## Project Name: Seizure Detection Rev #1

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		Acceptance Criteria					
Item #	User Needs Intended Uses	Design Inputs (Technical Requirement)	Ideal/Goal	Limit	Design Outputs	Design Verification (Outputs = Inputs)	Design Validation (User Needs Met)
1.0	ustomer Requirements (e.g. Functional)						
1.1	Detects seizure activity						
1.2	Alerts user and others through alarm						
1.3	Ability to stay attached while sleeping						
	roduct Performance Requirements (e.g.Mechanical)						
2.1	Detect clenching movements/other physical symptom						
	Ability to detect seizure within x seconds						
2.3	Ability to produce sound as an alarm Biocompatability Requirements						
3.1	Material is safe/non-toxic/irritant for						
3.2	Device can be worn for long periods of time (e.g. while sleeping)						
4.0	Regulatory Requirements						
4.1	Labeling of directions, intended use, and safety						
4.2	Accuracy of detection validation						
5.0	terfaces with Other Systems						
5.1	Ability to send a separate alert to others around						
5.2	Ability to send information tracking the seizure						
6.0							
	Affordable						
6.2	Able to be used by different age groups (adult, child)						