



## EU Quality Management System Certificate (MDR)

Pursuant to Regulation (EU) 2017/745 on Medical Devices, Annex IX Chapters I and III  
(Class IIa and Class IIb Devices)

**No. G10 016389 0029 Rev. 01**

### Manufacturer:

**VBM Medizintechnik GmbH**

Einsteinstrasse 1  
72172 Sulz a. N.  
GERMANY

SRN Manufacturer - DE-MF-000005907

The Certification Body of TÜV SÜD Product Service GmbH certifies that the manufacturer has established, documented and implemented a quality management system as described in Article 10 (9) of the Regulation (EU) 2017/745 on medical devices. Details on device categories covered by the quality management system are described on the following page(s).

The Report referenced below summarises the result of the assessment and includes reference to relevant CS, harmonized standards and test reports. The conformity assessment has been carried out according to Annex IX Chapter I and III of this regulation with a positive result.

The quality management system assessment was accompanied by the assessment of technical documentation for devices selected on a representative basis.

The certified quality management system is subject to periodical surveillance by TÜV SÜD Product Service GmbH. The surveillance assessment shall also include an assessment of the technical documentation for the device or devices concerned on the basis of further representative samples. All applicable requirements of the testing and certification regulation of TÜV SÜD Group have to be complied with.

For details and certificate validity see: [www.tuvsud.com/ps-cert?q=cert:G10 016389 0029 Rev. 01](http://www.tuvsud.com/ps-cert?q=cert:G10 016389 0029 Rev. 01)

**Report No.:** 713254954

**Preceding Certificate No.:** G10 016389 0029 Rev. 00

**Valid from:** 2023-08-03

**Valid until:** 2026-08-23

**Date of Initial Issuance:** 2021-08-24

Christoph Dicks  
Head of Certification/Notified Body

**Issue date:** 2023-08-03



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<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R010202 - LARYNGEAL TUBES
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R010380 - ENDOTRACHEAL TUBES - ACCESSORIES
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R010699 - PERCUTANEOUS TRACHEOSTOMY KITS - OTHER
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R020101 - STANDARD BREATHING CIRCUITS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R020201 - FIXED CATHETER MOUNTS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R020202 - MOBILE CATHETER MOUNTS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R0203 - ANAESTHESIA AND RESUSCITATION CONNECTORS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R030101 - VENTILATION MASKS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	R030202 - MANUALLY OPERATED VENTILATION BALLOONS
<b>Intended Purpose:</b>	./.
<b>Classification:</b>	Class IIa
<b>Device Group:</b>	Z12139006 - PNEUMATIC TOURNIQUETS
<b>Intended Purpose:</b>	./.



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The validity of this certificate depends on conditions and/or is limited to the following: -none-

### Revision History:

Rev.	Dated	Report	Description
00	2021-08-24	713191553	-
01	2023-08-03	713254954	Supplemented: Device(s)/group of device(s) added