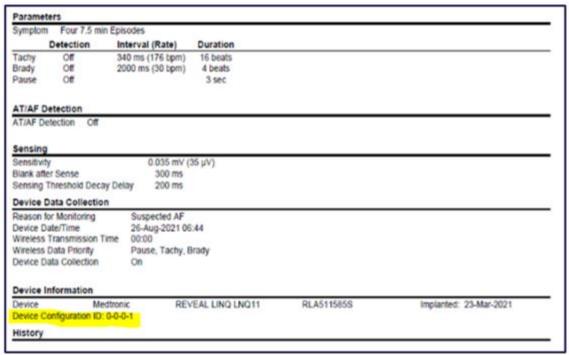
From the *Find Patient* screen on the programmer, Tap the Programmer Icon, select "Software," and scroll through the list of installed applications to find Reveal LINQ Software Version 8.3.



How do I confirm if a patient's Reveal LINQ ICM has received the software update?

Clinicians can confirm if a patient's ICM has received the software update by verifying the Device Configuration ID via a 2090 or Encore programmer (LMM will not display the Configuration ID). To locate the Device Configuration ID, enter a follow-up session and Print the Parameters Report. All Reveal LINQ ICMs that have received the software update will have their Configuration ID ending in a "1" (e.g. X-X-X-1).

NOTE: The Reveal LINQ Device Configuration ID can be viewed on CareLink beginning January 2022 after a manual transmission is completed by the patient.



Potential for Shortened RRT-to-EOS in Subset of ICDs and CRT-Ds

Subset of ICDs and CRT-Ds

Original Date of Communication: February 2021

STATUS UPDATE - APRIL 2025

As of 16 April 2025, approximately 122,113 devices susceptible to this issue are estimated to still be active worldwide. Observed rate of occurrence is 0.17% and projected rate for the affected population of devices remains 0.22%. Devices with higher pacing outputs and high pacing percentages (e.g., CRT-D devices) have the lowest probability of occurrence (refer to Appendix A of the original communication for further details – see below). No permanent patient harms have been reported due to this issue.

ORIGINAL COMMUNICATION - FEBRUARY 2021

In February 2021, Medtronic informed physicians of a potential issue for a subset of Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronization Therapy Defibrillators (CRT-Ds). Medtronic has identified that a small percentage of implanted cardiac devices, from a well-defined subset, may experience a shortened Recommended Replacement Time (RRT) to End of Service (EOS) interval following an earlier-than-expected RRT observation. The subset of ICDs and CRT-Ds affected by this issue were last implanted in February 2019 and manufactured with a specific battery design that is no longer being distributed.

We have received no reports of permanent harm to patients as a result of this issue.

Approximately 339,900 devices susceptible to this issue are estimated to still be active worldwide. Through 4 January 2021, confirmed events (observed rate 0.07%) have involved a rapid drop in battery voltage ranging from days to months, with unexpected RRT as one of the primary reported observations. For those devices in which RRT triggered earlier than expected, the median time from RRT to the EOS observation was 14 days. In a small number of the cases, no output/no telemetry was reported prior to device replacement. Medtronic projects approximately 0.22% of the affected device population may experience this issue during their service life.

The rapid depletion is caused by a latent shorting mechanism involving lithium plating, resulting from a thermal gradient between the anode and cathode components of the battery. **Devices with higher pacing outputs and high pacing percentages (e.g. CRT-D devices) have the <u>lowest probability of occurrence (refer to Appendix A – see below)</u>. Conversely, devices with low current drain (evidenced by a longer overall service time from implant to RRT) have a higher probability of experiencing this issue. Importantly, the probability of this issue developing is constant after approximately three years of service time.**

Patient Management Guidance

We realize that each patient requires unique clinical considerations. In consultation with our Independent Physician Quality Panel (IPQP), Medtronic **recommends** the following:

- Continue normal follow-up per local clinical protocol.
 - o Recognize that patients who require significant pacing support and high voltage therapy have the lowest risk for this issue See Appendix A for additional details.
 - Where possible, take advantage of the CareLink[™] home monitoring system and the wireless low battery voltage CareAlert.
 - The low battery voltage audible alert is shipped On with high-urgency tones; Remind patients to contact their clinic if they hear an audible alert, particularly since patients may be opting to delay clinic visits due to COVID-19 guidance.
 - o Inform a Medtronic Representative of any unexpected device behaviors.
 - Be aware that the inability to interrogate the device, or to transmit data, may be an indicator that the device has experienced this issue.
- If unexpected RRT is observed, prompt replacement of the device should occur commensurate with the underlying clinical situation of the patient:
 - o For non-pacing dependent patients or for primary prevention ICD patients, replacement within 1 week of an unexpected RRT notification is recommended.
 - o For pacing dependent patients, immediate replacement is recommended following an unexpected RRT notification.

Note: For all patients, this issue can also manifest as an unexpected change in the remaining longevity estimate that cannot be attributed to programming changes, or changes in use conditions.

