# Technology Landscaping Survey

**Purpose:** The Newborn Technology Landscaping document is a publicly available document hosted as an online compendium that serves as a resource for the global community. The document is intended to be updated every six months to ensure that the newest technologies available for newborn care in low-resource settings are included. All information included in the landscape report is directly provided and confirmed by the organizations who submitted responses. Participants include global manufacturers, leading technology developers, multinational medical device companies, startups and academic groups.

**What is the full name of your organization?**

**Please click on the link below to complete the newborn technology (ies) that your organization would like to submit for inclusion in the Newborn Technology Landscaping document.**

[Bubble CPAP](#_Bubble_CPAP_Model)  (1)

[Pulse Oximeter](#_Pulse_Oximeter_Model)  (2)

[Oxygen Concentrator](#_Oxygen_Concentrator_Model)  (3)

[Flow Splitter](#_Flow_Splitter_Model)  (4)

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[Respiratory Rate Monitors](#_Respiratory_Rate_Monitor)  (6)

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##### **Bubble CPAP Model Name - Organization**

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| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Bubble CPAP Model Name** | |
| Type of technology | Bubble CPAP |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| Does your Bubble CPAP device have an integrated air compressor? (Yes/No) |  |
| What is the total flow capability of your Bubble CPAP device? (lpm) |  |
| What is the pressure range of your Bubble CPAP device? (cm H2O) |  |
| What is the maximum pressure of your Bubble CPAP device? (cm H2O) |  |
| What is the maximum oxygen toxicity of your Bubble CPAP device? (Max FiO2 %) |  |
| What is the total (blended) flow of your Bubble CPAP device? (lpm) |  |
| Does your Bubble CPAP device include humidification? |  |
| Does your Bubble CPAP device contain an integrated air-compressor and blender? |  |
| What patient interface(s) is your machine compatible with? (e.g., proprietary, Hudson prongs, RAM Cannula, etc.) |  |
| What alarms does your Bubble CPAP device have? |  |
| What consumables does your Bubble CPAP device require? |  |
| What accessories does your Bubble CPAP device require? |  |
| What are the voltage requirements for your bubble CPAP? |  |
| What user instructions are provided with your Bubble CPAP device? |  |
| What is the warranty of your Bubble CPAP device? |  |
| What is the ex-works price of your Bubble CPAP device? |  |
| What is the ex-works price of your Bubble CPAP consumables per patient? |  |

Contact Information: Sales Support Name

Sales Support Email

Sales Support Phone

Sales Support Website

##### **Pulse Oximeter Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Pulse Oximeter Model Name** | |
| Type of technology | Pulse Oximeter |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the pulse rate accuracy for your Pulse Oximeter? (beats per minute) |  |
| What is the pulse rate resolution for your Pulse Oximeter? (beats per minute) |  |
| What is the SpO2 range for your Pulse Oximeter? (X - Y %) |  |
| What is the SpO2 accuracy for your Pulse Oximeter? (%) |  |
| What alarms does your Pulse Oximeter device have? |  |
| How are pulse rate alarms set for your Pulse Oximeter? |  |
| How are SpO2 alarm limits set for your Pulse Oximeter? (%) |  |
| What usage data logging and downloading capabilities does your Pulse Oximeter have? |  |
| Is your Pulse Oximeter designed to provide continuous measurement? (Yes or No) |  |
| Describe how your Pulse Oximeter is cleaned or decontaminated? |  |
| Describe the patient interface of your Pulse Oximeter, specifically for neonates. |  |
| What is the size and form factor of your Pulse Oximeter? |  |
| Describe the probes your Pulse Oximeter is compatible with (size, proprietary or non-proprietary, etc.). |  |
| What consumables does your Pulse Oximeter require? |  |
| Are accessories required? |  |
| Describe the electricity requirements, including voltage, and charging features of your Pulse Oximeter. |  |
| Describe the user instructions provided with your Pulse Oximeter? |  |
| What training is required to use your Pulse Oximeter? |  |
| What is the warranty of your Pulse Oximeter device? |  |
| What is the ex-works price of your Pulse Oximeter? |  |
| What is the ex-works price of your Pulse Oximeter consumables and/or accessories? |  |

