

SYSTEM REGISTRATION



The information you provide on this form is necessary for Medtronic to meet its obligations regarding product safety, efficacy and quality surveillance

inclu	ding device tracking, product pe	erformance, monitoring or re	porting as well as	warranty protection.	rety, efficacy and quality surveil				
ACTIVE DEVICE DATA (LIST NEW OR EXISTING LEADS) (USE STIC ✓ CORRECT BOX					CEDIAL NUMBER		IMPLANT SATE		
<u> </u>			MOL	DEL NUMBER	SERIAL NUMBER			Same day as device	MANUFACTURER
		OTHER						/ DD / YYYY	
LEADS	RIGHT	ACUTE						same day as device	
	ATRIUM	CHRONIC						/ DD / YYYY	
	RIGHT	ACUTE					Check if	same day as device	
	VENTRICLE	CHRONIC					MM	/ DD / YYYY	
LE,	□svc □cs	ACUTE						same day as device	
	□ LA □ LV	CHRONIC					MM	/ DD / YYYY	
	□svc □cs	ACUTE \square						same day as device	
		CHRONIC					MM	/ DD / YYYY	
IMP	LANT SITE		ADAPTO	R(S)/PATCHES: WRITE IN MODEL S	SERIAL NUMBERS BELOW				
_	ABDOMINAL PECTORAL								
PRE	EVIOUS DEVICE DATA (COMP							CEDIAL NUMBER	MANUELOTUBED
	MODEL NUMBER	SERIAL NUME	SEK	MANUFACTURER	LEAD/ADAPTOR MODEL NUI	VIBER LE	EADIADAPTOR	SERIAL NUMBER	MANUFACTURER
LEA	AD/ADAPTOR MODEL NUMBER	R LEAD/ADAPTOR SER	RIAL NUMBER	MANUFACTURER	LEAD/ADAPTOR MODEL NUI	MBER LE	EAD/ADAPTOR	SERIAL NUMBER	MANUFACTURER
П									
PAT	TIENT INFORMATION								
PAT	TIENT NAME (LAST, FIRST, MIDDLE INT)				PARENT/GUARDIAN (IF APPLIC	ABLE)		SOCIAL SECURITY NUM	
MAIL	LING ADDRESS	APT	. NUMBER	CITY. STATE/PF	ROVINCE, POSTAL CODE				COUNTRY
l									
PHO	NE NUMBER		PATIENT'S E-MAIL	ADDRESS			D.	ATE OF BIRTH	GENDER MALE FEMALE
IMP	PLANT HOSPITAL							MW / BB / 111	WALE FEMALE
NAM	ΛΕ		CITY, STATE/PRO	VINCE	PHONE NUMBER			PROCEDURE LOCATION O.R. E.P./CATH LA	PROCEDURE DURATION B
IME	PLANTING PHYSICIAN (IF N	OT FOLLOW-LIP PHYSIC	NAN DIEASE (OMPLETE SECTION BELC)\A/\			O.R. E.P./CATH LA	HRS.
	SICIAN NAME (LAST, FIRST, MIDDLE INT)		JIAN, I LLAGE C	JOINI LETE SECTION BEEC	,,,,	DOCTOR'S E-MA	AIL ADDRESS		
L									
OFF	ICE ADDRESS & SUITE #		CITY, STATE/PRO	VINCE, POSTAL CODE			COUNTRY	PHONE NUMBER	
ΔΤΊ	TENDING / FOLLOW-UP PHYS	ICIAN (WILL BELISTED O	NID CARD)		SAME AS ABOVE				
	SICIAN NAME (LAST, FIRST, MIDDLE INT)		IVI.D. ONND)		CAINE NO ABOVE	DOCTOR'S E-MA	AIL ADDRESS		
OFF	ICE ADDRESS & SUITE #		CITY STATE/BBO	VINCE, POSTAL CODE			COUNTRY	PHONE NUMBER	
