

(12) United States Patent

Fennell

(54) METHOD AND APPARATUS FOR PROVIDING DYNAMIC MULTI-STAGE SIGNAL AMPLIFICATION IN A MEDICAL DEVICE

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(56)References Cited

U.S. PATENT DOCUMENTS

See application file for complete search history.

7/1966 Ross, Jr. 3.260.656 A 5/1971 Aston 3,581,062 A (Continued)

FOREIGN PATENT DOCUMENTS

ΕP 0098592 1/1984 0127958 EP 12/1984 (Continued)

OTHER PUBLICATIONS

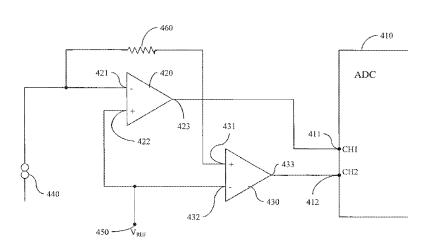
Armour, J. C., et al., "Application of Chronic Intravascular Blood Glucose Sensor in Dogs", Diabetes, vol. 39, 1990, pp. 1519-1526. (Continued)

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(57)ABSTRACT

Methods and apparatus for providing multi-stage signal amplification in a medical telemetry system are provided.

20 Claims, 4 Drawing Sheets



5,342,789 A

8/1994 Chick et al.

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continuation of application No. 13/437,894, filed on Apr. 2, 2012, now Pat. No. 8,427,298, which is a continuation of application No. 13/114,029, filed on May 23, 2011, now Pat. No. 8,149,103, which is a continuation of application No. 12/849,004, filed on Aug. 2, 2010, now Pat. No. 7,948,369, which is a continuation of application No. 12/102,836, filed on Apr. 14, 2008, now Pat. No. 7,768,387.

(60) Provisional application No. 60/911,866, filed on Apr. 14, 2007.

(56) References Cited

U.S. PATENT DOCUMENTS

3,926,760 A 12/1975 Allen et al. 3,949,388 A 4/1976 Fuller 6/1977 4,031,449 A Trombly 4,036,749 A 7/1977 Anderson 4,055,175 A 10/1977 Clemens et al. 4,129,128 A 12/1978 McFarlane 4,245,634 A 1/1981 Albisser et al. 4,327,725 A 5/1982 Cortese et al. 4,344,438 A 8/1982 Schultz 4,349,728 A 9/1982 Phillips et al. 4,425,920 A 1/1984 Bourland et al. 4,445,090 A 4/1984 Melocik et al. 4,464,170 A 8/1984 Clemens et al. 4,478,976 A 10/1984 Goertz et al. 4,494,950 A 1/1985 Fischell 4,509,531 A 4/1985 Ward 4,527,240 A 7/1985 Kvitash 4,538,616 A 9/1985 Rogoff 4,583,035 A 4/1986 Sloan 4,619,793 A 10/1986 Lee 4,671,288 A 6/1987 Gough 4,703,756 A 11/1987 Gough et al. 4,731,726 A 3/1988 Allen, III 4,749,985 A 6/1988 Corsberg 4,757,022 A 7/1988 Shults et al. 4,777,953 A 10/1988 Ash et al. 4,779,618 A 10/1988 Mund et al. 4,847,785 A 7/1989 Stephens 4,854,322 A 8/1989 Ash et al. 4,890,620 A 1/1990 Gough 4,925,268 A 5/1990 Iyer et al. 4,953,552 A 9/1990 DeMarzo 4,986,271 A 1/1991 Wilkins 4,995,402 A 2/1991 Smith et al. 5,000,180 A 3/1991 Kuypers et al. 5,002,054 A 3/1991 Ash et al. 5,019,974 A 5/1991 Beckers 5,050,612 A 9/1991 Matsumura 5,055,171 A 10/1991 Peck 5,061,941 A 10/1991 Lizzi et al. 5,068,536 A 11/1991 Rosenthal 5,082,550 A 1/1992 Rishpon et al. 5,106,365 A 4/1992 Hernandez 5,112,455 A 5/1992 Cozzette et al. 5,122,925 A 6/1992 Inpyn Adams et al. Wilson et al. 5,135,004 A 8/1992 5,165,407 A 11/1992 5,246,867 A 9/1993 Lakowicz et al. 5,262,035 A 11/1993 Gregg et al. 11/1993 5,262,305 A Heller et al. 5,264,104 A 11/1993 Gregg et al. 5,264,105 A 11/1993 Gregg et al. 5,279,294 A 1/1994 Anderson et al. 5,285,792 A 2/1994 Sioquist et al. 5,293,877 A 3/1994 O'Hara et al. 5,299,571 A 4/1994 Mastrototaro 5,320,725 A 6/1994 Gregg et al. 5,322,063 A 6/1994 Allen et al. 5,340,722 A 8/1994 Wolfbeis et al

5,356,786 A 10/1994 Heller et al. 5,360,404 A 11/1994 Novacek et al. 5,371,787 A 12/1994 Hamilton 5,372,427 A 12/1994 Padovani et al. 5.379.238 A 1/1995 Stark 5,390,671 A 2/1995 Lord et al. 5.391.250 A 2/1995 Cheney, II et al. 5,408,999 A 4/1995 Singh et al. 5,411,647 A 5/1995 Johnson et al. 5,425,868 A 6/1995 Pedersen 5,429,602 A 7/1995 Hauser 5,431,160 A 7/1995 Wilkins 7/1995 5,431,921 A Thombre 5,438,271 A 8/1995 White et al. 5,438,983 A 8/1995 Falcone 5,462,051 A 10/1995 Oka et al. 5,462,645 A 10/1995 Albery et al. 5,497,772 A 5,507,288 A 3/1996 Schulman et al. 4/1996 Bocker et al. 5,509,410 A 4/1996 Hill et al. 5,514,718 A 5/1996 Lewis et al. 5,531,878 A 7/1996 Vadgama et al. 5.558.638 A 9/1996 Evers et al. 5,568,806 A 10/1996 Cheney, II et al. 5,569,186 A 10/1996 Lord et al. 5,582,184 A 12/1996 Erickson et al. 5,586,553 A 12/1996 Halili et al. 5,593,852 A 1/1997 Heller et al 5,609,575 A 3/1997 Larson et al. 5,628,310 A 5/1997 Rao et al. 5,628,324 A 5/1997 Sarbach 5,653,239 A 8/1997 Pompei et al. 5.665.222 A 9/1997 Heller et al. 5,711,001 A 1/1998 Bussan et al 5,711,861 A 1/1998 Ward et al. 5,726,646 A 3/1998 Bane et al. 5,729,225 A 3/1998 Ledzius 5,733,313 A 3/1998 Barreras, Sr. et al. 5.769.873 A 6/1998 Zadeh 5,772,586 A 6/1998 Heinonen et al. 5,791,344 A 8/1998 Schulman et al 5,830,132 A 11/1998 Robinson 5,856,758 A 1/1999 Joffe et al 5,899,855 A 5/1999 Brown 5.919.141 A 7/1999 Money et al. 5,925,021 A 7/1999 Castellano et al. 5.935.224 A 8/1999 Svancarek et al. 5,942,979 A 8/1999 Luppino 5,957,854 A 9/1999 Besson et al. 5,964,993 A 10/1999 Blubaugh, Jr. et al. 5,965,380 A 10/1999 Heller et al. 5,971,922 A 10/1999 Arita et al. 5,995,860 A 11/1999 Sun et al. 6,001,067 A 12/1999 Shults et al. 6,024,699 A 2/2000 Surwit et al. 6,028,413 A 2/2000 Brockmann 6,049,727 A 4/2000 Crothall 6,055,316 A 4/2000 Perlman et al. 6,066,448 A 5/2000 Wohlstadter et al. 6,083,710 A 7/2000 Heller et al. 6,088,608 A 7/2000 Schulman et al 6,091,976 A 7/2000 Pfeiffer et al. 6,093,172 A 7/2000 Funderburk et al. 6,096,364 A 8/2000 Bok et al. 6,103,033 A 8/2000 Say et al. 6,117,290 A 9/2000 Say et al. 6,119,028 A 9/2000 Schulman et al. 6,120,676 A 9/2000 Heller et al. 6,121,009 A 9/2000 Heller et al. 6,121,611 A 9/2000 Lindsay et al. 6,122,351 A 9/2000 Schlueter, Jr. et al. 6,134,461 A 10/2000 Say et al. 6,162,611 A 6,175,752 B1 12/2000 Heller et al. 1/2001 Sav et al. 6,200,265 B1 3/2001 Walsh et al. 6,212,416 B1 4/2001 Ward et al. 6.218.809 B1 4/2001 Downs et al. 6,219,574 B1 4/2001 Cormier et al.

