ABBOTT CRM WARRANTY
PROCEDURES REFERENCE MANUAL - U.S.

THE ABBOTT COMMITMENT

Warranty service is important to Abbott. Our goal is to provide the customer the best possible experience. We are committed to working with the customer in a professional manner and to provide a streamlined process.

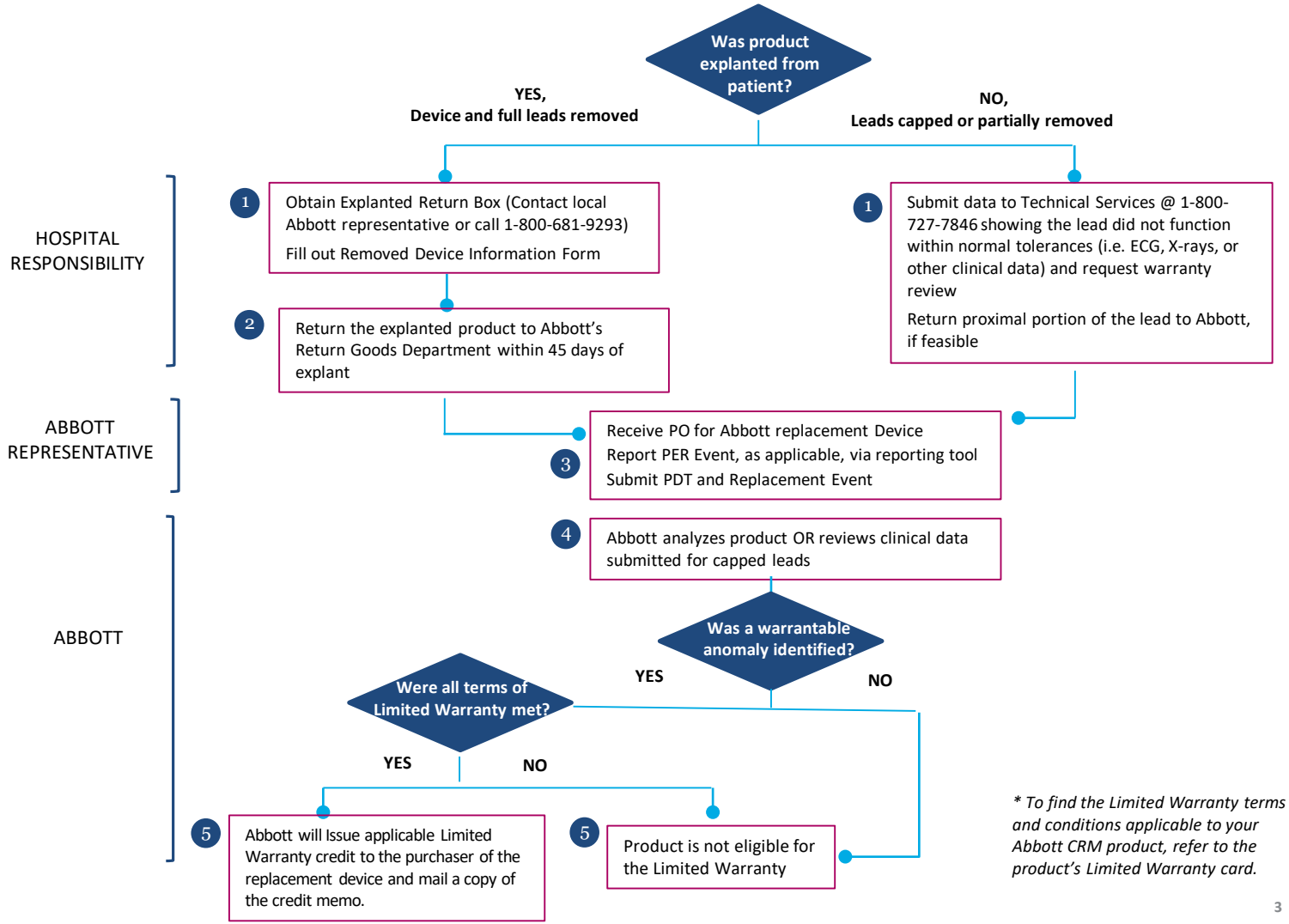
The objective of this resource is to aid our customer in the Abbott warranty process. This reference ensures that our customers understand each step in the warranty process and their respective responsibilities which will ensure customer satisfaction is achieved.

To obtain a warranty credit for a CRM product, Abbott warranty qualification criteria must be met. To find the Limited Warranty terms and conditions applicable to your Abbott CRM product, refer to the product's limited warranty card provided at the time of the purchase of the applicable Abbott CRM product.

This manual does not add to, vary or amend any of the terms of the Limited Warranty contained in the applicable CRM product Limited Warranty card. By using this manual as described above, Abbott strives to ensure customer satisfaction is achieved.

WARRANTY CLAIMS PROCESS

ABBOTT'S STANDARD WARRANTY PROCESS OVERVIEW FOR IMPLANTABLE DEVICES



** To find the Limited Warranty terms and conditions applicable to your Abbott CRM product, refer to the product's Limited Warranty card.*

WARRANTY PROCEDURES
OVERVIEW

HOME
WARRANTY CLAIM PROCESS
STANDARD LIMITED WARRANTY
LIMITED WARRANTY CARDS
SUPPLEMENTAL PROGRAMS
ADVISORY PROGRAMS
FORMS AND REPORTS
FAQ
CONTACT INFORMATION

HOSPITAL

- The customer initiates an Abbott warranty request.
- The explanted product(s) and all applicable forms must be completed, signed and submitted to Abbott within 45 days of the product replacement.
- The customer must issue a PO for the Abbott replacement device.
- The customer must provide, upon request by any federal health care program (“FHCP”) representative, including but not limited to representatives of Medicare and Medicaid, all warranty information made available to customer by Abbott.
- The customer must fully and accurately report all warranty credits, discounts or other price reductions received for an Abbott product, consistent with the requirements of all FHCPs, including, but not limited to, Medicare and Medicaid.
- The credit amount applied will depend on the specific Abbott product Limited Warranty. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

WARRANTY PROCEDURES
OVERVIEW

HOME
WARRANTY CLAIM PROCESS
STANDARD LIMITED WARRANTY
LIMITED WARRANTY CARDS
SUPPLEMENTAL PROGRAMS
ADVISORY PROGRAMS
FORMS AND REPORTS
FAQ
CONTACT INFORMATION

GENERAL WARRANTY CREDIT CONSIDERATIONS*:

STANDARD PROCESS

- Device must be explanted in a time frame specified in the applicable Abbott product warranty
- Explanted device must be replaced by an Abbott device
- Explanted device must be returned to Abbott within 45 days** at the following address:
  - 15900 Valley View Court, Sylmar, CA 91342, Attn: Returned Goods

  Abbott process:
  - Use a pre-paid Returned Device Kit for each explanted device
  - Fill out the Removed Device Information Form found in the Kit
- Invoicing the replacement device is mandatory
- Registration of explant and replacement device is required

Notes:

* For eligibility under the Limited Warranty, all conditions must be met in accordance with the terms and conditions outlined in the applicable product warranty provided at the time of purchase of the applicable CRM product. Abbott will analyze returned product and will determine final warranty eligibility.

** Delivery of an explanted device to a local field representative or any other employee, agent, or representative of Abbott will not constitute a return to Abbott. For warranty consideration, the effective receipt date is the date that the explanted device is physically received by Abbott at the above address.

WARRANTY PROCEDURES
OVERVIEW

HOME
WARRANTY CLAIM PROCESS
STANDARD LIMITED WARRANTY
LIMITED WARRANTY CARDS
SUPPLEMENTAL PROGRAMS
ADVISORY PROGRAMS
FORMS AND REPORTS
FAQ
CONTACT INFORMATION

WARRANTY CREDIT CONSIDERATIONS SPECIFIC TO NORMAL BATTERY DEPLETION:

The Warranty Claim Processing Form for Normal Battery Depletion is intended only for devices at ERI or EOL due to normal battery depletion. The form does not replace the terms and conditions as set forth in the Limited Warranty.

For an **EXPEDITED PROCESS** due to normal device battery depletion at ERI/EOL:

- Submit the Battery Depletion Claim Form. Complete one form per explanted product
- Requires documentation of battery depletion, such as:

  FastPath® Summary displaying battery voltage

  Or other similar documentation
- Complete Removed Device Information Form
- Follow Standard process for returning product to Sylmar
- If Abbott determines that warranty coverage applies, credit will be issued to the customer purchasing the replacement device within approximately 10 days of receipt of product

WARRANTY CREDIT CONSIDERATIONS SPECIFIC TO LEADS:

EXPLANTED LEADS

- Follow Standard warranty process

CAPPED LEADS

1. If lead cannot be removed and a portion of the lead can be cut off prior to capping:

- Return the proximal portion of the lead to Abbott
- Follow Standard warranty process
- Submit data showing the lead is not functioning within normal tolerances (i.e. ECGs, x-rays, or other data)
  - Customers contact Technical Services @ (800) 722-3774 to submit data
  - Abbott employees must file a Product Event Report (PER) in EPIQ
- Request a warranty review at the time of submission

2. If no portion of the lead is removed:

- Submit data showing the lead is not functioning within normal tolerances (i.e. ECGs, x-rays, or other data) through Product Event Reporting or Technical Services
- Request a warranty review at the time of submission

WARRANTY PROCEDURES
OVERVIEW

HOME
WARRANTY CLAIM PROCESS
STANDARD LIMITED WARRANTY
LIMITED WARRANTY CARDS
SUPPLEMENTAL PROGRAMS
ADVISORY PROGRAMS
FORMS AND REPORTS
FAQ
CONTACT INFORMATION

IF ABBOTT DETERMINES WARRANTY COVERAGE APPLIES

- Credit will be issued to the customer. The customer will receive a credit memo identifying:
  - The replacement device
  - The explanted device
  - Patient name
  - Date of service
- The customer must provide, upon request by any federal health care program ("FHCP") representative, including but not limited to representatives of Medicare and Medicaid, all warranty information provided to customer by Abbott.
- The customer must fully and accurately report all price reductions received in connection with a warranty for an Abbott product, consistent with the requirements of all FHCPs, including but not limited to, Medicare and Medicaid.
- The credit amount will depend on the specific Abbott product Limited Warranty. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device. Warranty credit will be issued to the hospital purchasing the replacement device.
- A patient letter will be sent regarding reimbursement of unreimbursed medical expenses, if it is offered under the product Limited Warranty.

ABBOTT STANDARD
LIMITED WARRANTY

STANDARD DEVICES

LEGACY DEVICES

STANDARD LEADS

SUMMARY OF ABBOTT'S LIMITED WARRANTY
STANDARD DEVICES*

DEVICE SEGMENT	MODEL	WARRANTY PERIOD	PATIENT UNREIMBURSED MEDICAL
PM	Assurity DR MRI™ PM Assurity™ Endurity™ DR PM	8-year full workmanship; ERI 5-year full, 3-year prorated	$600
	Assurity™ SR MRI PM Assurity™ SR PM Endurity™ SR PM	10-year full workmanship; ERI 6-year full, 4-year prorated	$600
	Microny™ PM	4-year full workmanship	$600
ICD	Ellipse™ VR ICD Fortify Assura™ VR ICD	10-year full workmanship; ERI 6-year full, 4- year prorated	$2,500
	Ellipse™ DR ICD Fortify Assura™ DR ICD	8-year full workmanship; ERI 5-year full, 3-year prorated	$2,500
CRT	Quadra Assura MP™ CRT-D	5-year full workmanship; ERI 3-year full, 2-year prorated	$2,500
	Quadra Assura™ CRT-D Unify Assura™ CRT-D	6-year full workmanship; ERI 3-year full, 3-year prorated.	$2,500
	Quadra Allure MP™ CRT-P Allure Quadra™ – CRT-P Allure™ - CRT-P	6-year full workmanship; ERI 4-year full, 2-year prorated	$600
ICM	Confirm™ DM2102	18 months full workmanship	$0
	Confirm Rx™	Year 1 full workmanship; Year 2 prorated	$600

*This manual does not add to, vary or amend any of the terms of the Limited Warranty contained in the applicable CRM product Limited Warranty card provided at the time of purchase of the applicable CRM product. Full warranty information including warranty claims, processes and restrictions can be found within each product's Limited Warranty. Please review the full warranty terms for complete details.

SUMMARY OF ABBOTT'S LIMITED WARRANTY
LEGACY DEVICES*

DEVICE SEGMENT	MODEL	WARRANTY PERIOD	PATIENT UNREIMBURSED MEDICAL
PM	Accent™ PM	7-year full workmanship; workmanship; ERI 5-year full, 2-year prorated	$600
	All others prior to Accent™	5-year full workmanship	$600
ICD	Current Accel™ ICD Current™ + ICD Fortify™ ICD	7-year full workmanship; ERI 4-year full 3-year prorated	$2,500
	All ICDs prior to Current™ + ICD	5-year full workmanship; ERI 3-year full 2-year prorated (Out of Warranty)	$0
CRT-D	Promote™ + CRT-D Promote Accel™ RF CRT-D Promote™ RF CRT-D	5-year full workmanship; ERI 3-year full 2-year prorated	$2,500
	All CRTs prior to Promote™ + CRT-D	5-year full workmanship; ERI 2-year full 2-year prorated	$2,500
CRT-P	Anthem	5-year full workmanship; ERI 3-year full 2-year prorated	$600
	Frontier	(Out of warranty period)	$0
ICM	Confirm™ DM2101, DM202	18 months	

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SUMMARY OF ABBOTT'S LIMITED WARRANTY
STANDARD LEADS*

LEAD SEGMENT	FAMILY/MODEL**	WARRANTY PERIOD	UNREIMBURSED MEDICAL
CRT	Quartet™ LV Leads QuickFlex™ Micro Lead	Lifetime	$500
ICD	Durata™ Lead Optisure™ Lead	Lifetime	$600
PM	Tendril™ STS Lead Tendril MRI™ Lead OptiSense™ 1999 Lead Isoflex™ Optim™ Lead	Lifetime	$500

** All legacy leads except for Riata models are lifetime warranty period. No Limited Warranty is offered for lead models 1559 or SP02.

Notes:

* This manual does not add to, vary or amend any of the terms of the Limited Warranty contained in the applicable CRM product Limited Warranty card provided at the time of purchase of the applicable CRM product. Full warranty information including warranty claims, processes and restrictions can be found within each product's Limited Warranty. Please review the full warranty terms for complete details.

LIMITED WARRANTY CARDS

PACEMAKERS

ACCENT™

ASSURITY™ & ENDURITY™

ASSURITY MRI™

ENTITY™

IDENTITY™

INTEGRITY™ SERIES

MICRONY™

SUSTAIN™ XL

VERITY™

VICTORY™

ZEPHYR™ SERIES

CARDIAC RESYNCHRONIZATION

ANTHEM™ CRT-P

ATLAS™ HF-SERIES CRT-D

CRT-D, VR AND DR

EPIC™ HF CRT-D

FRONTIER™ SERIES CRT-P

PROMOTE™ SERIES CRT-D

QUADRA ALLURE™ CRT-P

QUADRA ASSURA™ & UNIFY ASSURA™ CRT-D

QUADRA ASSURA MP™ CRT-D

UNIFY™ SERIES CRT-D

DEFIBRILLATORS

ATLAS™ ICD SERIES

CURRENT™ SERIES

CURRENT™ & CURRENT ACCEL™ ICD SERIES

ELLIPSE™

EPIC™ ICD SERIES

FORTIFY ASSURA™

FORTIFY™ SERIES

PROMOTE™ SERIES ICD

ICM

CONFIRM RX™

CONFIRM SERIES

LEADS

DEFIBRILLATOR (HV) LEADS

PACEMAKER (LV) LEADS

RIATA DEFIBRILLATOR LEADS

LIMITED WARRANTY CARDS

Accent™ Pacemaker

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

Accent™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Accent™ pulse generator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 60 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 61 through 84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60020597
Artwork 60020598/A

LIMITED WARRANTY CARDS

Assurity™ and Endurity™ Pacemaker

Limited Warranty

Assurity™, Assurity MRI™, Endurity™, and Endurity MRI™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

SR (Single Chamber) Devices

Subject to the terms and conditions of this Limited Warrenty, St. Jude Medical will provide credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 36-month period.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this limited warranty.

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical locations within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY.

IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES. HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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100074725

September 2016
Art 40008961/D

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Assurity MRI™ Pacemaker

Limited Warranty

Assurity™, Assurity MRI™, Endurity™, and Endurity MRI™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

SR (Single Chamber) Devices

Subject to the terms and conditions of this Limited Warrenty, St. Jude Medical will provide credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 36-month period.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this limited warranty.

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical locations within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY.

IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES. HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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September 2016
Art 40008961/D

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS
Entity™ Pacemaker

VIEW & PRINT

Pacesetter

Replacement Credit Policy

ENTITY™

Any model 5326, 5226 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship; however, notwithstanding that battery cell depletion may have resulted from programming to high output, the replacement or credit provisions of this Policy shall nevertheless be applied.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 1998

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9192092-001

LIMITED WARRANTY CARDS
Identity™ Pacemaker

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

IDENTITY™

Any model 5172, 5180, 5286, 5370, 5372, 5376, 5380, 5386, 5390, 5396 or 5480 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9193452-001

LIMITED WARRANTY CARDS
Integrity™ Pacemaker

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

INTEGRITY™

Any model 5142, 5160, 5342, 5346, 5360 or 5366 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9193117-001

LIMITED WARRANTY CARDS
Microny™ Pacemaker

VIEW & PRINT

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

MICRONY®

Any model 2425, 2525 and 2535 implantable cardiac pulse generator from St. Jude Medical that fails to function within normal tolerances for any reason within 48 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical for analysis become the property of St. Jude Medical.

