Medtronic
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URGENT MEDICAL DEVICE CORRECTION

MiniMed™ Paradigm™, 600 series, and 700 series insulin pump systems
Pump Placement with Respect to Infusion Site

Products impacted: MiniMed™ Paradigm™ Insulin Pumps *(all models)*,
MiniMed™ 620G, 630G, 640G, 670G, 700G, 720G, 740G, 770G, 780G Insulin Pumps *(all models)*

13 February 2026 | 09:33 SGT

Medtronic reference: FA1514

Attention: Risk Management Director and O.R Materials Management

CC: The Chairman Medical Board and relevant Head of Departments

Dear Distributor Partner / Service Provider:

You are receiving this notification because our records indicate that one or more of your customers have a MiniMed™ Paradigm, MiniMed™ 600 series, and/or MiniMed™ 700 series insulin pump. We are writing to request that you either share the enclosed notification with your customers who have received impacted devices or provide a list of customers who have received impacted devices to Medtronic so that we can notify them. The customer notification informs them that there may be slight variability in the amount of insulin delivered when their pump is worn at distances above or below the location of your infusion set and provides guidance on how to position their pump and infusion set.

We ask you to please carefully review the information below and in the enclosed patient notification and acknowledge that you have received this notification and have taken the required actions. Thank you for your patience as we work to continuously improve the experience of insulin pump users; their safety is our top priority.

Your Required Actions:

- Send existing patients the Patient Notification enclosed with this notification.

- Send the enclosed HCP Notification and Patient Notification to any HCPs who may have received the affected products.
- Complete and return the attached Distributor Confirmation Form to acknowledge that you have reviewed and understood this notification and have taken all required actions.

The Regulatory Authority of your country has been notified of this action.

Adverse reactions or quality problems experienced with the use of this product may also be reported to your local Medtronic representative.

Please acknowledge that you have read and understood this notification and have followed the actions listed in this letter by responding through the QR code or link below, or by completing and returning the enclosed customer confirmation form.

Digital confirmation link: https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=91bfcddd-1bc7-4a1e-8ea1-cdbec41b1224&env=na3&acct=7a9c79df-7f8a-4520-aa76-f95b30782a76&v=2

At Medtronic, safety is our top priority, and we are committed to delivering safe and effective therapies. We apologize for any inconvenience this issue may cause you and we appreciate your time and attention regarding this important safety notification. If you have any questions, please contact your local Medtronic representative.

Sincerely,

Signed by:

Signer Name: Chloe Tan
Signing Reason: I approve this document
Signing Time: 13 February 2026 | 09:33 SGT
90D0724C9B1C402A99B286449A1644B8

Quality and Regulatory Affairs Senior Director

Asia Region-Led Market

Enclosure: Patient Notification, HCP Notification

FA1514_GlobalA_RegionalAM0

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Distributor Confirmation Form

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For completion by Medtronic Customers Only - Please complete all fields below and return all pages immediately.

By signing this form, I confirm that I have read and acknowledged the Urgent Medical Device Correction notification dated February 2026 from Medtronic regarding Pump Placement with Respect to Infusion Site for the MiniMed™ Paradigm™, MiniMed™ 600 series, and MiniMed™ 700 series insulin pump systems. I have taken all the appropriate actions listed in the notification.

Please complete all required fields and sign the form as indicated below. If you are completing the form manually, please return the completed form to your local Medtronic representative.
*required fields

Please select **one** of the options below:

☐ **Distributor / Dealer Responsibility**
As the distributor of Medtronic devices, our company will notify impacted customers using Urgent Medical Device Correction notification provided by Medtronic, informing them of the issue and reminding them of the importance of monitoring their glucose levels, discussing how to prepare for situations like this with their healthcare professional, and responding to alerts and symptoms.

☐ **Medtronic Responsibility**
I am requesting that Medtronic take responsibility for sending the Urgent Medical Device Correction on our behalf. A customer address list of those affected by this field action will be sent to the account's local Medtronic representative or account manager.

FA1514_GlobalA_RegionalAM0

Distributor/Account Name* _____

Distributor /Account Phone Number *(optional)* _____

Country* _____

Name of Person Completing the form* _____

Title/ Department* _____

Email Address of Person Completing the form *(optional)* _____

Signature* _____

Date* _____

Note: Fields marked as optional may be left blank and are not required for the acknowledgement of this field action.
If you have further questions or need assistance, please contact your local Medtronic Representative.
As always, thanks for your support.