



CardiAssess™ Pre-Installation/Installation Check List

Account Name: _____

Address: _____

Phone # ___/___/___ Direct # ___/___/___ Fax # ___/___/___

Contact (s):

Manager: _____ CardiAssess Tech: _____

Scheduled Delivery Date: _____ System part # _____

The following are Cardiomedics recommendations for successful installation and operation of your new CardiAssess system. The lines marked with an * are requirements. The lines marked with ** are recommendations based on Cardiomedics experience.

Please review this list and make sure arrangements for any necessary modifications prior to the scheduled delivery date. If you have any questions, contact your Cardiomedics Representative.

Customer Experience level with Cardiopulmonary Exercise Testing

Current User of CardiAssist ECP system Yes or No

Current User of CardiAssess CPX system Yes or No

***Customer Experience with ECG Testing: _____**

What CardiAssess System was ordered:

Heart Rate Source:

Polar _____ 3-channel ECG _____ 12-channel ECG

Interface to Stress Treadmill Computer:

Manufacturer _____

Model number _____

RS232 compatible? Yes or No (if no, cannot be controlled on-line)

****Other Recommended Equipment, Supplies Check- List**

- Stethoscope
- Razors
- Large and small blood pressure cuffs
- ECG stress electrodes
- Alcohol swabs
- Crash cart in medical facility (defibrillator)
- Supply cabinet
- Desk/phone
- Internet service provider

Clinical Training on the CardiAssess system has been scheduled as follows:

Scheduled Training date: _____

Scheduled patient testing start date: _____

Trainer: _____

Training material sent: _____
(date)

Customer Signature: _____ **Date:** _____

Cardiomedics Representative: _____ **Date:** _____

Please return this form to Quality Assurance Documentation upon completion.