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Interim Clinical Investigation Report

Clinical Investigation Title:	LYNG21: Ably LYNG Clinical Demonstration in Operative Environment
Investigational Device(s):	LYNG Monitoring System
Investigation Code:	LYNG 21
CIV Code:	
Principal Investigator:	MD, PhD Dag Arne Lihaug Hoff Seksjon for Forskning og Innovasjon Ålesund Sykehus Åsehaugen 5 6017 Ålesund
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Version and Date:	First Draft, 08.09.22

This clinical investigation is being conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki. Furthermore, the clinical investigation is being performed in compliance with the Medical Device Regulation 2017/745

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Summary

NAME OF THE SPONSOR:

Ably Medical AS

CLINICAL INVESTIGATION TITLE:

LYNG21: Ably LYNG Clinical Demonstration in Operative Environment

CLINICAL INVESTIGATION CODE:

LYNG 21

CIV-ID:

INVESTIGATIONAL DEVICE(S):

1. LYNG Continuous contactless patient monitoring system

LEGAL MANUFACTURER:

Ably Medical AS, Drammensveien 130, 0277 Oslo, Norway

Clinical Investigation Rationale:

Regular assessment of vital signs is an essential requirement for health-care personnel when monitoring patients, as changes will indicate an improvement or decline of the patient's physiological or pathological state. However, as a result of heavy nurse-load, such assessments may take place infrequently with vital signs measured infrequently for each patient. Patient deterioration may progress but can often be missed, especially at night. Early capture of such changes in vital signs can therefore improve patient outcomes. Sensors can be used to monitor patients in a continuous manner and indicate vital sign 'trends', as opposed to 'spot' readings by the health-care personnel and is the rationale for the development of LYNG, a contactless sensor for heart rate, respiration rate and patient movement. The LYNG System consists of 2 sensor mats placed beneath the bed mattress which are connected by a cable to a small bedside control unit. In the final form, the control unit will transmit data wirelessly through to a clinician user interface. In this clinical investigation, the data will be stored in the LYNG control unit and will be used for clinical validation purposes only.

The study aims to compare side by side data for the LYNG system and standard of care to investigate the accuracy, robustness and usability of the LYNG system.

OBJECTIVES:

The LYNG21 study objectives are as follows:

- Collect sensor data from LYNG to estimate patient heart rate, respiratory rate and movement indicators and compare parameter estimation by LYNG against current and relevant standard of care measurement methods.
- Assess safety of LYNG for use in a clinical setting, for patients and users.

The study is ongoing and In this interim report we report the accuracy of the estimation of Heart rate and Respiration rate, and the safety data on the out-patient data set.

INTRODUCTION:

The LYNG system is a non-contact, non-obtrusive sensor system that measures heart rate, respiration rate and movement. It is currently in the design phase, and it has been identified that the essential performance of the LYNG system needs to be evaluated in a clinical investigation. This interim CIR is outlining the results from the out-patient clinical research unit arm of the LYNG21 study, focusing on the primary endpoints:

- Comparison of standard of care and LYNG in heart rate measurement: Beats per minute.
- Comparison of standard of care in respiration rate measurement: Respirations per minute.

In addition, the following datapoints were collected:

- Age
- Gender
- Height
- Weight

In this arm of the study, heart rate and respiration rate were monitored by ECG and respiration belt, respectively. The automatic retrieval of data ensures precise data with an increased number of datapoints. All raw data both from the LYNG system and the reference sensors were stored for offline post-analysis. The data collected in this first arm are used to verify the sensor technology in the LYNG system, while the next inpatient arm in the post-surgery ward and general ward will be used to validate the LYNG system in relevant clinical settings using state-of-the art measurements as reference for heart rate and respiration rate.

Dedicated research staff within the hospital will transcribe the comparative data either manually or electronically from the patient chart to the LYNG CRF. These data will then be used in the analysis of the primary and secondary endpoints.

