



---

# Workshop on Application for Listing Class II/III/IV Medical Devices

---

Medical Device Control Office  
Department of Health



# Workshop Agenda

- **Exercise 1 (Pre-workshop)**
- **Medical Device Administrative Control System (MDACS)**
- **Local Responsible Person (LRP)**
- **Classification of Medical Devices**
- **How to Prepare Application Documents**
- **Exercise 2 (Post-workshop)**
- **Q&A**



---

# Exercise 1 (Pre-workshop)

**Please complete and return  
Exercise 1  
(Please do not read the  
handout)**



---

# Medical Device Administrative Control System (MDACS)



# Medical Device Administrative Control System

- Voluntary system
- To be eventually superseded by a statutory system
- Aims:
  - To raise the public awareness of the use of safe medical devices
  - To enable traders to familiarize themselves with a system similar to the future mandatory requirements
  - To provide an opportunity to collect more information and feedback from the industry as a reference to fine tune the long-term regulatory system

*(Source: Page 20 of the Consultation Document dated July 2003 entitled “Regulation of Medical Devices”)*



# Scope of MDACS

## ■ Listing System

- Medical Devices ([Classes II, III and IV](#))
- In vitro diagnostic (IVD) medical devices (Class D)
- Local Manufacturers
- Importers
- Distributors

## ■ Recognition of Conformity Assessment Bodies (CABs)

## ■ Adverse Incident Reporting System

- If a reportable incident concerning a listed device happens in HK, it must be reported by the LRP to MDCO. (Guidance Notes GN-03)



- Home
- About Us
- What's New
- Medical Device Administrative Control System
- Search Database
- Safety Alerts and Communications
- Report Adverse Incidents
- Events
- Information and Publication
- Frequently Asked Questions
- Press Release
- Download Forms
- Useful Sites



# Medical Device Control Office

What's New

Another workshop on Application for Listing Class II/III/IV Medical Devices (in English) will be held in August. Please watch out for details.

[>>More What's New](#)

Events

Workshops on Application for Listing II/III/IV Medical Devices (14 Jun 2013)

[>>More Events](#)

Press Release

Safety alert on GE Healthcare nuclear medicine systems (8 July 2013)

[>>More Press Release](#)

Safety Alerts and Communications

Summary of Safety Alerts (Updated on 23 Jul 2013)

Important Safety Alerts (Updated on 19 Jul 2013)





- Home
- About Us
- What's New
- Medical Device Administrative Control System
- Search Database
- Safety Alerts and Communications
- Report Adverse Incidents
- Events
- Information and Publication
- Frequently Asked Questions
- Press Release
- Download Forms
- Useful Sites

Medical Device Control Office

Medical Device Administrative Control System

Home >> Medical Device Administrative Control System >> Issued Documents

Scope for the Medical Device Administrative Control System

Implementation Progress for the Medical Device Administrative Control System

Issued Documents Notes for Definitions and Abbreviations for Medical Device

Frequently Asked Questions

Application Forms the Medical Device Administrative Control System "Application Rules for Medical Devices" given in Appendix 1 of this guidance updated from time to time. You may wish to refer to the most updated the Technical Reference [TR-003] Classification Rules for Medical (Department of Health.)

[GN-01S] Supplementary Notes for Submitting Applications for Listing Medical Devices under the Medical Device Administrative Control System

[GN-02] Guidance Notes for Listing Class II, III & IV Medical Devices (Jul 2011 Edition)

[GN-03] Guidance Notes for Adverse Incident Reporting by Local Responsible Persons

(GN-04) Conformity Assessment Framework and Conformity Assessment Bodies

[GN-06] Guidance Notes for Listing In Vitro Diagnostic (IVD) Medical Devices (Jul 2011)





# Issued Documents

Guidance Notes	Document No.
Guidance Notes for Definitions and Abbreviations for MDACS	GN-00
Overview of the MDACS	GN-01
Guidance Notes for Listing Classes II, III & IV Medical Devices	GN-02
Guidance Notes for Adverse Incident Reporting by Local Responsible Persons	GN-03
Conformity Assessment Framework and Conformity Assessment Bodies	GN-04
Guidance Notes for Listing of Importers of Medical Devices	GN-07
Guidance Notes for Listing of Local Manufacturers	GN-08
Guidance Notes for Listing of Distributors	GN-09



# Issued Documents

Technical References	Document No.
Principles of Conformity Assessment for Medical Devices	TR-001
Summary Technical Documentation for Demonstrating Conformity to the Essential Principles of Safety and Performance of Medical Devices (STED)	TR-002
<b>Classification Rules for Medical Devices</b>	<b>TR-003</b>
Code of Practice	Document No.
Code of Practice for Local Responsible Persons	COP-01
Code of Practice for Conformity Assessment Bodies	COP-02
Code of Practice for Listed Local Manufacturers	COP-03
Code of Practice for Listed Importers of Medical Devices	COP-04



Home

About Us

What's New

Medical Device  
Administrative Control  
System

Search Database

Safety Alerts and  
Communications

Report Adverse Incidents

Events

Information and  
Publication

Frequently Asked  
Questions

Press Release

**Download Forms**

Useful Sites

Medical Device Control Office


## Download Forms

Home >> Download Forms

Forms are available in both pdf and word formats:

- + Application Form for Listing Class II/III/IV Medical Devices (MD-C2&3&4) (Jul 2011 Edition)  
- + Essential Principles Conformity Checklist (MD-CCL) (Jul 2011 Edition)  
- + Application for Recognition (or Change of Scope of Recognition) Under the Conformity Assessment Body Recognition Scheme of the MDACS (CAB-AA)  
- + Application for the Listing of Local Manufacturers (LM)  
- + Application for Inclusion on the List of Importers (MD-IP)  
- + Application for the Listing of In-Vitro Diagnostic Medical Devices (IVDMD) (Jul 2011 Edition)  
- + Medical Device Adverse Incident Report Form for use by Local Responsible Persons  



 Adobe Reader is required for viewing and printing the Portable Document Format (PDF) documents. To download Adobe Reader, please click [here](#).

 [Previous](#)

 [Back to Top](#)

- Home
- About Us
- What's New
- Medical Device Administrative Control System
- Search Database**
- Safety Alerts and Communications
- Report Adverse Incidents
- Events
- Information and Publication
- Frequently Asked Questions
- Press Release
- Download Forms
- Useful Sites

Medical Device Control Office

Search Database

Home >> Search Database >> The List of Medical Devices

- The List of Medical Devices

About the List of Medical Devices

- AMDNS
- The List of Medical Devices**
- The List of Local Responsible Persons
- The List of Importers
- The List of Local Manufacturers
- Conformity Assessment Bodies

please enter keyword(s)

SEARCH RESET ADVANCED SEARCH

Back to Top





- Home
- About Us
- What's New
- Medical Device Administrative Control System
- Search Database**
- Safety Alerts and Communications
- Report Adverse Incidents
- Events
- Information and Publication
- Frequently Asked Questions
- Press Release
- Download Forms
- Useful Sites

## Search Database

Medical Device Control Office

Home >> Search Database >> Asian Medical Device Nomenclature System

### Asian Medical Device Nomenclature System (AMDNS)

The Asian Medical Device Nomenclature System (AMDNS) designed specifically for regulatory control from the Universal Medical Device Nomenclature System (UMDNS). The terms of these two systems are fully compatible and interchangeable. All new medical devices under the Medical Device Administrative Control System must use the AMDNS/UMDNS Codes and Terms in the Form MD-C2&3&4. Should you require any further information, please call (852) 3107 8491.