Medtronic medical staff in consultation with the IPQP <u>recommends against prophylactic replacement</u> due to the low rate of occurrence and the low potential for permanent harm when prompt replacement occurs in response to an unexpected RRT.

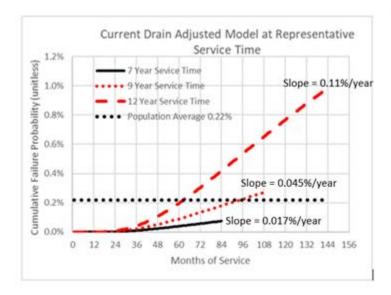
Patients and clinicians may determine if a specific device is affected by looking up the serial number on Medtronic's Product Performance website: productperformance.medtronic.com

APPENDIX A

The table below provides a comparison of sample use conditions and their associated, projected service time (Implant to Recommended Replacement Time), along with their cumulative and per-year risk of encountering rapid depletion due to a latent shorting mechanism in the battery. Devices with higher pacing outputs and high pacing percentages have the lowest probability of occurrence. There have been no reports of permanent harm to patients as a result of this issue.

Probability (Risk per Year) of Rapid Depletion due to this Issue as a Function of Service Time

Projected Service Time * (based on sample programmed settings and use conditions)	Projected Risk per Year & Total Cumulative Risk at end of service time++	Notes/Example
12-year service time	0.11% per year, 0.98% cumulative	VR ICD patient with 0% pacing and no shocks delivered
10.25-year service time	0.070% per year, 0.50% cumulative	VR ICD patient with 50% pacing history and two (2) or fewer shocks per year
9-year service time	0.045% per year, 0.27% cumulative	DR ICD patient with little-to-no pacing history (e.g. 10%AP, 25%VP, and two (2) or fewer shocks per year)
8.25-year service time	0.033% per year, 0.18% cumulative	DR ICD patient with complete heart block (10% AP and 100% VP, and two (2) or fewer shocks per year)
7-year service time	0.017% per year, 0.075% cumulative	CRT-D patient with 15% AP, 90% RVP, 100% LVP, and two (2) or fewer shocks per year
* Assumes current drain remains stable throughout life of device (i.e.	++ Per annum risk of issue becomes constant after approximately 3 years	A output = 1.5V, 0.4ms, 500 ohms
No change in remaining longevity due to reprogramming or changes in use	of service time. Cumulative risk = early risk plus annual risk over the projected service time.	RV output = 2.0V, 0.4ms, 500 ohms
conditions)		LV output = 2.5V, 0.4ms, 500 ohms
		Average pacing rate = 75 bpm



Cumulative Probability is the expected risk for a device to experience this issue between implant and end of service. When risk is evaluated for a device that has reached a service life beyond 3 years, the remaining risk can be estimated based on the yearly risk value shown.

The Population Average (0.22%) is the cumulative probability for the full subset of devices susceptible to this issue. This value takes into account expected longevity and patient mortality. Not all devices with projected service time of 12 years will be in service all 12 years.

Key Points:

Slope of the curve reflects the risk per year based on sample service times of 7, 9, and 12 years.

Slope (risk per year) is constant after approximately 3 years of service time.

Performance Note: Potential for no output/no telemetry condition in subset of IPG and CRT-P products due to ceramic capacitor leakage pathway

Azure[™] and Astra[™] pacemakers, and Percepta[™], Serena[™] and Solara[™] CRT-P

Original Date of Communication: May 2019

STATUS UPDATE - APRIL 2025

As of 16 April 2025, there have been a total of 33 confirmed events worldwide associated with this failure mode. No additional deaths, beyond the two deaths previously disclosed*, have been reported since the October 2020 update. Confirmed events included reports of no output, premature depletion and electrical reset that reverted to VVI 65 operation.

Medtronic's ongoing monitoring of these failures have allowed us to improve long-term modeling projections for future device failures. The overall projected lifetime rate of occurrence for the remaining active devices manufactured with the original low voltage capacitor is projected to be 0.025%.

All products in distribution are unaffected. The specific low voltage capacitor susceptible to this issue was last used in manufacturing 01 June 2019. Patient management recommendations remain unchanged from the original posting (refer to the May 2019 text below).

*Assessment for cause of death determined loss of pacing therapy could not be ruled out as a contributing factor.

ORIGINAL COMMUNICATION - MAY 2019

Medtronic has identified a rare but potentially serious failure mode in a population of Azure[™] and Astra[™] pacemakers, and Percepta[™], Serena[™] and Solara[™] cardiac resynchronization therapy pacemakers (CRT-P), manufactured with a specific multilayer ceramic capacitor. These devices continue to perform within reliability projections.

While inherently very reliable, a known failure mode of these capacitors is the potential for internal cracking that can be caused by thermal-mechanical stress during manufacturing. Under rare conditions, internal cracking within a capacitor may result in the development of a leakage pathway, causing high current drain and leading to rapid battery depletion. While the issue presents as rapid battery depletion, this is not a battery performance issue.

