

Hypertension Canada's Recommended BPM Devices Listing

DEVICE MODEL EQUIVALENCE FORM

Please complete and sign this affidavit before a commissioner of oaths, a notary public or any other competent authority (who legally can administer oaths).

Please email a scanned signed copy of this statement, together with the manuals and images of the device/s for which equivalence is being sought to info@hypertension.ca.

I, _____ (Name of Authorised Signatory) hereby affirm that there are no differences that will affect blood pressure measuring accuracy between:

The validated primary model _____ (Primary blood pressure measuring device model as stated in the validation study) and,

_____ (Blood pressure measuring device model/s for which for which equivalence is being sought). Please check the differences between the primary model and the model/s for which equivalence is being sought:

- Algorithm for Measurement
- Cuff Size
- Inflation/Deflation Mechanism
- Model Name or Number
- Packaging
- Display
- Software other than Algorithm
- Communication Options
- Power Supply
- Other. Please Describe: _____ .

Name of authorized signatory:

Title of authorized signatory:

Company Name:

Date:

Signature:

Commissioner of Oaths, Notary Public or Competent Authority – Please affix your seal on the document.

Affirmed before me at _____ (Name of City, Province/State and Country),

this ____ day of _____, 20____.

Name: _____ Signature: _____