

We, the undersigned manufacturer of the following devices:

Licence E  Medical Device N Licence	Devices)	GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T MNM-RDP08T, MNM-RDP10T	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	Device(s) Name  ROUND HUBLESS DRAIN  WITH TROCAR
Medical Device N	6358 Medical Device Licence#	SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN
Medical Device N Licence	Medical Device Licence#	I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN
Licence		BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	xer NYL GLOVES MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN
Licence		LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	xer NYL GLOVES MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN
Licence		NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	NYL GLOVES  MDL Class # (II, III, IV)  II	ROUND HUBLESS DRAIN
Licence		(Model/Catalog Detail) MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	II	ROUND HUBLESS DRAIN
	98253	MNM-RDF10T, MNM-RDF15T MNM-RDF19T, MNM-RDF24T	П	
Ş	98253	MNM-RDF19T, MNM-RDF24T		
		ĺ ,	II	WITH TROCAR
		MANIA DEPOST MAIM DEPOS		WITH HIOOAH
		MININ-RDP081, MININ-RDP101	II	ROUND PERFORATED DRAIN
		MNM-RDP12T, MNM-RDP14T	II	WITH TROCAR
		MNM-RDP16T, MNM-RDP18T	II	
		MNM-RDP20T	Ш	
		MNM-FDF08T	П	FLAT VAC DRAIN
		MNM-FDF11T	II .	WITH TROCAR
		MNM-FDP07T, MNM-FDP10T	П	FLAT PERFORATED DRAIN WITH TROCAR
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name
Authorizations				

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	April 1	



We, the undersigned manufacturer of the following devices:

icence	Licence # (Class   Medical Devices) 6358  Medical Device Licence#	SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI	s, DRAPES zer		
Andigal Daving		I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti	s, DRAPES zer		
Andical Davisa		BED SHEETS, GOWNS LanceVac, Hand Saniti	zer		
Andical Davisa	Medical Device Licence#	LanceVac, Hand Saniti	zer		
Andical Davisa	Medical Device Licencett	· '			
Andinal Davisa	Medical Device Licencett	NITRILE GLOVES, VI	NYL GLOVES		
10 dical Davice	Medical Device Licence#	I			
	IVICUICAI DEVICE LICETICE#		MDL Class # (II, III, IV)		Device(s) Name
icence	00050	(Model/Catalog Detail) MNM-FDP13T			Flat Perforated Drain W/Trocar
	98253				
		MNM-FDF08T-R10			FLAT VAC DRAIN WITH
		MNM-FDF08T-R15	III		TROCAR, RESERVOIR KIT
		MNM-FDF08T-R20	II		
		MNM-FDF08T-R40	II		
		MNM-FDF11T-R10	II		
		MNM-FDF11T-R15	II		
		MNM-FDF11T-R20	II		
		MNM-FDF11T-R40	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date [	Device Identifier #	Manufacturer's Name
uthorizations					

### Do hereby certify that:

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

8	I .	,
Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	stin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mana a .		

Signature:



We, the undersigned manufacturer of the following devices:

stablishment	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
icence	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	RS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	,		
		LanceVac, Hand Saniti			
		NITRILE GLOVES, VI			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
icence	00050	(Model/Catalog Detail)			
	98253	MNM-FDP07T-R10	II		FLAT PERFORATED DRAIN WITH
		MNM-FDP07T-R15	II		TROCAR, RESERVOIR KIT
		MNM-FDP07T-R20	II		
		MNM-FDP07T-R40	II		
		MNM-FDP10T-R10	II		
		MNM-FDP10T-R15	II		
		MNM-FDP10T-R20	II		
		MNM-FDP10T-R40	II		
		MNM-FDP13T-R10	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
uthorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	a distribution of the second	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS			
		LanceVac, Hand Saniti NITRILE GLOVES, VI			
Medical Device Licence	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
Licerice	98253	MNM-FDP13T-R15	li .		FLAT PERFORATED DRAIN WITH
		MNM-FDP13T-R20	II		TROCAR, RESERVOIR KIT
		MNM-FDP13T-R40	II		
		MNM-RDP08T-R10	II		ROUND PERFORATED DRAIN WITH
		MNM-RDP08T-R15	II		TROCAR, RESERVOIR KIT
		MNM-RDP08T-R20	II		
		MNM-RDP08T-R40	II		
		MNM-RDP10T-R10	II		
		MNM-RDP10T-R15	II		
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	April 1	



We, the undersigned manufacturer of the following devices:

