

Cover Letter

[MOIRANS, 27/04/2023]

Subject: RADIO Certification of [actiTENS]

Applicant: [SUBLIMED]

Product (PMN): [actiTENS]

Model (HVIN): [B8]

FCC ID: [2BALKSBM]

To Whom It May Concern:

We would like to submit the above product for Certification concerning FCC for a [new single certification].

Please review all required documents enclosed.

This application is [for actiTENS, a transcutaneous electrical nerve stimulation (TENS) medical device designed to manage chronic pain. The actiTENS is compatible with a selection of disposable electrodes and compatible connector cables transmit the electrical stimulation impulses to the targeted nerves according to the selected therapy. The actiTENS is controlled via a downloadable mobile app which allows the comfortable and simple selection of the adequate stimulation program. The actiTENS is intended to be used by the patient at home and also for therapeutic application by medical professionals].

Compliance for RF exposure requirement is demonstrated in test report.

If you have any queries, please do not hesitate to contact us.

Regards,

[HALLET Adrien, 27/04/2023]



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