



Precise Diagnostics for Improved Care

Mandatory Installation Checklist

Installation must be completed with the guidance of a Bionote representative.

To ensure the best start to your analyzer experience, **please save** this checklist. This must be completed for Warranty Activation.

Clinic Name: _____

Installation Date: _____ Time: _____

Bionote Representative: _____ Bionote Rep Phone Number: _____

Clinic Staff in Attendance: _____

1. Unpack your analyzer and take a look at all the components. Keep all packaging and inserts.
2. To schedule your installation, contact your rep at bionote.com/sales-team. Include all relevant staff.

During your installation, the following topics will be covered. Please indicate that each item has been addressed to your satisfaction.

a. Analyzer

- How to check and update software
 - Dongle or USB updates?
- How to calibrate the analyzer
 - Proper storage of calibration sticks
- How to request technical assistance
- Proper analyzer storage
 - Use the supplied Vcheck cover when not in use
 - Keep area free of dust and contaminants
 - Store level and away from moving equipment
 - Avoid windows, vents and radiators to prevent overheating.

b. Testing

- The full Vcheck test menu
 - **Categories:** Cardiac, Inflammation, Pancreatitis, Coagulation, Hormones, Antibody and Kidney
- Tests you expect to use the most
- Collection Tubes
- How to run a test from start to finish
- Proper test storage

c. Other Resources

- The Quick Guide
- The Utilization Guide and Test Reference Guide
- Bionote.com includes free CE, literature and other resources

d. Customer Support

- Ways to order tests
 - bionote.com/order-online
 - bionote.com/industry-partners
- Bundle ordering
 - Must be done directly through Bionote!

Analyzer Serial Number: _____

e. Warranty Registration

- Completed Warranty Registration on the Bionote website

3. Your representative will follow up several times in the upcoming weeks to address any questions and ensure your success. Please have your key contact person available for these communications.

Key Contact Name: _____ Key Contact Direct Phone: _____

Completed by: _____ (Authorized Clinic Signature)

Print name: _____

When installation is completed, we need a copy for our files. Please send a copy to customerservice@bionote.com or your representative.