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**Appendix 2 – Periodic Summary Report (v.12/11, according to MEDDEV 2.12/1, rev 7)**

|  |  |
| --- | --- |
| **1. Administration information** | |
| To which NCA(s) is this report being sent? |  |
| … |  |
| … |  |
| Reference number assigned by NCA |  |
| Type of report   Initial report   Follow-up report [Follow-up number]   Final report | |
| **2. Information on submitter of the report** | |
| … | |
| **3. Manufacturer information** | |
| … | |
| … | |
| … | |
| … | … |
| … | … |
| … | … |
| **4. Authorized representative information** | |
| [Name] | |
| [Contact name] | |
| … | |
| … | … |
| … | … |
| … | … |
| **5. Submitter’s information (if different from section 3 or 4)** | |
| [Submitter’s name] | |
| [Contact name] | |
| [Address] | |
| … | … |
| … | … |
| … | … |

…

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