

DESIGN CONFIRMATION FORM

Form D-01B
Issue 7

GENERAL

Customer: INDUSTRIAL ELECTRIC _____ Quote #: 66764 _____ Design ID: 1016134 _____

OEM: GE Medical _____ Date: 5/13/2008 _____ Order Date: _____

OEM Spec #: 1004705-P59 (For Ref Only) _____ Rev: 10 Sales Person: Caron McNeaney _____

Madison Spec #: 101-6134 _____ Rev: 3 _____ Engineer: Stephanie Sweet _____

Note: Cable Description, Components, and Approvals sections are optional when OEM or Madison specification is referenced – see specification for details.

CABLE DESCRIPTION

1 Coax 22 AWG RG-59 Cable

O/A Shielding: Braid; Jkt Color: Gray, Oyster 8.6Y 7.68/0.7; OD: 0.242 Inches

COMPONENTS

1 Coax 22 AWG stranded Unbalanced Impedance: 75 Ohms

APPROVALS

UR AWM Style 1354 60C 30V

COMMENTS

Development Category: New P/N RoHS 01CGELF001

Reason: _____

Comments: Non RoHS part number 01CGE00001 _____

EXCEPTIONS

Characteristic	Requirement	Deviation	Comments

CUSTOMER DESIGN APPROVAL

Orders will not be processed until this form is signed and returned. Please review this form and any referenced specifications.

Name: _____

Title: _____

Signature: _____

Date: _____



125 Goddard Memorial Drive, Worcester MA 01603
Phone: (508) 752-2884 or Toll-Free (877)-MADISON
Fax: (508) 752-4230