**Consultation procedure for a medicinal substance added to a medical device**

**Notified body decision**

|  |  |
| --- | --- |
| **1. Name of product** | **2. Consultation reference number***(Insert number allocated by ANSM)* |
|  |  |
| **3. Notified Body**  *(insert name, address, telephone and e-mail address of contact person)* | **4. Applicant seeking device approval**  *(insert name and address)* |
|  |  |
| **5. Decision of notified body** | |
| **❒ The EC certificate was issued**  **❒ The EC certificate was not issued**  *(Please comment as appropriate)* | |
|  | |
| **Signature Date**  **Capacity in which signed:** | |

**Please complete all boxes and return form to:**

ANSM

DMCDIV – [dmcdiv@ansm.sante.fr](about:blank)

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