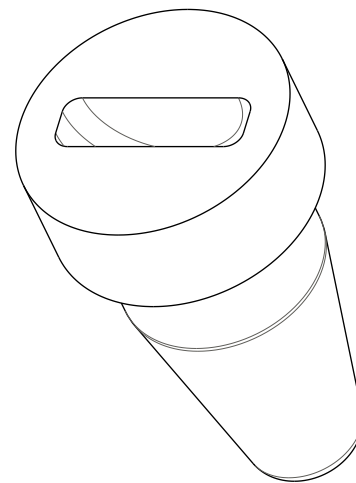
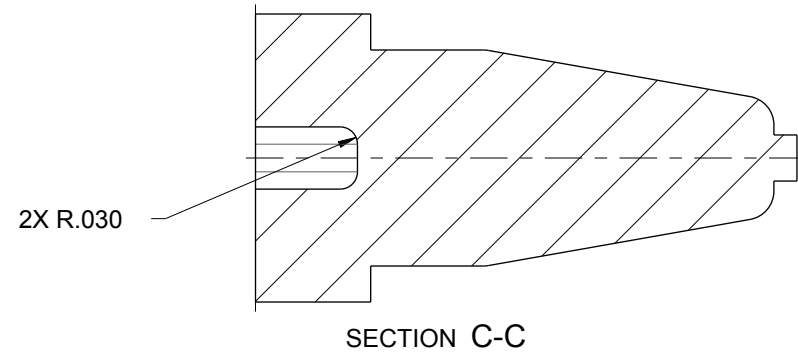
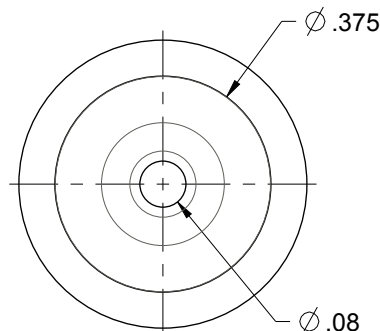
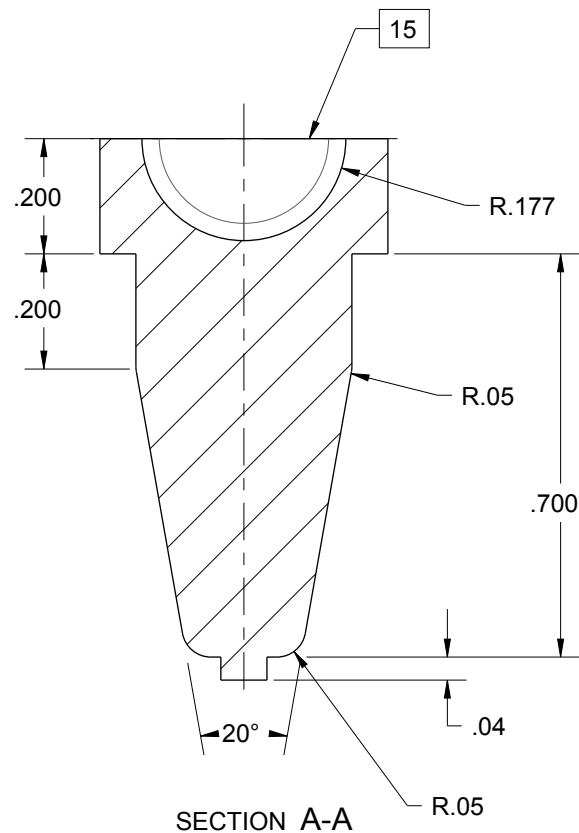
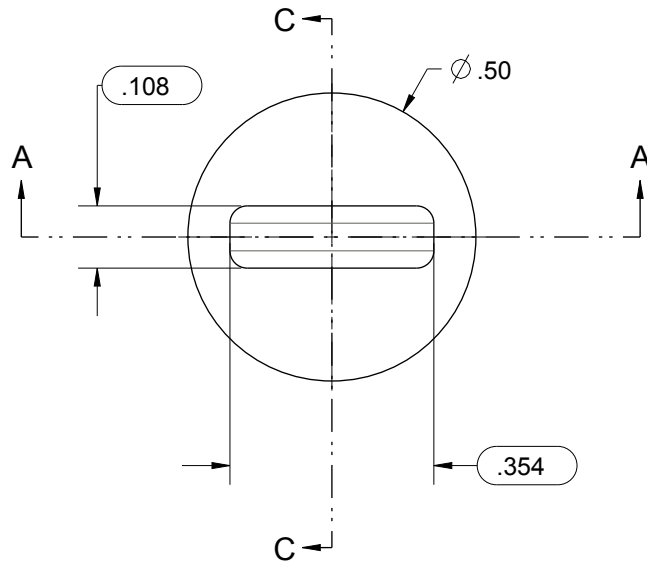
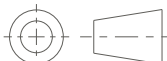


