



Performance,
Quality &
Safety



World Health
Organization

WHO IMD-PQS Annual Review 2024 PRODUCT MANUFACTURER - DECLARATION

I (*name*).....(*position*)....., am authorized on behalf of (*company name*) to confirm that we have read and agree to abide by all the *Terms and Conditions* of the Prequalification of the appliance(s) (*model name(s)*).....and IMD-PQS code(s) (*format E0XX-XXX*).....as per the IMD-PQS Guideline(s) for Manufacturers^s, and to pay the annual fee within 30 days after the WHO IMD-PQS invoice is issued to us. Failure to do so will result in the removal of our prequalified product from the IMD-PQS catalogue.

I hereby confirm that the information provided in Forms A and B is accurate, correct and complete and that the documents submitted along with those forms are genuine. I undertake to inform the IMD-PQS Secretariat in writing of any changes to the information already provided and to update the information on these forms if requested to do so by the IMD-PQS Secretariat.

I also hereby confirm that the each of the following mandatory and supplemental documents are included in the submission, as required:

PRODUCT MANUFACTURER – CHECKLIST		✓
MANDATORY:	Form A – one form completed (in word.doc format)	<input type="checkbox"/>
MANDATORY:	Form B – one form completed for each product (in word.doc format)	<input type="checkbox"/>
MANDATORY:	Company licence	<input type="checkbox"/>
<i>If required</i>	Notarised translations of licences that are not in English or French	<input type="checkbox"/>
MANDATORY:	All relevant ISO certifications (See Form B)	<input type="checkbox"/>
<i>If required</i>	Notarised translations of certificates that are not in English or French	<input type="checkbox"/>
MANDATORY:	Copy of “ IMD-PQS catalogue Product Data Sheet ” for each product	<input type="checkbox"/>
<i>If required</i>	If a “Product Data Sheet” needs to be corrected or updated with new product or manufacturer information, please hand-annotate these required changes on the copy of the product data sheet.	<input type="checkbox"/>

SIGNATURE REQUIRED BELOW →



Performance,
Quality &
Safety



World Health
Organization

Authorised signature:

For and on behalf of (Company name):

Date:

§ The IMD-PQS Guidelines for Manufacturers of prequalified products is available here:
<https://extranet.who.int/prequal/immunization-devices/prequalification-guidance-manufacturers>