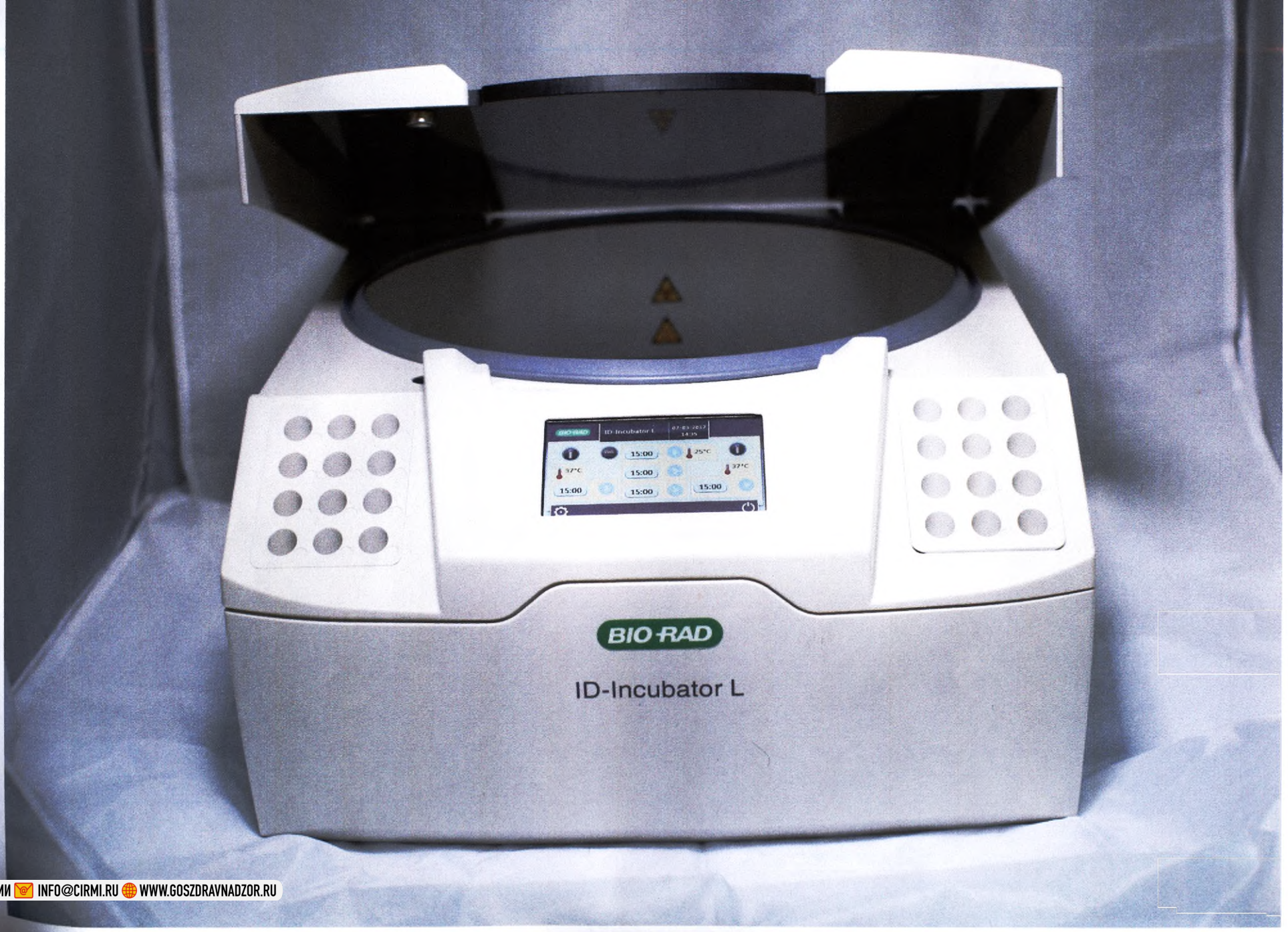
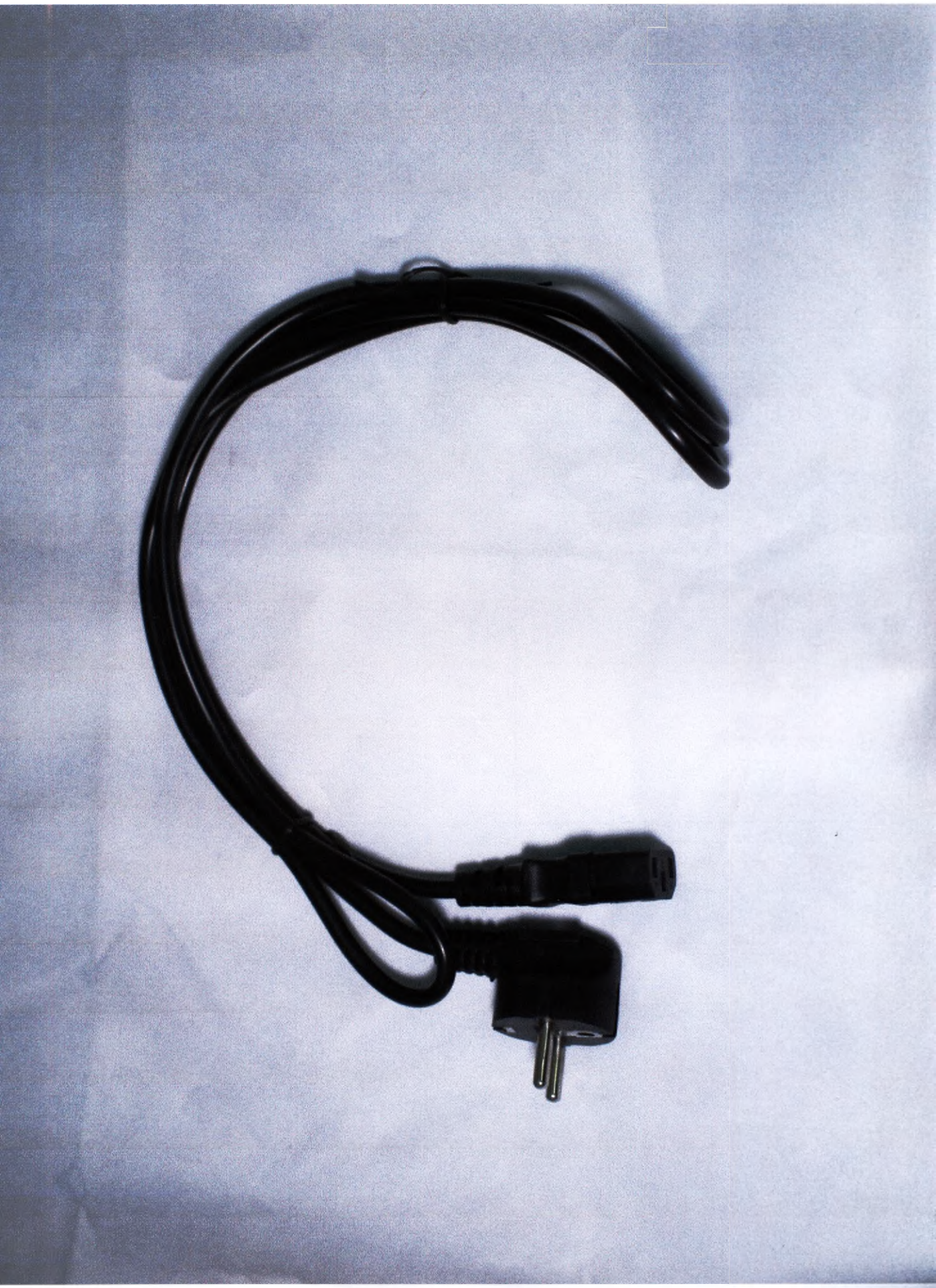
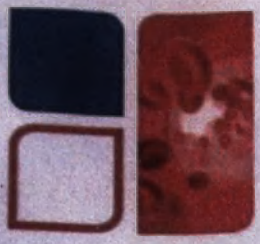
ФОТОГРАФИИ

