

INSULIN PUMP 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) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| NAME OF HOSPITAL | | | |
| NAME OF UNIT / CLINIC | | | |
| BUSINESS NAME (IF APPLICABLE AT DELIVERY ADDRESS) | | | |
| DELIVERY ADDRESS (IF NOT USING HOSPITAL PURCHASE ORDER) | | | |
| CITY | | POSTCODE | |
| DATE REQUIRED | | PUMP START DATE | |
| NAME OF DIABETES EDUCATOR | | CONTACT PHONE NO. | |
| NAME OF PRESCRIBING CLINICIAN | | | |
| NAME OF REFERRING CLINICIAN | | | |

SECTION 2. PATIENT INFORMATION

| | | | |
|--|--|----------------------------------|--|
| NAME OF PATIENT | | DATE OF BIRTH | |
| IF MINOR, PARENT'S NAME | | TYPE 1 OR TYPE 2 | |
| TYPE OF ADDRESS | <input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENTIAL | BUSINESS NAME (IF APPLICABLE) | |
| STREET ADDRESS (INCLUDE SUITE, LEVEL & DEPARTMENT IF APPLICABLE) | | | |
| 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) | <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 (you can opt out at any time). <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 <small>*Available for ages 10 and under only</small> | | |

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SECTION 3. PUMP ORDERING INFORMATION

| | |
|-----------------------------|--|
| 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) _____ |
| PUMP TYPE (PLEASE SELECT): | <input type="checkbox"/> MiniMed™ 770G Price AUD: \$8,574. Rebate Code: MI330. Patient must be 7+ years. <i>The MiniMed™ 770G will initially be supplied with an UNLINKED Roche Accu-Chek Guide Blood Glucose Meter free of charge to keep. The Roche Accu-Chek Guide Linked Blood Glucose Meter will be provided to you when available, currently estimated to be in Quarter 1 of 2021.</i> <input type="checkbox"/> MiniMed™ 640G Price AUD: \$8,574. Rebate Code: MI150 |

SECTION 4. PHONE COMPATIBILITY - MINIMED™ 770G ONLY

If ordering MiniMed™ 770G, please check the compatibility of your Smartphone at <https://www.medtronic-diabetes.com.au/mm770g-supported-devices>
If this section is **not** completed, **NO** Blue USB adapter will be provided, so please complete this section in **ALL** cases.

NOTE: You will normally find the information required in the following locations: **iOS:** Settings > General > About **or** Settings > About Phone > Model Number
Android: Settings > About Phone > Software Information > Android Version

| | |
|---|--|
| <input type="checkbox"/> NO SMARTPHONE | MAKE / NAME: _____ <i>Example: Apple iPhone 12 / Samsung Galaxy s20</i> |
| <input type="checkbox"/> APPLE IPHONE | MODEL NUMBER: _____ <i>Example: MGE63X/A or SM-G981B</i> |
| <input type="checkbox"/> ANDROID | IOS OR ANDROID SOFTWARE VERSION: _____ |

Please DO NOT update your phone software prior to your pump start.

MEDTRONIC INTERNAL USE ONLY If MiniMed™ 770G is ordered, please double check Mobile Phone indicated in Section Four. If make / model is not compatible with the MiniMed™ App, ensure a Blue USB Adapter (ACC-1003911D) is included when sent to patient.

SECTION 5. CGM ORDERING INFORMATION

| | |
|--|---|
| DATE CGM REQUIRED: | CGM TRAINING DATE: |
| EXISTING CGM USERS ONLY: | <input type="checkbox"/> I have an existing CGM Subscription with Medtronic. <input type="checkbox"/> I currently receive CGM via the NDSS. |
| PLEASE TICK IF ORDERING A CGM PROTECTOR KIT | <input type="checkbox"/> 1 X GUARDIAN™ LINK 3 TRANSMITTER AND 2 X BOXES OF GUARDIAN™ SENSOR 3 (5/BOX) <input type="checkbox"/> Option 1: Ship Guardian™ Link 3 + 5 sensors now, and ship remaining order in 6 weeks (pay \$375 now, and \$375 in 6 weeks) OR <input type="checkbox"/> Option 2: Ship all at once (pay \$750 upfront) |
| PLEASE TICK IF ORDERING A 12 MONTH SUBSCRIPTION | <input type="checkbox"/> 1 X BOX OF GUARDIAN™ SENSOR 3 (5/BOX) per month (\$250 per month) |
| 770G CGM Protector Kit: Product: M455001B070 Includes a Guardian™ Link 3 transmitter kit and 10 Guardian™ 3 sensors. Special offer valid within 3 months of pump start – \$750 each (48% off RRP). | 640G CGM Protector Kit: Product: M455001B023 Includes a Guardian™ Link 3 transmitter kit and 10 Guardian™ 3 sensors. Special offer valid within 3 months of pump start – \$750 each (48% off RRP). |
| NOTE: You may be eligible to access the CGM Subsidisation Program, please see your healthcare professional for more information. | |

IMPORTANT - PLEASE READ

• Prices are GST exempt • **The glucose sensor should be stored at a temperature of between 2C and 30C.** The shelf life of the sensors is 12 months from date of manufacture • Delivery is ex stock (Sydney) via courier. 9568-052021

FOR INQUIRIES PLEASE CALL: 1800 777 808

Medtronic

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WHAT WILL HAPPEN NOW:

You will receive an email within 72 hours of Health Fund approval with an eShop username and temporary password. You will then 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.

SECTION 6. 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™ 640G Insulin Pump or MiniMed™ 770G 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.

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 free 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.

Sign up to as many, or as few of the modules below as you would like. For further information please visit : <https://www.medtronic-diabetes.com.au/startright>

SELECT YOUR STARTRIGHT™ MODULES - FREE

- Getting To Know Your Pump & Setting up Carelink™ and Apps
- Introducing CareLink™
- Making the most of Auto Mode
- Continuous Glucose Monitoring

Patient Signature: _____ Date: _____

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

SECTION 7. HEALTHCARE 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.

Healthcare Professional Signature: _____ Date: _____

THANK YOU FOR CHOOSING THE MINIMED™ 770G or 640G 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.

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 |
|---|---|
| <ul style="list-style-type: none">Complete all Sections except Delivery Address in Section 1Clinician to Sign and Date at Section 7 AND Patient to sign and date at Section 6Email 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">Medtronic Order Form (clinician to Sign and Date at Section 7 OR patient to sign and date at Section 6)Health Fund Confirmation (if the Health Fund have already approved the product and you are not intending to use the Medtronic Health Fund Approval Process); OR provide the relevant Health Fund Form as below to enable the Medtronic Health Fund Approval Process:<ul style="list-style-type: none">AHSA Funding Application Form (initial or upgrade); orMedibank Funding Application Form (completed with patient's signature and approval reference number); orAHM/HCF/Teachers Health/health.com.au/HBF Insulin Pump Funding Application Form.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> |