US 9,743,866 B2 Page 3

(56)			Referen	ces Cited	6,809,653			Mann et al.
	Ţ	TS 1	PATENT	DOCUMENTS	6,810,290 6,811,533			Lebel et al. Lebel et al.
	,	J.D. 1	I Z X I L Z Y I	DOCOMENTS	6,811,534			Bowman, IV et al.
	6,233,471	В1	5/2001	Berner et al.	6,813,519	B2		Lebel et al.
	6,248,067			Causey, III et al.	6,862,465	B2		Shults et al.
	6,270,455		8/2001		6,873,268 6,881,551			Lebel et al. Heller et al.
	6,275,717 6,284,478			Gross et al. Heller et al.	6,892,085			McIvor et al.
	6,293,925			Safabash et al.	6,893,396		5/2005	Schulze et al.
	6,295,506			Heinonen et al.	6,895,263			Shin et al.
	6,299,347		10/2001		6,895,265 6,926,670		5/2005	Silver Rich et al.
	6,306,104			Cunningham et al.	6,931,327			Goode, Jr. et al.
	6,309,884 6,314,317		11/2001	Cooper et al.	6,932,894			Mao et al.
	6,329,161			Heller et al.	6,936,006		8/2005	
	6,359,270	В1		Bridson	6,950,708			Bowman, IV et al.
	6,359,594		3/2002		6,958,705 6,968,294			Lebel et al. Gutta et al.
	6,360,888 6,366,794			McIvor et al. Moussy et al.	6,971,274		12/2005	
	6,377,828			Chaiken et al.	6,974,437			Lebel et al.
	6,379,301		4/2002	Worthington et al.	6,983,176			Gardner et al.
	6,385,473			Haines et al.	6,987,474 6,990,317	B2		Freeman et al. Arnold
	6,424,847			Mastrototaro et al. Bowman, IV et al.	6,990,366			Say et al.
	6,427,088 6,440,068			Brown et al.	6,997,907	B2		Safabash et al.
	6,471,689			Joseph et al.	6,998,247	B2		Monfre et al.
	6,478,736	В1	11/2002	Mault	7,003,336			Holker et al.
	6,480,744			Ferek-Petric	7,003,340 7,003,341			Say et al. Say et al.
	6,484,046 6,493,069	BI		Say et al. Nagashimada et al.	7,022,072	B2		Fox et al.
	6,514,718			Heller et al.	7,024,245	$\overline{\mathrm{B2}}$		Lebel et al.
	6,544,212			Galley et al.	7,027,931			Jones et al.
	6,546,268			Ishikawa et al.	7,029,444 7,041,068			Shin et al. Freeman et al.
	6,551,494			Heller et al.	7,041,008			Wojcik
	6,558,321 6,558,351			Burd et al. Steil et al.	7,056,302			Douglas
	6,560,471			Heller et al.	7,074,307			Simpson et al.
	6,561,978		5/2003	Conn et al.	7,081,195			Simpson et al.
	6,562,001			Lebel et al.	7,098,803 7,108,778			Mann et al. Simpson et al.
	6,564,105 6,565,509			Starkweather et al. Say et al.	7,110,803			Shults et al.
	6,571,128			Lebel et al.	7,113,821	B1		Sun et al.
	6,572,545			Knobbe et al.	7,134,999			Brauker et al.
	6,576,101			Heller et al.	7,136,689 7,167,818		11/2006	Shults et al.
	6,577,899 6,579,690			Lebel et al. Bonnecaze et al.	7,107,818			Starkweather et al.
	6,580,364			Munch et al.	7,174,199			Berner et al.
	6,585,644			Lebel et al.	7,190,988			Say et al.
	6,591,125	В1		Buse et al.	7,192,450	B2		Brauker et al. Boecker et al.
	6,595,919			Berner et al.	7,198,606 7,222,054		5/2007	
	6,605,200 6,605,201			Mao et al. Mao et al.	7,226,978	B2		Tapsak et al.
	6,607,509			Bobroff et al.	7,258,665	B2		Kohls et al.
	6,610,012		8/2003		7,267,665			Steil et al.
	6,633,772			Ford et al.	7,276,029 7,286,894			Goode, Jr. et al. Grant et al.
	6,635,014 6,645,368			Starkweather et al. Beaty et al.	7,299,082			Feldman et al.
	6,648,821			Lebel et al.	7,310,544			Brister et al.
	6,654,625	В1		Say et al.	7,335,294			Heller et al.
	6,656,114			Poulsen et al.	7,354,420 7,364,592			Steil et al. Carr-Brendel et al.
	6,658,396 6,659,948			Tang et al. Lebel et al.	7,366,556			Brister et al.
	6,668,196			Villegas et al.	7,379,765	B2		Petisce et al.
	6,687,546	B2	2/2004	Lebel et al.	7,402,153			Steil et al.
	6,689,056			Kilcoyne et al.	7,424,318 7,460,898			Brister et al. Brister et al.
	6,692,446		2/2004		7,467,003			Brister et al.
	6,694,191 6,695,860			Starkweather et al. Ward et al.	7,471,972		12/2008	
	6,698,269			Baber et al.	7,494,465		2/2009	Brister et al.
	6,702,857	B2		Brauker et al.	7,497,827		3/2009	Brister et al.
	6,730,025		5/2004		7,506,046		3/2009	Rhodes
	6,733,446 6,740,075			Lebel et al. Lebel et al.	7,519,408 7,547,281		4/2009 6/2009	Rasdal et al. Hayes et al.
	6,741,877			Shults et al.	7,569,030			Lebel et al.
	6,746,582			Heller et al.	7,583,990			Goode, Jr. et al.
	6,758,810	B2	7/2004	Lebel et al.	7,591,801		9/2009	Brauker et al.
	6,770,030			Schaupp et al.	7,599,726		10/2009	Goode, Jr. et al.
	6,790,178	Вl	9/2004	Mault et al.	7,613,491	B2	11/2009	Boock et al.

US 9,743,866 B2 Page 4

(56)	Referen	ces Cited	2003/0217966		11/2003	Tapsak et al.
U.S.	PATENT	DOCUMENTS	2004/0010207 2004/0011671			Flaherty et al. Shults et al.
0.0.		DOCOMENTO	2004/0030581			Leven et al.
7,615,007 B2		Shults et al.	2004/0034289 2004/0039255			Teller et al.
7,618,369 B2		Hayter et al. Brauker et al.	2004/0039233		2/2004 2/2004	Simonsen et al. Abreu et al.
7,632,228 B2 7,653,425 B2		Hayter et al.	2004/0040840		3/2004	
7,699,775 B2		Desai et al.	2004/0045879		3/2004	
7,766,829 B2		Sloan et al.	2004/0063435 2004/0064068		4/2004	Sakamoto et al. DeNuzzio et al.
7,768,387 B2 7,775,444 B2		Fennell et al. DeRocco et al.	2004/0004008		6/2004	Say et al.
7,804,197 B2		Iisaka et al.	2004/0106859		6/2004	
7,811,231 B2		Jin et al.	2004/0116786		6/2004 6/2004	
7,826,382 B2 7,833,151 B2		Sicurello et al. Khait et al.	2004/0122353 2004/0133164			Funderburk et al.
7,889,069 B2		Fifolt et al.	2004/0133390			Osorio et al.
7,948,369 B2		Fennell et al.	2004/0136377			Miyazaki et al.
7,978,063 B2		Baldus et al.	2004/0138588 2004/0146909			Saikley et al. Duong et al.
8,000,918 B2 8,010,174 B2		Fjield et al. Goode et al.	2004/0147872			Thompson
8,010,256 B2	8/2011	Oowada	2004/0152622			Keith et al.
8,123,686 B2		Fennell et al.	2004/0167801 2004/0171921		8/2004 9/2004	Say et al. Say et al.
8,149,103 B2 8,233,456 B1	4/2012 7/2012	Fennell et al. Kopikare et al.	2004/0171921		9/2004	
8,260,393 B2		Kamath et al.	2004/0186362			Brauker et al.
8,282,549 B2		Brauker et al.	2004/0186365			Jin et al.
8,417,312 B2		Kamath et al. Fennell et al.	2004/0193020 2004/0193025			Chiba et al. Steil et al.
8,427,298 B2 8,478,389 B1		Brockway et al.	2004/0193090			Lebel et al.
8,560,037 B2	10/2013	Goode, Jr. et al.	2004/0197846			Hockersmith et al.
8,622,903 B2		Jin et al.	2004/0199056 2004/0199059			Husemann et al. Brauker et al.
8,638,411 B2 8,698,615 B2		Park et al. Fennell et al.	2004/0204687			Mogensen et al.
8,849,459 B2		Ramey et al.	2004/0204868			Maynard et al.
8,914,090 B2		Jain et al.	2004/0206916 2004/0212536			Colvin, Jr. et al. Mori et al.
8,937,540 B2 9,402,584 B2*		Fennell A61B 5/14532	2004/0212330			Evanyk et al.
2001/0011795 A1		Ohtsuka et al.	2004/0225338	A1	11/2004	Lebel et al.
2002/0019022 A1	2/2002	Dunn et al.	2004/0236200			Say et al.
2002/0023852 A1		McIvor et al.	2004/0254433 2004/0260478			Bandis et al. Schwamm
2002/0026111 A1 2002/0042090 A1		Ackerman Heller et al.	2004/0267300		12/2004	Mace
2002/0045808 A1		Ford et al.	2005/0001024			Kusaka et al.
2002/0046300 A1		Hanko et al.	2005/0004439 2005/0004494			Shin et al. Perez et al.
2002/0065454 A1 2002/0103499 A1		Lebel et al. Perez et al.	2005/0010269			Lebel et al.
2002/0106709 A1		Potts et al.	2005/0017864			Tsoukalis
2002/0109621 A1		Khair et al.	2005/0027177 2005/0031689			Shin et al. Shults et al.
2002/0117639 A1 2002/0128594 A1		Paolini et al. Das et al.	2005/0031089		2/2005	
2002/0120354 A1	10/2002	Shin et al.	2005/0043598		2/2005	Goode, Jr. et al.
2002/0169635 A1		Shillingburg	2005/0049179 2005/0059372			Davidson et al.
2002/0173830 A1 2002/0185130 A1		Starkweather et al. Wright et al.	2005/0039372			Arayashiki et al. Cho et al.
2003/0004403 A1		Drinan et al.	2005/0090607	A1	4/2005	Tapsak et al.
2003/0009203 A1		Lebel et al.	2005/0096511			Fox et al.
2003/0023317 A1 2003/0032874 A1		Brauker et al. Rhodes et al.	2005/0096512 2005/0096516			Fox et al. Soykan et al.
2003/0032874 AT 2003/0042137 AT		Mao et al.	2005/0112169		5/2005	Brauker et al.
2003/0060689 A1	3/2003	Kohls et al.	2005/0113648			Yang et al.
2003/0060692 A1 2003/0060753 A1		Ruchti et al. Starkweather et al.	2005/0113653 2005/0114068			Fox et al. Chey et al.
2003/0006733 A1 2003/0065308 A1		Lebel et al.	2005/0116683		6/2005	Cheng et al.
2003/0100821 A1	5/2003	Heller et al.	2005/0121322			Say et al.
2003/0119457 A1		Standke	2005/0131346 2005/0137530			Douglas Campbell et al.
2003/0125612 A1 2003/0130616 A1		Fox et al. Steil et al.	2005/0137530			Kamath et al.
2003/0134347 A1		Heller et al.	2005/0176136			Burd et al.
2003/0144581 A1		Conn et al.	2005/0177398		8/2005 8/2005	Watanabe et al.
2003/0168338 A1 2003/0175992 A1		Gao et al. Toranto et al.	2005/0182306 2005/0182358			Veit et al.
2003/0175992 AT 2003/0176933 AT		Lebel et al.	2005/0182338			Goode, Jr. et al.
2003/0187338 A1	10/2003	Say et al.	2005/0192494	A1	9/2005	Ginsberg
2003/0199790 A1	10/2003		2005/0192557			Brauker et al.
2003/0208113 A1 2003/0212317 A1	11/2003 11/2003	Mault et al. Kovatchev et al.	2005/0195930 2005/0199494		9/2005 9/2005	Spital et al. Say et al.
2003/0212317 A1 2003/0212379 A1	11/2003		2005/0203360			Brauker et al.
2003/0216630 A1		Jersey-Willuhn et al.	2005/0221504		10/2005	Petruno et al.

