

MINIMED™ 670G ACCESS PROGRAM

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		ADMISSION DATE	
NAME OF DIABETES EDUCATOR		CONTACT PHONE NO.	
NAME OF PRESCRIBING CLINICIAN			
NAME OF REFERRING CLINICIAN			
PRIMARY PUMP TRAINER	<input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Medtronic Representative <input type="checkbox"/> 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 <i>(PLEASE TICK TO OPT IN, FOR YOUR CHOICE OF DESIGN AND PREFERRED COLOUR OPTION)</i>	<input type="checkbox"/> 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 <input type="checkbox"/> Generic Design: <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Lenny the Lion Design*: <input type="checkbox"/> Blue <input type="checkbox"/> Purple <input type="checkbox"/> Orange <small>*Available for ages 10 and under only</small>		

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SECTION 3. PUMP ORDERING INFORMATION (MINIMED 640G INSULIN PUMP*)

ORDER TYPE (PLEASE SELECT):	<input type="checkbox"/> New Pump Purchase
	<input type="checkbox"/> Upgrade from Medtronic Pump
	<input type="checkbox"/> Existing Bridging the Gap Patient
	<input type="checkbox"/> Upgrade from other Brand (please specify) _____

* Price AUD: \$9025 Rebate Code: MI150



SECTION 4: COMPATIBLE CGM OFFER

PLEASE TICK WHICH OPTION YOU PREFER TO START YOUR CGM OFFER	<input type="checkbox"/> Option 1: 6 months compatible CGM to start with my MiniMed 640G now.
	<input type="checkbox"/> Option 2: 6 months compatible CGM later to start using with Medtronic Next Therapy.

DATE CGM REQUIRED:	CGM TRAINING DATE:
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NOTE: If the Eligible Customer is not eligible for the Federal Government Continuous Glucose Monitoring (CGM) Initiative, Medtronic will provide six months CGM at no further cost.

SECTION 5: PATIENT ATTESTATION & SIGNATURE GUIDE

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 Medtronic 640G 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 sensitive personal 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 (Page 3).
- I consent for Medtronic to collect and store my sensitive personal details contained in this form in accordance with the Medtronic Privacy Policy. I also give permission for my HCP to share any other data on my behalf as required for the facilitation on purchasing this medical device.
- I understand that when the MiniMed 670G becomes available, Medtronic will swap the MiniMed 640G for a MiniMed 670G, and the MiniMed 640G will be returned to Medtronic.
- I confirm I have read and understood the terms and conditions of this offer noted on page 3.

Patient Signature: _____

Date: _____

MINIMED™ 670G ACCESS PROGRAM

TERMS AND CONDITIONS

1. The MiniMed 670G Insulin Pump (**MM670G**) has now been included on the Australian Register of Therapeutic Goods. So that Medtronic Australasia Pty's Customers continue to have access to our newest technology available in Australia, for a limited time we have introduced the MM670G Access Program, subject to the terms and conditions below.

2. An Eligible Customer for the MM670G Access Program is an Australian who:

- (a) has been diagnosed with Diabetes;
- (b) is over seven (7) years of age;
- (c) has Private Health Insurance covering Insulin Pump Therapy or the ability to pay \$9,025
- (d) has not previously purchased a MM640G;
- (e) has submitted a MiniMed 670G Access Program Order Form for a new MiniMed 640G Insulin Pump (**MM640G**) between **22 August 2018 and 26 October 2018** in which an appropriate Health Care Professional has prescribed the MM670G Access Program.

3. For each Eligible Customer, Medtronic will:

- (a) supply the MM640G as ordered; and
- (b) supply a new MM670G when it becomes available if the Eligible Customer returns the MM640G to Medtronic; and
- (c) if the Eligible Customer is not eligible for the Federal Government Continuous Glucose Monitoring (**CGM**) Initiative, Medtronic will provide six months CGM at no further cost.

For the avoidance of doubt, the Eligible Customer can select to have the six months of CGM start from either the time of delivery of the MM640G or when the compatible CGM is made available for the MM670G (which may be after delivery of the MM670G itself). CGM start must be on or before 31 March 2019. Eligible Customers may swap from MM640G CGM to CGM compatible with the MM670G if it becomes available during the six months and the MM670G has been delivered (but not back again). The CGM will include up to two Transmitters and six boxes of Sensors (5 Sensors per box) depending on the selection at 3(c) above. Each Transmitter is valued at \$699 and a box of Sensors is valued at \$375.

4. Start Right: By participating in the MM670G Access Program, Eligible Customers will be enrolled in our complimentary Personal Device Coaching Program 'Startright'. This is open to adults and guardians of children aged 7+. Eligible Customer's may opt out of the Startright Program at any time.

5. Delivery, Title & Risk: The cost of transporting the MM640G, MM670G and Free CGM (as applicable) under the MM670G Access Program will be covered by Medtronic. Title and risk for the MM640G and 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. By accepting receipt of the MM670G issued pursuant to the MM670G Access Program the Eligible Customer will be deemed to have transferred title in the MM640G in their possession to Medtronic.

6. Warranty: The Warranty for the MM640G, MM6670G 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>. Please note, the Warranty Period of the purchased MM640G will apply to the new MM670G received through the MM670G Access Program.

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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 above to my patient and obtained their permission to share their personal and sensitive data 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.

Prescribing Clinician's Signature: _____ **Date:** _____

THANK YOU FOR CHOOSING THE MINIMED 670G ACCESS PROGRAM

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.

HOW TO FILL IN THIS PUMP ORDER FORM

IF USING A HOSPITAL PURCHASE ORDER	IF NOT USING A HOSPITAL PURCHASE ORDER
<ul style="list-style-type: none">▪ Complete all Sections except Delivery Address in Section 1▪ Clinician to Sign and Date at Section 6 OR 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 <p>Note: Goods will be delivered to Hospital Store as per details on the Hospital Purchase Order.</p>	<ul style="list-style-type: none">▪ Complete all Sections.▪ Email the following documents to australia.diabetes@medtronic.com (preferred communication method) or fax them to 02 9857 9237 <ol style="list-style-type: none">1. Medtronic Order Form (clinician to Sign and Date at Section 6 OR patient to sign and date at Section 5)<ul style="list-style-type: none">▪ 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:<ul style="list-style-type: none">▪ 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)<ul style="list-style-type: none">▪ 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. <p>Note: Goods will be delivered to Hospital / Clinic address as per details provided on Medtronic Order Form.</p>