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##### **Oxygen Concentrator Model Name – Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Oxygen Concentrator Model Name** | |
| Type of technology | Oxygen Concentrator |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| What is the maximum flow rate for your Oxygen Concentrator? (lpm) |  |
| How many flow outlets are in your Oxygen Concentrator and what is the associated flow rate range for each flow meter? (lpm) |  |
| What is the minimum increment on the flow meters? (lpm) |  |
| What is the time required to reach 95% of specified performance for your Oxygen Concentrator? (minutes) |  |
| What alarms does your Oxygen Concentrator have? |  |
| What is the maximum flow rate for your Oxygen Concentrator? (lpm) |  |
| Describe the mobility of your Oxygen Concentrator? |  |
| How is oxygen concentration monitored by the end user of your Oxygen Concentrator? |  |
| Describe the durability and robustness of your Oxygen Concentrator? (ambient temperature range for operation, humidity, elevation, etc.) |  |
| Describe the routine maintenance required? (frequency of filter cleaning, etc) |  |
| Does your Oxygen Concentrator have a usage meter displaying cumulative hours of operation? |  |
| What is the size and form factor of your Oxygen Concentrator? |  |
| What are the voltage requirement of your Oxygen Concentrator? |  |
| What user instructions are provided with your Oxygen Concentrator? |  |
| What technical training is required to maintain or repair your Oxygen Concentrator? |  |
| What is the warranty of your Oxygen Concentrator? |  |
| What is the ex-works price of your Oxygen Concentrator? |  |

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##### **Flow Splitter Model Name – Company**

|  |  |
| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Flow Splitter Model Name** | |
| Type of technology | Flow Splitter |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| How many flow meters does your Flow Splitter have? |  |
| What is the flow rate range and the minimum increment per flow meter? (lpm) |  |
| Warranty |  |
| What is the ex-works price of your Flow Splitter? |  |

Contact Information: Sales Support Name

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##### **Suction Pump Model Name - Company**

|  |  |
| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Suction Pump Model Name** | |
| Type of technology | Suction Pump |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the pressure range/vacuum level provided by you suction pump and does it allow for continuous adjustment? |  |
| What is the bottle capacity of your Suction Pump? (Liters) |  |
| What is the noise level of your Suction Pump? (dB) |  |
| What user instructions are provided with your Suction Pump? |  |
| Describe the electricity requirements, including voltage, and charging features of your Suction Pump. |  |
| What is the warranty of your Suction Pump? |  |
| What is the ex-works price of your Suction Pump? |  |

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##### **Respiratory Rate Monitor Model Name - Company**

|  |  |
| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Respiratory Rate Monitor Model Name** | |
| Type of technology | Respiratory Rate |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the respiratory rate range of your Respiratory Rate Monitor? (bpm) |  |
| What is the accuracy of your Respiratory Rate Monitor? (bpm) |  |
| What is the respiratory rate resolution of your Respiratory Rate Monitor? (bpm) |  |
| What alarms does your Respiratory Rate Monitor have? - Selected Choice |  |
| How are respiratory rate alarms set for your Respiratory Rate Monitor? |  |
| What consumables or accessories does your Respiratory Rate Monitor require? |  |
| Describe how your Respiratory Rate Monitor is cleaned or decontaminated? |  |
| Describe the electricity requirements, including voltage, and charging features of your Respiratory Rate Monitor. |  |
| Describe the patient interface of your Respiratory Rate Monitor, specifically for neonates. |  |
| What is the size and form factor of your Respiratory Rate Monitor? |  |
| What training is required to use your Respiratory Rate Monitor? |  |
| Describe the user instructions provided with your Respiratory Rate Monitor? |  |
| What is the warranty of your Respiratory Rate Monitor? |  |
| What is the ex-works price of your Respiratory Rate Monitor? |  |
| What is the ex-works price of your Respiratory Rate Monitor consumables and/or accessories? |  |