- AMDNS**
- The List of Medical Devices
- The List of Local Responsible Persons
- The List of Importers
- The List of Local Manufacturers
- Conformity Assessment Bodies

Enter Search keyword(s)

 [Back to Top](#)

- Home
- About Us
- What's New
- Medical Device Administrative Control System
- Search Database
- Safety Alerts and Communications
- Report Adverse Incidents
- Events
- Information and Publication
- Frequently Asked Questions
- Press Release
- Download Forms
- Useful Sites

## Medical Device Administrative Control System

Medical Device Control Office

Home >> Medical Device Administrative Control System >> Application for Inclusion into Mailing list

- Scope
- Implementation Progress
- Issued Documents
- Frequently Asked Questions
- Application Forms
- Application for Inclusion into Mailing list

### Application for Inclusion into Mailing List

For any news about the Medical Device Control Office and the Medical Device Administrative Control System, you may subscribe to the MDCO contact mailing list, free of charge.

Please enter your email address below and press the Subscribe button to subscribe.

If you are already on the MDCO contact mailing list, type in your e-mail address and press the

Unsubscribe button below and press the Unsubscribe button to unsubscribe.



---

# Local Responsible Person (LRP)





## Who can be an LRP?

- ★ ➤ A **legal person incorporated in Hong Kong** or
- ★ a **legal or natural person with business registration** in Hong Kong; and
- ★ ➤ who is itself the **manufacturer** of the device or
- ★ **supported by the manufacturer** of the device (in the latter case the manufacturer must designate the LRP in writing)
- ✗ ~~Hong Kong permanent resident~~



## Sample Letter for Designating a LRP (GN-01 Appendix 5)

<Name of manufacturer>  
<Address of manufacturer>

Date:

<Name of LRP>  
<Address of LRP>

Dear Sirs,

Re: Designation of Local Responsible Person for <Brief description of devices>

In accordance with the requirements of the Medical Device Administrative Control System (MDACS) of the Hong Kong Special Administrative Region, we hereby designate you, <Name of LRP>, as the Local Responsible Person in respect of the following devices:

<Descriptions of devices including their makes, models, types, and other relevant identifiers>

This designation will require you to comply with, with immediate effect, all the requirements (including but not limited to all the pre-market and post-market requirements) that the MDACS imposes on you as the Local Responsible Person in respect of the above-mentioned devices. We undertake to provide you timely with all the items (documents, information, device and labelling samples etc.) and support that must necessarily originate from us, and which you will need in order to apply for the listing of the afore-mentioned devices and to fulfil your obligations under the MDACS. These items and support include but are not limited to:

- (i) details of design related to the safety and performance of the device;
- (ii) a copy of documents as required in the application form for the listing of devices;
- (iii) any subsequent changes and modifications;
- (iv) details of any recalls, alerts, and related preventive and corrective actions; and
- (v) investigations and reports related to adverse incidents and post market surveillance.

Yours faithfully,

(signature)

(name and title of official signing this letter)

(official chop (if any) of the manufacturer)



# Relationship between Manufacturer and LRP

- Two types of Manufacturer “Local” and “Overseas”.
- **Local** Manufacturer can “designate” LRPs or becomes LRP by itself.