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Page 5

(56)	Referen	ices Cited	2007/0100222			Mastrototaro et al.
U.S.	PATENT	DOCUMENTS	2007/0106135 2007/0124002			Sloan et al. Estes et al.
0.0.		DOCUMENTO	2007/0135697		6/2007	Reggiardo
2005/0236361 A1	10/2005	Ufer et al.	2007/0149875		6/2007	Ouyang et al.
2005/0239154 A1		Feldman et al.	2007/0153705 2007/0156094		7/2007	Rosar et al. Safabash et al.
2005/0241957 A1 2005/0242479 A1		Mao et al. Petisce et al.	2007/0163880			Woo et al.
2005/0242479 A1 2005/0245795 A1		Goode, Jr. et al.	2007/0168224			Letzt et al.
2005/0245799 A1		Brauker et al.	2007/0173706			Neinast et al.
2005/0245839 A1		Stivoric et al.	2007/0173712			Shah et al.
2005/0245904 A1		Estes et al.	2007/0173761 2007/0179349			Kanderian et al. Hoyme et al.
2005/0277912 A1 2005/0287620 A1	12/2005	Jonn Heller et al.	2007/0179352			Randlov et al.
2006/0001538 A1		Kraft et al.	2007/0191701	A1		Feldman et al.
2006/0004270 A1		Bedard et al.	2007/0191702			Yodfat et al.
2006/0015020 A1		Neale et al.	2007/0203407 2007/0203966			Hoss et al. Brauker et al.
2006/0015024 A1 2006/0016700 A1		Brister et al. Brister et al.	2007/0203300			Brauker et al.
2006/0010700 A1 2006/0019327 A1		Brister et al.	2007/0219496			Kamen et al.
2006/0020186 A1		Brister et al.	2007/0222609			Duron et al.
2006/0020187 A1		Brister et al.	2007/0235331			Simpson et al.
2006/0020188 A1		Kamath et al.	2007/0249922 2007/0255321		11/2007	Peyser et al. Gerber et al.
2006/0020189 A1 2006/0020190 A1		Brister et al. Kamath et al.	2007/0255348			Holtzclaw
2006/0020190 A1 2006/0020191 A1		Brister et al.	2007/0271285			Eichorn et al.
2006/0020192 A1		Brister et al.	2008/0009692			Stafford
2006/0020300 A1		Nghiem et al.	2008/0017522 2008/0021666			Heller et al. Goode, Jr. et al.
2006/0029177 A1		Cranford, Jr. et al.	2008/0027586			Hern et al.
2006/0031094 A1 2006/0036139 A1		Cohen et al. Brister et al.	2008/0029391			Mao et al.
2006/0036140 A1		Brister et al.	2008/0033254			Kamath et al.
2006/0036141 A1	2/2006	Kamath et al.	2008/0039702			Hayter et al.
2006/0036142 A1		Brister et al.	2008/0045824 2008/0057484			Tapsak et al. Miyata et al.
2006/0036143 A1 2006/0036144 A1		Brister et al. Brister et al.	2008/0058625			McGarraugh et al.
2006/0036144 A1 2006/0036145 A1		Brister et al.	2008/0058626			Miyata et al.
2006/0058588 A1		Zdeblick	2008/0058678			Miyata et al.
2006/0154642 A1		Scannell	2008/0060955		3/2008	Goodnow
2006/0155180 A1		Brister et al.	2008/0062055 2008/0064937			Cunningham et al. McGarraugh et al.
2006/0166629 A1 2006/0173260 A1		Reggiardo Gaoni et al.	2008/0067627			Boeck et al.
2006/0173406 A1		Hayes et al.	2008/0071156	A1		Brister et al.
2006/0173444 A1		Choy et al.	2008/0071157		3/2008	McGarraugh et al.
2006/0183984 A1		Dobbles et al.	2008/0071158 2008/0081977			McGarraugh et al. Hayter et al.
2006/0183985 A1 2006/0189863 A1		Brister et al. Peyser et al.	2008/0083617			Simpson et al.
2006/0193375 A1		Lee et al.	2008/0086042	A1	4/2008	Brister et al.
2006/0222566 A1		Brauker et al.	2008/0086044			Brister et al.
2006/0224109 A1		Steil et al.	2008/0086273 2008/0092638			Shults et al. Brenneman et al.
2006/0229512 A1		Petisce et al.	2008/0092038		4/2008	Steil et al.
2006/0247508 A1 2006/0253296 A1		Fennell Liisberg et al.	2008/0108942			Brister et al.
2006/0264785 A1		Dring et al.	2008/0154513			Kovatchev et al.
2006/0264888 A1	11/2006	Moberg et al.	2008/0161666			Feldman et al.
2006/0270922 A1		Brauker et al.	2008/0167543 2008/0172205			Say et al. Breton et al.
2006/0272652 A1 2006/0293607 A1		Stocker et al. Alt et al.	2008/0179187			Ouyang et al.
2007/0007133 A1		Mang et al.	2008/0183060			Steil et al.
2007/0016381 A1	1/2007	Kamath et al.	2008/0183061			Goode et al.
2007/0017983 A1		Frank et al.	2008/0183399 2008/0188731			Goode et al. Brister et al.
2007/0026440 A1 2007/0027381 A1		Broderick et al. Stafford	2008/0188796			Steil et al.
2007/0027507 A1		Burdett et al.	2008/0189051	A1		Goode et al.
2007/0032706 A1		Kamath et al.	2008/0194934			Ray et al.
2007/0033074 A1		Nitzan et al.	2008/0194935 2008/0194936		8/2008 8/2008	Brister et al. Goode et al.
2007/0038044 A1 2007/0053341 A1	3/2007	Dobbles et al.	2008/0194937			Goode et al.
2007/0053541 A1 2007/0060814 A1		Stafford	2008/0194938			Brister et al.
2007/0060869 A1		Tolle et al.	2008/0195232			Carr-Brendel et al.
2007/0066873 A1		Kamath et al.	2008/0195967			Goode et al.
2007/0066877 A1		Arnold et al.	2008/0197024 2008/0200788			Simpson et al. Brister et al.
2007/0071681 A1 2007/0073129 A1		Gadkar et al. Shah et al.	2008/0200789			Brister et al.
2007/0073129 A1 2007/0078320 A1		Stafford	2008/0200789			Simpson et al.
2007/0078321 A1		Mazza et al.	2008/0208025		8/2008	
2007/0078322 A1		Stafford	2008/0208113			Damiano et al.
2007/0078323 A1		Reggiardo et al.	2008/0212600		9/2008	
2007/0093786 A1	4/2007	Goldsmith et al.	2008/0214900	Al	9/2008	Fennell et al.

US 9,743,866 B2 Page 6

(56)	Referen	ces Cited	2009/013176			Simpson et al.
ZII	PATENT	DOCUMENTS	2009/013176 2009/013177		5/2009	Leach et al. Simpson et al.
0.5	. IZILINI	DOCOMENTS	2009/013177		5/2009	1
2008/0214915 A1	9/2008	Brister et al.	2009/013788		5/2009	Shariati et al.
2008/0214918 A1	9/2008	Brister et al.	2009/013788		5/2009	
2008/0228051 A1		Shults et al.	2009/014365 2009/014366			Li et al. Brister et al.
2008/0228054 A1 2008/0234943 A1		Shults et al. Ray et al.	2009/014682		6/2009	Gofman et al.
2008/0234943 A1 2008/0242961 A1		Brister et al.	2009/015691		6/2009	
2008/0254544 A1		Modzelewski et al.	2009/015692		6/2009	
2008/0255434 A1		Hayter et al.	2009/016379			Brister et al. Brister et al.
2008/0255437 A1	10/2008		2009/016379 2009/016419		6/2009	
2008/0255808 A1 2008/0256048 A1	10/2008 10/2008	,	2009/016423			Hayter et al.
2008/0262469 A1		Brister et al.	2009/016425		6/2009	Hayter
2008/0267823 A1		Wang et al.	2009/017845			Li et al.
2008/0275313 A1		Brister et al.	2009/018221 2009/019236			Li et al. Mensinger et al.
2008/0287761 A1 2008/0287762 A1	11/2008		2009/019230		7/2009	
2008/0287762 A1 2008/0287763 A1	11/2008 11/2008		2009/019272			Shariati et al.
2008/0287764 A1		Rasdal et al.	2009/019272			Brauker et al.
2008/0287765 A1		Rasdal et al.	2009/019274			Kamath et al.
2008/0287766 A1		Rasdal et al.	2009/019275 2009/019811			Kamath et al. Hayter et al.
2008/0288180 A1 2008/0288204 A1	11/2008	Hayter Hayter et al.	2009/020398			Brauker et al.
2008/0288204 A1 2008/0294024 A1		Cosentino et al.	2009/020434			Feldman et al.
2008/0296155 A1		Shults et al.	2009/020434			Brauker et al.
2008/0301436 A1		Yao et al.	2009/021610			Brister et al.
2008/0306368 A1		Goode et al.	2009/023721 2009/024012			Twitchell, Jr. Mensinger et al.
2008/0306434 A1 2008/0306435 A1		Dobbles et al. Kamath et al.	2009/024012			Mensinger et al.
2008/0306444 A1		Brister et al.	2009/024019			Mensinger et al.
2008/0312841 A1	12/2008		2009/024239			Kamath et al.
2008/0312842 A1	12/2008		2009/024242			Kamath et al.
2008/0312844 A1		Hayter et al.	2009/024785 2009/024785			Boock et al. Boock et al.
2008/0312845 A1 2008/0319295 A1		Hayter et al. Bernstein et al.	2009/028707			Boock et al.
2008/0319295 A1 2008/0319296 A1		Bernstein et al.	2009/028707	4 A1	11/2009	Shults et al.
2008/0320587 A1	12/2008	Vauclair et al.	2009/029674		12/2009	
2009/0005665 A1		Hayter et al.	2009/029915 2009/029915		12/2009	Yang et al. Simpson et al.
2009/0006034 A1 2009/0012379 A1		Hayter et al. Goode et al.	2009/029913			Brauker et al.
2009/0012379 A1 2009/0018424 A1		Kamath et al.	2009/029927			Brauker et al.
2009/0030294 A1		Petisce et al.	2010/001032		1/2010	
2009/0033482 A1		Hayter et al.	2010/002523			Gottlieb et al.
2009/0036747 A1		Hayter et al.	2010/005704 2010/005704		3/2010 3/2010	
2009/0036758 A1 2009/0036760 A1		Brauker et al. Hayter	2010/005704		3/2010	
2009/0036763 A1		Brauker et al.	2010/005704		3/2010	
2009/0040022 A1		Finkenzeller	2010/005705			Hayter et al.
2009/0043181 A1		Brauker et al.	2010/010599 2010/011093			Dixon et al. Shim et al.
2009/0043182 A1 2009/0043525 A1		Brauker et al. Brauker et al.	2010/011093			Patel et al.
2009/0043523 AT 2009/0043541 AT		Brauker et al.	2010/015255			Steine et al.
2009/0043542 A1		Brauker et al.	2010/016075			Celentano et al.
2009/0045055 A1		Rhodes et al.	2010/016853 2010/016854			Keenan et al. Kamath et al.
2009/0048503 A1		Dalal et al.	2010/010834		7/2010	
2009/0054747 A1 2009/0055149 A1		Fennell Hayter et al.	2010/018517			Kamen et al.
2009/0062633 A1		Brauker et al.	2010/019108	5 A1	7/2010	Budiman
2009/0062635 A1		Brauker et al.	2010/019814			Sloan et al.
2009/0062767 A1		VanAntwerp et al.	2010/021308 2010/023543			Celentano et al. Goodnow et al.
2009/0063402 A1 2009/0076356 A1		Hayter Simpson et al.	2010/026716			Wu et al.
2009/0076359 A1	3/2009	Peyser et al.	2010/031310			Nekoomaram et al.
2009/0076360 A1		Brister et al.	2010/032440			Brister et al.
2009/0076361 A1		Kamath et al.	2010/033164			Hoss et al.
2009/0085873 A1		Betts et al.	2010/033214 2011/003198			Shadforth et al. Bhat et al.
2009/0093687 A1 2009/0094680 A1		Telfort et al. Gupta et al.	2011/003198			Ghovanloo
2009/0099436 A1		Brister et al.	2011/012504			Crawford et al.
2009/0105570 A1		Sloan et al.	2011/014890		6/2011	
2009/0105571 A1		Fennell et al.	2011/018426		7/2011	Taub
2009/0105636 A1		Hayter et al.	2011/019105			Farrell et al.
2009/0124877 A1		Goode et al.	2011/023074 2011/025789		9/2011	Liang et al. Brauker et al.
2009/0124878 A1 2009/0124879 A1		Goode et al. Brister et al.	2011/025789		11/2011	
2009/01248/9 A1 2009/0124964 A1		Leach et al.	2011/02/011			Fern et al.
	009					

