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**Appendix 4 – Post-Market Clinical Follow-up Plan**

|  |  |
| --- | --- |
| PMCF Plan number |  |
| PMCF Plan date |  |
| PMCF Plan version |  |

**Change history**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision** | **Revision date** | **Description of change** | **Revised by** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Section A. MANUFACTURER’S CONTACT DETAILS** | |
| Manufacturer’s legal name: |  |
| Address: |  |
| SRN: |  |
| PRRC |  |
| E-mail |  |
| Phone |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |

|  |  |
| --- | --- |
| **Section B. MEDICAL DEVICE DESCRIPTION AND SPECIFICATION** | |
| Medical device name or trade name |  |
| Model and type |  |
| … |  |
|  |  |
|  |  |
|  |  |
|  |  |

…

\*\* END OF FREE PREVIEW \*\*

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