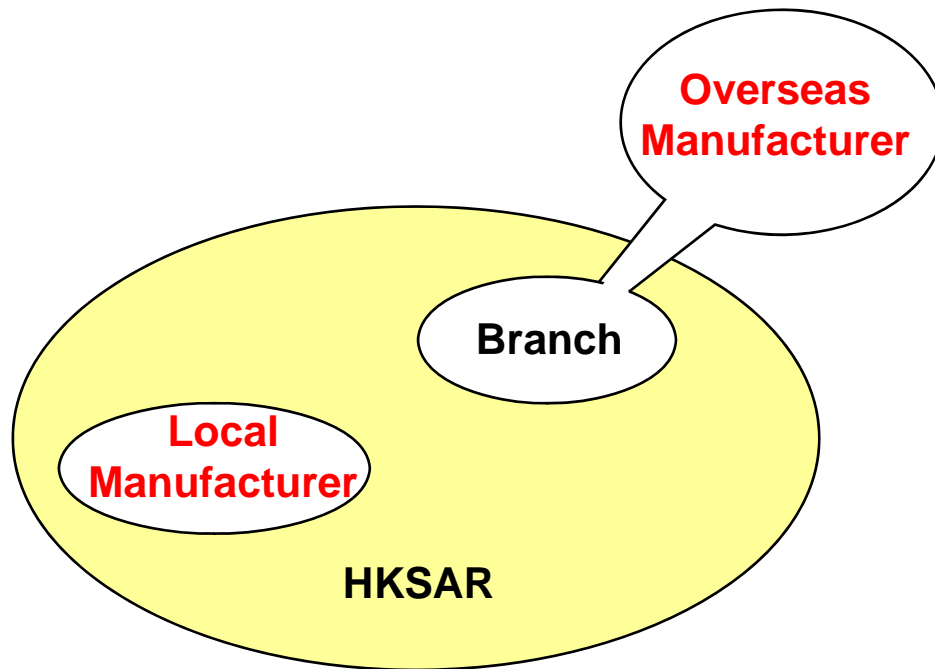


Figure 1

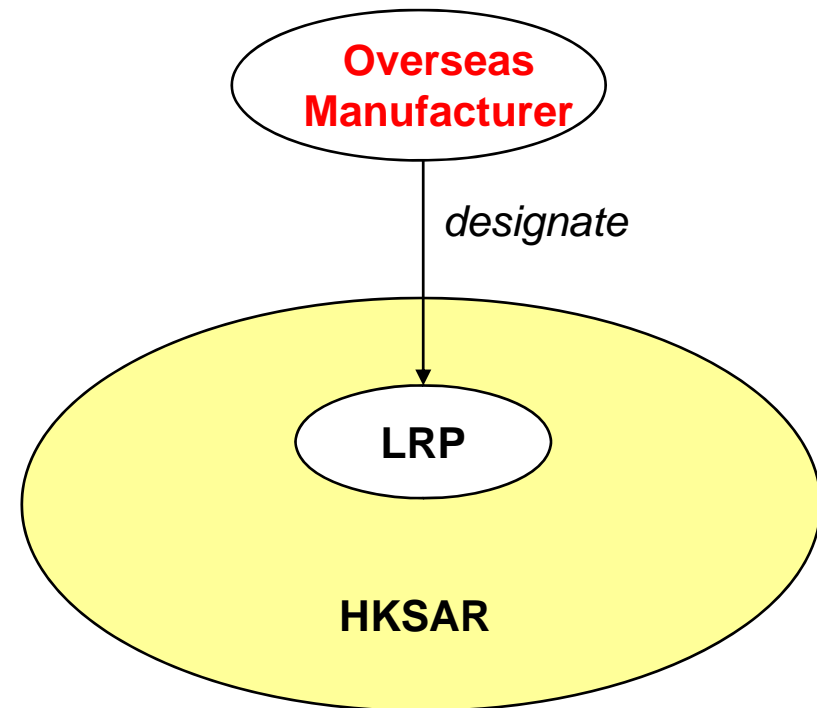


Figure 2

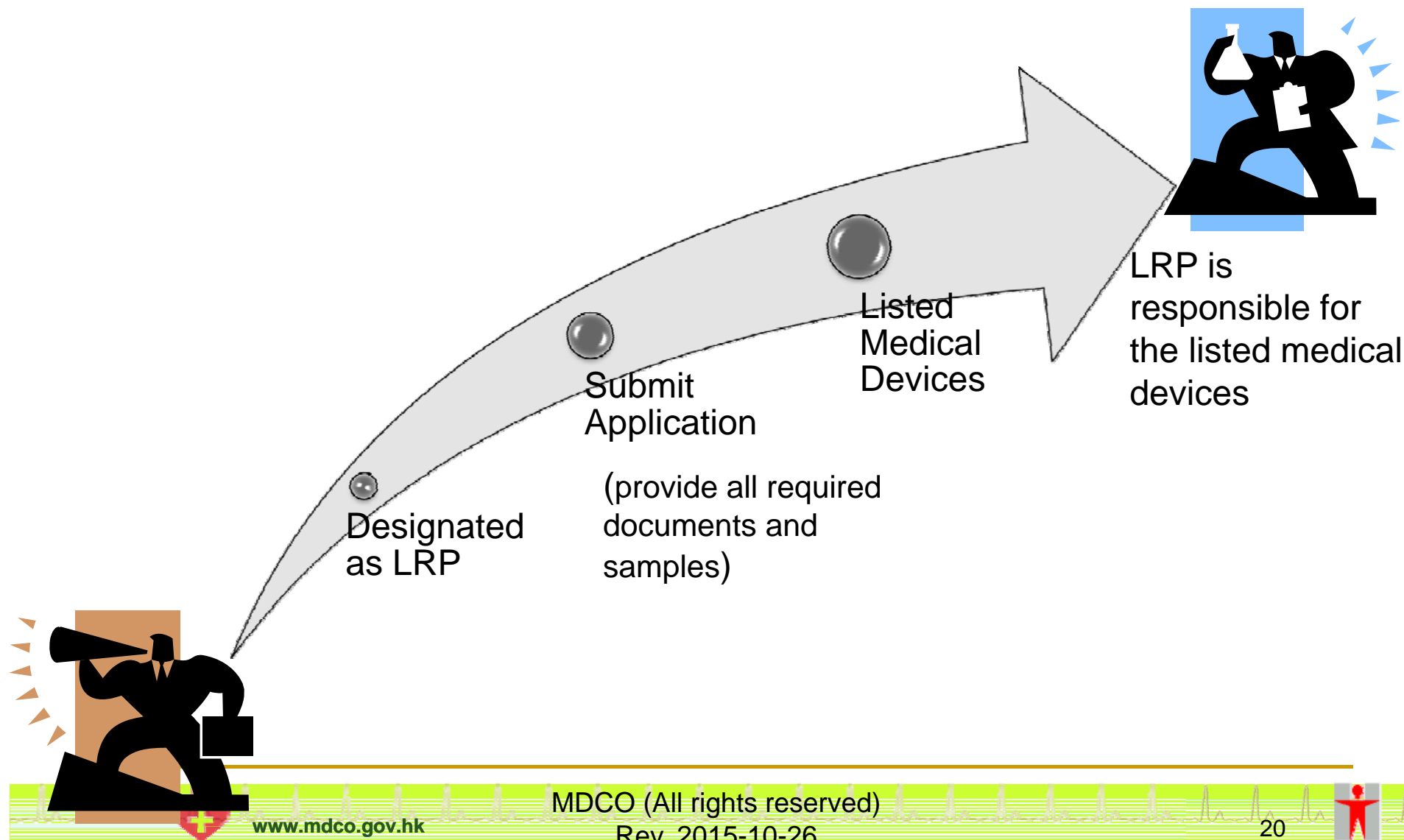


# Relationship between Manufacturer and LRP

Type of Manufacturer	Itself	Designate
Local Manufacturer	✓	✓
Overseas Manufacturer (branch in Hong Kong)	✓ (H.K. Branch)	✓
Overseas Manufacturer (without branch in Hong Kong)	X	✓



# Responsible Person for Listed Medical Devices



## The LRP:

- is the **applicant** for Listing of medical devices
  - applies, **on his own initiative**, for
- ★ renewal of Listing at least **3 months** before expiry of Listing



# LRP's Responsibility

## Communications Hub

- Application for listing of medical devices
- Efficient communication channels
- Reporting changes
- Making records available for inspection
- Maintain distribution records

## Safe and Efficacy

- Managing reportable adverse incidents in HK
- Product alerts, modifications and recalls
- Tracking of specific medical devices

## Quality of Services

- Maintenance and services arrangements
- Compliant handling





---

# Classification of Medical Devices



# Definitions (Ref.: GN-00)

## □ Medical Device:

any instrument, apparatus, implement, machine, appliance, implant, *in vitro* reagent or calibrator, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purpose(s) of :-

- diagnosis, prevention, monitoring, treatment or alleviation of disease; or

- diagnosis, monitoring, treatment, alleviation of or compensation for an injury; or



# Definitions (Ref.: GN-00)

- investigation, replacement, modification, or support of the anatomy or of a physiological process; or
  - supporting or sustaining life; or
  - ★ - control of conception ; or
  - ★ - disinfection of medical devices ; or
  - providing information for medical purposes by means of in vitro examination of specimens derived from the human body;
- and which does not achieve its primary intended action in or on the human body by pharmacological, immunological, or metabolic means, but which may be assisted in its intended function by such means.



# Definitions (Ref.: GN-00)

- **Invasive device:**

Device, in whole or in part, **penetrates inside the body**, either through a body orifice or through the surface of the body.

- **Active medical device:**

Device whose operation **depends on** a source of **electrical energy** or any **source of power**.



