**DT 1B form for CLASS 1 NON-STERILE MEDICAL DEVICES**

The information on this form MUST be completed IN FULL or it will be returned.

Please check the boxes to confirm that you are attaching the relevant certificates.

Please circle the Regulations that apply to this device(s):

EU MDD 93/42/EEC UK MDR 2002 EU MDR 2017/745

**Declaration of Conformity**

Name of person who has signed the declaration (in block capitals):

Their position in the company:

*It should reference the product name or group of products to which it belongs and also the directive the product complies with. The Declaration of Conformity must cover all products being applied for on the DT1A Form. Where product codes have been used on the DT1 Form and on the Declaration of Conformity, applicants should make sure that the codes match each other. A document not bearing a signature will be invalid.*

**Confirmation of Registration with the Competent Authority**

**Name and address of Competent Authority:**

If the Competent Authority is the MHRA we will accept a screen shot of the entry.

*This should confirm where the product is registered, provide the contact details of the Competent Authority and include any relevant code numbers which refer to the manufacturer or products registered with the Authority.*

I confirm that the information provided in this DT1B Form is correct at the time of completion and that I will inform NHS Prescription Services of any changes that occur during the application process and subsequent to a successful listing. I am also aware that this application will not be processed if any of the above is not provided.

Signed: Print Name:

A scanned handwritten signature should be applied

Date:

*For more information on the application procedure, please see Drug Tariff Part IX Guidance to Manufacturers and Suppliers of Medical Devices available at:*

*http://www.nhsbsa.nhs.uk/PrescriptionServices/3399.aspx*

*or e-mail us on* [*pixie@nhsbsa.nhs.uk*](mailto:pixie@nhsbsa.nhs.uk)