	IDEL information for your class I	medical device and the	MDL information for Cl	lass II, III, IV medica	al devices)
	Medical Device Establishment	Device(s) Name			
	Licence # (Class I Medical	GAUSE & SPONGES			
Licence	Devices)	SURGICAL PACKS	20		
	6358	SILICONE RESERVOIR	iS .		
		I-VAC RESERVOIR BED SHEETS, GOWNS	DRADES		
		LanceVac, Hand Saniti	,		
		NITRILE GLOVES, VI			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
Licence	liviedidai Bevide Electriceii	(Model/Catalog Detail)	. , , ,		Device(s) Name
	98253	MNM-RDP10T-R20	II		ROUND PERFORATED DRAIN WITH
		MNM-RDP10T-R40	II		TROCAR, RESERVOIR KIT
		MNM-RDP12T-R10	II		
		MNM-RDP12T-R15	li li		
		MNM-RDP12T-R20	II		
		MNM-RDP12T-R40	II		
		MNM-RDP14T-R10	II		
		MNM-RDP14T-R15	II		
		MNM-RDP14T-R20	II		
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date [	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Devices   SURGICAL PACKS   SILICONE RESERVOIRS   I-VAC RESERVOIR   I-V		Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES			SURGICAL PACKS			
I-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES		6358	SILICONE RESERVOIR	IS		
LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   MDL Class # (II, III, IV)   Device(s) Name			I-VAC RESERVOIR			
Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   MDL Class # (II, III, IV)   Device(s) Name			BED SHEETS, GOWNS	, DRAPES		
Medical Device Licence# Licence  98253  Medical Device Licence#  Model/Catalog Detail)  MNM-RDP14T-R40  MNM-RDP16T-R10  MNM-RDP16T-R20  MNM-RDP16T-R40  MNM-RDP16T-R40  MNM-RDP18T-R10  MNM-RDP18T-R20  MNM-RDP18T-R40  III  MANGEDP18T-R40  III			,			
Model/Catalog Detail)						
98253   MNM-RDP14T-R40   II   ROUND PERFORATED DRAIN WI TROCAR, RESERVOIR KIT   TROCAR, RESERVOIR KI		Medical Device Licence#		1 ' ' '		Device(s) Name
MNM-RDP16T-R10	Licence	00050				
MNM-RDP16T-R15		98253				
MNM-RDP16T-R20						TROCAR, RESERVOIR KIT
MNM-RDP16T-R40						
MNM-RDP18T-R10			MNM-RDP16T-R20			
MNM-RDP18T-R15   II  MNM-RDP18T-R20   II  MNM-RDP18T-R40   II  Interim Order   IO Authorization ID # Device(s) Name   IO Authorization Date   Device Identifier # Manufacturer's Name			MNM-RDP16T-R40	II		
MNM-RDP18T-R20   II   II   Interim Order   IO Authorization ID#   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			MNM-RDP18T-R10	II		
MNM-RDP18T-R40    Interim Order   IO Authorization ID#   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			MNM-RDP18T-R15	II		
Interim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			MNM-RDP18T-R20	II		
			MNM-RDP18T-R40	II		
Authorizations	nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
	Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	A HAND	



We, the undersigned manufacturer of the following devices:

(Include the M	IDEL information for your class l	medical device and the	MDL information for C	lass II, III, IV medica	al devices)	
	Medical Device Establishment	Device(s) Name				
Establishment	Licence # (Class I Medical	GAUSE & SPONGES				
Licence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIR	RS			
		I-VAC RESERVOIR	DDADEC			
		BED SHEETS, GOWNS LanceVac, Hand Saniti	,			
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name	
Licence	liviedical Device Licence#	(Model/Catalog Detail)	1 ' ' '		Device(s) Name	
Licence	98253	MNM-RDP20T-R10	l <sub>II</sub>		ROUND PERFORATED DRAIN WITH	
		MNM-RDP20T-R15	l <sub>II</sub>		TROCAR, RESERVOIR KIT	
		MNM-RDP20T-R20	lii			
		MNM-RDP20T-R40				
		MNM-RDF10T-R10	   II		ROUND HUBLESS DRAIN WITH	
		MNM-RDF10T-R15	lii		TROCAR, RESERVOIR KIT	
		MNM-RDF101-R15	lii		THOOAII, HESEITVOIT KIT	
		MNM-RDF10T-R40	l II			
		MNM-RDF15T-R10	II			
Interim Order	IO Authorization ID #	Device(s) Name	IO Authorization Date [	Device Identifier#	Manufacturer's Name	
Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

icence E  Medical Device N icence	Devices	SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	Device(s) Name  ROUND HUBLESS DRAIN WITH  TROCAR, RESERVOIR KIT
Medical Device N	Medical Device Licence#	I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN WITH
Medical Device N	Medical Device Licence#	BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN WITH
icence		LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN WITH
icence		NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	NYL GLOVES  MDL Class # (II, III, IV)  II	ROUND HUBLESS DRAIN WITH
icence		Device Identifier (Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	MDL Class # (II, III, IV)	ROUND HUBLESS DRAIN WITH
icence		(Model/Catalog Detail) MNM-RDF15T-R15 MNM-RDF15T-R20	П	ROUND HUBLESS DRAIN WITH
	98253	MNM-RDF15T-R15 MNM-RDF15T-R20	П	
	98253	MNM-RDF15T-R20		
			II	I TDOCAD DECEDVOID VIT
			l	THOCAN, NESERVOIN KIT
		MNM-RDF15T-R40	II	
		MNM-RDF19T-R10	II	
		MNM-RDF19T-R15	II	
		MNM-RDF19T-R20	II	
		MNM-RDF19T-R40	II	
		MNM-RDF24T-R10	II	
		MNM-RDF24T-R15	II	
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name
Authorizations				

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	Just - Start -	



We, the undersigned manufacturer of the following devices:

Medical Devices Establishment	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
Licence	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	IS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	•		
		LanceVac, Hand Saniti			
		NITRILE GLOVES, VI			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
Licence	08050	(Model/Catalog Detail) MNM-RDF24T-R20			DOUND LIND FOO DDAIN WITH
	98253		II 		ROUND HUBLESS DRAIN WITH
		MNM-RDF24T-R40			TROCAR, RESERVOIR KIT
		MNM-FDP07TF-R10			FLAT FULL PERFORATED DRAIN WITH
		MNM-FDP07TF-R15	II		TROCAR, RESERVOIR KIT
		MNM-FDP07TF-R20	II		
		MNM-FDP07TF-R40	II		
		MNM-FDP10TF-R10	II		
		MNM-FDP10TF-R15	II		
		MNM-FDP10TF-R20	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