Contact Information: Sales Support Name

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##### **Serum Bilirubin Test Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Serum Bilirubin Test Model Name** | |
| Type of technology | Serum Bilirubin Test |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| How are results presented to the user of the Serum Bilirubin Test? - Selected Choice |  |
| What is the accuracy of your Serum Bilirubin Test? |  |
| What is the linear range of your Serum Bilirubin Test? (mg/dL or mmol/L) |  |
| What is the precision of your Serum Bilirubin Test? |  |
| What sample type and sample volume are required for your Serum Bilirubin Test? |  |
| Describe the steps required to run your Serum Bilirubin Test, from sample collection to results output. |  |
| How much time does it take to run one Serum Bilirubin Test, from sample collection to result output? |  |
| What calibration is required for your Serum Bilirubin Test? |  |
| Describe the electricity requirements, including voltage, and charging features of your Serum Bilirubin Test. |  |
| What is the size and form factor of your Serum Bilirubin Test? |  |
| What are the shelf life, stability, and storage requirements for your Serum Bilirubin Test? |  |
| Warranty |  |
| What is the ex-works price of your Serum Bilirubin Test device? |  |
| What is the ex-works price of your Serum Bilirubin Test consumables per test? |  |

Contact Information: Sales Support Name

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##### **Phototherapy Light Model Name - Company**

|  |  |
| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Phototherapy Light Model Name** | |
| Type of technology | Phototherapy Light |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the size and form factor of your Phototherapy Light? |  |
| What is the range of irradiance provided by your Phototherapy light? (uW / cm2 / nm) |  |
| What is the peak wavelength for your Phototherapy Light? (nm) |  |
| What is the effective treatment area for your Phototherapy Light? (cm2) |  |
| What is the bulb type for your Phototherapy Light? - Selected Choice |  |
| What is the bulb type for your Phototherapy Light? - Other - Text |  |
| What is the bulb lifetime of your Phototherapy Light? (hours) |  |
| Describe if / how bulbs are replace in your Phototherapy Light. |  |
| Does your Phototherapy Light come with an Irradiance Meter? - Selected Choice |  |
| What user instructions are provided with your Phototherapy Light? |  |
| Describe the electricity requirements, including voltage, and backup battery of your Phototherapy Light. |  |
| What is the warranty of your Phototherapy Light? |  |
| What is the ex-works price of your Phototherapy Light? |  |
| What is the ex-works price of the replacement bulbs for your Phototherapy Light ? |  |

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##### **Warming Crib Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Warming Crib Model Name** | |
| Type of technology | Warming Crib |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the benchtop measurement accuracy for your Warming Crib? (+-¬∞C) |  |
| What is the clinical measurement accuracy for your Warming Crib? (+-¬∞C) |  |
| What is the maximum CO2 concentration for your Warming Crib? |  |
| What is the maximum temperature for your Warming Crib? (¬∞C) |  |
| Describe the patient interface of your Warming Crib, specifically how the device responds to a neonate's temperature. |  |
| What is the temperature uniformity of your Warming Crib? (¬∞C) |  |
| What alarms does your Warming Crib have? - Selected Choice |  |
| How are alarms set for your Warming Crib? |  |
| What consumables does your Warming Crib require? |  |
| Describe how your Warming Crib is cleaned or decontaminated? |  |
| What is the size and form factor of your Warming Crib? |  |
| What training is required to use your Warming Crib? |  |
| Describe the user instructions provided with your Warming Crib? |  |
| Describe the electricity requirements, including voltage, for your Warming Crib. |  |
| What is the maximum power consumption for your Warming Crib? (W) |  |
| In the event of a power outage, what is the heat retention for your Warming Crib? (e.g., X¬∞C loss over X hours) |  |
| What is the warranty of your Warming Crib? |  |
| What is the ex-works price of your Warming Crib? |  |
| What is the ex-works price of your Warming Crib consumables and/or accessories? |  |

Contact Information: Sales Support Name

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##### **Radiant Warmer Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Radiant Warmer Model Name** | |
| Type of technology | Radiant Warmer |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the benchtop measurement accuracy for your Radiant Warmer? (+-¬∞C) |  |
| What is the clinical measurement accuracy for your Radiant Warmer? (+-¬∞C) |  |
| What is the temperature stability of your Radiant Warmer? (+-¬∞C) |  |
| Describe the patient interface of your Radiant Warmer, specifically how the device responds to a neonate's temperature. |  |
| What is the temperature uniformity of your Radiant Warmer? (¬∞C) |  |
| What alarms does your Radiant Warmer have? - Selected Choice |  |
| How are alarms set for your Radiant Warmer? |  |
| What consumables does your Radiant Warmer require? |  |
| Describe how your Radiant Warmer is cleaned or decontaminated? |  |
| What is the benchtop measurement accuracy for your Radiant Warmer? (+-¬∞C) |  |
| What is the size and form factor of your Radiant Warmer? |  |
| What training is required to use your Radiant Warmer? |  |
| Describe the user instructions provided with your Radiant Warmer? |  |
| Describe the electricity requirements, including voltage, for your Radiant Warmer. |  |
| What is the maximum power consumption for your Radiant Warmer? (W) |  |
| What additional features does your Radiant Warmer include? - Selected Choice |  |
| What is the warranty of your Radiant Warmer? |  |
| What is the ex-works price of your Radiant Warmer? |  |
| What is the ex-works price of your Radiant Warmer consumables and/or accessories? |  |