(56) References Cited

U.S. PATENT DOCUMENTS

2012/0108931	A1	5/2012	Taub et al.
2012/0148054	A1	6/2012	Rank et al.
2012/0190989		7/2012	Kaiser et al.
2012/0215092	A1	8/2012	Harris, III et al
2013/0035575	A1	2/2013	Mayou et al.
2013/0235166	A1	9/2013	Jones et al.

FOREIGN PATENT DOCUMENTS

0320109	6/1989
0353328	2/1990
0390390	10/1990
0396788	11/1990
0286118	1/1995
1048264	11/2000
WO-96/25089	8/1996
WO-96/35370	11/1996
WO-98/35053	8/1998
WO-99/56613	11/1999
WO-00/49940	8/2000
WO-00/59370	10/2000
WO-00/60350	10/2000
WO-00/78992	12/2000
WO-01/52935	7/2001
WO-01/54753	8/2001
WO-02/16905	2/2002
WO-02/058537	8/2002
WO-03/076893	9/2003
WO-03/082091	10/2003
WO-03/085372	10/2003
	7/2004
	2/2005
	5/2005
WO-2005/089103	9/2005
	12/2005
WO-2006/024671	3/2006
	0353328 0390390 0396788 0286118 1048264 WO-96/25089 WO-96/35370 WO-98/35053 WO-99/56613 WO-00/49940 WO-00/59370 WO-00/60350 WO-00/78992 WO-01/52935 WO-01/54753 WO-02/16905 WO-02/058537 WO-03/076893 WO-03/082091 WO-03/085372 WO-2004/061420 WO-2005/010756

OTHER PUBLICATIONS

Bennion, N., et al., "Alternate Site Glucose Testing: A Crossover Design", *Diabetes Technology & Therapeutics*, vol. 4, No. 1, 2002, pp. 25-33.

Blank, T. B., et al., "Clinical Results From a Non-Invasive Blood Glucose Monitor", Optical Diagnostics and Sensing of Biological Fluids and Glucose and Cholesterol Monitoring II, Proceedings of SPIE, vol. 4624, 2002, pp. 1-10.

Brooks, S. L., et al., "Development of an On-Line Glucose Sensor for Fermentation Monitoring", *Biosensors*, vol. 3, 1987/88, pp. 45-56.

Cass, A. E., et al., "Ferrocene-Medicated Enzyme Electrode for Amperometric Determination of Glucose", *Analytical Chemistry*, vol. 56, No. 4, 1984, 667-671.

Csoregi, E., et al., "Design and Optimization of a Selective Subcutaneously Implantable Glucose Electrode Based on 'Wired' Glucose Oxidase", *Analytical Chemistry*, vol. 67, No. 7, 1995, pp. 1240-1244.

Feldman, B., et al., "A Continuous Glucose Sensor Based on Wired Enzyme™ Technology—Results from a 3-Day Trial in Patients with Type 1 Diabetes", *Diabetes Technology & Therapeutics*, vol. 5, No. 5, 2003, pp. 769-779.

Feldman, B., et al., "Correlation of Glucose Concentrations in Interstitial Fluid and Venous Blood During Periods of Rapid Glucose Change", Abbott Diabetes Care, Inc. Freestyle Navigator Continuous Glucose Monitor Pamphlet, 2004.

Isermann, R., "Supervision, Fault-Detection and Fault-Diagnosis Methods—An Introduction", *Control Engineering Practice*, vol. 5, No. 5, 1997, pp. 639-652.

Isermann, R., et al., "Trends in the Application of Model-Based Fault Detection and Diagnosis of Technical Processes", *Control Engineering Practice*, vol. 5, No. 5, 1997, pp. 709-719.

Johnson, P. C. "Peripheral Circulation", John Wiley & Sons, 1978, pp. 198.

Jungheim, K., et al., "How Rapid Does Glucose Concentration Change in Daily Life of Patients with Type 1 Diabetes?", 2002, pp. 250.

Jungheim, K., et al., "Risky Delay of Hypoglycemia Detection by Glucose Monitoring at the Arm", *Diabetes Care*, vol. 24, No. 7, 2001, pp. 1303-1304.

Kaplan, S. M., "Wiley Electrical and Electronics Engineering Dictionary", *IEEE Press*, 2004, pp. 141, 142, 548, 549.

Lortz, J., et al., "What is Bluetooth? We Explain the Newest Short-Range Connectivity Technology", *Smart Computing Learning Series, Wireless Computing*, vol. 8, Issue 5, 2002, pp. 72-74. Malin, S. F., et al., "Noninvasive Prediction of Glucose by Near-Infrared Diffuse Reflectance Spectoscopy", *Clinical Chemistry*, vol. 45, No. 9, 1999, pp. 1651-1658.

McGarraugh, G., et al., "Glucose Measurements Using Blood Extracted from the Forearm and the Finger", *TheraSense, Inc.*, 2001, 16 Pages.

McGarraugh, G., et al., "Physiological Influences on Off-Finger Glucose Testing", *Diabetes Technology & Therapeutics*, vol. 3, No. 3, 2001, pp. 367-376.

McKean, B. D., et al., "A Telemetry-Instrumentation System for Chronically Implanted Glucose and Oxygen Sensors", *IEEE Transactions on Biomedical Engineering*, vol. 35, No. 7, 1988, pp. 526-532

Pickup, J., et al., "Implantable Glucose Sensors: Choosing the Appropriate Sensing Strategy", *Biosensors*, vol. 3, 1987/88, pp. 335-346.

Pickup, J., et al., "In Vivo Molecular Sensing in Diabetes Mellitus: An Implantable Glucose Sensor with Direct Electron Transfer", *Diabetologia*, vol. 32, 1989, pp. 213-217.

Pishko, M. V., et al., "Amperometric Glucose Microelectrodes Prepared Through Immobilization of Glucose Oxidase in Redox Hydrogels", *Analytical Chemistiy*, vol. 63, No. 20, 1991, pp. 2268-2272.

Quinn, C. P., et al., "Kinetics of Glucose Delivery to Subcutaneous Tissue in Rats Measured with 0.3-mm Amperometric Microsensors", *The American Physiological Society*, 1995, E155-E161.

Roe, J. N., et al., "Bloodless Glucose Measurements", *Critical Review in Therapeutic Drug Carrier Systems*, vol. 15, Issue 3, 1998, pp. 199-241.

Sakakida, M., et al., "Development of Ferrocene-Mediated Needle-Type Glucose Sensor as a Measure of True Subcutaneous Tissue Glucose Concentrations", *Artificial Organs Today*, vol. 2, No. 2, 1992, pp. 145-158.

Sakakida, M., et al., "Ferrocene-Mediated Needle-Type Glucose Sensor Covered with Newly Designed Biocompatible Membrane", *Sensors and Actuators B*, vol. 13-14, 1993, pp. 319-322.

Salehi, C., et al., "A Telemetry-Instrumentation System for Long-Term Implantable Glucose and Oxygen Sensors", *Analytical Letters*, vol. 29, No. 13, 1996, pp. 2289-2308.

Schmidtke, D. W., et al., "Measurement and Modeling of the Transient Difference Between Blood and Subcutaneous Glucose Concentrations in the Rat After Injection of Insulin", *Proceedings of the National Academy of Sciences*, vol. 95, 1998, pp. 294-299. Shaw, G. W., et al., "In Vitro Testing of a Simply Constructed,

Shaw, G. W., et al., "In Vitro Testing of a Simply Constructed, Highly Stable Glucose Sensor Suitable for Implantation in Diabetic Patients", *Biosensors & Bioelectronics*, vol. 6, 1991, pp. 401-406. Shichiri, M., et al., "Glycaemic Control in Pancreatectomized Dogs with a Wearable Artificial Endocrine Pancreas", *Diabetologia*, vol. 24, 1983, pp. 179-184.

Shichiri, M., et al., "In Vivo Characteristics of Needle-Type Glucose Sensor—Measurements of Subcutaneous Glucose Concentrations in Human Volunteers", *Hormone and Metabolic Research Supplement Series*, vol. 20, 1988, pp. 17-20.

Shichiri, M., et al., "Membrane Design for Extending the Long-Life of an Implantable Glucose Sensor", *Diabetes Nutrition and Metabolism*, vol. 2, 1989, pp. 309-313.
Shichiri, M., et al., "Needle-type Glucose Sensor for Wearable

Shichiri, M., et al., "Needle-type Glucose Sensor for Wearable Artificial Endocrine Pancreas", *Implantable Sensors for Closed-Loop Prosthetic Systems, Chapter 15*, 1985, pp. 197-210.

(56) References Cited

OTHER PUBLICATIONS

Shichiri, M., et al., "Telemetry Glucose Monitoring Device With Needle-Type Glucose Sensor: A Useful Tool for Blood Glucose Monitoring in Diabetic Individuals", *Diabetes Care*, vol. 9, No. 3, 1986, pp. 298-301.

Shichiri, M., et al., "Wearable Artificial Endocrine Pancreas With Needle-Type Glucose Sensor", *The Lancet*, 1982, pp. 1129-1131. Shults, M. C., et al., "A Telemetry-Instrumentation System for Monitoring Multiple Subcutaneously Implanted Glucose Sensors", *IEEE Transactions on Biomedical Engineering*, vol. 41, No. 10, 1994, pp. 937-942.

Sternberg, R., et al., "Study and Development of Multilayer Needle-Type Enzyme-Based Glucose Microsensors", *Biosensors*, vol. 4, 1988, pp. 27-40.