0111	IOE ADDITEOU & CONTE #		OITT, OTATET NO	VINOE, I COTAL CODE			COUNTY	THORE NOMBER	
	FERRING PHYSICIAN (PHYSIC		TIENT FOR IMPL	.ANT)		DOCTOR'S E-MA	ADDDECC		
PHY	/SICIAN NAME (LAST, FIRST, MIDDLE INT)				DOCTOR'S E-MA	AIL ADDRESS		
OFF	FICE ADDRESS & SUITE #		CITY, STATE/PRO	VINCE, POSTAL CODE			COUNTRY	PHONE NUMBER	
	DICATIONS	PRIMARY	SECONDARY				SECONDARY	OTHER PATIENT	(CHECK ANY)
	D INDICATIONS or Sudden Cardiac Arrest/VF	(CHECK ONE)	(CHECK ANY)	PACING INDICATIONS Sinus Bradvcardia	(CHE	CK ONE) ((CHECK ANY)	CHARACTERISTIC Ejection Fraction:	%
His	story of Spontaneous Sustained	VT		Brady/Tachy Syndrome				QRS Duration:	
	netic: LQTS, HCM, Brugada st MI, low EF, no history VT/VF	(MADIT-II)		Drug-Induced Brady Other Sinus Node Dysfunct	ion / SSS			NYHA Class I NYHA Class II	
	w EF, no history VT/VF (SCD-H			AV Block (3rd degree, Com	plete HB)			NYHA Class III	
_	ial Fibrillation			AV Block (2nd degree, Mob AV Block (unspecified/ inco				NYHA Class IV	
Oth	ner:			Bundle Branch Block (all for				AT, AF, A-FI PSVT, SVT	
RES	SYNCHRONIZATION INDICATI	ONS		CSS (Carotid Sinus Syndro	me)			Previous MI	
	EF, Dyssynchrony (wide QRS)			VVS (Vaso-vagal Syncope) HOCM (Hypertrophic Obstri				Cardiomyopathy Valve Disease	
Othe	EF, Dyssynchrony (wide QRS), er:	, NO ICD		AV Node Ablation	addivo daraidiniyopatiiy)			Transplant	
-	s an ILR used to make diagnosi	is YES	NO 🗆	Other:				Other:	
_	AD MEASUREMENTS AS MEAS								
	PACING/SENSING	- RIGHT ATRIUM		PACING/SENSING - RIG				G/SENSING - LA	
	THRESHOLDS	IMPEDA	NCE	THRESHOLDS	IMPEDANCE		THRESH	HOLDS	IMPEDANCE
VOLT	TAGE V CURRENT _	mA	ohms VOLTAG	E V CURRENT	mA ohm	s VOLTAGE.	V (CURRENT n	nA ohms
	POLARITY	SENSING		POLARITY	SENSING		POLA	RITY	
	BIPOLAR UNIPOLAR	P-WAVE •	mV 🗆 E	IPOLAR UNIPOLAR	R-WAVE mV	BIP	OLAR UNII	POLAR TIP-COIL	
CC	DMMENTS:		DEFIB	RILLATION LEAD MEASUREM	IENTS □A □V	LEFT VE	ENTRICULAR LI	EAD TIP LOCATION:	
HIGH VOLTAGE PATHV				/OLTAGE PATHWAY:	IMPEDANCE	POST			
				0			□ LATERAL and □ BASAL or □ MID □ ANTERIOR and □ BASAL or □ MID		
L			DFT/L	ED J		APICA			
PAF	RAMETER SETTINGS		•						
PAG	CING MODE	LOWER R.	ATE L	ppm UPPER TRACK	ING RATE	ppm UPI	PER ACTIVITY	RATE L	ppm
IF D	DEVICE, LEAD OR CONNECTO	MODEL (OFFICE A		IF AVAILABLE)					
	RETURNED TO MEDTRONIC (PREDISCARDED	EFERRED) MODEL/SERIAL N	 NOMREK						
_	RSON TO CONTACT REGARD	ING REGI <u>STRATION INFO</u>	RMATION						
	E AND TITLE					PH	ONE NUMBER		

