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Contact: Frederick Lane
(978) 345-5000

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**ARRHYTHMIA RESEARCH TECHNOLOGY, INC.
ANNOUNCES SPECIAL REPORT ON SAECG ROLE IN DIAGNOSING ARVC/D
ART's Patented Predictor® SAECG Software Used in Study**

Fitchburg, MA

Arrhythmia Research Technology, Inc. (the "Company" or "ART") (NYSE AMEX: HRT) is pleased to announce that the Signal Averaged Electrocardiogram ("SAECG") has been identified as one of the non-invasive tests shown to increase the detection of patients afflicted with Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia ("ARVC/D"). This finding was published in a Special Report by a prestigious international ARVC/D task force in the April 6, 2010 edition of "Circulation", the American Heart Association scientific journal.

Arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D) is a genetic cardiomyopathy characterized by structural abnormalities of the right ventricle and ventricular arrhythmias. In ARVC/D there is replacement of right ventricular myocardium with fatty and fibrous tissue. These pathologic changes in the right ventricle produce the substrate for malignant ventricular arrhythmias. The prevalence of ARVC/D is relatively uncommon but may account for up to 20 percent of cases of sudden death among young individuals and is an important cause of sudden cardiac death in young athletes.

The task force, comprising a multidisciplinary team of noted electrophysiologists and scientific researchers, has presented modified criteria to incorporate new knowledge and technology to improve diagnostic sensitivity, with the important requisite of maintaining diagnostic specificity, in the diagnosis of ARVC/D. The new criteria regarding the detection of ventricular late potentials by Signal-Averaged Electrocardiogram (SAECG) serves to increase the percentage of correctly diagnosed patients that actually have ARVC/D. The revised criteria improves the sensitivity of the diagnosis, while preserving the accuracy of the tests in identifying healthy subjects that are truly not afflicted with the disease. As a result of the findings by the original task force in 1994 SAECG test results were considered positive for ventricular late potentials being present if any 2 out of 3 time domain parameters are positive. The new research findings regarding ARVC/D patient diagnosis show that the sensitivity of the SAECG test is increased if the SAECG test is considered positive as long as any 1 of the 3 time domain diagnostic parameters are found to be positive. The SAECG test adds value in the routine diagnosis of ARVC/D patients and as a screening method for family members. Other non-invasive tests used to diagnose ARVC/D include imaging modalities such as the echocardiogram and cardiac MRI.

Wojciech Zareba, MD, PhD, of the University of Rochester, a member of the task force and Director of ECG Core Lab for North-American ARVD Registry and one of the Principal Investigators for National Institutes for Health ("NIH") funded ARVD study, that used ART's patented Predictor® signal averaging software extensively, commented, "Signal averaging ECG should be considered as an

important diagnostic modality when evaluating patients suspected for inherited arrhythmia disorders. The usefulness of SAECG has been clearly proven in diagnosing ARVD.”

James E. Rouse, the Company’s President and CEO, stated, “We are extremely pleased that SAECG has been identified as an important diagnostic tool in the identification of people who may suffer from this very serious disease. We are honored that the task force chose the Company’s 1200 EPX hardware and Predictor[®] software for use in its investigation which we hope will produce life saving benefits for patients and their families. The Company’s Predictor software platform has long been recognized as the “gold standard” in signal averaging and we are excited about the market prospects as SAECG becomes more widely used as an important diagnostic technology.”

Signal averaging, which improves the signal to noise ratio, is a well-recognized technique used to detect ventricular late potentials in post myocardial infarction patients.

About Arrhythmia Research Technology, Inc.

The Company’s products include proprietary signal-averaging electrocardiography (SAECG) software used in the detection of potentially lethal heart arrhythmias. The Company through its wholly owned subsidiary Micron Products, Inc. manufactures silver plated and non-silver plated conductive resin sensors and distributes metal snaps used in the manufacture of disposable ECG, EEG, EMS and TENS electrodes. Micron’s MIT division provides end-to-end product life cycle management through a comprehensive portfolio of value-added services such as design, engineering, prototyping, manufacturing, machining, assembly and packaging. MIT manufactures custom injection molded products for medical, electronic, industrial and consumer applications, and provides high end mold design, manufacturing and precision machining for various industries.

For more information please visit our websites:

<http://www.arthrt.com>

<http://www.micronproducts.com>

<http://www.micronintegrated.com>

Forward Looking Statements

Forward-looking statements made herein are based on current expectations of the Company that involve a number of risks and uncertainties and should not be considered as guarantees of future performance. The factors that could cause actual results to differ materially include: our ability to maintain our current pricing model and/or decrease our cost of sales; continued availability of supplies or materials used in manufacturing at competitive prices; volatility in commodity and energy prices and our ability to offset higher costs with price increases; the costs inherent with complying with new statutes and regulations; variability of customer delivery requirements; our ability to efficiently integrate future acquisitions and other new lines of business that the Company may enter in the future. More information about factors that potentially could affect the Company's financial results is included in the Company's filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K for the year ended December 31, 2009.