

TD - REC - Instructions for Use - Deep Breath v1.3 (Rev 1)

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Software scope: Deep Breath v1.3

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Electronic instructions for use: These instructions for use are provided in electronic form in accordance with Commission Implementing Regulation (EU) 2021/2226, as amended by Implementing Regulation (EU) 2025/1234. They are available on the manufacturer's website at <https://deepbreath.tech/ifu/v1.3>

This IFU is provided in English. The first intended market is the Netherlands (EU).

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Instructions for Use - Deep Breath v1.3

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Important Safety Information

Deep Breath is supplementary software. It supports trained ICU users during routine review of ventilation information, but it does not replace clinical judgement, direct patient assessment, the ventilator display, ventilator alarms, bedside monitors, hospital alarm systems, or local clinical responsibility for treatment decisions.

Use Deep Breath only within the intended patient population, use environment, supported device/interface scope, and validated software release. Do not use Deep Breath as a primary monitoring system or emergency alarm system.

1. Intended Purpose

Deep Breath v1.3 is a software medical device intended to support trained ICU users during routine review of adult patients receiving invasive mechanical ventilation.

Deep Breath supports review of ventilation management by displaying current and historical ventilation data, calculating and displaying selected respiratory and ventilation parameters, analyzing and visualizing selected patient-ventilator interaction patterns, supporting quality assessment of ventilation management, supporting bedside or remote ventilation overview, and displaying hospital-configured local protocol prompts and trigger history when configured rule conditions are met.

1.1 Expected Clinical Benefits

The expected clinical benefits of Deep Breath v1.3 are: easier access to current and historical ventilation information; clearer trend review; supplementary patient-ventilator interaction (PVI) pattern analysis; display of selected calculated parameters; support for documentation and quality assessment of ventilation management; display and history of hospital-approved local

protocol prompts when configured; and bedside or remote browser-based review within the hospital clinical setup.

Deep Breath does not claim direct outcome benefits such as reduced mortality, shorter ventilation duration, reduced ICU length of stay, or lower cost.

2. Intended Use

Deep Breath v1.3 is intended to be used by trained ICU users to review ventilation data and patient-ventilator interaction information during routine ICU care of adult patients receiving invasive mechanical ventilation.

Deep Breath v1.3 is intended to:

- display current and historical ventilation data for documentation and trend review;
- display selected calculated ventilation parameters;
- identify and summarize selected patient-ventilator interaction patterns;
- support analysis of patient-ventilator interaction trends;
- support quality assessment of ventilation management;
- provide a browser-based overview at the bedside, nurse station, or through remote clinical access within the intended hospital setup;
- display locally configured hospital protocol text when configured rule conditions are met;
- display history of triggered rules for review.

3. Intended Patient Population and Use Environment

Item	Intended scope
Patient age group	Adult patients only
Ventilation type	Invasive mechanical ventilation only
Clinical environment	ICU only
Clinical situation	Routine review and overview during ICU care
Access method	Browser-based access through a supported hospital workstation or approved remote clinical access

Deep Breath v1.3 is not intended for pediatric or neonatal patients, non-invasive ventilation, operating room use, emergency department use, transport use, ward use, or home-care use.

3.1 Contraindications

None known. The patient groups, ventilation types and use environments for which Deep Breath v1.3 is not intended are listed in section 3.

3.2 Undesirable Side-Effects

Deep Breath has no direct effect on the patient. The residual risk is misinterpretation of displayed information or delayed recognition of a clinical situation, which could lead to inappropriate ventilator adjustments. This risk is mitigated by the warnings and cautions in sections 8 and 9 and by the use of the ventilator, bedside monitor and hospital alarm systems as primary clinical sources.

4. Intended Users

Deep Breath v1.3 is intended for trained ICU users who are responsible for reviewing ventilation and, within their hospital role, may be involved in changing ventilator settings.

Intended users include ICU nurses, respiratory therapists, ventilator practitioners, and medical doctors. Users must understand invasive mechanical ventilation, local ICU workflow, and the limitations of supplementary software displays.

Rules configuration is restricted in the intended certified workflow. Only the hospital-designated medical doctor responsible for local protocols may create, edit, enable, disable or approve rules. Other users can view rules only.

5. Clinical Workflow

Deep Breath v1.3 is used during ICU rounds, nurse-station review, and remote ventilation overview. The user opens Deep Breath in a browser, selects the relevant current or historical ventilation context according to local workflow, reviews current and historical ventilation data, reviews PVI summaries and trends, reviews calculated parameters, and reviews any displayed local protocol prompts and trigger history when local rules are configured and triggered.

Clinical action, if any, is taken outside Deep Breath by qualified clinicians according to local responsibility, local protocol, the ventilator display, bedside monitoring, and direct patient assessment.

6. Software Functions in Clinical Scope

Function	Description
Remote Display	Displays current and historical ventilation data, trends, selected calculated parameters, PVI

	summaries, and relevant status information in a browser-based view.
PVI	Identifies and summarizes selected patient-ventilator interaction patterns for supplementary clinical review.
Calculations	Calculates selected respiratory and ventilation parameters from supported input data.
Rules / Decision Support	Evaluates configured data conditions and displays locally approved hospital protocol text and trigger history. Deep Breath does not validate the medical correctness of hospital protocol text and does not provide manufacturer-defined treatment recommendations.

Authorization and access control are supporting technical functions for safe use. Other workflows outside the v1.3 medical scope are not clinical-use workflows unless included through a future controlled change.

7. Supported Data Sources

Deep Breath v1.3 supported-device/interface scope is limited to supported hospital deployment configurations and validated interfaces.

Ventilator sources currently described for v1.3 include Hamilton C3, C6, G5, and S1; Getinge Servo-i and Servo-U; Drager Evita; and Puritan Bennett 840 and 980.

Only use Deep Breath with the device models and interface protocols listed in this section and with the deployment settings approved for the installation. If a device, model, interface or data field is not listed in this IFU, do not use its output for clinical review.