Thompson, M., et al., "In Vivo Probes: Problems and Perspectives", *Clinical Biochemistry*, vol. 19, 1986, pp. 255-261.

Turner, A., et al., "Diabetes Mellitus: Biosensors for Research and Management", *Biosensors*, vol. 1, 1985, pp. 85-115.

Updike, S. J., et al., "Principles of Long-Term Fully Implanted Sensors with Emphasis on Radiotelemetric Monitoring of Blood Glucose from Inside a Subcutaneous Foreign Body Capsule (FBC)", *Biosensors in the Body: Continuous in vivo Monitoring*, Chapter 4, 1997, pp. 117-137.

Velho, G., et al., "Strategies for Calibrating a Subcutaneous Glucose Sensor", *Biomedica Biochimica Acta*, vol. 48, 1989, pp. 957-964. Wilson, G. S., et al., "Progress Toward the Development of an Implantable Sensor for Glucose", *Clinical Chemistry*, vol. 38, No. 9, 1992, pp. 1613-1617.

Canadian Patent Application No. 2,683,721, Examiner's Report mailed Mar. 17, 2015.

European Patent Application No. 08745799.0, Extended European Search Report mailed Oct. 16, 2012.

PCT Application No. PCT/US2008/060273, International Preliminary Report on Patentability and Written Opinion of the International Searching Authority mailed Oct. 29, 2009.

PCT Application No. PCT/US2008/060273, International Search Report and Written Opinion of the International Searching Authority mailed Oct. 1, 2008.

U.S. Appl. No. 12/102,836, Notice of Allowance mailed Jun. 18, 2010.

U.S. Appl. No. 12/102,836, Office Action mailed Mar. 11, 2010.
U.S. Appl. No. 12/894,004, Notice of Allowance mailed Apr. 7, 2011.

U.S. Appl. No. 12/894,004, Office Action mailed Dec. 30, 2010.
U.S. Appl. No. 12/894,004, Office Action mailed Jan. 21, 2011.
U.S. Appl. No. 13/114,029, Notice of Allowance mailed Jan. 18, 2012.

U.S. Appl. No. 13/114,029, Office Action mailed Nov. 2, 2011.U.S. Appl. No. 13/437,894, Notice of Allowance mailed Jan. 15, 2013.

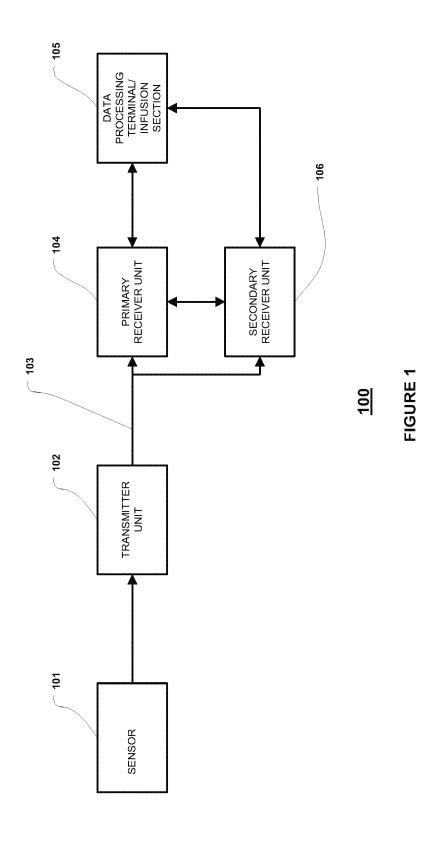
U.S. Appl. No. 13/437,894, Office Action mailed Oct. 17, 2012.U.S. Appl. No. 13/867,948, Notice of Allowance mailed Feb. 4, 2014.

U.S. Appl. No. 13/867,948, Office Action mailed Dec. 16, 2013.
U.S. Appl. No. 13/867,948, Office Action mailed Jul. 10, 2013.
U.S. Appl. No. 14/188,659, Notice of Allowance mailed Nov. 26, 2014.

U.S. Appl. No. 14/188,659, Office Action mailed Sep. 17, 2014.U.S. Appl. No. 14/596,759, Notice of Allowance mailed Apr. 20, 2016.

U.S. Appl. No. 14/596,759, Office Action mailed Jan. 25, 2016.

^{*} cited by examiner



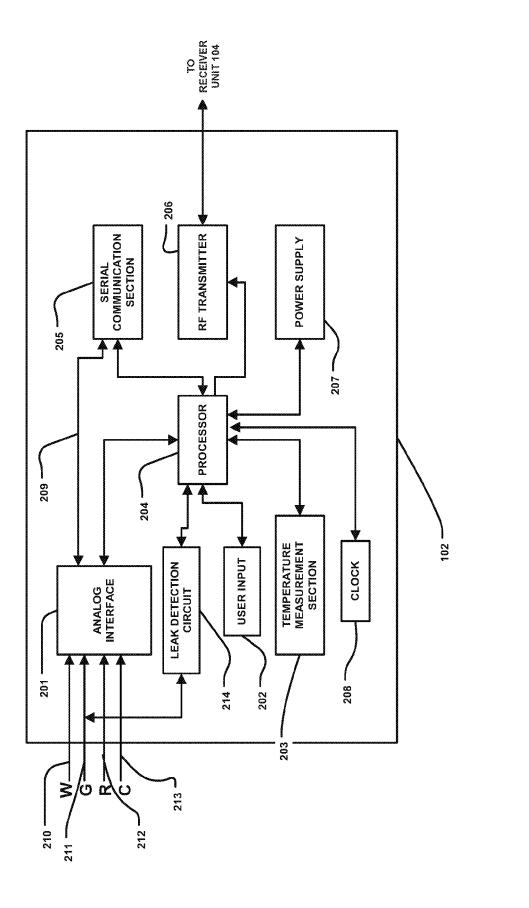
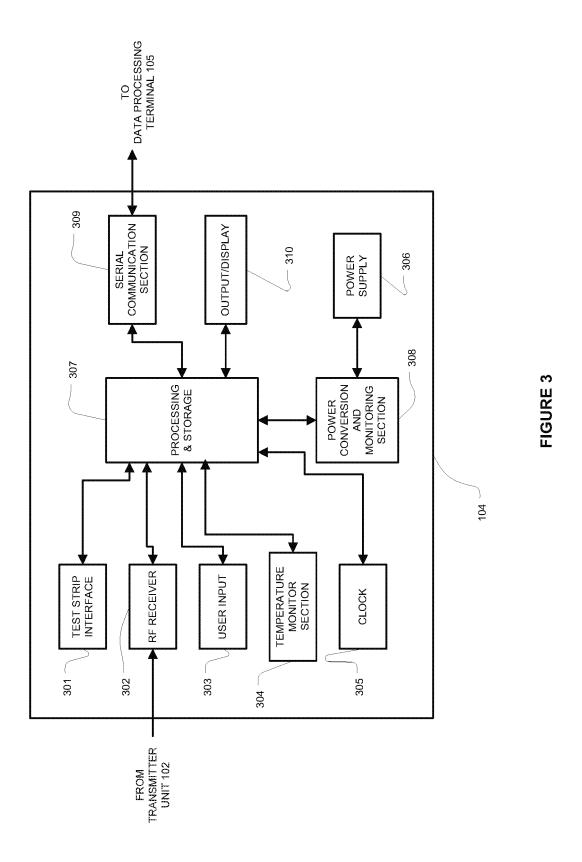
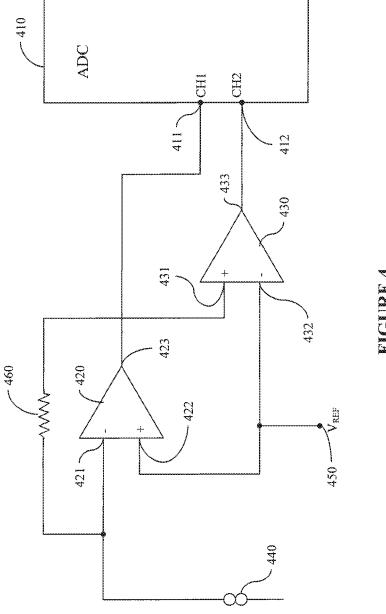


FIGURE 2





FCURE 4

METHOD AND APPARATUS FOR PROVIDING DYNAMIC MULTI-STAGE SIGNAL AMPLIFICATION IN A MEDICAL DEVICE

RELATED APPLICATIONS

The present application is a continuation of U.S. patent application Ser. No. 14/596,759 filed Jan. 14, 2015, which is a continuation of U.S. patent application Ser. No. 14/188, 10 659 filed Feb. 24, 2014, now U.S. Pat. No. 8,937,540, which is a continuation of U.S. patent application Ser. No. 13/867, 948 filed Apr. 22, 2013, now U.S. Pat. No. 8,698,615, which is a continuation of U.S. patent application Ser. No. 13/437, 894 filed Apr. 2, 2012, now U.S. Pat. No. 8,427,298, which is a continuation of U.S. patent application Ser. No. 13/114, 029 filed May 23, 2011, now U.S. Pat. No. 8,149,103, which is a continuation of U.S. patent application Ser. No. 12/849, 004 filed Aug. 2, 2010, now U.S. Pat. No. 7,948,369, which is a continuation of U.S. patent application Ser. No. 12/102, 20 836 filed Apr. 14, 2008, now U.S. Pat. No. 7,768,387, which claims priority under §35 U.S.C. 119(e) to U.S. Provisional Application No. 60/911,866 filed Apr. 14, 2007, entitled "Method and Apparatus for Providing Dynamic Multi-Stage Signal Amplification in a Medical Device", the disclosures 25 of each of which are incorporated herein by reference for all purposes.

BACKGROUND

Analyte (e.g., glucose) monitoring systems including continuous and discrete monitoring systems generally include a small, lightweight battery powered and microprocessor controlled system which is configured to detect signals proportional to the corresponding measured glucose levels using an electrometer, and RF signals to transmit the collected data. One aspect of certain analyte monitoring systems include a transcutaneous or subcutaneous analyte sensor configuration which is, for example, partially mounted on the skin of a subject whose analyte level is to be monitored. The sensor cell may use a two or three-electrode (work, reference and counter electrodes) configuration driven by a controlled potential (potentiostat) analog circuit connected through a contact system.

The analyte sensor may be configured so that a portion 45 thereof is placed under the skin of the patient so as to detect the analyte levels of the patient, and another portion of segment of the analyte sensor that is in communication with the transmitter unit. The transmitter unit is configured to transmit the analyte levels detected by the sensor over a wireless communication link such as an RF (radio frequency) communication link to a receiver/monitor unit. The receiver/monitor unit performs data analysis, among others on the received analyte levels to generate information pertaining to the monitored analyte levels. To provide flexibility in analyte sensor manufacturing and/or design, among others, tolerance of a larger range of the analyte sensor sensitivities for processing by the transmitter unit is desirable.

In view of the foregoing, it would be desirable to have a method and apparatus for providing a dynamic multi-stage 60 amplification of signals for use in medical telemetry systems such as, for example, analyte monitoring systems.