As of April 26, 2019, three complaints out of \sim 266,700 devices distributed worldwide since February 2017, have been received that included a no output /no telemetry scenario resulting from rapid battery depletion. Battery depletion due to this issue can range from several days to several weeks. One of these reported events contributed to a patient

death. The three confirmed failures occurred within 9 months post implant. The projected rate for this issue is 0.0028%, with the most susceptible period for a leakage pathway to develop in the capacitor being the first 12 months post implant.

Based on the low predicted rate of failure and the recent implementation of process and component enhancements, Medtronic expects few, if any, additional events to occur. Medtronic, in consultation with our Independent Physician Quality Panel, does not recommend device replacement. Physicians should continue normal patient follow-up in accordance with standard practice, and where possible, continue to utilize the low battery voltage wireless CareAlertTM (shipped ON), together with remote monitoring via CareLinkTM home monitor or the MyCareLink HeartTM mobile app. Per the instructions for use, at each follow-up, verify the status of the implanted system as well as the clinical effectiveness of the device. Pay attention to any unexpected changes in remaining longevity estimates or the inability to interrogate the device and/or transmit data.

Contact Medtronic Technical Services if you have concerns on a specific patient.

Brady Technical Services | rs.techservices@medtronic.com | 800-505-4636

Potential Conductor Wire Fracture

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Communication: October 2007

STATUS UPDATE - APRIL 2025

As of April 21, 2025, of the initial implant population of 205,600 in the United States, approximately 26,600 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 63.5% (+6.6/-6.0%) at 180 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 Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population
279,500 Worldwide (205,600 United States)	7,338 Worldwide (5,270 United States)	36,300 Worldwide (26,600 United States)

ORIGINAL COMMUNICATION - 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:
 - 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.
 - 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

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.

Product Education Brief: Daily Restarts of SmartSync iPad Tablets

CareLink SmartSync™ Device Manager Application and Pacing System Analyzer (PSA)

Original Date of Communication: March 2025

Overview

This Product Education Brief emphasizes the recommendation to **restart tablets** <u>daily</u> as part of SmartSync management. This may be completed by powering the tablet off between uses. Daily tablet restarts facilitate optimal SmartSync App performance. Tablets should also be restarted upon receipt of a "low tablet resources" pop-up, as indicated in the pop-up text.

Impacts of Restarting the SmartSync Tablet

Restarting the tablet clears the RAM (random-access memory) and closes any running apps, which improves overall tablet performance. When RAM is not cleared, or when other apps run concurrently with the SmartSync app, the following behavior may be observed:

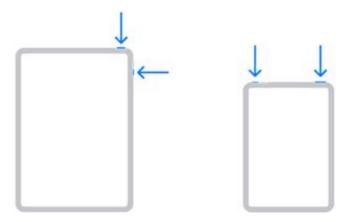
- Unexpected app closures*
- App unresponsiveness*
- System error messages as a result of limited available system memory

Should any of the above behaviors occur, the user should force close all open apps on the tablet, restart the tablet, and then restart the SmartSync app.

* Note that if the app disconnects during an analyzer session, pacing will continue at the programmed parameters for 60 minutes if the surgical/patient cables are connected to implantable device leads or 5 minutes without connection to implantable device leads.

How to Restart Apple iPad

How to restart an iPad tablet without a Home button:



- 1. Press and hold either volume button and the top button until the power off slider appears
- 2. Drag the slider, then wait 30 seconds for your device to turn off.
 - o If your device is frozen or unresponsive, force restart your device: Press and quickly release the volume up button, press and quickly release the volume down button, then press and hold the top button. When the Apple logo appears, release the button.
- 3. To turn the tablet back on, press and hold the top button until you see the Apple logo.

How to restart an iPad tablet with a Home button:



- 1. Press and hold the top button until the power off slider appears
- 2. Drag the slider, then wait for 30 seconds for your device to turn off.
 - o If your tablet is frozen or unresponsive, force restart your tablet: Press and hold the top button and the Home button at the same time. When the Apple logo appears, release both buttons.
- 3. To turn your tablet back on, press and hold the top button until you see the Apple logo.

Product Education Brief: Micra TPS Monitoring and End of Service Behavior

Micra[™] TPS devices

Original Date of Communication: January 2025

Overview

This Product Education Brief provides a description of specific monitoring and follow-up recommendations, including a description of end of service behavior.

This Product Education Brief is consistent with existing labeling and reiterates precautions listed in the product's Instructions for Use (IFU).

Micra Instructions for Use

The Micra IFUs are available on the Medtronic electronic manuals website (manuals.medtronic.com).

Monitoring, Follow-Up, and End of Service

Remote monitoring of patients with a Micra device is recommended in the 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement.

