

This form should be completed by the manufacturer or on behalf of the manufacturer.

Study Ref.
Do Not Fill

**Study Investigator Details**

**Name** Yuan-Yuan Kang , Qi Chen , Yan Li and Ji-Guang Wang  
**Address** Ruijin Hospital (Shanghai China)

**Test Device Details**

**Maker** HONSUN (NANTONG) Co.,Ltd **Manufacturer** HONSUN (NANTONG) Co.,Ltd  
**Brand** SCIAN  
**Model** LD-735 **Internal Model Number** LD-735  
**Initiator** Manufacturer *Details if "Other"*  
*If not initiated by the manufacturer, did the manufacturer agree to the study?*

Select the correct option on each of the following or, if required, complete the explanation beside "Other".

**Location** Wrist *Details if "Other"*  
**Method** Oscillometry *Details if "Other"*  
**Purpose** Self/Home Measurement *Details if "Other"*  
**Operation** Automatic *Details if "Other"*

*Automatic:* Cuff inflation, deflation and blood pressure determination are fully performed by the device automatically;  
*Semi-automatic:* Blood pressure determination is performed automatically but cuff inflation and deflation need manual operation;  
*Manual:* Cuff pressure control and blood pressure determination are all performed by manual operation.

Cuff details including arm circumference ranges (as recommended by the device manufacturer).

**Cuffs** *Small Adult:* cm to cm *Standard Adult:* cm to cm  
*Large Adult:* cm to cm *Other :* cm to cm  
**Wrist Cuff** 12.5 cm to 20.5 cm **Wrist Support Method**

**Other features of the device (about 100 words).**

**Agreement**

I agree to the publication of the results regardless of whether or not they are favourable to the device.

**Signed** Xu Jia  
**Name** Xu Jia  
**Date** 2020.10.10

**Company Stamp or Seal**

