

EC-Declaration of Conformity for Medical Devices

We, the manufacturer

CardioMedTreadmills SA
Medical Technology SA
Lakkoma
GR-6380 Nea Kallikratia

*declare under our sole responsibility
that the medical device*

Medical Treadmill (Stress Test)

CMT

*meets all the provisions of the directive 93/42/EEC and the
harmonised standards which apply to it.*

Classification

Class I
*According to the directive 93/42/EEC,
Annex V*

Conformity Assessment Procedure

*according to the directive 93/42/EEC,
annex V*
*EN 60601-1(2010) Medical electrical
Equipment General Requirements for Safety
and essential performance*
*EN 60601-1-2(2010) Medical electrical
Equipment Electromagnetic Compatibility -
Requirements and Tests*
*EN ISO 14971 (2012) Risk Analysis
Management (RMF)*
*EN ISO 957-1(2010) Stationary training
equipment - Part 1: General safety
requirements and test methods*
*EN ISO 957-6(2014) Stationary training
equipment - Part 6: Treadmills requirements
and test methods*

Lakkoma, 12/11/15

ΙΑΤΡΟΤΕΧΝΟΛΟΓΙΚΗ Α.Ε.
ΒΙΟΜΗΧΑΝΙΑ ΙΑΤΡΟΥ ΕΞΟΠΛΙΣΜΟΥ
ΛΑΚΚΩΜΑ ΧΑΛΚΙΔΙΚΗΣ 63080
ΑΦΜ: 099336055 - ΔΟΥ: Ν. ΜΟΥΔΑΝΙΩΝ
Α.Μ.Α.Ε. 57718 / 61 / Β / 04 / 14

Anastasios Tsiaousidis

President

CERTIFICATE

**Management System as per
EN ISO 9001 : 2008**

In accordance with TÜV AUSTRIA procedures, it is hereby certified that

**MEDICAL TECHNOLOGY S.A.
GR-630 80 LAKKOMA, HALKIDIKI, GREECE**

Applies a Quality Management System in line with the above Standard for the following Scope

DESIGN, PRODUCTION, TRADING, DISTRIBUTION AND TECHNICAL SUPPORT OF:

- **MEDICAL DEVICES TREADMILLS FOR STRESS TEST AND PHYSIOTHERAPY**
- **TREADMILLS FOR ATHLETICS.**

Certificate Registration No.: **010150376**

Valid until: 2018-09-15

Certification Body
at TÜV AUSTRIA

Athens, 2015-12-29

This certification was conducted in accordance with TÜV AUSTRIA auditing and certification procedures and is subject to regular surveillance audits.

TÜV AUSTRIA HELLAS
429, Mesogeion Ave.
GR-153 43 Athens, Greece
www.tuvaustriahellas.gr





HELLENIC REPUBLIC
MINISTRY OF HEALTH
NATIONAL ORGANIZATION OF MEDICINES
Mesogeion 284, 155 62 Cholargos
Website : www.eof.gr
Address: Product Assessment
Department: Health Material Assessment
Information : B. Safra
Tel. Number : 2132040324

Cholargos, 11-11-2015
Num. Prot.: 65811

To: Iatrotechnologiki S.A.
LAKKOMA, PC 63080
N. KALLIKRATEIA

**CERTIFICATE REENLISTMENT IN MANUFACTURER RECORD
FOR MEDICAL DEVICES CATEGORY I**

Considering that:

1. The common ministry determination ΔΥ8δ/Γ.Π.οικ.130648/30-8-209/ ΦΕΚ Β/ 2198/2-10-2009 « Harmonization the Hellenic Legislation with the Guidance 93/42/EOK/14-6-1993 from the Council European Union»
As applicable today.
2. The **65811/05-10-2015** application form for reenlistment in MANUFACTURER RECORD FOR MEDICAL DEVICES and the attachment to it appropriate document
3. The application form **84351/10/14-03-2011** prior certificate listing in the MANUFACTURER RECORD FOR MEDICAL DEVICES from NATIONAL ORGANIZATION OF MEDICINES with closing date 02-11-2015

