For official use only
AN: _____
VO: _____

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:	*in English*	
	in Chinese	
Address in Hong Kong:	*in English*	
	in Chinese	
Contact Information:	Telephone:	
	Email:	
Application number of the device (if known):		AN

Device Details	
Description of Device:	
Manufacturer:	
Model:	

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

[1] 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.

Information on Medical Devices Procured by the Hospital Authority (HA) **(Continued from page 1)**			
HA Purchase Order Number or HA Contract Number	Contract Commencement Date	Name of Supplier[1]	Additional Pages[2]

[1] 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.

[2] 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.

Signature: _____

Name: _____

Position: _____

Contact telephone number: _____

The Applicant (LRP): _____

Date: _____

(Company chop)