

[organization name]

Technical Documentation for [medical device]

Commented [AES1]: Include the name of the medical device or medical device group for which this Technical Documentation is prepared.

Document information

| | |
|------------------|-----|
| Version: | 0.1 |
| Created by: | |
| Approved by: | |
| Date of version: | |

Commented [AES2]: This is a mandatory section and cannot be deleted, each change in the Technical Documentation, person who prepared and approved Technical Documentation, date and version must be recorded.

Change history

| Date | Version | Created by | Description of change |
|------|---------|------------|-----------------------|
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Commented [AES3]: This is a mandatory section and cannot be deleted, each change in the Technical Documentation must be recorded.

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1. Identification of the device

1.1. Identification of device or device family

| Product details | |
|---|--|
| Name of medical device or a family of medical devices | |
| Single registration number | |
| Trade name | |
| Model name | |
| Device type | |
| Device version | |
| Accessories | |
| Classification according to Annex I of 2007/45/EC and IEC 60601-1 | |
| | |

Commented [AES4]: Most of the sections and fields in this document are mandatory.

Commented [AES5]: Mention all devices' properties covered

Commented [AES6]: You can delete rows that are not

Commented [AES7]: On the following link, you can find more

Commented [AES8]: Write in the classification of the medical

1.2. Identification of the manufacturer

| |
|--------------------|
| Legal manufacturer |
| |
| |

Commented [AES9]: Write manufacturer's full name and addresses for all manufacturers' locations.

Commented [AES10]: Include concise physical and chemical descriptions, including materials; whether the device incorporated

1.3. Device description

| |
|---|
| Description of device |
| |
| List of all versions and dimensions |
| |
| Reference to previous and other generations of the device |
| |

Commented [AES11]: Make a list of all versions, dimensions,

Commented [AES12]: List:
•An overview of the previous generation or generations of the device produced by the manufacturer, where such devices exist;

Commented [AES13]: Provide the exact description of the intended purpose as described in the device's IFU.

In exceptional cases where an instruction for use is not required, describe the generally recognized modalities of use, including:
•name of disease or condition, clinical form, stage, severity

1.4. Intended purpose

| |
|---|
| Intended use/purpose in alignment with Instructions for Use (IFU) |
|---|

[organization name]

| |
|-----------------------------|
| |
| Contraindications |
| |
| Warnings |
| |
| Precautions |
| |
| Intended patient population |
| |
| Intended use |
| |
| Medical conditions |
| |
| Principle of operation |
| |
| Description of device |
| |
| Sterilization method |
| |

Commented [AES14]: Include information about all

Commented [AES15]: Include information about all warnings.

Commented [AES16]: Include information about all

Commented [AES17]: State here whether your device does or

Commented [AES18]: Write the sterilization method applicable to the device.

2. Declaration of conformity

| | |
|--|--|
| Name and address of the manufacturer | |
| Name, registered trade name or registered trademark of medical device product code, catalogue number | |
| BASIC UDI | |
| UDI | |
| Registration number | |
| Classification | |
| Conformity assessment route | |

Commented [AES19]: Product's Declaration of Conformity

Commented [AES20]: Write in the name and address of the

Commented [AES21]: Write in risk class of the device in

Commented [AES22]: State here under which conformity

[organization name]

We herewith declare that the abovementioned products meet the provisions of the following EC Council Medical Device Regulation 2017/745 and its implementation in national law. All supporting documentation is retained on the premises of the manufacturer.

| | |
|---|--|
| Applicable standards | |
| Name and identification number of the notified body | |
| Number of notified certificates | |
| Place and date of issuance of certificates | |
| Signature and function of the authorized person | |

Commented [AES23]: Include the list of applicable harmonized standards and their identification numbers.

Commented [AES24]: Include the name and identification number of the notified body.

Commented [AES25]: Include the place and date of issuing as well as the number of certificates.

Commented [AES26]: Check if the signature of the authorized person is present.

Commented [AES27]: This applies to all companies that are not registered in EU.

Commented [AES28]: Include information related to the notified body, such as the name and identification number.

Commented [AES29]: This document is prepared by Notified Body [name].

Commented [AES30]: If you are using the ISO 13485 & MDR Integrated Toolkit, you can delete a table and write: "The list of applicable standards is defined in document Appendix 2 – List of External Documents." in this section instead.

Commented [AES31]: List all standards used in the product, including their identification numbers.

Commented [AES32]: List whether the standards is harmonized or not.

Commented [AES33]: Include justification for why you have not used the applicable standards.

Commented [AES34]: Include a description of the production process.

Commented [AES35]: You need to have signed quality records.

Commented [AES36]: Include the full name and address of the supplier/subcontractor.

Commented [AES37]: List the process or critical material that is used in the production.

Commented [AES38]: Include information about the supplier/subcontractor.