# Definitions (Ref.: GN-00)

Transient use	normally intended for continuous use for <b>less than 60 minutes</b>
Short-term use	normally intended for continuous use for <b>between 60 minutes and 30 days</b>
★ <u>Long-term</u> use	normally intended for continuous use for <u>more than 30 days</u>



# Classification of Medical Devices

- Class I (lowest risk) – Class IV (highest risk)
- Classification depends on:
  - Intended Use
  - Characteristics of the device, etc.
- All classification rules in **TR-003** must be taken into consideration
- If more than one rule applies, the rule putting the device into the highest class prevails



# Classification of Medical Devices

★ Non-Invasive Devices  
(Rules 1 to 4)

★ Invasive Devices  
(Rules 5 to 8)

★ Active Devices  
(Rules 9 to 12)

★ Additional Rules  
(Rules 13 to 16)







---

# Classification of Medical Devices

Classification program:

<http://www.mdco.gov.hk/english/faq/question.html>



- Home
  - About Us
  - What's New
  - Medical Device Administrative Control System
  - Search Database
  - Safety Alerts and Communications
  - Report Adverse Incidents
  - Events
  - Information and Publication
  - Frequently Asked Questions
  - Press Release
  - Download Forms
  - Useful Sites
-   


## Frequently Asked Questions

Home >> Frequently Asked Questions

### Web-based Medical Device Classification Program

#### Medical Device Classification Programme (Class I,II, III, IV medical devices)

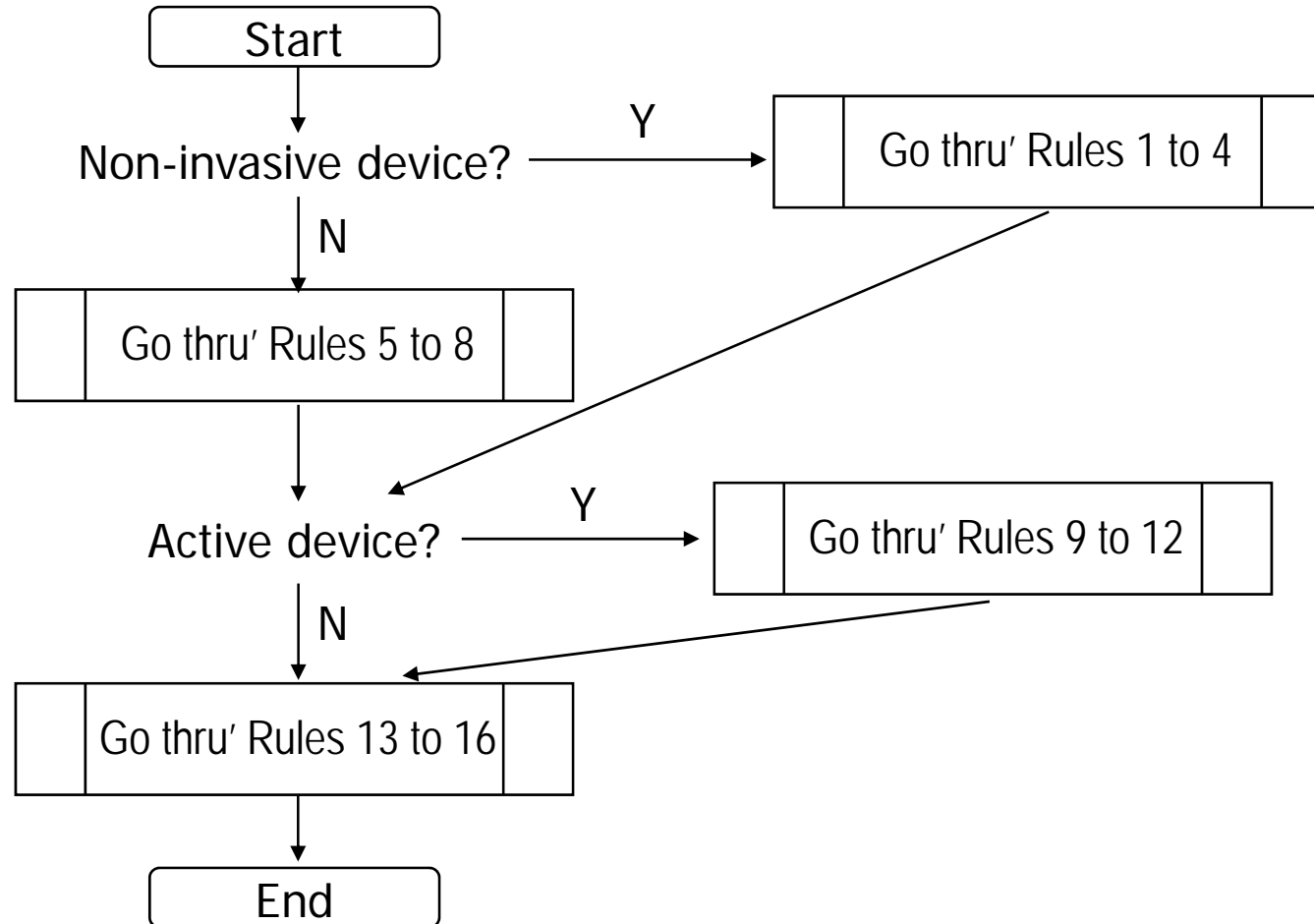
- Q1 Is this device incorporating, as an integral part, a substance which, if used separately, can be considered to be a medicinal product, and which is liable to act on the human body with action ancillary to that of the devices?
- Q2 Is this device manufactured from or incorporating animal or human cells / tissues / derivatives?
- Q3 Is this device intended specifically to be used for sterilising medical devices, or disinfecting as the end point of processing, but not intended to clean medical devices by means of physical action?
- Q4 Is this device used for contraception or the prevention of the [transmission](#) of sexually transmitted diseases?