CLINICAL INVESTIGATION POPULATION:

Inclusion Criteria

- Adults > 18 years
- Weight above 30 kg and below 180 kg
- Patients who can give informed consent personally.
- Patients who are admitted to the general ward and are likely to remain there for at least 24 hours.
- Clinical research unit outpatients and post-surgery patients who are likely to be in the recovery room for at least 30 minutes.

Exclusion Criteria

- Pregnancy
- Children (under 18 years old)
- Unable to give informed consent personally
- Health condition that endangers patient by participation due to a potential negative impact on treatment or care, as evaluated by the attending physician, investigator, or research staff.
- Patients with implantable devices such as pacemakers, baclofen pumps, insulin pumps, etc,
- If the patient in the opinion to the attending physician is not suitable for the study.

It was planned to recruit up to 40 patients in the outpatient clinical research unit, 30-50 patients in the general ward and up to 10-20 patients in the surgery recovery room. The final number of subjects in the out-patient clinical research unit arm was 36 with an average age of 42 +/- 15.3 years. Data on this population is presented in detail in the Results sections.

STATISTICAL METHODS:

Performance Analysis

- Prospective criteria for comparison of the accuracy between state-of-the-art measurements and LYNG measurements will be defined in the statistical analysis plan.

Safety Analysis

- All safety data will be evaluated, tabulated and assessed.

RESULTS:

36 subjects were included in this study, where 33 were used in the analysis. The 3 subjects that were excluded was so either because of lack of data or non-usable quality of reference data. Of the subjects used in the analysis, 23 were female and 10 were male, with an average weight 80 (+/- 14.9) kg, average height 174 (+/- 9.4) m, and an average age of 41.4 (+/- 14.7) years, spanning 20-69 years. The LYNG system performed a 98.8 (+/- 3.2, CI= [97.8, 99.9]) % and 97.9 (+/- 2.2, CI= [97.2, 98.7]) % accuracy across the study population for heart rate and respiration rate, respectively. There was also shown to be no significant correlation between the accuracy of the above-mentioned vital signs and BMI, and age.

CONCLUSION:

In the CIP the pass criteria for both HR and RR were set to be within 10% of the standard of care. As presented in the Results section, the HR and RR accuracies are well within the pass/fail criteria, and are therefore deemed equivalent, based on this dataset. As the LYNG system is intrinsically a low-risk device and there has not been recorded any adverse events during the study and both HR and RR are deemed equivalent to the state of the art, the benefit of the LYNG system significantly outweighs the risk.

DATE OF CLINICAL INVESTIGATION INITIATION:

First participant in this study was enrolled 18.06.2021

Introduction

The LYNG system is a non-contact, non-obtrusive sensor system that measures heart rate, respiration rate and movement. It is currently in the design phase, and it has been identified that the essential performance of the LYNG system needs to be evaluated in a clinical investigation. This intermediate CIR is outlining the results from the out-patient clinical research unit arm of the LYNG21 study, focusing on the primary endpoints:

- Comparison of standard of care and LYNG in heart rate measurement: Beats per minute.
- Comparison of standard of care in respiration rate measurement: Respirations per minute.

In addition, the following datapoints were collected:

- Age
- Gender
- Height
- Weight

In this arm of the study, heart rate and respiration rate were monitored by ECG and respiration belt, respectively. The automatic retrieval of data ensures precise data with an increased number of datapoints. All raw data both from the LYNG system and the reference sensors were stored for offline post-analysis. The data collected in this first arm are used to verify the sensor technology in the LYNG system, while the next inpatient arm in the post-surgery ward and general ward will be used to validate the LYNG system in relevant clinical settings using state-of-the art measurements as reference for heart rate and respiration rate.

This clinical investigation is being conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki. Furthermore, the clinical investigation is being performed in compliance with the Medical Device Regulation 2017/745. This clinical investigation has been conducted in accordance with the CIP.

Investigational Device and Methods

Investigational device description

The Ably LYNG system consist of a Sensing Unit ("sensor mat"), Bedside Unit ("bedside connectivity box"), and the LYNG software to be set up and used by medical personnel only to monitor patient heart rate, respiration rate, and movement.

