Healthcare Supplier Registration Form

Risk-based onboarding for manufacturers, authorised representatives, importers, distributors and specialist suppliers

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Classification	Controlled business form	**Document owner**	OLYMEDICA — OLYVENRA LTD
Language	English	**Status**	Publication-ready / controlled master

Purpose

Use this form for initial qualification or periodic renewal of a proposed OLYMEDICA supplier. The review is risk-based and covers legal identity, authorised product scope, quality and regulatory controls, vigilance, traceability, logistics, integrity and supporting evidence. Registration does not constitute approval, exclusivity or a purchase commitment.

Completion guidance

Complete every applicable field in the selected language. Use Not applicable only with a brief reason. Cite current document titles, numbers, issuers, expiry dates and secure-file references rather than embedding sensitive material. OLYMEDICA may verify information and request source evidence, certified translations or updated documents.

Privacy and secure document handling

Do not place patient-identifiable information, passwords, payment-card data, bank credentials, special-category personal data or controlled technical information in this form or ordinary email. Request an OLYMEDICA-approved secure channel before sending evidence. Submit only information you are authorised and legally permitted to disclose. Privacy information is available through the link below.

Read the OLYVENRA Privacy Notice

Medical-product safety boundary

This commercial form is not medical advice, product approval, an emergency route or an adverse-event reporting channel. Follow the legal manufacturer's instructions and applicable local requirements. Report an immediate safety risk or serious incident promptly to the manufacturer and relevant competent authority through the required channels; provide OLYMEDICA only with the case reference through an approved route and never patient-identifiable data in this form.

Company identity and ownership

Information requested	Response / evidence reference
Full legal name	
Trading name, if different	
Company or registration number	
Country of incorporation or registration	
Registered office address	
Corporate website	
Primary contact: full name	
Business email and telephone	
Ownership structure and ultimate beneficial owners	

Authorised role and product scope

Information requested	Response / evidence reference
Proposed supplier role and relationship with OLYMEDICA	
Economic-operator role by target market	

Information requested	Response / evidence reference
Legal manufacturer and manufacturing sites	
Authorised territories and distribution rights	
Product categories, brands and risk classes	
Brand ownership or manufacturer authorisation	
Critical subcontractors and outsourced processes	
Business, import, wholesale and sector licences	

Quality and regulatory evidence

Information requested	Response / evidence reference
Quality management system, scope and certificate validity	
ISO 13485 certificate number, issuer, scope and expiry	
Conformity assessment and certificate references	
Technical-documentation availability and controlled access	
Label, packaging and instructions-for-use languages	
Product risk-management process and file availability	
Patient-contact materials, biocompatibility and allergen information	
Performance, clinical or scientific evidence supporting claims	
Sterilisation method, validation and routine release controls	
Calibration, inspection and process-validation controls	

Safety, vigilance and traceability

Information requested	Response / evidence reference
Complaint, incident, vigilance and field-action process	
Serious-incident reporting and competent-authority route	
Corrective and preventive action process	
Recall, field-safety corrective action and notification process	
UDI, lot or serial identification and traceability method	
Counterfeit, diversion and tamper-evidence controls	

Information requested	Response / evidence reference
Shelf-life, stock rotation and expiry controls	
Advance product, site, certification and supply-change notification	

Complementary-product controls

Information requested	Response / evidence reference
Complementary product type and proposed use	
Wet, dry or non-penetrating use and skin-contact profile	
Professional-use restrictions and distribution-channel controls	
Infection-control, cleaning, disinfection and sterility controls	
Approval and control of product, wellness and medical claims	
Contraindications, warnings, precautions and user exclusions	
Confirmation that no medicinal substance, human tissue or animal-derived material is supplied	

Commercial and logistics capability

Information requested	Response / evidence reference
Minimum order quantities and price tiers	
Standard and surge lead times	
Preferred Incoterms, shipment mode and destination	
Storage and transport conditions with monitoring needs	
Cold-chain range and excursion controls, if applicable	
Warranty, maintenance, consumables and spare parts	
After-sales service and escalation route	
Product-liability insurance: insurer, limit, territory and expiry	

Business integrity and risk controls

Information requested	Response / evidence reference
Sanctions, restricted parties and politically exposed persons screening	
Anti-bribery, anti-corruption and gifts controls	
Modern slavery, forced labour and human-rights controls	

Information requested	Response / evidence reference
Information security, privacy and breach-notification controls	
Export control, dual-use and restricted-destination controls	
Actual or potential conflicts of interest	
Banking country, account-name match and transaction currencies	

Supporting evidence checklist

Information requested	Response / evidence reference
Company registration extract and tax registration	
Manufacturer appointment or distribution authorisation	
Current quality-system certificates and audit summary	
Current product registration, conformity and labelling evidence	
Complaint, vigilance, recall and CAPA evidence	
Insurance certificate and two relevant trade references	

Declaration and authority

Declaration and authority
I confirm that the information supplied is complete and accurate to the best of my knowledge, that I am authorised to submit it, and that the organisation will notify OLYMEDICA promptly of material changes. I understand that submission does not create approval, appointment, confidentiality, exclusivity or any obligation to transact.

Information requested	Response / evidence reference
Authorised declarant: full name	
Position and organisation	
Basis of authority to submit this form	
Signature	
Date	