TÜV NORD CERT Client Questionnaire
MDR Conformity assessment procedure

Client name:

1	MANUFACTURER, General Information	Enter Information	☐
2	PARENT ORGANISATION, General Information	Enter Information	☐
3	AUTHORIZED REPRESENTATIVE	Enter Information	☐
4	ADDITIONAL SITES of the Manufacturer	Enter Information	☐
5	SUPPLIER / SUBCONTRACTOR	Enter Information	☐
6	CONFORMITY ASSESSMENT PROCEDURE	Enter Information	☐
7	PRODUCT RANGE, General information	Enter Information	☐
8	VOLUNTARY CERTIFICATION, Information	Enter Information	☐
9	MANUFACTURING PROCESS	Enter Information	☐
10	PRODUCT, OVERVIEW	Enter Information	☐
11	CLASS I PRODUCTS, Sterile	Enter Information	☐
12	CLASS I PRODUCTS, Measuring function	Enter Information	☐
13	CLASS I PRODUCTS, Reusable surgical instruments	Enter Information	☐
14	CLASS IIa PRODUCTS	Enter Information	☐
15A	CLASS IIb non implantable PRODUCTS	Enter Information	☐
15B	CLASS IIb PRODUCTS, implantable exempted	Enter Information	☐
15C	CLASS IIb PRODUCTS, implantable	Enter Information	☐
16A	CLASS III PRODUCTS, not implantable	Enter Information	☐
16B	CLASS III PRODUCTS, implantable	Enter Information	☐
17	PRODUCT RANGE, further explanations	Enter Information	☐
18	AUDIT EFFORT, impacting factors	Enter Information	☐
19	TRAINING AND CONSULTANCY	Enter Information	☐
20	Signature	Enter Information	☐

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