[To be printed on Letterhead of Manufacturer]

Shelf-Life Certificate

We hereby confirm the following with regard to the In-Vitro Diagnostic Medical Device *< Please add product name (without listing codes/catalogue numbers unless needed to identify the product) as it appears in the Declaration of Conformity / CE / Free Sale Certificate / CFG / Canadian Medical Device Active License>:*

Shelf life	*< Please add shelf life of the finished product (and its components if applicable) either in days or in months >*
Storage conditions	*< Please describe storage conditions as they appear on label / IFU >* *< Please add "No special storage conditions" in case no storage conditions are mentioned in IFU/Label >*

Signed on behalf of *< Please add manufacturer name or whom it authorizes >,*

Authorized signatory:		
< please add authorized signatory name and title >	*< Please apply signature and manufacturer stamp >*	*< Please add date of applying signature>*
Name & Position	**Signature & Stamp**	**Date**

- Lines in blue are for clarification purpose only and to be deleted in the signed document.
- Wording in green between marks " " may be used where applicable.
-Please Number pages of the technical file.