



MEDTRONIC POLICY

Medtronic MiniMed contracts for a variety of consulting services to further our strategic business interests, training on our products and therapies, and development of those products and therapies, participating in focus groups. Depending on funding availability, selection of services and providers is based on such criteria as business priorities, quality and thoroughness of the proposal, and consultant qualifications. Consulting arrangements between Medtronic and Health Care Professionals will comply with Medtronic's Business Conduct Standards and the AdvaMed Code of Ethics.

This Consulting Services Request Form should be used for Consulting service proposals (except for research related consulting services), including training and education provided by the Consultant, a Consultant's participation on Medical Advisory Boards, speaking events normally covered by honoraria, and general consulting work.

DOCUMENTATION

Medtronic MiniMed requires that the form be complete and all supporting documents be present before review. Please:

- Read through this Consulting Services Form to understand the information and documents necessary for submission.
- Fill out this Form completely; and gather all documents required by the Form.
- Submit the completed Form and supporting documents by e-mail, fax, or mail to the MiniMed Contract/Grant Administrator.

PROCESS

1. The MiniMed Contract/Grant Administrator will be the point of contact for any questions related to this process and application.
2. If this submission is incomplete or additional information is required the Administrator will be responsible for contacting the Applicant or the sponsoring Medtronic MiniMed employee to obtain more information
3. All proposals will be reviewed by the Medtronic MiniMed Consulting and Training Committee.
4. The Medtronic MiniMed Contract/Grant Administrator will provide notification of Medtronic MiniMed's decision.

Mail, email, or fax completed requests to:

Tracey Pirtle
Contract/Grants Administrator
Medtronic MiniMed
18000 Devonshire Street
Northridge, CA 91325-1219

Email: tracey.pirtle@medtronic.com
Fax: 818-678-6786
Phone: 800-646-4633 ext. 4406

CONSULTANT INFORMATION

Name: _____

Position/Title: _____

Primary institution: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative phone: _____

Fax: _____ Email address: _____

Compensation check should be payable to: _____

Tax I.D. (SSN or FEIN): _____

AGREEMENT INFORMATION

All agreements must be signed by the consultant and his/her institution unless the consultant is providing services on his/her own time and no institutional resources (i.e., lab, office space, equipment) will be used. Medtronic MiniMed will need written documentation from the institution confirming that it does not need to sign the agreement in those instances where the institution otherwise should be a party to the agreement.

- Consultant is a non-medical entity or individual Agreement is with medical individual only
 Agreement is with medical individual and institution Agreement is with medical institution only

Consultant must also provide a copy of any policy his/her institution has on employee consulting or ownership of Consultant's intellectual property.

Anticipated start date: _____ End date: _____

List any agreements Medtronic currently has with Consultant: _____

ADDITIONAL INFORMATION

Where will work be performed? Inside U.S. Outside U.S.

Specify country/countries: _____

Will software be developed under this agreement? Yes No

(If "Yes", explain under Scope of Duties)

Are publications anticipated as part of or following from the agreement? Yes No

Will Consultant use his/her institution's facilities to perform services? Yes No

SCOPE OF DUTIES

Describe in detail the activities to be provided by Consultant, including the appropriate context or background so that a person not familiar with the proposed activities can describe them in context. Failure to give appropriate background, detail and context will significantly slow the preparation of the proposed agreement.

Are periodic reports required? Yes No If "Yes", specify frequency (monthly, quarterly, etc.): _____
Is a final report required? Yes No

COMPENSATION

Proposed compensation:

\$ _____ per hour, not to exceed \$ _____ per day.

\$ _____ for completion of deliverables (specify deliverables below; these must correspond to duties outlined above.)

Other method of payment (specify): _____

For any duty that will involve costs beyond Consultant's time, e.g., Consultant will use a research assistant to summarize follow-up data for patients, a budget or itemized cost description must be provided.

Is Consultant requesting payment for the services from any other organization or entity? Yes No
If yes, please specify. _____

EXPENSES

Is Medtronic reimbursing travel expenses? Yes No

Will Consultant be paid for travel time? Yes No If "Yes", specify rate: \$ _____ per _____

Will Consultant be reimbursed for other expenses? Yes No If "Yes, specify: _____

EQUIPMENT

Is Medtronic supplying Medtronic devices and/or equipment to facilitate the work? Yes No

If "Yes", specify the devices/equipment to be provided (include specific names and model numbers): _____

Upon termination of the Agreement, the devices/equipment will be:

- Returned to Medtronic upon termination of agreement.
- Sold to Consultant(s) for \$_____
- Given to Consultant(s) as compensation for the duties listed above. (Note: if equipment is part of compensation, you must still determine and explain in detail the fair market value of the services and the retail value of the equipment.)

Medtronic Internal Use Only:

Date Submitted:

Date Proposal Was Complete:

Date of Committee Review:

Primary Reviewer:

File Owner:

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