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Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	Jan Jan	



We, the undersigned manufacturer of the following devices:

Part 1 - Device (Include the M	es IDEL information for your class I	medical device and the	MDL information for C	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti; NITRILE GLOVES, VI	, DRAPES zer		
Medical Device Licence	Medical Device Licence# 98253	Device Identifier (Model/Catalog Detail) MNM-FDP10TF-R40 MNM-FDP13TF-R10 MNM-FDP13TF-R15 MNM-FDP13TF-R20 MNM-FDP13TF-R40 RDF10T-R10-B10 RDF10T-R10-B20 RDF10T-R10-B80 RDF10T-R15-B10	MDL Class # (II, III, IV)  II  II  II  II  II  II  II  II  II		Device(s) Name  FLAT FULL PERFORATED DRAIN WITH  TROCAR, RESERVOIR KIT  ROUND HUBLESS DRAIN WITH  TROCAR, RESERVOIR AND BAG KIT
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
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Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Establishment Licence # (Class I Medical Devices) 6358  SURGICAL PACKS SILICONE RESERVOIRS I-VAC RESERVOIRS I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence  Medical Device Licence#  Medical Device Licence#  Device identifier (Model/Catalog Detail) RDF10T-R15-B20 RDF10T-R15-B20 RDF10T-R20-B20 RDF10T-R20-B20 RDF10T-R20-B20 RDF10T-R20-B30 RDF10T-R20-B30 RDF10T-R40-B10 RDF10T-R40-B30 RDF10T-R40-B30 RDF10T-R40-B30 RDF10T-R40-B30 RDF10T-R40-B30 RDF15T-R10-B10  Interim Order Authorizations  IO Authorization ID #  Device (s) Name  Manufacturer's Name	=	Medical Device Establishment	Device(s) Name GAUSE & SPONGES				
SILICONE RESERVOIRS I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence#  Device Identifier (Model/Catalog Detail) RDF10T-R15-B20 RDF10T-R15-B80 RDF10T-R20-B10 RDF10T-R20-B20 RDF10T-R20-B20 RDF10T-R40-B10 RDF10T-R40-B10 RDF10T-R40-B20 RDF10T-R40-B20 RDF10T-R40-B20 RDF10T-R40-B20 RDF10T-R40-B20 RDF10T-R40-B30 RDF10T-R40-B30 RDF10T-R40-B30 RDF10T-R40-B30 RDF15T-R10-B10 RDF		,					
I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence  Medical Device Licence#  Device Identifier (Model/Catalog Detail) BDF10T-R15-B20 RDF10T-R15-B80 RDF10T-R20-B10 RDF10T-R20-B20 RDF10T-R20-B80 RDF10T-R40-B10 RDF10T-R40-B10 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF15T-R10-B10	Licence	· '					
BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence  Medical Device Licence#  Device Identifier (Model/Catalog Detail) RDF10T-R15-B20 RDF10T-R15-B80 RDF10T-R20-B10 RDF10T-R20-B20 RDF10T-R20-B80 RDF10T-R40-B10 RDF10T-R40-B20 RDF10T-R40-B20 RDF10T-R40-B80		6358					
Medical Device Licence#  Medical Device Licence#  Device Identifier (Model/Catalog Detail)  RDF10T-R15-B20   II    RDF10T-R20-B10   II    RDF10T-R20-B20   II    RDF10T-R20-B20   II    RDF10T-R20-B20   II    RDF10T-R40-B20   II    RDF10T-R40-B10   II    RDF10T-R40-B20   II    RDF10T-R40-B30   II				, DRAPES			
Medical Device Licence# Licence  98253  Medical Device Licence#  ADEVICE Identifier (Model/Catalog Detail) RDF10T-R15-B20 RDF10T-R15-B80 RDF10T-R20-B10 RDF10T-R20-B20 RDF10T-R20-B80 RDF10T-R40-B10 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF10T-R40-B80 RDF15T-R10-B10 RDF1			LanceVac, Hand Saniti	zer			
Note   Page 3   Company   Page 4   Pa							
PRDF10T-R15-B20	Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name	
RDF10T-R15-B80	Licence		1.				
RDF10T-R20-B10		98253	RDF10T-R15-B20	II		ROUND HUBLESS DRAIN WITH	
RDF10T-R20-B20			RDF10T-R15-B80	II		TROCAR, RESERVOIR AND BAG KIT	
RDF10T-R20-B80			RDF10T-R20-B10	II			
RDF10T-R40-B10			RDF10T-R20-B20	II			
RDF10T-R40-B20   II   RDF10T-R40-B80   II   RDF15T-R10-B10   II   Interim Order   IO Authorization ID #   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			RDF10T-R20-B80	II			
RDF10T-R40-B80 II II Interim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			RDF10T-R40-B10	II			
RDF15T-R10-B10   I   Interim Order   IO Authorization ID#   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			RDF10T-R40-B20	II			
Interim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			RDF10T-R40-B80	II			
			RDF15T-R10-B10	II			
Authorizations	Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
	Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	April 1	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
icence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIR	IS			
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS	•			
		LanceVac, Hand Saniti				
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
icence	00050	(Model/Catalog Detail)				
	98253	RDF15T-R10-B20			ROUND HUBLESS DRAIN WITH	
		RDF15T-R10-B80			TROCAR, RESERVOIR AND BAG KIT	
		RDF15T-R15-B10	II			
		RDF15T-R15-B20	II			
		RDF15T-R15-B80	II			
		RDF15T-R20-B10	II			
		RDF15T-R20-B20	П			
		RDF15T-R20-B80	II			
		RDF15T-R40-B10	II			
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
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Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	apart .	