медицинского изделия

Инкубатор лабораторный настольный ID-INCUBATOR L.







Installation protocol

IMMUNOHEMATOLOGY

ITSE

Applicable for IHD Centrifuges and Incubators

Distributor/Subsidiary:	*Instrument type:*
Country:	*Instrument #:*
	Installation date:

General	Yes	No	Remarks
Visual check of the instrument			
Main functions			
Display			
Training			
First run test			

General remarks:

IMPORTANT
With this document the final customer certifies that this instrument is fully functional, and that the necessary information was received in order to use the instrument correctly. After being signed by both parties, the form must be returned to the address below.

Date

Service engineer's name (print name)

Customer's stamp & signature

Service engineer's signature

DiaMed GmbH
International Service Desk - ISD
1785 Cressier FR - Switzerland
Email: product_support_cressier@bio-rad.com

BIO-RAD

CRE_FORD0419 V02
CR 2018-109
Application Date: refer to ENNOV

Reception Form

IMMUNOHEMATOLOGY

Applicable for IHD Instruments

Distributor/Subsidiary:	*Instrument type:*
Country:	*Instrument #:*
	Date of check:

	Yes	No	Remarks:
Tool check (quantity & quality according to the packing List)			
Visual Check			
Functional check (Global initialisation)			
Shockwatch intact (relevant instruments)			

General remarks:

IMPORTANT
This form must be returned to the address below within 6 weeks after invoice date.

