EUROPEAN CLOUD PLATFORM CLINIC ENROLLMENT FORM FOR **MERLIN.NET™ PATIENT CARE NETWORK (PCN)**

Incomplete and handwritten forms will not be accepted. Forms must be electronically filled out and submitted by an Abbott Representative. Please contact your local Abbott Representative for assistance. * Indicates mandatory fields.

DATE: YYYY / MM / DD

*ABBOTT REPRESENTATIVE: REP NUMBER:

TELEPHONE: *EMAIL:

CLINIC INFORMATION

*NAME OF CLINIC OR GROUP (30 CHAR. LIMIT):

CLINIC BUSINESS PARTNER/ACCOUNT NUMBER:

*ADDRESS 1:

ADDRESS 2:

POSTAL CODE: *CITY: *COUNTRY:

*TELEPHONE: *LANGUAGE: *** Select Language ***

FRANCE CLINICS ONLY LIFEN CLINIC ID:

PROSANTE NATIONAL IDENTIFIER:

CLINIC TYPE

◉ IMPLANTING ONLY CENTER

Allows staff at **"Implanting Only" Centers** to:

1. Enroll newly implanted patients **without receiving transmissions or alerts**.
2. Transfer patients to associated Referring Centers after implant.

○ REFERRING CENTER

Allows staff at **"Referring" Centers** to:

1. Enroll new patients, receive transmissions and alerts.
2. Request patient transfers into their account from associated Merlin.net PCN clinics.
3. View patients awaiting transfer into their Merlin.net PCN clinic from another Merlin.net PCN clinic.

ASSOCIATED MERLIN.NET PCN CLINICS

Clinic associations allow easy transfer of patient profiles to other Merlin.net PCN clinics. If this Merlin.net PCN clinic will be transferring patient profiles to or from specific Merlin.net PCN clinics, enter the name of those Merlin.net PCN clinics and a user ID from each.

1. MERLIN.NET PCN CLINIC NAME: MERLIN.NET PCN USER ID:

2. MERLIN.NET PCN CLINIC NAME: MERLIN.NET PCN USER ID:

3. MERLIN.NET PCN CLINIC NAME: MERLIN.NET PCN USER ID:

MERLIN.NET PCN SYSTEM ADMINISTRATOR

*FIRST NAME: *LAST NAME:

TELEPHONE: *EMAIL: *** Can not be an @abbott.com email address ***

Note: The Merlin.net PCN system administrator will be emailed a User ID and password, and will be responsible for adding additional clinic users.

PLEASE EMAIL THIS CLINIC ENROLLMENT FORM TO **MERLIN_CC_PRD_MAILS@ABBOTT.COM**. SUBMIT
Please allow approximately 1-2 business days to process the form.

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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.