# Hypertension Canada's Recommended BPM Devices Listing

## APPLICATION FORM

Manufacturers/distributors requesting to have their blood pressure measurement device reviewed for addition to Hypertension Canada's list of Recommended Blood Pressure Measurement Devices are required to complete this application form. It is recommended that manufacturers/distributors review the guidelines before filling out the application form. Incomplete applications will not be processed and will be returned to the sender.

1) Please print clearly and submit the signed application form with all supporting documents (as outlined in the Eligibility Criteria section of the Application Guidelines) by email to: info@hypertension.ca

2) Send the appropriate program fee (cheque made out to Hypertension Canada) by mail to:

Hypertension Canada
C/O BUKSA Associates Inc.
10547 114 Street
Edmonton, Alberta
T5H 3J6

Please note that this form does not constitute a contract, or a commitment of any kind between your organization and Hypertension Canada. Applications will be assessed according to the program's criteria and supporting documents provided by the applicant and reviewed upon receipt of the appropriate fees. Applicants will be notified of Hypertension Canada's decision within 6 weeks.

### 1. ORGANIZATION NAME AND CONTACT INFORMATION

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Organization name** | | | | | | | | |
| **Address** | | | | | | | | |
| | **City** | | **Province/State** | | **Country** | | **Postal Code/Zip Code** | |
| **Website** | | | | | | | | |
| **Contact person** | | | | | | | | |
| **Position title** | | | | | | | | |
| **Telephone number** | | | | | | **Ext.** | | |
| **Email Address** | | | | | | | | |

## 2. BLOOD PRESSURE MEASUREMENT DEVICE MODEL INFORMATION

Please submit one completed page for each Blood Pressure Measurement Device Model to be reviewed.

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|---|---|---|
| **Model number** | | |
| **Model name** (if available)<br><br>*If alternative model names are used, please include all.* | | |
| **Name of manufacturer** - *If different from above* | | |
| **One of the following standards/protocol must be used in the validation study of the model.** | - AAMI/ISO/ESH Standard 2018*<br>- AAMI/ISO Standard 2013<br>- AAMI/ISO Standard 2009<br>- AAMI Standard 2003<br>- BHS Revised Protocol 1993<br><br>**For validation studies implemented in October 2017 and after, only the following will be admissible under the program: AAMI/ISO/ESH Standard 2018.* | |
| **Please select the type of Blood Pressure Measurement Device** | ☐ Home Blood Pressure Monitor<br>☐ Ambulatory Blood Pressure Monitor<br>☐ Automated Office Blood Pressure Device<br>☐ In-pharmacy Kiosk | |
| **Is this model a wrist device?** | ☐ YES | ☐ NO |
| **Cuff sizes available**<br><br>*Please indicate which cuff sizes have been validated with your model* | | |
| **Do you intend to use Hypertension Canada's Blood Pressure Measurement Device Program Logo on the packaging and promotional materials for this model?** | ☐ YES<br><br>*The terms and conditions of the cause-related marketing portion of the program will be set out in a separate one-year licensing agreement.* | ☐ NO |

| | | | |
|---|---|---|---|
| **Name of authorized signatory** | | **Title of authorized signatory** | |
| **Date** | | **Signature** | |

***FOR INTERNAL USE ONLY***

| | | | | | |
|---|---|---|---|---|---|
| **Reviewer 1** | | | **Reviewer 2** | | |
| **Decision** | ☐ Recommended | ☐ Not Recommended | **Decision** | ☐ Recommended | ☐ Not Recommended |
| **Date** | | | **Date** | | |
| **Signature** | | | **Signature** | | |