CERTIFY

The reenlistment in the MANUFACTURER RECORD FOR MEDICAL DEVICES from NATIONAL ORGANIZATION OF MEDICINES, according to the defined in the article 14 KYA ΔΥ8δ/Γ.Π.οικ.130648/30-8-209/ ΦΕΚ Β/ 2198/2-10-2009, with the following identify:

| | |
|---------------|---------------------------------|
| MANUFACTURER | IATROTECHNOLOGIKI S.A. |
| ADDRESS | LAKKOMA, 63080, N. KALLIKRATEIA |
| TEL. NUMBER | 0030 2399020278 |
| FAX | 0030 2399020278 |
| WEBSITE | WWW.WOLFMEDICA.GR |
| EMAIL ADDRESS | tsiguepe@otenet.gr |

RECORD NUMBER (*): I 611 11 2020

(*) The record number consist from description (I= category I or ΕΠ= from order), the code and the expiry date of your listing (11/2020).

PRODUCTS CATEGORY I

| A/A | PRODUCT | GMDN CODE |
|------------|--|-------------------------|
| 1 | STRESS TEST TREADMILL | 36679 |
| 2 | STREES TEST TABLE | 17895 |
| 3 | HOSPITAL TYPE BED 4 PART A.STANDARD ELEVATION MECHANICAL MOVEMENT OF THE BACK AND LEGS B. ELECTRICAL ELEVATION ELECTRICAL MOVEMENT OF THE BACK AND LEGS C.STANDARD ELEVATION ELECTRICAL MOVEMENT OF THE BACK AND LEGS | 34873 34870 34870 |
| 4 | SIMPLE EXAMINATION TABLE WITH MECHANICAL MOVEMENT OF THE BACK | 38458 |
| 5 | EXAMINATION TABLE 2/3 PARTS ELECTRICAL MOVEMENT | 34134 |
| 6 | TILT TABLE (ELECTRICAL) | 37201 |
| 7 | MULTISECTION ELECTRICAL EXAMINATION TABLE (DREINAGE) | 42577 |
| 8 | GYNECOLOGICAL EXAMINATION CHAIR WITH ELECTRICAL MOVEMENTS | 13960 |
| 9 | INFUSION HOLDER HIGH ADJUSTED | 40509 |
| 10 | HOSPITAL NIGHTSTAND | 31220 |

The above products from your company, in their disposal in the market, have to abut the label CE (article 17 from the common ministry determination ΔΥ8δ/Γ.Π.οικ.130648/30-8-209/ ΦΕΚ Β/ 2198/2-10-2009).

In case unjustified installation of the label CE applies the article 18 from the same ministry decision.

The manufacturer, in according to the Annex VII an. 2, the common ministry determination ΔΥ8δ/Γ.Π.οικ.130648/30-8-209/ ΦΕΚ Β/ 2198/2-10-2009, compiles technical file with the technical documentation which describes in the part 3 from the same Annex. This file with the statement of compliance owe to have available the NATIONAL ORGANAZATION OF MEDICINES, for inspection, at least five years from the last manufactured product.

The listing in the record for MANUAFCTURER RECORD FOR MEDICAL DEVICES category I, happens with the appliance of article 14 of the ministry determination ΔΥ8δ/Γ.Π.οικ.130648/30-8-209/ ΦΕΚ Β/ 2198/2-10-2009, based on the statement of compliance filed and constituted any approval of quality, safety and effectiveness of the product.

Your listing validates until **02-11-2020** (expiry date for the primary certificate listing/ reenlistment with five years validation).

Two (2) months before the expiry of validation from the present document and if you are still manufacturing the above products, you have to do the reenlistment applied for the appropriate document to the NATIONAL ORGANAZATION OF MEDICINES. Every change in the elements of the certification must be assert to the NATIONAL ORGANAZATION OF MEDICINES with the submission of τηε application form for modification or/and supplementation the previous.

STAMP

**The OVERSEER
MANAGER OF Product Assessment
M. ORFANOY**