Manufacturer	Model(s)	Remote Display, PVI, Rules	Mechanical power, asynchrony index, time constants	Percentage of patient-triggered breaths
Hamilton	C3, C6, G5, S1	Supported	Supported	Supported
Getinge	Servo-U	Supported	Supported	Supported
Getinge	Servo-i	Supported	Supported	Not supported
Drager	Evita family	Supported	Supported	Not supported
Puritan Bennett	840, 980	Supported	Supported	Not supported

All calculated parameters require pressure, flow and volume waveforms and breath boundaries from the connected ventilator. Percentage of patient-triggered breaths additionally requires the ventilator trigger-reason data provided by Hamilton and Servo-U.

Ventilator interfaces and communication protocols:

Ventilator	Protocol	Minimum protocol version	Baud rate / parity
Hamilton C3, C6, G5, S1	BLOCK	1.1.0	Not applicable
Drager Evita family	MEDIBUS.X	6	19200 / Even
Getinge Servo-i	CIE (automatic detection)	3	Not applicable
Getinge Servo-U	SCI (automatic detection)	8	Not applicable
Puritan Bennett 840, 980	Waveforms; DCI 2.0	Not specified	38400 / None

8. Warnings

Do not use Deep Breath as the primary source for patient monitoring. Continue to use the ventilator, bedside monitor, hospital alarm systems, and direct patient observation.

Do not use Deep Breath for emergency alarm detection or emergency response. Deep Breath status indicators and rule prompts are not medical alarms.

Do not use Deep Breath outside the intended population or environment. The v1.3 intended scope is adult ICU patients receiving invasive mechanical ventilation.

Do not rely on Deep Breath outputs when source data are missing, delayed, incomplete, inconsistent, or outside the supported interface configuration.

Do not interpret PVI classifications or calculated parameters without considering the clinical context, the ventilator display, waveform quality, patient status, and local clinical practice.

Do not treat Rules / Decision Support prompts as manufacturer treatment recommendations. Rule text is locally configured and remains under hospital clinical responsibility.

Do not change ventilator settings solely because of a Deep Breath display, calculation, PVI result, or rule prompt. Any treatment change must be made by qualified clinical staff according to local responsibility and patient assessment.

9. Cautions

Use only validated Deep Breath releases approved for the installation.

Use a supported browser and secure hospital network access. Poor network performance may delay or interrupt displayed data.

Verify that the selected device, bed, patient/session, or review context matches the clinical situation before interpreting displayed information.

If displayed information differs from the ventilator, bedside monitor, or clinical assessment, use the primary clinical sources and report the discrepancy according to local procedure.

Protect patient information according to hospital policy, GDPR, and applicable privacy requirements. Do not record or share screens containing patient-identifiable data unless permitted and properly anonymized.

10. Before Use

Before using Deep Breath, confirm that you are authorized to access the installation, trained for the intended workflow, using the current validated release, connected through the approved hospital access route, and reviewing data from a supported device/interface configuration.

Confirm that the ventilator and any supported source devices are connected according to the hospital deployment procedure. If no data are visible, or if the connection status indicates a problem, verify the clinical source device and network connection before interpreting the display.

11. Operation - Remote Display and Review

Open Deep Breath using the approved browser link for the hospital installation. Sign in using the authorized account method for the installation.

Open the current or historical review workflow according to local procedure. Select the relevant device, bed, patient, or session context shown by the system. Confirm that the displayed context matches the patient and ventilation situation being reviewed.

Review the current ventilation data, waveforms, control settings, monitored parameters, calculated parameters, and trend charts shown in the display. Use time-range controls, zoom, and chart selection controls as available in the validated release.

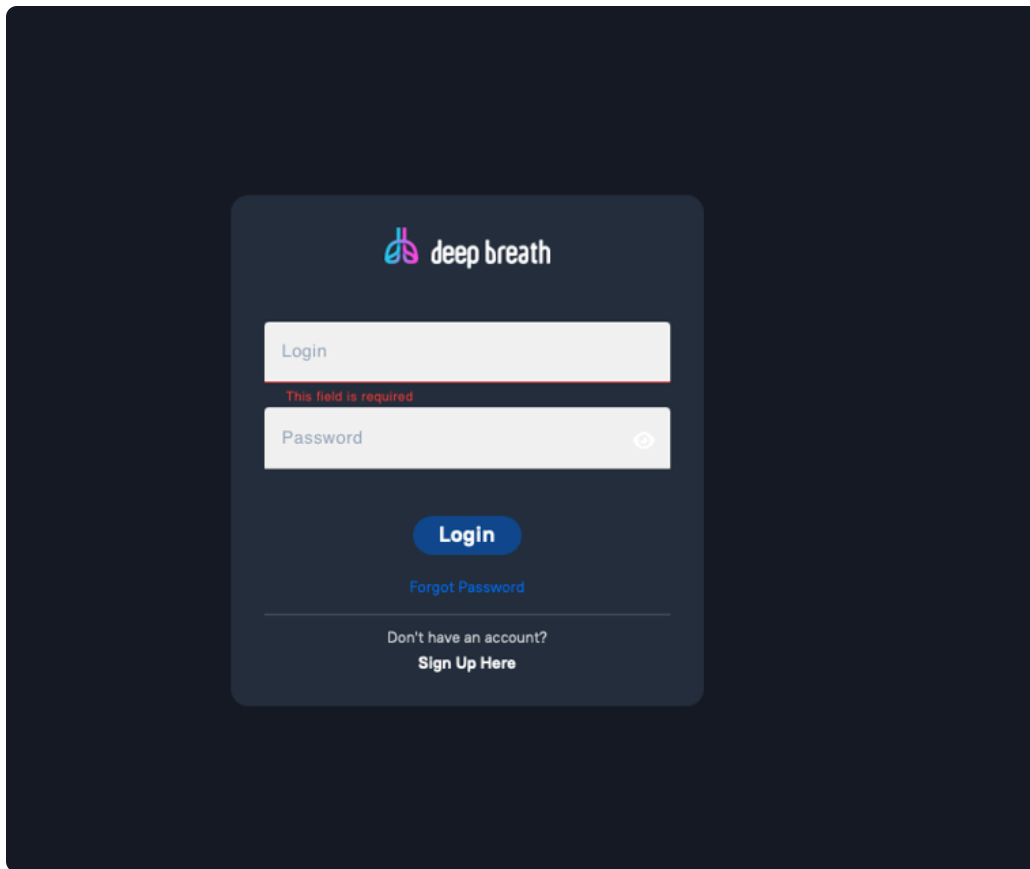
Review PVI summaries and trends as supplementary information. PVI results are intended to help identify and summarize selected patient-ventilator interaction patterns; they must be interpreted by trained users in clinical context.