Name	Materials	Part of
A Sensing Unit placed under the mattress pad	Plastic covering grid of piezo sensors with extending plastic cables.	Sensor system
A Control Unit (Bedside Unit)	Aluminum Casing w/plastic back panel	Sensor system
Proprietary recording and data analysis software.	Developed by Ably Medical, running on Linux on a Single Board Computer (SBC).	Bed side connectivity box

The Ably LYNG system provide continuous, automatic no-contact monitoring of heart rate (beats per minute), respiration rate (respirations per minute), movement (notification of movement). The study used a pre-series model of LYNG with documented safety testing from external third-party organization.

Intended Use:
The Ably LYNG System provides continuous, automatic, contact-free monitoring of heart rate, respiration rate and movement and alerts to changes in these measurements which may help identification of early patient deterioration. Ably LYNG is indicated for patients in non-critical care wards that may benefit from continuous monitoring including general (internal) medicine wards, surgical wards, acute medical wards, or care wards for older people as well as nursing homes. The system is indicated for use adolescents and adults (user weight limits >30 kg and <180 kg) while in resting position and/or sleep.
The Ably LYNG System consists of a sensor unit and a bedside control unit to be used by medical personnel only to monitor patient heart rate, respiration rate and movement.
For this clinical investigation, the data acquired by the system will be analyzed by Ably technical personnel only, off-line and after the patient data collection session.

Clinical Investigation Plan

The LYNG21 study objectives are as follows:

- Collect sensor data from LYNG to estimate patient heart rate, respiratory rate and movement indicators and compare parameter estimation by LYNG against current and relevant standard of care measurement methods.
- Assess safety of LYNG for use in a clinical setting, for patients and users.

In this report we compare the accuracy of the estimation of heart rate and respiration rate versus reference measurements. The reference equipment used for heart- and respiration rate is the Biopac IPS100D system with ECG100C and RSP100C for ECG and respiration belt measurements, respectively. The analysis of reference data, LYNG data, and finally the comparison was all done in post-analysis.

All of the patients assessed in this interim analysis followed CIP Version 18.

Results

The first patient was enrolled 18.06.2022, and the last was enrolled 16.12.21. 36 participants were enrolled in the study at the Research Unit at Ålesund Sykehus, with Dr Dag Arne Hoff as Principal Investigator. No therapy was given to the subjects. The out-patient arm of the LYNG21 study is defined as a feasibility study, using one set of a pre-series model of the LYNG System. The demographics of the subject population is given in Table 3 in this section.

Safety Analysis

There were no reported adverse events during this study. During investigational device use, the data were not communicated to the health care professionals conducting the study (nor any other health care professionals) and could therefore not influence on the treatment of the subjects. The data from the study were anonymized.

Study population

All subjects are tabulated in *Annex 2: Detailed study population table*.
Summarized we have the following study populations for HR and RR estimation:

N	Age (mean +/- St. dev)	Height (mean +/- St. dev)	Weight (mean +/- St. dev)	%Female
33	41.4 +/- 14.7 years	172.0 +/- 9.4 cm	80.0 +/- 14.9 kg	69.7 %

Table 1 Summary of patient population used in analysis.

Deviations

For some of the subjects, data was lost. This was due to reference equipment not working as intended (E.g., an ECG electrode falling off during the data gathering) or due to full storage on the device, meaning the data was lost for both investigational device and reference equipment. All these events are summarized in *Annex 1: Study events*. None of the events represent any harmful situations, nor malfunction of the investigational device.

Measurements

Th LYNG system is composed of two sensing units and a control unit. The sensing units are placed underneath the mattress and are not in contact with the patient. The sensing unit are sensitive to motion and are gathering data on heart beats through ballistocardiography and breathing cycles through the movement associated with breathing. Movement is converted to electrical signals that are digitized and store on the control unit for post-analysis.

The reference sensors used for this study are ECG and respiration belt. These are both sampled through the Biopac IPS100D with add on modules ECG100C and RSP100C for ECG and respiration belt, respectively. Analog signals from the Biopac system were sampled digitized and stored to the control unit for post-analysis. Synchronization was ensured by sampling both the LYNG system and the reference sensors onto the control unit directly.

