



Medical Device Division
Department of Health

Medical Device Administrative Control System (MDACS)

Supplementary Information Sheet for
Medical Devices Procured by the Hospital Authority (HA)

Particulars of Local Responsible Person (LRP)		
LRP's name:	<i>in English</i>	
	<i>in Chinese</i>	
Address:	<i>in English</i>	
	<i>in Chinese</i>	
Contact Information:	Telephone:	
	Email:	

Medical Device Details	
Listing Application Number:	AN
Description:	
Manufacturer:	
Model(s) ¹ :	

¹ The Model(s) should be found in the listing application

Information on Medical Devices Procured by the Hospital Authority (HA)		
The above medical device(s) was/were procured by the HA within the past 12 months:		
HA Purchase Order Number ¹	Purchase Order Date	Name of Supplier ²

¹ The HA Purchase Order Number is a 10-digit number
² If the LRP himself did not participate direct in the bidding exercise, please fill in full name of the company (e.g. dealer, authorized distributor) to which relevant HA contracts was/were awarded to. Otherwise, please leave the cell blank.

Information on Medical Devices Procured by the Hospital Authority (HA) (Continued from page 1)			
HA Purchase Order Number ¹	Purchase Order Date	Name of Supplier ²	<div style="background-color: black; width: 50px; height: 50px; margin: 0 auto;"></div> Additional Pages ³

¹ The HA Purchase Order Number is a 10-digit number

² If the LRP himself did not participate direct in the bidding exercise, please fill in full name of the company (e.g. dealer, authorized distributor) to which relevant HA contracts was/were awarded to. Otherwise, please leave the cell blank.

³ Please use separate sheet if additional space is needed and indicate total number of additional pages.

By submitting this supplementary information sheet, we hereby agree that:

- (1) the information provided herein may be shared by the Government with the Hospital Authority;
- (2) the Government may, for the purpose of processing relevant MDACS listing application, request further information from the Hospital Authority, and
- (3) the Government may disclose the listing status relevant to the medical devices mentioned in this supplementary information sheet to the Hospital Authority.

Name:

Position:

Contact telephone number:

The Applicant (LRP):

Date: