

Patient Consent Form Merlin.net™ Patient Care Network

CONSENT TO ABBOTT'S USE OF YOUR PERSONAL INFORMATION FOR ADDITIONAL PURPOSES

In addition to the uses for your personal information described in clinic's "Merlin.net Privacy Notice", Abbott requests consent for the following described purposes. You are being requested to provide your explicit consent for the use of your personal information by Abbott.

Abbott requests your consent to use de-identified, pseudonymised, aggregated and/or anonymised data for the following purposes:

- to evaluating how Merlin.net services are provided and used and their effectiveness (including demographic information, such as geography)
- to develop and test medical devices other than those relating to Merlin.net for product development, data analysis, statistical and survey purposes

For these uses, Abbott removes your name from the data and takes measures to de-identify, pseudonymise, aggregate and/or anonymise data from your personal information on Merlin.net. In addition to removing your name, Abbott also removes your address, phone number and email address when conducting this data analysis. Abbott takes steps to ensure that there is no reasonable basis that the de-identified, pseudonymised, aggregated and/or anonymised data can be used to identify you individually.

YOUR CONSENT

By signing this Form, you agree to the use of your personal information by Abbott for the purposes set out above. This Form will not expire, and your information will be collected in Merlin.net until such time that your clinic removes your patient profile from Merlin.net. If you withdraw consent, information already collected in Merlin.net will continue to be used as described in the Merlin.net Privacy Notice and this consent form.

CONSENT

I have read and understand the contents of this Form and agree to the use of my personal information by Abbott as described above. I am aware that I may withdraw my consent at any time.

You may contact your clinic to withdraw consent for Abbott's use or you may contact Abbott directly via email at privacy@abbott.com. Alternatively, you may write to us at: Attn: Privacy Officer, Abbott, 1 St. Jude Medical Dr., St. Paul, MN 55117, USA.

If I do withdraw my consent, I understand that it may take a reasonable amount of time to communicate that to Abbott and for Abbott to effectively stop using my information. In such a case, I understand that Abbott will stop using my personal information for the purposes indicated in this Form unless Abbott is otherwise required to do so for legal or compliance reasons as described in the Merlin.net Privacy Notice.

The original copy of the Merlin.net Privacy Notice and this Form will be held by this clinic and filed with my medical records, and I will be given a copy to keep. I understand that a copy of this consent will be provided by the clinic to Abbott for their record of my consent.

Name of Patient

Signature

Date