- The product failure must be confirmed by St. Jude Medical. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship; however, notwithstanding that battery cell depletion may have resulted from programming to high output, the replacement or credit provisions of this Policy shall nevertheless be applied.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

- Effective Date
  February 8, 2001

St. Jude Medical
Cardiac Rhythm Management Division
15900 Valley View Court
Sylmar, CA 91342 USA

LIMITED WARRANTY CARDS

Sustain™ Pacemaker

Limited Warranty

Sustain™ XL Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Sustain™ XL pulse generator ("Device") fails to function within expected operating specifications for any reason during the first 5 years (60 months) after date of implant.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

sjm.com

ST. JUDE MEDICAL

100051035

June 2011
Art. 40008365/A

LIMITED WARRANTY CARDS

Verity™ Pacemaker

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

VERITY™

Any model 5056, 5156, 5157, 5256, 5356, 5357 or 5456 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60000533-001

LIMITED WARRANTY CARDS

Victory™ Pacemaker

VIEW & PRINT

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

VICTORY®

Any model 5816 or 5610 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy.

Any model 5810 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances due to workmanship within 60 months from date of implant or battery within 48 months from the date of implant is covered under this Replacement Credit Policy.

The liability of St. Jude Medical CRMD under the Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of patients and inherent uncertainties regarding longevity of the power supply and the other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
September 1, 2005

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60007365-001

LIMITED WARRANTY CARDS
Zephyr™ Pacemaker

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

ZEPHYR™

Any model 5826, 5626, or 5620 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy.

Any model 5820 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances due to workmanship within 60 months from date of implant or battery depletion within 48 months from the date of implant is covered under this Replacement Credit Policy.

The liability of St. Jude Medical CRMD under the Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of patients and inherent uncertainties regarding longevity of the power supply and the other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2007

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60014036-001

LIMITED WARRANTY CARDS
Anthem™ CRT-P

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

Anthem™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Anthem™ pulse generator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 100015095
Artwork 60023954/A

LIMITED WARRANTY CARDS

Atlas™ HF and Atlas™ II Series + HF CRT-D

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Atlas® II HF & Atlas® II+ HF CRT-Defibrillators

Models V-365 and V-366

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Atlas® II HF or Atlas® II+ HF Tiered-Therapy Cardiac Resynchronization Therapy-Defibrillator ("Atlas II HF/Atlas II+ HF CRT-D") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas II HF/Atlas II+ HF CRT-D fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS II HF/ATLAS II+ HF CRT-D FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas II HF/Atlas II+ HF CRT-D must be replaced by a St. Jude Medical CRMD device.

The Atlas II HF/Atlas II+ HF CRT-D must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas II HF/Atlas II+ HF CRT-D must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas II HF/Atlas II+ HF CRT-D and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas II HF/Atlas II+ HF CRT-D.

The purchaser must inspect the Atlas II HF/Atlas II+ HF CRT-D upon receipt. If the Atlas II HF/Atlas II+ HF CRT-D is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas II HF/Atlas II+ HF CRT-D and it is promptly returned to St. Jude Medical CRMD.

All Atlas II HF/Atlas II+ HF CRT-D devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015030-001
Artwork 60015030/002

LIMITED WARRANTY CARDS
CRT-D: VR and DR

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

DR and VR (Single and Dual Chamber) Devices

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60019477
Artwork 60019478/B

LIMITED WARRANTY CARDS

Epic™ HF Series CRT-D

VIEW & PRINT

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

EPIC™ HF SERIES TIERED-THERAPY DEFIBRILLATOR WITH BIVENTRICULAR STIMULATION

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical™ Epic ™ HF Tiered-Therapy Defibrillator with Biventricular Stimulation ("Epic HF Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Epic HF Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic HF Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic HF Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC HF DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic HF Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic HF Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic HF Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/ Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic HF Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 45°C or below 10°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic HF Defibrillator.

The purchaser must inspect the Epic HF Defibrillator upon receipt. If the Epic HF Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic HF Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic HF Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 9193623–001

LIMITED WARRANTY CARDS
Frontier™ and Frontier™ II CRT-P

VIEW & PRINT

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

FRONTIER™ / FRONTIER™ II

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Cardiac Rhythm Management Division (CRMD) Frontier™ biventricular pacing device model 5508 and model 5586 fails to function within expected operating specifications due to defects in materials or workmanship during the first 3 years (36 months) after date of implant.

Battery energy is consumed during monitoring the patient's cardiac signals and stimulation. However, battery longevity will be decreased in those patients requiring stimulation conditions higher than nominal. Normal battery depletion caused by conditions higher than nominal during the warranty period is not a malfunction or defect and will not be the basis for warranty replacement.

Any model 5508 and 5586 implantable biventricular pacing device from St. Jude Medical CRMD is warranted for a full credit during the first 2 years, and a partial replacement during the next 1 year. If the Frontier device battery reaches its elective replacement indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical CRMD will issue a full replacement credit. If the Frontier device battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 36 under nominal stimulation conditions, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a prorata daily basis to the date of replacement over this 12-month period.

The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable biventricular pacing device shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pacing device; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement biventricular pacing device. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred U.S. dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted biventricular pacing device must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pacing devices returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.
- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the device.
- This Replacement Credit Policy is not a representation that any one biventricular pacing device will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and stimulation needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship.
- The explanted device must have been implanted prior to its Use-Before Date.
- This Replacement Credit Policy applies only to the original patient in whom the biventricular pacing device has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
May 1, 2004

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60003065-001

LIMITED WARRANTY CARDS
Promote™ HF Series CRT-D

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Promote™ CRT-Defibrillators

Models 3107-36/30, 3207-36/30

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Promote™ Tiered-Therapy Cardiac Resynchronization Therapy-Defibrillator ("Promote CRT-D") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Promote CRT-D battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Promote CRT-D battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Promote CRT-D fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A PROMOTE CRT-D FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Promote CRT-D must be replaced by a St. Jude Medical device.

The Promote CRT-D must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Promote CRT-D must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Promote CRT-D and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Promote CRT-D.

The purchaser must inspect the Promote CRT-D upon receipt. If the Promote CRT-D is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Promote CRT-D and it is promptly returned to St. Jude Medical CRMD.

All Promote CRT-Ds returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015427-001
Artwork 60015427/001

LIMITED WARRANTY CARDS

Quadra Allure™ and Quadra Allure MP™ CRT-P

VIEW & PRINT

Limited Warranty

Anthem™, Anthem™ RF, Allure™, Allure™ RF, Allure Quadra™, Allure Quadra™ RF, Quadra Allure™, Quadra Allure MP™, Quadra Allure MP™RF

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship or battery depletion as specified below.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a full credit for replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 6 years (72 months) after date of implant,
  or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 48 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 49-72, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a sliding scale basis to the date of replacement over this 24-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

OTHER IMPORTANT TERMS, CONDITIONS, AND LIMITATIONS

The following additional conditions apply to any of the above warranty coverages under this limited warranty:

- This warranty applies only for a St. Jude Medical device replacement in the original patient.
- The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.
- The Device must be implanted before the "USE BEFORE" date marked on the package.
- The completed Implant/Patient Registration Form must be returned to St. Jude Medical within forty-five (45) days of implant of the device.
- The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a written documentation which describes the case and reasons for explantation, (including but no limited to ECGs, x-rays or other data).
- St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.
- The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.
- All Devices returned to St. Jude Medical become the property of St. Jude Medical.
- In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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100080581

March 2016
Art 400091347B

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Quadra Assura™ and Unify Assura™ CRT-D

Limited Warranty

Quadra Assura™ and Unify Assura™ Cardiac Resynchronization Therapy Defibrillator ("CRT-D") Devices

For device models:

CD3357-40	CD3357-40C	CD3357-40Q	CD3357-40QC
CD3365-40	CD3365-40C	CD3365-40Q	CD3365-40QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Cardiac Resynchronization Therapy-Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 6 years (72 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-72, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

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100080755

July 2013
Art 600031893/B

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Quadra Assura MP™

Limited Warranty

Ellipse™, Fortify Assura™, Quadra Assura™, Quadra Assura MP™, Unify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1257-40	CD1257-40Q	CD1275-36	CD1275-36Q
CD1311-36	CD1311-36Q	CD2257-40	CD2257-40Q
CD2275-36	CD2275-36Q	CD2311-36	CD2311-36Q
CD3257-40	CD3257-40Q	CD3265-40	CD3265-40Q
CD3269-40	CD3269-40Q	CD3369-40	CD3369-40Q
CD3369-40C	CD3369-40QC		

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Tiered- Therapy Defibrillator ("Device"), as indicated by the type of device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to two thousand five hundred dollars ($2,500.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $2,500.00 even if both the lead and Device are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-60, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 48 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 49-84, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a pro rata daily basis to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this Limited Warranty:

- This warranty applies only for a St. Jude Medical Device replacement in the original patient.
- The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.
- The Device must be implanted before the "USE BEFORE" date marked on the package.
- The completed Implant/Patient Registration Form must be returned to St. Jude Medical within forty-five (45) days of device implant.
- The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a written documentation which describes the case and reasons for explantation (including but not limited to: ECGs, x-rays or other data).
- St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.
- The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.
- All Devices returned to St. Jude Medical become the property of St. Jude Medical.
- In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

100056410

March 2016
Art 60031848/C

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Current™, Promote™, and Unify™ Series

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734 December 2010
Artwork 40007945/A

LIMITED WARRANTY CARDS

Unify Assura™

VIEW & PRINT

Limited Warranty

Quadra Assura™ and Unify Assura™ Cardiac Resynchronization Therapy Defibrillator ("CRT-D") Devices

For device models:

CD3357-40	CD3357-40C	CD3357-40Q	CD3357-40QC
CD3365-40	CD3365-40C	CD3365-40Q	CD3365-40QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Cardiac Resynchronization Therapy-Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 6 years (72 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-72, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

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OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

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100080755

July 2013
Art 600931893/B

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Atlas+™ Series ICDs

VIEW & PRINT

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

ATLAS+™ SERIES TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Atlas+™ DR, Atlas+™ VR or Atlas+™ VR(C) Tiered-Therapy Defibrillator ("Atlas+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Atlas+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Atlas+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/ Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas+ Defibrillator.

The purchaser must inspect the Atlas+ Defibrillator upon receipt. If the Atlas+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Atlas+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 60000886-001

LIMITED WARRANTY CARDS

Atlas II and Atlas II+™

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

Atlas® II & Atlas® II+ SERIES
TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Atlas® II or Atlas® II+ Tiered-Therapy Defibrillator ("Atlas II/Atlas II+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Atlas II/Atlas II+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas II/Atlas II+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas II/Atlas II+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS II/ATLAS II+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas II/Atlas II+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Atlas II/Atlas II+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas II/Atlas II+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas II/Atlas II+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas II/Atlas II+ Defibrillator.

The purchaser must inspect the Atlas II/Atlas II+ Defibrillator upon receipt. If the Atlas II/Atlas II+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas II/Atlas II+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Atlas II/Atlas II+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 40002877-001

LIMITED WARRANTY CARDS
Current™ ICD

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Current™ Defibrillators

Models 1107-36/30, 1207-36/30, 2107-36/30, 2207-36/30

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Current™ Tiered-Therapy Defibrillator ("Current Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Current Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Current Defibrillator battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Current Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A CURRENT DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Current Defibrillator must be replaced by a St. Jude Medical CRMD device.

The Current Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Current Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Current Defibrillator and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Current Defibrillator.

The purchaser must inspect the Current Defibrillator upon receipt. If the Current Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Current Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Current Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015429-001
Artwork 60015429/001

LIMITED WARRANTY CARDS

Current Accel™

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

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OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

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Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734

December 2010
Artwork 40007945/A

LIMITED WARRANTY CARDS
Ellipse™ ICD

Limited Warranty

Ellipse™ and Fortify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1357-40	CD1357-40C	CD1357-40Q	CD1357-40QC
CD1411-36	CD1411-36C	CD1411-36Q	CD1411-36QC
CD2357-40	CD2357-40C	CD2357-40Q	CD2357-40QC
CD2411-36	CD2411-36C	CD2411-36Q	CD2411-36QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR (Single Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

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100095545

June 2013
Art 60031935/A

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS
Epic+™ DR/VR ICD

VIEW & PRINT

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

EPIC™+ DR/VR TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Epic™+ DR or Epic™+ VR Tiered-Therapy Defibrillator ("Epic+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Epic+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant/Patient Death form completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 45°C or below 10°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic+ Defibrillator.

The purchaser must inspect the Epic+ Defibrillator upon receipt. If the Epic+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 9193999-001

LIMITED WARRANTY CARDS
Epic™ II and Epic™ II+

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

Epic® II & Epic® II+ SERIES
TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Epic® II or Epic® II+ Tiered-Therapy Defibrillator ("Epic II/Epic II+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Epic II/Epic II+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic II/Epic II+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic II/Epic II+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC II/EPIC II+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic II/Epic II+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic II/Epic II+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic II/Epic II+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic II/Epic II+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic II/Epic II+ Defibrillator.

The purchaser must inspect the Epic II/Epic II+ Defibrillator upon receipt. If the Epic II/Epic II+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic II/Epic II+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic II/Epic II+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 40002601-001

LIMITED WARRANTY CARDS
Fortify Assura™ ICD

Limited Warranty

Ellipse™ and Fortify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1357-40	CD1357-40C	CD1357-40Q	CD1357-40QC
CD1411-36	CD1411-36C	CD1411-36Q	CD1411-36QC
CD2357-40	CD2357-40C	CD2357-40Q	CD2357-40QC
CD2411-36	CD2411-36C	CD2411-36Q	CD2411-36QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR (Single Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

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100095545

June 2013
Art 60031935/A

ST. JUDE MEDICAL

LIMITED WARRANTY CARDS

Fortify™ Series ICD

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

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Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734

December 2010
Artwork 40007945/A

LIMITED WARRANTY CARDS

Fortify™ ST ICD

Limited Warranty

Fortify® ST Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100047214

June 2011
Artwork 40008245/A

LIMITED WARRANTY CARDS

Confirm Rx™ ICM

Limited Warranty

Confirm Rx™ Insertable Cardiac Monitor

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Confirm Rx™ Insertable Cardiac Monitor ("Device") if the Device fails to meet the written operating specifications due to defects in materials or workmanship as specified below.

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for the replacement of the Device if the Device fails to function within expected operation specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 2 years (24 months) after insertion.

- If the Device fails to function within expected operation specifications due to defects in materials or workmanship during the first 12 months after insertion, St. Jude Medical will issue a replacement credit for the full net purchase price of the original Device.
- If the Device fails to function within expected operation specifications due to defects in materials or workmanship during the remaining 13-24 months after insertion, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 12-month period.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to $600 for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

OTHER IMPORTANT TERMS, CONDITIONS, AND LIMITATIONS

The following additional conditions apply to any of the above warranty coverages under this limited warranty:

This warranty applies only for a St. Jude Medical device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical location within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

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January 2017
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ST. JUDE MEDICAL

LIMITED WARRANTY CARDS
SJM Confirm™ Series ICM

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

SJM Confirm™ Implantable Cardiac Monitor

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® SJM Confirm™ implantable cardiac monitor ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 18 months after date of implant.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 55°C or below -10°C , improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

Artwork 40005002/A
PN 40005002-001

LIMITED WARRANTY CARDS
Defibrillator (HV) Leads

Limited Warranty

Implantable Cardiac Defibrilation Leads

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical implantable cardiac defibrillation lead ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the lifetime of the patient.

If the Device fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical Device. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342, within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. If removal of the Device is not feasible, the proximal portion should be cut off and returned to St. Jude Medical. ECGs, xrays, or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

40005257

April 2014
Art 40005258 rev B

St. Jude Medical

LIMITED WARRANTY CARDS
Pacemaker (LV) Leads

Limited Warranty

Implantable Cardiac Pacing Leads

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical implantable cardiac pacing lead ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the lifetime of the patient.

If the Device fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical Device. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device. Additionally, reasonable unreimbursed medical expenses of up to five hundred dollars ($500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $500.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342, within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. If removal of the Device is not feasible, the proximal portion should be cut off and returned to St. Jude Medical. ECGs, xrays, or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

60020700

Apr I 2014
Art 60020701 rev B

ST. JUDE MEDICAL

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

RIATA™

The purchaser must comply with the terms and conditions in this document for this Replacement Credit Policy to apply.

Any Riata™ series implantable cardiac defibrillation lead that fails to function because of a defect in materials or workmanship within five (5) years of the date of implantation is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any of its Riata series implantable cardiac defibrillation leads shall be limited to: (1) replacement with a similar or functionally equivalent St. Jude Medical CRMD implantable cardiac defibrillation lead, or (b) credit equal to the original purchase price to be applied towards the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement lead. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE, DEFECT, IMPROPER HANDLING, IMPROPER IMPLANTATION, OR MATERIAL ALTERATION, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT, OR OTHERWISE.

