

CODE NO:

DEVICE NAME: *Laser for prostatic, urology*

<b>LASER TYPE</b>	Ho:YAG or Thulium
<b>SURGICAL APPLICATIONS</b>	all the prostate treatment applications
<b>MAXIMUM POWER at tissue, W</b>	$\geq 60$
<b>WAVELENGTH, nm</b>	According to laser type
<b>AIMING BEAM</b>	Yes (type should be specified)
<b>TREATMENT MODES</b> Continuous Single pulse, sec Repeat pulse, sec Other	Yes Yes Yes According to manufacturer (should be specified)
<b>Display</b>	$\geq 10$ touchscreen
<b>Repetition rate, Hz</b>	$\geq 3 - \leq 60$
<b>FIBEROPTIC SYSTEM</b> Diameter $\mu\text{m}$ Reusable/disposable Contact/noncontact or User calibrated	$\geq 200$ Yes/yes Yes/yes Yes
<b>DELIVERY SYSTEM TYPE</b> Focal distance, mm Spot size, mm	Optical fiber, handpieces. Yes should be specified Yes should be specified
<b>COOLING SYSTEM TYPE</b>	Water or air
<b>CONTACT TIPS/FIBERS</b>	Yes (should be specified)
<b>ACCESSORIES</b>	Power cord, footswitch, blast shield, and other to be specified.
<b>SAFETY FEATURES</b>	Safety glasses, eye protection filter, Electronic signature, Alarm for cooling system, fiber interlock, or other.
<b>POWER REQUIREMENTS, VAC</b>	- 220/240 VAC, 50/60 Hz, Three Pin G type Plug
<b>ENVIRONMENTAL REQUIREMENTS</b>	The Equipment is suitable for work in climate conditions of Iraq in terms of temperature and humidity

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قسم ادارة الاجهزة الطبية