

# Omnipod<sup>®</sup> Insulin Management System

## Order Form

Please send completed form to UKPO@insulet.com or fax to 0800 029 3835

Insulet International Ltd, 1 King Street, 5th Floor, London, UK, W6 9HR | Omnipod-GB@insulet.com | www.omnipodeurope.com

I would like to order the following devices and consumables.

18916-5C PDM System Kit mmol/l Quantity: \_\_\_\_\_  
 19191 Omnipod<sup>®</sup> (Box of 10) Quantity: \_\_\_\_\_  
 40563 1x4 AAA Batteries Quantity: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Name of Insulet Territory Manager: \_\_\_\_\_

Pump Start Date: \_\_\_\_\_

Purchase Order Number /Reference Number: \_\_\_\_\_

### Invoices to be sent to:

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Delivery address of initial order:

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

### Further supplies will be ordered via the following method:

#### OPTION 1: By the Hospital attached to this account

The Hospital will order all supplies and distribute to the patient as required.

Yes  No

#### OPTION 2: Directly by patient via a personal account

An account will be set up in the individual patient's name and invoices will be sent to the Paying Trust / CCG as appropriate. The patient can order regular supplies of Pods (in boxes of 10).

Yes  No

#### OPTION 3: Regular deliveries by standing order as confirmed by CCG/ Hospital Trust

The CCG / Hospital Trust agree that the named patient receive from Insulet .....boxes of Pods (10 Pods per box) every .....months. This agreement will continue yearly until written instructions from the CCG / Hospital is received stopping the agreement. Discretion will be used if a request from the patient is received asking for an earlier delivery date for example in case of holiday or other period of absence.

Yes  No

#### Battery Guidance

	Initial order with Starter Kit	Pod re-orders only
1 month of Pods	1x 4 AAA Batteries	1 x 4 AAA Batteries
2 months of Pods	1x 4 AAA Batteries	2 x 4 AAA Batteries
3 months of Pods	2 x 4 AAA Batteries	3 x 4 AAA Batteries

Only if Option 2 or Option 3 is selected, please complete the information below and provide the attached document to the patient for them to read and sign at the bottom.

Patient Name: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Patient Delivery Address: \_\_\_\_\_

Pricing fixed as per Insulet Pricing Agreement or Framework Agreement.

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PATIENT USE ONLY:

### Insulet's use of your information

If you provide your consent at the bottom of this notice, Insulet Corporation and its affiliate Insulet International Limited (together ("Insulet", "we" or "us") will use personal data related to your use and ordering of the Omnipod<sup>®</sup> Insulin Management System to complete your order and, if you have questions, to provide ongoing product support and customer support. In particular, we need to process information concerning your health (e.g. details about your diabetes treatment).

We share personal data with our service providers that provide customer care services or other business operations for you, which will act only on our instructions, and with the members of the Insulet group of companies which use your personal data in accordance with this notice. We may also share your personal data with other third parties where explicitly required by law.

Our use and sharing of your personal data may involve the transfer, storage and processing of your personal data in a country outside the EEA. Some of these countries are regarded as not providing the same level of protection as in your country of residence, in which case we put in place safeguards (including approved contractual commitments) to ensure an appropriate level of protection for your personal data. We retain your personal data for as long as you are a customer of Insulet, and for a period after you are no longer a customer if necessary to meet our legal obligations, including regulatory obligations, and to exercise and defend our rights.

### Your rights

Please see our Privacy Policy at <https://www.omnipodeurope.com/assets/documents/EuPrivacyNotice.pdf> for more information about how we use your personal data. You have certain rights regarding the personal data we hold about you. You have the right to access a copy of your personal data, the right in certain circumstances to correct or delete the personal data we hold about you, and in other circumstances to restrict our use of your personal data or to receive a portable copy of your personal data in a reusable electronic format.

You also have the right to object to our use of your personal data, and can withdraw your consent to our receipt of your personal data at any time. If you would like to discuss or exercise any of these rights, please contact us using the contact information set out below.

### Contact Us

For more information about how we use personal data, please see our privacy notice at <https://www.omnipodeurope.com/assets/documents/EuPrivacyNotice.pdf>. If you have questions or concerns regarding the way in which your personal data has been used, please contact our Data Protection Officer at [dataprivacy@insulet.com](mailto:dataprivacy@insulet.com). If you believe that we have not been able to assist with your complaint or concern, you may have the right to make a complaint to the data protection authority of your country of residence.

### Direct Marketing

Insulet would love to send you emails and text messages about our products. If you do not wish to receive these messages, you can **opt out** by checking this box .

You can also unsubscribe at any time by clicking 'unsubscribe' in any email you receive.

### Consent

By entering your name, date and signature below, you are providing your express consent to the use of your health data described above. You can withdraw your consent at any time by contacting us. You also acknowledge that this consent is voluntary, and that your personal data will be handled in the manner described above.

If you do not wish to consent, please note that Insulet will not be able to provide you with the products and with ongoing support.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_