THE REMEDIES SET FORTH IN THIS REPLACEMENT CREDIT POLICY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

Other Terms and Conditions

This Replacement Credit Policy applies only to the original patient in whom the lead is implanted.

The Riata implantable cardiac defibrillation lead must be replaced by another St. Jude Medical CRMD cardiac defibrillation lead.

The explanted lead must have been implanted prior to its "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The explanted lead, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant/Patient Death Form. If removal of the lead is not feasible, the proximal portion of the lead should be cut off and returned to St. Jude Medical CRMD. ECGs, x-rays or other data indicating device malfunction are to accompany the returned lead.

Riata implantable cardiac defibrillation leads returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

This Replacement Credit Policy is expressly limited to products sold inside the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
15900 Valley View Court
Sylmar, CA 91342 USA
800/777-2237 818/362-6822

9193438-001

SUPPLEMENTAL **PROGRAMS**

COMPETITIVE STANDARD MATCH WARRANTY

COMPETITIVE STANDARD MATCH WARRANTY

ABBOTT WILL MATCH COMPETITOR'S WARRANTY TERMS FOR PATIENTS RECEIVING AN ABBOTT PRODUCT UPON A PHYSICIAN'S DECISION THAT REPLACEMENT OF THE COMPETITIVE PRODUCT IS MEDICALLY NECESSARY*.

GUIDELINES

- Patient's existing competitor device (i.e. non-branded Abbott/St. Jude Medical) has documented warranty balance (pro-rated or full), will be removed due to a warrantable event, and will be replaced with an Abbott device.
- Abbott will provide the hospital where the Abbott replacement is being implanted, with a match of the competitor's warranty balance.**
- Unreimbursed medical expenses provided to patients when offered within competitive device warranty.
- Requires a completed Competitive Standard Warranty Match form.

Notes:

* EP /Cath Lab Director or Physician has verified that the competitive device qualifies for supplemental warranty coverage from the original device manufacturer.

** Match of the competitor's warranty balance is given via a credit against the net purchase price of the replacement device, calculated according to the terms of the original manufacturer's warranty. Abbott will provide purchasing entity with the credit.

ADVISORY SUPPLEMENTAL LIMITED WARRANTY PROGRAMS

RIATA™, RIATA ST™, QUICKSITE™, QUICKFLEX™

HV BATTERY LITHIUM ADVISORY

ADVISORY
Riata™, Riata ST™, QuickSite™, QuickFlex™

ABBOTT WILL PROVIDE REPLACEMENT PRODUCT IF THE CONDITIONS OF THE ADVISORY ARE MET.

Applies to Riata™ Lead, Riata™ ST ICD Lead*, QuickSite™ Lead and QuickFlex™ LV Lead**

- Abbott will provide an equivalent replacement lead to be INVOICED at the time of replacement; replacement must be Abbott Defibrillator (HV) lead.
- Use EPIQ to report an externalized conductor or any technical issue event related to the lead. Provide the following:
  - X-ray or Fluoroscopy image documenting externalized conductor
  - Any other supporting documentation relating to the reported event
- Return explanted lead (full or partial lead) per Standard warranty process
- Requires product analysis by Reliability Lab and/or other confirmation of advisory issue by Technical Services
- Upon all the above conditions being met, Abbott will provide a warranty credit for the replacement lead to the purchasing replacement entity
- Abbott will provide qualifying patients up to $600 in URM resulting from the replacement surgery

Notes:

* Applies to St. Jude Medical November 2011 voluntary product advisory (classified by the FDA as a Class 1 recall in December 2011) of Riata and Riata ST silicone-insulated leads.

** Applies to St. Jude Medical April 2012 voluntary product advisory of QuickSite and QuickFlex LV leads.

ADVISORY
HV BATTERY LITHIUM ADVISORY

DEVICES THAT DISPLAY THE ALERT NOTIFICATION FOR BATTERY PERFORMANCE ALERT, RESULTING IN REPLACEMENT OF THE DEVICE, WILL BE COVERED UNDER THE LIMITED WARRANTY, UNDER THE FOLLOWING CONDITIONS:

- Alert event has been reported to Abbott's Product Performance Group via Product Event Report in EPIQ or Technical Services department
- The device is within the time frame specified in the applicable Abbott product Limited Warranty.
- The explanted device must be replaced by an Abbott device.
- The explanted device must be returned to Abbott (Standard warranty process applies).
- Invoicing the replacement device is mandatory.
- Registration of explant and replace device is required per Abbott policies and procedures.
- Whether an explanted device is eligible for a warranty will be determined by Abbott in accordance with its policies and procedures.

WARRANTY REPORTS AND FORMS

CUSTOMER REPORTS

CUSTOMER FORMS

Notes:

Sample reports and forms included on the following pages are provided for reference purposes only. Abbott may change, replace or remove any of these forms/reports at any time in its sole discretion. Nothing contained in any of the reports/forms shall add to, vary or amend any of the terms of the Limited Warranty contained in the applicable CRM product Limited Warranty card provided at the time of purchase of the applicable CRM product.

WARRANTY REPORTS
FOR CUSTOMERS

Upon written request by an authorized representative of the customer, Abbott's warranty department will provide the customer with a quarterly or monthly report update on their explanted devices and/or warranty credits. Abbott's warranty department offers two reports: explant and warranty credit or warranty credits only.

Access the Instructions on how to Request a Report in order to request one of these reports.

EXPLANT AND CREDIT REPORT

MONTHLY REPORT DETAILING ALL EXPLANTS AND CREDITS ISSUED BY ABBOTT TO AN ACCOUNT REGARDLESS OF MONTH EXPLANT OCCURRED

CREDIT REPORT

MONTHLY REPORT DETAILING ALL CREDITS ISSUED BY ABBOTT TO ACCOUNT WITHIN A GIVEN MONTH

ABBOTT WARRANTY
FORMS AND REPORTS INDEX

Battery Depletion Claim Form

Competitive Standard Warranty Match Form

General Warranty Information for Patient

Return Device Information Form

Request a Warranty Report Form

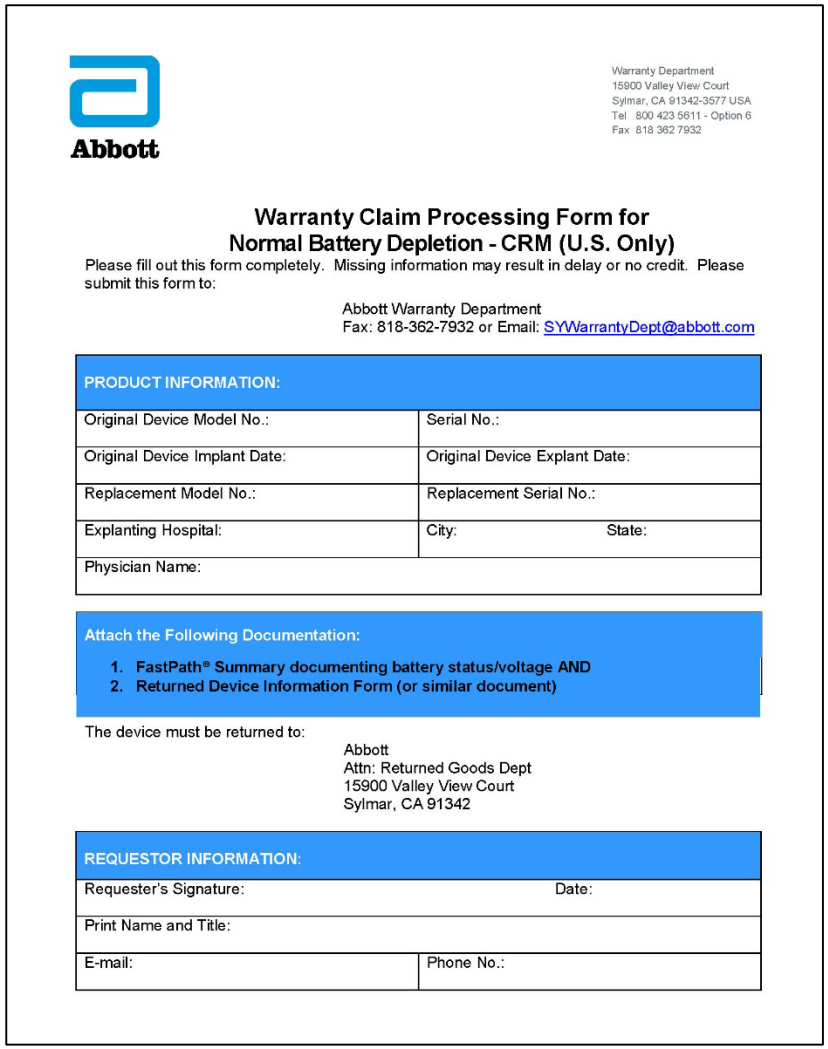
Sample Credit Memo

Sample Credit Report

Sample Explant and Credit Report

Sample Patient Letter for Unreimbursed Medical Expenses

WARRANTY FORMS
BATTERY DEPLETION FORM



Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

Warranty Claim Processing Form for Normal Battery Depletion - CRM (U.S. Only)

Please fill out this form completely. Missing information may result in delay or no credit. Please submit this form to:

Abbott Warranty Department
Fax: 818-362-7932 or Email: SYWarrantyDept@abbott.com

PRODUCT INFORMATION:	
Original Device Model No.:	Serial No.:
Original Device Implant Date:	Original Device Explant Date:
Replacement Model No.:	Replacement Serial No.:
Explanting Hospital:	City: State:
Physician Name:	

Attach the Following Documentation:

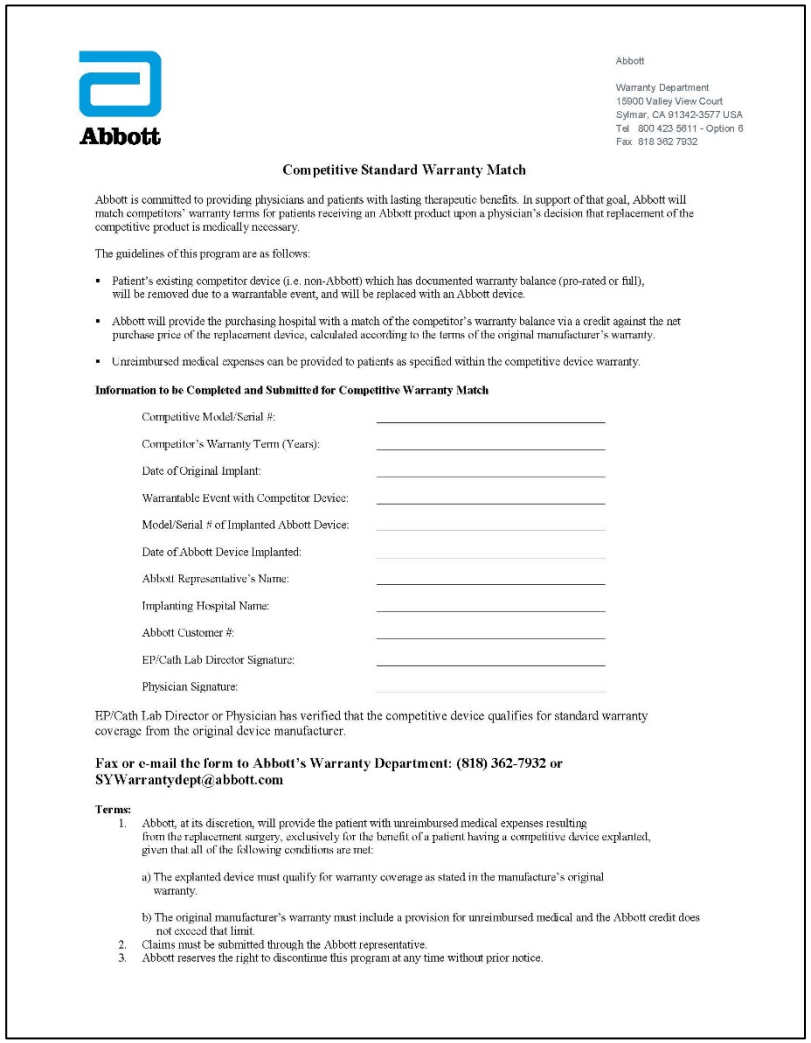
1. **FastPath® Summary documenting battery status/voltage AND**
2. **Returned Device Information Form (or similar document)**

The device must be returned to:

Abbott
Attn: Returned Goods Dept
15900 Valley View Court
Sylmar, CA 91342

REQUESTOR INFORMATION:	
Requester's Signature:	Date:
Print Name and Title:	
E-mail:	Phone No.:

COMPETITIVE STANDARD WARRANTY MATCH FORM



Abbott

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

Competitive Standard Warranty Match

Abbott is committed to providing physicians and patients with lasting therapeutic benefits. In support of that goal, Abbott will match competitors' warranty terms for patients receiving an Abbott product upon a physician's decision that replacement of the competitive product is medically necessary.

The guidelines of this program are as follows:

- Patient's existing competitor device (i.e. non-Abbott) which has documented warranty balance (pro-rated or full), will be removed due to a warrantable event, and will be replaced with an Abbott device.
- Abbott will provide the purchasing hospital with a match of the competitor's warranty balance via a credit against the net purchase price of the replacement device, calculated according to the terms of the original manufacturer's warranty.
- Unreimbursed medical expenses can be provided to patients as specified within the competitive device warranty.

Information to be Completed and Submitted for Competitive Warranty Match

Competitive Model/Serial #: _____

Competitor's Warranty Term (Years): _____

Date of Original Implant: _____

Warrantable Event with Competitor Device: _____

Model/Serial # of Implanted Abbott Device: _____

Date of Abbott Device Implanted: _____

Abbott Representative's Name: _____

Implanting Hospital Name: _____

Abbott Customer #: _____

EP/Cath Lab Director Signature: _____

Physician Signature: _____

EP/Cath Lab Director or Physician has verified that the competitive device qualifies for standard warranty coverage from the original device manufacturer.

Fax or e-mail the form to Abbott's Warranty Department: (818) 362-7932 or SYWarrantydept@abbott.com

Terms:

1. Abbott, at its discretion, will provide the patient with unreimbursed medical expenses resulting from the replacement surgery, exclusively for the benefit of a patient having a competitive device explanted, given that all of the following conditions are met:

   a) The explanted device must qualify for warranty coverage as stated in the manufacture's original warranty.

   b) The original manufacturer's warranty must include a provision for unreimbursed medical and the Abbott credit does not exceed that limit.
2. Claims must be submitted through the Abbott representative.
3. Abbott reserves the right to discontinue this program at any time without prior notice.

GENERAL WARRANTY
INFORMATION FOR PATIENT

Abbott

Abbott
Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

SYWarrantyDept@Abbott.com

Dear Patient,

This letter is intended to provide you with general information about Abbott's U.S. limited warranty and an overview of the warranty process.

Abbott offers a limited warranty for your Abbott cardiac device. There are two parts to the limited warranty:

1) Abbott may issue a warranty credit to the purchasing hospital to be applied against the cost of your new Abbott device, and
2) Abbott may reimburse you for certain unreimbursed medical expenses incurred as a result of your replacement procedure that your insurance does not cover.

Qualifying for Warranty Credit

In order to qualify for warranty credit, all the terms of the limited warranty must be met, including but not limited to the following:

1) The replacement device must be an Abbott device.
2) The device must be removed within the warranty period. The warranty period is dependent on the specific warranty for the removed device.
3) The **hospital must return** the removed device, within 45 days from your replacement procedure, to Abbott (located in Sylmar, California).
4) Abbott will then analyze the product. The analysis must confirm the product was not functioning in a manner consistent with its intended operation and performance due to the quality of material or workmanship within the warranty period. If the limited warranty allows for coverage of normal battery depletion, then the analysis must confirm, that at the time of the replacement procedure, the device had reached the "elective replacement indicator" time.

Elibility for Unremimbursed Medical Expenses ("UMEs")

If it is determined that all of the terms of the limited warranty were met, you may be eligible for reimbursement of certain medical expenses not covered by insurance, up to the maximum allowed by the specific product warranty.

Abbott's Warranty Department will mail you notification if you qualify for the limited warranty and will provide you with the Uninsured Expenses Worksheet, which contains instructions on how to file a claim. You will then be able to file a claim for UMEs related to your replacement procedure

Abbott

PATIENT'S RESPONSIBILITY:

You must follow the following process:

- **Complete and submit the Uninsured Expenses Worksheet** (included in the packet you will receive from Abbott)
- **Submit copies of your itemized final medical bills**, which should reflect insurance has been billed and what insurance has covered; and
- **Submit copies of your explanation of benefits (EOBs)** received from your insurance.
- **Send the documenation to:**
  Abbott
  Attn: Warranty Department
  P.O. Box 9221
  Sylmar, CA 91392-9911

Upon receipt of your documentation, Abbott will review and process the qualifying UMEs, up to to the maximum allowed under the warranty. Please note that incomplete or illegible documenation will delay the process.

If I qualify for the limited warranty, what will Abbott reimburse?

Reimbursement of UMEs is specific to the date of the actual replacement surgery, which may include one visit before and one visit after the replacement procedure.

How Will I Receive Payment?

