



### 3.1.4 Device Identifiers

<b>Generic denomination:</b>	
<b>Device trade name:</b>	<b>Model:</b>
<b>Device name:</b>	
<b>European Medical Device nomenclature</b>	
<b>Medical device classification:</b>	
<b>Classification rule:</b>	
<b>Device description:</b>	
<b>Intended (clinical) purpose:</b>	
<b>Does the device contain or incorporate medicinal substance(s)?</b>	
<b>Yes</b>	<b>No</b>
<b>If yes, please provide the medicinal substance(s) name(s):</b>	
<b>The device incorporates, as an integral part, or it is manufactured using:</b>	
<b>Non-viable tissues of human origin or their derivatives with an ancillary action</b>	
<b>Non-viable cells of human origin or their derivatives with an ancillary action</b>	
<b>Non-viable tissues of animal origin or their derivatives with an ancillary action</b>	
<b>Non-viable cells of animal origin or their derivatives with an ancillary action</b>	
<b>Non-viable biological substance other than those referred to in the previous points</b>	
<b>None of these proposals/Not applicable</b>	

**Is the Investigational Device CE marked?**

**Yes      No**

**If yes, please provide the information in the box below.**

To what extent is the intended purpose of the device in the clinical investigation covered by the CE-mark?

**CE marked device will be used outside the scope of its CE mark**

CE marked device will be used within the scope of its CE mark and no additional procedures are foreseen in the clinical investigation

**CE marked device will be used within the scope of its CE mark, but additional procedures are foreseen in the clinical investigation**

Are those additional procedures considered to be burdensome and/or invasive?

**Yes      No**

Please, comment why do you consider as such?

**Information related to the Notified body involved, if applicable:**

**Notified body number:**

**Notified body name:**

### **3.2 Previous clinical investigation**

**Has this device been investigated in a clinical investigation within the EU previously?**

**Yes      No**

**If yes, please provide the relevant reference number(s) (such as SIN, CIV-ID, other reference(s)) of the previous clinical investigations**

### **3.3 Scientific opinion/view**

**Has the investigational/study device been subject to a national scientific view/opinion from an Expert Panel**

**Yes      No**

### **3.4 Manufacturer of the investigational device**

**Is the manufacturer the same as the sponsor?**

**Yes      No**

**If no, please fill in the requested information in section 3.4.1 and 3.4.2.**

### 3.4.1 Manufacturer information

<b>Organisation name:</b>		
<b>Address</b>	<b>Street name:</b>	<b>Street number:</b>
	<b>Postal code:</b>	<b>City:</b>
	<b>Country:</b>	
<b>Telephone number:</b>		
<b>Email:</b>		

#### Contact person of the manufacturer

<b>First name:</b>
<b>Last name:</b>
<b>Telephone number:</b>
<b>Email:</b>

### 3.4.2 Authorised representative

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<b>Organisation name:</b>		
<b>Address</b>	<b>Street name:</b>	<b>Street number:</b>
	<b>Postal code:</b>	<b>City:</b>
	<b>Country:</b>	
<b>Telephone number:</b>		
<b>Email:</b>		

#### Contact person of the authorised representative

<b>First name:</b>
<b>Last name:</b>
<b>Telephone number:</b>
<b>Email:</b>

Additional devices could be added by using a duplicated section 3, in appendix to this application form.