|  |  |  |
| --- | --- | --- |
| **Please send this (Significant) Change Notification ((S)CN) to your responsible TÜV Rheinland Office from the dropdown menu:** Use this dropdown to select your point of contact | | |
| Company name |  | |
|  |  | |
| Company address  *Multi-site Organizations: Include affected site if applicable* |  | |
|  |  | |
| Contact name & email |  | |
|  |  | |
| Submission date of (S)CN |  | |
|  |  | |
| If applicable, estimated date of planned implementation of the (S)CN |  | |
|  |  | |
| Is the change to your QMS and/or to a product? | QMS  Product | Both (please add reasoning) |
|  |
|  | Neither (please add reasoning) |
|  |  |
|  |  | |
| Certificate(s) affected by change |  | |
|  |  | |
| If the change is on an MDD/IVD certified device that has not yet transitioned to MDR/IVDR | Confirmed not significant per MDR Article 120 / IVDR Article 110 / MDCG 2020-3 (MDR) / MDCG 2022-6 (IVDR) (add justification on next page) | |
|  |  | |
|  |  | |
| Is the change on a device that has already transitioned to MDR/IVDR? | Change is on MDR certified device  Change is on IVDR certified device | |
|  |  | |
| Is the change on a device that has already transitioned to UK MDR? | Change is on UK MDR certified device (MDD-based)  Change is on UK MDR certified device (IVDD-based) | |

# Description of the Change

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| --- |
|  |

# Attachments to this (S)CN

|  |  |  |
| --- | --- | --- |
| New Application(s) / contract | | MDCG Justification |
| Declaration of Conformity | | Certificates of the Sterilization Facility |
| New / Revised Technical Documentation | | Risk Analysis |
| EMF Certificates, QS certificates, certificates issued by a Notified Body/UK Approved Body | | Essential Requirements / General Safety and Performance Checklist |
| Others: |  | |
| The following documents will be submitted later (include estimated date of submission): | | |
|  | | |

# Following Sections to be filled in by TÜV Rheinland

## Expert Evaluation of the (S)CN

|  |  |  |
| --- | --- | --- |
| Expert(s) Name & Date: | |  |
| A | Change(s) proposed by the company can be ACCEPTED. No further activities by TÜV Rheinland are needed. | |
| B | Change(s) proposed by the company can be ACCEPTED. However further activities are needed for final evaluation, suggested as follows:   * List further activities (incl. planned effort) | |
| C | Change(s) proposed by the company CANNOT BE ACCEPTED.  Justification: Enter text here | |

## Certifier Evaluation of the (S)CN

|  |  |  |
| --- | --- | --- |
| Certifier(s) Name & Date: | |  |
| A | Evaluation by the expert can be FOLLOWED AND IS APPROVED. The changes requested by the company are accepted as proposed with no further actions. | |
| B | Evaluation by the expert can be FOLLOWED AND THE PROPOSED ACTIONS ARE APPROPRIATE. The proposed activities must be completed before the change(s) is fully accepted.  Evaluation by the expert CANNOT BE FULLY ACCEPTED AS PROPOSED. Following additional or changed activities are necessary to fully accept the change(s):   * List further activities (e.g. Evaluation Report) | |
| C | Rejection of the change by the expert is correct, the change(s) CANNOT BE ACCEPTED AND IS REJECTED. | |
| Certifier Signature: | |  |

## Closure of the (S)CN (For Case B)

|  |  |
| --- | --- |
| Certifier(s) Name & Date: |  |
| All activities required by this change are **COMPLETED AND ACCEPTED**, including audits, technical documentation assessments and updates to related documents. The change request is closed. | |
| Certifier Signature: |  |