Abbott will send you a check for your qualifying UMEs. Please note that you are responsible for paying any outstanding expenses owed to healthcare providers.

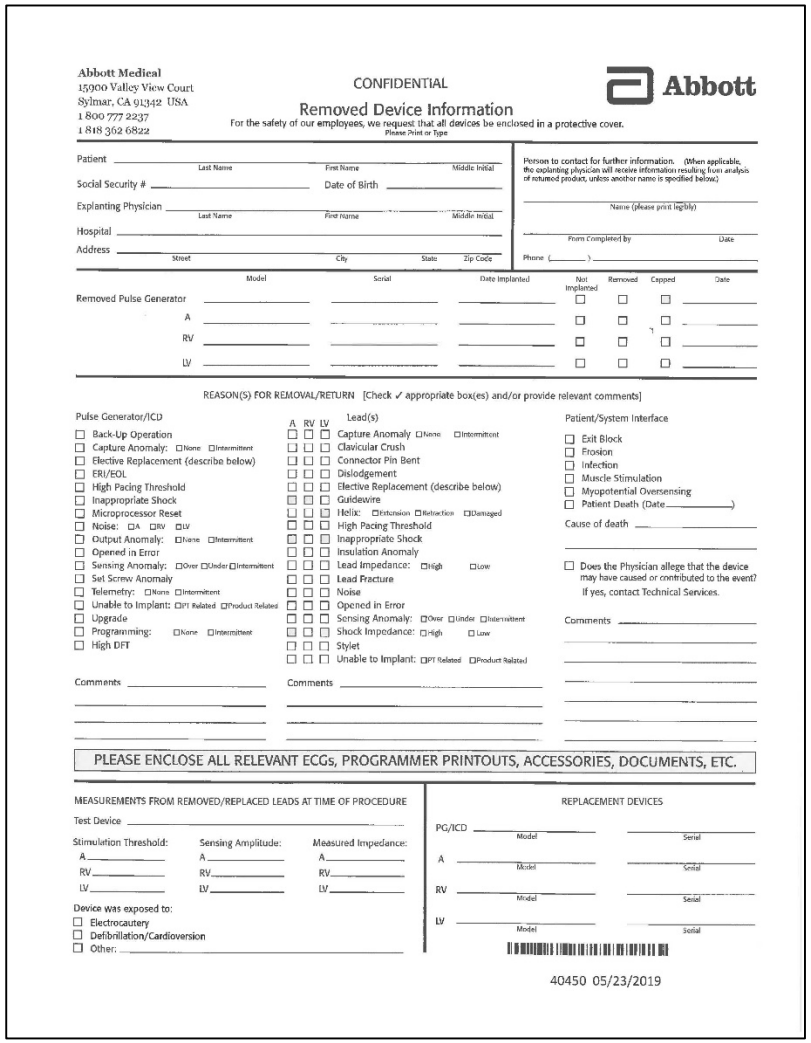
The process can take four to six weeks from the time your completed information is received.

If you have any questions regarding the warranty process, please contact us at: 800-423-5611, Option 6. Our staff is available to take your call Monday through Friday from 7:00 a.m. to 4:30 p.m. Pacific Time.

Sincerely,

Warranty Claims Department

RETURN DEVICE INFORMATION FORM



Abbott Medical
15900 Valley View Court
Sylmar, CA 91342 USA
1 800 777 2237
1 818 362 6822

CONFIDENTIAL

Abbott

Removed Device Information

For the safety of our employees, we request that all devices be enclosed in a protective cover.
Please Print or Type

Patient _____ (Last Name, First Name, Middle Initial)
Social Security # _____ Date of Birth _____
Explanting Physician _____ (Last Name, First Name, Middle Initial)
Hospital _____
Address _____ (Street, City, State, Zip Code)

Person to contact for further information. (When applicable, the explanting physician will receive information resulting from analysis of returned product, unless another name is specified below.)
Name (please print legibly)
Form Completed by Date
Phone ( ) _____

	Model	Serial	Date Implanted	Not Implanted	Removed	Capped	Date
Removed Pulse Generator				☐	☐	☐	
A				☐	☐	☐	
RV				☐	☐	☐	
LV				☐	☐	☐	

REASON(S) FOR REMOVAL/RETURN [Check ✓ appropriate box(es) and/or provide relevant comments]

Pulse Generator/ICD
- ☐ Back-Up Operation
- ☐ Capture Anomaly: ☐None ☐Intermittent
- ☐ Elective Replacement (describe below)
- ☐ ERI/EOL
- ☐ High Pacing Threshold
- ☐ Inappropriate Shock
- ☐ Microprocessor Reset
- ☐ Noise: ☐A ☐RV ☐LV
- ☐ Output Anomaly: ☐None ☐Intermittent
- ☐ Opened in Error
- ☐ Sensing Anomaly: ☐Over ☐Under ☐Intermittent
- ☐ Set Screw Anomaly
- ☐ Telemetry: ☐None ☐Intermittent
- ☐ Unable to Implant: ☐PI Related ☐Product Related
- ☐ Upgrade
- ☐ Programming: ☐None ☐Intermittent
- ☐ High DFT

Comments _____

Lead(s)

A	RV	LV	
☐	☐	☐	Capture Anomaly ☐None ☐Intermittent
☐	☐	☐	Clavicular Crush
☐	☐	☐	Connector Pin Bent
☐	☐	☐	Dislodgement
☐	☐	☐	Elective Replacement (describe below)
☐	☐	☐	Guidewire
☐	☐	☐	Helix: ☐Extension ☐Retraction ☐Damaged
☐	☐	☐	High Pacing Threshold
☐	☐	☐	Inappropriate Shock
☐	☐	☐	Insulation Anomaly
☐	☐	☐	Lead Impedance: ☐High ☐Low
☐	☐	☐	Lead Fracture
☐	☐	☐	Noise
☐	☐	☐	Opened in Error
☐	☐	☐	Sensing Anomaly: ☐Over ☐Under ☐Intermittent
☐	☐	☐	Shock Impedance: ☐High ☐Low
☐	☐	☐	Stylet
☐	☐	☐	Unable to Implant: ☐PI Related ☐Product Related

Comments _____

Patient/System Interface
- ☐ Exit Block
- ☐ Erosion
- ☐ Infection
- ☐ Muscle Stimulation
- ☐ Myopotential Oversensing
- ☐ Patient Death (Date _____)

Cause of death _____

☐ Does the Physician allege that the device may have caused or contributed to the event?
If yes, contact Technical Services.

Comments _____

PLEASE ENCLOSE ALL RELEVANT ECGs, PROGRAMMER PRINTOUTS, ACCESSORIES, DOCUMENTS, ETC.

MEASUREMENTS FROM REMOVED/REPLACED LEADS AT TIME OF PROCEDURE

Test Device _____

Stimulation Threshold:	Sensing Amplitude:	Measured Impedance:
A _____	A _____	A _____
RV _____	RV _____	RV _____
LV _____	LV _____	LV _____

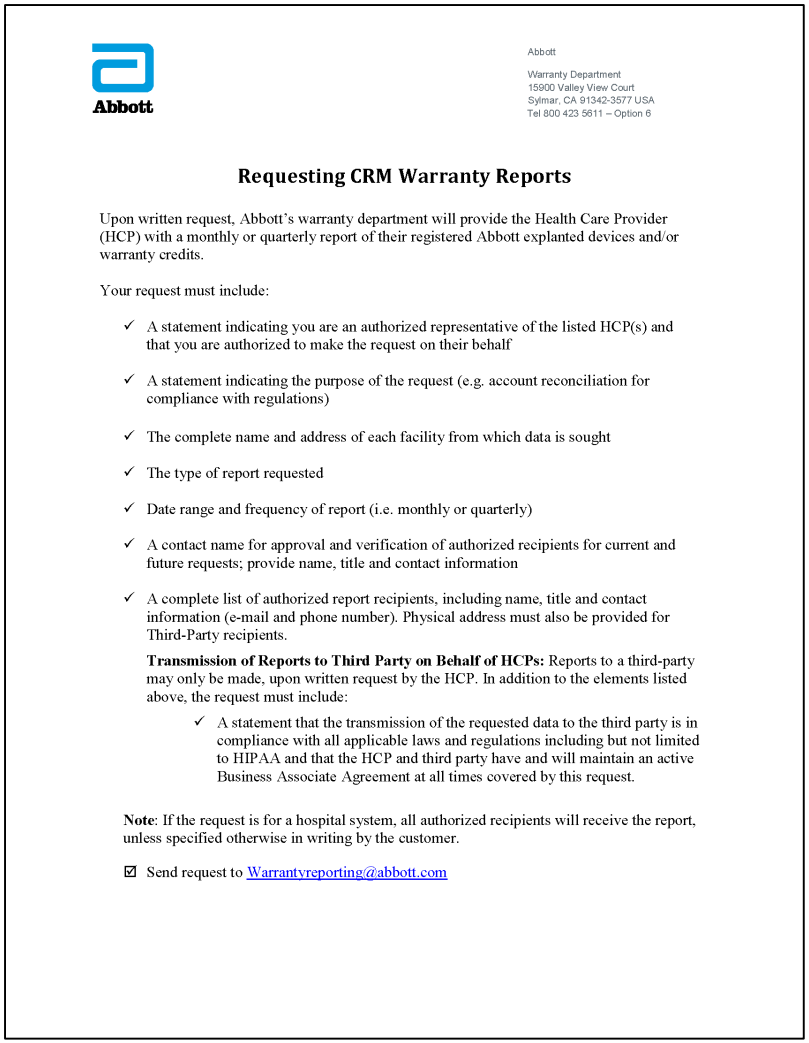
Device was exposed to:
- ☐ Electrocautery
- ☐ Defibrillation/Cardioversion
- ☐ Other: _____

REPLACEMENT DEVICES

	Model	Serial
PG/ICD		
A		
RV		
LV		

40450 05/23/2019

WARRANTY WRITTEN REQUEST REPORT FORM



Abbott

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 – Option 6

Requesting CRM Warranty Reports

Upon written request, Abbott's warranty department will provide the Health Care Provider (HCP) with a monthly or quarterly report of their registered Abbott explanted devices and/or warranty credits.

Your request must include:

- ✓ A statement indicating you are an authorized representative of the listed HCP(s) and that you are authorized to make the request on their behalf
- ✓ A statement indicating the purpose of the request (e.g. account reconciliation for compliance with regulations)
- ✓ The complete name and address of each facility from which data is sought
- ✓ The type of report requested
- ✓ Date range and frequency of report (i.e. monthly or quarterly)
- ✓ A contact name for approval and verification of authorized recipients for current and future requests; provide name, title and contact information
- ✓ A complete list of authorized report recipients, including name, title and contact information (e-mail and phone number). Physical address must also be provided for Third-Party recipients.

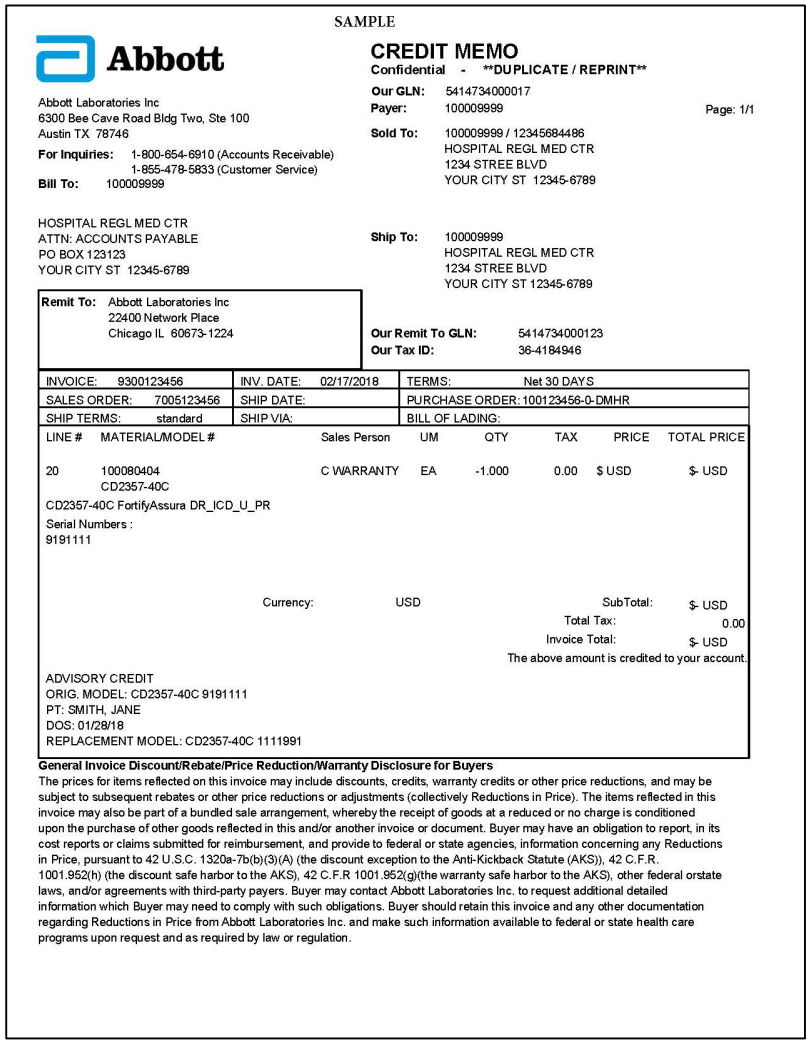
  Transmission of Reports to Third Party on Behalf of HCPs: Reports to a third-party may only be made, upon written request by the HCP. In addition to the elements listed above, the request must include:

  - ✓ A statement that the transmission of the requested data to the third party is in compliance with all applicable laws and regulations including but not limited to HIPAA and that the HCP and third party have and will maintain an active Business Associate Agreement at all times covered by this request.

Note: If the request is for a hospital system, all authorized recipients will receive the report, unless specified otherwise in writing by the customer.

☑ Send request to Warrantyreporting@abbott.com

SAMPLE
CREDIT MEMO



SAMPLE

Abbott

CREDIT MEMO
Confidential - **DUPLICATE / REPRINT**

Abbott Laboratories Inc
6300 Bee Cave Road Bldg Two, Ste 100
Austin TX 78746
For Inquiries: 1-800-654-6910 (Accounts Receivable)
1-855-478-5833 (Customer Service)
Bill To: 100009999

Our GLN: 5414734000017
Payer: 100009999
Page: 1/1
Sold To: 100009999 / 12345684486
HOSPITAL REGL MED CTR
1234 STREE BLVD
YOUR CITY ST 12345-6789

HOSPITAL REGL MED CTR
ATTN: ACCOUNTS PAYABLE
PO BOX 123123
YOUR CITY ST 12345-6789

Ship To: 100009999
HOSPITAL REGL MED CTR
1234 STREE BLVD
YOUR CITY ST 12345-6789

Remit To: Abbott Laboratories Inc
22400 Network Place
Chicago IL 60673-1224

Our Remit To GLN: 5414734000123
Our Tax ID: 36-4184946

INVOICE: 9300123456	INV. DATE: 02/17/2018	TERMS: Net 30 DAYS
SALES ORDER: 7005123456	SHIP DATE:	PURCHASE ORDER: 100123456-0-DMHR
SHIP TERMS: standard	SHIP VIA:	BILL OF LADING:

LINE #	MATERIAL/MODEL #	Sales Person	UM	QTY	TAX	PRICE	TOTAL PRICE
20	100080404 CD2357-40C	C WARRANTY	EA	-1.000	0.00	$ USD	$- USD

CD2357-40C FortifyAssura DR_ICD_U_PR
Serial Numbers :
9191111

Currency: USD
SubTotal: $- USD
Total Tax: 0.00
Invoice Total: $- USD
The above amount is credited to your account.

ADVISORY CREDIT
ORIG. MODEL: CD2357-40C 9191111
PT: SMITH, JANE
DOS: 01/28/18
REPLACEMENT MODEL: CD2357-40C 1111991

General Invoice Discount/Rebate/Price Reduction/Warranty Disclosure for Buyers
The prices for items reflected on this invoice may include discounts, credits, warranty credits or other price reductions, and may be subject to subsequent rebates or other price reductions or adjustments (collectively Reductions in Price). The items reflected in this invoice may also be part of a bundled sale arrangement, whereby the receipt of goods at a reduced or no charge is conditioned upon the purchase of other goods reflected in this and/or another invoice or document. Buyer may have an obligation to report, in its cost reports or claims submitted for reimbursement, and provide to federal or state agencies, information concerning any Reductions in Price, pursuant to 42 U.S.C. 1320a-7b(b)(3)(A) (the discount exception to the Anti-Kickback Statute (AKS)), 42 C.F.R. 1001.952(h) (the discount safe harbor to the AKS), 42 C.F.R 1001.952(g)(the warranty safe harbor to the AKS), other federal orstate laws, and/or agreements with third-party payers. Buyer may contact Abbott Laboratories Inc. to request additional detailed information which Buyer may need to comply with such obligations. Buyer should retain this invoice and any other documentation regarding Reductions in Price from Abbott Laboratories Inc. and make such information available to federal or state health care programs upon request and as required by law or regulation.

