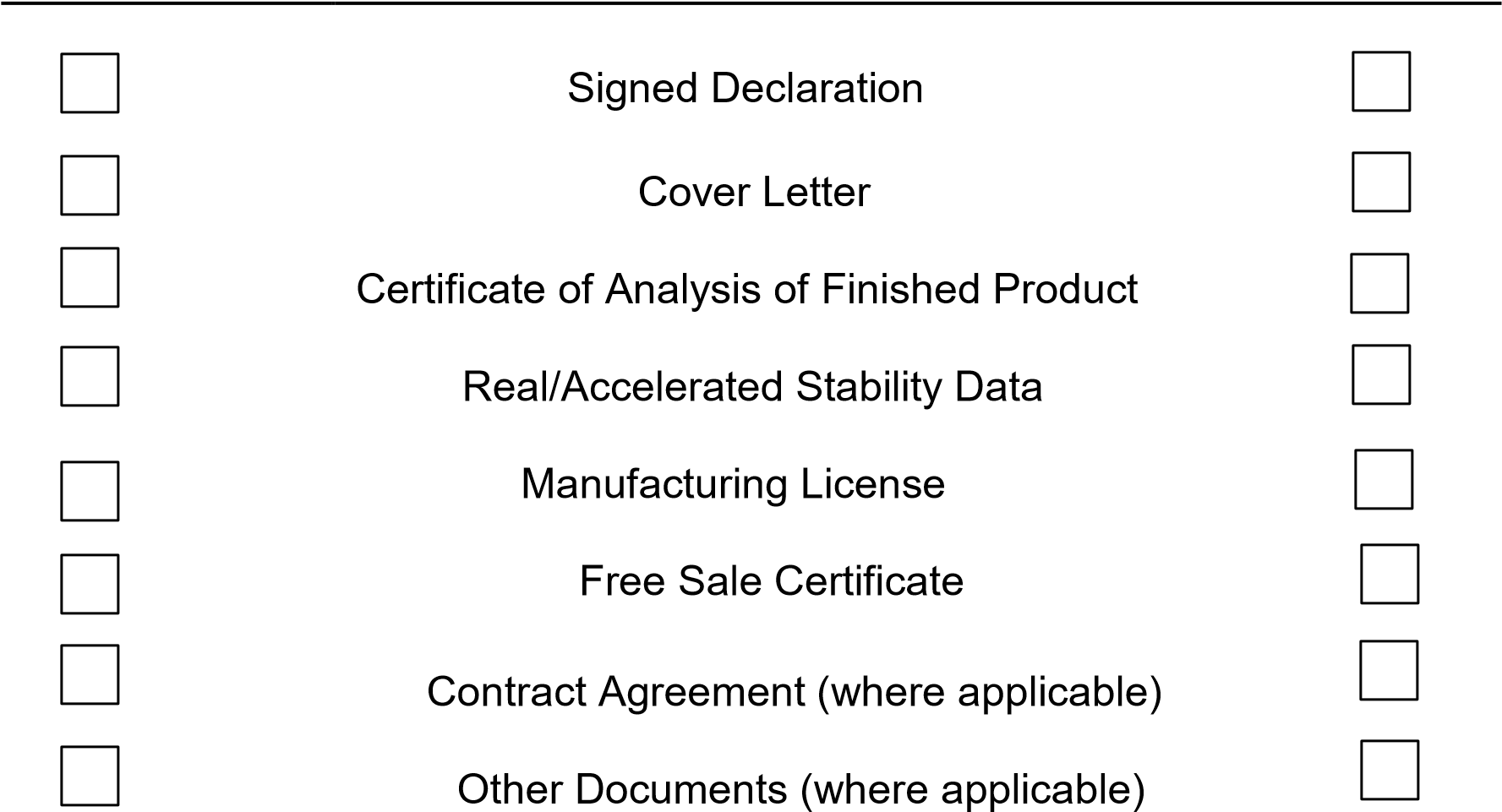
# APPLICANT’S FDA’S CHECKLIST CHECKLIST



**APPLICATION FOR THE REGISTRATION OF A MEDICAL DEVICE**

(*TO BE SUBMITTED IN ONE HARD COPY, ONE SOFT COPY*)

# A. COVER LETTER

Addressed to:

THE CHIEF EXECUTIVE OFFICER

FOOD AND DRUGS AUTHORITY

P. O. BOX CT 2783

CANTONMENTS, ACCRA

GHANA.

# B. DETAILS OF APPLICANT

Name: ………………………………………………………………………………………..

Postal Address: ……………………………………………………………………………..

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Fax: . ........................................................................................................................ Tel. Nos. :...................................................................................................................... Email: ….............................................................................. .......................................... Website:

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# C. DETAILS OF MANUFACTURER

Name: ...………………………………………………… ……………...................................

Postal Address: ............................................................................................................

Location Address: .........................................................................................................

Fax: … ........................................................................................................................

Tel. Nos. : .....................................................................................................................

E-mail:….......................................................................................................................

Website: ...................................................................................................................... Contact Person: ........................................................................................................... Tel. No. : .....................................................................................................................

# D. DETAILS OF LOCAL AGENT

Name: ………………………………………………………………………………………….

Business Address : ……………………………………………………………………………

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…………………………………………………………………………………………………..

Fax: …………………………………………………………………………………………..... Tel. Nos.: ...................................................................................................................... Website: ......................................................................................................................

Email: ………………………………………………………………………………………….

Contact Person: .............................................................................................................

Tel. Nos.: ........................................................................................................................

Certified Copy of Power of Attorney (where applicable, to be attached)

# E. DECLARATION

I/We, the undersigned, hereby declare that all the information contained herein is correct and true.

Name: …………………………………………………………………………………………

Position: ………………………………………………………………………………………

Signature: ………………….............. Date: ……………………………………………….

Official Stamp:

# F. DETAILS OF THE MEDICAL DEVICE

i. Generic name: ………………………………………………………………………………… ii. Brand name:

………………………………………………………………………………….. iii.

Size(s)…………………………….Colour(s)………………………………………………... iv. Model/Series (*If applicable*):

………………………………………………………………..

v. Family (*If applicable*): ………………………………………………………………………... vi. Commercial presentation:

…………………………………………………………………..

vii. Country of origin: …………………………………………………………………………… viii. Intended use of the device:

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# APPENDIX I

## Manufacturing Procedure and Related Controls of Medical Device

1 . Details of manufacturing procedure and documentation

1. Give a brief summary of the manufacturing process: …………………………………

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1. Attach the final analytical report and authorisation for the release of the finished product

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1. Provide the estimated shelf-life of the Medical Device

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1. Attach Stability data and justification on which shelf-life has been predicated

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**APPENDIX II**

1. a. Has an application for the registration of the device been made in any other country?

YES NO

If YES, list the countries ......................................................................................................................................

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1. Has the device been registered in the country of origin?

YES NO

If YES, attach a copy of certificates of registration in respect of such a device issued by the appropriate authority established for the registration of Medical Devices in the country.

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1. Has the registration of the device been rejected, refused, deferred or cancelled in

any country?

YES NO

If YES, provide details.

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2 . Is the device manufactured in countries other than the country of origin?

YES NO

If YES, state details and list manufacturing plants from which imports can be made.

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Attach 4 (four) copies of labels\*, package inserts and packaging materials proposed for marketing the product in Ghana.

\* The text of labels and written material should conform to the existing labelling regulations (LI 1541).