Data and statistical analysis

The raw data from the reference sensors were analyzed using standard ECG peak detection algorithms for Heart rate estimation and by visual inspection for the respiration rate. All reference data was verified by visual inspection. Both the analysis output from LYNG and the reference sensors were averaged over an 8 second and 28 second broad window, for heart rate and respiration rate, respectively. The windows were tempered by a Hann window to increase sensitivity to variabilities. The window was shifted 1 second for each new calculation, also to

achieve high sensitivity to variations in the data. Each calculated average within the window is from now referred to as a datapoint.

The LYNG and reference data were compared using the industry standard from the Food and Drug Administration [1] and the American National Standard [2] for accuracy determination. A datapoint is considered accurate if within +/- 10% or +/- 5 BPM, whichever is greater, for HR. A datapoint is considered accurate is within +/- 2 BPM for RR. Furthermore, the absolute relative error (*aRE*) will be calculated for each subject in following manner:

$$aRE = \frac{|Reference - Lyng|}{Reference}$$

aRE is presented in percentage. To investigate if patient age and Body Mass Index (BMI) has an influence on the accuracy, the correlations between age and aRE, and BMI and *aRE* will be performed for both heart rate and respiration rate.

Results

In the outpatient arm that was analyzed in this interim CIR, 33 patients were considered, where 23 were female and 10 were male, with an average weight 80 (+/- 14.9) kg, average height 174 (+/- 9.4) m, and an average age of 41.4 (+/- 14.7) years, spanning 20-69 years.

In Figure 1, the accuracy per patient is presented for both HR and RR. The statistics over the population are tabulated in Table 2 while the statistics for all datapoints across subjects are presented in Table 3, for both HR and RR. For subject 030 we saw a ventricular extrasystole. When calculating the HR for this patient, we did not count the extra systoles.

