

FISA TEHNICA PRODUS

Denumire Produs: Set 50 Masti Medicale IIR 4 straturi
Serix portocaliu/mov/negru/rosu/albastru/verde
Producator: Hubei Ingenuity
EC REP: MedPath GmbH



1. DESCRIERE

Set 50 Masti Medicale 4 Straturi Tip IIR SERIX

Editie Premium | Protectie Ridicata | Full Color |

Caracteristici si avantaje:

- Masca medicala premium full colour (exterior, interior si bretele elastice)
- Clasificare: Tip IIR
- Eficienta Filtrare Bacteriana (BFE) $\geq 98\%$
- 4 Straturi (PP + PP + Filtru + PP)
- Tija metalica nazala ajustabila
- Produs non-steril si de unica folosinta
- Conforma cu EN 14683 - 2019

Comparatie

	Tip IIR	Alte Masti
Filtrare Bacteriana (BFE)	$\geq 98\%$	$\geq 95\%$
Respirabilitate (Pa/cm ²)	<60	<40
Rezistenta la Stropire	DA	NU

Date tehnice:

- Culoare: rosu (red)
- Ambalare: 50 buc / cutie, 40 cutii / bax
- Dimensiune masca: 175 x 95 mm
- Dimensiune cutie: 192 x 100 x 80 mm
- Greutate masca: 3,64 g

Precautii:

- Inainte de utilizarea mastii, spalati-va pe maini cu dezinfectant pe baza de alcool, sau apa si sapun
- Evitati atingerea mastii in timpul purtarii
- Nu folositi masca daca cutia este grav deteriorata

Conditii de depozitare:

- Produsul trebuie depozitat intr-un spatiu inchis cu o umiditate relativa de sub 80%
- Evitati expunerea directa in soare a produsului
- Nu depozitati produsul langa substante toxice
- Pastrati produsul departe de substante inflamabile



Declaratie de conformitate (EN)

EU DECLARATION OF CONFORMITY
According to Art. 19 of Regulation (EU) 2017/745 on Medical Devices

Manufacturer:	Hubei Ingenuity Medical Products Co., Ltd. No. 1 West of Industrial Park Road, Yanglinwei Town, 433000 Xiantao City, Hubei Province, China
Trademark:	
SRN:	Not available yet
European Representative:	MedPath GmbH Mies-van-der-Rohe-Strasse 8 80807 Munich, Germany
SRN:	Not available yet
Trade name:	Medical face mask
Product Name:	Disposable medical face mask
Product code / Catalogue number:	INM-3PM/4PM 17.5x9.5cm, 14.5x9.5cm
Basic UDI:	697442339
Classification acc. to MDR Annex VIII:	Class I, rule I
Applied Standard & Common Specification:	EN 14683:2019
Conformity assessment procedure:	Annex II + Annex III of MDR
Registration number:	DE/CA61/00167698

We, the manufacturer, herewith declare under our sole responsibility that the above-mentioned products meet the provisions of the Regulation (EU) 2017/745 on Medical Devices (MDR), and the provision of the Regulation (EU) 2016/425 on personal protective equipment. All supporting documentations are retained under the premises of the manufacturer.

Signature: 
Yu Fu
General Manager

Xiantao, 21. 09. 2020





MedPath

EU- Compliance Review Certificate

Regulation (EU) 2017/745 on Medical Devices (MDR), Article 19
Class I non-sterile and without measuring function

No. A0476K001

Manufacturer: Hubei Ingenuity Medical Products Co., Ltd
No. 1, West of Industrial Park Road,
Yanglinwei Town, Xiantao City,
Hubei Province, China

Product See Appendix A

Category(ies):



This is to certify that, MedPath GmbH has verified the aforementioned manufacturer declares to conform with all applicable requirements set in the Medical Device Regulation (EU) 2017/745 for the product category(ies) listed in Appendix A. The manufacturer has provided MedPath GmbH with the appropriate Declaration(s) of Conformity confirming that the medical device(s) fulfill(s) the applicable requirements of the aforementioned Regulation. When the manufacturer affixes CE mark to the product category(ies) listed above, it remains the manufacturer's responsibility to ensure continuous compliance with all applicable requirements of the aforementioned Regulation.