SUMMARY OF THE INVENTION

In one embodiment, an apparatus including a first amplifier having at least one input terminal and an output terminal, 2

the at least one input terminal coupled to a signal source, the output terminal configured to provide a first output signal, a second amplifier having at least one input terminal and an output terminal, the at least one input terminal coupled to the output terminal of the first amplifier, the output terminal of the second amplifier configured to provide a second output signal, a processor operatively coupled to receive the first output signal and the second output signal, where the first output signal is a predetermined ratio of the second output signal, and further, where the first output signal and the second output signal are associated with a monitored analyte level of a user is disclosed.

These and other objects, features and advantages of the present invention will become more fully apparent from the following detailed description of the embodiments, the appended claims and the accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 illustrates a block diagram of a data monitoring and management system for practicing one or more embodiments of the present invention;

FIG. 2 is a block diagram of the transmitter unit of the data monitoring and management system shown in FIG. 1 in accordance with one embodiment of the present invention;

FIG. 3 is a block diagram of the receiver/monitor unit of the data monitoring and management system shown in FIG. 1 in accordance with one embodiment of the present invention; and

FIG. 4 is a schematic of the dynamic multi-stage signal amplification in the transmitter unit of the data monitoring and management system shown in FIG. 1 in accordance with one embodiment of the present invention.

DETAILED DESCRIPTION

As described in further detail below, in accordance with the various embodiments of the present invention, there is provided a method and apparatus for providing dynamic multi-stage signal amplification for use in a medical telemetry system. In particular, within the scope of the present invention, there are provided method and apparatus for a multi-stage signal amplifier configuration in the analog interface of the data transmitter unit in the data processing and management system.

FIG. 1 illustrates a data monitoring and management system such as, for example, analyte (e.g., glucose) monitoring system 100 in accordance with one embodiment of the present invention. The subject invention is further described primarily with respect to a glucose monitoring system for convenience and such description is in no way intended to limit the scope of the invention. It is to be understood that the analyte monitoring system may be configured to monitor a variety of analytes, e.g., lactate, and the like.

Analytes that may be monitored include, for example, acetyl choline, amylase, bilirubin, cholesterol, chorionic gonadotropin, creatine kinase (e.g., CK-MB), creatine, DNA, fructosamine, glucose, glutamine, growth hormones, hormones, ketones, lactate, peroxide, prostate-specific antigen, prothrombin, RNA, thyroid stimulating hormone, and troponin. The concentration of drugs, such as, for example, antibiotics (e.g., gentamicin, vancomycin, and the like), digitoxin, digoxin, drugs of abuse, theophylline, and warfarin, may also be monitored.

The analyte monitoring system 100 includes a sensor 101, a transmitter unit 102 coupled to the sensor 101, and a

primary receiver unit 104 which is configured to communicate with the transmitter unit 102 via a communication link 103. The primary receiver unit 104 may be further configured to transmit data to a data processing terminal 105 for evaluating the data received by the primary receiver unit 5104. Moreover, the data processing terminal in one embodiment may be configured to receive data directly from the transmitter unit 102 via a communication link which may optionally be configured for bi-directional communication.

Also shown in FIG. 1 is a secondary receiver unit 106 10 which is operatively coupled to the communication link and configured to receive data transmitted from the transmitter unit 102. Moreover, as shown in the Figure, the secondary receiver unit 106 is configured to communicate with the primary receiver unit 104 as well as the data processing 15 terminal 105. Indeed, the secondary receiver unit 106 may be configured for bi-directional wireless communication with each of the primary receiver unit 104 and the data processing terminal 105. As discussed in further detail below, in one embodiment of the present invention, the 20 secondary receiver unit 106 may be configured to include a limited number of functions and features as compared with the primary receiver unit 104. As such, the secondary receiver unit 106 may be configured substantially in a smaller compact housing or embodied in a device such as a 25 wrist watch, for example. Alternatively, the secondary receiver unit 106 may be configured with the same or substantially similar functionality as the primary receiver unit 104, and may be configured to be used in conjunction with a docking cradle unit for placement by bedside, for 30 night time monitoring, and/or bi-directional communication device.

Only one sensor 101, transmitter unit 102, communication link 103, and data processing terminal 105 are shown in the embodiment of the analyte monitoring system 100 35 illustrated in FIG. 1. However, it will be appreciated by one of ordinary skill in the art that the analyte monitoring system 100 may include one or more sensor 101, transmitter unit 102, communication link 103, and data processing terminal 105. Moreover, within the scope of the present invention, the 40 analyte monitoring system 100 may be a continuous monitoring system, or semi-continuous, or a discrete monitoring system. In a multi-component environment, each device is configured to be uniquely identified by each of the other devices in the system so that communication conflict is 45 readily resolved between the various components within the analyte monitoring system 100.

In one embodiment of the present invention, the sensor 101 is physically positioned in or on the body of a user whose analyte level is being monitored. The sensor 101 may 50 be configured to continuously sample the analyte level of the user and convert the sampled analyte level into a corresponding data signal for transmission by the transmitter unit 102. In one embodiment, the transmitter unit 102 is coupled to the sensor 101 so that both devices are positioned on the 55 user's body, with at least a portion of the analyte sensor 101 positioned transcutaneously under the skin layer of the user. The transmitter unit 102 performs data processing such as filtering and encoding on data signals, each of which corresponds to a sampled analyte level of the user, for transmission to the primary receiver unit 104 via the communication link 103.

In one embodiment, the analyte monitoring system 100 is configured as a one-way RF communication path from the transmitter unit 102 to the primary receiver unit 104. In such 65 embodiment, the transmitter unit 102 transmits the sampled data signals received from the sensor 101 without acknowl-

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edgement from the primary receiver unit 104 that the transmitted sampled data signals have been received. For example, the transmitter unit 102 may be configured to transmit the encoded sampled data signals at a fixed rate (e.g., at one minute intervals) after the completion of the initial power on procedure. Likewise, the primary receiver unit 104 may be configured to detect such transmitted encoded sampled data signals at predetermined time intervals. Alternatively, the analyte monitoring system 100 may be configured with a bi-directional RF (or otherwise) communication between the transmitter unit 102 and the primary receiver unit 104.

Additionally, in one aspect, the primary receiver unit 104 may include two sections. The first section is an analog interface section that is configured to communicate with the transmitter unit 102 via the communication link 103. In one embodiment, the analog interface section may include an RF receiver and an antenna for receiving and amplifying the data signals from the transmitter unit 102, which are thereafter, demodulated with a local oscillator and filtered through a band-pass filter. The second section of the primary receiver unit 104 is a data processing section which is configured to process the data signals received from the transmitter unit 102 such as by performing data decoding, error detection and correction, data clock generation, and data bit recovery.

In operation, upon completing the power-on procedure, the primary receiver unit 104 is configured to detect the presence of the transmitter unit 102 within its range based on, for example, the strength of the detected data signals received from the transmitter unit 102 or a predetermined transmitter identification information. Upon successful synchronization with the corresponding transmitter unit 102, the primary receiver unit 104 is configured to begin receiving from the transmitter unit 102 data signals corresponding to the user's detected analyte level. More specifically, the primary receiver unit 104 in one embodiment is configured to perform synchronized time hopping with the corresponding synchronized transmitter unit 102 via the communication link 103 to obtain the user's detected analyte level.

Referring again to FIG. 1, the data processing terminal 105 may include a personal computer, a portable computer such as a laptop or a handheld device (e.g., personal digital assistants (PDAs)), and the like, each of which may be configured for data communication with the receiver via a wired or a wireless connection. Additionally, the data processing terminal 105 may further be connected to a data network (not shown) for storing, retrieving and updating data corresponding to the detected analyte level of the user.

Within the scope of the present invention, the data processing terminal 105 may include an infusion device such as an insulin infusion pump or the like, which may be configured to administer insulin to patients, and which may be configured to communicate with the receiver unit 104 for receiving, among others, the measured analyte level. Alternatively, the receiver unit 104 may be configured to integrate an infusion device therein so that the receiver unit 104 is configured to administer insulin therapy to patients, for example, for administering and modifying basal profiles, as well as for determining appropriate boluses for administration based on, among others, the detected analyte levels received from the transmitter unit 102.

Additionally, the transmitter unit 102, the primary receiver unit 104 and the data processing terminal 105 may each be configured for bi-directional wireless communication such that each of the transmitter unit 102, the primary receiver unit 104 and the data processing terminal 105 may

be configured to communicate (that is, transmit data to and receive data from) with each other via the wireless communication link. More specifically, the data processing terminal 105 may in one embodiment be configured to receive data directly from the transmitter unit 102 via the communication 5 link, where the communication link, as described above, may be configured for bi-directional communication.

In this embodiment, the data processing terminal 105 which may include an insulin pump, may be configured to receive the analyte signals from the transmitter unit 102, and 10 thus, incorporate the functions of the receiver unit 104 including data processing for managing the patient's insulin therapy and analyte monitoring. In one embodiment, the communication link 103 may include one or more of an RF communication protocol, an infrared communication protocol, a Bluetooth® enabled communication protocol, an 802.11x wireless communication protocol which would allow secure, wireless communication of several units (for example, per HIPAA requirements) while avoiding potential data collision 20 and interference.

FIG. 2 is a block diagram of the transmitter of the data monitoring and detection system shown in FIG. 1 in accordance with one embodiment of the present invention. Referring to the Figure, the transmitter unit 102 in one embodi- 25 ment includes an analog interface 201 configured to communicate with the sensor 101 (FIG. 1), a user input 202, and a temperature detection section 203, each of which is operatively coupled to a transmitter processor 204 such as a central processing unit (CPU). As can be seen from FIG. 2, 30 there are provided four contacts, three of which are electrodes-work electrode (W) 210, guard contact (G) 211, reference electrode (R) 212, and counter electrode (C) 213, each operatively coupled to the analog interface 201 of the transmitter unit 102 for connection to the sensor 101 (FIG. 35 1). In one embodiment, each of the work electrode (W) 210, guard contact (G) 211, reference electrode (R) 212, and counter electrode (C) 213 may be made using a conductive material that is either printed or etched, for example, such as carbon which may be printed, or metal foil (e.g., gold) which 40 may be etched. Moreover, in a further aspect, the electrode layers may be disposed in a stacked configuration where, each of the working electrode 210, the reference electrode 212 and the counter electrode 213 may be disposed on a substrate layer with one or more dielectric layers disposed 45 therebetween such that at least a portion of each of the electrodes are positioned on top of one another in a stacked or layered configuration.

Further shown in FIG. 2 are a transmitter serial communication section 205 and an RF transmitter 206, each of 50 which is also operatively coupled to the transmitter processor 204. Moreover, a power supply 207 such as a battery is also provided in the transmitter unit 102 to provide the necessary power for the transmitter unit 102. Additionally, as can be seen from the Figure, clock 208 is provided to, 55 among others, supply real time information to the transmitter processor 204.