Review calculated parameters as supplementary calculated outputs. Claimed calculated outputs for v1.3 include mechanical power, asynchrony index, percentage of patient-triggered breaths, and three time constants, when supported input data are available. Asynchrony index is defined as the amount of asynchronies divided by the total amount of ventilator cycles in the past 100 breaths. Dissipated energy / PV maneuver analytics are research-only in v1.3 and are not part of the medical calculation claim.

If local Rules / Decision Support is configured, review displayed prompts and triggered-rule history together with the related ventilation trends and event history. If no local rules are configured, if no rule is triggered, or if there is not enough data to evaluate a rule, the absence of a prompt must not be interpreted as a normal patient status.

11.1 Log in

Figure 1. Login screen.

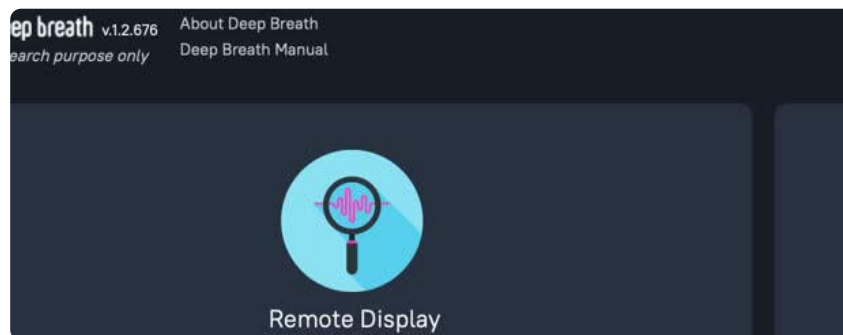


Use the approved Deep Breath browser link for the hospital installation. Enter your authorized username and password. Select Login.

If login fails, check that the credentials are correct and that your account is authorized for the installation. If the issue continues, contact the hospital system administrator or Deep Breath support.

11.2 Open Remote Display

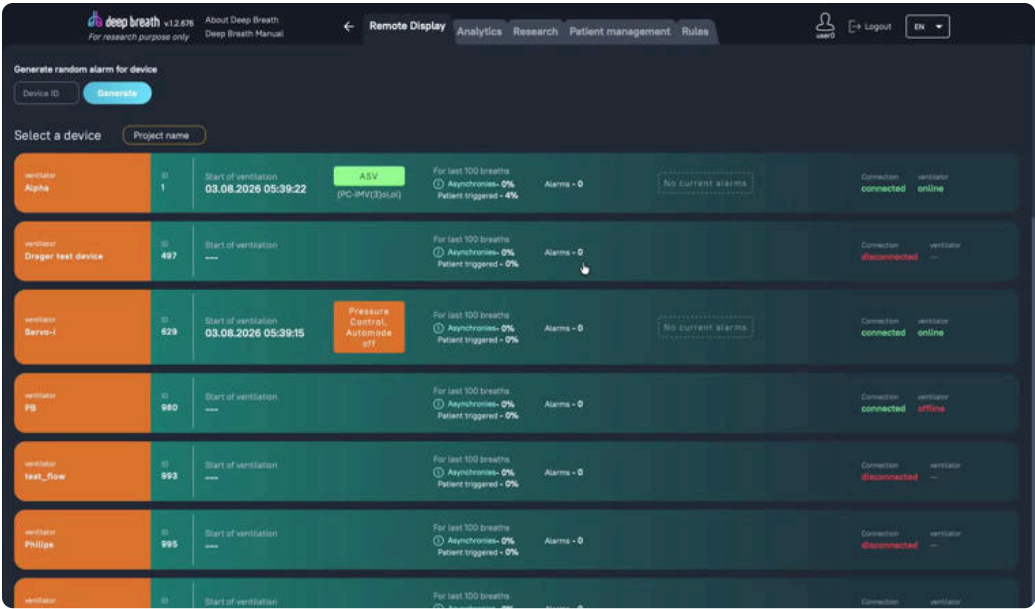
Figure 2. Remote Display entry point.



After login, open Remote Display from the main Deep Breath screen or from the Remote Display tab, depending on the configured start page.

11.3 Select the correct device or review context

Figure 3. Remote Display device list.