MedPath GmbH
Mies-van-der-Rohe-Strasse 8 - D-80807 München
Tel. 089-189174474 - Fax 089-5485884

Issued Date: 2020-09-12 MedPath GmbH

Expiration Date: 2025-09-12

MedPath GmbH • Mies-van-der-Rohe-Strasse 8 • 80807 Munich • Germany



MedPath

Appendix A: Product Category(ies)

Name
Medical face mask
Surgical gown
Shoe covers
Sleeve covers
Caps
Scrub suit
Bed sheet
Colonoscopy pants

MedPath GmbH
Mies-van-der-Rohe-Strasse 8 - D-80807 München
Tel. 089-189174474 - Fax 089-5485884



MedPath GmbH • Mies-van-der-Rohe-Strasse 8 • 80807 Munich • Germany

Allgemeine Anzeigepflicht nach §§ 25 und 30 Abs. 2 MPG
General Obligation to Notify pursuant to §§ 25 and 30 (2) Medical Devices Act, MPG

Formblatt für Medizinprodukte, außer In-vitro-Diagnostika
 Form for Medical Devices except In Vitro Diagnostic Medical Devices

Zuständige Behörde / Competent authority	
Code DE/CA61	
Bezeichnung / Name Regierung von Oberbayern	
Staat / State Deutschland	Land / Federal state Bayern
Ort / City München	Postleitzahl / Postal code 80534
Straße, Haus-Nr. / Street, house no. Maximilianstraße 39	
Telefon / Phone +49-89-21760	Telefax / Fax +49-89-21762914
E-Mail / E-mail medizinprodukteanzeigeverfahren@reg-ob.bayern.de	
Anzeige / Notification	
Registrierdatum bei der zuständigen Behörde Registration date at competent authority	Registriernummer / Registration number
Typ der Anzeige / Notification type <input checked="" type="checkbox"/> Erstanzeige / Initial notification <input type="checkbox"/> Änderungsanzeige / Notification of change <input type="checkbox"/> Widerrufsanzeige / Notification of withdrawal	
Frühere Registriernummer bei Änderungs- und Widerrufsanzeige Previous registration number if notification has been changed or withdrawn	
Anzeigender nach § 25 MPG / Reporter pursuant to § 25 Medical Devices Act, MPG <input checked="" type="checkbox"/> Hersteller / Manufacturer <input type="checkbox"/> Bevollmächtigter / Authorised Representative <input type="checkbox"/> Einführer / Importer <input type="checkbox"/> Verantwortlicher für das Zusammensetzen von Systemen oder Behandlungseinheiten nach § 10 Abs. 1 und 2 MPG / Assembler of systems or procedure packs pursuant to § 10 (1) and (2) Medical Devices Act, MPG <input type="checkbox"/> Betrieb oder Einrichtung (aufbereiten) nach § 25 Abs. 1 MPG i. V. m. § 4 Abs. 2 MPBetreibV Institution (processing) pursuant to § 25 (1) Medical Devices Act, MPG in connection with § 4 (2) MPBetreibV <input type="checkbox"/> Betrieb oder Einrichtung (sterilisieren) nach § 25 Abs. 2 i. V. m. § 10 Abs. 3 MPG Institution (sterilizing) pursuant to § 25 (2) in connection with § 10 (3) Medical Devices Act, MPG	

- 1 -

Anzeigender / Reporting organisation (person)	
Code DE/000047823	
Bezeichnung / Name MedPath GmbH	
Staat / State Deutschland	Land / Federal state Bayern
Ort / City München	Postleitzahl / Postal code 80807
Straße, Haus-Nr. / Street, house no. Mies-van-der-Rohe-Strasse 8	
Telefon / Phone 089 189174474	Telefax / Fax
E-Mail / E-mail info@medpath.pro	
Hersteller / Manufacturer	
Bezeichnung / Name Hubei Ingenuity Medical Products Co., Ltd.	
Staat / State CN	
Ort / City Xiantao City, Hubei Province	Postleitzahl / Postal code 433000
Straße, Haus-Nr. / Street, house no. No. 1 West of Industrial Park Road, Yanglinwei Town	
Telefon / Phone +86-13607225191	Telefax / Fax
E-Mail / E-mail 13607225191@126.com	
Sicherheitsbeauftragter für Medizinprodukte nach § 30 Abs. 2 MPG §) Safety officer for medical devices pursuant to § 30 (2) Medical Devices Act, MPG	
Bezeichnung / Name Zheng Mei c/o MedPath GmbH	
Staat / State Deutschland	Land / Federal state Bayern
Ort / City München	Postleitzahl / Postal code 80807
Straße, Haus-Nr. / Street, house no. Mies-van-der-Rohe-Strasse 8	
Telefon / Phone 089 189174474	Telefax / Fax 089 5485 8884
E-Mail / E-mail info@medpath.pro	

- 2 -

Vertreter / Deputy (optional)	
Bezeichnung / Name	
Telefon / Phone	Telefax / Fax
E-Mail / E-mail	
<input type="checkbox"/> Erstanzeige / Initial notification <input type="checkbox"/> Änderungsanzeige / Notification of change	