The 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic states that in patients with CIEDs, remote monitoring (RM) is recommended as part of the standard of care. The consensus statement advises that patients with CIEDs on RM, in the absence of continuous connectivity, such as with Micra, remote transmissions are recommended at least every 3-12 months. It is also noted that there are some circumstances (e.g., if a patient is pacemaker dependent) where the transmission frequency may match or exceed every 3-6 months. As the device approaches elective replacement, the frequency of transmissions should be increased to every 1-3 months. The frequency recommendations apply whether the patient transmits data remotely or has an in-office visit.

Following recommended replacement time / elective replacement indicator (RRT/ERI) and as described in the IFU, the Micra device sets battery end of service (EOS) after measuring voltage ≤2.5V on 3 consecutive daily automatic measurements. When the Micra device reaches EOS, it permanently deactivates pacing and switches to the Device Off mode. This EOS mode differs from Medtronic transvenous pacemakers. The IFU indicates that the estimated time from RRT to EOS is 6 months, and the approximate time from ERI to EOS is 3 months. See the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, MRI conditions for use, and potential complications/adverse events.

Product Performance

Medtronic monitors and evaluates product performance, including battery performance, for all Micra devices. The device performance data is published on our product performance website <u>productperformance.medtronic.com</u>. Reports of Micra premature battery depletion and normal battery depletion are included on the product performance website.

In addition, Medtronic continues to collaborate with physicians and regulatory agencies to improve patient outcomes and clinical experience as part of our dedication to patient safety and product effectiveness.

References

- medtronicacademy.com
- Micra MC1VR01 Clinician Manual M042502C001
- Ferrick, A. M., et al. (2023). 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic. Europace, 25(5), euad123.

Product Education Brief: Alert Threshold for Lead Impedances

Azure[™] and Astra[™] pacemakers, and Percepta[™], Serena[™] and Solara[™] CRT-P

Original Date of Communication: April 2023

Overview

This Product Education Brief describes a lead impedance alert behavior in Medtronic Azure TM , Astra TM , Percepta TM , Serena TM , and Solara TM devices that may be observed when the pacing lead impedance displayed is slightly above the programmed lower alert threshold.

Details regarding CareAlerts and impedance measurements

In Azure, Astra, Percepta, Serena, and Solara devices, a CareAlert may be triggered when the lead impedance displayed is slightly above the programmed lower alert threshold.

See Figure 1 and 2 for an example case where the lower threshold for a lead impedance alert is programmed at 200 ohms. In the Lead Impedance Trend (Figure 1) the precise measured impedance value is 209 ohms; and yet in the CareAlert display (Figure 2) an alert was triggered indicating the impedance crossed the 200 ohm impedance threshold, and suggesting the impedance is 190 ohms. This scenario can happen due to the range of impedance values used for alert monitoring. In this scenario, the devices are functioning within design specifications and tolerances.

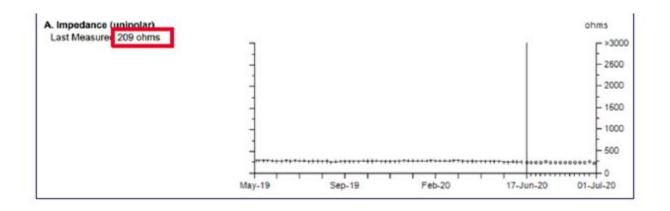


Figure 1-Lead Impedance Trend showing precise impedance values over time

Date/Time	Event		1	Threshold
01-Jul-2020 03:00:00	*A. Unipolar lead impedanc	190 ohms.		200 ohms

Figure 2- CareAlert triggered showing 190 ohms impedance value with a 200ohm alert threshold

While most leads are programmed to pace bipolar, every night the device will assess all lead impedance vectors. Unipolar measurements tend to be lower than bipolar measurements in the same system. Therefore, the nightly unipolar lead impedance measurement will likely be closer to the programmed lower alert threshold than the bipolar measurement.

The impedance value range for alerts is never higher than the measured impedance, so all impedance values that are below the programmed threshold will generate an alert as programmed.

Patient Management

Clinicians should continue to follow patients per their standard clinical practice when a CareAlert triggers for lead impedances. Impedance alerts are designed to prompt the clinician to review impedances in the Lead Impedance Trend Log. The Lead Impedance Trend records precise lead impedance measurements over time. These historic impedance measurements provide evidence as to whether the impedance is stable and functioning as designed (albeit near the programmed threshold); or unstable and necessitating further assessment and/or close monitoring. Note: If impedance values reported in the Lead Impedance Trend indicate impedances are below the programmed lower threshold, then the lead should be assessed for possible insulation breach per standard clinical practice.

Procedure Education Brief: Micra TPS Implant

Micra[™] TPS devices

Original Date of Communication: November 2021

Overview

This Medtronic Procedure Education Brief provides a reminder of specific implant procedure safety recommendations included in the current labeling for Micra™ VR and Micra™ AV Transcatheter Pacing System (TPS) specifically from the Micra Instructions for Use (IFU) and the Micra implanter training program. Following instructions provided in the IFU and implanter training can reduce the risk of cardiac perforation, especially considerations for delivery system steering, repositioning the device, and patient selection.

