Good Afternoon Ryan:

Please accept my apologies for taking so long to give you the feedback from the Quebec Conference. I had so much to do afterwards.

So, with regards to the 1 Hz continuous. After consulting with a number of physicians, they use 1 Hz continuous in emergency situations where succinycholine is used for induction. There are 2 hospitals ready to try the stimulator adapted with the continuous 1 Hz function and possibly 2 more. Therefore, I realize this is a difficult request, but would it be at all possible to get 5 models adapted and see what the clinical feedback from those trials would be? If it is positive and orders come in, we can better gauge a larger order of the adapted models.

Also, for your information, these physicians expressed a desire for the TOF to be continuous when using Rocuronium for induction. However, their responses over this weren't near as adamant as the 1 Hz continuous.

I look forward to your feedback.

In the meantime, I hope you have a good weekend, it is spectacular weather here and I plan on soaking up as much as possible this weekend.

Warm Regards,
Jennifer
Dyna Medical Corp
www.dynamedical.com
info@dynamedical.com

Dear Jennifer

Thank you very much for your feed-back and it is nice to hear that the weather is getting warm, it looks like we are finally going to get a nice summer?

We would be happy to adapt 5 units for you, but please note that there will be no time-out function on these units. As these units are for clinical trial, please make sure that you are aware of who is using them and where they are being used. Please state on your order that you would like the 1Hz continuous function.

Once we have some idea of projected sales, we can organise some extra pad printing and a time-out function. We have been thinking that 10 mins would be a good time-out, can you get some feed-back on this?

We would be happy to charge the same price for the trial models, but it looks like we are going to have to add approximately $20 to the final production models, would this be acceptable?

Best regards

Ryan

Ryan Swaine

So Sorry Ryan:

I usually don't do the ordering and I simply forget to get you a P.O.#. Therefore, please use P.O.#7227.

As well, if it does not hold up delivery time, I would like all of them with the alligator clip cables. However, if it does hold up delivery, normal cables are acceptable.

We have also decided that we would like the smaller clips on the new cables, provided that they fit on a regular 'ECG' electrode.

Thanks
Jennifer

Good Day Ryan:

I thought I would give you a little feedback from our Canadian customers regarding the DB3.

Please don't misunderstand, some customers love the stimulator, however here is some of the negative feedback.

If you have any suggestions on how to deal with either of these issues, it would be appreciated.

No digital readout. While I understand that a readout is not required, the 'newer' age anesthetists are wanting an exact readout. It is frustrating because they do not use this number for charting or any other use. Anesthetists are an interesting breed, they don;t always make sense!

Constant output, meaning they have to depress the button every time they want stimulus. This appears to have really been an issue with the 1Hz and intubation.
There are a number of papers reporting ideal conditions for intubation after succinylcholine administration. Ideal condition is determined by response of constant 1 Hz stimulation. Intubation is considered a procedure they can do on their own and can not afford to have another person involved to 'work the stimulator'.

Again, any feedback/suggestions on these 2 situations would be appreciated.

Also, we are meeting with a Anesthesia Assistant on Tuesday who specializes in neonatal resuscitation regarding the Tom Thumb. I will certainly give you the feedback as soon as we get it.

Thank you for your time and I hope you have a great day.

Warm Regards,
Jennifer Krische
Dyna Medical Corp
www.dynamedical.com
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Hello Ryan:

While I think I am about to muddy the waters a bit here, and I do apologize for that, I hope that the information can help us tremendously for the sales of the DB3 in the Canadian Market.

I had a long chat with Dr. L.P.Fortier from Maisonieuve Hospital in Montreal. He, aloung with other physicians at this facility, most notably Dr. F. Donati do a large amount of research with respect to Anesthesia drugs and stimulation. If you put one or both of their names in Google, you will find a vast array of studies they have published. Even if you are only able to read the abstracts, they are very informative. I feel that if we could have him use the DB3 for any published studies, it would really further our promotion of the stimulator.

