VIAMED Supplier Quality Questionnaire

1. Form completed by:	
Name: Ulrika Malmén	Position Quality & Regulatory Man.
Signature: Ulrika Malmén	Date 2016-08-26

2 Company Details	
Company Name: Absorbest AB	
Company Address: Klintvägen 1 590 39 Kisa Sweden	
Tel No: +46 494 779950	Fax No: +46 494 71595

Customer Service Contact: Tel No: +46 494 779950	Email: info@absorbest.se

3. Person responsible for Quality Assurance:	
Name: Ulrika Malmén	Position: Q&R Manager
Tel No: +46 706 107199	Email: ulrika@absorbest.se
To whom is he/she responsible: Name: Hans Karlsson	Position: CEO

4. Person Responsible for Product Complaints:	
Name: Ulrika Malmén	Position: Q&R Manager
Tel No: +46 706 107199	Email: ulrika@absorbest.se

5. Do you have an ISO Accredited quality system?		Yes	
If **YES**, please complete the following section and **ignore section 6**			
Name of system(s)	Certification Body	Certificate Number	Date of Registration
ISO9001:2008			
ISO13485:2012	Intertek	52391-01	2011-05-31
CE Certification			
Certificate of Registration	Swedish Medical Products Agency	6.6.1-2015-62401	—
Please attach a copy of the certificate(s) and scope to this form			