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SYSTEM REGISTRATION



The information you provide on this form is necessary for Medtronic to meet its obligations regarding product safety, efficacy and quality surveillance, including device tracking, product performance, monitoring or reporting as well as warranty protection.

ACTIVE DEVICE DATA (LIST NEW OR EXISTING LEADS) (USE ST							IMPLANT DATE	MANUEACTURER		
F	IPG □ CRT-P	OTHER	IVIOL	DEL NUMBER	SERIAL NUMBER		Check if same day as device	MANUFACTURER		
		_ omen					MM / DD / YYYY			
	RIGHT	ACUTE					Check if same day as device			
	ATRIUM	CHRONIC					MM / DD / YYYY			
SQ	RIGHT VENTRICLE	ACUTE CHRONIC					Check if same day as device			
LEADS	□ SVC □ CS	ACUTE					Check if same day as device			
	□ LA □ LV	CHRONIC					MM / DD / YYYY			
	□ svc □ cs	ACUTE					Check if same day as device			
IME	LANT SITE	CHRONIC	ADARTO	CONTRATOUTED THE NAME OF THE			MM / DD / YYYY			
	ABDOMINAL PECTORAL	OTHER	ADAPTO	R(S)/PATCHES: WRITE IN MODEL S	SERIAL NUMBERS BELOW					
_			HIS IS A REPLAC	EMENT IMPLANT AND THE	FOLLOWING DEVICES ARE NO	LONGER IN	USE)			
	MODEL NUMBER	SERIAL NUMB	ER	MANUFACTURER	LEAD/ADAPTOR MODEL NUME	BER LEA	D/ADAPTOR SERIAL NUMBER	MANUFACTURER		
LE	AD/ADAPTOR MODEL NUMBER	LEAD/ADAPTOR SER	RIAL NUMBER	MANUFACTURER	LEAD/ADAPTOR MODEL NUMB	BER LEA	D/ADAPTOR SERIAL NUMBER	MANUFACTURER		
					l					
	TIENT INFORMATION TIENT NAME (LAST, FIRST, MIDDLE INT)				PARENT/GUARDIAN (IF APPLICAB	LE)	SOCIAL SECURITY NUI	MBER (US ONLY)		
							-	-		
MĀI	LING ADDRESS	APT	. NUMBER	CITY, STATE/P	ROVINCE, POSTAL CODE			COUNTRY		
PHO	NE NUMBER		PATIENT'S E-MAIL	ADDRESS			DATE OF BIRTH	GENDER YY MALE FEMALE		
	PLANT HOSPITAL				•		IVIIVI / DD / 11			
NAI	ΛE		CITY, STATE/PRO	VINCE	PHONE NUMBER		PROCEDURE LOCATION O.R. E.P./CATH L. OTHER	AB PROCEDURE DURATION HRS.		
	PLANTING PHYSICIAN (IF N		CIAN, PLEASE C	COMPLETE SECTION BELC				lino.		
Phi	SICIAN NAME (LAST, FIRST, MIDDLE INT)				D.	OCTOR'S E-MAIL	ADDRESS			
OFF	ICE ADDRESS & SUITE #		CITY, STATE/PRO	VINCE, POSTAL CODE	1		COUNTRY PHONE NUMBER			
ΔΤ	TENDING / FOLLOW-UP PHYSI	ICIAN (MILL BELLISTED O	NH D-CARD)		SAME AS ABOVE					
	SICIAN NAME (LAST, FIRST, MIDDLE INT)		N I.D. GARD			OCTOR'S E-MAIL	ADDRESS			
OFF	ICE ADDRESS & SUITE #		CITY, STATE/PRO	VINCE, POSTAL CODE			COUNTRY PHONE NUMBER			
DE	EEDDING DUVEIGIAN (DUVEIG		TIENT FOR IMPI	ANT						
PH	FERRING PHYSICIAN (PHYSIC (SICIAN NAME (LAST, FIRST, MIDDLE INT)	DIAN WHO REFERRED PA	HENT FOR IMPL	.AINT)	Do	OCTOR'S E-MAIL	ADDRESS			
OFI	FICE ADDRESS & SUITE #		CITY, STATE/PRO	VINCE, POSTAL CODE			COUNTRY PHONE NUMBER			
13.15	NOATIONO									
	DICATIONS DINDICATIONS	PRIMARY	SECONDARY	PACING INDICATIONS			CONDARY OTHER PATIENT CHARACTERISTIC	(CHECK ANY)		
Pri	or Sudden Cardiac Arrest/VF	` \ \	(CHECK ANY)	Sinus Bradycardia	· [] ′ `	Ejection Fraction:	%		
Ge	story of Spontaneous Sustained Inetic: LQTS, HCM, Brugada			Brady/Tachy Syndrome Drug-Induced Brady		<u> </u>	QRS Duration: NYHA Class I	ms		
Lo	st MI, low EF, no history VT/VF (w EF, no history VT/VF (SCD-He	eFT)		Other Sinus Node Dysfunct AV Block (3rd degree, Com	plete HB)		NYHA Class II NYHA Class III			
_	ial Fibrillation ner:			AV Block (2nd degree, Mob AV Block (unspecified/ inco	mplete)		NYHA Class IV AT, AF, A-FI			
RE:	SYNCHRONIZATION INDICATION	ONS		Bundle Branch Block (all for CSS (Carotid Sinus Syndro	me)		PSVT, SVT Previous MI			
	EF, Dyssynchrony (wide QRS) EF, Dyssynchrony (wide QRS),			VVS (Vaso-vagal Syncope) HOCM (Hypertrophic Obstr			Cardiomyopathy Valve Disease			
Oth				AV Node Ablation Other:			Transplant Other:			
_	s an ILR used to make diagnosis AD MEASUREMENTS AS MEAS		NO							
	PACING/SENSING -	- RIGHT ATRIUM		PACING/SENSING - RIC			PACING/SENSING - LA			
\/OI	THRESHOLDS	IMPEDA		THRESHOLDS	IMPEDANCE	VOLTAGE	THRESHOLDS	IMPEDANCE		
VOL	POLARITY	SENSING	_ onms VOLTAG	POLARITY	SENSING ONMS	VOLTAGE	V CURRENT POLARITY	mia onms		
	BIPOLAR UNIPOLAR	P-WAVE	mV 🗆 E	IPOLAR UNIPOLAR	R-WAVE mV	BIPOL				
CC	DMMENTS:			RILLATION LEAD MEASUREN		LEFT VEN	ITRICULAR LEAD TIP LOCATION:			
				HIGH VOLTAGE PATHWAY: IMPEDANCE			☐ POSTERIOR and ☐ BASAL or ☐ MID☐ LATERAL and ☐ BASAL or ☐ MID☐			
			DFT/LI	======================================	ohms	ANTERI	_			
PA	RAMETER SETTINGS					APICAL				
$\overline{}$	CING MODE	LOWER R	ATE L	ppm UPPER TRACK	KING RATEp	pm UPPE	ER ACTIVITY RATE	ppm		
IF C	DEVICE, LEAD OR CONNECTO	MODELIOEDIALA		IF AVAILABLE)						
╽╘	RETURNED TO MEDTRONIC (PREDISCARDED	EFERRED)	IOMBLIC							
	RSON TO CONTACT REGARDI	ING REGISTRATION INFO	RMATION			PHON	IE NUMBER			

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