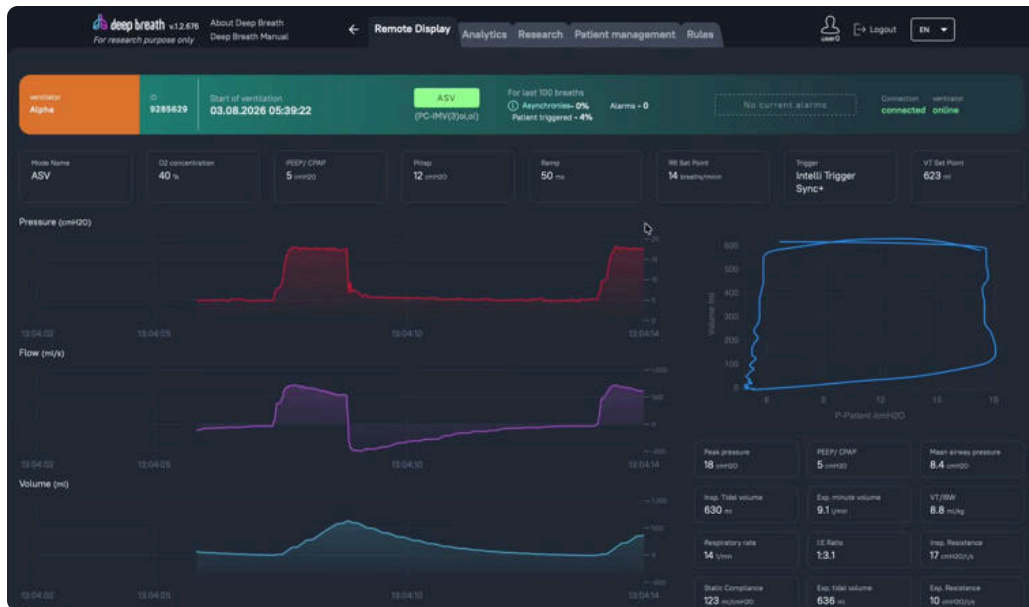


On the Remote Display device list, identify the ventilator, bed, or device context intended for review. Check the device name or description, current status, latest data timestamp, ventilation mode/status, recent PVI summary, alarm count, and connection indicators where shown.

Select the row for the relevant device or context only after confirming that it matches the clinical situation being reviewed. Do not interpret information from the wrong device, bed, patient, or session.

11.4 Review current ventilation information

Figure 4. Remote Display current ventilation overview.



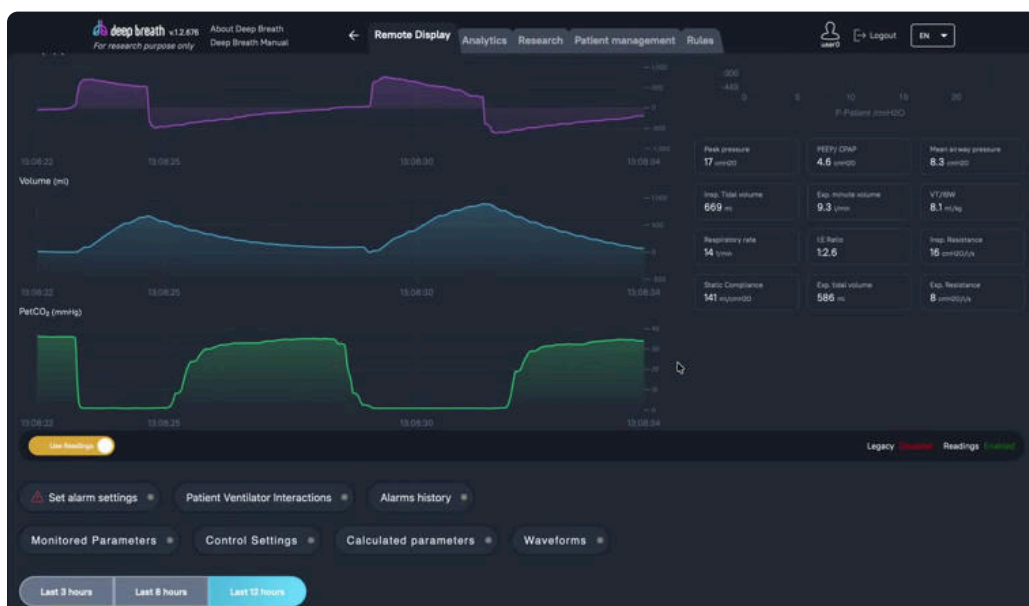
The Remote Display shows current ventilation information such as ventilation mode, selected control settings, monitored parameters, pressure/flow/volume waveforms, and a pressure-volume loop when available.

Use this view for supplementary review only. Continue to use the ventilator display, bedside monitor, hospital alarm systems, and direct patient assessment as the primary clinical sources.

If source data are missing, delayed, or inconsistent with the clinical situation, do not rely on the Deep Breath display until the issue is understood.

11.5 Review time ranges and available chart groups

Figure 5. Trend and PVI review controls.

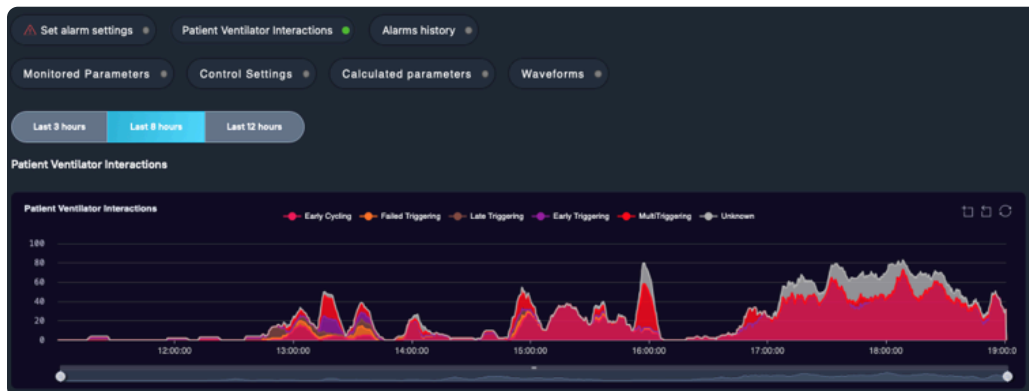


Use the time-range controls to select the period to review. Use the available chart-group controls to show or hide relevant information, such as Patient Ventilator Interactions, Alarms history, Monitored Parameters, Control Settings, Calculated parameters, and Waveforms.

When a chart or waveform requires a shorter zoom interval, zoom in before interpreting the detailed waveform display.

11.6 Review PVI summaries and trends

Figure 6. PVI and trend review example.



Review PVI charts as supplementary summaries of selected patient-ventilator interaction patterns. Use the chart legend and hover details, where available, to understand the displayed class, interval, and value.

