



OEM Oximetry Development Kit Order Form

Step 1: Choose your Kit –

Please check one box:

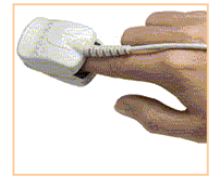
OEM III



Xpod®



ipod®



Each Nonin Development Kit contains the oximeter of your choice, demonstration software, specifications, and all required connection cables. The OEM III and Xpod kits include the **first sensor ordered per customer** free of charge; any additional sensors may be purchased at the standard OEM prices. Nonin development kits are offered at a special introductory price of \$300 per kit plus shipping. Please add \$6 shipping charges for shipments within the United States and \$40 for international shipments. All pricing is in US dollars. Pricing does not include state, federal, local or sales tax, duty or V.A.T.

Step 2: Select Your PureLight® Sensor for OEM III or Xpod – for ipod please skip to Step 3. The first sensor ordered per customer is provided free of charge. Additional sensors may be ordered at standard OEM prices.

- | | |
|--|--|
| <input type="checkbox"/> 8000AA – Adult Articulated Finger Clip Sensor | <input type="checkbox"/> 8000J – Adult Flex Sensor |
| <input type="checkbox"/> 8000AP – Pediatric Finger Clip Sensor | <input type="checkbox"/> 8008J – Infant Flex Sensor |
| <input type="checkbox"/> 8000Q2 – Ear Clip Sensor | <input type="checkbox"/> 8001J – Neonatal Flex Sensor |
| <input type="checkbox"/> 8000R – Reflectance Sensor | <input type="checkbox"/> 7000A – Flexi-Form® III Disposable Sensors, Adult |
| <input type="checkbox"/> 8000SM – Soft Sensor Medium | |

Step 3: Select Data Format for ipod – for OEM III or Xpod please skip to Step 4. Please check one box:

- Data Format 1 – used for data logging. Transmits 3 bytes once per second.
- Data Format 2 – used for real-time monitoring and includes pulse waveform data. Transmits 5 bytes 75 times per second.

Step 4: Provide Contact Information

Company Name: _____

Your Name: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Email Address: _____

Shipping Address – same as above or:

City: _____ State/Province: _____ Zip/Postal Code: _____

Step 5: Provide Payment Information – please check one box; fill in credit card information if paying by credit card.

- Check – please send by mail to the address below.
- Wire transfer – please fax this form to the number listed below and wire transfer instructions will be sent to you.
- Credit Card – MasterCard, Visa, Discover, or American Express accepted – please fill out credit card information and fax form to the number listed below.

Card Holder Name: _____ Card Type: _____

Card Number: _____ Security Code: _____ Expiration Date: _____

Tax Exempt: Yes or No; if Yes, Tax Exempt # _____ (please include copy of tax exempt certificate when sending order).

Step 6: Send us your Form:

By Fax: +1.763.577.5521

By Email: oem@nonin.com

By Mail: Nonin Medical, Inc.
13700 1st Avenue North
Plymouth, MN 55441-5443 USA
Attn: OEM



Thank you for your order!