WARRANTY REPORT
CREDIT REPORT

RETURN TO MENU

1		2			1		3		
Original Model No.	Original Serial No.	Patient First Name	Patient Last Name	Patient Middle Name	Original Implant Date	Original Explant Date	Credit Amount	Credit Date	Credit Memo Invoice No.
CD3211-36Q	AAAAAA	John	Doe	X	6/31/201X	11/8/201X	$XXX	1/15/18	777777777
PM3210	BBBBBB	Jane	Doe	Y	5/21/201X	6/4/201X	$XXX	8/22/18	888888888
CD2215-36Q	CCCCCC	John	Smith	W	8/10/201X	12/29/201X	$XXX	7/11/18	999999999
PM2240	DDDDDD	Jane	Smith	Z	11/6/201X	1/18/201X	$XXX	2/10/18	101010101
1580/60	EEEEEE	Joe	Public	Q	9/5/201X	10/2/201X	$XXX	11/8/18	121212121

4		3		4	
Replacement Model No.	Replacement Serial No.	Credited Facility Key	Credited Facility Name	Replacement PO	Replacement Purchase Price
CD3369-40Q	XXXYY	1000054321	Credited Hospital A	4445555	$ USD
PM3222	AABCCC	1000065432	Credited Hospital B	4447777	$ USD
CD2411-36Q	111111	1000076543	Credited Hospital C	4448888	$ USD
PM2272	CCCDDD	1000087654	Credited Hospital D	4449999	$ USD
1580/60	DDD11111	1000098765	Credited Hospital E	4444444	$ USD

1. PRODUCT INFORMATION & IMPLANT DATE- Provides information about explanted device and original device implant
2. PATIENT INFORMATION - Patient's full name
3. CREDIT INFORMATION- If warranty credit is issued, this section provides credit details, including the price of the replacement Abbott product.
4. REPLACEMENT PRODUCT INFORMATION- Provides information about replacement device and price

The data reported is based on currently available information reported to Abbott. It is understood that the Hospital shall maintain appropriate safeguards to ensure PHI data is protected as required by HIPAA and HITECH regulations.

WARRANTY REPORT
EXPLANT AND CREDIT REPORT

RETURN TO MENU

1 2 3

Patient Name	Explant Model No.	Explant Serial No.	Explant Model Type	Explant Facility Key	Explant Facility Name	Original Implant Date	Original Explant Date	Yrs. Implant	Prod Hier Level 1	Replacement Model Type	Replacement Model No.	Replace Serial No.	Replace Implant Facility Key	Replacement Implant Facility Name
Smith, Jane	PM2210	AAAAAA	Accent DR RF Pacemaker	100001	Hosp D	3/2/201X	6/26/201X	7.32	LVD Trad	Assurity MRI RF	PM2272	GGGGGG	100001	Replace Hosp D
Doe, Jane	PM3222	CCCCCC	Allure CRT-P RF LV	100002	Hosp B	1/2/201X	9/6/201X	3.68	LVD CRT-P	Allure CRT-P RF LV	PM3222	HHHHHH	100002	Replace Hosp B
Smith, John	CD2231-40	DDDDDD	Fortify DR, U1.6 DF1 US	100003	Hosp C	8/20/201X	8/22/201X	6.01	HVD Trad	Unify Assura CRT-D R	CD3357-40C	JJJJJJ	100003	Replace Hosp C
Doe, John	CD3265-40	EEEEEE	Quadra Assura (DDQP+)	100004	Hosp A	8/16/201X	11/3/201X	5.22	HVD CRT-D	Quadra Assura MP ICD	CD3369-40C	KKKKKK	100004	Replace Hosp A
Public, Joe	LDA210Q/58	FFFFFF	Optisure Single Active DF4	100005	Hosp E	10/19/201X	7/5/201X	0.71	HV Trad Lead	Optisure Sng Active DF4	LDA210Q/58	LLLLLL	100005	Replace Hosp E

CREDIT INFORMATION

4 5

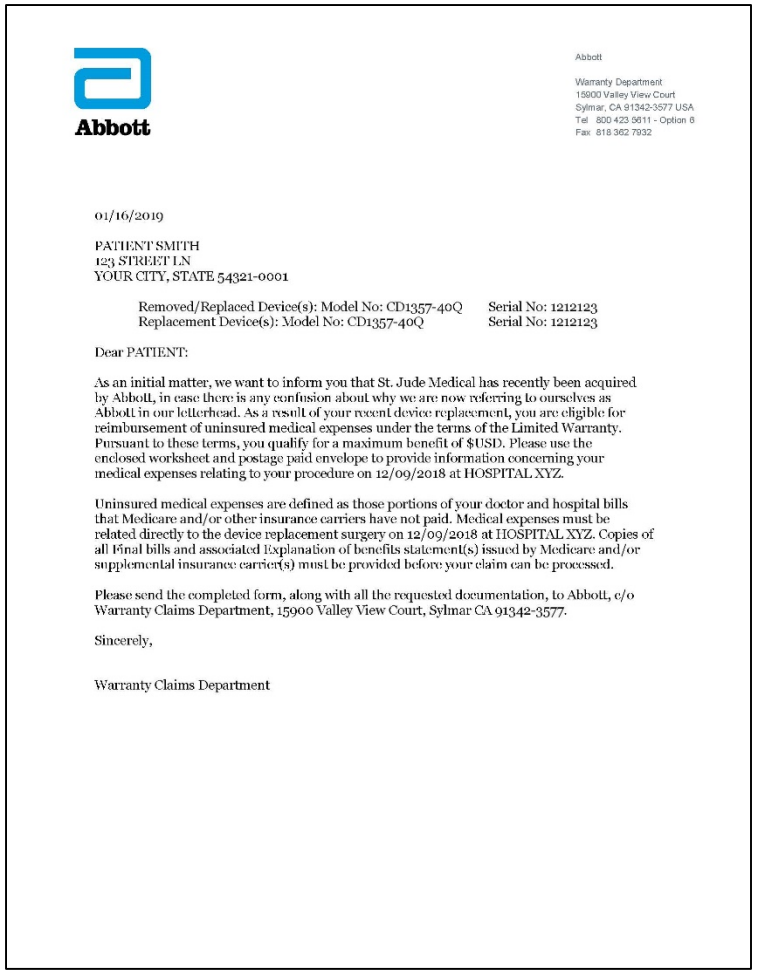
Credited Facility Key	Credited Facility Name	Credit Amt $	Credit Date	Credit Invoice No.	Replacement PO	Replacement Purchase Price	Comments
							Device Out Of Warranty
							Returned. Normal analysis, above ERI. No warranty credit is due.
100006	Credited Hosp	$ USD	10/10/201X	9300XXXXX	5555555	$ USD	Credit Issued
							Pending Final Analysis
							Returned. Analysis findings did not meet criteria.

1. PATIENT INFORMATION - Patient's full name
2. PRODUCT INFORMATION- Provides information about explanted device, explant facility, and original device implant
3. REPLACEMENT PRODUCT INFORMATION- Provides information about replacement device and facility
4. CREDIT INFORMATION- If warranty credit is issued, this section provides credit details, including the price of the replacement Abbott product.
5. WARRANTY STATUS- This field contains general information on warranty status:
   - Credit Issued
   - Pending
   - Ineligible (reason will be provided)

The data reported is based on currently available information reported to Abbott. It is understood that the Hospital shall maintain appropriate safeguards to ensure PHI data is protected as required by HIPAA and HITECH regulations.

WARRANTY PROCESS
PATIENT LETTER

VIEW & PRINT | RETURN TO MENU



Abbott

Abbott
Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

01/16/2019

PATIENT SMITH
123 STREET LN
YOUR CITY, STATE 54321-0001

Removed/Replaced Device(s): Model No: CD1357-40Q Serial No: 1212123
Replacement Device(s): Model No: CD1357-40Q Serial No: 1212123

Dear PATIENT:

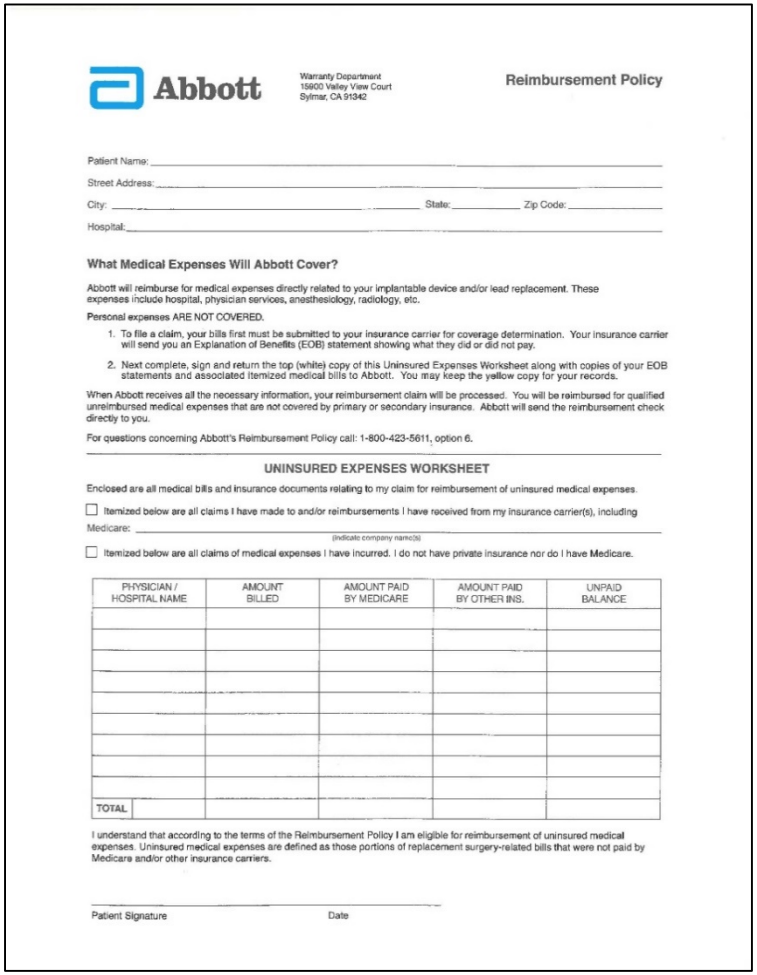
As an initial matter, we want to inform you that St. Jude Medical has recently been acquired by Abbott, in case there is any confusion about why we are now referring to ourselves as Abbott in our letterhead. As a result of your recent device replacement, you are eligible for reimbursement of uninsured medical expenses under the terms of the Limited Warranty. Pursuant to these terms, you qualify for a maximum benefit of $USD. Please use the enclosed worksheet and postage paid envelope to provide information concerning your medical expenses relating to your procedure on 12/09/2018 at HOSPITAL XYZ.

Uninsured medical expenses are defined as those portions of your doctor and hospital bills that Medicare and/or other insurance carriers have not paid. Medical expenses must be related directly to the device replacement surgery on 12/09/2018 at HOSPITAL XYZ. Copies of all final bills and associated Explanation of benefits statement(s) issued by Medicare and/or supplemental insurance carrier(s) must be provided before your claim can be processed.

Please send the completed form, along with all the requested documentation, to Abbott, c/o Warranty Claims Department, 15900 Valley View Court, Sylmar CA 91342-3577.

Sincerely,

Warranty Claims Department



Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342

Reimbursement Policy

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Hospital: _____

What Medical Expenses Will Abbott Cover?

Abbott will reimburse for medical expenses directly related to your implantable device and/or lead replacement. These expenses include hospital, physician services, anesthesiology, radiology, etc.

Personal expenses ARE NOT COVERED.

1. To file a claim, your bills first must be submitted to your insurance carrier for coverage determination. Your insurance carrier will send you an Explanation of Benefits (EOB) statement showing what they did or did not pay.
2. Next complete, sign and return the top (white) copy of this Uninsured Expenses Worksheet along with copies of your EOB statements and associated itemized medical bills to Abbott. You may keep the yellow copy for your records.

When Abbott receives all the necessary information, your reimbursement claim will be processed. You will be reimbursed for qualified unreimbursed medical expenses that are not covered by primary or secondary insurance. Abbott will send the reimbursement check directly to you.

For questions concerning Abbott's Reimbursement Policy call: 1-800-423-5611, option 6.

UNINSURED EXPENSES WORKSHEET

Enclosed are all medical bills and insurance documents relating to my claim for reimbursement of uninsured medical expenses.

☐ Itemized below are all claims I have made to and/or reimbursements I have received from my insurance carrier(s), including Medicare: _____ (indicate company name(s))

☐ Itemized below are all claims of medical expenses I have incurred. I do not have private insurance nor do I have Medicare.

PHYSICIAN / HOSPITAL NAME	AMOUNT BILLED	AMOUNT PAID BY MEDICARE	AMOUNT PAID BY OTHER INS.	UNPAID BALANCE
TOTAL				

I understand that according to the terms of the Reimbursement Policy I am eligible for reimbursement of uninsured medical expenses. Uninsured medical expenses are defined as those portions of replacement surgery-related bills that were not paid by Medicare and/or other insurance carriers.

_____ _____
Patient Signature Date

FREQUENTLY ASKED QUESTIONS

Q. Can the explanted device still qualify for warranty consideration if it is not returned to Abbott?

A. No. Devices must be returned to Abbott's Sylmar facility within 45 days of explant to be considered for warranty credit. Return the explanted device to:

Abbott - Attention: Returned Goods
15900 Valley View Court, Sylmar, CA 91342

Q. If I provide the explanted device to your field rep, does that qualify as a return for warranty consideration?

A. No. Delivery of an explanted device to a local field representative or any other employee, agent, or representative of Abbott will not constitute a return to Abbott. For warranty consideration, the effective receipt date is the date that the explanted device is physically received by Abbott at the above address.

Q. How do I request a warranty review for capped leads?

A. Request a warranty review when submitting required documentation.

Q. Are there special billing and coding requirements when warranty credits are issued?

A. Yes, healthcare programs and third-party payors may require compliance with specific billing and coding parameters and/or requirements. Please refer to the applicable billing and coding guides relating to the applicable warranty credit issued for complete information. *

For general information, contact Abbott's reimbursement hotline, available from 8 a.m. to 5 p.m. central standard time, Monday through Friday at (855) 569-6430 or hce@abbott.com.**

Notes:

*Medicare Claims Processing Manual. Chapter 4: Section 61.3.5-61.3.6. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf.

**Information provided by Abbott is for general information purposes and is not intended, and does not constitute legal, reimbursement, business, clinical or other advice. Laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer must check with its local carriers and intermediaries often and should consult with its own legal, financial and reimbursement specialists.

CONTACT INFORMATION

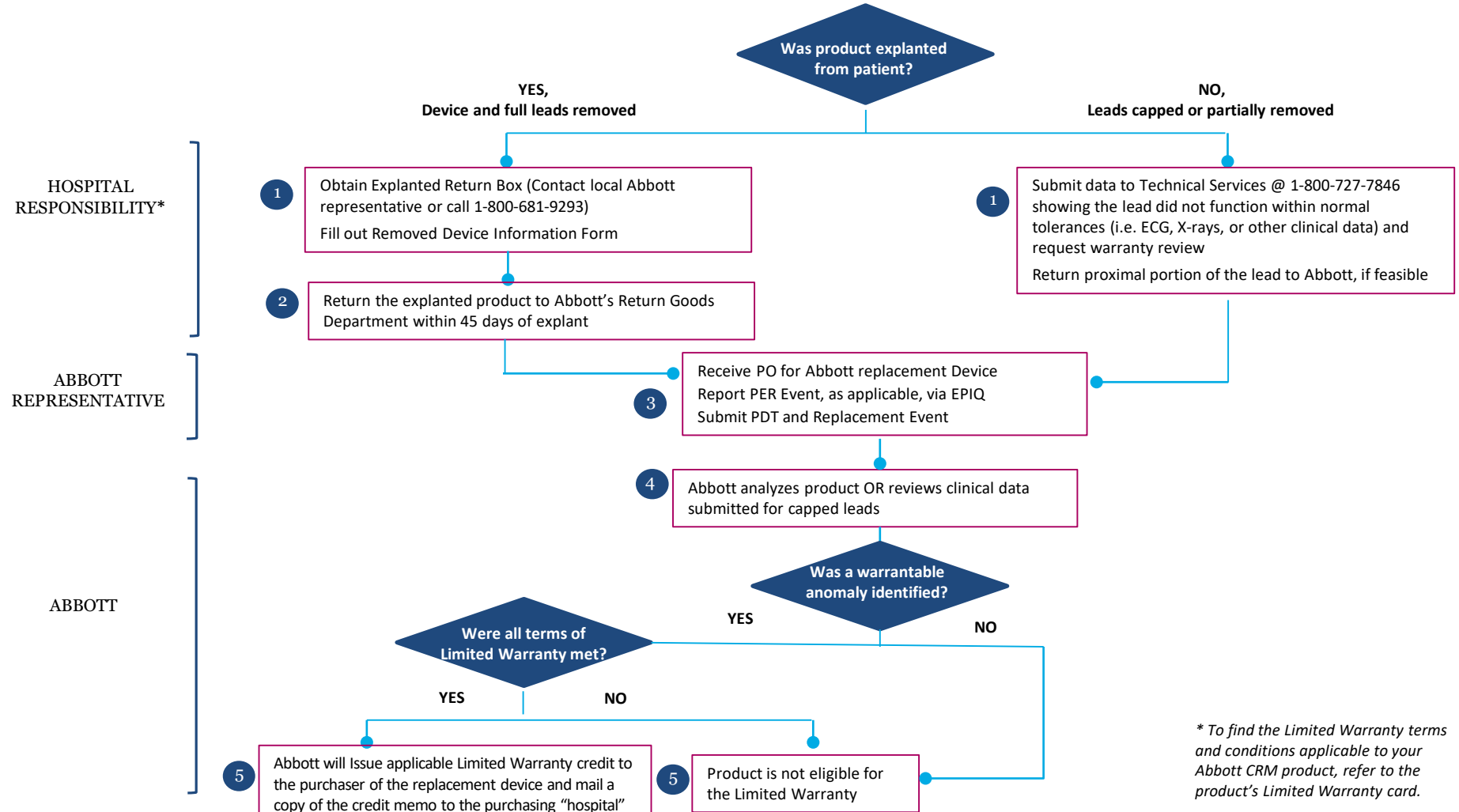
For Warranty Inquires:
1-800-423-5611, Option 6
818 493 2502, Direct Line
SYWarrantyDept@abbott.com

For Rebate or Therapeutic Upgrade Inquires:
USDRebates@abbott.com

Abbott Device Technical Services
1 800 722 3774

WARRANTY CLAIMS PROCESS

RETURN



** To find the Limited Warranty terms and conditions applicable to your Abbott CRM product, refer to the product's Limited Warranty card.*

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

Accent™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Accent™ pulse generator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 60 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 61 through 84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60020597
Artwork 60020598/A

Limited Warranty

Assurity™, Assurity MRI™, Endurity™, and Endurity MRI™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

SR (Single Chamber) Devices

Subject to the terms and conditions of this Limited Warrenty, St. Jude Medical will provide credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 36-month period.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this limited warranty.

