

## Manufacturer's Declaration

in relation to Regulation (EU) 2023/607 amending Regulations (EU) 2017/745 and (EU) 2017/746 as regards the transitional provisions for certain medical devices and in vitro diagnostic medical devices, in particular with respect to

- the validity of certificates issued under Council Directive 90/385/EEC on Active Implantable Medical Devices (AIMDD) or Council Directive 93/42/EEC on Medical Devices (MDD) (Directive Certificates) *and/or*<sup>1</sup>
- the compliance of the devices and us as their manufacturer with the conditions for the continued placing on the market and putting into service

<b>Manufacturer name</b>	<b>Well Lead Medical Co., Ltd.</b>
Manufacturer address and contact details	C-4 Jinhu Industrial Estate, Hualong, 511434 Panyu, Guangzhou, People's Republic of China
Single Registration Number (SRN) (if available)	CN-MF-000006728

<b>Authorised Representative name</b>	<b>Shanghai International Holding Corp. GmbH (Europe)</b>
Authorised Representative address and contact details	Eiffestraße 80, 20537 Hamburg, GERMANY
Single Registration Number (SRN) (if available)	DE-AR-000000001

<b>Notified body name (if applicable)</b>	<b>TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany</b> <input type="checkbox"/> See attached schedule
Notified body number (if applicable)	CE0123 <input type="checkbox"/> See attached schedule

<sup>1</sup> The first condition is not applicable in case of devices for which the conformity assessment procedure pursuant to MDD did not require the involvement of a notified body, for which the declaration of conformity was drawn up prior to 26 May 2021 and for which the conformity assessment procedure pursuant to this Regulation requires the involvement of a notified body.

Directive Certificate number(s) to which this confirmation is made (if applicable)	G1 038814 0088 Rev.00 G1 038814 0086 Rev.01 G1 038814 0087 Rev.01 <input type="checkbox"/> See attached schedule
Original expiry date as indicated on the Directive Certificate prior to the extension of the validity (if applicable)	2024-05-26 <input type="checkbox"/> See attached schedule
End date of extended validity/transition period	2028-12-31 <input type="checkbox"/> See attached schedule

We, as the manufacturer declare under our sole responsibility:

- for the above listed **Directive Certificate** (or see attached schedule, if multiple certificates) the conditions for the legal extension of validity as required in Article 120.2 of the MDR are met *and/or*<sup>2</sup>
- the listed **device(s)** in the attached schedule and we as their manufacturer are in compliance with the conditions listed in Article 120.3c of the MDR for continued placing on the market and putting into service,

namely by fulfilling the following conditions:

➤ **Directive Certificate(s)** as listed above or in the attached schedule

- Directive Certificate(s) covering the listed device(s) was/were issued after 25 May 2017, was/were valid on 26 May 2021 and have not been withdrawn afterwards.

*Choose applicable statements:*

☐ Expired *before* 20 March 2023:

- ☐ Before the original date of expiry as indicated on the Directive Certificate(s), we and the notified body have signed written agreement(s) in accordance with Section 4.3, second subparagraph of Annex VII to this Regulation for the conformity assessment(s) in respect of the device(s) covered by the expired certificate(s) or in respect of a device(s) intended to substitute that/those device(s), or
- ☐ A Competent Authority has granted a derogation from the applicable conformity assessment procedure in accordance with Article 59(1) MDR (may be provided upon request), or
- ☐ A Competent Authority has required the manufacturer, in accordance with Article 97(1) MDR, to carry out the applicable conformity assessment procedure (may be provided upon request)

<sup>2</sup> The first condition is not applicable in case of devices for which the conformity assessment procedure pursuant to MDD did not require the involvement of a notified body, for which the declaration of conformity was drawn up prior to 26 May 2021 and for which the conformity assessment procedure pursuant to this Regulation requires the involvement of a notified body

*Choose one of the following statements only if a derogation per Article 59(1) or a requirement per Article 97(1) has been granted by a Competent Authority:*

- ☐ Formal application(s) to the notified body in accordance with Section 4.3, first subparagraph of Annex VII MDR for conformity assessment has/have been made or will be made/submitted by us to a notified body no later than 26 May 2024 for the device(s) listed in the attached schedule or its/their substitute(s) and signed written agreement(s) is/will be in place in accordance with Section 4.3, second subparagraph of Annex VII MDR before 26 September 2024.
- ☐ We do not intent to lodge an application for conformity assessment by 26 May 2024, therefore the transition period will end on 26 May 2024.

☒ Expired/expires after 20 March 2023:

*Choose one applicable statement:*

- ☒ Formal application(s) to the notified body in accordance with Section 4.3, first subparagraph of Annex VII MDR for conformity assessment has/have been made or will be made/submitted by us to a notified body no later than 26 May 2024 for the device(s) listed in the attached schedule or its/their substitute(s) and signed written agreement(s) is/will be in place in accordance with Section 4.3, second subparagraph of Annex VII MDR before 26 September 2024.
- ☐ We do not intent to lodge an application for conformity assessment by 26 May 2024, therefore the transition period will end on 26 May 2024.