Contact Information: Sales Support Name

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##### **Temperature Monitor Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features:** | |

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| --- | --- |
| **Temperature Monitor Model Name** | |
| Type of technology | Temperature Monitor |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the benchtop measurement accuracy for your Temperature Monitor? (+-¬∞C) |  |
| What is the clinical measurement accuracy for your Temperature Monitor? (+-¬∞C) |  |
| What is the time for your Temperature Monitor to indicate accurate temperature? (s) |  |
| Describe the patient interface of your Temperature Monitor, including how the device interfaces with a neonate. |  |
| What alarms does your Temperature Monitor have? - Selected Choice |  |
| How are alarms set for your Temperature Monitor? |  |
| Describe how your Temperature Monitor is cleaned or decontaminated? |  |
| What consumables does your Temperature Monitor require? |  |
| What training is required to use your Temperature Monitor? |  |
| What is the size and form factor of your Temperature Monitor? |  |
| Describe the user instructions provided with your Temperature Monitor? |  |
| Describe the electricity requirements, including voltage, and charging features for your Temperature Monitor. |  |
| What is the warranty of your Temperature Monitor? |  |
| What is the ex-works price of your Temperature Monitor? |  |
| What is the ex-works price of your Temperature Monitor consumables and/or accessories? |  |

Contact Information: Sales Support Name

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Sales Support Website

##### **Syringe Pump Model Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Syringe Pump Model Name** | |
| Type of technology | Syringe Pump |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| What is the benchtop measurement accuracy for your Syringe Pump? (+-%) |  |
| What is the clinical measurement accuracy for your Syringe Pump? (+-%) |  |
| What are the flow rate ranges for your Syringe Pump? (mL/hr) |  |
| Describe the syringes your Syringe Pump is compatible with (size, proprietary or non-proprietary, etc.) |  |
| Describe how occlusion limits are set on your Syringe Pump are adjusted based upon patient and syringe size. |  |
| Describe the patient interface of your Syringe Pump, including how the device interfaces with a neonate. |  |
| What alarms does your Syringe Pump have? - Selected Choice |  |
| Describe how your Syringe Pump is cleaned or decontaminated? |  |
| What consumables does your Syringe Pump require? |  |
| What training is required to use your Syringe Pump? |  |
| What is the size and form factor of your Syringe Pump? |  |
| Describe the user instructions provided with your Syringe Pump? |  |
| Describe the electricity requirements, including voltage, and charging features for your Syringe Pump. |  |
| What is the warranty of your Syringe Pump? |  |
| What is the ex-works price of your Syringe Pump? |  |
| What is the ex-works price of your Syringe Pump consumables and/or accessories? |  |

Contact Information: Sales Support Name

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##### **Sepsis Diagnostic Test Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Sepsis Diagnostic Test Name** | |
| Type of technology | Sepsis Diagnostic |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your test have? |  |
| Manufacturer of Record |  |
| What is the dynamic range of your Sepsis Diagnostic Test? |  |
| What is the limit of detection for your Sepsis Diagnostic Test? |  |
| What sample type and sample volume are required for your Sepsis Diagnostic Test? |  |
| Describe the steps required to run your Sepsis Diagnostic Test, from sample collection to results output. |  |
| How much time does it take to run one Sepsis Diagnostic Test, from sample collection to result output? |  |
| What calibration is required for your Sepsis Diagnostic Test? |  |
| Describe the electricity requirements, including voltage, and charging features of your Sepsis Diagnostic Test. |  |
| What is the size and form factor of your Sepsis Diagnostic Test? |  |
| What are the shelf life, stability, and storage requirements for your Sepsis Diagnostic Test? |  |
| What is the ex-works price of your Sepsis Diagnostic Test device? |  |
| What is the ex-works price of your Sepsis Diagnostic Test consumables per test? |  |

