



**SCOPE OF SINGLE TEST**  
**CELAMED**  
**Centralne Laboratorium Aparatury Medycznej**  
**Aspel S.A.**

Order no:

Range no\*:

**SCOPE OF THE TEST**

Test name:

**METHOD OF TESTING**

Standard number (number of test instructions):

**GENERAL REQUIREMENTS**

**PARTICULAR REQUIREMENTS**

	<b>GENERAL REQUIREMENTS</b>	<b>PARTICULAR REQUIREMENTS</b>
<b>standard number</b>		
<b>points at standard</b>		

**ADDITIONAL REQUIREMENTS**

Product mode during testing:

The assessment criterion:

Description of acceptable / unacceptable product behavior during testing:

User manual:

Other documentation agreed with the contractor:

**PREPARED BY:**

date / signature

\* another test no. of the same device under the same order (another test scope)