➤ **Unclassified devices**

In case of devices for which the conformity assessment procedure pursuant to MDD did not require the involvement of a notified body, for which the declaration of conformity was drawn up prior to 26 May 2021 and for which the conformity assessment procedure pursuant to this Regulation requires the involvement of a notified body:

*Choose one applicable statement:*

- ☐ Formal application(s) to the notified body in accordance with Section 4.3, first subparagraph of Annex VII MDR for conformity assessment has/have been made or will be made/submitted by us to a notified body no later than 26 May 2024 for the device(s) listed in the attached schedule or its/their substitutes and signed written agreement(s) is/will be in place in accordance with Section 4.3, second subparagraph of Annex VII MDR before 26 September 2024.
- ☐ We do not intent to lodge an application for conformity assessment by 26 May 2024, therefore the transition period will end on 26 May 2024.

➤ **Quality Management System (QMS)**

*Choose one applicable statement:*

- ☐ A QMS in accordance with Article 10(9) MDR will be put in place by no later than 26 May 2024.
- ☐ A QMS in accordance with Article 10(9) MDR is in place.
- ☒ A notified body has issued the attached certificate for the MDR-compliant QMS.

☒ A notified body has issued the attached certificate for the MDR-compliant QMS.

➤ **Device(s) as listed in the attached schedule**

- The device(s) continue to comply with the AIMDD or MDD.
- There are no significant changes in the design and intended purpose.
- The device(s) do not present an unacceptable risk to health or safety of patients, users or other persons, or to other aspects of the protection of public health.

**Signed for and on behalf of the manufacturer:**

Full Company Name: **Well Lead Medical Co., Ltd.**

Location & Date: **Guangzhou, 2024-3-15**

Signature, Print Name, Title:

 **Chen Yun Gui, Management Representative & PRRC**



## Schedule of Devices

The above Manufacturer's Declaration is valid for the following devices:

Identification of the device(s) <sup>3</sup> (e.g., device name, family/group name, device model or catalogue number)	Directive Certificate number(s) to which this confirmation is made (if applicable)	Original expiry date as indicated on the Directive Certificate (s) prior to the extension of the validity (if applicable)	Notified Body name and number that issued the Directive Certificate (if applicable)	Notified Body name and number where the MDR application was lodged/contract signed (if applicable)	End date of extended validity / transition period	Substitute Device(s) (if applicable)
<b>Connecting Tube with or without Yankauer Handle</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Oxygen Mask</b>	G1 038814 0088 Rev.00	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Tracheal Tube</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Non-Rebreath Mask</b>	G1 038814 0088 Rev.00	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	

<sup>3</sup> for devices with AIMDD/MDD certificate(s) the identification should be as in the certificate, and only if the certificate has a generic scope it should be as defined above)

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Web: <http://www.wellead.com.cn/>

Identification of the device(s) <sup>3</sup> (e.g., device name, family/group name, device model or catalogue number)	Directive Certificate number(s) to which this confirmation is made (if applicable)	Original expiry date as indicated on the Directive Certificate (s) prior to the extension of the validity (if applicable)	Notified Body name and number that issued the Directive Certificate (if applicable)	Notified Body name and number where the MDR application was lodged/contract signed (if applicable)	End date of extended validity / transition period	Substitute Device(s) (if applicable)
<b>Intubating Stylet</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Nasal Oxygen Cannula</b>	G1 038814 0088 Rev.00	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Tracheostomy Mask</b>	G1 038814 0088 Rev.00	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Oxygen Catheter</b>	G1 038814 0087 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Suprapubic Catheter Set</b>	G1 038814 0087 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Vacuum Interrupter</b>	G1 038814 0087 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339,	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339,	2028-12-31	

Identification of the device(s) <sup>3</sup> (e.g., device name, family/group name, device model or catalogue number)	Directive Certificate number(s) to which this confirmation is made (if applicable)	Original expiry date as indicated on the Directive Certificate (s) prior to the extension of the validity (if applicable)	Notified Body name and number that issued the Directive Certificate (if applicable)	Notified Body name and number where the MDR application was lodged/contract signed (if applicable)	End date of extended validity / transition period	Substitute Device(s) (if applicable)
			München, Germany CE0123	München, Germany CE0123		
<b>Reinforced Endotracheal Tube</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Endotracheal Tube with Evacuation Lumen</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	
<b>Endobronchial Tube</b>	G1 038814 0086 Rev.01	2024-05-26	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	TÜV SÜD Product Service GmbH, Ridlerstr. 65, 80339, München, Germany CE0123	2028-12-31	