DATE

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear NAME:

This letter is to inform you that one of your passengers, whose identifying information appears below, has special healthcare needs.

Patient Name

Name of Live-In Caregiver

Address

Telephone Number

The passenger has a Thoratec® HeartMate® II Left Ventricular Assist System (LVAS) or "blood pump." The device takes over the pumping function of the patient’s sick or weakened heart so that the patient’s lungs, organs, and tissues get the oxygen-rich blood they need. The VAD is a life-sustaining device.

I am requesting your help in assisting the passenger through the security check in and boarding process. In addition, the patient will need to carry on and stow HeartMate II related accessories on the plane since the equipment must remain with him or her at all times for safety reasons.

Be advised that the HeartMate II system has been tested and approved for air transport, including commercial aircraft. The VAD system is compliant with all related FAA safety requirements and will not interfere with aviation electronics, per Section 21, Category M of the RTCA document number RTCA/DO-160E, as specified in “Use of Portable Electronic Devices Aboard Aircraft” AC number 91.21-1A, Section 7C.

Thank you in advance for your assistance. If you have questions about the device, feel free to contact me directly at the telephone number listed below.

Sincerely,