



Declaration of Conformity

This European Declaration of Conformity is issued under the sole responsibility of the manufacturer.

MANUFACTURER			
Name of Company		Address	SRN
Bio/Data Corporation		155 Gibraltar Road, Horsham, PA 19044 U.S.A.	US-MF-000026991
AUTHORIZED REPRESENTATIVE			
Name of Company	Address	SRN	Telephone/email
mdi Europa GmbH	Langenhagener Str. 71 30855 Langenhagen GERMANY	DE-AR-000006218	+49-511-3908 9531 – phone info@mdi-europa.com
PRODUCT IDENTIFICATION			
Product / Trade Name		Product Code / Catalog Number	Basic UDI-DI
AggRecetin 1.0-1.5		100970	++G0561009704A
Intended Purpose			Photo
See Instructions for Use			See website www.biodatacorp.com
AggRecetin reagent is the required reagent, used in combination with other IVD components, to perform a Ristocetin Cofactor Activity test on Platelet Poor Plasma.			
IVDR RISK CLASS / COMMON SPECIFICATIONS			
Device Classification		Common Specifications	
Class	A non-sterile	No relevant common specifications have been published yet.	
Rule	5a per Annex VIII of IVDR 2017/746		

Bio/Data Corporation, the Manufacturer, declares that the above-mentioned product meets the provision of the following EU legislation:

155 Gibraltar Road, Horsham, PA 19044 U.S.A.
 Worldwide: (215) 441-4000 U.S.A.: (800) 257 - 3282
 Fax Worldwide: (215) 443-8820
www.biodatacorp.com e-mail: customer.service@biodatacorp.com
 An ISO 13485 Registered Company

In Vitro Diagnostic Medical Device Regulation (IVDR) (EU) 2017/746

Conformity Statement:


Bio/Data Corporation confirms that the device covered by this declaration is in conformity with the (EU) IVDR 2017/746 Regulation and, if applicable, with any other relevant Union Legislation that provides for the issuing of an EU Declaration of Conformity.

Notified Body (NB) Identification, conformity assessment procedure performed and identification if the certificate or certificates issued:

Not applicable. The conformity assessment procedure for Class A Devices should be carried out, as a general rule, under the sole responsibility of manufacturers, since such devices pose a low risk to patients. (Self-Declaration)

COMPANY REPRESENTATIVE: William M. Trolio

SIGNATURE: _____

A handwritten signature in black ink, appearing to read 'W. Trolio', is written over a horizontal line. The signature is stylized and cursive.

TITLE/FUNCTION: Director of Quality Assurance & Regulatory Affairs for Bio/Data Corporation

PLACE: Bio/Data Corporation, Horsham, PA. 19044 U.S.A.

DATE: 3 February 2023