

Report Form Manufacturer's Trend Report

Medical Devices Vigilance System (MEDDEV 2.12/1 rev 7)

v.12/11

1. Administration Information	
Recipient (Name of National Competent Authority NCA)	
Address of National Competent Authority	
Date of this report	
Reference number assigned by the manufacturer	
Reference number assigned by NCA	
Type of report ☐ Trend Initial ☐ Trend Follow up ☐ Trend Final	
Do these incidents / trend represent a serious public health threat? ☐ Yes ☐ No	
Identify to what other NCAs this report was also sent	
2. Information on submitter of the report	
Status of submitter ☐ Manufacturer ☐ Authorised Representative within EEA, Switzerland and Turkey ☐ Others: (identify the role) :	
3. Manufacturer information	
Name	
Contact name	
Address	
Postcode	City
Phone	Fax
E-mail	Country
4. Authorised Representative information	

Name	
Contact name	
Address	
Postcode	City
Phone	Fax
E-mail	Country
5. Submitter's information (if different from section 3 or 4)	
Submitter's name	
Contact name	
Address	
Postcode	City
Phone	Fax
E-mail	Country
6. Medical Device Information	
Class ☐ AIMD Active Implants ☐ MDD Class III ☐ MDD Class IIb ☐ MDD Class IIa ☐ MDD Class I ☐ IVD Annex II List A ☐ IVD Annex II List B ☐ IVD Devices for self-testing ☐ IVD General	
Nomenclature system (preferable GMDN)	Nomenclature code
Nomenclature text	
Commercial name/ brand name / make	
Model number(s) or Family name	Catalogue number(s)
Serial number range (if applicable)	Lot/batch number range(if applicable)
Software version number (if applicable)	
Accessories / associated devices (if applicable)	

Notified Body (NB) ID – Number																																								
7. Information on Trend Report																																								
Date the trend was identified																																								
Description narrative for identified trend																																								
Time period of trend analysis																																								
Established trigger level																																								
Have any of the trended events been submitted individually as reportable events under vigilance? ☐ Yes ☐ No																																								
If yes, please list how many and to which Competent Authority																																								
8. Manufacturer's preliminary comments																																								
Manufacturer's preliminary analysis into causes of trend																																								
Initial corrective actions / preventive actions implemented by the manufacturer																																								
Expected date of next report																																								
9. Results of manufacturer's final investigation into trend																																								
The manufacturer's trend analysis results																																								
Remedial action / corrective action / preventive action / Field Safety Corrective Action																																								
Time scheduled for the implementation of the identified actions																																								
Final comments from the manufacturer																																								
Further investigation																																								
10. The medical device has been distributed to the following Countries																																								
Within EEA, Switzerland and Turkey: <table border="0"> <tr> <td>☐ AT</td> <td>☐ BE</td> <td>☐ BG</td> <td>☐ CH</td> <td>☐ CY</td> <td>☐ CZ</td> <td>☐ DE</td> <td>☐ DK</td> <td>☐ EE</td> <td>☐ ES</td> </tr> <tr> <td>☐ FI</td> <td>☐ FR</td> <td>☐ GB</td> <td>☐ GR</td> <td>☐ HU</td> <td>☐ IE</td> <td>☐ IS</td> <td>☐ IT</td> <td>☐ LI</td> <td>☐ LT</td> </tr> <tr> <td>☐ LU</td> <td>☐ LV</td> <td>☐ MT</td> <td>☐ NL</td> <td>☐ NO</td> <td>☐ PL</td> <td>☐ PT</td> <td>☐ RO</td> <td>☐ SE</td> <td>☐ SI</td> </tr> <tr> <td>☐ SK</td> <td>☐ TR</td> <td colspan="8"></td> </tr> </table> Candidate Countries: ☐ HR ☐ All EEA, Candidate Countries, Switzerland and Turkey Others:	☐ AT	☐ BE	☐ BG	☐ CH	☐ CY	☐ CZ	☐ DE	☐ DK	☐ EE	☐ ES	☐ FI	☐ FR	☐ GB	☐ GR	☐ HU	☐ IE	☐ IS	☐ IT	☐ LI	☐ LT	☐ LU	☐ LV	☐ MT	☐ NL	☐ NO	☐ PL	☐ PT	☐ RO	☐ SE	☐ SI	☐ SK	☐ TR								
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☐ SK	☐ TR																																							
11. Comments																																								

Submission of this report does not, in itself, represent a conclusion by the manufacturer and / or authorized representative or the National Competent Authority that the content of this report is complete or accurate, that the medical device(s) listed failed in any manner and/or that the medical device(s) caused or contributed to the alleged death or deterioration in the state of the health of any person.
I affirm that the information given above is correct to the best of my knowledge.

.....

Name City date



医课汇
公众号
专业医疗器械资讯平台
WECHAT OF
HLONGMED



hlongmed.com
医疗器械咨询服务
MEDICAL DEVICE
CONSULTING
SERVICES



医课培训平台
医疗器械任职培训
WEB TRAINING
CENTER



医械宝
医疗器械知识平台
KNOWLEDG
ECENTEROF
MEDICAL DEVICE



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KNOWLEDG
ECENTEROF MEDICAL
DEVICE