Do not use PVI output alone to diagnose, prescribe treatment, or change ventilator settings. Interpret PVI output together with the waveforms, ventilator display, patient condition, and local clinical practice.

11.7 Review calculated parameters

Figure 7. Calculated parameter charts.



Review claimed calculated parameter charts, such as Mechanical Power, Asynchrony Index, and Patient Triggered, when the required input data are available.

Moving-average lines or trend summaries, where shown, support trend review but do not replace clinical assessment.

If a calculated value appears unexpected, compare it with source data and the ventilator display before using it in clinical review.

11.8 Review waveforms and breath-level detail

Figure 8. Waveform and breath-level review example.



Use waveform charts and breath-level markers to review details around selected time intervals. Zoom to the required interval when the interface indicates that detailed waveform display

requires a shorter time range.

Use tooltips or point details, where available, only as supplementary information linked to the displayed chart.

12. Operation - Rules / Decision Support

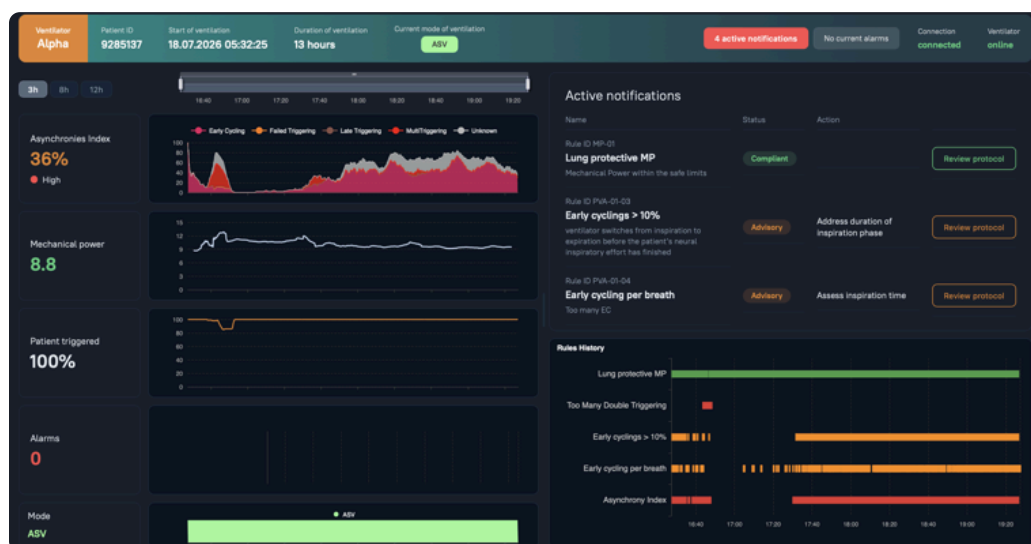
Rules / Decision Support is a local-protocol display function. Rule conditions and rule text are defined under hospital clinical responsibility. Only the hospital-designated medical doctor responsible for local protocols may create, edit, enable, disable or approve rules. Other users can view rules only.

When configured conditions are met, Deep Breath can display local protocol text and trigger history. Deep Breath does not validate the medical correctness of local protocol text, does not independently prescribe treatment, and does not automatically change ventilator settings.

If there is insufficient data to evaluate a rule, the user must not assume that the rule condition is absent. Review the data-availability message and use the primary clinical sources.

12.1 Open Rules / Decision Support

Figure 9. Rules / Decision Support overview.



Open the Rules tab for the selected device or review context. Confirm that the header still refers to the intended device/context before interpreting rule information.

The Rules screen may show active notifications, a selected time range, rules history, and related clinical data panels.

12.2 Review active notifications and local protocol text

Figure 10. Active notifications list.

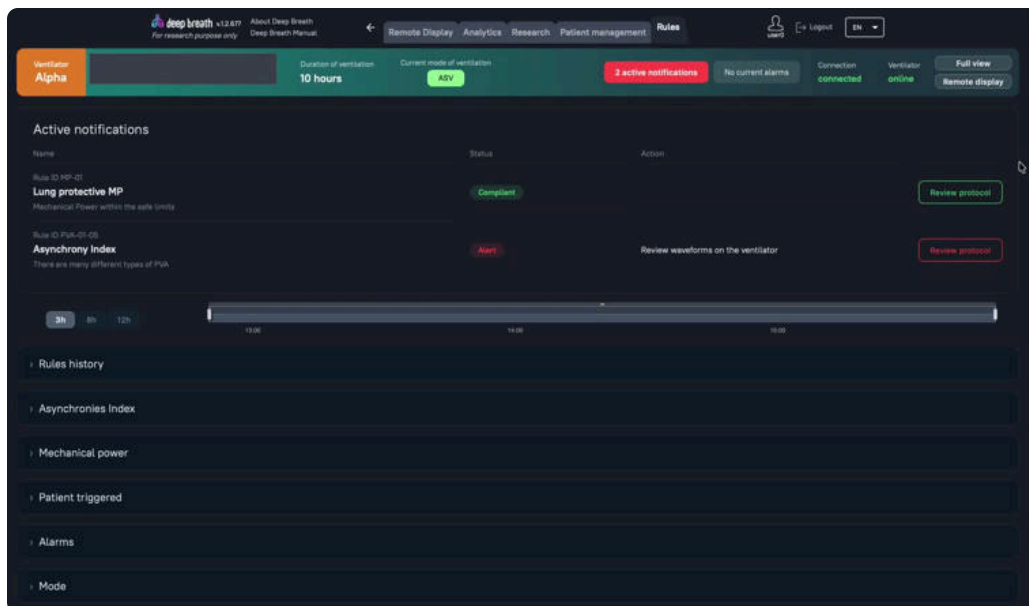
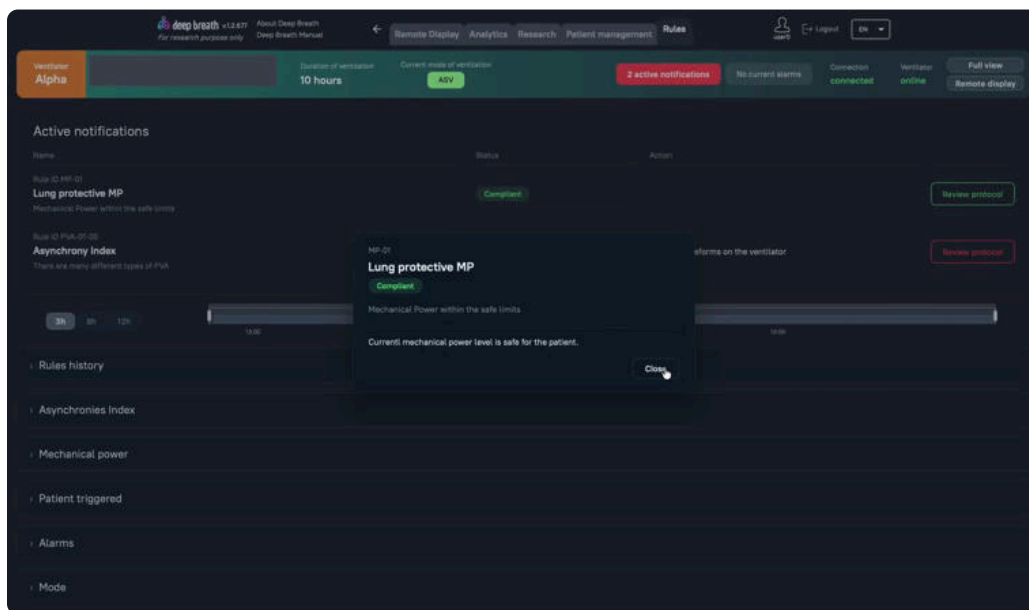