Date

Service engineer's name (print name)

Service engineer's signature

DiaMed GmbH
International Service Desk - ISD
1785 Cressier FR - Switzerland
Email: product_support_cressier@bio-rad.com

BIO-RAD

CRE_FOR00414 V02
CR 2016-109
Application Date: refer to ENNOV

BIO-RAD

Test Report
Procès verbal de Montage, Réglage, QC et Emballage

ID-Incubator L	SN	_ _ _ _ _ _ _ [1]
009203 / *A00232*	Version	_ _ [1]

FRAME / *Poste 1 - CHÂSSIS ÉQUIPÉ*

SN Torque Screwdriver / *N° gestion Tournevis Dynamométrique* : ________ [1]
Expiry date / *Date limite de validité* : ________ [1]
SN Panel PC / *N° série Panel PC (E10334)* : ________ [1]
Sigle & Visa : ________ **Date** : ________

INTEGRATION / *Poste 2 - INTÉGRATION*

Check lid / *Vérification capot* : ________ [2]
Lot Main board / *Lot carte métier (E10927)* : ________ [1]
Switches settings / *Réglage switch (1, 2, 4 = OFF | 3 = ON)* : ________ [2]
Sigle & Visa : ________ **Date** : ________

TEST / *Poste 3 - TEST*

Disable Serial Console / *Désactivation console série* : ________ [2]
Touchscreen calibration (if necessary) / *Calibration dalle tactile (si nécessaire)* : ________ [2]
Setting Date & Time / *Réglage date & heure* : ________ [2]
Save configuration / *Sauvegarde configuration* : ________ [2]
Software version / *Version du logiciel HLS (LOG_AQU)* : ________ [1]
Check ID-Incubator setting / *Contrôle Incubateur de type ID* : ________ [2]
Firmware version / *Version du logiciel LLS (LOG_APS)* : ________ [1]
SN Thermometer / *N° gestion Thermomètre* : ________ [1]
Expiry date / *Date limite de validité* : ________ [1]
Offset_vat (Vat / *Cuve*) : ________ [1]
Offset_TubeHeating1 (Right area / *Zone droite*) : ________ [1]
Offset_TubeHeating2 (Left area / *Zone gauche*) : ________ [1]
Vis_Vat_a0 (Vat / *Cuve*) : ________ [1]
Vis_Holder1_a0 (Right area / *Zone droite*) : ________ [1]
Vis_Holder2_a0 (Left area / *Zone gauche*) : ________ [1]

(1) Indicate the index, the version, the measured value, the quantity, ... / *Indiquer l'indice, le numéro de version, la valeur mesurée, la quantité*
(2) Indicate OK if the test is passed or KO if the test is not passed / *Indiquer OK si le test est conforme ou KO si le test n'est pas conforme*

BIO-RAD

DiaMed GmbH
Pra Rond 23
1785 Cressier FR / Switzerland
Phone: +41 (0)26 674 51 11
Fax: +41 (0)26 674 54 45

CE Declaration of conformity

MANUFACTURER: **DiaMed GmbH**
ADDRESS: **Pra Rond 23**
1785 Cressier FR
Switzerland
Phone: +41(0)26 674 51 11

PRODUCT NAME: **ID-Centrifuge L**
Id-n°: **009201**

We hereby declare that the above mentioned product meets the provisions of the following Directives:

APPLICABLE DIRECTIVE: Directive 98/79/EC of the European Parliament and of the Council of 27 October 1998 on in vitro Diagnostic medical devices

CLASSIFICATION: Others
CONFORMITY ROUTE: Annex III
EDMA Code: 23 03 10 01
GMDN Code: CT 1929
Generic Device Group Term: Immunohaematology analyser IVDs

NOTIFIED BODY: /

Name:	*Function:*	*Issued in:*	*Date:*	*Signature*
Eude Goethals, Agnès	Manager RA, QA	Cressier FR	22.06.2015	

Dok-ID: 03.03.27.for.e
Version: 01

ID-Incubator L
Руководство пользователя
V1.1-10/2015

DIAMED GMBH
BIO-RAD
CH-1785 CRESSIER FR

Комплексное решение для безопасного переливания

BIO-RAD

Пронумеровано и
прошнуровано 10 лист(ов)а