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical locations within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF

MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY.

IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES. HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

100074725

September 2016
Art 40008961/D

ST. JUDE MEDICAL

Limited Warranty

Assurity™, Assurity MRI™, Endurity™, and Endurity MRI™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

SR (Single Chamber) Devices

Subject to the terms and conditions of this Limited Warrenty, St. Jude Medical will provide credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 36-month period.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this limited warranty.

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical locations within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF

MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY.

IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES. HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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100074725

September 2016
Art 40008961/D

ST. JUDE MEDICAL

Pacesetter

Replacement Credit Policy

ENTITY™

Any model 5326, 5226 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship; however, notwithstanding that battery cell depletion may have resulted from programming to high output, the replacement or credit provisions of this Policy shall nevertheless be applied.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

- Effective Date
  January 1, 1998

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9192092-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

IDENTITY™

Any model 5172, 5180, 5286, 5370, 5372, 5376, 5380, 5386, 5390, 5396 or 5480 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

The explanted pulse generator must have been implanted prior to its Use-Before Date.

This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9193452-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

INTEGRITY™

Any model 5142, 5160, 5342, 5346, 5360 or 5366 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

- Effective Date
  January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

9193117-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

MICRONY®

Any model 2425, 2525 and 2535 implantable cardiac pulse generator from St. Jude Medical that fails to function within normal tolerances for any reason within 48 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical for analysis become the property of St. Jude Medical.

- The product failure must be confirmed by St. Jude Medical. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship; however, notwithstanding that battery cell depletion may have resulted from programming to high output, the replacement or credit provisions of this Policy shall nevertheless be applied.

The explanted pulse generator must have been implanted prior to its Use-Before Date.

This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
February 8, 2001

St. Jude Medical
Cardiac Rhythm Management Division
15900 Valley View Court
Sylmar, CA 91342 USA
800/777-2227 818/362-6822

9193481-001

Limited Warranty

Sustain™ XL Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Sustain™ XL pulse generator ("Device") fails to function within expected operating specifications for any reason during the first 5 years (60 months) after date of implant.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

sjm.com

ST. JUDE MEDICAL

100051035

June 2011
Art 40008365/A

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

VERITY™

Any model 5056, 5156, 5157, 5256, 5356, 5357 or 5456 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

- The explanted pulse generator must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

- Effective Date
  January 1, 2003

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60000533-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

VICTORY®

Any model 5816 or 5610 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy.

Any model 5810 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances due to workmanship within 60 months from date of implant or battery within 48 months from the date of implant is covered under this Replacement Credit Policy.

The liability of St. Jude Medical CRMD under the Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of patients and inherent uncertainties regarding longevity of the power supply and the other components make any such assurance impossible. Battery cell depletion will occur with time and is con-

sidered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

The explanted pulse generator must have been implanted prior to its Use-Before Date.

This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
September 1, 2005

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

ZEPHYR™

Any model 5826, 5626, or 5620 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances for any reason within 60 months from the date of implant is covered under this Replacement Credit Policy.

Any model 5820 implantable cardiac pulse generator from St. Jude Medical Cardiac Rhythm Management Division (CRMD) that fails to function within normal tolerances due to workmanship within 60 months from date of implant or battery depletion within 48 months from the date of implant is covered under this Replacement Credit Policy.

The liability of St. Jude Medical CRMD under the Replacement Credit Policy for any implantable pulse generator shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pulse generator; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement pulse generator. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted cardiac pulse generator must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pulse generators returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the pulse generator.

- This Replacement Credit Policy is not a representation that any one pulse generator will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and pacing needs of patients and inherent uncertainties regarding longevity of the power supply and the other components make any such assurance impossible. Battery cell depletion will occur with time and is con-

sidered normal and not a defect in materials or workmanship. Battery cell depletion may result from programming to high output, but the replacement or credit provisions of this Policy shall nevertheless apply.

The explanted pulse generator must have been implanted prior to its Use-Before Date.

This Replacement Credit Policy applies only to the original patient in whom the pulse generator has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

Effective Date
January 1, 2007

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

Anthem™ Pulse Generators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Anthem™ pulse generator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 100015095
Artwork 60023954/A

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Atlas® II HF & Atlas® II+ HF CRT-Defibrillators

Models V-365 and V-366

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Atlas® II HF or Atlas® II+ HF Tiered-Therapy Cardiac Resynchronization Therapy-Defibrillator ("Atlas II HF/Atlas II+ HF CRT-D") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas II HF/Atlas II+ HF CRT-D fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS II HF/ATLAS II+ HF CRT-D FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas II HF/Atlas II+ HF CRT-D must be replaced by a St. Jude Medical CRMD device.

The Atlas II HF/Atlas II+ HF CRT-D must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas II HF/Atlas II+ HF CRT-D must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas II HF/Atlas II+ HF CRT-D and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas II HF/Atlas II+ HF CRT-D.

The purchaser must inspect the Atlas II HF/Atlas II+ HF CRT-D upon receipt. If the Atlas II HF/Atlas II+ HF CRT-D is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas II HF/Atlas II+ HF CRT-D and it is promptly returned to St. Jude Medical CRMD.

All Atlas II HF/Atlas II+ HF CRT-D devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015030-001
Artwork 60015030/002

Limited Warranty

Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

DR and VR (Single and Dual Chamber) Devices

If the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60019477
Artwork 60019478/B

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

EPIC™ HF SERIES TIERED-THERAPY DEFIBRILLATOR WITH BIVENTRICULAR STIMULATION

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical™ Epic ™ HF Tiered-Therapy Defibrillator with Biventricular Stimulation ("Epic HF Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Epic HF Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic HF Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic HF Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC HF DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic HF Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic HF Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic HF Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/ Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic HF Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 45°C or below 10°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic HF Defibrillator.

The purchaser must inspect the Epic HF Defibrillator upon receipt. If the Epic HF Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic HF Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic HF Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 9193623–001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

FRONTIER™ / FRONTIER™ II

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Cardiac Rhythm Management Division (CRMD) Frontier™ biventricular pacing device model 5508 and model 5586 fails to function within expected operating specifications due to defects in materials or workmanship during the first 3 years (36 months) after date of implant.

Battery energy is consumed during monitoring the patient's cardiac signals and stimulation. However, battery longevity will be decreased in those patients requiring stimulation conditions higher than nominal. Normal battery depletion caused by conditions higher than nominal during the warranty period is not a malfunction or defect and will not be the basis for warranty replacement.

Any model 5508 and 5586 implantable biventricular pacing device from St. Jude Medical CRMD is warranted for a full credit during the first 2 years, and a partial replacement during the next 1 year. If the Frontier device battery reaches its elective replacement indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical CRMD will issue a full replacement credit. If the Frontier device battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 36 under nominal stimulation conditions, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a prorata daily basis to the date of replacement over this 12-month period.

The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any implantable biventricular pacing device shall be limited to: (a) replacement with a similar or functionally equivalent St. Jude Medical CRMD pacing device; or (b) a credit equal to the original purchase price to be applied toward the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement biventricular pacing device. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred U.S. dollars ($600.00) associated with that replacement are offered for the benefit of the patient. Product claims under St. Jude Medical CRMD Replacement Credit Policy are subject to the following conditions and limitations:

- The explanted biventricular pacing device must be returned for analysis to St. Jude Medical CRMD within 90 days of explantation along with a completed "Removed Device Information Form." Implantable cardiac pacing devices returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

- The product failure must be confirmed by St. Jude Medical CRMD. The Replacement Credit Policy will be deemed to be invalid where there is evidence of any improper handling, defacing or altering of the device.

- This Replacement Credit Policy is not a representation that any one biventricular pacing device will last the entire time of the Replacement Credit Policy period. Differences in the ages, physical conditions and stimulation needs of users and inherent uncertainties regarding longevity of the power supply and other components make any such assurance impossible. Battery cell depletion will occur with time and is considered to be normal and not a defect in materials or workmanship.

- The explanted device must have been implanted prior to its Use-Before Date.

- This Replacement Credit Policy applies only to the original patient in whom the biventricular pacing device has been implanted.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR INTENDED USE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE OR DEFECT, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT OR OTHERWISE.

This Replacement Credit Policy is expressly limited to products sold in the United States and its territories.

- Effective Date
  May 1, 2004

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

60003065-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Promote™ CRT-Defibrillators

Models 3107-36/30, 3207-36/30

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Promote™ Tiered-Therapy Cardiac Resynchronization Therapy-Defibrillator ("Promote CRT-D") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Promote CRT-D battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Promote CRT-D battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Promote CRT-D fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A PROMOTE CRT-D FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Promote CRT-D must be replaced by a St. Jude Medical device.

The Promote CRT-D must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Promote CRT-D must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Promote CRT-D and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Promote CRT-D.

The purchaser must inspect the Promote CRT-D upon receipt. If the Promote CRT-D is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Promote CRT-D and it is promptly returned to St. Jude Medical CRMD.

All Promote CRT-Ds returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015427-001
Artwork 60015427/001

Limited Warranty

Anthem™, Anthem™ RF, Allure™, Allure™ RF, Allure Quadra™, Allure Quadra™ RF, Quadra Allure™, Quadra Allure MP™, Quadra Allure MP™RF

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Pulse Generator ("Device"), as indicated by the type of Device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship or battery depletion as specified below.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to six hundred dollars ($600.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $600.00 even if both the lead and Device are replaced.

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a full credit for replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 6 years (72 months) after date of implant,

  or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 48 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 49-72, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a sliding scale basis to the date of replacement over this 24-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

OTHER IMPORTANT TERMS, CONDITIONS, AND LIMITATIONS

The following additional conditions apply to any of the above warranty coverages under this limited warranty:

- This warranty applies only for a St. Jude Medical device replacement in the original patient.
- The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.
- The Device must be implanted before the "USE BEFORE" date marked on the package.
- The completed Implant/Patient Registration Form must be returned to St. Jude Medical within forty-five (45) days of implant of the device.
- The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a written documentation which describes the case and reasons for explantation, (including but no limited to ECGs, x-rays or other data).
- St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.
- The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.
- All Devices returned to St. Jude Medical become the property of St. Jude Medical.
- In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or the replacement St. Jude Medical device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE

CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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100080581

March 2016
Art 40009134/B

ST. JUDE MEDICAL

Limited Warranty

Quadra Assura™ and Unify Assura™ Cardiac Resynchronization Therapy Defibrillator ("CRT-D") Devices

For device models:

CD3357-40	CD3357-40C	CD3357-40Q	CD3357-40QC
CD3365-40	CD3365-40C	CD3365-40Q	CD3365-40QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Cardiac Resynchronization Therapy-Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 6 years (72 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-72, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

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100080755

July 2013
Art 60031893/B

ST. JUDE MEDICAL

Limited Warranty

Ellipse™, Fortify Assura™, Quadra Assura™, Quadra Assura MP™, Unify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1257-40	CD1257-40Q	CD1275-36	CD1275-36Q
CD1311-36	CD1311-36Q	CD2257-40	CD2257-40Q
CD2275-36	CD2275-36Q	CD2311-36	CD2311-36Q
CD3257-40	CD3257-40Q	CD3265-40	CD3265-40Q
CD3269-40	CD3269-40Q	CD3369-40	CD3369-40Q
CD3369-40C	CD3369-40QC		

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply. This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Tiered- Therapy Defibrillator ("Device"), as indicated by the type of device below, if the Device fails to meet the written operating specifications due to defects in materials or workmanship, or battery depletion as specified below.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to two thousand five hundred dollars ($2,500.00) for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval. The obligation of St. Jude Medical to pay reasonable unreimbursed out-of-pocket medical expenses shall be limited to $2,500.00 even if both the lead and Device are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for the replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the Device battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-60, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for replacement of the Device:

- if the Device fails to function within expected operating specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 48 months after date of implant.

If the Device battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 49-84, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device decreased on a pro rata daily basis to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

Other Important Terms, Conditions, and Limitations

The following additional conditions apply to any of the above warranty coverages under this Limited Warranty:

- This warranty applies only for a St. Jude Medical Device replacement in the original patient.
- The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.
- The Device must be implanted before the "USE BEFORE" date marked on the package.

- The completed Implant/Patient Registration Form must be returned to St. Jude Medical within forty-five (45) days of device implant.
- The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a written documentation which describes the case and reasons for explantation (including but not limited to: ECGs, x-rays or other data).
- St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.
- The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.
- All Devices returned to St. Jude Medical become the property of St. Jude Medical.
- In no event shall the amount of the replacement credit exceed the lesser of the net invoiced price of the original Device or replacement St. Jude Medical Device.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

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100056410

March 2016
Art 60031848/C

ST. JUDE MEDICAL

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734

December 2010
Artwork 40007945/A

Limited Warranty

Quadra Assura™ and Unify Assura™ Cardiac Resynchronization Therapy Defibrillator ("CRT-D") Devices

For device models:

CD3357-40	CD3357-40C	CD3357-40Q	CD3357-40QC
CD3365-40	CD3365-40C	CD3365-40Q	CD3365-40QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Cardiac Resynchronization Therapy-Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillator ("CRT-D") Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 6 years (72 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 37-72, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

100080755

July 2013
Art 60031893/B

ST. JUDE MEDICAL

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

ATLAS+™ SERIES TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Atlas+™ DR, Atlas+™ VR or Atlas+™ VR(C) Tiered-Therapy Defibrillator ("Atlas+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Atlas+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Atlas+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/ Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas+ Defibrillator.

The purchaser must inspect the Atlas+ Defibrillator upon receipt. If the Atlas+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Atlas+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 60000886-001

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

Atlas® II & Atlas® II+ SERIES
TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Atlas® II or Atlas® II+ Tiered-Therapy Defibrillator ("Atlas II/Atlas II+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Atlas II/Atlas II+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas II/Atlas II+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas II/Atlas II+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS II/ATLAS II+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas II/Atlas II+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Atlas II/Atlas II+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas II/Atlas II+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas II/Atlas II+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas II/Atlas II+ Defibrillator.

The purchaser must inspect the Atlas II/Atlas II+ Defibrillator upon receipt. If the Atlas II/Atlas II+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas II/Atlas II+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Atlas II/Atlas II+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 40002877-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Current™ Defibrillators

Models 1107-36/30, 1207-36/30, 2107-36/30, 2207-36/30

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Current™ Tiered-Therapy Defibrillator ("Current Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Current Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Current Defibrillator battery reaches its ERI voltage (as defined in the User's Manual) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Current Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A CURRENT DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Current Defibrillator must be replaced by a St. Jude Medical CRMD device.

The Current Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Current Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Current Defibrillator and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Current Defibrillator.

The purchaser must inspect the Current Defibrillator upon receipt. If the Current Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Current Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Current Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015429-001
Artwork 60015429/001

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

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OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

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Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734

December 2010
Artwork 40007945/A

Limited Warranty

Ellipse™ and Fortify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1357-40	CD1357-40C	CD1357-40Q	CD1357-40QC
CD1411-36	CD1411-36C	CD1411-36Q	CD1411-36QC
CD2357-40	CD2357-40C	CD2357-40Q	CD2357-40QC
CD2411-36	CD2411-36C	CD2411-36Q	CD2411-36QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR (Single Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

100095545

June 2013
Art 60031935/A

ST. JUDE MEDICAL

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

EPIC™ DR/VR TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Epic™ DR or Epic™ VR Tiered-Therapy Defibrillator ("Epic Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Epic Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/ Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 45°C or below 10°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic Defibrillator.

The purchaser must inspect the Epic Defibrillator upon receipt. If the Epic Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 9193474-001

St. Jude Medical

Cardiac Rhythm Management Division

LIMITED WARRANTY

Epic® II & Epic® II+ SERIES
TIERED-THERAPY DEFIBRILLATORS

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical Epic® II or Epic® II+ Tiered-Therapy Defibrillator ("Epic II/Epic II+ Defibrillator") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below, during the first 5 years (60 months) after date of implant.

