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December 23, 2003

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VIA ELECTRONIC FILING

Marlene H. Dortch, Esq.
Secretary
Federal Communications Commission
Washington, DC 20554

Re: *Ex parte* Notification – Biotronik Request for Waiver Of MICS Frequency Monitoring Requirements – ET Docket 03-92

Dear Ms. Dortch:

Medtronic is filing a copy of the letter it received from Dr. Douglas Zipes, the Director of the Cardiology Division and the Krannert Institute of Cardiology at Indiana University, to ensure that it is included in the record of this proceeding.

Sincerely,

/s/John W. Kuzin

John W. Kuzin
Counsel for Medtronic

Att.

cc (via email): Mr. Sam Feder
Mr. Julius Knapp
Ms. Jennifer Manner
Mr. Paul Margie
Mr. Barry Ohlson
Mr. Bruce Romano
Mr. Ed Thomas
Ms. Sheryl J. Wilkerson

INDIANA UNIVERSITY

SCHOOL OF MEDICINE

December 14, 2003

Mr. Ed Thomas
Chief, Office of Engineering and Technology
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Biotronik, Inc., Request to Waive Medical Implant Communications Service Rules

Dear Mr. Thomas:

I am currently Director of the Cardiology Division at the Indiana University School of Medicine and have been extensively involved with implantable cardiac pacemakers and defibrillators for over thirty years. The early vision for these devices has now been realized, but recent advances in communication technology are again expected to broaden the capabilities of these devices and provide significant added benefit in the diagnosis and care of cardiac patients. To realize this vision, it is vital that the communication systems provide consistent and reliable information with the implanted device.

It is my understanding that the FCC is considering a request for waiver of the Medical Implant Communications Service (MICS) rules, and that this request would permit routine one-way transmissions that could disrupt the transmissions of other nearby medical devices. I am concerned that allowing this request could have a negative impact on the quality and timeliness of critical programming of other implanted devices or could delay the transmission of urgent information from these other implanted devices. This degradation in performance could undermine the original intent of the MICS and limit applications that could use it.

I have been informed that there is only a limited amount of spectrum available for MICS. Knowing this limitation, it is important that the FCC protect this frequency band and maintain the spectrum sharing rules that are currently a part of the MICS rules. It does not seem appropriate that implanted devices should be allowed to transmit routine or period information if other devices in the area are already transmitting critical medical information. I suspect that the need for proper sharing within this limited spectrum will become even more intense as the number of implanted devices increase.

I strongly believe that communicating with implanted devices from a distance will provide added benefit to patients and to the health care community. I commend the FCC for having the foresight to create such rules specifically for this purpose. Now, I

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encourage you to maintain the original intent of these rules, permit highly reliable implanted systems to be developed, and allow the full vision of distance medical telemetry to be realized.

Sincerely,

Douglas P. Zipes, MD
Distinguished Professor of Medicine,
Pharmacology and Toxicology
Director, Division of Cardiology
and the Krannert Institute of Cardiology
Indiana University School of Medicine

DPZ:jh