

This operator information notification form for distributors of medical devices shall be duly completed and sent to Fimea's service mailbox at laiterekisteri@fimea.fi. Fimea will send the Fimea operator reference number to the submitter by e-mail.

| | | | | |
|--|------------------------------------|---|-------------------------------|--|
| A. Basic information | Legislation | | | |
| | <input type="checkbox"/> MDR | <input type="checkbox"/> IVDR | <input type="checkbox"/> IVDD | <input type="checkbox"/> National regulation |
| | Type of notification ² | | | |
| | <input type="checkbox"/> New Actor | <input type="checkbox"/> Change in operator information | | |
| The date of your latest confirmation of data | | | | |

¹ Indicate the legislation applicable to the operator, MDR = Regulation (EU) 2017/745, IVDR = Regulation (EU)2017/746, IVD = Directive 98/79/EC, National = Medical Devices Act 719/2021. You can select more than one applicable legal provision.

² Indicate whether this notification pertains to a new operator or a change to operator information. A change notification must be submitted for any changes to the notified information.

| | | |
|--------------------------------|---|---|
| B. Operator information | The submitter's role is ^{3*} | |
| | <input type="checkbox"/> Distributor ⁴ | <input type="checkbox"/> Importer to Finland (e.g. sel-test) ⁵ |
| | Operator's name* | |
| | Fimea's actor reference number ⁶ | |
| | Operator's abbreviation | |
| | EORI number ⁷ | VAT number |
| | Street name and number* | |
| | Postal code* | City* |
| | PO Box | Country* |
| | E-mail address* | Public telephone number |
| | Public e-mail address | Operator's public Web address |
| | Further information | |

³ The liability to file a notification pertains to all distributors liable to file a notification, not only those who are based in Finland.

⁴ Indicate the distributor who distributes medical devices to retailers, healthcare and social welfare operators and other professional users.

⁵ Indicate the distributor who imports to the market a device intended for self-testing or a device containing substances of human origin.

⁶ Fimea's reference numbers will be notified to the operator when the notification has been processed. Fimea' operator reference number must be given if you are submitting an operator's change notification.

⁷ EORI number: All companies and persons involved in trade on the EU market must have an EORI number that can be found from the EORI database (https://ec.europa.eu/taxation_customs/dds2/eos/eori_home.jsp?Lang=fi). If you or your company do not have an EORI number, contact the customs authorities of your home country (https://ec.europa.eu/taxation_customs/customs-4/union-customs-code/national-customs-administrations_en).

| | | |
|---|-------------------|-----------------|
| C. Operator's contact person information | First name* | Last name* |
| | Telephone number* | E-mail address* |

| | | |
|--|------------------------|----------------|
| E. Invoicing information ⁹ | Invoicing organisation | |
| | Street name and number | |
| | Postal code | City |
| | VAT number | Country |
| | Invoicing language | |
| | Telephone number | E-mail address |
| | e-Invoicing address | Operator ID |

⁹ Indicate the invoicing details if different from those in section "B Operator information".

| | | |
|---|--------------------------|----------------|
| F. Submitter information ¹⁰ | Submitter's organisation | |
| | First name | Last name |
| | Telephone number | E-mail address |

¹⁰ Indicate the submitter information if you are filing the notification on behalf of the operator

| | | |
|--|--|--|
| As the submitter, I hereby declare that I am authorised to give this information on behalf of the actor* | | |
|--|--|--|

| |
|---------------------------|
| Date of the notification: |
|---------------------------|

The Finnish Medicines Agency will not separately acknowledge the receipt of the notification.