Figure 11. Rule protocol detail.



Review each active notification by name, status, and action. A compliant status indicates that the configured rule condition is not currently breached according to the available data. A compliant status refers only to the configured rule condition and does not indicate that the patient's condition is normal. An alert status indicates that the configured rule condition has been met or exceeded according to the available data.

If an action is shown, treat it as locally configured hospital protocol text or workflow guidance, not as a manufacturer treatment recommendation.

Select Review protocol when available to open the local protocol text for the selected rule. The protocol text is configured and approved under hospital clinical responsibility. Deep Breath does not validate the medical correctness of this text.

12.3 Review triggered-rule history and related data

Figure 12. Rules history timeline.

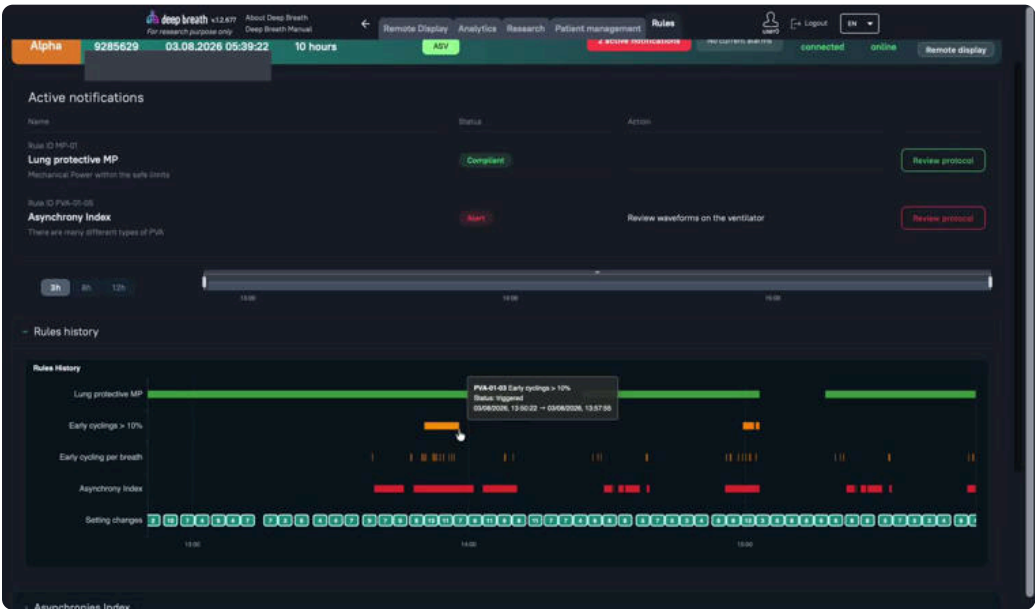


Figure 13. Rules screen data panels.

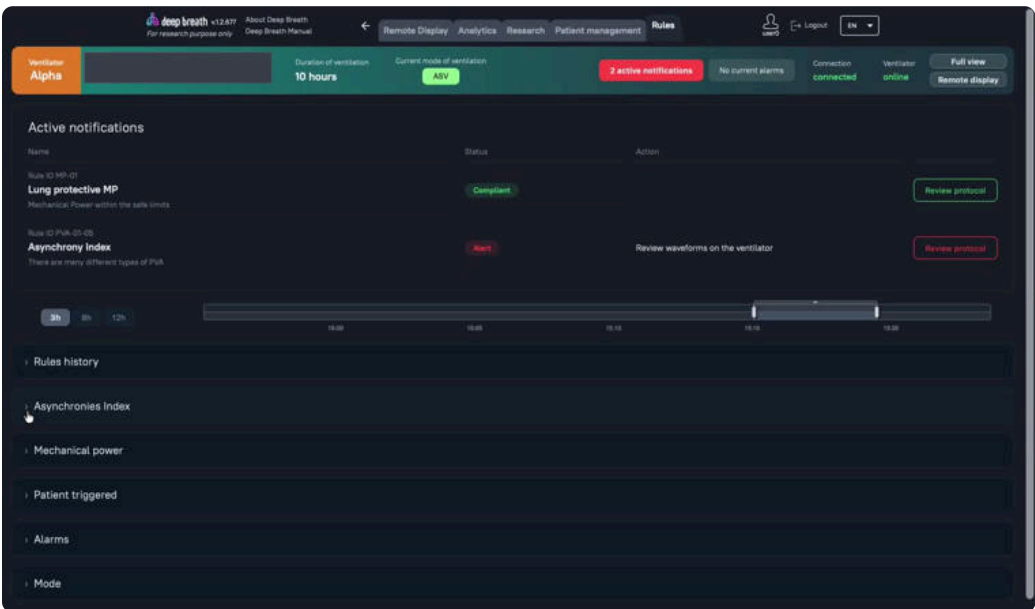


Figure 14. Rule-related chart review.