#### Disclaimer

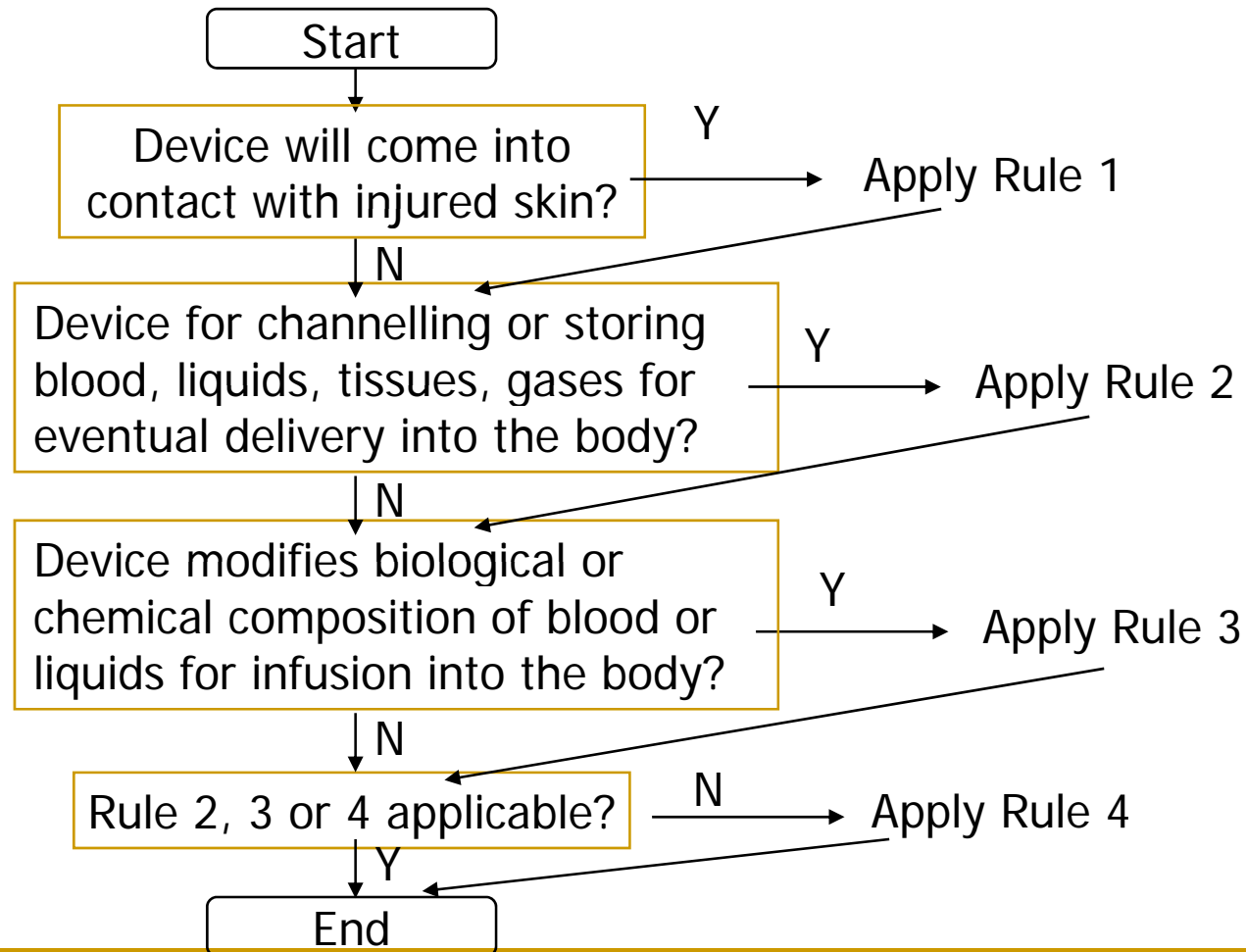
The above classification programme are rough indications for references only. The actual classification of the medical devices is subject to the provision of the Medical Device Administrative Control System (MDACS) which may be updated from time to time. The programme designer and the manager of this page take no responsibility for the



