

Sterilization Certificate

[To be printed on Letterhead of Manufacturer]

Name and Address of Manufacturer

< Please add Manufacturer Name >

< Please add Manufacturer Address >

We hereby declare that 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** *< Please add “Sterile” or “Non-Sterile” or “Non-Sterile and intended to be sterilized before use” >.*

< Please complete the next line as applicable >

“Sterilization method:” < Please describe the applicable sterilization method(s) of the finished product or of its components or to be applied on the product before use as applicable >

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.

- Wording in green between marks “ ” may be used where applicable.