

## Appendix C ?

Details on critical suppliers, outsourced processes and OEM not covered by the same quality management system



Product Service



**Manufacturer:**



**Application identification:**

### Details on critical suppliers, outsourced processes and OEM not covered by the same quality management system (will not appear on the certificate): ?

Please provide for each listed company the respective certificate, e.g. EN ISO 13485, EC Directive, ISO 17025 etc.

				Outsourced processes					
				Design / Development	Production	Product Testing	OEM Manufacturers	Sterilization	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								
Company name:	<input type="text"/>	Concerns the following products:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address:	<input type="text"/>								