**INSTRUCTIONS ON HOW FILL AND SEND FORM 1\_IDV**

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| This form is accepted by the Ministry of Health (MoH) only if fulfilled according to the directions provided below. Where found to be incomplete or wrongly filled in, the office responsible for checking form validity will ask further documentation.  Directions:   * this form must be sent only to access the database of medical devices to register in-vitro diagnostic medical devices. For medical devices and custom-made devices, different forms are required - please refer to the MoH website. * where required, please specify an e-mail address and not a certified one. * where required, please clearly indicate whether the delegating company is the manufacturer or the authorized representative of the devices that will be register devices within the database of medical devices. * please send the form:   + in PDF format;   + together with a document providing proof of identity of the legal representative, which is legible and valid;   + by e-mail to the address [dgfdm@postacert.sanita.it](mailto:dgfdm@postacert.sanita.it), specifying in the subject “Communication of mandate for access and data entry in medical devices database – In-Vitro Diagnostic Medical Devices Office”. |

Ministero della Salute

Direzione Generale dei Dispositivi Medici e

del Servizio Farmaceutico

Ufficio 4

PEC: [dgfdm@postacert.sanita.it](mailto:dgfdm@postacert.sanita.it)

***Subject:*** *Communication of appointment of the person responsible for entering and updating data within the “Repertorio” of medical devices in Italy according to Ministerial Decree 23 December 2013*

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| **To be completed by the LEGAL REPRESENTATIVE of the company** |
| The Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code or VAT Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  With registered place of business in (*indicate the complete address and zip code*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for devices which will be registered within the “Repertorio” of medical devices, acts as:  *(tick off the letter of interest using a X; Manufacturer with its registered place of business in one of Member States may tick off more than one letter)*   * a) manufacturer, as defined by article 1, paragraph 1, letter f) of legislative decree no. 332 of 8 September 2000 and by article 2, point 23) of the Regulation (UE) 2017/746; * b) authorized representative, as defined defined by article 1, paragraph 1, letter g) of legislative decree no. 332 of 8 September 2000 and by article 2, point 25) of the Regulation (UE) 2017/746;   For the purpose of entering and updating data in the database of medical devices of the Italian Ministry of Health, the legal representative of the delegating company  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code (\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **APPOINTS AS RESPONSIBLE FOR DATA COMMUNICATION ACCORDING TO THE MINISTERIAL DECREE 23 DECEMBER 2013**   * Himself / Herself * Another employee *(if this option is ticked off, please provide the following data)*   Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code (\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Date*:

*Signature of the legal representative*

*Signature of the appointed employee*

**Attachments**: copy of an identity document, which is currently valid and contains the handwritten signatureof the legal representative

*(\*) If the subject does not have an Italian tax code, please indicate a unique identifier valid in the country of origin*