



DELSYS Inc.®

P.O. Box 15734,
Boston, MA
02215, U.S.A.

Equipment Modification Proposal Bagnoli EMG System

Engineering Authorization

Consultation: email ☒ verbal ☐

Date: 5/31/05

Signature: _____

To be completed by Sales Manager

Date: June 1, 2005

Client: Ross Wagner

Contact Info: _____

Quote #: 2024. 2315 ^{RW}

Purchase Order #: P0090619

Primary Device Bagnoli EMG System

2 ☐

4 ☐

8 ☒

16 ☐

Order Acceptance

Client Initials: RW

"Aux" Setting Configuration

Channel	Bandwidth					Gain	Other
	DC	or	20 Hz	450 Hz	or	2 kHz	
1	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
2	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
3	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
4	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
5	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
6	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
7	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
8	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1000
9	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
14	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
15	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Electrode Modifications

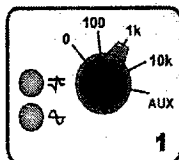
Spring Contacts	Other
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Devices

Auxiliary Sensors	Supplier # (Delsys/Other)	Qty.	Channels	Connect to:	
				EMG System	Auxiliary Input Unit
Accelerometer				<input type="checkbox"/>	<input type="checkbox"/>
Force Gauge				<input type="checkbox"/>	<input type="checkbox"/>
Knee Goniometer				<input type="checkbox"/>	<input type="checkbox"/>
Finger Goniometer				<input type="checkbox"/>	<input type="checkbox"/>
Foot Switch				<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate Monitor				<input type="checkbox"/>	<input type="checkbox"/>

Notes/Diagrams:

Channel Selector:



Standard settings for SEMG recordings are at switch positions of 100, 1K, and 10K gains. These settings have a bandwidth of 20-450 Hz for all channels, and overall system gains of 100, 1000 and 10000 respectively. Additionally, all channels will have fixed gains of 1000 and bandwidths of 20-2000Hz when selecting the "AUX" setting. Note that the increased bandwidth will reduce the signal-to-noise ratio of the detected signal. Note also that the sampling frequency should be no less than 4000Hz when using the 2kHz bandwidth.

Limited Warranty

Delsys systems are warranted against failure of materials and workmanship for a period of 1 year from the date of delivery, provided that the product is given proper care and has not been subject to abuse during this period. This warranty is in lieu of all other warranties expressed or implied. Operation of this device outside specified power supply or input voltage ranges specified by DELSYS INC. or use with any other input devices other than DELSYS INC. electrodes constitute an invalidation of this limited warranty. This warranty is not transferable.

All devices to be returned require a return authorization number issued by DELSYS INC. All authorized returned merchandise must be shipped prepaid to DELSYS INC. If authorization for the return of a device is given, please insure the product in transit for any loss or damages that may occur.

Disclaimer

DELSYS INC. makes no warranties, express or implied, as to the quality and performance of this product including but not limited to, any implied warranty of applicability for other than research uses by qualified individuals. DELSYS INC. shall not be liable to any person for any medical expenses or any direct or consequential damages resulting from any defect, failure or malfunction, whether a claim for such damages is based upon theory of warranty, contract, tort or otherwise. No representative, agent, or licensed practitioner is authorized to waive this disclaimer. DELSYS INC. makes no diagnosis or prescription by virtue of anything about this product.

All modified devices and components are not guaranteed to perform according to published product specifications. Product specifications are subject to change without notice.

All items are **NON-CANCELLABLE** and **NON-REFUNDABLE**.

I understand and agree to the conditions and terms stated above:

→ Authorized Signature: Ron Wagner Date: June 2, 2005
Name (print): ROSS WAGNER