

Konformitätserklärung Declaration of Conformity

Wir

We

B. Braun Melsungen AG
Carl-Braun-Str. 1
34212 Melsungen
Deutschland/Germany
DE-MF-000000201

erklären in eigener Verantwortung,
dass das/die Produkt/e

Infusomat® Plus Line

Nur für die Regionalanästhesie.
Zur Verwendung mit geeigneten Pumpen
oder Schwerkraft.

(Artikelnummern und Basic UDI-DI siehe Anlage I)

mit den Anforderungen der Medizinprodukte
Verordnung (EU) 2017/745
übereinstimmt/übereinstimmen

Konformitätsbewertungsverfahren
nach Anhang IX

Klassifizierung

gemäß Anhang VIII der oben genannten
Verordnung
Klasse IIa

Benannte Stelle

TÜV SÜD Product Service GmbH
Kennnummer 0123

Gültig bis

gemäß gültigem EU Zertifikat
(Nr. G10 012974 0611)

hereby declare in our own responsibility
that the product/s

Infusomat® Plus Line

For Regional Anesthesia only. For application by
compatible pumps or gravity.

(article and Basic UDI-DI numbers see attachment I)

is/are in conformity with the requirements of the
Medical Device Regulation (EU) 2017/745

Conformity Assessment Procedure
according to annex IX

Classification

according to annex VIII of the Regulation named
above
Class IIa

Notified Body

TÜV SÜD Product Service GmbH
Identification number 0123

Valid until

according to our valid EU Certificate
(No. G10 012974 0611)

Anlage I / Attachment I

Basic UDI-DI: 4039239000008642Z

| Art.-Nr. / Art. No. | Produktname / Product name |
|----------------------------|-----------------------------------|
| 8700410 | Infusomat® Plus Line |

| Klasse / Class |
|-----------------------|
| Ila |

Document amendment information

| Version | Description of the changes |
|---------|----------------------------|
| 1.0 | Initial Version under MDR. |

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