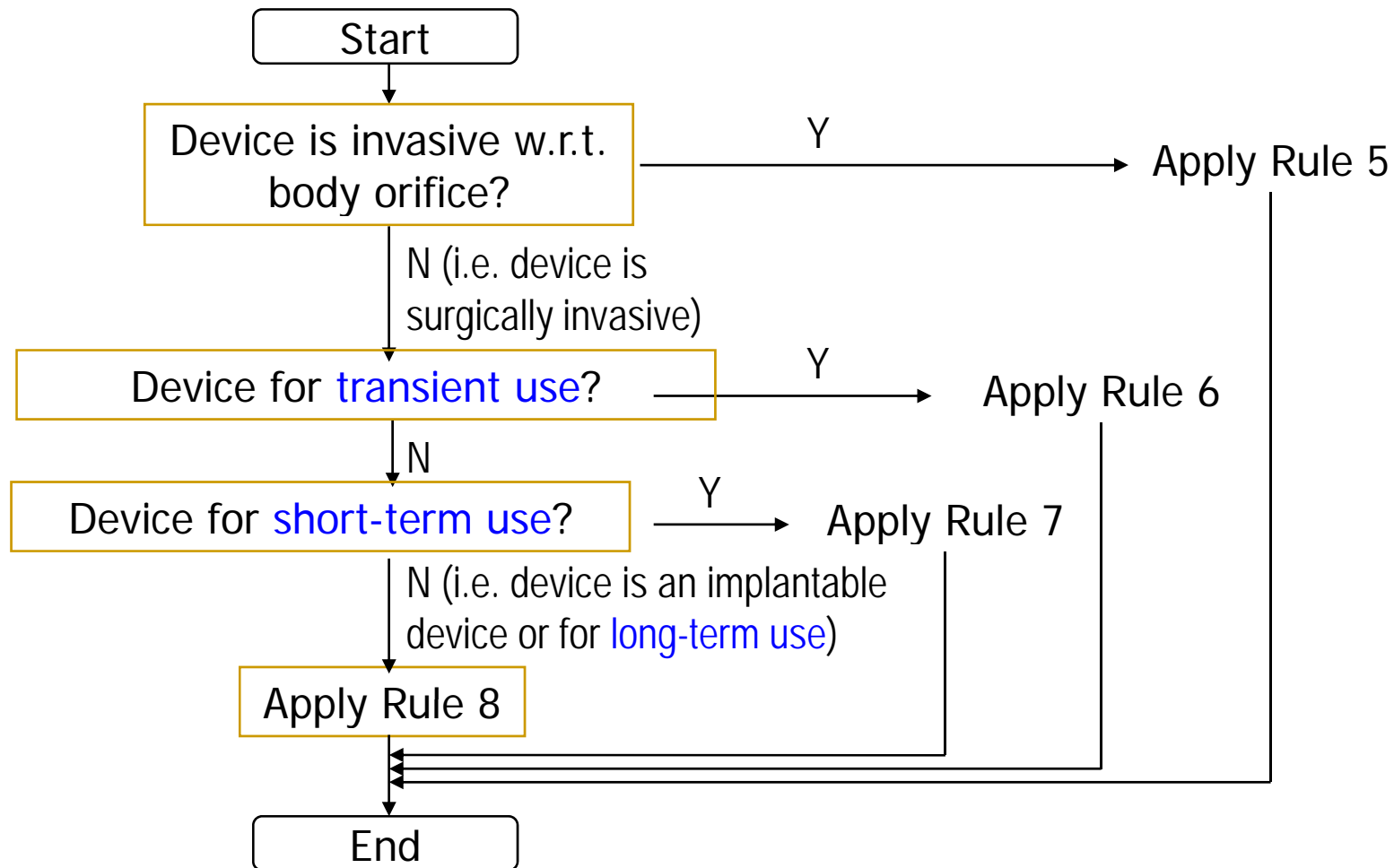
# Classification of Medical Devices



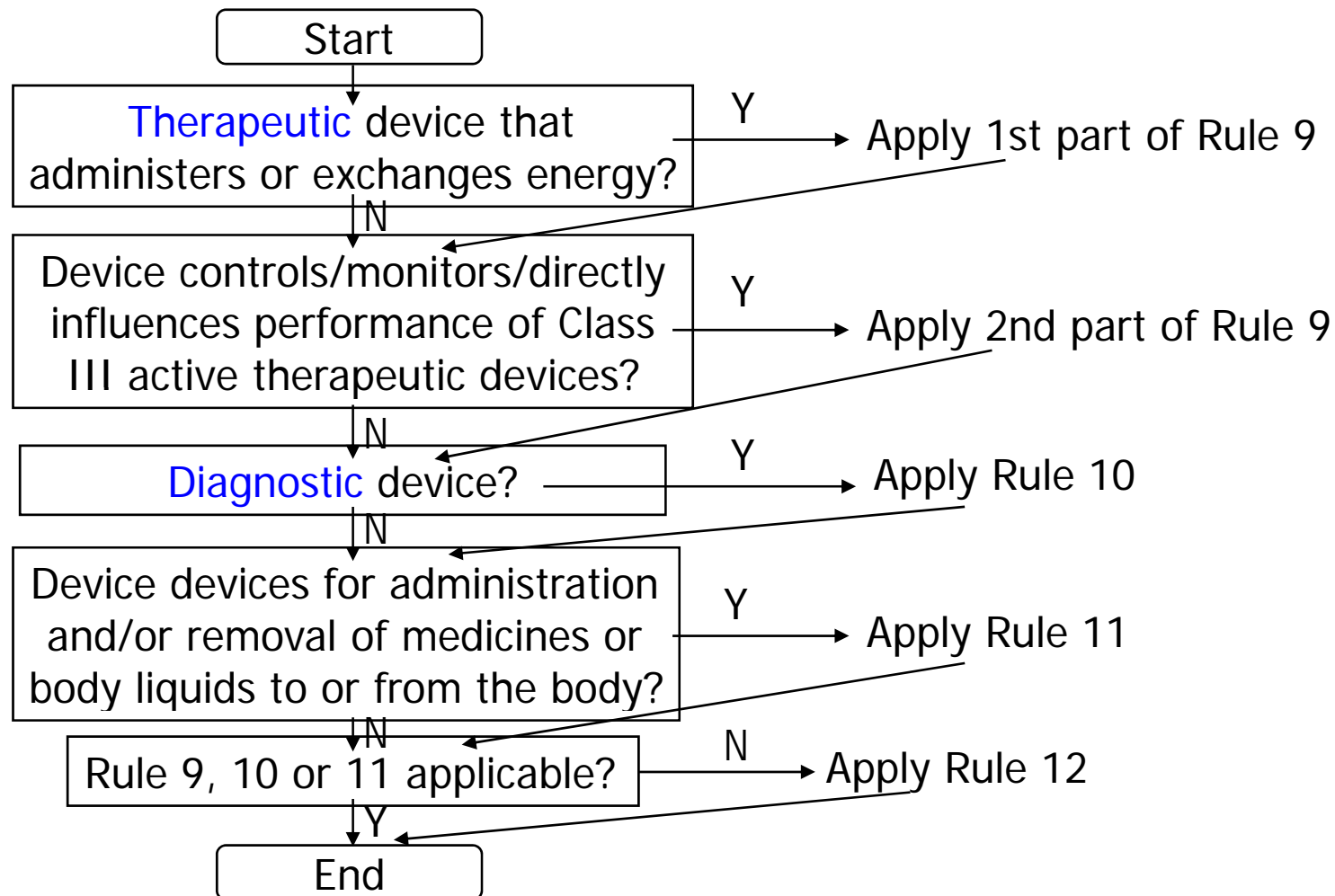
# Go thru' Rules 1 to 4 (if the device is non-invasive)



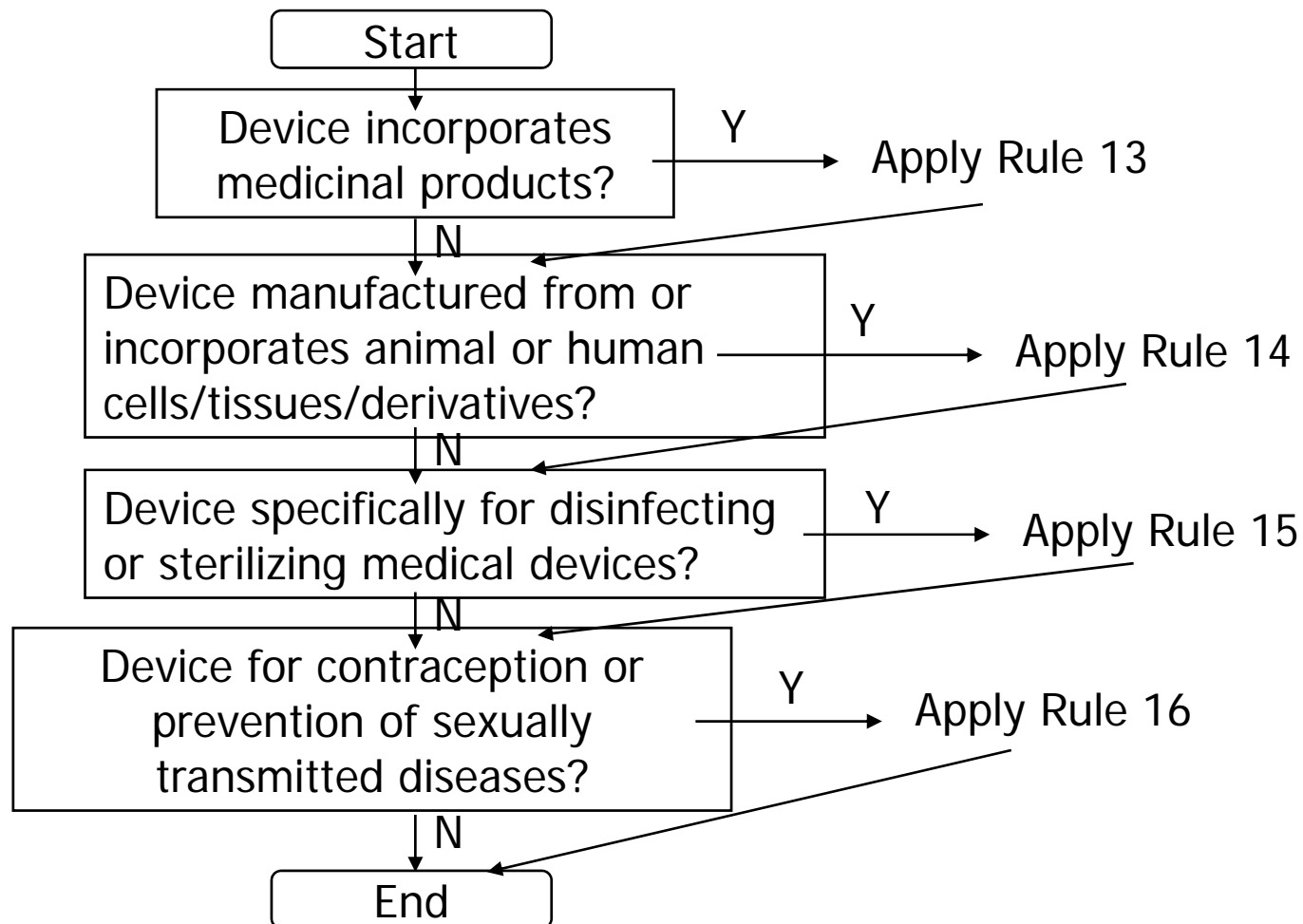
# Go thru' Rules 5 to 8 (if the device is invasive)



