

Manufacturer:  **HELSINN HEALTHCARE S.A.**

Via Pian Scairolo 9 – Pambio Noranco – 6915 Lugano – CH

BATCH RELEASE**European Representative:** N.A.**Product:**

Product	Outer 21PZ Gelclair 15 ml
Code	0HEL70020315
Batch Number	105111
Number of Units	1'491 (of which 3 for Internal Samples)
Manufacturing Date	15.03.2021
Expiry date	2024/02

Classification:**Class IIa** (according to Annex IX Rule 4 of 93/42 EEC - as amended by 2007/47 EC).**Conformity Assessment Route:**

Annex V + Annex VII

Standards applied*:

EN ISO 13485; EN ISO 14971; EN 1041; EN ISO 15223-1; EN ISO 10993 – 1; EN ISO 16408; EP; USP; F.U..

*When not otherwise specified, the Standard edition in force at the time of signature is to be intended.

Notified Body:

TÜV SÜD Product Service GmbH Ridlerstraße 65, 80339 Munich, Germany (NB 0123)

EC Certificate(s):G2 070849 0009; exp. 2024-05-26

<i>Deviation/NC</i>	<input type="checkbox"/> YES (n.°.....)	<input checked="" type="checkbox"/> NO
<i>Conformity of Supplier CoAs</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Conformity Batch Record Abstract</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Quality Assurance Signature:  *Lugano (CH), Date:* 26/04/2021

DECLARATION OF CONFORMITY**In Accordance with Council Directive 93/42/EEC as amended by Directive 2007/47/EC**

We hereby declare that the above mentioned products meet the provisions of the Council Directive 93/42/EEC, as amended by 2007/47 EC, for medical devices.

The present product was manufactured, packaged and controlled according to the requirements defined in the relevant Technical Documentation, applying a Quality System in compliance with 93/42 (as amended by 2007/47 EC) annex V and annex VII and with EN ISO 13485.

The present lot can be released to market. All supporting documentation is retained under the premises of the manufacturer.

Helsinn Healthcare SA, as manufacturer, is exclusively responsible for the Declaration of Conformity.

Management Signature:  *Lugano (CH), Date:* 26/04/2021


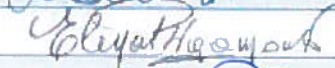
HELSINN HEALTHCARE S.A.

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BATCH RECORD ABSTRACT

Please complete this form when you do not send the whole batch record to HELSINN HEALTHCARE for the authorization to release the batch

MANUFACTURING SITE	BIOKOSMES	HELSINN HEALTHCARE CHECK
Helsinn Healthcare Purchase Order #	20000044	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Biokosmes Order Confirmation #	20/00833	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Helsinn Healthcare Distributor	RIEMSER	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Country of Destination	GERMANIA	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Product	OUTER 21 PZ GELCLAIR 15 ML	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Code Finished Product	0HEL70020315	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Finished Product Batch #	105111	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Batch size	1.491 pz (3pz for HELSINN)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Bulk Batch #	07411	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Bulk Size	2.735 kg	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Expiry Date	2024/02	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Date of Bulk Manufacturing	15-03-21	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Date of Primary packaging	Start: 15/04/2021 End: 15/04/2021	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Date of Secondary packaging	15/04/2021	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Deviation/NC	<input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes Notes: Doc. n°: Closure Date.....	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Bulk CoA Registration N°	21/02131-1	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
Finished Product CoA Registration N°	21/03048-1	<input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes

	Name	Date	Signature
Issued by (Biokosmes)	Claudia Bolis	22/04/2021	
Verified by (Biokosmes)	Elena Rigamonti	22/04/2021	
Checked by (HHC MDD QA)	MARZIA PIRELLI	26/04/2021	