Acknowledgment and pledge the health care provider's form of research products

(Printed on the health care provider's official paper)

Referring to Purchase order number.........................................issued on. .......................................for the benefit of company: ............................................. We would like to import the following for a special purpose and emergency for our facility only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO | Name of Medical Device and Supply | Quantity | Plant Name | Justifications |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

\* Justifications must be provided, which explain that the import is an emergency. In the event of importing medical devices or supplies that do not have a marketing authorization, justifications for not securing it from the alternative that has obtained marketing permission shall be mentioned. If the importer does not have an importer’s license for medical devices and supplies, justifications for this must be stated.

We, (…………) acknowledge we are aware that the Saudi Food and Drug Authority does not guarantee the safety, efficiency and quality of the above-mentioned medical devices and supplies and their performance for the purpose for which they were manufactured. Its import will be under our responsibility, and we pledge that it will only be used in our facility and we will not use it anywhere else or loan it except with the Saudi Food and Drug Authority's approval. We pledge to inform the National Center for Medical Devices and Supplies Reports at the Saudi Food and Drug Authority about any safety warning notice, recalls, or any adverse events related to the medical devices mentioned above immediately upon becoming aware of them, whether they occur inside the Kingdom of Saudi Arabia, or occur outside the Kingdom of Saudi Arabia and have consequences for medical devices in the Kingdom of Saudi Arabia. This can be done via the following link: (<http://ncmdr.sfda.gov.sa>).

With Best Regards,,,

|  |
| --- |
| Signature  |
| Contact Person  |  |
| Job Title |  |
| Date |  |
| Signature |  |
| Seal |  |