# Go thru' Rules 9 to 12 (if the device is active)



# Go thru' Rules 13 to 16



---

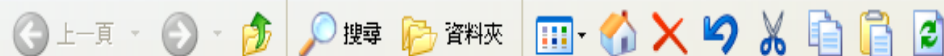
# How to prepare an application





# ABC Medical PMS-123

檔案(F) 編輯(E) 檢視(V) 我的最愛(A) 工具(T) 說明(H)



網址(D) C:\Documents and Settings\ro\_mdco.dh\桌面\ABC Medical PMS-123

## 檔案及資料夾工作

- 建立新的資料夾
- 將這個資料夾發佈到網站
- 共用這個資料夾

## 其他位置

- 桌面
- 我的文件
- 共用文件
- 我的電腦
- 網路上的芳鄰

## 詳細資料

- |                               |                                 |
|-------------------------------|---------------------------------|
| A1 - Manufacturer information | A2 - Manufacturer QMS           |
| B1 - LRP BR                   | B2 - LRP Design Letter          |
| B3 - LRP QMS                  | B4 - LRP SOP                    |
| C1 - Device Information       | C2 - Device History             |
| C3 - Device Labelling         | C4 - Batch Release              |
| C5 - CAB Certificate          | C6 - Device standard            |
| C7 - Clinical Evaluation      | <u>D1 - Marketing Approvals</u> |



# LRP

## Business Registration Certificate (B1)

表格 2  
FORM 2  
《商業登記條例》(第 310 章)  
BUSINESS REGISTRATION ORDINANCE (Chapter 310)  
《商業登記規例》  
BUSINESS REGISTRATION REGULATIONS  
商業/分行登記證  
Business/Branch Registration Certificate

正本  
ORIGINAL  
XXXXXX  
DUPLICATE

業務/法團所用名稱  
Name of Business/  
Corporation  
甲乙丙有限公司  
ABC LIMITED

業務/分行名稱  
Business/  
Branch Name  
LRP MEDICAL SUPPLIES LIMITED

地址  
Address  
UNIT A10 6/F WONG'S BUILDING  
33 HUNG TO ROAD KWUN TONG

業務性質  
Nature of Business  
CONSUMER SERVICES COMPANY

法律地位  
Status  
BODY CORPORATE

生效日期 Date of Commencement	屆滿日期 Date of Expiry	登記證號碼 Certificate No.	登記費及徵費 Fee and Levy
8/8/2008	7/8/2009	123456 -000-08-07-2	\$2,600 (登記費 FEE = \$2,000) (徵費 LEVY = \$ 600)

請注意下列《商業登記條例》的規定 (SEE OVERLEAF FOR ENGLISH VERSION)

第 6(6) 條 規定就任何業務發出商業登記證或分行登記證，不得當作隱含以下意思：有關該業務或經營該業務的人或受僱於該業務的僱員的任何法律規定已獲遵從。

第 7(2) 條 規定任何經營業務人士，倘在現有商業登記證期滿後未有收到繳款通知書，須於1個月內以書面通知稅務局局長。

第 8 條 規定凡申請登記表格內所列業務詳情有任何變更時或凡某項業務經已結束，任何經營有關業務的人或任何在結束前經營該項業務的人須於該變更發生時或該項業務結束時起計1個月內，以書面通知局長。

第 12 條 規定各業務須將其有效的商業登記證或有效的分行登記證於每一營業地點展示。

第 15(1) 條 規定對觸犯本條例者可施行的罰則，包括罰款\$5,000及監禁1年。

第 21 條 規定須將收取徵費所得的全部款項撥付破產欠薪保障基金。

繳款時請將此商業登記證及繳款通知書完整交出。在付款後，本繳款通知書方成為有效的商業登記證。  
PLEASE PRODUCE THIS CERTIFICATE AND DEMAND NOTE INTACT AT TIME OF PAYMENT. THIS DEMAND NOTE WILL ONLY BECOME A VALID BUSINESS REGISTRATION CERTIFICATE UPON PAYMENT.  
機印所示登記費及徵費收訖。(請參閱背頁繳款辦法所載內容)  
RECEIVED FEE AND LEVY HERE STATED IN PRINTED FIGURES. (Please see payment instructions overleaf.)

I.R.D.B. 101 (1/2007) 07 56837153 694898 CHQ \$2,600.00 S  
I.R.D.B. 101 (1/2007)



# Local Responsible Person (LRP)

## Manufacturer's designation letter (B2)

(See GN-01, Appendix 5)

### Appendix 5

#### Sample Letter for Designating a Local Responsible Person

<Name of manufacturer>  
<Address of manufacturer>

Date:

<Name of LRP>  
<Address of LRP>

Dear Sirs,

Re: Designation of Local Responsible Person for <Brief description of devices>

In accordance with the requirements of the Medical Device Administrative Control System (MDACS) of the Hong Kong Special Administrative Region, we hereby designate you, <Name of LRP>, as the Local Responsible Person in respect of the following devices:

<Descriptions of devices including their makes, models, types, and other relevant identifiers>

This designation will require you to comply with, with immediate effect, all the requirements (including but not limited to all the pre-market and post-market requirements) that the MDACS imposes on you as the Local Responsible Person in respect of the above-mentioned devices. We undertake to provide you timely with all the items (documents, information, device and labelling samples etc.) and support that must necessarily originate from us, and which you will need in order to apply for the listing of the afore-mentioned devices and to fulfil your obligations under the MDACS. These items and support include but are not limited to:

- (i) details of design related to the safety and performance of the device;
- (ii) a copy of documents as required in the application form for the listing of devices;
- (iii) any subsequent changes and modifications;
- (iv) details of any recalls, alerts, and related preventive and corrective actions; and
- (v) investigations and reports related to adverse incidents and post market surveillance.

