FDI Device Package Registration Request Form

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Process Automation

> **DIRECTIONS:** Complete this form and upload it as an attachment to your support ticket. This form and a purchase order are required before we can schedule your Support File Test Campaign.

Contact Information

Company Name: _____

Street Address: _____

City, State/Province, Zip/Postal Code: _____

Country: _____

Contact Name: _____

Contact's Email Address: _____

Contact's Voice Phone: _____

Device Package Information

FDI Device Package file name: _____

Original Device Registration Number*: _____

*If device was registered separately. N/A for concurrent submissions.

FDI Style Guide implemented? (Y/N) _____   FDI Technology Revision: _____

List the DD/EDD/CFF files names with extension within this FDI Device Package:

(HART Only) Do not build *.fm8/*.fm6

Lab Reservation

Requested Test Date *:_____

* Specify **Exact Date** for testing. There will be no cancellation fee if you cancel the reservation in writing more than 14 business days prior to the confirmed test date. Written cancellation received less than 14 business days prior to the test date are subject to a $250 cancellation fee.

Payment is due upon receipt of the invoice. The invoice will be issued immediately after completion of the testing. The invoice may be more than the minimum purchase order due to any of the following: (1) Authorized additional testing (2) Consulting (3) Shipping charges.