We, the undersigned manufacturer of the following devices:

icence [   	6358  Medical Device Licence#	SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) RDF15T-R40-B20 RDF15T-R40-B80	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	Device(s) Name ROUND HUBLESS DRAIN WITH
Medical Device I	6358 Medical Device Licence#	I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) RDF15T-R40-B20	S, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)	
Medical Device I	Medical Device Licence#	BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) RDF15T-R40-B20	MDL Class # (II, III, IV)	
icence	Medical Device Licence#	LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) RDF15T-R40-B20	MDL Class # (II, III, IV)	
icence	Medical Device Licence#	NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail) RDF15T-R40-B20	MDL Class # (II, III, IV)	
icence	Medical Device Licence#	Device Identifier (Model/Catalog Detail) RDF15T-R40-B20	MDL Class # (II, III, IV)	
icence		(Model/Catalog Detail) RDF15T-R40-B20	II.	
		RDF15T-R40-B20	II	ROUND HUBLESS DRAIN WITH
	98253			ROUND HUBLESS DRAIN WITH
		RDF15T-R40-B80		
			II	TROCAR, RESERVOIR AND BAG KIT
		RDF19T-R10-B10	II	
		RDF19T-R10-B20	II	
		RDF19T-R10-B80	II	
		RDF19T-R15-B10	II	
		RDF19T-R15-B20	II	
		RDF19T-R15-B80	П	
		RDF19T-R20-B10	II	
nterim Order I	IO Authorization ID #	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name
uthorizations				

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	April 1	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
icence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIRS				
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS	•			
		LanceVac, Hand Saniti				
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
licence	00050	(Model/Catalog Detail) RDF19T-R20-B20			ROUND HUBLESS DRAIN WITH	
	98253					
		RDF19T-R20-B80	II 		TROCAR, RESERVOIR AND BAG KIT	
		RDF19T-R40-B10	II 			
		RDF19T-R40-B20	II 			
		RDF19T-R40-B80	II			
		RDF24T-R10-B10	l II			
		RDF24T-R10-B20	l II			
		RDF24T-R10-B80	l II			
		RDF24T-R15-B10	II			
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
uthorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
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Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	a distribution of the second	



We, the undersigned manufacturer of the following devices:

Devices) 6358  SURGICAL PACKS SILICONE RESERVOIRS I-VAC RESERVOIRS BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence#  Device Identifier (Model/Catalog Detail) RDP08T-R10-B20 RDP08T-R10-B80 RDP08T-R15-B10 RDP08T-R15-B20 RDP08T-R15-B20 RDP08T-R15-B20 RDP08T-R15-B20 RDP08T-R20-B10 RDP08T-R20-B20 RDP08T-R20-B20 RDP08T-R20-B20 RDP08T-R20-B20 RDP08T-R20-B20 RDP08T-R20-B30 RDP08T-R30-B30 RD		Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
I-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES		· ·					
I-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES		6358	SILICONE RESERVOIF	RS			
LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   RDP08T-R10-B20   RDP08T-R10-B80   RDP08T-R15-B10   RDP08T-R15-B20   II   RDP08T-R15-B80   II   RDP08T-R15-B80   II   RDP08T-R20-B10   RDP08T-R20-B20   II   RDP08T-R20-B20   II   RDP08T-R20-B80   RDP08T-R20-B80   II   RDP08T-R20-B80   RDP08T-R20-B8			I-VAC RESERVOIR				
Medical Device Licence#  Medical Device Licence#  Device Identifier (Model/Catalog Detail)  RDP08T-R10-B20   II    RDP08T-R15-B10   RDP08T-R15-B20   II    RDP08T-R15-B80   II    RDP08T-R15-B80   II    RDP08T-R15-B80   II    RDP08T-R20-B10   II    RDP08T-R20-B80   II    RDP08T-R40-B10   II    RDP08			· · · · · · · · · · · · · · · · · · ·	,			
Medical Device Licence# Licence  98253  Medical Device Licence#  Poevice Identifier (Model/Catalog Detail) RDP08T-R10-B20 RDP08T-R10-B80 RDP08T-R15-B10 RDP08T-R15-B20 RDP08T-R15-B80 RDP08T-R15-B80 RDP08T-R20-B10 RDP08T-R20-B20 RDP08T-R20-B20 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R20-B30 RDP08T-R30-B30 RDP08T-R40-B10  Interim Order  IO Authorization ID #  Device(s) Name  Device(s) Name  Device(s) Name  Device(s) Name			i i				
Section   Page   Composition   Page							
98253 RDP08T-R10-B20 II ROUND PERFORATED DRAIN WITH RDP08T-R15-B10 II RDP08T-R15-B20 II RDP08T-R15-B80 II RDP08T-R15-B80 II RDP08T-R20-B10 II RDP08T-R20-B20 II RDP08T-R20-B80 II RDP08T-R20-B80 II RDP08T-R20-B80 II RDP08T-R20-B80 II RDP08T-R40-B10 II R40-B10		Medical Device Licence#		1 ' ' '		Device(s) Name	
RDP08T-R10-B80	Licence	00050	1.				
RDP08T-R15-B10		98253					
RDP08T-R15-B20						TROCAR, RESERVOIR AND BAG KIT	
RDP08T-R15-B80				··			
RDP08T-R20-B10			RDP08T-R15-B20	··			
RDP08T-R20-B20    RDP08T-R20-B80    RDP08T-R40-B10    III   Interim Order   IO Authorization ID #   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			RDP08T-R15-B80	II			
RDP08T-R20-B80 II			RDP08T-R20-B10	II			
RDP08T-R40-B10    Interim Order   IO Authorization ID#   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			RDP08T-R20-B20	II			
Interim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			RDP08T-R20-B80	II			
			RDP08T-R40-B10	II			
Authorizations	nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
	Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
Licence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIF	RS			
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS	,			
		LanceVac, Hand Saniti				
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name	
_icence	00050	(Model/Catalog Detail) RDP08T-R40-B20			ROUND PERFORATED DRAIN WITH	
	98253		III			
		RDP08T-R40-B80	II		TROCAR, RESERVOIR AND BAG KIT	
		RDP10T-R10-B10	III			
		RDP10T-R10-B20	II			
		RDP10T-R10-B80	II			
		RDP10T-R15-B10	II			
		RDP10T-R15-B20	II			
		RDP10T-R15-B80	II			
		RDP10T-R20-B10	II			
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

	DEL information for your class I		Wide information for c	1433 11, 111, 14 111 Edice	ii devices <sub>j</sub>	
	Medical Device Establishment	Device(s) Name GAUSE & SPONGES				
Establishment Licence	Licence # (Class I Medical Devices)	SURGICAL PACKS				
Licerice	l '	SILICONE RESERVOIRS				
	6358	I-VAC RESERVOIR	.0			
		BED SHEETS, GOWNS	, DRAPES			
		LanceVac, Hand Saniti	zer			
		NITRILE GLOVES, VI	NYL GLOVES			
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name	
Licence		(Model/Catalog Detail)				
	98253	RDP10T-R20-B20	II		ROUND PERFORATED DRAIN WITH	
		RDP10T-R20-B80	II		TROCAR, RESERVOIR AND BAG KIT	
		RDP10T-R40-B10	II			
		RDP10T-R40-B20	II			
		RDP10T-R40-B80	II			
		RDP12T-R10-B10	II			
		RDP12T-R10-B20	П			
		RDP12T-R10-B80	П			
		RDP12T-R15-B10	П			
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name	
Authorizations						

- a) each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
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Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	Just and the second	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class   Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIRS			
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS			
		LanceVac, Hand Saniti. NITRILE GLOVES, VI			
Medical Device	  Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
Licence	, i	(Model/Catalog Detail)			
	98253	RDP12T-R15-B20	II		ROUND PERFORATED DRAIN WITH
		RDP12T-R15-B80	II		TROCAR, RESERVOIR AND BAG KIT
		RDP12T-R20-B10	II		
		RDP12T-R20-B20	II		
		RDP12T-R20-B80	II		
		RDP12T-R40-B10	П		
		RDP12T-R40-B20	II		
		RDP12T-R40-B80	П		
		RDP14T-R10-B10	II		
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date I	Device Identifier #	Manufacturer's Name
Authorizations					

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Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	April 1	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES					
icence	Devices)	SURGICAL PACKS					
	6358	SILICONE RESERVOIRS					
		I-VAC RESERVOIR					
		BED SHEETS, GOWNS	, ·				
	LanceVac, Hand Sanitizer						
		NITRILE GLOVES, VI		T			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)	Device(s) Name			
icence	98253	(Model/Catalog Detail) RDP14T-R10-B20	lu	ROUND PERFORATED DRAIN WITH			
	96233	RDP14T-R10-B80	lii				
		RDP14T-R15-B10	"	TROCAR, RESERVOIR AND BAG KIT			
		RDP14T-R15-B10	"				
			"				
		RDP14T-R15-B80	III				
		RDP14T-R20-B10					
		RDP14T-R20-B20					
		RDP14T-R20-B80	II				
		RDP16T-R40-B10	II .				
nterim Order	IO Authorization ID #	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name			
uthorizations							

Do hereby certify that:

Mohammad Halabi

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

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Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	Signature:	



We, the undersigned manufacturer of the following devices:

	IDEL information for your class I		MDL information for Class II, II	i, iv medica	ai devices)	
=	Medical Device Establishment	Device(s) Name GAUSE & SPONGES				
	Licence # (Class I Medical	SURGICAL PACKS				
Licence	Devices)	SILICONE RESERVOIR				
	6358	I-VAC RESERVOIR				
		BED SHEETS, GOWNS, DRAPES  LanceVac, Hand Sanitizer  NITRILE GLOVES, VINYL GLOVES				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
Licence		(Model/Catalog Detail)				
	98253	RDP16T-R40-B20	II		ROUND PERFORATED DRAIN WITH	
		RDP16T-R40-B80	II		TROCAR, RESERVOIR AND BAG KIT	
		RDP18T-R10-B10	П			
		RDP18T-R10-B20	П			
		RDP18T-R10-B80	II			
		RDP18T-R15-B10	II			
		RDP18T-R15-B20	п			
		RDP18T-R15-B80	п			
		RDP18T-R20-B10	П			
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Io	dentifier#	Manufacturer's Name	
Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	district the second	



We, the undersigned manufacturer of the following devices:

			MDL information for Class II, III, IV medi	cal devices)		
	Medical Device Establishment	Device(s) Name GAUSE & SPONGES				
	Licence # (Class I Medical	SURGICAL PACKS				
Licence	Devices)	SILICONE RESERVOIR				
	6358	I-VAC RESERVOIR				
		BED SHEETS, GOWNS				
		LanceVac, Hand Sanitizer				
		NITRILE GLOVES, VI	NYL GLOVES			
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)	Device(s) Name		
Licence		(Model/Catalog Detail)				
	98253	RDP18T-R20-B20	Ш	ROUND PERFORATED DRAIN WITH		
		RDP18T-R20-B80	П	TROCAR, RESERVOIR AND BAG KIT		
		RDP18T-R40-B10	II			
		RDP18T-R40-B20	П			
		RDP18T-R40-B80	П			
		RDP20T-R10-B10	ш			
		RDP20T-R10-B20	п			
		RDP20T-R10-B80	п			
		RDP20T-R15-B10	П			
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name		
Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment	Device(s) Name GAUSE & SPONGES				
Establishment Licence	Licence # (Class I Medical Devices)	SURGICAL PACKS				
Licerice	l '	SILICONE RESERVOIR	88			
	6358	I-VAC RESERVOIR				
		BED SHEETS, GOWNS	s, DRAPES			
		LanceVac, Hand Sanitizer				
		NITRILE GLOVES, VI	NYL GLOVES			
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)	Device(s) Name		
Licence		(Model/Catalog Detail)				
	98253	RDP20T-R15-B20	II	ROUND PERFORATED DRAIN WITH		
		RDP20T-R15-B80	Ш	TROCAR, RESERVOIR AND BAG KIT		
		RDP20T-R20-B10	II			
		RDP20T-R20-B20	Ш			
		RDP20T-R20-B80	Ш			
		RDP20T-R40-B10	Ш			
		RDP20T-R40-B20	П			
		RDP20T-R40-B80	Ш			
		FDF08T-R10-B10	П	FLAT VAC DRAIN WITH TROCAR, RESERVOIR AND BAG KIT		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier#			
Authorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

_icence	Licence # (Class I Medical	GAUSE & SPONGES			
	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	S		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	•		
		LanceVac, Hand Sanitiz			
		NITRILE GLOVES, VI			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
_icence	00050	(Model/Catalog Detail) FDF08T-R10-B20			ELAT VAC DRAIN WITH
	98253				FLAT VAC DRAIN WITH
		FDF08T-R10-B80	II 		TROCAR, RESERVOIR
		FDF08T-R15-B10	II 		AND BAG KIT
		FDF08T-R15-B20	II 		
		FDF08T-R15-B80	II		
		FDF08T-R20-B10	II		
		FDF08T-R20-B20	II		
		FDF08T-R20-B80	II		
		FDF08T-R40-B10	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	A Just	



We, the undersigned manufacturer of the following devices:

	IDEL information for your class l		MDL information for 0	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
Licence	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	IS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	**		
		LanceVac, Hand Sanitizer			
Madical Davis	Medical Device Licence#	NITRILE GLOVES, VIIDevice Identifier			Davissofs) Name
Medical Device Licence	Iviedical Device Licence#	(Model/Catalog Detail)	MDL Class # (II, III, IV)		Device(s) Name
Licerice	98253	FDF08T-R40-B20			   FLAT VAC DRAIN WITH
	00200	FDF08T-R40-B80	   II		TROCAR, RESERVOIR
		FDF11T-R10-B10	   II		AND BAG KIT
		FDF11T-R10-B20	   ii		
		FDF11T-R10-B80	   ii		
		FDF11T-R15-B10	   II		
		FDF11T-R15-B20			
		FDF11T-R15-B80			
		FDF11T-R20-B10	"		
	10 4 11 11 11 11 11			D	
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	a distribution of the second	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class   Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR				
		BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
_icence		(Model/Catalog Detail)				
	98253	FDF11T-R20-B20	II		FLAT VAC DRAIN WITH	
		FDF11T-R20-B80	II		TROCAR, RESERVOIR	
		FDF11T-R40-B10	II		AND BAG KIT	
		FDF11T-R40-B20	II			
		FDF11T-R40-B80	II			
		FDP07T-R10-B10	П		FLAT PERFORATED DRAIN	
		FDP07T-R10-B20	II		WITH TROCAR, RESERVOIR	
		FDP07T-R10-B80	II		AND BAG KIT	
		FDP07T-R15-B10	П			
nterim Order Authorizations	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
ACTIONIZACIONS						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	A A A A A A A A A A A A A A A A A A A	



We, the undersigned manufacturer of the following devices:

