


Title: Training & Competency Validation: CASSINI GUIDANCE SYSTEM		 The world in vision
Doc. No: RF 07.07.05	Version: V01	Effective Date: 27-Jan-2026

Equipment Name/Model: _____

Date of Training: _____

Training Objectives

To be recognized as a **Certified Guidance User** of the aforementioned equipment, staff members must demonstrate proficiency in the following areas:

1. **Workflow:** Understand the workflow of Data from Ambient through Planner to Guidance, and how each parameter is demonstrated in the surgical overlay
2. **System Components & Connections:** The ability to identify required accessories to connect the Guidance to different microscope configurations, demonstrate how to connect the Guidance to the Scope camera, and remove it properly
3. **System Initialization:** Proper power-up sequence and software login
4. **Data Management (Import/Export):** Ability to import Patient data with a USB and/or network folder (if applicable). In addition, if required, exporting procedure cases to the external drive or network folder
5. **Procedures:** Demonstrate ability to use Guidance appropriately, including performing initial registration image and understanding the main elements of the UI and the overlay and its connection to the data obtained by the Ambient and the data entered on the Planner
6. **Troubleshooting:** Ability to maintain the functionality of the overlay across the surgery and retrieve it if lost during surgery (Refit Functionality), Ability to troubleshoot the most common technical issues

Staff Acknowledgment

By signing below, I certify that I have received comprehensive training on this device, have demonstrated the skills listed above to the trainer, and feel confident in my ability to operate the equipment safely and accurately.

Full Name (Printed)	Signature	Date
1.		
2.		

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Full Name (Printed)	Signature	Date
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Trainer Verification

I confirm that the individuals listed above have successfully completed the practical demonstration and met the requirements for equipment certification.

Trainer Name: _____ **Signature:** _____