**INSTRUCTIONS ON HOW FILL AND SEND FORM 3\_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 within the database of medical devices. * please send the form:   + in PDF format;   + together with document providing proof of identity which is legible and valid;   + by writing an e-mail to the address [dgfdm@postacert.sanita.it](mailto:dgfdm@postacert.sanita.it), specifying in the subject “Communication of authorisation for access and data entry in medical devices database – In-Vitro Diagnostic Medical Devices”. |

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 authorisation from the delegating company to the natural person responsible for entering and updating data in the “Repertorio” of medical devices in Italy according to Ministerial Decree 23 December 2013

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| **To be completed by the DELEGATING COMPANY** |
| The Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code or VAT Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  With registered place of business in (*state the complete address and zip code*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for devices that 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 “Repertorio” of medical devices of the Italian Ministry of Health, the legal representative of the delegating company  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code (\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**AUTHORISES**

*the following natural person carry out registration and communication of information within the database of medical devices of the Italian Ministry of Health according to the obligations set out in art. 10 of Legislative Decree no. 332 of 8 September 2000*

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| **To be completed by the AUTHORISED NATURAL PERSON** |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Born in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_  TAX Code(\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax Code or VAT number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  as responsible for data communication according to Ministerial Decree of 23 December 2013. |

*Date:*

*Signature of the legal representative of delegating company*

*Signature of the delegated natural person*

**Attachments** – copy of identity documents which are currently valid and contain the handwritten signaturesof the legal representative and authorised natural person

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