

Product List und Application MDR  
Type Examination



Name of Legal Manufacturer

Address Legal Manufacturer

EUDAMED Single Registration No.  
MDR (EU) 2017/745

MDR (EU) 2017/745

Annex X, Section 4

Reason for submission of product list

Select an item

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### Declaration of the applicant

I hereby apply for the assessment of my type examination with respect to the product(s) listed hereafter.

I hereby declare

- that no application has been lodged with any other notified body for the same device-related type examination
- to submit to the notified body the technical documentation referred to in Annexes II and III
- to make a representative sample of the device production envisaged ('type') available to the notified body. The notified body may request other samples as necessary
- to submit to the notified body the relevant documentation necessary for the evaluation of conformity of the representative sample of the production in question with the requirements of the Regulation
- to keep the relevant documentation including documents provided by TÜV Rheinland LGA Products GmbH for a period of at least 10 years after the last device covered by the EU declaration of conformity has been placed on the market. In the case of implantable devices, the period shall be at least 15 years after the last device has been placed on the market in order to fulfil Chapter II Article 10 Par. 8
- that all listed devices meet the general safety and performance set out in Annex I;
- to inform TÜV Rheinland LGA Products GmbH without delay in case of inquiries by any competent authority regarding the products covered by this application;
- to inform TÜV Rheinland LGA Products GmbH about any planned substantial change to the approved type of the devices (i.e. those which may affect conformity with the general safety and performance requirements), to the intended use of or claims made for the device or with the conditions prescribed for use of the product, or to substances incorporated in or utilised for the manufacturing of a device and being subject to the specific procedures in accordance with referred to in Sections 5 and 6 of Annex IX.
- and not to implement such substantial changes prior to a notification from TÜV Rheinland LGA Products GmbH to do so.

Note: For guidance on significant change notification refer to NBOG best practice guide 2014-3;

Additionally I declare

- that I have not withdrawn an application with another notified body prior to the decision of that notified body
- that I provide all information about any previous application with another notified body prior to the decision of that notified body for the same conformity assessment that has been withdrawn, including information about the refusal by that other notified body, as applicable.

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- to submit an informal application for certificate re-assessment to the notified body, at least 6 months before expiry of the certificate. A different date may be agreed by means of a contract:

TÜV Rheinland LGA Products GmbH  
Certification Office Medical  
Am Grauen Stein 29  
51105 Cologne  
Germany  
E-Mail: [medical-products@de.tuv.com](mailto:medical-products@de.tuv.com)

Note: Additional documents being part of this application will be requested at different stages throughout the initial certification process.

As a manufacturer who does not have a registered place of business in an EU member state, (including states holding an appropriate agreement with the EC), I additionally declare

- to designate per generic device group one authorized representative established in the Community;
- that the designation is accepted in writing by the authorised representative
- to inform TÜV Rheinland LGA Products GmbH in case the authorized representative has changed;
- that the authorized representative has permanently available and keeps the relevant documentation including documents provided by TÜV Rheinland LGA Products GmbH to allow the authorised representative to fulfil the tasks mentioned in Article 11(3) for a period of at least 10 years after the last device covered by the EU declaration of conformity has been placed on the market. In the case of implantable devices, the period shall be at least 15 years after the last device has been placed on the market.
- to sign an agreement with the authorized representative which enables the authorised representative to fulfil the delegated tasks as defined in Article 11(3).

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+	Code of facilities	Scope of facilities	Name of facility	Address of facility
	EAR (1)	European Authorized Representative	<input type="text"/>	<input type="text"/>
	IMF (1)	Internal Manufacturing Facility	<input type="text"/>	<input type="text"/>
	EMF (1)	External Manufacturing Facility	<input type="text"/>	<input type="text"/>
	R&D(1)	Research & Development	<input type="text"/>	<input type="text"/>
	OEM(1)	Original Equipment Manufacturer	<input type="text"/>	<input type="text"/>
	Sterilization facility Radiation (1)	Select an item	<input type="text"/>	<input type="text"/>
	Sterilization facility Gas (1)	Select an item.	<input type="text"/>	<input type="text"/>
	Sterilization facility Heat (1)	Select an item	<input type="text"/>	<input type="text"/>

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	Sterilization facility: Other sterilization methods (1)	Select an item	<input data-bbox="616 347 748 395" type="text"/>	<input data-bbox="1350 347 1482 395" type="text"/>
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**Please add lines as required!**

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No.	Product name [as listed on label]	General product group name	Classification Rule including subclause according to Annex VIII	Device Class	Device codes [Commission implementing regulation (EU) 2017/2185]	Allocation of class IIb products into Generic Device Groups	GMDN number for class IIb products only	Basic UDI-DI for class III products and IIb implantable products	TD/DD identifier	Summary list of related facilities [choose codes from above]	Code of EU-REP [choose from above]
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an item	Select an item	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an item	Select an item	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select an item	Select an item	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Devices included manufactured utilising animal tissue which is rendered non-viable or utilising non-viable products derived from animal tissue, as referred to in Regulation (EU) No 722/2012?	<input type="checkbox"/> no	<input type="checkbox"/> yes, line no	<input type="text"/>
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Date		Location		Legally binding signature	
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