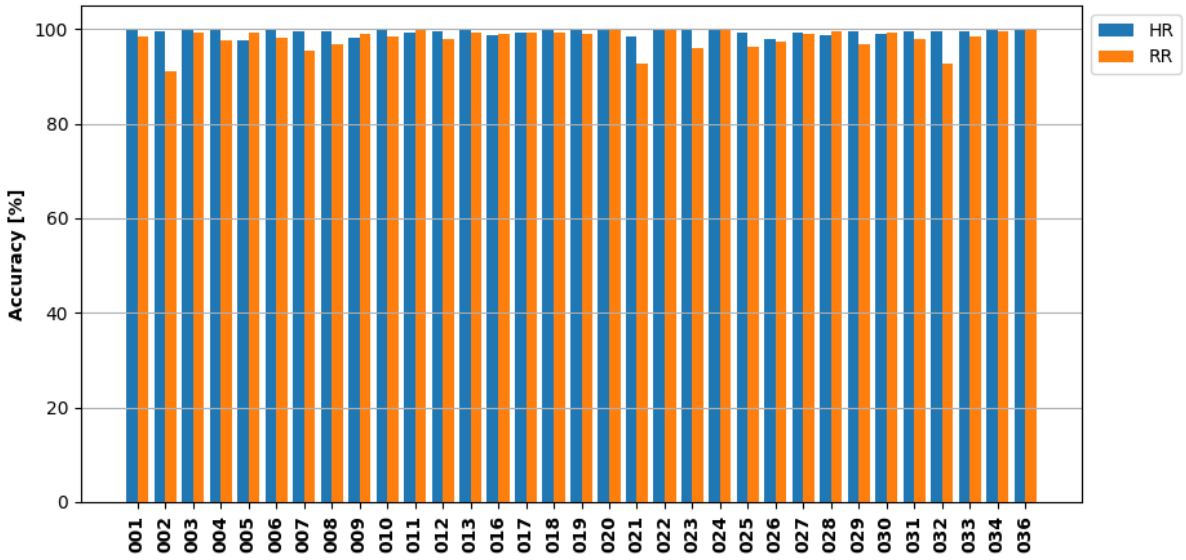

Figure 1 Accuracy per subject

Parameter	Accuracy	aRE	Absolute Error	N
Heart rate	**99.4** (+/- 0.6) % CI= [99.2, 99.6]	**1.20** (+/- 0.44) % CI= [1.05, 1.35]	**0.78** (+/- 0.28) BPM CI= [0.68, 0.88]	33
Respiration rate	**97.9** (+/- 2.2) % CI= [97.2, 98.7]	**2.7** (+/- 1.50) % CI= [2.21, 3.24] %	**0.35** (+/- 0.16) BPM CI= [0.29, 0.40] BPM	33

Table 2: Statistics over subjects.

Parameter	Accuracy	aRE	Absolute Error	N
Heart Rate	**99.4** %	1.17 (+/- 2.94) % CI= [1.14, 1.19] %	**0.76** (+/- 2.22) BPM CI= [0.74, 0.78] BPM	53 554
Respiration Rate	**98.2** %	**2.56** (+/- 6.78) % CI= [2.50, 2.63] %	**0.33** (+/- 0.98) BPM CI= [0.32, 0.34] BPM	45 733

Table 3: Statistics over all datapoints.

In addition to the predefined analysis, we calculated the correlation between Age and vital sign accuracy, and BMI and vital sign accuracy. The results are tabulated in Table 4. We see a clear reduction in the correlation for HR and BMI when removing subject 030, which is an outlier in the dataset (HR accuracy = 75.6%). Effectively, there is no significant correlation.

Parameter	BMI (r, p)	Age (r, p)
Heart Rate	r = -0.28, p = 0.12	r = -0.28, p = 0.11
Heart Rate w.o. outlier	r = 0.03, p = 0.86	r = 0.22, p = 0.2
Respiration Rate	r = -0.05, p = 0.79	r = 0.25, p= 0.16

Table 4: Pearson's correlation coefficient and p-value for combinations of vital sign and subject's BMI and age.

To investigate potential gender biases, we split the data set into female and male population and redo the analysis for accuracy, aRE and absolute error. The cross-population results are showed in Table 5, and the results across all data points are showed in Table 6.

Gender	Parameter	Accuracy	aRE	Absolute Error	N
Female	Heart Rate	**99.3** (+/- 0.6) % CI = [99.1, 99.6] %	**1.20** (+/- 0.5) % CI= [1.01, 1.39] %	**0.82** (+/-0.3) BPM CI= [0.69,0.94] BPM	**23**
	Resp. Rate	**98.6** (+/- 1.1) % CI = [98.1, 99.1] %	**2.33** (+/- 1.1) % CI= [1.88, 2.79] %	**0.30** (+/-0.1) BPM CI= [0.26,0.34] BPM	**23**
Male	Heart Rate	**97.7** (+/- 5.5) % CI = [94.3, 1.0] %	**1.58** (+/- 1.3) % CI= [0.78, 1.59] %	**1.00** (+/-0.9) BPM CI= [0.41,1.56] BPM	**10**
	Resp. Rate	**96.4** (+/- 3.0) % CI = [94.5, 98.3] %	**3.6** (+/- 1.9) % CI= [2.47, 4.78] %	**0.46** (+/-0.23) BPM CI= [0.31,0.60] BPM	**10**
Male w.o. Outlier	Heart Rate	**99.6** % (+/- 0.4) % CI= [0.99, 1.00] %	**1.16** (+/- 0.36) % CI = [0.93, 1.40] %	**0.69** (+/- 0.17) BPM CI = [0.58, 0.80] BPM	**9**
	Resp. Rate	**96.1** (+/- 3.1) % CI = [94.1, 98.1] %	**3.79** (+/- 1.90) % CI = [2.55, 5.02] %	**0.47** (+/- 0.24) BPM CI = [0.31, 0.62] BPM	**9**

Table 5 Statistics over subjects divided by gender, and with/without outlier.

