Medtronic Australasia Pty Ltd ABN 47 001 162 661 2 Alma Road Macquarie Park NSW 2113 Australia Medtronic New Zealand Ltd NZBN 9429000102308 Level 3 – Building 5, Central Park Corporate Centre 666 Great South Road Penrose, Auckland 1051 New Zealand		October 2021 SYNTACTX Valiant Navion™ Thoracic Stent Graft System SAFE-N Limited Warranty Claim Form Facility Graft Credit			
Medtronic Site Account Number:			Clinical Site Name:		
Patient First Name:			Patient Last Name:		
Valiant Navion Serial Number:			Customer Facing Number (CFN):		
Medtronic Representative Who Supports Account:					
Г					
	Date of Navion	Date of	Replacement Graft	If Valiant Captivia, Replacement Graft Serial	
	Implant	Reintervention	Туре	Number	
			🗆 Valiant Captivia		
			□ Other		
Authorized Signature:					
Required for Standard and Supplemental Warranty Claims:					

ANZ VERSION:

□ By checking this box or signing this form, you agree to allow 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. Additional limitations may apply. Reimbursements and credits are subject to review and approval. Warranties for product possessed by patients are for the benefit of the patient and any value received under such 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. Other payors may follow other rules, requiring you to contact them to confirm their process for reporting credits. By checking this box or signing this form, you attest that you have not already received or submitted for payment for the product used, or will correct or remit payment received or submitted for the product. By checking this box and entering your initials or signing this form, you represent, after due inquiry, that the product(s) noted on this form functioned in a manner inconsistent with its or their intended operation or performance, or that you determined in the exercise of independent medical judgment that reintervention was warranted. All other warranty conditions have been met, all of the above information is correct and you are authorized to sign on behalf of the clinical site.

Name and Title of Authorized Representative of Medical Institution:

Initials or Signature of Authorized Representative of Medical Institution:

Medtronic may disclose sensitive health information to a related body corporate subject to the FDA jurisdiction for public health purposes related to the quality, safety, or effectiveness of an FDA-regulated product. Additional limitations may apply. Reimbursements are subject to review and approval. To the extent allowable by law, the SAFE-N Limited Warranty is limited to its express terms. The SAFE-N Limited Warranty is voluntary and does not constitute a representation, judgment, admission, or assumption of liability by Medtronic with respect to imaging, reintervention, and/or utilized thoracic stent graft systems. No action taken by Medtronic in connection with the Voluntary Product Recall, including this SAFE-N Limited Warranty, shall be construed as an admission of any fault or liability whatsoever to the patient, doctor, health care professional, or to any third party. Medtronic makes no representation with respect to any potential impact of reimbursements on a patient's eligibility to participate in a Health Savings Account or other tax-favored health plan; please consult with a tax advisor as necessary. All rights reserved.

ANZ VERSION: October 2021

Telephone Number:

E-mail:

Within 90 days of the Reintervention Date:

E-mail Completed Warranty Form to: <u>SAFE-N-Reimburse@syntactx.com</u>

Mailing or facsimile submission is also available at: Syntactx RE: SAFE-N Project 4 World Trade Center 150 Greenwich Street, 44<sup>th</sup> Floor New York, New York, 10007 or Facsimile: 1 (800) 342-1401

Please allow between 45-60 days for processing any reimbursement request. Syntactx may need to contact you directly to obtain additional verification or information before payment may be processed. Please consult your financial and tax advisor regarding any reporting obligation for tax purposes.

For questions, contact Medtronic through Syntactx:

SAFE-N reimbursement helpline: AU: 1800 512 149, NZ: 0800 444 248

Email: SAFE-N-Reimburse@syntactx.com

You may also visit <u>NavionSafety.syntactx.com/aus\_or</u> <u>NavionSafety.syntactx.com/nzl</u>

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