Micra IFU and Implant Procedure Training

The Micra IFU is available on the Medtronic electronic manuals website (https://manuals.medtronic.com/manuals/main/region). Implanter training material for implanters who have attended training, and been certified to implant Micra TPS, can be found on the Medtronic Academy website. These instructional materials provide recommendations that limit implant complications such as:

- patient selection considerations to minimize perforation risk
- steering the delivery system with the use of fluoroscopy
- identifying implant location at the right ventricular septum with the use of contrast-enhanced fluoroscopy
- confirming position on the septum with contrast-enhanced fluoroscopy prior to deployment
- considerations for repositioning the device
- ensuring attending staff are prepared to manage pericardial effusion and tamponade, including immediate access to echocardiography equipment and availability of a pericardiocentesis kit
- recognizing clinical signs and symptoms of pericardial effusion and tamponade in order to minimize clinical response time
- preparedness for cardiac surgical intervention

Micra Safety and Effectiveness Data

On 17 November 2021, the US FDA posted a Letter to Healthcare Providers (*Leadless Pacing Systems: Risk of Major Complications Related to Cardiac Perforation During Implantation - Letter to Health Care Providers*) reminding physicians about the rare but possible risk of cardiac perforations associated with leadless pacemaker implantation. They reiterated the specific recommendations from Medtronic Micra implant training and IFU (reviewed above). This communication can be found here: https://www.fda.gov/medical-devices/medical-device-safety/letters-health-care-providers.

While regulatory agencies and Micra implanters are aware that cardiac perforation is a known risk, the FDA Letter to Healthcare Providers included data for which implanters may be seeking additional context. The letter indicated that

risk of cardiac perforation between transvenous pacing implants and Micra implants are similar, and that Micra implant complication rates are within expectations. The letter also indicated that in some scenarios, when a perforation occurs with a Micra implant procedure, the severity of the perforation complications can be higher than when a perforation occurs with a transvenous implant procedure.

Data from our Global Complaint Handling database suggests that the Micra rate of perforation is 0.6% and the rate of perforation related death is 0.13% out of over 100,000 implants worldwide. The Micra real-world perforation rate is in-line with, or lower than, the perforation rate observed in pre-market or post-market clinical studies¹.

Since Micra received pre-market approval in 2016, Medtronic has continuously monitored its safety and effectiveness. Multiple studies have shown that Micra has a high rate of implant success (exceeding 99%)^{2,3}. Additionally, in the global Micra Investigational Device Exemption (IDE) Trial, Micra has been shown to reduce the risk for major complications compared to transvenous implants (through 12-months) by 48%², and in the global Micra Post Approval Registry by 63%³.

Medtronic is further assessing the outcomes of Micra in the Micra Coverage with Evidence Development (CED) Study, which is a continuously enrolling, observational, cohort study evaluating complications, utilization, and outcomes of Micra.

Recent publications from the Micra CED Study in July 2021⁴ and November 2021⁵ based on 5,746 Micra patients and 9,622 with contemporaneously implanted transvenous single-chamber pacing patients show that at time of implant, Micra patients tend to be sicker than the transvenous single-chamber pacemaker population. Micra patients have a higher comorbidity burden as measured by the Charlson comorbidity index (5.1 vs 4.6, P<0.001) and a higher rate of end stage renal disease (12.0% vs 2.3%, P<0.001)⁴. Acute and longer-term outcomes reported in these publications are shown in the table below.

Measure	Unadjusted Results	Results Adjusted for Patient Medical History
	(Micra vs Transvenous-VVI)	(Micra vs Transvenous-VVI)
Acute (30-day) device-related complications including dislodgement, infection, pocket complications ⁴	1.4% vs 2.6% (P<0.001)	1.4% vs 2.5% (P<0.001)
Total acute (30-day) complications ⁴	8.4% vs 7.3%(P=0.02)	7.7% vs 7.4% (P=0.49)
Cardiac perforation/effusion⁴	0.8% vs 0.4% (P<0.001)	0.8% vs 0.4% (P<0.001)
30-day all-cause mortality⁵	4.4% vs 3.8% (P=0.10)	4.0% vs 4.4% (P=0.60)

2-year reintervention rate⁵	3.0% vs 4.8% (P=0.006)	3.1% vs 4.9% (P=0.003)
2-year chronic complications⁵	4.9% vs 6.5% (P<0.001)	4.6% vs 6.5% (P<0.001)
2-year all-cause mortality⁵	34.0% vs 31.6% (P=0.002)	31.4% vs 32.5% (P=0.37)

Medtronic monitors and evaluates product performance and publishes device performance data on our product performance website http://productperformance.medtronic.com. In addition, Medtronic continues to collaborate with physicians and regulatory agencies to improve patient outcomes and clinical experience as part of our dedication to patient safety and product effectiveness.

