

## **Warranty certificate**

*This form must be returned to Électronique du Mazet within 15 days of installation or receipt of equipment.*

I, .....

Organization: .....

Profession: .....

E-mail address: .....

Address: .....

.....

Declares that it has received the "BIOSTIM ....." device no. (SN on the back of the device) ..... in working order.

I have received all the necessary instructions for its use, maintenance, servicing, etc...

I have read the instruction manual and noted the warranty and after-sales service conditions.

In the event that Électronique du Mazet or its distributors do not receive this duly completed and signed form within one month of delivery, Électronique du Mazet will be released from all liability with regard to the warranty and after-sales service, or any other consequence due to misuse of the device.

.....

User signature :

Please return to :

*Électronique du Mazet  
3 allée des morilles  
43520 Le Mazet St Voy  
FRANCE*

[commercial@electroniquedumazet.com](mailto:commercial@electroniquedumazet.com)

or

[quality@electroniquedumazet.com](mailto:quality@electroniquedumazet.com)

**Aptitude for Use Questionnaire**

	Question	Answer	Comments
<b><u>1 Commissioning</u></b>			
<b><u>1.1 Delivery</u></b>			
<b><u>1.2 Opening cartons (appliance-ACC)</u></b>			
	Did you have any problems accessing the manual in electronic format?	Yes, why? No	
	Were you able to check the contents of your package?	Yes Why not?	
<b><u>1.3 Removal of device and accessories</u></b>			
	Did you find it difficult to remove the device or accessories from the carton?	Yes, why? No	
	Did you have any problems connecting the unit to the power supply?	Yes No	
	Did you install your device yourself (unpacking - installation at the point of use and connection to the computer)?	-Yes -No (if not, specify who helped you: distributor - professional manufacturer Work colleague)	
<b><u>1.4 Commissioning connection</u></b>			
	Are you comfortable with computer equipment?	Yes No	
	Did you have any problems accessing the manual from our device?	Yes, why? No	
	Are the warnings in the instructions clear and understandable?	-Yes -No	
	Are you aware of the electrical risks involved in using this device?	-Yes -No	
	Did you have any problems connecting the unit to the power supply?	-Yes, why?  -No	
	After connection, has the unit started up (red LED)?	Yes No	
	Did you have trouble connecting the device to the computer?	-Yes, why?  -No	
	Are the wires long enough?	Yes No (if no, specify optimum length)	
<b><u>1.5 Software</u></b>			
	Have you successfully connected your computer to the WIFI network?	Yes Why not?	
	Have you successfully installed the BioStim software on your computer?	Yes Why not?	
	How easy was it to choose the language of the software when you installed it on your PC?	Yes -No (if not, please specify who helped you: distributor - professional manufacturer Work colleague)	

	Question	Answer	Comments
	When the software was first launched, was the language as expected?	Yes No	
	If not, did you have any problems modifying it?	<i>Simple language change?</i> Yes No	
	When the device is connected to the PC, the software displays a green "house", when the device is disconnected, the software displays a red "house". Does this signaling allow you to easily view the connection status between the device and the computer?	Yes No	
	Did you have trouble connecting the accessories to the box?	Yes No	
	If you have the Bluetooth option, have you successfully connected the accessories (Fizimed/Perifit probe, Blueback, BioMoov, BioPod) to the device?	Yes No (if no, please specify)	
	Do you find menu navigation intuitive?	-Yes  -No	
	Have you managed to save your user preferences (change program names, etc.)?	-Yes  -No	
<b>2 Patient treatment</b>			
<b>2.0 User</b>			
	Are you a healthcare professional (physiotherapist, midwife) trained in perineal reeducation techniques?	-Yes  -No, please specify	
<b>2.2 Selecting the applied part / device connection / patient treatment</b>			
	Did you find it difficult to choose the right accessory for the right pathology?	-Yes  -No	
	Did you have trouble connecting accessories to the device?	-Yes  -No	
<b>2.3 Choice of treatment</b>			
	Do you find menu navigation intuitive?	Yes No	
	Were you able to vary the parameters of a treatment?	Yes No	
<b>STEM function</b>			
	Can you vary work and rest times and pulse frequency?	Yes No	
	Can you vary the intensity of the stimulation current?	Yes No	
<b>BFB function</b>			
	Do you know how to select the right Biofeedback channel(s) for your treatments (EMG and/or pressure channels)?	Yes No	
	Have you customized the animations?	Yes No	

	Question	Answer	Comments
	Do you know how to use the "Pause" function during processing?	Yes No	
	Do you know how to stop a treatment in progress?	Yes No	
	Is the emergency stop bulb easy to use?	Yes No	
	<b><u>2.4 End of session</u></b>		
	Is the session history kept?	Yes No	
	How easy is it to find session backups?	Yes No	
	Can you delete a session or a patient?	Yes No	
	Did you use the "Save" button to save your custom settings?	Yes No	
	Does the comparison of curves from several sessions meet your expectations?	Yes No	
	Does the data export meet your expectations?	Yes No	
	Is it easy to disconnect accessories?	Yes No	
	Did you have trouble switching off the device?	-Yes, why?  -No	
	<b><u>3 Maintenance</u></b>		
	<b><u>3.1 Cleaning / disinfecting</u></b>		
	Did you have trouble unplugging the power cord?	-Yes  -No	
	Have you been able to clean your appliance safely and according to the manufacturer's recommendations?	-Yes  -Why not?	
	<b><u>3.2 Associated device</u></b>		
	In the personalized database, can you rename a program? Can you delete it?	-Yes  -No	
	Were you able to identify that an application update was available? And were you able to update the interface software?	-Yes  -No	
	Have you found the information you need to contact the maintenance department?	-Yes  -No	
	<b><u>4 Disposal</u></b>		
	<b><u>4.1 Recycling the device/accessory</u></b>		
	Have you been informed about how to dispose of or recycle your device and accessories?	-Yes  -No	

**Pathologies treated**

<b>Therapeutic effects and patient experience</b>	
<b>Usage information</b>	
How many patients/day are treated with the device?	
How many days/week do you use the device?	
Do you switch off the machine between patients?	<b>Yes / No</b>
<b>General opinion of the product Rate from 1 to 10; you can add comments</b> (1 being the lowest score and 10 the highest)	
Simple hardware installation	
Simple software installation	
Ease of use	
Documentation	
Suggestions for improvement	
Would you like to be consulted by our design office for the development or improvement of new programs?	<b>Yes / No</b>

*Date+Stamp+Signature*