



Medical Device Division
Department of Health

For official use only

AN: _____

VO: _____

Medical Device Administrative Control System
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 in Hong Kong:	<i>in English</i>	
	<i>in Chinese</i>	
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 Tender/Quotation Reference	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.		

Information on Medical Devices Procured by the Hospital Authority (HA) (Continued from page 1)			
HA Tender/Quotation Reference	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.

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;
- (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 (Local Responsible Person):

Date:

(Company chop)