Expand Rules history to review when configured rules were triggered during the selected time range. Use the time-range buttons and timeline slider to focus on the clinically relevant interval.

Review triggered-rule periods together with related setting changes and patient data. Do not interpret an absence of visible rule bars as proof of normal patient status if data are missing or the rule could not be evaluated.

Expand related panels such as Asynchrony Index, Mechanical Power, Patient Triggered, Alarms, and Mode where available. Use these panels to understand the ventilation data associated with active notifications or triggered-rule history.

If a related panel has no data or is empty, verify source-data availability before interpreting the rule context.

Any clinical action must be based on qualified clinical judgement, local protocol, the ventilator display, bedside monitoring, and direct patient assessment.

13. PVI Information

Deep Breath v1.3 claims and displays the following PVI classes: Normal, Failed triggering, Early triggering, Late triggering, Multiple triggering, and Early cycling.

The following classes are not claimed in v1.3: delayed cycling / late cycling, autotriggering, and work shifting / flow starvation.

PVI output is supplementary. A PVI result may be affected by input waveform quality, missing data, unsupported modes or interfaces, model limitations, or clinical situations outside the validated scope.

13.1 PVI Performance Characteristics

Clinical performance of the claimed PVI classes was established in an external validation of the PVI model in adult ICU patients receiving invasive mechanical ventilation, with ground truth based on airway pressure, flow and esophageal pressure waveforms.

PVI class	Sensitivity	Specificity	F1-score	Accuracy	NPV	PPV
Normal	0.80	0.97	0.82	0.94	0.96	0.84
Failed triggering	0.89	0.99	0.85	0.98	0.99	0.80
Early triggering	0.85	0.99	0.84	0.98	0.99	0.83
Late triggering	0.82	0.96	0.74	0.95	0.98	0.68
Multiple triggering	0.89	1.00	0.84	1.00	1.00	0.80
Early cycling	0.85	0.98	0.79	0.97	0.99	0.74

NPV = negative predictive value. PPV = positive predictive value.

Limitations: the figures are point estimates from a single external validation dataset of limited size and are reported to two decimal places. Values shown as 1.00 are rounded and do not indicate perfect performance. Breaths with missing or corrupted waveform data are classified as Unknown and are not assigned a claimed PVI class.

14. Calculated Parameters

Deep Breath v1.3 calculates selected respiratory and ventilation parameters from supported input data.

The v1.3 calculation claim includes mechanical power, asynchrony index, percentage of patient-triggered breaths, and three time constants.

Asynchrony index is defined as the amount of asynchronies divided by the total amount of ventilator cycles in the past 100 breaths.

Percentage of patient-triggered breaths is claimed only for Hamilton and Servo-U where the required trigger reason/source data are available.

Dissipated energy / PV maneuver analytics are research-only in v1.3 and are not part of the medical calculation claim.

Calculated values are supplementary and must be interpreted with the ventilator display, patient condition, waveform quality, source-data availability, and local clinical practice.

14.1 Units and Characteristics of Calculated Parameters

Calculated parameter	Unit	Calculation window	Supported sources
Mechanical power	J/min	Per completed breath	All supported ventilators
Asynchrony index	Ratio 0 to 1 (thresholds may be entered and displayed as %)	Past 100 breaths	All supported ventilators
Percentage of patient-triggered breaths	%	Current breath and up to 99 previous breaths in the session	Hamilton, Servo-U
Time constants tau1, tau2, tau3	s	Per completed breath	All supported ventilators

Calculated parameters are deterministic functions of ventilator-provided data. Results equal the reference formula within numerical rounding (displayed to 2 decimal places). Their accuracy depends on the accuracy of the source data from the ventilator.

Handling of missing or incomplete source data:

- Mechanical power: no value is presented for a breath with insufficient waveform completeness. If the breath duration is zero, mechanical power is calculated as 0 J/min.
- Time constants: no value is presented when the tidal volume is zero or negative, when any time constant is zero, or when waveform data are incomplete.
- Asynchrony index: unavailable when there are no evaluable ventilator cycles in the 100-breath window.
- Percentage of patient-triggered breaths: breaths for which the ventilator provides no trigger value, or a value other than patient-triggered, are counted as not patient-triggered; missing trigger data can therefore lower the displayed percentage. The parameter is not available for ventilators that do not provide trigger-reason data.

Calculated parameters are derived from ventilator source data; Deep Breath has no measuring function.

15. Notifications and Data Status

Deep Breath may show connection, data availability, no-data, offline, standby, or similar status information. These indicators help users understand whether data are being received and displayed.

These indicators are not medical alarms. If a patient requires clinical attention, follow hospital alarm systems and clinical procedures, not Deep Breath status indicators alone.

16. Troubleshooting

Situation	User action
No data visible	Verify that the source device is connected, the correct context is selected, and the network/interface is functioning. Use the ventilator and bedside monitor as the primary source while the issue is investigated.
Delayed or incomplete trends	Check whether there was a network interruption, missing source data, unsupported time range, or incomplete session data.
Unexpected PVI or calculation result	Compare with source waveforms, ventilator values, patient condition, and local clinical judgement. Report suspected product issues according to hospital and Deep Breath support procedure.
Login or access failure	Contact the hospital system administrator or Deep Breath support according to the installation support process.