¹ Micra IDE: 1.8% (13/726), Micra post-approval registry 0.8% (15/1811), Micra Coverage with Evidence Development 0.8% (47/5746)

² Reynolds et al. *NEJM* 2016; 374(6): 533-541.

³ El-Chami et al. *Heart Rhythm* 2018; 15(12): 1800-1807.

⁴ Piccini et al. *JAMA Cardiology* 2021; 6(10): 1187-1195.

⁵ El-Chami et al. *EHJ* 2021; ePub ahead of print

Legacy Models

Medtronic, at its discretion, may stop providing updated performance information on models in alignment with the inclusion criteria defined in the methods for estimating. Listed below are the final product performance reports for legacy models.

GENERATORS

Cardiac Resynchronization Therapy (CRT) Defibrillators

Product Name	Model	Final Issue
Cardia CRT-D	D384TRG	2023 2nd Edition (Issue 89)
Concerto CRT-D	C154DWK	2016 1st Edition (Issue 74)
Concerto CRT-D	C164AWK	2016 1st Edition (Issue 74)
Concerto CRT-D	C174AWK	2016 1st Edition (Issue 74)
Concerto II CRT-D	D274TRK	2023 2nd Edition (Issue 89)
Concerto II CRT-D	D294TRK	2023 2nd Edition (Issue 89)
Consulta CRT-D	D204TRM	2023 2nd Edition (Issue 89)
Consulta CRT-D	D214TRM	2023 2nd Edition (Issue 89)
Consulta CRT-D	D224TRK	2024 2nd Edition (Issue 91)
Consulta CRT-D	D234TRK	2023 2nd Edition (Issue 89)
InSync II Marquis	7289	2012 1st Edition (Issue 66)
InSync Maximo	7303	2012 1st Edition (Issue 66)
InSync Maximo	7304	2016 1st Edition (Issue 74)
InSync Sentry	7297	2012 1st Edition (Issue 66)
InSync Sentry	7299	2016 1st Edition (Issue 74)
Maximo II CRT-D	D264TRM	2023 2nd Edition (Issue 89)
Protecta CRT-D	D334TRG	2023 2nd Edition (Issue 89)
Protecta CRT-D	D334TRM	2023 2nd Edition (Issue 89)
Protecta XT CRT-D	D314TRM	2023 2nd Edition (Issue 89)

Cardiac Resynchronization Therapy (CRT) Pacemakers

Product Name	Model	Final Issue
InSync	8040	2016 1st Edition (Issue 74)
InSync III	8042	2023 2nd Edition (Issue 89)

Implantable Cardioverter Defibrillators (ICDs)

Product Name	Model	Final Issue
Entrust AT	D153ATG	2019 2nd Edition (Issue 81)
Entrust AT	D154ATG	2019 2nd Edition (Issue 81)
Entrust DR	D153DRG	2019 2nd Edition (Issue 81)
Entrust DR	D154DRG	2019 2nd Edition (Issue 81)
Entrust Escudo	D144DRG	2019 2nd Edition (Issue 81)

Implantable Cardioverter Defibrillators (ICDs) continued

Product Name	Model	Final Issue
Entrust Escudo	D144VRC	2019 2nd Edition (Issue 81)
Entrust VR	D153VRC	2019 2nd Edition (Issue 81)
Entrust VR	D154VRC	2019 2nd Edition (Issue 81)
GEM	7227B	2011 1st Edition (Issue 64)
GEM	7227Cx	2011 1st Edition (Issue 64)
GEM	7227D	2011 1st Edition (Issue 64)
GEM	7227E	2011 1st Edition (Issue 64)
GEM DR	7271	2011 1st Edition (Issue 64)
GEM III DR	7275	2012 1st Edition (Issue 66)
GEM III VR	7231Cx	2016 1st Edition (Issue 74)
Intrinsic	7288	2016 1st Edition (Issue 74)
Marquis DR	7274	2016 1st Edition (Issue 74)
Marquis VR	7230B	2019 2nd Edition (Issue 81)
Marquis VR	7230Cx	2019 2nd Edition (Issue 81)
Marquis VR	7230E	2019 2nd Edition (Issue 81)
Maximo DR	7278	2017 1st Edition (Issue 76)
Maximo VR	7232B	2019 2nd Edition (Issue 81)
Maximo VR	7232Cx	2023 2nd Edition (Issue 89)
Maximo VR	7232E	2019 2nd Edition (Issue 81)
Onyx	7290Cx	2013 1st Edition (Issue 68)
Protecta DR	D334DRG	2023 2nd Edition (Issue 89)
Protecta DR	D334DRM	2023 2nd Edition (Issue 89)
Protecta VR	D334VRG	2023 2nd Edition (Issue 89)
Protecta VR	D334VRM	2023 2nd Edition (Issue 89)
Protecta XT VR	D314VRG	2024 2nd Edition (Issue 91)
Protecta XT VR	D314VRM	2024 2nd Edition (Issue 91)
Secura DR	D204DRM	2023 2nd Edition (Issue 89)
Secura DR	D214DRM	2023 2nd Edition (Issue 89)
Secura DR	D224DRG	2024 2nd Edition (Issue 91)
Secura DR	D234DRG	2023 2nd Edition (Issue 89)
Secura VR	D204VRM	2023 2nd Edition (Issue 89)
Secura VR	D224VRC	2023 2nd Edition (Issue 89)
Virtuoso DR	D154AWG	2019 2nd Edition (Issue 81)
Virtuoso DR	D164AWG	2023 2nd Edition (Issue 89)
Virtuoso II DR	D274DRG	2023 2nd Edition (Issue 89)
Virtuoso II DR	D294DRG	2023 2nd Edition (Issue 89)
Virtuoso II VR	D274VRC	2023 2nd Edition (Issue 89)
Virtuoso VR	D154VWC	2019 2nd Edition (Issue 81)
Virtuoso VR	D164VWC	2023 2nd Edition (Issue 89)

