

INVERNESS MEDICAL INNOVATIONS INC
Form 8-K/A
August 06, 2003

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SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K/A

(Amendment No. 1)

CURRENT REPORT

Pursuant to Section 13 or 15(d) of
the Securities Exchange Act of 1934

DATE OF REPORT (DATE OF EARLIEST EVENT REPORTED) July 31, 2003

Inverness Medical Innovations, Inc.

(Exact Name of Registrant as Specified in Its Charter)

Delaware (State or other jurisdiction of incorporation)	001-16789 (Commission file number)	04-3565120 (IRS Employer Identification No.)
51 Sawyer Road, Suite 200, Waltham, Massachusetts 02453 (Address of principal executive offices)		

Registrant's telephone number, including area code: (781) 647-3900

Not Applicable

(Former name or former address, if changed since last report)

Explanatory Note

Inverness Medical Innovations, Inc. (the "Company") hereby amends its Current Report on Form 8-K, event date July 31, 2003, in order to add as exhibits certain additional materials relating to its releases, by press release and conference call, regarding the Company's financial results for the quarter ended June 30, 2003.

ITEM 7. EXHIBITS

(c)

Exhibits: The following exhibits are furnished with this report:

Exhibit Number	Description
99.1	Press Release dated July 31, 2003, entitled "Inverness Medical Innovations Announces Second Quarter Results"
99.2	Transcript of conference call held on July 31, 2003 to discuss second quarter results
99.3	Supplemental Reconciliation of Non-GAAP Financial Measures

ITEM 12. RESULTS OF OPERATIONS AND FINANCIAL CONDITION

On July 31, 2003, Inverness Medical Innovations, Inc. issued a press release entitled "Inverness Medical Innovations Announces Second Quarter Results," a copy of which is furnished with this Current Report on Form 8-K as Exhibit 99.1. On July 31, 2003, the Company also held a conference call to discuss its second quarter results. A transcript of the conference call, as well as a reconciliation of certain non-GAAP financial measures disclosed during the conference call, are furnished with this Current Report on Form 8-K as Exhibits 99.2 and 99.3, respectively.

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SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

INVERNESS MEDICAL INNOVATIONS, INC.

BY: /s/ JAY MCNAMARA

Jay McNamara
Associate General Counsel

Dated: August 6, 2003

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SIGNATURE

EXHIBIT INDEX

">Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. **Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.** SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JULIBER LOIS D 1007 MARKET STREET D-9000 WILMINGTON, DE 19898	X			

Signatures

Mary E. Bowler by Power of Attorney
Date: 03/02/2011

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes direct ownership, unvested RSUs and vested deferred stock units.
- (2) Reporting person disclaims beneficial ownership of these securities.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.