Medizinprodukt (Erstmaliges Inverkehrbringen) / Medical device (First placing on the market)	
Klasse / Class <input type="checkbox"/> I <input type="checkbox"/> I - steril / sterile <input type="checkbox"/> I - mit Messfunktion / with measuring function <input type="checkbox"/> I - steril und mit Messfunktion / sterile and with measuring function <input type="checkbox"/> IIa <input type="checkbox"/> IIb <input type="checkbox"/> III <input type="checkbox"/> III - hergestellt unter Verwendung von Gewebe tierischen Ursprungs im Sinne der Verordnung (EU) Nr. 722/2012 manufactured utilising tissues of animal origin in terms of Commission Regulation (EU) No 722/2012 <input type="checkbox"/> Aktives implantierbares Medizinprodukt / Active implantable medical device <input type="checkbox"/> Aktives implantierbares Medizinprodukt - hergestellt unter Verwendung von Gewebe tierischen Ursprungs im Sinne der Verordnung (EU) Nr. 722/2012 Active implantable medical device - manufactured utilising tissues of animal origin in terms of Commission Regulation (EU) No 722/2012	
App (Software auf mobilen Endgeräten)	<input type="checkbox"/> ja / yes <input type="checkbox"/> nein / no
Nummer(n) der Bescheinigung(en) / Certificate number(s)	
Handelsname des Produktes / Trade name of the device Medical face mask	
Produktbezeichnung / Name of device	
Nomenklaturoode / Nomenclature code 12-458	
Nomenklaturbezeichnung / Nomenclature term Maske, Chirurgie	
Kategoriecode / Category code 10	
Kategorie / Category Produkte zum Einmalgebrauch	
Kurzbeschreibung deutsch / German short description	
Kurzbeschreibung englisch / English short description	

Medizinprodukte (Aufbereiten) / Medical devices (Reprocessing)	
<input checked="" type="checkbox"/>	Semikritische Medizinprodukte / Semicritical medical devices <input checked="" type="checkbox"/> Gruppe A / Group A <input checked="" type="checkbox"/> Gruppe B / Group B
<input checked="" type="checkbox"/>	Kritische Medizinprodukte / Critical medical devices <input checked="" type="checkbox"/> Gruppe A / Group A <input checked="" type="checkbox"/> Gruppe B / Group B <input checked="" type="checkbox"/> Gruppe C / Group C Nummer der Bescheinigung / Certificate number:
	Sterilisationsverfahren / Sterilisation procedures <input checked="" type="checkbox"/> Dampfsterilisation / Steam sterilisation <input checked="" type="checkbox"/> Gassterilisation / Gas sterilisation <input checked="" type="checkbox"/> Strahlensterilisation / Radiation sterilisation <input checked="" type="checkbox"/> andere / others Angewandtes Verfahren / Applied procedure

Ich versichere, dass die Angaben nach bestem Wissen und Gewissen gemacht wurden.
I affirm that the information given above is correct to the best of my knowledge.

Ort / City: München Datum / Date: 2020-10-13
Name: Zheng Mei

Unterschrift
Signature

Bearbeitungsvermerke / Processing notes	
Nur von der zuständigen Behörde auszufüllen / To be filled in only by the competent authority	
Bearbeiter / Person responsible	Telefon / Phone



MINISTERUL SĂNĂTĂȚII
AGENȚIA NAȚIONALĂ A MEDICAMENTULUI
ȘI A DISPOZITIVELOR MEDICALE DIN ROMÂNIA
Str. Av. Sănătescu nr. 48, sector 1, 011478 București
Tel: +4021-317.11.00
Fax: +4021-316.34.97
www.anm.ro

Numc producator	Tara

Prezentul document este valabil numai însoțit de avizul inițial.

PREȘEDINTE
Agenția Națională a Medicamentului și a
Dispozitivelor Medicale din România
Roxana Ștefania STROE



MINISTERUL SĂNĂTĂȚII
AGENȚIA NAȚIONALĂ A MEDICAMENTULUI
ȘI A DISPOZITIVELOR MEDICALE DIN ROMÂNIA
Str. Av. Sănătescu nr. 48, sector 1, 011478 București
Tel: +4021-317.11.00
Fax: +4021-316.34.97
www.anm.ro



Către,

MEDPLAZA HEALTH SRL

Tel : 0737.552756

Prin prezenta vă înaintăm anexa avizului de funcționare aferentă cererilor cu numerele: DM 1974/22.03.2021 și DM 3475/21.05.2021.

Cu stimă,

PREȘEDINTE
Agenția Națională a Medicamentului și a
Dispozitivelor Medicale din România
Roxana Ștefania STROE



Va multumim!



comenzi@medplaza.ro
office@medplaza.ro

www.medplaza.ro
0316.30.66.90