TO: OET
FROM: Joel T Schneider and Jolene Murphy, TUV America Inc
DATE: 16 June 2004
SUBJECT: Response to request for additional information.

Please find responses below, contacting us if any further information is needed.

Thank you.

From: OET Generic account [mailto:oetech@fccsun34w.fcc.gov]
Sent: Tuesday, June 08, 2004 8:05 AM
To: Schneider Joel
Subject: FCC Equipment Authorization System

To:	Joel Schneider,
From:	Stan Lyles Stanley.Lyles@fcc.gov FCC Application Processing Branch
Re:	FCC ID ESCCRMH21004
Applicant:	Cardiac Pacemakers Inc (d.b.a. Guidant)
Correspondence Reference Number:	26935
731 Confirmation Number:	EA777078

EMC1) Per discussions with Y. Shah, please submit in- and out-of-liquid radiated EMC test results and photos.
RESPONSE: Refer to “In-Out-of-Liquid test.pdf” file also being uploaded at this time.

SAR1) Please justify the use of 835 MHz probe calibrations at 914 MHz.
RESPONSE: The 11.4% probe calibration uncertainty stated in the test report justifies the equivalence of the conversion factor between 835MHz and 915 MHz.

SAR2) Please detail scan procedures such as distance to device and step sizes.
RESPONSE: The course scan utilizes a step size of 8mm; the fine scan utilizes a step size of 5 mm. The surface of the device was learned by the robotics, so that a 1 gram volumetric cube could be measured per IEEE P1528.

SAR3) Confirm that both sides and the top of the device were scanned.
RESPONSE: We confirm that both sides and the top of the device were evaluated, and the worst-case SAR was reported.

SAR4) Please explain coiled lead setup as opposed to extended for normal use. What is expected or observed change in SAR for extended leads?
RESPONSE: During EMC and SAR evaluations, not discernable difference was detected between varying lead setups.

1. The leads extended down into the fluid would not be an accurate model for normal use. The 3 dimensional aspect of lead placement, the fact that each human torso is different due to heart size, body weight and device placement, along with the variable of where the doctor places the leads inside the heart does not lend itself to accurate modeling.

2. It is normal for the leads to be coiled around the device at least once at implant.

3. There is no expected change in SAR due to leads.