

Medtronic
Structural Heart and Aortic
50 Pasir Panjang Rd,
Singapore 117440

Valiant Navion™ Thoracic Stent Graft System
SAFE-N Limited Warranty Claim Form
Facility Graft Credit

SYNTACTX

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: _____

Date of Navion Implant	Date of Reintervention	Replacement Graft Type	If Valiant Captivia, Replacement Graft Serial Number
		<input type="checkbox"/> Valiant Captivia <input type="checkbox"/> Other	

Authorized Signature:

Required for Standard and Supplemental Warranty Claims:

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 local national healthcare reimbursement agency as well as insurers, as applicable. Such payors may have their own 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:

E-mail: _____ Telephone Number: _____

Applicable local laws on personal data protection will also be complied with in the collection, use and disclosure of personal data under the SAFE-N Limited Warranty Program.

Additional limitations may apply. Reimbursements are subject to review and approval. 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.

Within 90 days of the Reintervention Date:

E-mail Completed Warranty Form to: SAFE-N-Reimburse@syntactx.com

Mailing or facsimile submission is also available at:

Syntactx

RE: SAFE-N Project

4 World Trade Center

150 Greenwich Street, 44th 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:

Malaysia SAFE-N reimbursement helpline: 1800-813-868 (Toll free)

Singapore SAFE-N reimbursement helpline: +65 800 852 8381 (Toll free: 800 852 8381)

Email: SAFE-N-Reimburse@syntactx.com

You may also visit:

NavionSafety.syntactx.com/mys (Malaysia)

NavionSafety.syntactx.com/sgp (Singapore)

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