

Packaging Certificate

[To be printed on Letterhead of Manufacturer]

Name and Address of Manufacturer

< Please add Manufacturer Name >

< Please add Manufacturer Address >

The Packaging configuration(s) of the medical device *< Please add product name (without listing codes/catalogue numbers unless needed to identify the product) as it appears in the Free Sale Certificate / CFG / Canadian Medical Device Active License>* **is listed in the below table:**

< Please fill all possible packaging configurations in the below table >

< If any packaging level doesn't apply on the product or is not labelled with product info (such as shipper pack), please delete its relevant rows>

< If number of units in Secondary packaging level and/or Tertiary packaging level is variable according to customer request, please add this fact in Packing Description row and delete the row(s): Secondary Pack Number of Units and/or Tertiary Pack Number of Units as applicable >

< If number of units in Secondary packaging level and/or Tertiary packaging level is variable according to codes, please add the no. of units/relevant packaging level for each code/group of codes in packing description section and delete the row(s): Secondary Pack Number of Units and/or Tertiary Pack Number of Units as applicable >

< Please clarify any added abbreviations >

Packing Description <i>(Please describe the packaging configuration of the product including primary, secondary and tertiary packaging levels as applicable. (Please clarify if IFU, patient labels, desiccant, etc. are included) (please clarify if the packaging configuration include an accessories pack (e.g. accessories pouch, packed needle) and define in which packaging level it is present)</i>	
Material of Primary Pack <i>(please describe primary packaging components and clarify their materials)</i>	
Primary Pack Number of Units <i>(please clarify no. of units per primary pack)</i>	
Material of Secondary Pack <i>(please describe Secondary packaging components and clarify their materials)</i>	
Secondary Pack Number of Units <i>(please clarify no. of units per Secondary pack)</i>	
Material of Tertiary Pack <i>(please describe Tertiary packaging components and clarify their materials)</i>	

Tertiary Pack Number of Units <i>(please clarify no. of units per Tertiary pack)</i>	
Number of Units Per Pack <i>(please clarify no. of units per sales pack)</i>	

Signed on behalf of *< Please add manufacturer name >*,

Authorised signatory:		
<i>< please add authorised signatory name and title ></i>	<i>< Please apply signature and manufacturer stamp ></i>	<i>< Please add date of applying signature></i>
Name & Position	Signature & Stamp	Date

- Lines in blue are for clarification purpose only and to be deleted in the signed document.