Contact Information: Sales Support Name

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Sales Support Website

##### **Hemoglobin Test Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Hemoglobin Test Name** | |
| Type of technology | Hemoglobin Test |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your test have? |  |
| Manufacturer of Record |  |
| What is the accuracy of your Hemoglobin Test? |  |
| What is the linear range of your Hemoglobin Test? |  |
| What is the precision for your Hemoglobin Test? |  |
| What sample type and sample volume are required for your Hemoglobin Test? |  |
| Describe the steps required to run your Hemoglobin Test, from sample collection to results output. |  |
| How much time does it take to run one Hemoglobin Test, from sample collection to result output? |  |
| What calibration is required for your Hemoglobin Test? |  |
| Describe the electricity requirements, including voltage, and charging features of your Hemoglobin Test. |  |
| What is the size and form factor of your Hemoglobin Test? |  |
| What are the shelf life, stability, and storage requirements for your Hemoglobin Test? |  |
| What is the ex-works price of your Hemoglobin Testing device? |  |
| What is the ex-works price of your Hemoglobin Test consumables per test? |  |

Contact Information: Sales Support Name

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Sales Support Website

##### **Glucose Test Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Glucose Test Name** | |
| Type of technology | Glucose Test |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your test have? |  |
| Manufacturer of Record |  |
| What is being measured in your Glucose Test? And in what unit(s)? (e.g., mg/dL or mmol/L) |  |
| What is the output of your Glucose Test? |  |
| What is the accuracy of your Glucose Test? |  |
| What is the linear range of your Glucose Test? |  |
| What is the precision for your Glucose Test? |  |
| What sample type and sample volume are required for your Glucose Test? |  |
| Describe the steps required to run your Glucose Test, from sample collection to results output. |  |
| How much time does it take to run one Glucose Test, from sample collection to result output? |  |
| What calibration is required for your Glucose Test? |  |
| Describe the electricity requirements, including voltage, and charging features of your Glucose Test. |  |
| What is the size and form factor of your Glucose Test? |  |
| What are the shelf life, stability, and storage requirements for your Glucose Test? |  |
| What is the ex-works price of your Glucose Testing device? |  |
| What is the ex-works price of your Glucose Test consumables per test? |  |

Contact Information: Sales Support Name

Sales Support Email

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Sales Support Website

##### **pH Test Name - Company**

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| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

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| --- | --- |
| **Glucose Test Name** | |
| Type of technology | pH Test |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your test have? |  |
| Manufacturer of Record |  |
| What is being measured in your pH Test? And in what unit(s)? (e.g., mg/dL or mmol/L) |  |
| What is the output of your pH Test? |  |
| What is the accuracy of your pH Test? |  |
| What is the linear range of your pH Test? |  |
| What is the precision for your pH Test? |  |
| What sample type and sample volume are required for your pH Test? |  |
| Describe the steps required to run your pH Test, from sample collection to results output. |  |
| How much time does it take to run one pH Test, from sample collection to result output? |  |
| What calibration is required for your pH Test? |  |
| Describe the electricity requirements, including voltage, and charging features of your pH Test. |  |
| What is the size and form factor of your pH Test? |  |
| What are the shelf life, stability, and storage requirements for your pH Test? |  |
| What is the ex-works price of your pH Testing device? |  |
| What is the ex-works price of your pH Test consumables per test? |  |

Contact Information: Sales Support Name

Sales Support Email

Sales Support Phone

Sales Support Website

##### **Other Model Name - Company**

|  |  |
| --- | --- |
| **Intended Use:** | ***Picture of Product*** |
| **Key Features**: | |

|  |  |
| --- | --- |
| **Other Model Name** | |
| Type of technology |  |
| What is the status of your device? *(Commercially Available OR In Development)* |  |
| What regulatory approvals and/or international standards does your device have? |  |
| Manufacturer of Record |  |
| Describe the electricity requirements, including voltage, and charging features of your Newborn Technology. |  |
| What is the size and form factor of your Newborn Technology? |  |
| What are the shelf life, stability, and storage requirements for your Newborn Technology? |  |
| What is the ex-works price of your Newborn Technology? |  |
| What is the ex-works price of your Newborn Technology consumables per test? |  |

Contact Information: Sales Support Name

Sales Support Email

Sales Support Phone

Sales Support Website