## **Biomedical Device Standard Waiver Template**

## **Device Information**

Device Name		
Model Number		
Manufacturer		
Serial Number		
Waiver Request I	Details	
Relevant Standards to be Wai	ived	Reason for Waiver Request
	Summary of Risk Assessment	
Mitigation Measu	ires	
Describe Mitigation Measures		
Additional Comm	nents	
Approval		
Requested By		
Date		
Approved By		
Date		