| Installation Protocol | PHOTONIC |
|---|---|
| **Luminaire / Suspension System** | Distributor form |

**Dear Customer, dear Distributor,**

This form is intended to protocol the installation of your medical device and register it in our device database. In this way, you can be assured that your device is always up to date and tracked. In the case of an adverse event or any safety-critical issue, we can contact you directly to advise you on any field safety preventive and corrective actions. This assures that your device is always safe to use.

| **Section 1: Administrative Information** | | | |
|---|---|---|---|
| **1.1** | **Distributor installing device** | | |
| **a** | **Organisation name** | **b** | **Photonic Certified Technician name** |
| **c** | **Email** | **d** | **Phone (international)** |
| **e** | **Street** | **f** | **Street number** |
| **g** | **Postal code / City** | **h** | **Country** |
| **1.2** | **Customer receiving device** | | |
| **a** | **Organisation name** | **b** | **Emergency contact name** |
| **c** | **Email** | **d** | **Phone (international)** |
| **e** | **Street** | **f** | **Street number** |
| **g** | **Postal code / City** | **h** | **Country** |

| **Section 2: Medical Device Information** | | | |
|---|---|---|---|
| **2.1** | **Luminaire identification** | | |
| **a** | **Device name** | **b** | **Serial number (SN)** |
| **c** | **Unique Device Identifier (UDI)** | **d** | **Reference number (REF)** |
| **2.2** | **Suspension system identification** | | |
| **a** | **Device name** | **b** | **Serial number (SN)** |
| **c** | **Unique Device Identifier (UDI)** | **d** | **Reference number (REF)** |
| **2.3** | **Location** | | |
| **a** | **Clinical department (f.e. Cardiology)** | **b** | **Type of facility (f.e. OR, ICU, …)** |

**Installation date:** **Signature of Technician:**

*Please return this form through the distributor portal or via meddev@photonic.at back to us!*