

Patient label

Prescriber Name _____ Prescriber No _____
 Signature _____
 SA# _____ Expiry _____
 Date _____

| Pharma Code | Description | Package Format | Quantity |
|---|--|----------------|----------|
| Hardware | | | |
| 2598345 | Tandem t:slim X2™ Basal-IQ Technology Insulin Pump | 1 | |
| Cartridge | | | |
| 2556790 | Tandem t:slim X2™ Cartridge 300U | 10/box | |
| AutoSoft™ 90 - Straight-in, auto-insert, teflon infusion set | | | |
| 2556804 | AutoSoft™ 90 Infusion Set 6mm cannula/60cm line | 10/box | |
| 2556812 | AutoSoft™ 90 Infusion Set 6mm cannula/110cm line | 10/box | |
| 2556820 | AutoSoft™ 90 Infusion Set 9mm cannula/60cm line | 10/box | |
| 2556839 | AutoSoft™ 90 Infusion Set 9mm cannula/110cm line | 10/box | |
| AutoSoft™ 30 - Angled, auto-insert, teflon infusion set | | | |
| 2556847 | AutoSoft™ 30 Infusion Set 13mm cannula/60cm line | 10/box | |
| 2556855 | AutoSoft™ 30 Infusion Set 13mm cannula/110cm line | 10/box | |
| TruSteel™ - Straight-in, manual-insert, metal infusion set | | | |
| 2556863 | TruSteel™ Infusion Set 6mm cannula/60cm line | 10/box | |
| 2616491 | TruSteel™ Infusion Set 6mm cannula/80cm line | 10/box | |
| 2556898 | TruSteel™ Infusion Set 8mm cannula/60cm line | 10/box | |
| 2612550 | TruSteel™ Infusion Set 8mm cannula/80cm line | 10/box | |

Limits:
 1 pump per prescription
 3 boxes of infusion set per prescription
 3 boxes of cartridge per prescription
 Maximum of 13 boxes of infusion set will be funded per year
 Maximum of 13 boxes of cartridges will be funded per year

Prescriber Address

Note to Pharmacist

Patient name must be supplied with pump purchase order to comply with serial number tracking requirements for emergency recall purposes.



Tandem t:slim X2™ Prescription Form
Technical Support 0800 500 226