In one embodiment, a unidirectional input path is established from the sensor 101 (FIG. 1) and/or manufacturing and testing equipment to the analog interface 201 of the 60 transmitter unit 102, while a unidirectional output is established from the output of the RF transmitter 206 of the transmitter unit 102 for transmission to the primary receiver unit 104. In this manner, a data path is shown in FIG. 2 between the aforementioned unidirectional input and output 65 via a dedicated link 209 from the analog interface 201 to serial communication section 205, thereafter to the proces-

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sor 204, and then to the RF transmitter 206. As such, in one embodiment, via the data path described above, the transmitter unit 102 is configured to transmit to the primary receiver unit 104 (FIG. 1), via the communication link 103 (FIG. 1), processed and encoded data signals received from the sensor 101 (FIG. 1). Additionally, the unidirectional communication data path between the analog interface 201 and the RF transmitter 206 discussed above allows for the configuration of the transmitter unit 102 for operation upon completion of the manufacturing process as well as for direct communication for diagnostic and testing purposes.

As discussed above, the transmitter processor 204 is configured to transmit control signals to the various sections of the transmitter unit 102 during the operation of the transmitter unit 102. In one embodiment, the transmitter processor 204 also includes a memory (not shown) for storing data such as the identification information for the transmitter unit 102, as well as the data signals received from the sensor 101. The stored information may be retrieved and processed for transmission to the primary receiver unit 104 under the control of the transmitter processor 204. Furthermore, the power supply 207 may include a commercially available battery.

The transmitter unit 102 is also configured such that the power supply section 207 is capable of providing power to the transmitter for a minimum of about three months of continuous operation after having been stored for about eighteen months in a low-power (non-operating) mode. In one embodiment, this may be achieved by the transmitter processor 204 operating in low power modes in the nonoperating state, for example, drawing no more than approximately 1 µA of current. Indeed, in one embodiment, the final step during the manufacturing process of the transmitter unit 102 may place the transmitter unit 102 in the lower power, non-operating state (i.e., post-manufacture sleep mode). In this manner, the shelf life of the transmitter unit 102 may be significantly improved. Moreover, as shown in FIG. 2, while the power supply unit 207 is shown as coupled to the processor 204, and as such, the processor 204 is configured to provide control of the power supply unit 207, it should be noted that within the scope of the present invention, the power supply unit 207 is configured to provide the necessary power to each of the components of the transmitter unit 102 shown in FIG. 2.

Referring back to FIG. 2, the power supply section 207 of the transmitter unit 102 in one embodiment may include a rechargeable battery unit that may be recharged by a separate power supply recharging unit (for example, provided in the receiver unit 104) so that the transmitter unit 102 may be powered for a longer period of usage time. Moreover, in one embodiment, the transmitter unit 102 may be configured without a battery in the power supply section 207, in which case the transmitter unit 102 may be configured to receive power from an external power supply source (for example, a battery) as discussed in further detail below.

Referring yet again to FIG. 2, the temperature detection section 203 of the transmitter unit 102 is configured to monitor the temperature of the skin near the sensor insertion site. The temperature reading is used to adjust the analyte readings obtained from the analog interface 201. The RF transmitter 206 of the transmitter unit 102 may be configured for operation in the frequency band of 315 MHz to 322 MHz, for example, in the United States. Further, in one embodiment, the RF transmitter 206 is configured to modulate the carrier frequency by performing Frequency Shift Keying and Manchester encoding. In one embodiment, the

data transmission rate is 19,200 symbols per second, with a minimum transmission range for communication with the primary receiver unit 104.

Referring yet again to FIG. 2, also shown is a leak detection circuit 214 coupled to the guard contact (G) 211 and the processor 204 in the transmitter unit 102 of the data monitoring and management system 100. The leak detection circuit 214 in accordance with one embodiment of the present invention may be configured to detect leakage current in the sensor 101 to determine whether the measured 10 sensor data are corrupt or whether the measured data from the sensor 101 is accurate.

Additional detailed description of the continuous analyte monitoring system, its various components including the functional descriptions of the transmitter are provided in 15 U.S. Pat. No. 6,175,752 issued Jan. 16, 2001 entitled "Analyte Monitoring Device and Methods of Use", and in U.S. patent application Ser. No. 10/745,878 filed Dec. 26, 2003, now U.S. Pat. No. 7,811,231, entitled "Continuous Glucose Monitoring System and Methods of Use", each assigned to 20 the Assignee of the present application, the disclosure of each of which are incorporated herein by reference for all purposes.

FIG. 3 is a block diagram of the receiver/monitor unit of the data monitoring and management system shown in FIG. 25 1 in accordance with one embodiment of the present invention. Referring to FIG. 3, the primary receiver unit 104 includes a blood glucose test strip interface 301, an RF receiver 302, an input 303, a temperature detection section 304, and a clock 305, each of which is operatively coupled 30 to a receiver processor 307. As can be further seen from the Figure, the primary receiver unit 104 also includes a power supply 306 operatively coupled to a power conversion and monitoring section 308. Further, the power conversion and monitoring section 308 is also coupled to the receiver 35 processor 307. Moreover, also shown are a receiver serial communication section 309, and an output 310, each operatively coupled to the receiver processor 307.

In one embodiment, the test strip interface 301 includes a a glucose test strip, and thereby determine and display the glucose level of the test strip on the output 310 of the primary receiver unit 104. This manual testing of glucose can be used to calibrate sensor 101. The RF receiver 302 is configured to communicate, via the communication link 103 45 (FIG. 1) with the RF transmitter 206 of the transmitter unit 102, to receive encoded data signals from the transmitter unit 102 for, among others, signal mixing, demodulation, and other data processing. The input 303 of the primary receiver unit 104 is configured to allow the user to enter 50 information into the primary receiver unit 104 as needed. In one aspect, the input 303 may include one or more keys of a keypad, a touch-sensitive screen, or a voice-activated input command unit. The temperature detection section 304 is configured to provide temperature information of the pri- 55 mary receiver unit 104 to the receiver processor 307, while the clock 305 provides, among others, real time information to the receiver processor 307.

Each of the various components of the primary receiver unit 104 shown in FIG. 3 is powered by the power supply 60 306 which, in one embodiment, includes a battery. Furthermore, the power conversion and monitoring section 308 is configured to monitor the power usage by the various components in the primary receiver unit 104 for effective power management and to alert the user, for example, in the 65 event of power usage which renders the primary receiver unit 104 in sub-optimal operating conditions. An example of

such sub-optimal operating condition may include, for example, operating the vibration output mode (as discussed below) for a period of time thus substantially draining the power supply 306 while the processor 307 (thus, the primary receiver unit 104) is turned on. Moreover, the power conversion and monitoring section 308 may additionally be configured to include a reverse polarity protection circuit such as a field effect transistor (FET) configured as a battery activated switch.

The serial communication section 309 in the primary receiver unit 104 is configured to provide a bi-directional communication path from the testing and/or manufacturing equipment for, among others, initialization, testing, and configuration of the primary receiver unit 104. Serial communication section 309 can also be used to upload data to a computer, such as time-stamped blood glucose data. The communication link with an external device (not shown) can be made, for example, by cable, infrared (IR) or RF link. The output 310 of the primary receiver unit 104 is configured to provide, among others, a graphical user interface (GUI) such as a liquid crystal display (LCD) for displaying information. Additionally, the output 310 may also include an integrated speaker for outputting audible signals as well as to provide vibration output as commonly found in handheld electronic devices, such as mobile telephones presently available. In a further embodiment, the primary receiver unit 104 also includes an electro-luminescent lamp configured to provide backlighting to the output 310 for output visual display in dark ambient surroundings.

Referring back to FIG. 3, the primary receiver unit 104 in one embodiment may also include a storage section such as a programmable, non-volatile memory device as part of the processor 307, or provided separately in the primary receiver unit 104, operatively coupled to the processor 307. The processor 307 is further configured to perform Manchester decoding as well as error detection and correction upon the encoded data signals received from the transmitter unit 102 via the communication link 103.

In a further embodiment, the one or more of the transglucose level testing portion to receive a manual insertion of 40 mitter unit 102, the primary receiver unit 104, secondary receiver unit 106, or the data processing terminal/infusion section 105 may be configured to receive the blood glucose value wirelessly over a communication link from, for example, a glucose meter. In still a further embodiment, the user or patient manipulating or using the analyte monitoring system 100 (FIG. 1) may manually input the blood glucose value using, for example, a user interface (for example, a keyboard, keypad, and the like) incorporated in the one or more of the transmitter unit 102, the primary receiver unit 104, secondary receiver unit 106, or the data processing terminal/infusion section 105.

> FIG. 4 is a schematic of the dynamic multi-stage signal amplification in the transmitter unit of the data monitoring and management system shown in FIG. 1 in accordance with one embodiment of the present invention. Referring to FIG. 4, there is provided in one embodiment a transimpedance amplifier 420 whose output terminal 423 is coupled to a first input terminal **411** of the analog to digital converter (ADC) 410 in the analog interface 201 (FIG. 2) of the transmitter unit 102. Further shown in FIG. 4, the monitored analyte sensor signal from the sensor 101 is provided to an inverting input terminal 421 of the transimpedance amplifier 420. The sensor signal in FIG. 4 is shown as a signal source 440. Furthermore, a noninverting input terminal 422 of the transimpedance amplifier 420 is provided with a reference voltage signal from a reference signal source Vref 450. In one embodiment, the reference voltage signal may be

approximately 1.012 volts. However, based upon the component tolerance, and design configuration, other suitable reference voltage signals may be used.

In one aspect, based on the input analyte sensor signal from the signal source **440** and the reference signal Vref **450**, 5 the transimpedance amplifier **420** may be in one embodiment configured to convert the received current signal representing the monitored or detected analyte level, and to convert the current signal to a corresponding voltage signal which is provided to the output terminal **423** of the transimpedance amplifier **420**. Further, as shown in FIG. **4** the monitored analyte voltage signal from the output terminal **423** of the transimpedance amplifier **420** is provided to the first input terminal **411** (Channel 1) of the ADC **410**.

Referring again to FIG. 4, a second amplifier 430 is 15 provided in one embodiment whose noninverting input terminal 431 is coupled to the output terminal 423 of the transimpedance amplifier 420 to receive the output voltage signal corresponding to the monitored analyte level, while an inverting input terminal 432 of the second amplifier 430 is coupled in one embodiment to the reference signal Vref source 450. Moreover, output terminal 433 of the second amplifier is coupled in one embodiment to a second input terminal 412 (Channel 2) of the ADC 410. In operation, the second amplifier 430 may be configured to step up the output signal of the transimpedance amplifier 410 by a predetermined factor (for example, a factor of 2), and to provide the stepped up signal to the analog to digital converter (ADC) 410.

