AUTO MODE EXPERIENCE PROGRAM ORDER FORM
MEDTRONIC PUMP AND PERSONAL CGM

Once completed, please send this form via email to: australia.diabetes@medtronic.com or fax to 02 9857 9237. All sections must be completed for the order to be processed. Your order will be delivered prior to your insulin pump and/or CGM start once your order is complete and processed.

SECTION 1. HOSPITAL / CLINIC INFORMATION

USING HOSPITAL PURCHASE ORDER (EXCLUDES CGM)	☐ YES ☐ NO		
NAME OF HOSPITAL			
NAME OF UNIT / CLINIC			
DELIVERY ADDRESS (IF NOT USING HOSPITAL PURCHASE ORDER)			
DATE REQUIRED		PUMP START DATE	
NAME OF DIABETES EDUCATOR		CONTACT PHONE NO.	
NAME OF PRESCRIBING CLINICIAN			
NAME OF REFERRING CLINICIAN			
PRIMARY PUMP TRAINER	☐ Diabetes Educator ☐ Medtronic Representative ☐ Other _____		

SECTION 2. PATIENT INFORMATION

NAME OF PATIENT		DATE OF BIRTH	
IF MINOR, PARENT'S NAME		TYPE 1 OR TYPE 2	
STREET ADDRESS		SUBURB	
CITY		POSTCODE	
PATIENT CONTACT PHONE NO.		MOBILE PHONE NO.	
EMAIL ADDRESS			
HEALTH FUND		MEMBERSHIP NO.	
EMAIL OPT IN FOR COMPLIMENTARY SILICONE CASE *(PLEASE TICK TO OPT IN, FOR YOUR CHOICE OF DESIGN AND PREFERRED COLOUR OPTION)*	☐ **I would like to receive a complimentary silicone case by opting in to receive important product information and other marketing information from Medtronic via email (you can opt out at any time).** ☐ Generic Design: ☐ Blue ☐ Black ☐ White ☐ Purple ☐ Pink ☐ Lenny the Lion Design*: ☐ Blue *Available for ages 10 and under only		

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SECTION 3. PUMP ORDERING INFORMATION

ORDER TYPE (PLEASE SELECT):	☐ New Pump Purchase ☐ Under 21 years old upgrade from Medtronic Pump with non-Medtronic CGM ☐ Upgrade from other Brand (please specify) _____
PUMP TYPE (PLEASE SELECT):	☐ MiniMed™ 670G *Price AUD: $8,574. Rebate Code: MI290. Patient must be 7+ years
* Price AUD: $8,574. Rebate Code: MI290	

SECTION 4. CGM ORDERING INFORMATION

DATE CGM REQUIRED:	CGM TRAINING DATE:
PLEASE TICK IF ORDERING AN AUTO-MODE EXPERIENCE CGM Required unless eligible through NDSS	☐ 1 X GUARDIAN™ LINK 3 TRANSMITTER AND 3 X BOXES OF GUARDIAN™ SENSOR 3 (5/BOX) Month 1 to HCP (Transmitter Kit, 1 x box sensors) Month 2 to Patient (1 x box sensors) Month 3 to Patient (1 x box sensors) Charged at $333 per month (Total of $999)

NOTE: CGM product will only be shipped once payment has been made by the patient. Please allow up to 5-7 working days for CGM delivery from payment date. Make sure your Pump/CGM Start appointment with your Healthcare professional allows for this. Funding approval varies depending on Health Insurer.

You may be eligible to access the CGM Subsidisation Program, please see your healthcare professional for more information.

