

CONTINUOUS GLUCOSE MONITORING (CGM) ORDER FORM - FOR USE WITH INSULIN PUMPS

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)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF HOSPITAL			
NAME OF UNIT / CLINIC			
DELIVERY ADDRESS (IF NOT USING HOSPITAL PURCHASE ORDER)			
DATE REQUIRED		PUMP START DATE	
NAME OF PRESCRIBING CLINICIAN		CONTACT PHONE NO.	
NAME OF DIABETES EDUCATOR		TRAINING DATE (IF KNOWN)	

SECTION 2. PATIENT INFORMATION

NAME OF PATIENT		DATE OF BIRTH	
IF MINOR, PARENT'S NAME			
STREET ADDRESS		SUBURB	
CITY		POSTCODE	
PATIENT CONTACT PHONE NO.		MOBILE PHONE NO.	
EMAIL ADDRESS			

SECTION 3. CHOOSE PAYMENT AND SHIPPING PREFERENCES

CGM PROTECTOR KIT

1 X TRANSMITTER SET
2 X BOXES OF SENSORS (5/BOX)

OPTION A - Bluetooth Guardian™ Link 3 For use with MiniMed® 770G Insulin Pump M455001B070	<input type="checkbox"/> Ship all at once - \$750	<input type="checkbox"/> Shipments to be 4 weeks apart
	<input type="checkbox"/> 2 x shipments - \$375 per shipment	<input type="checkbox"/> Shipments to be 6 weeks apart
OPTION B - Guardian™ Link 3 For use with the MiniMed® 670G & MiniMed® 640G insulin Pumps M455001B023	<input type="checkbox"/> Ship all at once - \$750	<input type="checkbox"/> Shipments to be 4 weeks apart
	<input type="checkbox"/> 2 x shipments - \$375 per shipment	<input type="checkbox"/> Shipments to be 6 weeks apart

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SECTION 3. CONTINUED

SENSOR SUBSCRIPTION

1 X TRANSMITTER SET
12 X BOXES OF SENSORS (5/BOX)

\$250 monthly Enlite™ Sensor For use with Mini Link Transmitter	<input type="checkbox"/> Transmitter at Start <input type="checkbox"/> Transmitter at End
\$250 monthly Guardian™ Sensor 3 For use with Guardian Link 3 Transmitter & Bluetooth Guardian Link 3 Transmitter	<input type="checkbox"/> Transmitter at Start <input type="checkbox"/> Transmitter at End

NOTE: This form is to be completed for the purposes of ordering Medtronic CGM in Australia and New Zealand. A healthcare professional must complete and sign this form in order to confirm that CGM has been recommended to the intended recipient ('the Patient') and that the healthcare professional will facilitate training for the Patient in the use of CGM. A healthcare professional may sign this form on behalf of the Patient, provided that they have obtained the Patient's consent to do so and that they have communicated the content and meaning of Section 6 to the Patient. This form must be completed in full to enable it to be processed. Please ensure you print clearly on this form.

SECTION 4. PAYMENT INFORMATION

Medtronic will arrange payment directly with the Patient on receipt of this form as per Section 7. A Medtronic Diabetes Therapy Consultant will contact the Patient via phone or email to arrange for payment to be made via credit card. The Patient is responsible for ensuring that they have made payment prior to the intended CGM initiation date.

SECTION 5. 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 Healthcare Professional and that the named patient is indicated for treatment using the CGM ordered. I agree to train the Patient in the operation of the CGM ordered in Section 3.
- I confirm that a copy of this order will be retained as part of the patient's medical record. 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.
- I confirm that I have communicated the privacy statement above to my patient and obtained their permission to share their personal and sensitive data with Medtronic.
(If this box is ticked and the section is signed by the required signatory, the Patient does not need to sign this document).

Prescribing Clinician's Signature: _____ Date: _____

SECTION 6. PATIENT ATTESTATION & SIGNATURE / DATE

Please tick all that apply:

- I confirm my intention to participate in the StartRight™ program of personalised coaching services related to this technology.
- I authorise a Medtronic representative to register a new MiniMed eShop account on my behalf. It will be my responsibility to update the temporary password provided to a new secure password, and update any personal details where required.
- I confirm that I have read and understood the privacy statement on Page 3 and consent to Medtronic collecting and storing my sensitive personal details in accordance with the Medtronic Privacy Policy. I understand I can withdraw my consent to receiving communication from Medtronic at any time.

Patient Signature: _____ Date: _____

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> If enrolled into the StartRight program, you will receive a call from the StartRight consultant prior to your next appointment.

IMPORTANT - PLEASE READ

* Prices are GST exempt * The glucose sensor storage temperature is between 2C and 30C at all times. The shelf life of the sensors is 6 months (Enlite Sensor) or 12 months (Guardian Sensor 3) from date of manufacture * Delivery is ex stock (Sydney) via courier. FOR INQUIRIES: Please call 1800 777 808

Medtronic

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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.medtronicdiabetes.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, 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 administering 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.

THANK YOU FOR CHOOSING MEDTRONIC CONTINUOUS GLUCOSE MONITORING.