

Application for an exemption for placing a medical device on the market or putting one into service

In accordance with Article 59 of Regulation (EU) 2017/746 on medical devices (MD) / Article 54 of Regulation (EU) 2017/746 on in vitro diagnostic medical devices (IVD) and Section 58 of the Medical Devices Act (719/2021), the Finnish Medicines Agency Fimea may grant a fixed-term exemption for placing a medical device on the market or putting one into service, even if the conformity assessment procedure for the device has not been carried out in accordance with the MD Regulation or the IVD Regulation.

The completed and signed form with its attachments is submitted using Fimea's Secure Mail Service (<https://secmail.fimea.fi/>) to derogations@fimea.fi.

Applicant is (check the relevant option)

- manufacturer of the device
- authorised representative
- healthcare provider / professional user
- other, please specify:

If the application is filled in by a manufacturer, authorised representative or another similar party, please fill in sections 1A-1C, 2 and 4 of the application.

If the application is filled in by a healthcare provider, please fill in sections 1A, 1B, 3 and 4.

1A. Applicant	
Organisation	Address
Email address	Contact person for the application
Contact person's email address	Contact person's telephone number
Applicant's representative (if applicable)	
Organisation	Address
Email address	Contact person for the application
Contact person's email address	Contact person's telephone number

1B. Manufacturer (if other than applicant)	
Company	Address
Email address	Contact person for the application
Contact person's email address	Contact person's telephone number

1C. Medical device				
Name of the device			EMDN code, if available	
Model, product number or UDI			Device manufacturer	
Risk class of the device according to the MD/ IVD regulation				
<input type="checkbox"/> MD I	<input type="checkbox"/> MD Is <input type="checkbox"/> MD Im		<input type="checkbox"/> IVD A	<input type="checkbox"/> IVD As
<input type="checkbox"/> MD IIa			<input type="checkbox"/> IVD B	
<input type="checkbox"/> MD IIb			<input type="checkbox"/> IVD C	
<input type="checkbox"/> MD III			<input type="checkbox"/> IVD D	
Intended use of device				
Is the device available on the market outside the EEA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, where?				
<input type="checkbox"/> Americas <input type="checkbox"/> Asia/Oceania <input type="checkbox"/> Middle East/Africa				
Has the notified body previously performed a conformity assessment of the device for the intended use covered by this application?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, under which legislation has the conformity assessment been conducted?				
<input type="checkbox"/> MDD <input type="checkbox"/> MDR <input type="checkbox"/> IVDD <input type="checkbox"/> IVDR				
Specify when the device is expected to be CE marked. (dd.mm.yyyy). Please add relevant correspondence with the notified body as attachments to the application.				
Briefly explain how the device is necessary for protecting public health or alleviating or treating a patient's disease or injury. Please present a statement from clinicians using the device as attachment to the application.				
Are there similar CE marked devices already on the market? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please attach documented evidence				
Briefly describe how the device differs from other similar CE marked medical devices on the market. Please attach documented evidence.				
Are there alternative treatments (medicinal products, medical devices or other) available? Please attach documented evidence				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Briefly describe the evidence showing that the device fulfils the relevant general safety and performance requirements. Please provide GSPR (with relevant appendices) according to Annex I to MD / IVD Regulation as attachment.				

2. Application

Specify the time needed for exemption (dd.mm.yyyy – dd.mm.yyyy).

Has a derogation been applied for the device in other EU Member States?

Yes No

If yes, please indicate the Member States where a derogation has been applied for and the status of the application:

- AT BE BG CH CY
- CZ DE DK EE ES
- FR GR HR HU
- IE IS IT LI LT
- LU LV MT NL NO
- PL PT RO SE SI SK TR

Approval received from the following Member States:

Denial received from the following Member States:

Application under review:

3. Application filled in by healthcare provider

Health care institution

Address

Contact person for the application

Contact person's email address

Contact person's telephone number

Name of the device

Device manufacturer

How many patients does the exemption apply to?

Briefly explain how the device is necessary for protecting public health or alleviating or treating a patient's disease or injury.

Briefly describe how the device differs from other similar CE marked medical devices on the market.

Briefly describe the evidence showing that the device fulfils the relevant general safety and performance requirements.

4. Attachments to the application (* for additional guidance, please see below)
<input type="checkbox"/> 1. GSPR (with relevant appendices) according to Annex I to MD / IVD Regulation
<input type="checkbox"/> 2. Statement on the need for the exemption from clinicians using the device or equivalent statement
<input type="checkbox"/> 3. Correspondence with the notified body
<input type="checkbox"/> 4. Planned timeline for CE marking
<input type="checkbox"/> 5. Decisions (both positive and negative) from other Member States, if available
<input type="checkbox"/> 6. Instructions for use of the device
<input type="checkbox"/> 7. Evidence that there is no similar CE marked medical device on the market
<input type="checkbox"/> 8. Other, please specify:

I affirm that the information and documents delivered with this application above are correct and that all information requested has been provided.

Signature

Name

Position

(* 1. GSPR - A checklist of how the general safety and performance requirements set out in Annex I of the MD/IVD Regulation, including standards and common specifications, are fully or partially met, and a description of the solutions to meet general safety and performance requirements to the extent that these standards or common specifications are not met or are only partially met or are missing.

2. Independent statement from clinicians working in Finland who use the device in their work, or other equivalent statement from a Finnish healthcare institution, the Ministry of Social Affairs and Health or an agency or institution under its administrative branch

7. Clearly documented evidence that there is no similar CE marked medical device on the market.