

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.