

[organization name]

## List of UDI-DI

### Document information

Version:	
Created by:	
Approved by:	
Date of version:	

**Commented [AES1]:** This section is mandatory and cannot be deleted, for each change in the List of UDI-DI, person who prepared and approved the list, date and version must be recorded.

### Change history

Date	Version	Created by	Description of change
			Basic document outline

**Commented [AES2]:** This section is mandatory and cannot be deleted, each change in the list must be recorded.

[organization name]

UDI-DI number	Name of the device	Dimensions	Material

**Commented [AES3]:** Write an UDI-DI number for each medical device that your company manufactures.

**Commented [AES4]:** Include the name of the medical device.

**Commented [AES5]:** Include the dimensions of the medical device.

**Commented [AES6]:** If the medical device does not have