Part 1 - Devic (Include the M	es IDEL information for your class I	medical device and the	MDL information for C	class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti. NITRILE GLOVES, VI	, DRAPES zer		
Medical Device Licence	Medical Device Licence# 98253	Device Identifier (Model/Catalog Detail) FDP07T-R15-B20 FDP07T-R15-B80 FDP07T-R20-B10 FDP07T-R20-B20 FDP07T-R20-B80 FDP07T-R40-B10 FDP07T-R40-B20 FDP07T-R40-B20 FDP07T-R40-B80 FDP07T-R40-B80 FDP07T-R40-B10	MDL Class # (II, III, IV)  II  II  II  II  II  II  II  II  II		Device(s) Name  FLAT PERFORATED DRAIN  WITH TROCAR, RESERVOIR  AND BAG KIT
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	a frak	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class   Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI	s, DRAPES zer		
	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
icence	98253	(Model/Catalog Detail) FDP10T-R10-B20			FLAT PERFORATED DRAIN
	96233	FDP10T-R10-B80	"		WITH TROCAR, RESERVOIR
					AND BAG KIT
		FDP10T-R15-B10	III		AND BAG KIT
		FDP10T-R15-B20	II		
		FDP10T-R15-B80	II		
		FDP10T-R20-B10	II		
		FDP10T-R20-B20	II		
		FDP10T-R20-B80	II		
		FDP10T-R40-B10	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES					
icence	Devices)	SURGICAL PACKS					
	6358	SILICONE RESERVOIR	RS				
		I-VAC RESERVOIR					
		BED SHEETS, GOWNS	,				
		LanceVac, Hand Saniti					
		NITRILE GLOVES, VI					
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name		
icence	08052	(Model/Catalog Detail) FDP10T-R40-B20	l <sub>II</sub>		FLAT PERFORATED DRAIN		
	98253						
		FDP10T-R40-B80			WITH TROCAR, RESERVOIR		
		FDP13T-R10-B10			AND BAG KIT		
		FDP13T-R10-B20	II				
		FDP13T-R10-B80	II				
		FDP13T-R15-B10	II				
		FDP13T-R15-B20	II				
		FDP13T-R15-B80	II				
		FDP13T-R20-B10	II				
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name		
Authorizations							

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	apart .	



We, the undersigned manufacturer of the following devices:

(Include the M	IDEL information for your class l	medical device and the	MDL information for C	lass II, III, IV medica	al devices)		
	Medical Device Establishment	Device(s) Name					
	Licence # (Class I Medical	GAUSE & SPONGES					
Licence	Devices)	SURGICAL PACKS					
	6358	SILICONE RESERVOIRS					
		I-VAC RESERVOIR BED SHEETS, GOWNS	DDADEO				
		LanceVac, Hand Saniti	•				
		NITRILE GLOVES, VI					
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name		
Licence		(Model/Catalog Detail)			Device(3) Name		
2.0000	98253	FDP13T-R20-B20	lii		FLAT PERFORATED DRAIN		
		FDP13T-R20-B80	lii		WITH TROCAR, RESERVOIR		
		FDP13T-R40-B10			AND BAG KIT		
		FDP13T-R40-B20	<sub>II</sub>				
		FDP13T-R40-B80	   II				
		FDP07TF-R10-B10			FLAT FULL PERFORATED DRAIN		
		FDP07TF-R10-B20	l <sub>II</sub>		WITH TROCAR, RESERVOIR		
		FDP07TF-R10-B80	II		AND BAG KIT		
		FDP07TF-R15-B10	"				
lataria Onla	IO Anathra disastina ID II			D	NA Facility and a Name		
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date I	Device identifier #	Manufacturer's Name		
Authorizations							

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	a frak	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Sanitiz NITRILE GLOVES, VI	, DRAPES zer		
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
icence	98253	(Model/Catalog Detail) FDP10TF-R40-B20			FLAT FULL PERFORATED DRAIN
	90233	FDP10TF-R40-B80	;;  ii		WITH TROCAR, RESERVOIR
		FDP13TF-R10-B10	   ii		AND BAG KIT
		FDP13TF-R10-B20	;;  ii		AND BACK!
		FDP13TF-R10-B80	;;   ii		
		FDP13TF-R15-B10	"		
		FDP13TF-R15-B10			
		FDP13TF-R15-B80	"		
		FDP13TF-R20-B10	 II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
uthorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Part 1 - Devic	es  DEL information for your class	medical device and the	MDL information for C	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIF I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI	s, DRAPES zer		·
Medical Device Licence	Medical Device Licence# 98253 105213	Device Identifier (Model/Catalog Detail) FDP13TF-R20-B20 FDP13TF-R20-B80 FDP13TF-R40-B10 FDP13TF-R40-B80 MNM-FDP07TF, MNM-FDP10TF MNM-FDP13TF MNM-TDP1250, MNM-TPN500	MDL Class # (II, III, IV)  II  II  II  II  II  II		Device(s) Name  FLAT FULL PERFORATED DRAIN WITH TROCAR, RESERVOIR AND BAG KIT  FLAT FULL PERFORATED DRAIN WITH TROCAR EVA PARENTERAL NUTRITION
Interim Order Authorizations	IO Authorization ID #	MNM-TPN1000 Device(s) Name	II IO Authorization Date	Device Identifier #	INFUSION SETS FOR SINGLE USE  Manufacturer's Name

### Do hereby certify that:

Mohammad Halabi

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

	····
Part 2 - Name and address of manufacturer	
Company ID (6 digits): 139509	Street address: 203-1130 Austin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)
Name:	Signature:



We, the undersigned manufacturer of the following devices:

