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Viamed Supplier Questionnaire

Please can you complete the following questions to allow us to set your product up in our system.

- What is the product's **GTIN Number**?
- Who is your **EU Authorised Representative**?
- Who is your **UK Responsible Person**?
- When was the model **first placed on the market**?
- Is **MDR/MDD** applied?
- What is the **notified body number and name**?
- What **Quality Systems** do you have?
  i.e. ISO 13485, Certification Body
- For how many years from the date of discontinuation of the product do you **guarantee support**?
- What is the **product's warranty period**?
- What is the **recommended working lifetime** of device?
- Does your organisation have an **end of life waste management policy**?
- Are you able to provide a **post delivery inspection/acceptance testing procedure**?
- Are there specific **installation requirements** that are not covered by the instructions for use? If so, are you able to provide these?
- Is **cleaning/disinfection/sterilisation** information provided in the user manual?
- Is there a **limit of reprocessing** (cleaning / disinfection / sterilizing) cycles? If so, how many?
- Does the device present particular **hazards that require special safety management measurements**?
- Does the device require particular **performance quality assurance** measures?
- Do you provide any **end user training** sessions, presentations or

documentation?

Please can you supply the following documents to support your product.

1. Product leaflet and specification
2. EC Declaration of Conformity
3. CE Certificate
4. ISO 1345 Certificate
5. Warranty Statement
6. User Manual
7. Technical/Service Manual
8. Price List
9. Spare Parts Price List
10. Cleaning/Disinfection/Sterilisation instructions, if not in the manual
11. End user training documents

Completed by:

Name:

Job Title:

Email:

Company:

Date: