

PLEASE COMPLETE ALL FIELDS

1) Patient Information and Condition

- a) Patient Name (Print First and Last Name) _____
- b) Date of Birth (DD/MM/YYYY) _____ / _____ / _____
- c) Gender: Male Female
- d) Estimated Start Date (DD/MM/YYYY) _____ / _____ / _____
- e) Estimated Length of Need: 2 months 3 months 4 months Other _____ months
- f) Patient Insurance Name _____ Patient Insurance Number _____
- g) Reason for LifeVest (Check one):

Ischemic etiology

- Recent MI (<40 days) with EF ≤35% without revascularization
- Recent PCI (<90 days) with EF ≤35%
- Recent CABG (<90 days) with EF ≤35%
- Newly diagnosed HF with EF ≤35% with ischemic etiology

Ejection Fraction (EF)

_____ %

Non-ischemic etiology

- Newly diagnosed HF with EF ≤35% with non-ischemic etiology
- Myocarditis or suspected myocarditis
- Peripartum cardiomyopathy

Ejection Fraction (EF)

_____ %

Other etiology

- Diagnosed or suspected cardiac genetic disease (Brugada Syndrome, Long QT Syndrome, etc.)
- Waiting for heart transplantation
- ICD explant and waiting for the re-implantation
- Delayed ICD implantation due to temporary clinical contraindications
- Other health condition with high risk of SCD not listed above

Please describe _____

2) LifeVest Settings (Enter value for each setting. Default value will be applied if left blank)

- | | | |
|--|--|---|
| a) VT heart rate threshold
Default: 150 BPM
<input style="width: 100px; height: 20px; margin-top: 5px;" type="text"/>
<i>(120-250 BPM, Increments of 10)</i> | b) VF heart rate threshold
Default: 200 BPM
<input style="width: 100px; height: 20px; margin-top: 5px;" type="text"/>
<i>(120-250 BPM, Increments of 10)</i> | c) Treatment energy
Default: 150 Joules, all five shocks
1 st _____ 2 nd _____ 3 rd _____ 4 th _____ 5 th _____
<i>(Increments of 25 between 75J and 150J)</i> |
|--|--|---|

- d) Patient wears implantable cardioverter/defibrillator (ICD) No Yes → Antitachycardia therapy is/was turned off?
- e) Patient wears pacemaker No Yes → Antitachycardia therapy is/was turned off?

3) Prescriber Information* (See footnote for data protection information)

- a) Prescriber's Designated Contact Person _____
- b) Contact Person's Phone Number _____
- c) **Prescriber Name** (Print First and Last Name) _____
- d) **Hospital/Institution** _____
- e) **Prescriber Signature — Do Not Stamp** _____
- f) **Signature Date** (MM/DD/YYYY) _____ / _____ / _____



- 1) Fill out the LifeVest Medical Order Form. Please note that **ALL FIELDS** must be completed and the prescription form must be **SIGNED AND DATED** by your physician
- 2) Send the Prescription Form to ZOLL by e-mail to **lifevest.uk@zoll.com**
- 3) Upon receipt of your completed prescription, you will be contacted by ZOLL to schedule an appointment with a patient service representative

* Data protection information

General information – Prescriber information is personal data (prescriber contact person's name, contact person's phone number, prescriber name, hospital/institution, prescriber signature and date). If a contact person is not the prescriber (but the prescriber provides their name), the prescriber should make sure to pass on this data protection information to the contact person.

Purposes and legal basis – We, the ZOLL Medical U.K. Ltd. process prescriber information for billing and reimbursement purposes as well as ensuring an efficient patient care and prescription process. The legal basis for this processing is our legitimate interest of providing comprehensive care and support regarding the LifeVest.

Disclosure/recipients – ZOLL Medical U.K. Ltd. will pass on prescriber information to ZOLL CMS GmbH in Germany in order to be able to carry out the medical order. ZOLL Services LLC in Pittsburgh (USA) and third party service provider partners may receive personal data for processing reasons based on and safeguarded by data processing agreements, respectively.

International data transfer – Personal data collected by ZOLL Medical U.K. Ltd. is maintained on ZOLL servers, which may be located outside Great Britain or the European Economic Area, particularly in the United States of America. Insofar we rely on the controller-to-processor standard contractual clauses for the transfer of personal data to third countries, as decided by the European Commission.

Duration of storage – ZOLL Medical U.K. Ltd. stores your personal data as long as we have a legitimate business interest to do so, generally as long as the respective prescription procedure is going on and in compliance with the statutory retention obligations arising therefrom.

Data protection rights – You have the right of access, the right to rectification, the right to erasure; the right to restriction of processing; the right to object; the right to lodge a complaint with the competent authority and – if applicable – the right to withdraw consent at any time.

Contact information – ZOLL Medical U.K. Ltd., 9 Seymour Court, Tudor Road, Manor Park, Runcorn Cheshire Way7 1Sy, UK, phone +44 (0) 1928 241695; ZOLL Medical U.K. Ltd. Data Protection Officer can be reached at Dataprotectioninquiries@zoll.com

