

## Medtronic Certificate of Free Health Care

**Note: A signed copy of this Certificate is required for any requests submitted to the Medtronic Spinal and Biologics business. Please attach this Certificate to your request prior to submission.**

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By checking the box below, I, the undersigned, certify that to the best of my knowledge, the treating physician(s), any other health care provider(s), and the facility(ies) at which care will be provided during this charitable mission will not charge the patients who receive the donated products, or any other third party, for any services or supplies related to the surgeries described in the request form.

I understand that if there are any such charges, including nominal charges based on ability to pay, that I must promptly notify Medtronic Spinal and Biologics, that Medtronic Spinal and Biologics will determine whether the charitable mission qualifies under its policies and, if not, that an exception to its policies will be required before this donation can be approved.

**Check this box to certify acceptance of the statement above:**

Print organization name	
Print your name	
Print title	
Phone number, including area code	
Signature	
Date	

If you have any questions about this Certificate, please notify the Medtronic Office of Ethics & Compliance by calling 763-505-2050 or by sending an email to [rs.grantsanddonations@medtronic.com](mailto:rs.grantsanddonations@medtronic.com).

## Medtronic Certificate of Compliance

**Note: A signed copy of this Certificate is required for any requests submitted to the Medtronic Spinal and Biologics business. Please attach this Certificate to your request prior to submission.**

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By checking the box below, I, the undersigned, certify that to the best of my knowledge, the following statements are true with respect to this request:

1. The receiving organization, its personnel, and I have not, implicitly or explicitly, solicited the requested donation in exchange for an agreement to purchase, use, order, or recommend Medtronic products.
2. No Medtronic representative implicitly or explicitly offered a donation to the receiving organization, its personnel, or me to purchase, use, order, or recommend Medtronic products or to reward prior purchases, uses, orders, or recommendations of Medtronic products.
3. The requested donation would not result in more than an incidental private benefit to a health care provider who uses, orders, or recommends Medtronic products.
4. All of the information included on and documentation attached to this request form by the requester and/or receiving organization is accurate.

**Check this box to certify acceptance of the statements above:**

Print organization name	
Print your name	
Print title	
Phone number, including area code	
Signature	
Date	

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