NOTES: UNLESS OTHERWISE SPECIFIED

1. ST. JUDE MEDICAL PART NUMBER 100159621
2. INTERPRET DRAWING PER ASME Y14.5M.
3. MATERIAL:
  - A. BLUESTAR LSR 4340, DUROMETER 40A OR EQUIV.
  - C. COLOR: NONE (CLEAR)
  - D. CERTIFICATION OF MATERIAL SHALL ACCOMPANY EACH SHIPMENT.
4. PART TO BE FREE OF MOLD RELEASE.
5. PARTING LINE MISMATCH AND/OR FLASH NOT TO EXCEED .030"
6. DRAFT ALLOWED: 2° MAX.
7. GATE REMNANT.025" MAX: GATE RECESS .025" MAX.
8. PARTING LINE, GATE AND EJECTOR PIN LOCATIONS MUST BE APPROVED BY SJM PRIOR TO MOLD FABRICATION.
9. PARTS TO BE PACKAGED FOR SHIPMENT OR STORAGE IN CLEAN, LINT FREE, SEGREGATED CONTAINERS APPROVED BY SJM.
10. THIS PART'S WORKMANSHIP SHALL CONFORM TO THE REQUIREMENTS OF SPECIFICATION SJM 50003076.
11. THIS PART SHALL CONFORM TO THIS DOCUMENT AND THE REQUIREMENTS OF SPECIFICATION SJM 3000016.
12. INSPECTION: OVAL IDENTIFIED DIMENSIONS TO BE INSPECTED AS SHOWN.
13. A 3D CAD MODEL IS AVAILABLE FOR THIS PART/ASSEMBLY AND MAY BE USED TO FACILITATE MANUFACTURING AND INSPECTION. SUPPLIER MAY MAKE CHANGES TO THE MODEL TO ACCOMMODATE MANUFACTURING PROCESSES (DRAFT ANGLES, SHRINK, ETC.) PROVIDED DELIVERED PART MEETS NOTED DIMENSIONS AND TOLERANCES. THE SPECIFICATION SUPERCEDES 3D MODEL.
14. THIS IS THE A DRAWING OF THE MODEL WITH THE SHRINKAGE NOT ALREADY INCLUDED/ACCOUNTED FOR.
15. THIS SURFACE MUST BE FREE OF FLASH.  
NO NICKS, INCOMPLETE FILL AREAS, GREASE, MOLD RELEASE, OR OILS.  
BUBBLES OR TEARS GREATER THAN .020" ARE NOT ALLOWED ON THE SURFACE.
16. SILICONE MOLD SHALL BE FREE OF ALL PROCESSING RESIDUES.  
INTERNAL MOLD CAVITIES SHALL BE FREE OF OBSTRUCTIONS.
17. MOLDED PART SHALL ADHERE TO RMA (RUBBER MANUFACTURER'S ASSOCIATION) TABLE 3, "A2" PRECISION TOLERANCES WHICH TAKE PRECEDENCE OVER STANDARD BLOCK.



ENGLISH	RELEASE STATE		THIS DOCUMENT CONTAINS CONFIDENTIAL AND PROPRIETARY INFORMATION WHICH IS THE PROPERTY OF ST. JUDE MEDICAL IMPLANTABLE ELECTRONIC SYSTEMS DIVISION (IESD). THIS DOCUMENT MAY NOT, IN WHOLE OR IN PART, BE DUPLICATED, DISCLOSED, OR USED FOR ANY PURPOSES, WHATSOEVER, WITHOUT PRIOR WRITTEN PERMISSION FROM ST. JUDE MEDICAL, IESD.												
	In Work		DATE		<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>ST. JUDE MEDICAL</div>										
	DESIGNED BY		2017-03-30												
	ACTIVE MODEL		DATE MODIFIED		TITLE										
	100159621		2017-03-30												
	CAD APPLICATION		UNLESS OTHERWISE SPECIFIED, ALL DIMENSIONS ARE IN INCHES DIMS IN BRACKETS ARE IN MM				TRAY POCKET								
	PRO/E														
THIRD ANGLE PROJECTION		DECIMAL		.XX ±.01 .XXX ±.005 .XXXX ±.0015		DRAWING NO.		60084596		REV		01			
		ANGLES		±1°		SIZE		SCALE		3:1		SHEET		1 OF 3	
DO NOT SCALE DRAWING		SURFACE FINISH		N/A											



VERIFY REVISION PRIOR TO USE

DRAWING NO. 60084596	REV 01	RELEASE STATUS In Work	ECO GD78272	INCORP. BY S. LEE	TITLE:										TRAY POCKET																																																																																																													
EQUIPMENT/TOOL(PER PROCEDURE 86125): <input type="checkbox"/> TYPE 0 <input type="checkbox"/> TYPE MI <input type="checkbox"/> TYPE I <input checked="" type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE IV															TOOL SPECIFICATION FORM																																																																																																													
TOOL DESCRIPTION: (PROVIDE A BRIEF DESCRIPTION OF THE TOOL AND A PURPOSE)															TOOL CALIBRATION:  CALIBRATION REQUIRED    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																																																													
CONSUMABLE TOOL USED TO MASK DEVICE. ONE TIME USE ONLY.															<table><tr><td colspan="10">DIMENSION/PARAMETER</td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr><tr><td colspan="10"></td></tr></table>										DIMENSION/PARAMETER																																																																																																			
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INSTALLATION CONDITIONS: (LIST ANY PREREQUISITES FOR INITIALIZING THE TOOL)																																																																																																																												
N/A																																																																																																																												
ENVIRONMENTAL CONDITIONS: (IDENTIFY ANY ENVIRONMENTAL REQUIREMENT, SUCH AS HUMIDITY AND TEMPERATURE)																																																																																																																												
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																	VI	VISUAL INSPECTION		M	MEASURE		FC	FITCHECK		O	OTHER																																																																																																	
															CODE		PREVENTIVE MAINTENANCE: (IDENTIFY PREVENTIVE MAINTENANCE PROCEDURE)								FREQUENCY		RESULT																																																																																																	
															N/A		FIXTURE/TOOL WILL BE EVALUATED PRIOR TO EACH USE. NO PM REQUIRED.								N/A		PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>																																																																																															
INSTALLATION INSTRUCTIONS/START AND STOP:																											PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>																																																																																															
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SAFETY FEATURES:																											PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>																																																																																															
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SHEET 3 OF 3

PERFORMED BY: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

TEMPLATE NO. 60047787 G