Implantable Pulse Generators (IPGs)

Product Name	Model	Final Issue
Advisa DR	A4DR01	2019 1st Edition (Issue 80)
AT500	AT501	2013 1st Edition (Issue 68)
EnPulse	E2D01	2017 2nd Edition (Issue 77)
EnPulse	E2D03	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR01	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR03	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR06	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR21	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR01	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR03	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR06	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR21	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR31	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR33	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR01	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR03	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR06	2017 2nd Edition (Issue 77)
EnPulse VDD	E2VDD01	2017 2nd Edition (Issue 77)
EnRhythm DR	P1501DR	2023 2nd Edition (Issue 89)
EnRhythm MRI	EMDR01	2017 1st Edition (Issue 76)
Kappa 400 DR	KDR401	2017 1st Edition (Issue 76)
Kappa 400 DR	KDR403	2017 1st Edition (Issue 76)
Kappa 400 SR	KSR401	2017 1st Edition (Issue 76)
Kappa 400 SR	KSR403	2017 1st Edition (Issue 76)
Kappa 600 DR	KDR601	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR603	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR606	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR651	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR653	2012 1st Edition (Issue 66)
Kappa 700 DR	KD700	2017 1st Edition (Issue 76)
Kappa 700 DR	KD701	2017 1st Edition (Issue 76)
Kappa 700 DR	KD703	2017 1st Edition (Issue 76)
Kappa 700 DR	KD706	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR700	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR701	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR703	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR706	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR721	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR700	2016 2nd Edition (Issue 75)
Kappa 700 SR	KSR701	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR703	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR706	2017 1st Edition (Issue 76)

Implantable Pulse Generators (IPGs) continued

Product Name	Model	Final Issue
Kappa 700 VDD	KVDD701	2012 2nd Edition (Issue 67)
Kappa 800 DR	KDR801	2013 1st Edition (Issue 68)
Kappa 800 DR	KDR803	2013 1st Edition (Issue 68)
Kappa 900 D	KD901	2017 1st Edition (Issue 76)
Kappa 900 D	KD903	2017 1st Edition (Issue 76)
Kappa 900 D	KD906	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR901	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR903	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR906	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR921	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR901	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR903	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR906	2017 1st Edition (Issue 76)
Kappa 900 VDD	KVDD901	2017 1st Edition (Issue 76)
Legend II	8424	2012 1st Edition (Issue 66)
Legend II	8426	2012 1st Edition (Issue 66)
Legend II	8427	2012 1st Edition (Issue 66)
Minix	8340	2012 1st Edition (Issue 66)
Minix	8341	2012 1st Edition (Issue 66)
Minix	8341M	2012 1st Edition (Issue 66)
Minix	8342	2012 1st Edition (Issue 66)
Minix ST	8330	2012 1st Edition (Issue 66)
Minix ST	8331	2012 1st Edition (Issue 66)
Minix ST	8331M	2012 1st Edition (Issue 66)
Minuet	7107	2012 1st Edition (Issue 66)
Minuet	7108	2012 1st Edition (Issue 66)
Preva DR	7088	2012 1st Edition (Issue 66)
Preva DR	7089	2012 1st Edition (Issue 66)
Preva SR	8088	2012 1st Edition (Issue 66)
Preva SR	8089	2012 1st Edition (Issue 66)
Prevail S	8085	2012 1st Edition (Issue 66)
Prevail S	8086	2012 1st Edition (Issue 66)
Prodigy DR	7860	2012 1st Edition (Issue 66)
Prodigy DR	7861	2012 1st Edition (Issue 66)
Prodigy DR	7862	2012 1st Edition (Issue 66)
Prodigy SR	8158	2013 1st Edition (Issue 68)
Prodigy SR	8160	2013 1st Edition (Issue 68)
Prodigy SR	8161	2013 1st Edition (Issue 68)
Prodigy SR	8162	2013 1st Edition (Issue 68)
Sigma 100 S	SS103	2017 2nd Edition (Issue 77)
Sigma 100 S	SS106	2017 2nd Edition (Issue 77)
Sigma 200 D	SD203	2017 2nd Edition (Issue 77)