Yours faithfully,

(signature)

(name and title of official signing this letter)

(official chop (if any) of the manufacturer)



## LRP designation letter (B2):

- Issued by the manufacturer

- ★ - **Contains:**

- ✓ Manufacturer's name

- ✓ Manufacturer's address

- ✓ LRP's name

- ✓ LRP's address

 ~~LRP's tel./fax~~



# LRP's documented procedures (B4)

- ★ Procedures to be submitted in the 1<sup>st</sup> application for Listing of medical devices:
  - ✓ Keeping of distribution records
  - ✓ Management of product recalls and field safety notices
  - ✓ Handling of reportable adverse incidents in HK

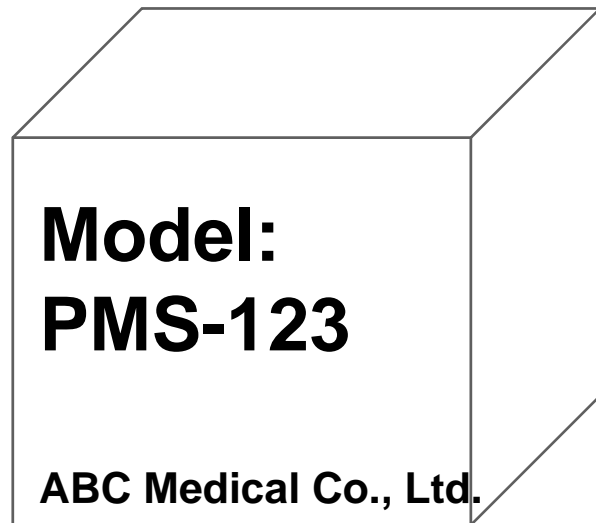
~~✗ Customer survey~~



# Medical Device

Family/Series/  
System      Accessories      Manufacturing  
site(s)      (C1)

Recalls/Adverse Incidents /  
Banning      (C2)



Labelling samples:  
LRP information (Name/address/Tel.), Listing No.  
(HKMD No. ), IFUs, product/package labels      (C3)

If applicable: Wholesale Poisons Licence, Antibiotics  
Permit, Irradiating Apparatus Licence, etc.      (C4)

If applicable: HK MDACS Conformity  
Assessment Certificate      (C5)

Type Test  
Certificate/Report      Risk Analysis  
Report      (C6)

Clinical evaluation report      (C7)



(C3)

- ★ ■ If a medical device is intended for **self-use by consumers**, the **instructions for use** should be written in **both English and Chinese**
  - **Special Listing Information** contains:
    - ★ ✓ Listing no. (HKMD No.)
    - ✓ LRP's name
    - ✓ LRP's address
    - ✓ LRP's tel./fax
    - ✗ ~~LRP's email address~~





# Medical Device (D1)

# EU Approval

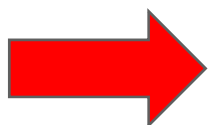
<b>CE Certificates</b>	
<b>EC Design-Examination Certificate</b>	Annex II section 4 MDD Annex 2 section 4 AIMD
EC Type Examination Certificate	Annex III MDD Annex 3 AIMD
<b>Full Quality Assurance System Approval Certificate</b>	Annex II Section 3 MDD Annex 2 section 3 AIMD
EC Verification Certificate	Annex IV MDD Annex 4 AIMD
<b>Production Quality Assurance System Approval Certificate</b>	Annex V MDD Annex 5 AIMD
Product Quality Assurance System Approval Certificate	Annex VI MDD





Medical Device Control Office  
Department of Health

# 儀器 (D1)



Medical Device Administrative Control System  
Essential Principles Conformity Checklist

Make: \_\_\_\_\_

Brand Name and Model: \_\_\_\_\_

Clause	Essential Principle	Applicable	Method of Conformity	Identity of Specific Documents
<b>General Requirements</b>				
1.	Medical devices should be designed and manufactured in such a way that, when used under the conditions and for the purposes intended and, where applicable, by virtue of the technical knowledge, experience, education or training of intended users, they will not compromise the clinical condition or the safety of patients, or the safety and health of users or, where applicable, other persons, provided that any risks which may be associated with their use constitute acceptable risks when weighed against the benefits to the patient and are compatible with a high level of protection of health and safety.	Y	ISO13485: 2003--Medical devices -- Quality management systems -- Requirements for regulatory purposes ISO14971:2007--Medical devices -- Application of risk management to medical devices	Document No. DMF1234
2.	The solutions adopted by the manufacturer for the design and manufacture of the devices should conform to safety principles, taking account of the generally acknowledged state of the art. When risk reduction is required, the manufacturer should control the risks so that the residual risks associated with each hazard is judged acceptable. The manufacturer should apply the following principles in the priority order listed: <ul style="list-style-type: none"><li>• identify known or foreseeable hazards and estimate the associated risks arising from the intended use and foreseeable misuse,</li><li>• eliminate risks as far as reasonably practicable through inherently safe design and manufacture,</li><li>• reduce as far as is reasonably practicable the remaining risks by taking adequate protection measures, including alarms,</li><li>• inform users of any residual risks.</li></ul>	Y		
3.	Devices should achieve the performance intended by the manufacturer and be designed, manufactured and packaged in such a way that they are suitable for one or more of the functions within the scope of the definition of a medical device.	Y		
4.	The characteristics and performances referred to in Clauses 1, 2 and 3 should			

Page 1 of 9

Form MD-CCL (Jul 2011 Edition)



[www.mdco.gov.hk](http://www.mdco.gov.hk)

MDCO (All rights reserved)  
Rev. 2015-10-26

46



## 儀器 (D1)

- ★ Essential Principles Conformity Checklist (form MD-CCL) is not required if the earliest recognised foreign marketing approval is obtained in or before 2004



# 儀器 (D1)

Appendix 3

## Sample of Essential Principles Declaration of Conformity (see GN-02, Appendix 3)

<Name of Manufacturer/Local Responsible Person>  
<Address of Manufacturer/Local Responsible Person>  
<Date>

Medical Device Control Office,  
Department of Health,  
Room 3101, 31/F., Hopewell Centre,  
183 Queen's Road East,  
Wan Chai,  
Hong Kong

Dear Sirs

**Product: <Make> and <Model(s)>**

**<Product Description>**

Manufactured by <Manufacturer>

<Address of Manufacturer>

We declare that the captioned product fully complies with all the relevant clauses stipulated under the Essential Principles of Safety and Performance of Medical Devices as required under the Medical Device Administrative Control System. We undertake to provide the necessary evidence to demonstrate the compliance within two weeks upon request.

Yours faithfully

<Signature>

<Name and Title>

<Company Name>

-34-



---

# Exercise 2 (Post-workshop)

Please complete and return  
Exercise 2 and evaluation form

Many thanks!



---

# Thank you!

( The content of this presentation serves as reference only. Please refer to the Department of Health for detailed operations of MDACS )



---

# Q&A