If the Epic II/Epic II+ Defibrillator battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the *User's Manual*) during the first 36 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Epic II/Epic II+ Defibrillator battery reaches its ERI voltage (as defined in the *User's Manual*) during months 37 through 60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Epic II/Epic II+ Defibrillator fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN EPIC II/EPIC II+ DEFIBRILLATOR FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Epic II/Epic II+ Defibrillator must be replaced by a St. Jude Medical CRMD defibrillator.

The Epic II/Epic II+ Defibrillator must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Epic II/Epic II+ Defibrillator must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Epic II/Epic II+ Defibrillator and determine whether it qualifies for warranty coverage.

No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Epic II/Epic II+ Defibrillator.

The purchaser must inspect the Epic II/Epic II+ Defibrillator upon receipt. If the Epic II/Epic II+ Defibrillator is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Epic II/Epic II+ Defibrillator and it is promptly returned to St. Jude Medical CRMD.

All Epic II/Epic II+ Defibrillators returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

PN 40002601-001

Limited Warranty

Ellipse™ and Fortify Assura™ Tiered-Therapy Defibrillators

For device models:

CD1357-40	CD1357-40C	CD1357-40Q	CD1357-40QC
CD1411-36	CD1411-36C	CD1411-36Q	CD1411-36QC
CD2357-40	CD2357-40C	CD2357-40Q	CD2357-40QC
CD2411-36	CD2411-36C	CD2411-36Q	CD2411-36QC

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical™ Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR (Single Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 10 years (120 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 72 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 73-120, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 48-month period.

DR (Dual Chamber) Devices

St. Jude Medical will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 8 years (96 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Merlin™ PCS on-screen help) during the first 60 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Merlin™ PCS on-screen help) during months 61-96, St. Jude Medical will issue a replacement credit for 50% of the purchase price of the original unit decreased on a sliding scale to the date of replacement over this 36-month period.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

100095545

June 2013
Art 60031935/A

ST. JUDE MEDICAL

Limited Warranty

Current®+, Current Accel®, Fortify®, Promote®+, Promote Accel®, Promote® Q, Promote Quadra™, Unify®, Unify Quadra™ Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or
- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the Help Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100038734

December 2010
Artwork 40007945/A

Limited Warranty

Fortify® ST Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

VR and DR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or
- if the battery reaches its ERI voltage (as defined in the Help Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the Help Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

Cardiac Rhythm Management Division

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ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100047214

June 2011
Artwork 40008245/A

Limited Warranty

Confirm Rx™ Insertable Cardiac Monitor

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This Limited Warranty provides a credit for the replacement of the St. Jude Medical™ Confirm Rx™ Insertable Cardiac Monitor ("Device") if the Device fails to meet the written operating specifications due to defects in materials or workmanship as specified below.

Subject to the terms and conditions of this Limited Warranty, St. Jude Medical will provide a credit for the replacement of the Device if the Device fails to function within expected operation specifications (when used as intended under normal surgical conditions and in conformance with the instructions for its use and maintenance) due to defects in materials or workmanship during the first 2 years (24 months) after insertion.

- If the Device fails to function within expected operation specifications due to defects in materials or workmanship during the first 12 months after insertion, St. Jude Medical will issue a replacement credit for the full net purchase price of the original Device.
- If the Device fails to function within expected operation specifications due to defects in materials or workmanship during the remaining 13-24 months after insertion, St. Jude Medical will issue a replacement credit for 50% of the net purchase price of the original Device on a sliding scale to the date of replacement over this 12-month period.

Additionally, for replacements made and covered under this Limited Warranty, St. Jude Medical will reimburse the patient up to $600 for reasonable, unreimbursed out-of-pocket medical expenses associated with the replacement procedure. In such cases, the St. Jude Medical Warranty Department will contact the patient or an authorized representative. To qualify for the reimbursement, the patient or an authorized representative must submit any additional documentation reasonably requested by St. Jude Medical in connection with the out-of-pocket expenses for review and approval.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

OTHER IMPORTANT TERMS, CONDITIONS, AND LIMITATIONS

The following additional conditions apply to any of the above warranty coverages under this limited warranty:

This warranty applies only for a St. Jude Medical device replacement in the original patient.

The credit may only be used toward the purchase of an equivalent or functionally equivalent St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342 or other designated St. Jude Medical location within forty-five (45) days after removal from the patient.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device or any other usage not conforming with the instructions for its use and maintenance.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

THIS WARRANTY IS IN LIEU OF, AND ST. JUDE MEDICAL HEREBY DISCLAIMS AND EXCLUDES, ALL OTHER WARRANTIES, REPRESENTATIONS, OR CONDITIONS, WHETHER EXPRESS OR IMPLIED BY OPERATION OF LAW OR OTHERWISE, INCLUDING BUT NOT LIMITED TO , ANY IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, COURSE OF DEALING, QUIET ENJOYMENT, OR FITNESS FOR A PARTICULAR PURPOSE.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY INDIRECT, SPECIAL, COVER, PUNITIVE, CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES DIRECTLY OR INDIRECTLY ARISING FROM THE USE OF OR RELATED TO THE DEVICE. SJM'S SOLE LIABILITY AND YOUR SOLE REMEDY RELATED TO THE DEVICE IS THE CREDIT DESCRIBED IN THIS LIMITED WARRANTY. IN NO EVENT SHALL ST. JUDE MEDICAL BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY CLAIM OR DAMAGES, HOWEVER ARISING, IN AN AMOUNT THAT EXCEEDS THE DEVICE PURCHASE PRICE.

Some states do not allow limitations on how long an implied warranty lasts or the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

THE ABOVE DISCLAIMERS AND LIMITATIONS SHALL BE CONSTRUED TO COMPLY WITH APPLICABLE LAW AND THIS LIMITED WARRANTY SHALL BE REFORMED ACCORDINGLY AS NECESSARY TO COMPLY WITH APPLICABLE LAW.

This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

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January 2017
ARTEN100154645 A

ST. JUDE MEDICAL

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

Limited Warranty

SJM Confirm™ Implantable Cardiac Monitor

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® SJM Confirm™ implantable cardiac monitor ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the first 18 months after date of implant.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 55°C or below -10°C , improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

Artwork 40005002/A
PN 40005002-001

Limited Warranty

Implantable Cardiac Defibrilation Leads

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical implantable cardiac defibrillation lead ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the lifetime of the patient.

If the Device fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical Device. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342, within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. If removal of

the Device is not feasible, the proximal portion should be cut off and returned to St. Jude Medical. ECGs, xrays, or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

40005257

April 2014
Art 40005258 rev B

ST. JUDE MEDICAL

Limited Warranty

Implantable Cardiac Pacing Leads

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical implantable cardiac pacing lead ("Device") fails to function within expected operating specifications due to defects in materials or workmanship during the lifetime of the patient.

If the Device fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical Device. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device. Additionally, reasonable unreimbursed medical expenses of up to five hundred dollars ($500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical to pay reasonable unreimbursed medical expenses shall be limited to $500.00 even if both the lead and the pulse generator are replaced.

ST. JUDE MEDICAL DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical device.

The Device must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical, 15900 Valley View Court, Sylmar, CA 91342, within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. If removal of

the Device is not feasible, the proximal portion should be cut off and returned to St. Jude Medical. ECGs, xrays, or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical will analyze the Device and determine whether it qualifies for warranty coverage.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical.

All Devices returned to St. Jude Medical become the property of St. Jude Medical.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

sjm.com

60020700

April 2014
Art 60020701 rev B

ST. JUDE MEDICAL

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Replacement Credit Policy

RIATA™

The purchaser must comply with the terms and conditions in this document for this Replacement Credit Policy to apply.

Any Riata™ series implantable cardiac defibrillation lead that fails to function because of a defect in materials or workmanship within five (5) years of the date of implantation is covered under this Replacement Credit Policy. The liability of St. Jude Medical CRMD under this Replacement Credit Policy for any of its Riata series implantable cardiac defibrillation leads shall be limited to: (1) replacement with a similar or functionally equivalent St. Jude Medical CRMD implantable cardiac defibrillation lead, or (b) credit equal to the original purchase price to be applied towards the purchase of a similar or functionally equivalent St. Jude Medical CRMD replacement lead. The decision as to product replacement or credit shall be made solely at the discretion of St. Jude Medical CRMD. Additionally, reasonable unreimbursed medical expenses of up to six hundred dollars ($600.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical CRMD to pay reasonable unreimbursed medical expenses shall be limited to $600.00 even if both the lead and the pulse generator are replaced.

THIS REPLACEMENT CREDIT POLICY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

EXCEPT AS EXPRESSLY PROVIDED BY THIS REPLACEMENT CREDIT POLICY, ST. JUDE MEDICAL CRMD SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES CAUSED BY DEVICE MALFUNCTION, FAILURE, DEFECT, IMPROPER HANDLING, IMPROPER IMPLANTATION, OR MATERIAL ALTERATION, WHETHER THE CLAIM IS BASED ON WARRANTY, CONTRACT, TORT, OR OTHERWISE.

THE REMEDIES SET FORTH IN THIS REPLACEMENT CREDIT POLICY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

Other Terms and Conditions

This Replacement Credit Policy applies only to the original patient in whom the lead is implanted.

The Riata implantable cardiac defibrillation lead must be replaced by another St. Jude Medical CRMD cardiac defibrillation lead.

The explanted lead must have been implanted prior to its "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The explanted lead, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant/Patient Death Form. If removal of the lead is not feasible, the proximal portion of the lead should be cut off and returned to St. Jude Medical CRMD. ECGs, x-rays or other data indicating device malfunction are to accompany the returned lead.

Riata implantable cardiac defibrillation leads returned to St. Jude Medical CRMD for analysis become the property of St. Jude Medical CRMD.

This Replacement Credit Policy is expressly limited to products sold inside the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
15900 Valley View Court
Sylmar, CA 91342 USA
800/777-2237 818/362-6822

9193438-001

ST. JUDE MEDICAL
CARDIAC RHYTHM MANAGEMENT

Limited Warranty

Atlas® II HF & Atlas® II+ HF CRT-Defibrillators

Models V-365 and V-366

The purchaser must comply with the terms and conditions in this document for this limited warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Atlas® II HF or Atlas® II+ HF Tiered-Therapy Cardiac Resynchronization Therapy-Defibrillator ("Atlas II HF/Atlas II+ HF CRT-D") fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant. In addition, warranty coverage is provided for battery depletion as specified below.

If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 24 months, St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") will issue a full replacement credit. If the Atlas II HF/Atlas II+ HF CRT-D battery reaches its ERI voltage (as defined in the User's Manual) during months 25 through 48, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

If the Atlas II HF/Atlas II+ HF CRT-D fails during the warranty period and the purchaser has complied with the terms and conditions of this warranty, St. Jude Medical CRMD will issue a replacement credit to the hospital on behalf of the original patient for the purchase of a new St. Jude Medical CRMD defibrillator. In no event shall the amount of the replacement credit exceed the purchase price of the replacement device.

ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF AN ATLAS II HF/ATLAS II+ HF CRT-D FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD defibrillator replacement in the original patient.

The Atlas II HF/Atlas II+ HF CRT-D must be replaced by a St. Jude Medical CRMD device.

The Atlas II HF/Atlas II+ HF CRT-D must be implanted before the "USE BEFORE" date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Atlas II HF/Atlas II+ HF CRT-D must be returned to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with an Out-of-Service/Explant Report completed by the hospital or physician.

St. Jude Medical CRMD will analyze the Atlas II HF/Atlas II+ HF CRT-D and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacing or altering of the Atlas II HF/Atlas II+ HF CRT-D.

The purchaser must inspect the Atlas II HF/Atlas II+ HF CRT-D upon receipt. If the Atlas II HF/Atlas II+ HF CRT-D is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Atlas II HF/Atlas II+ HF CRT-D and it is promptly returned to St. Jude Medical CRMD.

All Atlas II HF/Atlas II+ HF CRT-D devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

PN 60015030-001
Artwork 60015030/002

Limited Warranty

Current ®+ DR Model CD2211, Current + VR Model CD1211, and Promote® + Model CD3211 Tiered-Therapy Defibrillators

The purchaser must comply with the terms and conditions in this document for this Limited Warranty to apply.

This limited warranty is available for a full replacement credit if the St. Jude Medical® Tiered-Therapy Defibrillator ("Device") fails to function within expected operating specifications due to defects in materials or workmanship, or due to battery depletion as specified below.

Additionally, reasonable unreimbursed medical expenses of up to two thousand five hundred dollars ($2,500.00) associated with that replacement are offered for the benefit of the patient. The obligation of St. Jude Medical Cardiac Rhythm Management Division ("St. Jude Medical CRMD") to pay reasonable unreimbursed medical expenses shall be limited to $2,500.00 even if both the lead and defibrillator are replaced.

Cardiac Resynchronization Therapy-Defibrillators ("CRT-D") Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 5 years (60 months) after date of implant, or

- if the battery reaches its Elective Replacement Indicator (ERI) voltage (as defined in the User's Manual) during the first 36 months after date of implant.

If the battery reaches its ERI voltage (as defined in the User's Manual) during months 37-60, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price of the original unit decreased on a pro rata daily basis to the date of replacement over this 24-month period.

DR and VR (Single and Dual Chamber) Devices

St. Jude Medical CRMD will issue a full replacement credit:

- if the Device fails to function within expected operating specifications due to defects in materials or workmanship during the first 7 years (84 months) after date of implant, or

- if the battery reaches its ERI voltage (as defined in the User's Manual) during the first 48 months after date of implant.

If the battery reaches its ERI voltage (as defined in the User's Manual) during months 49-84, St. Jude Medical CRMD will issue a replacement credit for 50% of the purchase price

of the original unit decreased on a pro rata daily basis to the date of replacement over this 36-month period.

> ST. JUDE MEDICAL CRMD DOES NOT WARRANT THE SUITABILITY OF A DEVICE FOR ANY SPECIFIC PATIENT, SINCE FITNESS FOR USE IS A MEDICAL DECISION.

> ST. JUDE MEDICAL CRMD WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INCIDENTAL OR OTHER DAMAGES PURSUANT TO OR AS A RESULT OF THIS WARRANTY.

> THIS WARRANTY REPRESENTS THE ENTIRE OBLIGATION OF ST. JUDE MEDICAL CRMD AND IS MADE IN LIEU OF ANY OTHER WARRANTIES WHETHER EXPRESSED OR IMPLIED, INCLUDING MERCHANTABILITY.

> THE REMEDIES SET FORTH IN THIS WARRANTY WILL BE THE ONLY REMEDIES AVAILABLE TO ANY PERSON. NO PERSON HAS ANY AUTHORITY TO BIND ST. JUDE MEDICAL CRMD TO ANY WARRANTY OR REPRESENTATION EXCEPT THOSE SPECIFICALLY CONTAINED HEREIN.

Some states do not allow limitations on how long an implied warranty lasts, so the preceding limitation may not apply to you. Some states do not allow the exclusion of incidental or consequential damages, so the preceding limitation or exclusion may not apply to you.

OTHER TERMS AND CONDITIONS

This warranty applies only for a St. Jude Medical CRMD Device replacement in the original patient.

The Device must be replaced by a St. Jude Medical CRMD device.

The Device must be implanted before the “USE BEFORE” date marked on the package.

The completed Implant/Patient Registration Form should be returned to St. Jude Medical CRMD within forty-five (45) days of device implant.

The Device, in whole or in part, must be returned for analysis to St. Jude Medical CRMD, 15900 Valley View Court, Sylmar, CA 91342 within forty-five (45) days after removal from the patient along with a completed Out-of-Service/Explant Report completed by the hospital or physician. ECGs, x-rays or other data indicating device malfunction are to accompany the returned Device.

St. Jude Medical CRMD will analyze the Device and determine whether it qualifies for warranty coverage. No credit allowance will be made where there is evidence of improper handling, exposure to temperature above 60°C or below -20°C, improper storage, subjection to shock or electrical abuse, defacement or alteration of the Device.

The purchaser must inspect the Device upon receipt. If the Device is received in a damaged condition, St. Jude Medical CRMD will replace it at no charge to the purchaser if the damage is reported to St. Jude Medical CRMD within fifteen (15) days of receipt of the Device and it is promptly returned to St. Jude Medical CRMD.

All Devices returned to St. Jude Medical CRMD become the property of St. Jude Medical CRMD.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty is expressly limited to products sold in the United States and its territories.

St. Jude Medical
Cardiac Rhythm Management Division
Sylmar, CA 91342 USA
800 777-2237 818 362-6822

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

100018431
May 2009
Artwork 60024751/A

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

Warranty Claim Processing Form for Normal Battery Depletion - CRM (U.S. Only)

Please fill out this form completely. Missing information may result in delay or no credit. Please submit this form to:

Abbott Warranty Department
Fax: 818-362-7932 or Email: SYWarrantyDept@abbott.com

PRODUCT INFORMATION:	
Original Device Model No.:	Serial No.:
Original Device Implant Date:	Original Device Explant Date:
Replacement Model No.:	Replacement Serial No.:
Explanting Hospital:	City: State:
Physician Name:	

Attach the Following Documentation:

1. **FastPath® Summary documenting battery status/voltage AND**
2. **Returned Device Information Form (or similar document)**

The device must be returned to:

Abbott
Attn: Returned Goods Dept
15900 Valley View Court
Sylmar, CA 91342

REQUESTOR INFORMATION:	
Requester's Signature:	Date:
Print Name and Title:	
E-mail:	Phone No.:

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

Competitive Standard Warranty Match

Abbott is committed to providing physicians and patients with lasting therapeutic benefits. In support of that goal, Abbott will match competitors' warranty terms for patients receiving an Abbott product upon a physician's decision that replacement of the competitive product is medically necessary.