Implantable Pulse Generators (IPGs) continued

Product Name	Model	Final Issue
Sigma 200 DR	SDR203	2017 2nd Edition (Issue 77)
Sigma 200 S	SS203	2017 2nd Edition (Issue 77)
Sigma 200 SR	SSR203	2017 2nd Edition (Issue 77)
Sigma 300 D	SD303	2023 2nd Edition (Issue 89)
Sigma 300 DR	SDR303	2023 2nd Edition (Issue 89)
Sigma 300 DR	SDR306	2019 2nd Edition (Issue 81)
Sigma 300 S	SS303	2023 2nd Edition (Issue 89)
Sigma 300 SR	SSR303	2023 2nd Edition (Issue 89)
Sigma 300 SR	SSR306	2019 2nd Edition (Issue 81)
Sigma 300 VDD	SVDD303	2019 2nd Edition (Issue 81)
Thera-i DR	7960i	2012 1st Edition (Issue 66)
Thera-i DR	7961i	2012 1st Edition (Issue 66)
Thera-i DR	7962i	2012 1st Edition (Issue 66)
Thera-i SR	8960i	2012 1st Edition (Issue 66)
Thera-i SR	8961i	2012 1st Edition (Issue 66)
Thera-i SR	8962i	2012 1st Edition (Issue 66)
Thera-i VDD	8968i	2012 1st Edition (Issue 66)

LEADS

Pacing Leads

Product Name	Model	Final Issue
CapSure Sense	4073	2023 2nd Edition (Issue 89)
CapSure SP	4023	2012 2nd Edition (Issue 67)
CapSure SP	4024	2016 1st Edition (Issue 74)
CapSure SP	4523	2012 2nd Edition (Issue 67)
CapSure SP	4524	2016 1st Edition (Issue 74)
CapSure SP	5023	2012 2nd Edition (Issue 67)
CapSure SP	5023M	2012 2nd Edition (Issue 67)
CapSure SP	5024	2013 1st Edition (Issue 68)
CapSure SP	5024M	2013 1st Edition (Issue 68)
CapSure SP	5524	2013 1st Edition (Issue 68)
CapSure SP	5524M	2013 1st Edition (Issue 68)
CapSure Z	4033	2012 2nd Edition (Issue 67)
CapSure Z	4533	2012 2nd Edition (Issue 67)
CapSure Z	5033	2016 1st Edition (Issue 74)
CapSure Z	5034	2016 1st Edition (Issue 74)
CapSure Z	5534	2016 1st Edition (Issue 74)
CapSureFix	4067	2012 2nd Edition (Issue 67)
CapSureFix	4068	2016 1st Edition (Issue 74)

Pacing Leads continued

Product Name	Model	Final Issue
CapSureFix	4568	2017 2nd Edition (Issue 77)
CapSureFix	5068	2017 1st Edition (Issue 76)
CapSureFix	5568	2016 1st Edition (Issue 74)
CapSureFix	6940	2018 1st Edition (Issue 78)
Screw-In	4558M	2016 1st Edition (Issue 74)
SureFix	5072	2018 1st Edition (Issue 78)

Defibrillation Leads

Product Name	Model	Final Issue
Epicardial Patch	6921	2013 1st Edition (Issue 68)
Sprint	6932	2016 1st Edition (Issue 74)
Sprint	6942	2017 1st Edition (Issue 76)
Sprint	6943	2017 2nd Edition (Issue 77)
Sprint	6945	2017 2nd Edition (Issue 77)
Sub-Q	6999	2012 1st Edition (Issue 66)
Sub-Q Patch	6939	2012 1st Edition (Issue 66)
SVC/CS	6963	2013 1st Edition (Issue 68)
Transvene	6936	2013 1st Edition (Issue 68)
Transvene	6966	2013 1st Edition (Issue 68)
Transvene SVC	6937	2016 1st Edition (Issue 74)
Transvene SVC-CS	6933	2016 1st Edition (Issue 74)

Left Heart Pacing Leads

Product Name	Model	Final Issue
Attain CS	2188	2012 2nd Edition (Issue 67)

Epicardial/Myocardial Pacing Leads

Product Name	Model	Final Issue
Spectraflex	4951	2013 1st Edition (Issue 68)
Spectraflex	4951M	2013 1st Edition (Issue 68)

VDD Single Pass Pacing Leads

Product Name	Model	Final Issue
CapSure VDD	5032	2016 1st Edition (Issue 74)

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 CRM 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.

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

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

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