

DECLARATION OF BLOOD PRESSURE MEASURING DEVICE EQUIVALENCE 2006

A SIGNED COPY WILL BE POSTED ON THE www.dableducational.org WEBSITE

SECTION A - Please complete all items online.

I _____ Director of _____
Name of a Company Director Company name

hereby state that there are no differences that will affect blood pressure measuring accuracy between the

_____ Blood pressure measuring device for which validation is claimed

blood pressure measuring device and the

_____ Existing validated blood pressure measuring device

blood pressure measuring device, which has previously passed the _____ protocol, the results of which were published as follows

_____ Authors(s)

_____ Title

_____ Publication Year Volume Pages

The only differences between the devices involve the following components:

(When a component is not relevant, both Yes and No should be left blank. Please provide details on any differences below.)

Part I	1	Algorithm for Oscillometric Measurements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2	Algorithm for Auscultatory Measurements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3	Artefact/Error Detection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	4	Microphone(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	5	Pressure Transducer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	Cuff or Bladder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	7	Inflation Mechanism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	8	Deflation Mechanism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part II	9	Model Name or Number	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	10	Casing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	11	Display	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	12	Carrying/Mounting Facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	13	Software other than Algorithm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	14	Memory Capacity/Number of stored measurements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	15	Printing Facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	16	Communication Facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	17	Power Supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	18	Other Facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Brief explanation of differences and further relevant details:

SECTION B - Complete all items, bar signatures and seal, online and print. Sign and seal it then send the original along with manuals for both devices to our address below.

Signature of Director _____

Company Stamp/Seal

Name _____

Date _____

Signature of Witness _____

Name _____

Address _____