WHAT WILL HAPPEN NOW:

You will receive an email within 72 hours with a eShop username and temporary password. You will need to log in and enter credit card payment details to complete the order via: **https://eshop.medtronic-diabetes.com.au**

IMPORTANT - PLEASE READ

▪ Prices are GST exempt ▪ The glucose sensor storage temperature is between 2°C and 30°C at all times. The shelf life of the sensors is 12 months from date of manufacture ▪ Delivery is ex stock (Sydney) via courier. 4518-112017

Medtronic

FOR INQUIRIES PLEASE CALL: 1800 777 808

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SECTION 5. PATIENT ATTESTATION & SIGNATURE / DATE

Please tick all that apply:

- ☐ I give consent for Medtronic to liaise with my health fund on my behalf in order to attempt to secure funding in respect of the MiniMed™ 670G Insulin Pump. (Please note that if you do not wish for us to do so, we will take this to mean that you/your healthcare team are to liaise with your health fund independently to secure funding in respect of this order).
- ☐ I give consent for my healthcare professional to submit my personal and sensitive information on my behalf to Medtronic to enable them to process this order (please note that if this is not signed, we understand that you will submit this information directly to us to enable us to process your order).
- ☐ I confirm that I have read and understood the Privacy Statement below.
- ☐ I consent for Medtronic to collect and store my sensitive personal details contained in this form in accordance with the Medtronic Privacy Policy.
- ☐ I confirm that I have read and understood the Terms and Conditions below.

Starting on an insulin pump or continuous glucose monitoring therapy can be life-changing, but it can also be a bit daunting until you get into the swing of things. That's why Medtronic created StartRight™, a personal coaching program created to help you maximise the incredible benefits of your new therapy by giving you support and confidence with your new Medtronic devices during those important first 3 months.

As part of this program, it is required that you participate in the StartRight program.

You will receive a call from the StartRight™ consultant prior to your next appointment.

Patient Signature: _____ **Date:** _____

SECTION 6. HEALTH CARE PROFESSIONAL ATTESTATION & SIGNATURE / DATE

Please note that Stamps are not acceptable. Signature and date must be handwritten:

I certify that I am a registered medical practitioner and that the named patient is indicated for treatment using the Medtronic therapies ordered on this form. A copy of this order will be retained as part of the patient's medical record. I give my consent to Medtronic to liaise with the patient's health fund on my behalf and that I confirm that I have communicated the Privacy Statement below to my patient and obtained their permission to share their personal and sensitive information with Medtronic. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this attestation of clinical need and my confirmation that my patient consents to my sharing of their data with Medtronic.

Health Care Professional Signature: _____ **Date:** _____

THANK YOU FOR CHOOSING THE MINIMED 670G SYSTEM.

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Privacy Statement:

Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd, Medtronic New Zealand Limited, and Related Bodies Corporate in accordance with Medtronic's Privacy Policy see: https://www.medtronic-diabetes.com.au/privacy-statement

For clarity this will include: assisting you with any purchase of Medtronic Diabetes products and services, establishment of a Medtronic e-shop account, product tracking purposes (as required by regulation) and communication of information relating to the use of our products and services, diabetes management, enrolment in the StartRight™ Program, special offers and technological improvements and developments. In some cases, we may collect Protected Information from your treating healthcare professional rather than directly from you if necessary for the purpose of providing a product or service to you or if required by law.

We may disclose Protected Information to a Medtronic company or database overseas or to a third party service provider. If we do so we will require them to take reasonable steps to ensure they comply with our Privacy Policy and the safeguards under Australian/New Zealand laws.

For privacy queries, to access/update your Protected Information or to opt out of receiving the communication set out above please phone toll free (AU 1800 777 808 / NZ 0800 377 807), write to PO Box 945, North Ryde, NSW 1670, Australia or email: australia.diabetes@medtronic.com. **5718-012019**

Terms and Conditions:

1. 1. The MiniMed 670G Insulin Pump (**MM670G**) Auto Mode Experience (the **Auto Mode Experience**) is a pilot program available for a limited period from 12 November 2019 to 24 January 2020 to an Eligible Customer selected by an authorised representative of Medtronic Australasia Pty Ltd (**Medtronic**). The purpose of the Auto Mode Experience is to allow a full refund to an Eligible Customer of the MM670G to an Eligible Customer's Private Health Insurer or to the Eligible Customer if the Eligible Customer has paid for the MM670G directly, subject to the terms and conditions below.

