

MACHINE REPLACEMENT
 Clinical Study of IPPB

Form 1-4

Date machine replaced 5-10
Mo Day Yr

A. PATIENT IDENTIFICATION

- 1. Treatment center number 11
- 2. Patient number 12-15
- 3. Date of birth 16-21
Mo Day Yr
- 4. Month number of replacement (0-36) ß 22-23

B. OLD MACHINE

- 1. Type of machine IPPB 30
 CN
- 2. Serial number 31-37
- 3. Cumulative meter reading 0 ß 38-42

C. NEW MACHINE

- 1. Type of machine IPPB 43
 CN
- 2. Serial number 44-50
- 3. Cumulative meter reading 0 ß 51-55

D. REASON FOR CHANGE OF MACHINES

E. Person responsible for the information recorded on this form:

_____ Date _____