Rule prompt absent or unexpected	Confirm whether local rules are configured, enabled, and evaluable for the selected data. Do not infer patient status only from the presence or absence of a prompt.
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17. Cybersecurity and Privacy

Use Deep Breath only through approved secure access routes. Do not share credentials. Lock unattended workstations. Follow hospital policy for patient-identifiable information.

Deep Breath should be operated with authorized user access, secure browser access, encrypted communication, logging/auditability of relevant user and system actions, hospital deployment requirements, and applicable privacy and data-protection requirements.

17.1 Minimum IT Requirements

Item	Minimum requirement
Browser	Minimum: Chrome 90, Firefox 88, Safari 14. Only the browser versions listed above are supported.
Operating system	Minimum: Windows 10/11, macOS 11, Linux Ubuntu 20.04. Only the operating-system versions listed above are supported.
Workstation (cloud setup)	CPU 2 cores; RAM 8 GB; network 1 Gbps
Local server	CPU 4 cores; RAM 8 GB; storage 20 GB SSD; network 1 Gbps; operating system per the row above; Docker (local setup only)
Deployment	Hospital-approved deployment with browser-based access
Network	Approved hospital network or approved remote clinical access only
IT security	Authorized individual user accounts; credentials not shared; encrypted communication; logging of relevant user and

18. Maintenance and Updates

Deep Breath is software-only. Updates are provided through the approved Deep Breath and hospital deployment process. Do not use unapproved software versions for clinical review.

Hospital IT or authorized Deep Breath personnel are responsible for installation, deployment configuration, interface setup, and technical maintenance according to the controlled deployment documentation.

18.1 Decommissioning

Deep Breath is software-only and has no physical parts to dispose of. When an installation is decommissioned, Deep Breath B.V. and hospital IT deactivate user accounts and system access and handle patient data according to the agreed deployment procedure and hospital data-protection and retention policies.

18.2 Reporting Serious Incidents

Any serious incident that has occurred in relation to Deep Breath must be reported to Deep Breath B.V. (support@deepbreath.tech, +31 6 42198809) and to the competent authority of the Member State in which the user and/or patient is established. In the Netherlands, the competent authority is the Health and Youth Care Inspectorate (IGJ).

19. Glossary

Term	Meaning
Deep Breath	The software medical device described in this IFU.
PVI	Patient-ventilator interaction; the relationship between patient effort and ventilator support during mechanical ventilation.
PVA	Patient-ventilator asynchrony; mismatch between patient effort and ventilator-delivered breath.
Asynchrony index	Amount of asynchronies divided by the total amount of ventilator cycles

	in the past 100 breaths.
Remote Display	Browser-based view of current and historical ventilation information, trends, selected calculated parameters, PVI summaries, and status information.
Rules / Decision Support	Local-protocol display function that shows hospital-configured text and trigger history when configured data conditions are met.

20. Symbol Key and Electronic Label

The electronic label is shown on the About / information screen of the software. Symbols are used in accordance with EN ISO 15223-1:2021.

Symbol (EN ISO 15223-1)	Meaning	Label content
Manufacturer (5.1.1)	Manufacturer name and address	Deep Breath B.V., 45 Stationsplein, CIC, 3013 AK Rotterdam, The Netherlands
Date of manufacture (5.1.3)	Release date of the build	2026-08-04
MD - Medical device (5.7.7)	Indicates the item is a medical device	Deep Breath
UDI - Unique device identifier (5.7.10)	UDI in human-readable form	(01)08720892531216(8012)1.3.1
Consult instructions for use (5.4.3), shown with the eIFU website address	Instructions for use are provided in electronic form	https://deepbreath.tech/ifu/v1.3
CE marking	Conformity with Regulation (EU) 2017/745	CE 2460, affixed upon certification
Version / build	Production identifier of the software	Deep Breath v1.3 / build 1.3.1

Short warnings on the label:

- Not for primary patient monitoring.
- Not an alarm system; does not replace ventilator or monitor alarms.
- For adult ICU patients on invasive mechanical ventilation only.

Document Activity

User	Action	State	Comment	Date	Version
Document Management	Changed state to Published	 Published		October 12th 2026 at 4:31:56 PM (UTC)	v. 14
Daria	Signed and approved Approval	 In Approval		October 12th 2026 at 4:31:56 PM (UTC)	v. 14
Anton Balakirev	Assigned Daria to Approval	 In Approval		October 12th 2026 at 4:30:04 PM (UTC)	v. 14
Document Management	Changed state to In Approval	 In Approval		October 12th 2026 at 4:29:50 PM (UTC)	v. 14
Anton Balakirev	Signed and approved Approval	 Draft		October 12th 2026 at 4:29:50 PM (UTC)	v. 14
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 4:01:11 PM (UTC)	v. 14
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 4:01:11 PM (UTC)	v. 14
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:57:25 PM (UTC)	v. 13
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:57:25 PM (UTC)	v. 13
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:55:37 PM (UTC)	v. 12
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:55:37 PM (UTC)	v. 12
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:32:44 PM (UTC)	v. 11

User	Action	State	Comment	Date	Version
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 3:11:04 PM (UTC)	v. 10
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 3:11:04 PM (UTC)	v. 10
Document Management	Changed state to Draft	 Draft		October 12th 2026 at 2:54:27 PM (UTC)	v. 9
Deep Breath Admin Account	Changed state to Draft	 Draft		October 12th 2026 at 2:54:27 PM (UTC)	v. 9
Document Management	Changed state to Draft	 Draft		October 7th 2026 at 9:32:12 PM (UTC)	v. 8
Deep Breath Admin Account	Changed state to Draft	 Draft		October 7th 2026 at 9:32:12 PM (UTC)	v. 8
Document Management	Changed state to Draft	 Draft		August 18th 2026 at 5:02:19 PM (UTC)	v. 7
Deep Breath Admin Account	Changed state to Published	 Published		August 18th 2026 at 5:02:19 PM (UTC)	v. 7

Showing most recent entries. There are more records in the Document Activity.