To the crux of the matter. He would like to clinically evaluate the DB3(they need to purchase at least 6 of them to start). However, he feels strongly that the optimal stimulator should have continuous TOF and 1Hz. If possible a 5 minute shut off would be optimum. He did say that they are already in the habit of turning the stimulator off when they are finished, so a shut off is not a must have, but would be nice.

I think we have contacted him at the perfect time and I would love to get him a DB3 as soon as possible.

Therefore, I know we have batted around a number of ideas, but would like to (re)confirm these issues for my thought processes to be clear:

Can you put both the TOF and 1 Hz as continuous?

If the answer is no, can you have just the TOF as continuous?

How long before we see the alligator clip cables?

When I know the answers to these questions, I may have more.

Again, I know we are going in a few circles here, but after my talk with Dr. Fortier, I am more optimistic about larger sales volume than before and excited to visit these doctors with a modified DB3.

I look forward to hearing from you.

Have a great weekend,

Warm Regards,
Jennifer
Dyna Medical Corp
www.dynamedical.com
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On 7-May-09, at 5:25 AM, Ryan Swaine wrote:

Hi Jennifer

I apologise that I have not been in contact sooner, as we had a national holiday at the beginning of the week and it has been a bit crazy trying to catch up.

It sounds like you have got a really good chance to increase the profile of the DB3 and I would like to try and help in any way that we can. The question I have is with regards to the continuous TOF; if we make the TOF continuous ,would it not then be almost the same as the 1hz function? What would we call this function, as it would not longer be a train of four?

We have already converted the 5 x units for continuous 1Hz.

Best regards

Ryan

Good Morning Ryan:

Funny isn't it, you get a 'day off' for holiday and you spend the rest of the week paying for it. It's the same here! Sometimes life just doesn't make sense.

Sorry, I guess I did not make myself clear. When I speak of making the TOF continuous, I mean: TOF sequence, a 'silent' (no stimulation) period of 8-10 seconds,then another TOF sequence. This pattern would be repeated until the user turned the switch off or if possible a built in shut off turned the stimulator off. Different drugs require different monitoring and the TOF is used to monitor patient response when Rocuronium. In this way the TOF and 1Hz would be distinct patterns. I Hz is used to monitor Succinycholine.

I hope this helps, please let me know if this makes sense as I know I may not make myself clear all the time!

Warm Regards,
Jennifer

On 8-May-09, at 9:41 AM, Ryan Swaine wrote:

Hi Jennifer

You are quite right, one day off and it really affects the rest of the week. To add to this, some European health authorities are gearing up for an outbreak of swine flu and it has put the pressure on, but I am really pleased that we have had the opportunity to get involved.

We have the 5 x Microstims with continuous 1Hz ready for dispatch, do you still require these models?

We would be happy to build some units with continuous TOF, but it is not as easy as to change a switch, like on the 1HZ. We will need to have some chips programmed and we have to do this in batches of 100+. We are happy to go ahead and have the chips programmed, but we need to be precise with the specifications.

Please can you provide me with a signed copy of a letter for our development file, it will need to contain the following:

1) Please explain that you would like a new version of the Microstim and if you can use the names of the Specialists and the reasons they have given you for the changes required.

2) Can you tell me exactly whether you require a 8,9 or 10 second break between the TOF cycles.

3) Exactly what period you require before time-out occurs on the continuous applications.

We are looking at approximately 3 weeks for the new clips, sorry for the delay on this, I will chase them.

Please have great weekend.

Best regards

Ryan

Hi Jennifer

It maybe a while before we can obtain the programmed chips, we will also need to change the print on the casing. I am sorry that I am not being more specific, as we only came up with a solution today, I have not pressed for any time scales as yet.

I thought that the 5 x units were for different customers?

Best regards

Ryan

Thanks for all the information Ryan.

I will reply to all three requests in separate email before the end of the day. However, I most importantly need to know, can the new 'chips' with the continuous TOF be put in those units that you have already prepared for us with continuous 1 Hz?

Thanks,
Jennifer