3. European representative

| | |
|--------------------------------------|--|
| EU representative's name and address | |
| Signature | |

4. General safety and performance requirements

| | |
|---------------|--|
| GSPR document | |
|---------------|--|

5. List of applicable standards

| Name of the standard | Identification number | Harmonized |
|----------------------|-----------------------|------------|
| | | |
| | | |

6. Requirements regarding design and manufacturing

| | | |
|---|------------------|---------------|
| Description of the production process | | |
| | | |
| List of critical suppliers and subcontractors | | |
| Supplier/Subcontractor | Process/Material | Justification |

[organization name]

| | | |
|--|--|--|
| | | |
| | | |

7. Material properties – chemical, physical and biological

| Part/Component | Material (including any specific treatment) | How and where used | Grade | Reference |
|----------------|---|--------------------|-------|-----------|
| | | | | |
| | | | | |

Commented [AES39]: If your medical device is not implantable, and does not contain medicinal substance, animal tissue or human blood derivative, you can delete this section.

This section is to:
•Include additional data above what's already required under preclinical data, etc.

Provide a detailed description of all the materials used in the device, including coatings if relevant. Include the grade of the material and if it is intended for medical applications. If not, a justification for why the assessor accepts the material used must be provided (complete chemical, biological and physical characterization).

8. Benefit-risk analysis and risk management

| Document name | Document version | Document date |
|---------------|------------------|---------------|
| | | |
| | | |

Commented [AES40]: E.g., surface treatment of an implant device

Commented [AES41]: Include the Risk Management Plan, Risk Management Report, and any other documents related to risk management.

9. Biocompatibility

| Biocompatibility report details | | | | |
|---|---------|------|---------|-------|
| Name of the report | | | | |
| Date of the report | | | | |
| Version | | | | |
| Laboratory name | Address | City | Country | State |
| | | | | |
| Certification for using non-accredited laboratory | | | | |

Commented [AES42]: If your medical device does not require biocompatibility testing, you can delete this section.

Commented [AES43]: Name the laboratory in which the testing was performed.

Commented [AES44]: If you have used non-accredited laboratory, you must provide a justification for why the assessor accepts the material used must be provided (complete chemical, biological and physical characterization).

Commented [AES45]: E.g., studies in technical performance

10. Pre-clinical data

[organization name]

| Test | Document with test result | | Date | Version |
|---|---------------------------|---------------------------|--|----------|
| | | | | |
| Laboratory name | Laboratory address | Type of the accreditation | Accreditation number / certificate / scope | Valid to |
| | | | | |
| Justification for using non-accredited laboratory | | | | |

Commented [AES46]: Name the laboratory in which testing

Commented [AES47]: If you have used non-accredited

11. Stability

| Stability report details | | | | |
|---|--------------------|---------------------------|--|----------|
| Name of the report | | | | |
| Date of the report | | | | |
| Version | | | | |
| Laboratory name | Laboratory address | Type of the accreditation | Accreditation number / certificate / scope | Valid to |
| | | | | |
| Justification for using non-accredited laboratory | | | | |

Commented [AES48]: Name the laboratory in which

Commented [AES49]: If you have used non-accredited

12. Sterilization and sterilization validation

| Document name | Date | Version | | |
|---|--------------------|---------------------------|--|----------|
| | | | | |
| | | | | |
| Laboratory name | Laboratory address | Type of the accreditation | Accreditation number / certificate / scope | Valid to |
| | | | | |
| Justification for using non-accredited laboratory | | | | |

Commented [AES50]: Name the laboratory in which

Commented [AES51]: If you have used non-accredited

[organization name]

13. Radiation/electrical safety

| Radiation/electrical safety report details | | | | |
|---|---------|-----------------------|----------------------|----------|
| Name of the report | | | | |
| Date of the report | | | | |
| Version | | | | |
| Laboratory name | Address | Type of accreditation | Accreditation number | Valid to |
| | | | | |
| Justification for using non-accredited services | | | | |

Commented [AES52]: If your medical device is class I or class II, you do not need to provide this information.

Commented [AES53]: Name the laboratory in which testing was performed.

Commented [AES54]: If you have used non-accredited services, provide justification for why you have used non-accredited services.

14. Software and software validation

| Document name | Date | Version |
|---------------|------|---------|
| | | |
| | | |

Commented [AES55]: You can delete this section: if your medical device does not have software.

15. Usability

| Usability report details | |
|--|--|
| Name of the report | |
| Date of the report | |
| Version | |
| Justification for not performing the usability study | |

Commented [AES56]: If there is no need for the usability (e.g. the device is a simple, single-use device), you do not need to provide this information.

Commented [AES57]: If no usability study was performed, you must provide justification for why you have not performed a usability study.

Commented [AES58]: Provide justification for why you have not performed a usability study.

16. Labeling

| Label type | Revision number | Valid date |
|------------|-----------------|------------|
| | | |
| | | |

Commented [AES59]: List all types of labels.

17. Instructions for use (IFU)

| Instructions for use details | |
|--|--|
| Name of the document | |
| Date of the document | |
| Version | |
| Justification for not providing instructions for use | |

Commented [AES60]: Instructions for use are not required for class I and class IIa devices if such devices can be used safely

Commented [AES61]: If you do not have instructions for use

Commented [AES62]: Provide justification for why you have

18. Clinical evaluation

| Document name | Document version | Document date |
|---------------|------------------|---------------|
| | | |
| | | |

Commented [AES63]: Include the Clinical Evaluation Plan,

19. Post-market surveillance

| Document name | Document version | Document date |
|---------------|------------------|---------------|
| | | |
| | | |

Commented [AES64]: Include the PMS Plan, PSUR report, and