## CLINIC ENROLLMENT FORM FOR MERLIN.NET™ PATIENT CARE NETWORK (PCN)

Email: syconnectivity@abbott.com Fax To: 1-800-918-8111

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Thank you for your interest in the St. Jude Medical Merlin.net<sup>™</sup> Patient Care Network (PCN). In order to enroll, please complete this form with your Merlin.net<sup>™</sup> PCN Field Representative.

CLINIC INFORMATION				
NAME OF CLINIC OR GROUP (30 Char. Limit):				
PRIMARY ADDRESS:				
CITY: STATE	:: ZIP:			
TELEPHONE:	FAX:			
CLINIC TYPE				
PLEASE SELECT THE TYPE OF CLINIC: IMPLANTING ONLY REFERRING  Allows procedure staff at 'Implanting Only' centers to:  1. Enroll newly implanted patients without receiving transmissions or alerts.  2. Request routine patient transfers into their account from implanting centers.  3. View patients awaiting transfer into their Merlin.net PCN clinic from another account.				
ASSOCIATED SITES				
Site associations allow easy transfer of patients to other sites. If this site is to be associated with others, include a site name and Merlin.net PCN user from the associated account.				
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				
MERLIN.NET PCN SYSTEM ADMINISTRATOR:  TELEPHONE: EMAIL:  Note: The Merlin.net PCN system administer will be emailed a username and password, and will be responsible for adding additional clinic users.				
	REP NUMBER:			

## PLEASE FAX OR EMAIL THIS CLINIC ENROLLMENT FORM TO THE CONTACT INFORMATION PROVIDED ABOVE.

## Rx Only

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. Unless otherwise noted TM indicates that the name is a trademark of, or licensed to, St. Jude Medical or one of its affiliates.