Gender	Parameter	Accuracy	aRE	Absolute Error	N
Female	Heart Rate	99.4 %	1.17 (+/- 3.1) % CI= [1.14, 2.00] %	0.79 (+/-2.4) BPM CI= [0.76, 0.81] BPM	38 737
	Resp. Rate	98.7 %	2.28 (+/- 6.4) % CI= [2.21, 2.35] %	0.29 (+/-0.8) BPM CI= [0.28, 0.30] BPM	33 268
Male	Heart Rate	97.7 %	1.56 (+/- 3.9) % CI= [1.50, 1.63] %	0.99 (+/-2.8) BPM CI= [0.95, 1.03] BPM	14 817
	Resp. Rate	96.9 %	3.33 (+/- 7.6) % CI= [3.2, 3.47] %	0.43 (+/-1.3) BPM CI= [0.40,0.45] BPM	12 465
Male w.o. outlier	Heart Rate	99.5 %	1.14 (+/- 2.6) % CI= [1.10, 1.19] %	0.68 (+/-1.8) BPM CI= [0.65,0.71] BPM	13 331
	Resp. Rate	96.6 %	3.44 (+/- 7.9) % CI= [3.30, 3.60] %	0.43 (+/- 1.37) BPM CI= [0.41,0.46] BPM	11 382

Table 6 Statistics over all data points for population divided by gender, and with/without outlier.

Discussions and Overall Conclusions

In the CIP the pass criteria for both HR and RR were set to be within 10% of the standard of care. As presented in the Results section, the HR and RR accuracies are well within the pass/fail criteria, and are therefore deemed equivalent, based on this dataset.

Furthermore, we see that the accuracy for both heart rate and respiration rate are consistently high for both male and female participants. There is also no significant correlation between the vital sign measurements and both BMI and age.

One of the subjects (Subject 030, Male, heigh=185 cm, weight=116 kg) have significantly lower accuracy for HR than the other subjects. From the ECG data we indications that the subject has ventricular extrasystole. These extra heartbeats are believed to be the reason for the reduced accuracy.

The data collected in this arm of the LYNG21 study were short segments (approximately 45 minutes per patient), but the use of continuous monitoring devices as reference measurements ensured high numbers of datapoints per patient. In the next arms of the study, the LYNG system will be tested in relevant wards in the hospital using the standard of care measurements as reference data. This will provide data over longer periods for each subject in a clinically relevant environment, that will give data on consistency as well as measurement accuracy.

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Abbreviations and definitions

HR	Heart rate
RR	Respiration rate
CIP	Clinical Investigation Protocol
aRE	Absolute Relative Error
ECG	Electrocardiography
PI	Principal Investigator
CI	95% Confidence Interval
VES	Ventricular Extrasystole

Ethics

This clinical investigation has been conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki. Furthermore, the clinical investigation will be performed in compliance with the Medical Device Regulation 2017/745. This clinical investigation has been conducted in accordance with the CIP.

This clinical investigation was approved by REK, *Regionale komiteer for medisinsk og helsefaglig forskningsetikk*. The ICF was obtained prior to the data collection for every subject.

Investigators and administrative structure of clinical investigation

The clinical investigation is an industry sponsored investigation, where the PI and all hospital staff related to the study have no economic interest in the Sponsor, Ably Medical.

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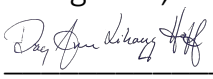
Signature: 

Date (dd-mm-yyyy): 28-Oct-2024

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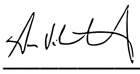
Signature: 

Date (dd-mm-yyyy): 29-Oct-2024

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[1] FDA, "Guidance for industry & FDA Staff. Statistical guidance on reporting results from studies," Rockville, MD, 2007.

[2] A. f. t. A. o. M. Instrumentation, "Cardiac monitors, heart rate meters, and alarms," American National Standard EC13, Washington, DC, 2002.

Annex 1: Study Deviations

Tabulated below are the recorded events during the out-patient arm of the LYNG21 study. None of the events represent any harmful situations, nor malfunction of the investigational device. There has not been recorded any adverse events nor adverse device effects.

