



## 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 055003 0016 Rev. 00**

### Manufacturer:

**Haselmeier GmbH**

Schelmenwasenstr. 14  
70567 Stuttgart  
GERMANY

SRN Manufacturer - DE-MF-000006334

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, Certification, Validation and Verification Regulations TÜV SÜD Group have to be complied with.

For details and certificate validity see: [www.tuvsud.com/ps-cert?q=cert:G10 055003 0016 Rev. 00](http://www.tuvsud.com/ps-cert?q=cert:G10_055003_0016_Rev_00)

**Report No.:** 713275217

**Valid from:** 2024-11-25

**Valid until:** 2029-11-24

Christoph Dicks  
Head of Certification/Notified Body

**Issue date:** 2024-11-25



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**No. G10 055003 0016 Rev. 00**

**Classification:** Class IIb  
**Device Group:** A020203 - CARTRIDGE SYRINGES  
**Intended Purpose:** Reusable pen injectors intended to be used for subcutaneous injection of insulins

**The validity of this certificate depends on conditions and/or is limited to the following:** ./.

### Revision History:

| Rev. | Dated      | Report    | Description      |
|------|------------|-----------|------------------|
| 00   | 2024-11-25 | 713275217 | Initial issuance |