**Notice of Change Number:**       **Date** (YYYY/MM/DD)**:**

Auditing Organization:

AOID#:

Contact Person:

Phone:

Fax:

Email:

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| **Type of change** |
| New name  Move of head office to another location  New owner or headquarters  Change of regulatory correspondent or contact information  Change of top management  Move of critical location  Additional critical location  Change of activity at critical location  Additional medical device technical areas  Change of management system manual, management processes or operational processes  Other: |

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| **Effective date of the change** (YYYY-MM-DD) |
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| **Description of the change planned/comparison old-new** |
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| **Reason for the change** |
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| **Impact of the change** |
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| **List of supporting documents provided** |
|  |

Date (YYYY-MM-DD) Name/ Signature