

# EC DECLARATION OF CONFORMITY

without the participation of an Notified body - diagnostic medical devices *in vitro*

According to Section 13 par. 2 of the Act No. 22/1997 Coll. on technical requirements for products and on changes and amendments to other Acts, in the wording of later regulations and according to the Directive 98/79/EC of the European Parliament and of the Council dated October 27, 1998, on *in vitro* diagnostic medical devices, requirements of which were adopted in the Czech Government Regulation No. 56/2015 Coll. establishing technical requirements for *in vitro* diagnostic medical devices, in the wording of later regulations

MANUFACTURER

**GeneProof a.s., Vídeňská 101/119, Dolní Heršpice, 619 00 Brno, Czech Republic**  
**[www.geneproof.com](http://www.geneproof.com)**

hereby declares that following product

## GeneProof Factor V Leiden PCR Kit

complies with the basic requirements of Annex No. 1 of the Directive 98/79/EC of the European Parliament and of the Council and the Czech Government Regulation No. 56/2015 Coll. and under normal use it is safe for its intended purpose. The manufacturer has taken measures assuring compliance of all medical agents introduced into the market with their technical documentation and with the basic requirements.

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| <b>Medical device type:</b>            | <b><i>in vitro</i> diagnostic medical device</b>   |
| <b>Classification:</b>                 | <b>other diagnostic medical devices</b>  |
| <b>Intended purpose of the device:</b> | <b>to detect G1691A mutation in the gene for human factor V Leiden by the real-time Polymerase Chain Reaction (PCR) method</b> |
| <b>Variants:</b>                       | <b>FV/025<br/>FV/050<br/>FV/100</b>  |

Procedure described in Annex No. 3 of the Directive 98/79/EC of the European Parliament and of the Council and the Czech Government Regulation No. 56/2015 Coll. was used to evaluate the basic characteristics of the product by the designated method.

Brno, April 3, 2018

Mgr. Kamil ŠPLÍCHAL  
Quality Assurance/Quality Control department  
Head of QA/QC  
(Name, position and signature of authorized person)



Manufacturer's stamp:

