F.L. MEDICAL s.r.l. Unipersonale
Via Enrico Mattei, 20 – 35038 TORREGLIA (Padova) – Italy
Tel. +39 049 5211475 / +39 049 5212835 - Fax +39 049 5212566
e-mail: info@flmedical.com - web site: www.flmedical.com
C.F. e P.IVA 01134840287 - Cap Soc. 90.000 € i.v.
Reg. Imp. di Padova n. 21695 - R.E.A. di Padova n. 187254

EU DECLARATION OF CONFORMITY

MANUFACTURER'S NAME	F.L. MEDICAL s.r.l. Unipersonale
MANUFACTURER'S REGISTERED PLACE OF BUSINESS AND ADDRESS	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy
MANUFACTURER'S SINGLE REGISTRATION NUMBER (SRN)	IT-MF-000013918
DEVICE NAME / TRADE NAME	**TEST TUBES FOR BIOLOGICAL LIQUIDS COLLECTION**
DEVICE CODES	**ref.: Annex I to the present Declaration of Conformity**
RISK CLASS AND CLASSIFICATION RULE	**Class A non-sterile** Rule 5, according to Annex VIII of the Regulation 2017/746.
INTENDED USE	*Biological liquids collection for diagnostic testing*
COMMON SPECIFICATIONS	*not applicable*
BASIC UDI-DI	*8052109520003UB*
NAME, ADDRESS AND IDENTIFICATION NUMBER OF THE NOTIFIED BODY	*not applicable*
CERTIFICATE NUMBER	*not applicable*
CONFORMITY ASSESSMENT PROCEDURE	Preparation of the technical documentation (ref. Annexes II and III of Regulation 2017/746) and issue of the EU Declaration of Conformity.
ADDITIONAL INFORMATION	*not applicable*
WE DECLARE UNDER OUR OWN RESPONSIBILITY THAT THE DEVICES ABOVE MENTIONED HAVE BEEN PRODUCED IN COMPLIANCE WITH PRODUCT SPECIFICATIONS, OPERATING INSTRUCTIONS AND LABELLING REQUIREMENTS AND THEREFORE MEET THE PROVISIONS OF THE LAWS IN FORCE ON IN VITRO DIAGNOSTIC MEDICAL DEVICES APPLIED FOR THE CONFORMITY ASSESSMENT PROCEDURE. ALL THE SUPPORTING DOCUMENTATION IS RETAINED AT THE ARCHIVES OF MANUFACTURER'S QUALITY MANAGEMENT SYSTEM, UNDER THE RESPONSIBILITY OF RAQ. THIS DECLARATION OF CONFORMITY IS ISSUED UNDER THE SOLE RESPONSIBILITY OF THE MANUFACTURER.	
PLACE OF DOCUMENTATION STORAGE	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy
PLACE AND DATE OF ISSUE OF THE PRESENT DECLARATION	Via Enrico Mattei, 20 – 35038 Torreglia (PD) - Italy Date: 20/05/2025
NAME, JOB TITLE AND SIGNATURE	Alessandro Fiore Quality Assurance Manager (RAQ) Signature: 

F.L. MEDICAL s.r.l. Unipersonale
Via Enrico Mattei, 20 – 35038 TORREGLIA (Padova) – Italy
Tel. +39 049 5211475 / +39 049 5212835 - Fax +39 049 5212566
e-mail: info@flmedical.com - web site: www.flmedical.com
C.F. e P.IVA 01134840287 - Cap Soc. 90.000 € i.v.
Reg. Imp. di Padova n. 21695 - R.E.A. di Padova n. 187254

EU DECLARATION OF CONFORMITY

ANNEX I – LIST OF CODES

DEVICE CODE / CATALOGUE NUMBER	DEVICE NAME
23053	Easy-lock ® microtube 1,5 ml conical in PP with flat cap and frosted label, graduated, neutral colour
23055	Easy-lock ® microtube 1,5 ml conical in PP with flat cap and frosted label, graduated, yellow colour