Medical Product Enquiry Form

Non-pharmaceutical products, devices, supplies and complementary-care equipment

Document code	OLYM-FRM-MPE-001	**Version / effective date**	3.0 / 1 August 2026
Classification	Controlled business form	**Document owner**	OLYMEDICA — OLYVENRA LTD
Language	English	**Status**	Publication-ready / controlled master

Purpose

Use this controlled form to define a non-pharmaceutical medical-product requirement and the evidence needed for the intended country, user and use environment. OLYMEDICA reviews product identity, intended purpose, classification, claims, conformity, traceability, delivery and after-sales support before commercial progression.

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.

Requester and authority

Information requested	Response / evidence reference
Full legal name	
Trading name, if different	
Country of incorporation or registration	
Corporate website	
Primary contact: full name	
Job title and department	
Business email and telephone	
Role in the proposed transaction	

Commercial requirement

Information requested	Response / evidence reference
Enquiry type and procurement route	
Buyer or end-user organisation type	
Target country or market	
Delivery site and receiving entity	
Tender, project or opportunity reference	

Information requested	Response / evidence reference
Required delivery or implementation date	
Initial quantity and annual forecast	
Indicative budget and currency, if available	

Product identity and intended purpose

Information requested	Response / evidence reference
Generic product name and category	
Brand, legal manufacturer and manufacturing site	
Model, catalogue or reference number	
Documented intended purpose and clinical or wellness context	
Intended user and required competence	
Intended use environment	
Sterile or non-sterile status and method	
Single-use or reusable status and reprocessing instructions	
Shelf life, expiry and storage conditions	
Packaging configuration and units per pack	
Samples, demonstrations or evaluation units required	

Classification, conformity and evidence

Information requested	Response / evidence reference
Regulatory status and classification in each target market	
Device risk class and classification rule, where applicable	
Market authorisation, registration or listing references	
Manufacturer, authorised representative, importer and distributor	
Conformity assessment and certificate references	
Quality management system, scope and certificate validity	
Label, packaging and instructions-for-use languages	
Performance, clinical or scientific evidence supporting claims	
Patient-contact materials, biocompatibility and allergen information	
UDI, lot or serial identification and traceability method	

Complementary-product controls

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

Delivery, service and post-market support

Information requested	Response / evidence reference
Preferred Incoterms, shipment mode and destination	
Storage and transport conditions with monitoring needs	
Cold-chain range and excursion controls, if applicable	
Installation, commissioning, calibration and validation needs	
User training and competency requirements	
Warranty, maintenance, consumables and spare parts	
After-sales service and escalation route	
Complaint, incident, vigilance and field-action process	

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	