Event ID	Subject ID	Description of event	Severity	Outcome	Analysis	Corrective Action
LYNG21_event_01	001	Data from respiration belt w/accelerometer was missing from data file after study session with patient.	None - No impact on patient or study nurse is found. The event did not cause any risk or harmful situation.	Impact is on the integrity and amount of study monitoring data for the patient in question.	The probable cause is identified as human error as respiration belt was not properly attached to patient by nurse before data collection was initiated. The routine for attaching respiration belt was not sufficiently addressed in training.	Instruction for attachment was reformulated. New training was provided to study nurses. Data from patient returned to conduct a full session 22.06.2021.
LYNG21_event_02	008	A EKG electrode fall off during study session. Study nurse observed the EKG electrode not attached to the EKG pad when removing equipment from patient at study end.	None – No impact, harm or risk for patient of study nurse.	Integrity of data file was corrupted in terms of lacking any EKG data.	Likely cause is patient movement during body movement as part of procedure (e.g. turning from side to side) in possible combination with suboptimal attachment of EKG electrode on the EKG pad.	No corrective action identified. Patient returned to conduct a full session 16.08.2021.
LYNG21_event_03	014 & 015	Data from patient 014 and patient 015 was not stored on LYNG Box because the internal memory in LYNG Box was full.	None – No impact, harm or risk for patient of study nurse.	Data from patient 014 and patient 015 was lost. No data analysis possible.	The identified cause is suboptimal memory maintenance of the LYNG Box by Ably engineers. The event is likely to be caused by underestimation of the accumulation of data on the internal LYNG Box memory resources across session of patient data collection. Initial estimations suggested that a bi-monthly memory maintenance in terms of freeing up memory by moving data from box to server would be sufficient. The memory resources filled up faster than	Frequency of memory maintenance by Ably engineers is now conducted on weekly basis to ensure large buffers of memory capacity available.

					that, resulting in the data files without content.	
LYNG21_event_04	034	Data from ECG was of bad quality and not possible to analyze for large parts of the data collection.	None – No impact, harm or risk for patient of study nurse.	Not possible to analyze HR data for parts of the data from patient 034.	One of the probes were noticed to have fallen off after the data collection was performed. When looking at the data, the ECG signal was corrupted during the study.	No corrective action identified.
LYNG21_event_05	035	Data from ECG was of bad quality and not possible to analyze	None – No impact, harm or risk for patient of study nurse	Not possible to analyze HR data for patient 035	The signal resembled ECG with bad electrical contact between subject and ECG electrode. After conversation with study nurse, it was identified that the ECG patches bag had been open for too long (exceeding the recommended time written on the bag).	Training was performed over telephone. The date of opening and recommended time of usage after opening stated on the bag will be considered be the study nurses.

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Annex 2: Detailed study population table

ID	Age (Years)	Gender	Height (cm)	Weight (kg)
001	47	M	192	86,5
002	32	M	174	97
003	30	F	161	73
004	63	F	167	73
005	51	F	166	80
006	48	F	171	69
007	50	F	166	99,5
008	42	F	175	119
009	27	F	169	80
010	36	M	195	101
011	23	F	156	52
012	34	F	167	71
013	27	F	176,2	71,5
014	26	F	166	80
015	41	F	175	67
016	37	F	163	69
017	48	F	168,5	87
018	52	F	173	74,7
019	27	F	166	58
020	69	M	180	82
021	28	M	175	78,4
022	63	F	166	78
023	42	M	186	84,8
024	20	F	177	87
025	38	M	176,7	66,6
026	30	F	174,8	68,4
027	61	F	167	71
028	29	F	159	66
029	44	F	169	76,5
030	68	M	185	116
031	25	F	161,2	62,8
032	30	M	184,2	73,6
033	24	F	170	93
034	62	M	180	90
035	78	M	172	86
036	60	F	160	84
Average	42	% F = 69,4%	171,93	79,79
Standard Deviation	15,53		9,03	14,46

LYNG21_Interim_CIR_

Final Audit Report 2024-10-29

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By:	Agnes Karina Straum (agnes@ablymed.com)
Status:	Signed
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