

COMPANY INFORMATION

Company Information Form for Own-Brand/Private Label Under the Medical Devices Directives.

Please complete all relevant sections & sign in the space provided

Compan	Company Name		Viamed Ltd.						
Address	Address		15,Station Road, Crosshills.						
				_					
City:	Keighley		Post Code:	BD207DT		Country:	W.Yorkshire		
Phone:	+44 153563454	2		Fax:	+4	4 1535 636			
Contact:		D.I.Lar	mb	Position	1:	Managing Director			
Alternation	ve Contact:			Position	1:				
E-Mail:	DIL@viam	ed.co.uk		: Web site:		www.viamed.co.uk			
"	•								
	OUCT INFOR								
Details o certificate	f product(s) to e	be cove	ered by OBL						
	<u> </u>						· · · · · · · · · · · · · · · · · · ·		
Name of	Original Equi	pment Si	upplier (OES)						
) 		· 							
Address	of OES		•	,					
· · · · · · · · · · · · · · · · · · ·									
OES Pro	duct Name(s)	& Varia	nts						
	oduct bought f g. packaged								
What fun out?	ther processin	g (if any) do you carry						



חכ	Cl	JM	FN	JT.	ΔΤ	ION

Are the following documents available for review?					
OES & OBL Product Labels & Instructions For Use			 	- 	
Copies of OES CE Certificates					
OBL Draft Declaration of Conformity					
OES Declaration of Conformity (Signed)		T			-
Vigilance, PMS & Recall Procedures (if OBL is resp	onsible)		 		
Contract / Agreement between OBL & OES			 		

OES / OBL AGREEMENT

 	Where does the Contract / Agreement define who is responsible following?	le for mai	intenance & availability of th	e
			Page Reference	
	Description of product & variants			
	Design Drawings			
	Methods of manufacture			
	Risk Management			
	Evidence of compliance with Essential Requirements			
	If sterile, details of protocol & validation			
	Test reports, clinical data, etc	<u> </u>		
	Artwork for labels & instructions for use			
	Access to documentation by BSI & Competent Authorities			
	Documentation retention period			
	Outline of arrangement to exchange PMS data			
	Outline of arrangement & responsibility for vigilance reporting (including recalls & advisory notices)			
	How each party & the Notified Body will be advised of any changes to the product or process			
	OES & OBL approval signatures			
_				

	-		1	
S	a	nai	เน	re:

Date:

Please return this Company Information Form to:-

BSI Product Services

Maylands Avenue, Hemel Hempstead, Hertfordshire, HP2 4SQ
Telephone: +44 (0) 1442 278607 Fax: +44 (0) 1442 278575