

REMOTE MONITORING NOTIFICATION AND CONSENT

Name of Device: Merlin.net / Medtronic Carelink / Cardio Messenger / Latitude NXT

Physician's Name:

DESCRIPTION/BACKGROUND

- i) Remote Monitoring system is an internet-based service which allows your physician to remotely monitor your implantable Device by interrogating, collecting and transmitting implantable cardiac device and patients' data without waiting for the next routine follow up.
- ii) In order for your physician to remotely monitor the Device, you will be given a transmitter that can communicate with the Device and send report(s) from your Device.
- iii) IJN will remotely monitor your Device on periodic basis as per schedule provided.
- iv) We will review the transmitted data within FIVE (5) working days from the date the transmission is received
- v) Please note that IJN will not be able to review your Device transmission beyond working hours i.e. after 5pm, on weekends or public holidays.
- vi) If it is necessary for you to be seen by a physician, you will be contacted within a reasonable time to schedule a clinic visit.
- vii) Please read all materials included with the transmitter which explain on how the monitoring works.
- viii) It is important to follow all instructions and be sure to ask your physician if you have any questions.
- ix) On the last transmission based on purchased package, you will be informed via SMS for package renewal. Subsequent transmission will not be reviewed until package is being renewed. (for Basic and premium package only)
- x) If you are not feeling well and/or facing any sort of discomfort, please come back to IJN's Emergency Department or you may also visit your nearest physician immediately in case of emergency.

- ☐ Basic Package - RM 400 (4 Transmissions or 1 year whichever comes first)
- ☐ Premier Package - RM 2000 (20 Transmissions or 6 years whichever comes first).
- ☐ Loop Recorder - Transmissions for 3 years

My signature below certifies the following:

- I have read and understand the content of this form;
- The content of this form has been explained to me and I fully understand the content hereof.
- The usage of the device has been explained to me.
- My decision to use the device is made freely and voluntarily.
- I am satisfied with the answers to all of my questions regarding the remote monitoring device;
- I have received, read and understand the manufacturer's information about the device;
- I am solely responsible for ensuring that the transmitter is properly installed at home.
- I shall be responsible to maintain good condition of the transmitter.
- In the event the transmitter is lost, damaged or stolen due to my fault or negligence, I will replace the transmitter at my own cost.
- I may discontinue the usage of the service by informing IJN in writing immediately.
- I understand that the discontinuance of the service is without any refund;
- I understand that the device is **NOT** a replacement for **EMERGENCY CARE/ an EMERGENCY SERVICE** but only a diagnostic tool for device monitoring and patient management.

I _____ **NRIC No:** _____ have read this consent form, fully understand its terms and hereby consent to remote monitoring under the conditions stated above.

Patient's/ Next of Kin's / Guardian's Signature
Name (printed):

Signature of person obtaining consent
Name:

Date

Signature of witness
Name:
Contact Number: