**IVD medical devices**

**notification form**

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| **A Administrative data** |
| Type of notification |  |
| [ ]  First notification |  |
| [ ]  Change of information |  |
| Previous notification number (in case of change): |
| Enter text. |

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| **B Information on submitter** |
| [ ]  Manufacturer |
| [ ]  Authorized representative |
| [ ]  Other (please identify the role): |
| Enter text. |

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| **C Manufacturer information** |
| Name Enter text. |
|  Contact name Enter text. |
| Addess Enter text. |
| CountryEnter text. |
| PhoneEnter text. |
| E-mailEnter text. |

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| **D Authorised representative information** |
| Name Enter text. |
|  Contact name Enter text. |
| Addess Enter text. |
| CountryEnter text. |
| PhoneEnter text. |
| E-mailEnter text. |

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| **E Submitter information (if differ from C. or D.)** |
| Name Enter text. |
|  Contact name Enter text. |
| Addess Enter text. |
| CountryEnter text. |

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| PhoneEnter text. |
| E-mailEnter text. |

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| **F IVD medical device / devices information** |
| **IVD medical device name or group name:**Enter text. |
| **Brief description and intended use of IVD medical device / group of devices:**Enter text. |
| Risk classification **IVDD**[ ]  IVD-other[ ]  List A, Annex II[ ]  List B, Annex II[ ]  For self-testing | **IVDR**[ ]  Class A[ ]  Class B[ ]  Class C[ ]  Class D |

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| **G EC Certificate information (if applicable)** |
|  Notified Body name:  Enter text. |
|  Notified body ID-number (4 numbers): Enter text. |
|  EC Certificate number: Enter text. |
| Date of issue and expiration date:Enter text. |

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| **H Comments:** |
| Enter text. |

I affirm that the information given above is correct to the best of my knowledge.

# Signature field

Signature

Date