## CXXXXX: ‘Titulo Test Case’ (CADD-SYSDI-73, CADD-SYSDI-75 – *Lista de requerimientos*).

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| **GENERAL INFORMATION SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Test Executor** | | | **Print Name** | | | | | | | | | | | | | | | | | | | | **Sign Name / Date** | | | | | | | | | | |
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| **Start Test** | | | **Date** | | | | | | | | **Time** | | | | | |  | **Completion Test** | | | | **Date** | | | | | | **Time** | | | | | |
|  | | | | | | | |  | | | | | |  |  | | | | | |  | | | | | |
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| **Environmental Conditions** | | | | | | | | | | | | | | | | |  | **Test Designation** | | | | | **Descriptions** | | | | | | | | | | |
| **Condition** | | | **Temperature** | | | **RH%** | | | **Sign/Date** | | | | | | | |  | **Test Run ID:** | | | | |  | | | | | | | | | | |
| **Initial** | | |  | | |  | | |  | | | | | | | |  | **Test Case ID:** | | | | | CXXXXX | | | | | | | | | | |
| **Final** | | |  | | |  | | |  | | | | | | | |  | **Test ID:** | | | | |  | | | | | | | | | | |

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| **EQUIPMENT, MATERIAL AND DOCUMENTATION SECTION** |

| **Equipment and Material Description** | **Quantity** | **Part Number / List number / ID** | **Lot Number / SN / Cal\_ID** | **Calibration Due Date / SW Version** |
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| **Documents number** | **Documents description** | **Revision** |
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# PLACEHOLDER\_RESULTS\_TABLE\_1

| **No.** |
| --- |
| **No.** |
| **No.** |
| 1 |
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| 3 |
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# Table 2. Requirements CADD-SYSDI-XX and CADD-SYSDI-XX verification

| **Requirement** | **Verification Steps** | **Result** | **Signature/Date** |
| --- | --- | --- | --- |
| CADD-SYSDI-XX | Texto requerimiento | Pass □ / Fail □ |  |
| CADD-HWDI-XXX-XX | Texto requerimiento | Pass □ / Fail □ |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Test Reviewer** | **Print Name** | **Sign Name / Date** |
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