2. **An Eligible Customer** for the Auto Mode Experience:
   (a) has been diagnosed with Type 1 Diabetes and
      (i) is currently on multiple daily injections; or
      (ii) using non-Medtronic insulin pump therapy; or
      (iii) under twenty-one (21) years of age using a Medtronic Insulin Pump with non-Medtronic Continuous Glucose Monitoring therapy.

   (b) is over seven (7) years of age;
   (c) has Private Health Insurance (**PHI**) covering Insulin Pump Therapy and remains on PHI for the period of the Auto Mode Experience or has the ability to pay $8,574
   (d) has submitted a MiniMed 670G Order Form between 12 November 2019 to 24 January 2020 in which an appropriate Health Care Professional (**HCP**) has prescribed the MM670G;
   (e) enrols and participates in the Medtronic complimentary Personal Device Coaching Program '**Startright**';
   (f) has completed training with an HCP or Credentialed Diabetes Educator;
   (g) purchases a three (3) month Guardian Sensor 3 Continuous Glucose Monitoring (**CGM**) Auto Mode Experience subscription; and
   (h) uses the MM670G and CGM in SmartGuard Auto Mode for at least eight (8) weeks.

3. **Delivery, Title & Risk**: The cost of transporting the MM670G and CGM under the Auto Mode Experience will be covered by Medtronic. Title and risk for the MM670G (when applicable) shall pass to the Eligible Customer on delivery at the Health Care Professional's as nominated by the Eligible Customer. Title and risk for CGM shall pass to the Eligible Customer on delivery at the Eligible Customer nominated delivery address.

4. **Warranty**: The Warranty for the MM670G and CGM are provided in accordance with the terms of the Product Warranty which can be found at https://www.medtronic-diabetes.com.au/support/warranty. This offer is in addition to and does not replace your statutory rights and protections.

5. The refund to the Eligible Customer's PHI or to the Eligible Customer, if it is paid for directly by the Eligible Customer, is only valid if Medtronic receives the MMG670G within ten (10) weeks of the CGM Auto Mode start date and meets all of the requirements set out in clause 2. To commence this process, please contact rs.startrightanz@medtronic.com. Please allow at least six (6) weeks from receipt of the MM670G by Medtronic for the MM670G to be refunded. The Eligible Patient is responsible for ensuring that the MM670G is returned to Medtronic in an undamaged condition subject to the terms of the Product Warranty.

AUTO MODE EXPERIENCE PROGRAM ORDER FORM
MEDTRONIC PUMP AND PERSONAL CGM

HOW TO COMPLETE THIS INSULIN PUMP ORDER FORM

For use by Healthcare Professionals Only

IF USING A HOSPITAL PURCHASE ORDER	IF NOT USING A HOSPITAL PURCHASE ORDER
▪ Complete all Sections except Delivery Address in Section 1 ▪ Clinician to Sign and Date at Section 6 AND patient to sign and date at Section 5 ▪ Email Medtronic Order Form and Written Hospital Purchase Order to: **australia.diabetes@medtronic.com** (preferred communication method) or fax 02 9857 9237 **Note:** Goods will be delivered to Hospital as per details on the Hospital Purchase Order.	▪ Complete all Sections. ▪ Email the following documents to australia.diabetes@medtronic.com (preferred communication method) or fax them to 02 9857 9237 1. Medtronic Order Form (clinician to Sign and Date at Section 6 AND patient to sign and date at Section 5) ▪ Health Fund Confirmation (if the Health Fund have already approved the product and you are not intending to use the MDT Health Fund Approval Process); OR provide the relevant Health fund Form as below to enable the MDT Health Fund Approval Process: ▪ AHSA Funding Application Form (initial or upgrade); or ▪ Medibank Funding Application Form (completed with patient's signature and approval reference number); or ▪ AHM/HCF/Teachers Health/health.com.au/HBF Insulin Pump Funding Application Form. 2. Letter of Clinical Need (this is now a requirement for all Health Funds) ▪ If this is an upgrade of a pump and the health fund is an AHSA fund, we will require the Letter of Clinical Need and a Product Observation Report from the supplier to detail how the pump is not working to specifications and the clinical need for a new pump. **Note:** Goods will be delivered to Hospital / Clinic address as per details provided on Medtronic Order Form.