

**Title: INSTALLATION FORM**
**cassini**  
 CONNECT O.R.

Doc. RF 07.07.02

Version: V02

Effective Date: 08-Dec-2025

**Account Information**

Account Name			
Address			
Contact Person			
Contact Number	Email		

**Partner & ASC Information**

Partner Name	<input type="checkbox"/> CATALYS	<input type="checkbox"/> ENSAR	<input type="checkbox"/> Other			
Encryption Key (Last 4 Digits)			Identification No			
ASC Name						

**Cassini Installation Information**

Serial No	SW Version	Firmware	
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**Computer Information**

Serial No	Win Version	Win Build	
Antivirus available	Copilot disabled	UUID	
*Network connection authorized by customer IT			

**Calibration Information**

LAC Performed	LAC Date	LAC Radius	Performed By	
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**Installed Licenses**

<input type="checkbox"/> Base	<input type="checkbox"/> SMART	<input type="checkbox"/> Beyeconomics	<input type="checkbox"/> Catalys CT/TCA	<input type="checkbox"/> Color LED Grid	<input type="checkbox"/> DICOM	<input type="checkbox"/> EOP	<input type="checkbox"/> OSV
<input type="checkbox"/> Pupil	<input type="checkbox"/> Delta K	<input type="checkbox"/> Temp Report	<input type="checkbox"/> Streamline CT/TCA	<input type="checkbox"/> Guidance	Others		
Base License Expiry Date				Other License expiry Date			

**Guidance Installation Information**

Serial No	SW Version	Control Monitor SN	
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	Cassini	Guidance
	<input type="checkbox"/> Commercial <input type="checkbox"/> Owner <input type="checkbox"/> Demo	<input type="checkbox"/> Commercial <input type="checkbox"/> Owner <input type="checkbox"/> Demo
Demo Start Date		
Demo End Date		
Warranty Start Date		
Warranty End Date		

**Accessories to Microscope**

Camera			
Splitter	<input type="checkbox"/> Original	<input type="checkbox"/> Leica	
Camera adaptor	<input type="checkbox"/> F65	<input type="checkbox"/> F50	

**Installation & Training Information**

Installation Completed by	Date	
Application Trained by	Date	
Clinical Trained by	Date	

**GDPR Consent**

I have read and understood the attached GDPR Consent form.

 Yes, please go ahead and invoice my Cassini Care; Software, Service and Maintenance contract 30 days prior to the agreed expiration date. Yes  No: Cassini Technologies BV can send me occasional information about special sales offers, product upgrades and can use anonymized patient data for research and product improvement purposes

Signature Customer: \_\_\_\_\_ Signature Cassin Rep: \_\_\_\_\_