

We, Mölnlycke Health Care AB, Gamlestadsvägen 3C, Box 13080, SE-402 52 Göteborg, Sweden being exclusively responsible manufacturer for conformity of the device/s; declare that the devices listed in the attached schedule are in conformity with the provisions of the Council Directive 93/42/EEC of 14 June 1993, as amended by 2007/47/EEC, concerning medical devices, the Medical Devices Act SFS 1993:584 and the Swedish Medical Product Agency regulations and guidelines: Medical Devices, LVFS 2003:11, as amended by LVFS 2009:18.

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|------------------------------|-------------------------|
| Trade name/ Product name: | Avance Solo Foam |
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Product classification: **IIb**Sterility Status: **Sterile**Measuring function: **No**

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| This declaration is supported by a conformity assessment procedure in accordance with | |
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| Annex/es: | II |
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| Certificate number: | CE 01965 |
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| Issued by: | BSI (2797) |
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| For non sterile, non-measuring Class I products, no certificate is issued by a Notified Body. | |
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Mölnlycke Health Care issues this declaration in recognition of all applicable harmonised standards.

Signed for and on behalf of Mölnlycke Health Care

Date: **2020-05-13**Function: **Regulatory Affairs Manager
Compliance**Name: **Karin Darle Olsson**

Signature:





Product(s) covered by this declaration:

| Product Reference: | Product Descriptor: | GMDN Code: |
|---------------------------|----------------------------|--|
| 882000 | Foam wound filler | 47406 Negative - pressure wound therapy system foam dressing |