

Standard and Supplemental Warranty Claim Form (U.S. Only)

Complete and submit this form to request warranty credit for a Medtronic Cardiac Rhythm Heart Failure device or lead. Please complete ONE warranty claim form per explanted product. This is not a complaint reporting form.

Warranty Type Requested (check either Standard Limited Warranty or applicable Field Advisory Supplemental Limited Warranty):

Standard Limited Warranty	Field Advisory Supplemental Limited Warranty
<input type="checkbox"/> Standard Limited Warranty	<input type="checkbox"/> Non-Prophylactic (physician claims lead/device was not functioning within normal tolerances) <input type="checkbox"/> Prophylactic (physician medical judgment to replace lead/device that was functioning within normal tolerances)

Patient/Product Information:

Patient Name: _____

Hospital Medtronic Account Number: _____ Explanting Hospital Name: _____

Medtronic Employee Involved with the Case (if applicable): _____

Original Implant Date: _____ Date of Replacement Procedure: _____

Serial Number of Explanted Product: _____ Model Number of Explanted Product: _____

Serial Number of New Product: _____ Model Number of New Product: _____

Note: Medtronic warranties require the Warranty Claim Form and explanted product to be returned to Medtronic within 30 days of product explant, or as otherwise noted in the warranty terms. For leads not removed, the warranty terms require that documentation (such as a device stored electrogram (EGM) or full Save-to-Disk) be provided within 30 days of the procedure, showing failure of the lead to function within normal tolerances. Please refer to the warranty documents included in the original product packaging for warranty terms and conditions.

Authorized Signatures:

Required for Standard and Supplemental Warranty Claims:

By providing this information, you enable Medtronic to determine if a warranty credit is due. No warranty credit will be issued unless all eligibility criteria imposed by the applicable warranty have been met. Warranties are for the benefit of the patient and any value received under a warranty should be credited to the patient's account. You may also be required to report the amounts received to the patient's payor, including Medicare. By signing this warranty claim form, you represent that, after due inquiry, all of the above information is correct and you are authorized to sign on behalf of the Hospital.

Name and Title of Authorized Representative of Medical Institution: _____

Signature of Authorized Representative of Medical Institution: _____

E-mail: _____ Telephone #: _____

Additional Signature as Required in Supplemental Limited Warranties:

By signing this warranty claim form, you represent that you have reviewed the applicable supplemental limited warranty and agree to the physician confirmation statement.

Physician Name: _____

Signature of Physician: _____

For questions, contact the Medtronic Warranty Hotline at (877) 359-6407 or rs.warranty@medtronic.com

Fax or E-mail Completed and Signed Warranty Claim Form to:
Fax: (800) 341-8847 (secured fax) E-Mail: rs.warranty@medtronic.com

Please send explanted products within 30 days of explant to:
Medtronic plc, Return Product Analysis RCE172
7000 Central Ave NE, Minneapolis, MN 55432

For expedited processing, please do not submit this warranty form in the explanted product return mailer kit. Please fax or e-mail the form.