

**DECLARATION OF INTERESTS OF THE TOP-LEVEL MANAGEMENT OF A NOTIFIED BODY
ACCORDING TO REGULATION (EU) 2017/745 (MDR) – ANNEX VII**

Applicant Notified Body: TÜV Rheinland Italia – Via Mattei, 3 – 20005 Pogliano Milanese (MI) – Italy

Name: Massimiliano Testi

Role in the Notified Body top-level management: Local Field Manager Medical

| Regulatory reference | Question | Your Answer | If Yes – Please describe the nature of the interest and specify the period |
|---|--|---|--|
| Reg. (EU) 2017/745 – Annex VII 1.2.3(a) | Are you currently involved in any design, manufacturing, installation, purchasing or maintenance activities related to medical devices? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Have you ever been involved in any of the above-specified activities, even if your involvement has been discontinued? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1996-1998 in Company producing of disposable medical devices |
| | Are you or were you in the past the owner of any medical devices, except those used for personal purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Reg. (EU) 2017/745 – Annex VII 1.2.3(b) | Did you ever represent any company or other party involved in the above-specified activities? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Reg. (EU) 2017/745 – Annex VII 1.2.3(c) | Did you ever engage in any activity that may conflict with TÜV Rheinland Italia independence of judgement or integrity in relation to conformity assessment activities | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Regulatory reference | Question | Your Answer | If Yes – Please describe the nature of the interest and specify the period |
|---|---|---|--|
| | <p>for which the designation application has been submitted?</p> <p><i>Such activities may include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Ownership of a company or other entity that performs any design, manufacturing, installation, purchasing or maintenance activities related to medical devices</i> • <i>Being a shareholder for any such company</i> • <i>Taking part in any research project which received monetary or non-monetary support from a company or other entity involved in the above-specified activities</i> • <i>Having any intellectual property (patents, trademarks, copyrights, including pending applications) related to medical devices</i> | | |
| Reg. (EU) 2017/745 – Annex VII 1.2.3(d) | Have you ever been involved in the provision of consultancy services to manufacturers, authorized representatives or suppliers of medical devices? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Reg. (EU) 2017/745 – Annex VII 1.2.3(e) | Are you linked in any way to organizations which themselves provide consultancy services as referred above? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Regulatory reference | Question | Your Answer | If Yes – Please describe the nature of the interest and specify the period |
|--------------------------------------|---|---|--|
| | <p><i>Examples of “being linked” include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Ownership of a company or other entity that provides consultancy services, even if you are not directly performing any operational activity</i> • <i>Being a shareholder for any such company</i> • <i>Being a consultant for any such company</i> | | |
| Reg. (EU) 2017/745 – Annex VII 1.2.5 | Does or will your level of remuneration depend on the results of assessments carried out by TÜV Rheinland Italia as a Notified Body under Reg. (EU) 2017/745? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

I hereby declare that the above Declaration of Interests is truthful and complete to the best of my knowledge.

Date 10.03.2022

Signature