



Test Report issued under the responsibility of:  
NCB Intertek Testing Services, NA, Inc.

**TEST REPORT 102945703LAX-015**  
**IEC 60601-1-2 (ed.4) 2014-02-25**

**Report Reference No.**.....: [102945703LAX-014](#)  
Date of issue.....: 2017-03-10  
Total number of pages..... 78 (Not including this cover report)

**Name of Testing Laboratory preparing the Report** .....: Intertek Testing Services NA, Inc.  
Address.....: 25800 Commercentre Drive  
Lake Forest, CA 92630 USA

**Applicant's name** .....: Med-Logics, Inc.  
Address.....: 1627 Enterprise St.  
Athens, TX 75751 USA



**Test specification:**  
Standard .....: IEC 60601-1-2 (ed.4) 2014-02-25  
Test procedure.....: CB Scheme  
Non-standard test method.....: N/A  
National Differences/Deviations.....: N/A

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The test results presented in this report relate only to the object tested.  
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Test Item Description..... :	<b>CataPulse System</b>
Trademark .....	CataPulse®
Manufacturer..... :	Same as the applicant
Model/Type Reference .....	CP1700 (CataPulse Console), CP1800 (CataPulse Footswitch), CP1900 (CataPulse Cart)
Ratings..... :	100 – 240 VAC, 5 A, 50/60 Hz

Responsible Testing Laboratory (as applicable), testing procedure and testing location(s):

<input checked="" type="checkbox"/>	CB Testing Laboratory	Intertek Testing Services NA, Inc.
Testing location/address.....:		25800 Commercentre Drive Lake Forest, CA 92630 USA
Tested by (name, function, signature) .....		Julio Lopez, Project Handler, 
Approved by(name, function, signature).....:		Melvin Sanchez, Reviewer, 
<input type="checkbox"/>	Testing Procedure: CTF Stage 1	N/A
Testing location/address.....:		
Tested by (name, function, signature) .....		
Approved by(name, function, signature).....:		
<input type="checkbox"/>	Testing Procedure: CTF Stage 2	N/A
Testing location/address.....:		
Tested by (name, function, signature) .....		
Witnessed by (name, function, signature) ...:		
Approved by(name, function, signature).....:		
<input type="checkbox"/>	Testing Procedure: CTF Stage 3	N/A
<input type="checkbox"/>	Testing Procedure: CTF Stage 4	N/A
Testing location/address.....:		
Tested by (name, function, signature) .....		
Witnessed by (name, function, signature) ...:		
Approved by(name, function, signature).....:		
Supervised by .....		
<b>Manufacturer's Declaration per sub-clause 4.2.5 of IEC60950-1:</b>		
The application for obtaining a CB Test Certificate includes more than one factory location and a declaration from the Manufacturer stating that the sample(s) submitted for evaluation is (are) representative of the products from each factory has been provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		
When differences exist; they shall be identified in the full test report.		
<b>Name and address of factory (ies): Same as the applicant</b>		
<b>General Product Information:</b>		