

## **EU Declaration of Conformity (DoC)**

**NOTICE:** Sections bracketed with three plus signs (+++) may not be changed or removed without approval from a Quality Director or designee within the Entity and/or function (do not delete the text in this header).

<b>Golvo</b>	<b>Document Number:</b> NPD28933; <b>Version:</b> 8.0	
<b>Manufacturer Name and Address:</b> Liko AB and Nedre vagen 100, 975 92 Lulea, Sweden, +46 (0)920 474700		
<b>Manufacturer Single Registration Number (SRN):</b> SE-MF-000001404		
<b>Authorised Representative Name and Address:</b> Not Applicable, Registered place of business is within European union		
<b>Authorised Representative Single Registration Number (SRN):</b> Not Applicable		
+++ We as Manufacturer declare, under our sole responsibility, that the product(s) listed below conform to the applicable provisions of the Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on Medical Devices, and the following Directive(s), Regulation(s) and Common Specification(s). +++		
<b>Other relevant Directives, Regulations and Union Legislations that the device is in conformity with:</b> <ul style="list-style-type: none"><li>➤ the Directive 2011/65/EU (including amendment 2015/863) of the European Parliament and of the Council of 8 June 2011 on the restriction of the use of certain hazardous substances in electrical and electronic equipment (RoHS)</li></ul>		
<b>Common Specifications Applied:</b> Not Applicable		
<b>Product/Trade Name and Product Code or REF. number:</b> Golvo 9000 & 9000 LB		
<b>Reference Number</b>	<b>Description</b>	<b>Product Basic UDI-DI Number:</b>
1. 2000045	1. GOLVO 9000	0887761GMN000034U5
2. 2000045CN	2. GOLVO 9000	
3. 2000049	3. GOLVO 9000 LB	
<b>Intended Purpose/Use:</b> <p>Transferring patients (adult or children) between devices (e.g., within the room), floor lifting, horizontal lifting, supporting patient limbs, ambulating patient, bathing patient, toileting patient, weighing patient and transferring patients from car. Intended for use in following environments: health care, intensive care, emergency ward, rehabilitation, and habilitation.</p>		
<b>Device Risk Class:</b> Class I		
<b>MDR EU Certificate(s) No.:</b> Not Applicable		
<b>Conformity Assessment Description/Annexes:</b> Annex II and III		

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**Notified Body Name and Address:** Not Applicable as it is class I Product

**Notified Body Identification Number:** Not Applicable as it is class I Product

**+++ This Declaration is made on the following basis:**

- **For devices with a MDR EU Certificate issued by a Notified Body:**
  - The validity of this document shall not start earlier than the validity date of the corresponding MDR EU Certificate.
  - The DoC declares conformity to all product lots released within the validity period/dates of the corresponding MDR EU Certificate.
- **For Class I devices (*that are non-sterile, have no measurement function or are not reusable surgical instruments*) the DoC declares conformity to the product lots released after the date of signature.**
- **Compliance to standards and regulations as defined in the Technical Documentation and General Safety and Performance Requirements (GSPR).**
- **Additional information may be attached/appended to this template, such as common specifications, compliance to other union regulations/registrations, product code list or any other supporting information. +++**

Authorised Signatory:	
Name and Title:	Sofie Nybom
Function:	QMR
Place of Issue:	Luleå, Sweden
Date of Issue:	27-NOV-2023
Signature:	