

Sterilization Certificate

[To be printed on Letterhead of Manufacturer or whom it authorizes]

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 codes/catalogue numbers) as it appears in the Free Sale Certificate / CFG / Canadian Medical Device Active License> is < Please add "Sterile" or "Non-Sterile" >.

< Please complete the next line if "Sterile" was chosen >

Sterilization method: < Please describe the applicable sterilization method(s) >

Signed on behalf of < Please add manufacturer name > ,

Authorised signatory: < To be signed by the person authorised by the manufacturer >		
< please add authorised 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.