

F.L. MEDICAL s.r.I. Unipersonale
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C.F. e P.IVA 01134840287 - Cap Soc. 90.000 € i.v.
Reg. Imp. di Padova n. 21695- R.E.A. di Padova n. 187254

## **EC DECLARATION OF CONFORMITY**

MANUFACTURER'S NAME	F.L. MEDICAL s.r.l. Unipersonale
MANUFACTURER'S REGISTERED PLACE OF BUSINESS AND ADDRESS	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy
MANUFACTURER'S SINGLE REGISTRATION NUMBER (SRN)	IT-MF-000013918
DEVICE NAME / TRADE NAME	Containers for biological liquids collection
DEVICE CODES	ref.: Annex I to the present Declaration of Conformity
RISK CLASS AND CLASSIFICATION RULE	Other type of IVD IVD not included in Annex II of Directive 98/79/EC, nor self-testing IVD
INTENDED USE	Containers for biological liquids collection, for diagnostic test
COMMON SPECIFICATIONS	not applicable
BASIC UDI-DI	not applicable
NAME, ADDRESS AND IDENTIFICATION NUMBER OF THE NOTIFIED BODY	not applicable
CERTIFICATE NUMBER	not applicable
CONFORMITY ASSESSMENT PROCEDURE	Preparation of the technical documentation (ref. Annex III of Directive 98/79/EC) and issue of the EC Declaration of Conformity.
ADDITIONAL INFORMATION	not applicable

WE DECLARE UNDER OUR OWN RESPONSIBILITY THAT THE DEVICES ABOVE MENTIONED HAVE BEEN PRODUCED IN COMPLIANCE WITH PRODUCT SPECIFICATIONS, OPERATING INSTRUCTIONS AND LABELLING REQUIREMENTS AND THEREFORE MEET THE PROVISIONS OF THE LAWS IN FORCE ON IN VITRO DIAGNOSTIC MEDICAL DEVICES APPLIED FOR THE CONFORMITY ASSESSMENT PROCEDURE. ALL THE SUPPORTING DOCUMENTATION IS RETAINED AT THE ARCHIVES OF MANUFACTURER'S QUALITY MANAGEMENT SYSTEM, UNDER THE RESPONSIBILITY OF RAG.

THIS DECLARATION OF CONFORMITY IS ISSUED UNDER THE SOLE RESPONSIBILITY OF THE MANUFACTURER.

PLACE OF DOCUMENTATION STORAGE	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy
PLACE AND DATE OF ISSUE OF THE PRESENT DECLARATION	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy
	Date: 25/05/2022
NAME, JOB TITLE AND SIGNATURE	Alessandro Fiore
	Quality Assurance Manager (RAQ)
	Signature
	Signature:



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## **ANNEX I – LIST OF CODES**

DEVICE CODE / CATALOGUE NUMBER	DEVICE NAME
25015	URINTRANSFER ® SUCTION URINE CONTAINER 120 ml IN POLYPROPYLENE WITH YELLOW SCREW CAP, WITH PAPER LABEL, INDIVIDUALLY WRAPPED, STERILE