The guidelines of this program are as follows:

- Patient's existing competitor device (i.e. non-Abbott) which has documented warranty balance (pro-rated or full), will be removed due to a warrantable event, and will be replaced with an Abbott device.
- Abbott will provide the purchasing hospital with a match of the competitor's warranty balance via a credit against the net purchase price of the replacement device, calculated according to the terms of the original manufacturer's warranty.
- Unreimbursed medical expenses can be provided to patients as specified within the competitive device warranty.

Information to be Completed and Submitted for Competitive Warranty Match

Competitive Model/Serial #: _____

Competitor's Warranty Term (Years): _____

Date of Original Implant: _____

Warrantable Event with Competitor Device: _____

Model/Serial # of Implanted Abbott Device: _____

Date of Abbott Device Implanted: _____

Abbott Representative's Name: _____

Implanting Hospital Name: _____

Abbott Customer #: _____

EP/Cath Lab Director Signature: _____

Physician Signature: _____

EP/Cath Lab Director or Physician has verified that the competitive device qualifies for standard warranty coverage from the original device manufacturer.

Fax or e-mail the form to Abbott's Warranty Department: (818) 362-7932 or SYWarrantydept@abbott.com

Terms:

1. Abbott, at its discretion, will provide the patient with unreimbursed medical expenses resulting from the replacement surgery, exclusively for the benefit of a patient having a competitive device explanted, given that all of the following conditions are met:

   a) The explanted device must qualify for warranty coverage as stated in the manufacture's original warranty.

   b) The original manufacturer's warranty must include a provision for unreimbursed medical and the Abbott credit does not exceed that limit.
2. Claims must be submitted through the Abbott representative.
3. Abbott reserves the right to discontinue this program at any time without prior notice.

Abbott
Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

SYWarrantyDept@Abbott.com

Dear Patient,

This letter is intended to provide you with general information about Abbott's U.S. limited warranty and an overview of the warranty process.

Abbott offers a limited warranty for your Abbott cardiac device. There are two parts to the limited warranty:

1) Abbott may issue a warranty credit to the purchasing hospital to be applied against the cost of your new Abbott device, and
2) Abbott may reimburse you for certain unreimbursed medical expenses incurred as a result of your replacement procedure that your insurance does not cover.

Qualifying for Warranty Credit

In order to qualify for warranty credit, all the terms of the limited warranty must be met, including but not limited to the following:

1) The replacement device must be an Abbott device.
2) The device must be removed within the warranty period. The warranty period is dependent on the specific warranty for the removed device.
3) The **hospital must return** the removed device, within 45 days from your replacement procedure, to Abbott (located in Sylmar, California).
4) Abbott will then analyze the product. The analysis must confirm the product was not functioning in a manner consistent with its intended operation and performance due to the quality of material or workmanship within the warranty period. If the limited warranty allows for coverage of normal battery depletion, then the analysis must confirm, that at the time of the replacement procedure, the device had reached the "elective replacement indicator" time.

Elibility for Unremimbursed Medical Expenses ("UMEs")

If it is determined that all of the terms of the limited warranty were met, you may be eligible for reimbursement of certain medical expenses not covered by insurance, up to the maximum allowed by the specific product warranty.

Abbott's Warranty Department will mail you notification if you qualify for the limited warranty and will provide you with the Uninsured Expenses Worksheet, which contains instructions on how to file a claim. You will then be able to file a claim for UMEs related to your replacement procedure

Abbott

PATIENT'S RESPONSIBILITY:

You must follow the following process:

- **Complete and submit the Uninsured Expenses Worksheet** (included in the packet you will receive from Abbott)
- **Submit copies of your itemized final medical bills,** which should reflect insurance has been billed and what insurance has covered; and
- **Submit copies of your explanation of benefits (EOBs)** received from your insurance**.**
- **Send the documenation to:**

  Abbott
  Attn: Warranty Department
  P.O. Box 9221
  Sylmar, CA 91392-9911

Upon receipt of your documentation, Abbott will review and process the qualifying UMEs, up to to the maximum allowed under the warranty. Please note that incomplete or illegible documenation will delay the process.

If I qualify for the limited warranty, what will Abbott reimburse?

Reimbursement of UMEs is specific to the date of the actual replacement surgery, which may include one visit before and one visit after the replacement procedure.

How Will I Receive Payment?

Abbott will send you a check for your qualifying UMEs. Please note that you are responsible for paying any outstanding expenses owed to healthcare providers.

The process can take four to six weeks from the time your completed information is received.

If you have any questions regarding the warranty process, please contact us at: 800-423-5611, Option 6. Our staff is available to take your call Monday through Friday from 7:00 a.m. to 4:30 p.m. Pacific Time.

Sincerely,

Warranty Claims Department

RETURN

Abbott Medical
15900 Valley View Court
Sylmar, CA 91342 USA
1 800 777 2237
1 818 362 6822

CONFIDENTIAL

Removed Device Information

For the safety of our employees, we request that all devices be enclosed in a protective cover.
Please Print or Type

Abbott

Patient _____ (Last Name) (First Name) (Middle Initial)

Social Security # _____ Date of Birth _____

Explanting Physician _____ (Last Name) (First Name) (Middle Initial)

Hospital _____

Address _____ (Street) (City) (State) (Zip Code)

Person to contact for further information. (When applicable, the explanting physician will receive information resulting from analysis of returned product, unless another name is specified below.)

_____ Name (please print legibly)

_____ Form Completed by Date

Phone (_____) _____

	Model	Serial	Date Implanted	Not Implanted	Removed	Capped	Date
Removed Pulse Generator				☐	☐	☐	
A				☐	☐	☐	
RV				☐	☐	☐	
LV				☐	☐	☐	

REASON(S) FOR REMOVAL/RETURN [Check ✓ appropriate box(es) and/or provide relevant comments]

Pulse Generator/ICD

- ☐ Back-Up Operation
- ☐ Capture Anomaly: ☐None ☐Intermittent
- ☐ Elective Replacement (describe below)
- ☐ ERI/EOL
- ☐ High Pacing Threshold
- ☐ Inappropriate Shock
- ☐ Microprocessor Reset
- ☐ Noise: ☐A ☐RV ☐LV
- ☐ Output Anomaly: ☐None ☐Intermittent
- ☐ Opened in Error
- ☐ Sensing Anomaly: ☐Over ☐Under ☐Intermittent
- ☐ Set Screw Anomaly
- ☐ Telemetry: ☐None ☐Intermittent
- ☐ Unable to Implant: ☐PT Related ☐Product Related
- ☐ Upgrade
- ☐ Programming: ☐None ☐Intermittent
- ☐ High DFT

Comments _____

Lead(s)

A	RV	LV	
☐	☐	☐	Capture Anomaly ☐None ☐Intermittent
☐	☐	☐	Clavicular Crush
☐	☐	☐	Connector Pin Bent
☐	☐	☐	Dislodgement
☐	☐	☐	Elective Replacement (describe below)
☐	☐	☐	Guidewire
☐	☐	☐	Helix: ☐Extension ☐Retraction ☐Damaged
☐	☐	☐	High Pacing Threshold
☐	☐	☐	Inappropriate Shock
☐	☐	☐	Insulation Anomaly
☐	☐	☐	Lead Impedance: ☐High ☐Low
☐	☐	☐	Lead Fracture
☐	☐	☐	Noise
☐	☐	☐	Opened in Error
☐	☐	☐	Sensing Anomaly: ☐Over ☐Under ☐Intermittent
☐	☐	☐	Shock Impedance: ☐High ☐Low
☐	☐	☐	Stylet
☐	☐	☐	Unable to Implant: ☐PT Related ☐Product Related

Comments _____

Patient/System Interface

- ☐ Exit Block
- ☐ Erosion
- ☐ Infection
- ☐ Muscle Stimulation
- ☐ Myopotential Oversensing
- ☐ Patient Death (Date _____)

Cause of death _____

☐ Does the Physician allege that the device may have caused or contributed to the event? If yes, contact Technical Services.

Comments _____

PLEASE ENCLOSE ALL RELEVANT ECGs, PROGRAMMER PRINTOUTS, ACCESSORIES, DOCUMENTS, ETC.

MEASUREMENTS FROM REMOVED/REPLACED LEADS AT TIME OF PROCEDURE

Test Device _____

	Stimulation Threshold:	Sensing Amplitude:	Measured Impedance:
A	_____	_____	_____
RV	_____	_____	_____
LV	_____	_____	_____

Device was exposed to:

- ☐ Electrocautery
- ☐ Defibrillation/Cardioversion
- ☐ Other: _____

REPLACEMENT DEVICES

	Model	Serial
PG/ICD	_____	_____
A	_____	_____
RV	_____	_____
LV	_____	_____

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 – Option 6

Requesting CRM Warranty Reports

Upon written request, Abbott's warranty department will provide the Health Care Provider (HCP) with a monthly or quarterly report of their registered Abbott explanted devices and/or warranty credits.

Your request must include:

- ✓ A statement indicating you are an authorized representative of the listed HCP(s) and that you are authorized to make the request on their behalf
- ✓ A statement indicating the purpose of the request (e.g. account reconciliation for compliance with regulations)
- ✓ The complete name and address of each facility from which data is sought
- ✓ The type of report requested
- ✓ Date range and frequency of report (i.e. monthly or quarterly)
- ✓ A contact name for approval and verification of authorized recipients for current and future requests; provide name, title and contact information
- ✓ A complete list of authorized report recipients, including name, title and contact information (e-mail and phone number). Physical address must also be provided for Third-Party recipients.

  Transmission of Reports to Third Party on Behalf of HCPs: Reports to a third-party may only be made, upon written request by the HCP. In addition to the elements listed above, the request must include:

  - ✓ A statement that the transmission of the requested data to the third party is in compliance with all applicable laws and regulations including but not limited to HIPAA and that the HCP and third party have and will maintain an active Business Associate Agreement at all times covered by this request.

Note: If the request is for a hospital system, all authorized recipients will receive the report, unless specified otherwise in writing by the customer.

☑ Send request to Warrantyreporting@abbott.com

SAMPLE

RETURN

Abbott

CREDIT MEMO

Confidential - **DUPLICATE / REPRINT**

Abbott Laboratories Inc
6300 Bee Cave Road Bldg Two, Ste 100
Austin TX 78746

For Inquiries: 1-800-654-6910 (Accounts Receivable)
1-855-478-5833 (Customer Service)

Bill To: 100009999

HOSPITAL REGL MED CTR
ATTN: ACCOUNTS PAYABLE
PO BOX 123123
YOUR CITY ST 12345-6789

Remit To: Abbott Laboratories Inc
22400 Network Place
Chicago IL 60673-1224

Our GLN: 5414734000017
Payer: 100009999

Sold To: 100009999 / 12345684486
HOSPITAL REGL MED CTR
1234 STREE BLVD
YOUR CITY ST 12345-6789

Ship To: 100009999
HOSPITAL REGL MED CTR
1234 STREE BLVD
YOUR CITY ST 12345-6789

Our Remit To GLN: 5414734000123
Our Tax ID: 36-4184946

INVOICE: 9300123456	INV. DATE: 02/17/2018	TERMS: Net 30 DAYS
SALES ORDER: 7005123456	SHIP DATE:	PURCHASE ORDER: 100123456-0-DMHR
SHIP TERMS: standard	SHIP VIA:	BILL OF LADING:

LINE #	MATERIAL/MODEL #	Sales Person	UM	QTY	TAX	PRICE	TOTAL PRICE
20	100080404 CD2357-40C	C WARRANTY	EA	-1.000	0.00	$ USD	$- USD

CD2357-40C FortifyAssura DR_ICD_U_PR

Serial Numbers :
9191111

Currency: USD

SubTotal: $- USD
Total Tax: 0.00
Invoice Total: $- USD

The above amount is credited to your account.

ADVISORY CREDIT
ORIG. MODEL: CD2357-40C 9191111
PT: SMITH, JANE
DOS: 01/28/18
REPLACEMENT MODEL: CD2357-40C 1111991

General Invoice Discount/Rebate/Price Reduction/Warranty Disclosure for Buyers

The prices for items reflected on this invoice may include discounts, credits, warranty credits or other price reductions, and may be subject to subsequent rebates or other price reductions or adjustments (collectively Reductions in Price). The items reflected in this invoice may also be part of a bundled sale arrangement, whereby the receipt of goods at a reduced or no charge is conditioned upon the purchase of other goods reflected in this and/or another invoice or document. Buyer may have an obligation to report, in its cost reports or claims submitted for reimbursement, and provide to federal or state agencies, information concerning any Reductions in Price, pursuant to 42 U.S.C. 1320a-7b(b)(3)(A) (the discount exception to the Anti-Kickback Statute (AKS)), 42 C.F.R. 1001.952(h) (the discount safe harbor to the AKS), 42 C.F.R 1001.952(g)(the warranty safe harbor to the AKS), other federal orstate laws, and/or agreements with third-party payers. Buyer may contact Abbott Laboratories Inc. to request additional detailed information which Buyer may need to comply with such obligations. Buyer should retain this invoice and any other documentation regarding Reductions in Price from Abbott Laboratories Inc. and make such information available to federal or state health care programs upon request and as required by law or regulation.

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342-3577 USA
Tel 800 423 5611 - Option 6
Fax 818 362 7932

01/16/2019

PATIENT SMITH
123 STREET LN
YOUR CITY, STATE 54321-0001

Removed/Replaced Device(s): Model No: CD1357-40Q Serial No: 1212123
Replacement Device(s): Model No: CD1357-40Q Serial No: 1212123

Dear PATIENT:

As an initial matter, we want to inform you that St. Jude Medical has recently been acquired by Abbott, in case there is any confusion about why we are now referring to ourselves as Abbott in our letterhead. As a result of your recent device replacement, you are eligible for reimbursement of uninsured medical expenses under the terms of the Limited Warranty. Pursuant to these terms, you qualify for a maximum benefit of $USD. Please use the enclosed worksheet and postage paid envelope to provide information concerning your medical expenses relating to your procedure on 12/09/2018 at HOSPITAL XYZ.

Uninsured medical expenses are defined as those portions of your doctor and hospital bills that Medicare and/or other insurance carriers have not paid. Medical expenses must be related directly to the device replacement surgery on 12/09/2018 at HOSPITAL XYZ. Copies of all Final bills and associated Explanation of benefits statement(s) issued by Medicare and/or supplemental insurance carrier(s) must be provided before your claim can be processed.

Please send the completed form, along with all the requested documentation, to Abbott, c/o Warranty Claims Department, 15900 Valley View Court, Sylmar CA 91342-3577.

Sincerely,

Warranty Claims Department

Abbott

Warranty Department
15900 Valley View Court
Sylmar, CA 91342

Reimbursement Policy

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Hospital: _____

What Medical Expenses Will Abbott Cover?

Abbott will reimburse for medical expenses directly related to your implantable device and/or lead replacement. These expenses include hospital, physician services, anesthesiology, radiology, etc.

Personal expenses ARE NOT COVERED.

1. To file a claim, your bills first must be submitted to your insurance carrier for coverage determination. Your insurance carrier will send you an Explanation of Benefits (EOB) statement showing what they did or did not pay.
2. Next complete, sign and return the top (white) copy of this Uninsured Expenses Worksheet along with copies of your EOB statements and associated itemized medical bills to Abbott. You may keep the yellow copy for your records.

When Abbott receives all the necessary information, your reimbursement claim will be processed. You will be reimbursed for qualified unreimbursed medical expenses that are not covered by primary or secondary insurance. Abbott will send the reimbursement check directly to you.

For questions concerning Abbott's Reimbursement Policy call: 1-800-423-5611, option 6.

UNINSURED EXPENSES WORKSHEET

Enclosed are all medical bills and insurance documents relating to my claim for reimbursement of uninsured medical expenses.

☐ Itemized below are all claims I have made to and/or reimbursements I have received from my insurance carrier(s), including Medicare: _____
(indicate company name(s))

☐ Itemized below are all claims of medical expenses I have incurred. I do not have private insurance nor do I have Medicare.

PHYSICIAN / HOSPITAL NAME	AMOUNT BILLED	AMOUNT PAID BY MEDICARE	AMOUNT PAID BY OTHER INS.	UNPAID BALANCE
TOTAL				

I understand that according to the terms of the Reimbursement Policy I am eligible for reimbursement of uninsured medical expenses. Uninsured medical expenses are defined as those portions of replacement surgery-related bills that were not paid by Medicare and/or other insurance carriers.

_____

Patient Signature Date

Abbott
One St. Jude Medical Dr., St. Paul, MN 55117 USA, Tel: 1 651 756 2000
Abbott.com

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

MAT-1901596 v.2 | Item approved for U.S. use only.

Abbott