Referring back to FIG. 4, the analog to digital converter 30 (ADC) 410 of the analog interface 201 (FIG. 2) of the transmitter unit 102 (FIG. 1) in one embodiment may be configured to detect signals at both the first and second input terminals or channels 411, 412, and based on one or more predetermined process or routine, the voltage signal at one 35 of the first or the second input terminals or channels 411, 412 is used by the ADC 410 for further processing as corresponding to the monitored analyte level from the sensor 101 (FIG. 1). That is, in one embodiment, depending upon the signal resolution corresponding to the analyte level monitored, the ADC 410 may be configured to select one of the output signals from the transimpedance amplifier 420 or the second amplifier 430 for further processing.

For example, when the signal received at the second input terminal 412 of the ADC 410 exceeds a predetermined 45 threshold value, the input signal at the first input terminal 411 may be used. More specifically, in one embodiment, the ADC 410 may be configured to process the signals at the second input terminal 412 (Channel 2) since it has a higher resolution compared to the signal at the first input terminal 50 411 received from the transimpedance amplifier 420. When the signal received at the second input terminal 412 exceeds a predetermined threshold level (for example, based on the tolerance level of the analog to digital converter (ADC) 410), the voltage signal received at the first input terminal 55 411 from the transimpedance amplifier 420 may be used to convert to a corresponding digital signal representing the monitored analyte level detected by the sensor 101 (FIG. 1).

Referring back to FIG. 4, in one embodiment, the analog to digital converter (ADC) 410 may include a 12 bit A/D 60 converter configured to support up to approximately 4,096 bits or ADC counts. In this case, in one embodiment, when the signal at the second input terminal 412 of the ADC 410 approaches approximately 4,000 bits or ADC counts, for example, the processor 204 (FIG. 2) of the transmitter unit 65 102 may be configured to switch from the second input terminal 412 to the first input terminal 411, to use the output

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signal from the transimpedance amplifier 420. In this manner, in one embodiment, the processor 204 of the transmitter unit 102 may be configured to monitor the signal levels at the two input terminals 411, 412 of the ADC 410, and when the signal level or ADC count associated with the output signal from the second amplifier 430 provided at the second input terminal 412 of the ADC 410 exceeds the predetermined threshold (for example, 4,000 bits or ADC count), the processor 204 may be configured to switch over to the output signal of the transimpedance amplifier 410 provided on the first input terminal 411 of the ADC 410 for further processing

In the manner described above, the dynamic multi-stage amplifier configuration in one embodiment may be configured to support variations in the analyte sensor sensitivities due to, for example, manufacturing variations, among others, while maintaining an acceptable or desirable sensor signal resolution. For example, in one embodiment, high sensitivity sensors may be configured for use with the full scale or range (for example, up to approximately 150 nA corresponding to the supported approximately 500 mg/dL glucose level) associated with the transimpedance amplifier 420 output signal provided to the first input terminal 411 (Channel 1) of the analog to digital converter (ADC) 410, while low sensitivity sensors may be associated with the second amplifier 430 output signal (for example, full scale current signal level of approximately 75 nA corresponding to the supported approximately 500 mg/dL glucose level) provided to the second input terminal 412 (Channel 2) of the analog to digital converter (ADC) 410.

For example, as discussed above, in one embodiment, the processor 204 of the transmitter unit 102 may be configured to monitor the signals at the two input terminals 411, 412 of the ADC 410, and determine, that if the received signal level does not have sufficient resolution to convert to the desired resolution of the digital signal (for example, 12 bits for the ADC 410) corresponding to the monitored analyte level associated with the sensor 101, the processor 204 may be configured to dynamically toggle or switch from using the voltage signal received from one of the two input terminals 411, 412, to using the voltage signal from the other one of the two input terminals 411, 412 to provide a dynamic range of tolerance level for the sensor sensitivities.

Accordingly, an apparatus in one embodiment includes a first amplifier having at least one input terminal and an output terminal, the at least one input terminal coupled to a signal source, the output terminal configured to provide a first output signal, a second amplifier having at least one input terminal and an output terminal, the at least one input terminal coupled to the output terminal of the first amplifier, the output terminal of the second amplifier configured to provide a second output signal, a processor operatively coupled to receive the first output signal and the second output signal, where the first output signal is a predetermined ratio of the second output signal, and further, where the first output signal and the second output signal are associated with a monitored analyte level of a user.

In one aspect, the first amplifier may include a transimpedance amplifier.

The monitored analyte level may include glucose level. Also, the at least one input terminal of the first amplifier may include an inverting input terminal, and, also may include a reference signal source coupled to a noninverting input terminal of the first amplifier.

In a further aspect, the second amplifier may include a gain of approximately two.

In still another aspect, the first output signal may be associated with a signal level from the signal source.

The apparatus may also include an analog to digital converter coupled to the output terminals of the first and second amplifiers, where the analog to digital (A/D) converter may include a 12 bit A/D converter.

The apparatus in another embodiment may include a processor operatively coupled to the A/D converter for processing the one or more signals received at the one or more first amplifier output terminal and the second amplifier output terminal.

Moreover, the processor may be configured to compare the one or more signals received at the one or more first amplifier output terminal and the second amplifier output terminal to a predetermined threshold value, which, in one embodiment may include approximately 4,000 bits (or analog to digital converter (ADC) counts).

Still further, the processor may be configured to process a signal associated with one of the one or more signals 20 received at the one or more first amplifier output terminal and the second amplifier output terminal when another signal associated with the other one of the one or more signals received at the one or more first amplifier output terminal and the second amplifier output terminal exceeds 25 the predetermined threshold value.

A method in accordance with another embodiment includes receiving a first signal having a first signal resolution and associated with a monitored analyte level of a user, receiving a second signal having a second signal resolution 30 and associated with the monitored analyte level of the user, comparing the received first signal to a predetermined threshold level, and processing one of the received first or second signals based on the comparing step.

When the received first signal does not exceed the predetermined threshold level, further including processing the first signal. On the other hand, when the received first signal exceeds the predetermined threshold level, further including processing the second signal.

A data processing device in accordance with still another 40 embodiment includes a multi stage amplifier unit configured to receive a signal and to generate a plurality of amplifier unit output signals each corresponding to a monitored analyte level of a patient, an analog to digital (A/D) conversion unit operatively coupled to the multi-stage amplifier unit output signals, and a processor unit operatively coupled to the A/D conversion unit, the processor unit configured to process one of the plurality of digitally converted amplifier unit output signals.

The device in another aspect may include a data communication unit operatively coupled to the processor unit, and configured to transmit the digitally converted and processed amplifier unit output signal.

The data communication unit may include an RF transmitter for wireless data transmission to a remote device such as, for example, a data receiver unit, data processing terminal, an infusion device or the like configured for RF communication.

Various other modifications and alterations in the structure and method of operation of this invention will be apparent to those skilled in the art without departing from the scope and spirit of the invention. Although the invention has been described in connection with specific preferred embodiments, it should be understood that the invention as 65 claimed should not be unduly limited to such specific embodiments. It is intended that the following claims define

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the scope of the present invention and that structures and methods within the scope of these claims and their equivalents be covered thereby.

What is claimed is:

- 1. An apparatus, comprising:
- an analyte sensor having a portion in fluid contact with bodily fluid under a skin surface to monitor an analyte level in the bodily fluid;
- a processor operatively coupled to the analyte sensor; and a memory operatively coupled to the processor for storing instructions which, when executed by the processor, causes the processor to:
 - receive a first signal having a first signal resolution generated by the analyte sensor and associated with the monitored analyte level;
 - receive a second signal having a second signal resolution generated by the analyte sensor and associated with the monitored analyte level;
 - compare the received second signal to a predetermined threshold level; and
 - process one of the received first or the second signals based on the comparison of the received second signal to the predetermined threshold level.
- 2. The apparatus of claim 1, wherein the predetermined threshold level includes approximately 4,000 bits or ADC counts.
- 3. The apparatus of claim 1, wherein the second signal has a higher resolution compared to the first signal.
- **4**. The apparatus of claim **1**, wherein the second signal is processed based on the comparison of the received second signal to the predetermined threshold level when the received second signal does not exceed the predetermined threshold level.
- 5. The apparatus of claim 1, wherein the first signal is processed based on the comparison of the received second signal to the predetermined threshold level when the received second signal exceeds the predetermined threshold level
- **6**. The apparatus of claim **1**, further comprising a high sensitivity sensor associated with the first signal and a low sensitivity sensor associated with the second signal.
- 7. The apparatus of claim 6, wherein the high sensitivity sensor is configured for use with a current signal level of up to approximately 150 nA, and wherein the low sensitivity sensor is configured for use with a current signal level of approximately 75 nA.
- **8**. The apparatus of claim **1**, wherein the analyte sensor comprises a plurality of electrodes including a working electrode comprising an analyte-responsive enzyme bonded to a polymer disposed on the working electrode.
- **9**. The apparatus of claim **8**, wherein the working electrode comprises a mediator crosslinked with the polymer disposed on the working electrode.
- 10. The apparatus of claim 1, wherein the analyte sensor comprises a plurality of electrodes including a working electrode comprising a mediator bonded to a polymer disposed on the working electrode.
 - 11. A method, comprising:
 - receiving a first signal having a first signal resolution and associated with a monitored analyte level, the first signal generated by an analyte sensor having a portion in fluid contact with bodily fluid under a skin surface to monitor an analyte level in the bodily fluid;
 - receiving a second signal having a second signal resolution generated by the analyte sensor and associated with the monitored analyte level;

- comparing the received second signal to a predetermined threshold level; and
- processing one of the received first or the second signals based on the comparison of the received second signal to the predetermined threshold level.
- 12. The method of claim 11, wherein the predetermined threshold level includes approximately 4,000 bits or ADC counts.
- 13. The method of claim 11, wherein the second signal has a higher resolution compared to the first signal.
- 14. The method of claim 11, wherein the second signal is processed based on the comparison of the received second signal to the predetermined threshold level when the received second signal does not exceed the predetermined threshold level.
- 15. The method of claim 11, wherein the first signal is processed based on the comparison of the received second signal to the predetermined threshold level when the received second signal exceeds the predetermined threshold level.

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- 16. The method of claim 11, further comprising providing a high sensitivity sensor associated with the first signal and a low sensitivity sensor associated with the second signal.
- 17. The method of claim 16, wherein the high sensitivity sensor is configured for use with a current signal level of up to approximately 150 nA, and wherein the low sensitivity sensor is configured for use with a current signal level of approximately 75 nA.
- 18. The method of claim 11, wherein the analyte sensor comprises a plurality of electrodes including a working electrode comprising an analyte-responsive enzyme bonded to a polymer disposed on the working electrode.
 - 19. The method of claim 18, wherein the working electrode comprises a mediator crosslinked with the polymer disposed on the working electrode.
 - **20**. The method of claim **11**, wherein the analyte sensor comprises a plurality of electrodes including a working electrode comprising a mediator bonded to a polymer disposed on the working electrode.

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