

Medical Device Registration Submission Form

1. Manufacturer Information

Company Name:

Address:

Contact Person:

Email:

Phone:

2. Device Information

Device Name:

Model Number:

Device Class:

Intended Use:

3. Regulatory Documentation

ISO Certification:

Choose File

 No file selected

Product Brochure:

Choose File

 No file selected

Clinical Data/Studies:

Choose File

 No file selected

4. Declaration

☐ I declare that all information provided is accurate to the best of my knowledge.

Submit Registration