Establishment	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES		
icence	Devices)	SURGICAL PACKS		
icerice.	6358	SILICONE RESERVOIR	as .	
	0336	I-VAC RESERVOIR		
		BED SHEETS, GOWNS	s, DRAPES	
		LanceVac, Hand Saniti	zer	
		NITRILE GLOVES, VI	NYL GLOVES	
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)	Device(s) Name
icence		(Model/Catalog Detail)		
	105213	MNM-TPN2000	II	EVA PARENTERAL NUTRITION
		MNM-TPN3000	II	INFUSION SETS FOR SINGLE USE
	102447	MNM-121-30004	II	ENDOSCOPIC SUCTION/IRRIGATION
	103965	MNM-121-20127	II	DISPOSABLE VERESS NEEDLE
		MNM-121-20157	Ш	
	102423	MNM-121.00318	II .	DISPOSABLE ENDOBAG
		MNM-121.00328	II .	
		MNM-121.00348	ll	
		MNM-121.00378	l II	
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier#	Manufacturer's Name
Authorizations				

#### Do hereby certify that:

Mohammad Halabi

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS		Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	the duthorized person)	
ivallie.	Signature:	ļ



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
Licence	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	RS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	, DRAPES		
		LanceVac, Hand Saniti			
		NITRILE GLOVES, VI			
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
Licence		(Model/Catalog Detail)			
	102423	MNM-121.01318	III		DISPOSABLE ENDOBAG
		MNM-121.01328	II		
		MNM-121.01348	II		
		MNM-121.01378	II		
	106510	MNM-302.805	II		MODIFIED MARYLAND DISSECTORS
		MNM-302.811	II		STRAIGHT METZENBAUMS SCISSORS
		MNM-302.812	II		CURVED METZENBAUM SCISSORS
		MNM-302.813	II		CURVED METZENBAUM MICRO
			II		SCISSORS
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	April 1	



We, the undersigned manufacturer of the following devices:

Part 1 - Devices (Include the MDEL information for your class I medical device and the MDL information for Class II, III, IV medical devices)						
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti; NITRILE GLOVES, VI	, DRAPES zer			
Medical Device Licence	Medical Device Licence#	(Model/Catalog Detail)	MDL Class # (II, III, IV)		Device(s) Name	
	106510	MNM-302.815 MNM-302.816			FULLY INSULATED CURVED  METZENBAUM SCISSORS  FULLY INSULATED CURVED  METZENBAUM MICRO SCISSORS	
		MNM-302.821	Ш		ALLIS GRASPING FORCEPS	
		MNM-302.822			FENESTRATED JOHAN GRASPING FORCEPS	
		MNM-302.802	   II   II		CURVED MARYLAND DISSECTING FORCEPS	
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name	

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	April 1	



We, the undersigned manufacturer of the following devices:

Part 1 - Devic (Include the M	es DEL information for your class I	medical device and the	MDL information for C	class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti. NITRILE GLOVES, VI	, DRAPES zer		
Medical Device Licence	Medical Device Licence#	(Model/Catalog Detail)	MDL Class # (II, III, IV)		Device(s) Name
	106510	MNM-302.823 MNM-302.838 MNM-302.839 MNM-302.840 MNM-302.841 MNM-302.842 MNM-302.945 MNM-302.901			CLINCH GRASPING FORCEPS SINGLE ACTION FENESTRATED JOHAN GRASPING FORCEPS WAVE TEETH GRASPING FORECEPS ATRAUMATIC GRASPING FORCEPS BABCOCK GRASPING FORCEPS CLAW GRASPING FORCEPS BIPOLAR SINGLE ACTION MARYLAND DISSECTING FORCEPS
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Establishment Licence # (Class I Medical Devices) 6358  SILICONE RESERVOIRS I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence  Medical Device Licence#  Model/Catalog Detail) 106510  Mominum 121.30213  Mominum	Medical Devices	Medical Device Establishment	Device(s) Name			
6358  SILICONE RESERVOIRS I-VAC RESERVOIRS I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence#  Device Identifier (Model/Catalog Detail) MNM-302.946 MNM-121.30213 II CHOLANGIOGRAPHY FORCEPS MNM-505B, MNM-505B, MNM-505B, MNM-505B, MNM-505C, MNM-505C, MNM-505S, MNM-505S, MNM-505S, MNM-505S, MNM-505S, MNM-505V, MNM-510B, MNM-510	Establishment	Licence # (Class I Medical	GAUSE & SPONGES			
I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device   Medical Device Licence#   Device Identifier (Model/Catalog Detail)   MDL Class # (II, III, IV)   Device(s) Name	Licence	Devices)				
BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence  Medical Device Licence#  Device Identifier (Model/Catalog Detail) 106510  MNM-302.946  MNM-121.30213  97270  MNM-505B, MNM-505BK MNM-505C, MNM-505B MNM-505C, MNM-505B MNM-505VK, MNM-505B MNM-510BK, MNM-510B MNM-510S, MNM-510BK MNM-510S, MNM-510SK MNM-510V, MNM-510VK  MNM-		6358		IS		
LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   II   Duck JAW GRASPING FORCEPS   II   DUCK JAW GRASPING				DDADEO		
Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   II     Duck Jaw Grasping Forceps   II   Device Duck Jaw Grasping Forceps   II   Device   II			,	•		
Medical Device Licence# Licence   Device Identifier (Model/Catalog Detail)   II   Duck Jaw Grasping Forceps			,			
106510	Modical Dovice	Madical Davica Licence#			T	Davisa(s) Nama
106510				IVIDE Class # (II, III, IV)		Device(s) Name
MNM-121.30213	LICCITIC	106510	, ,			DUCK JAW GRASPING FORCEPS
97270 MNM-505B, MNM-505BK   II   I-PORT DISPOSABLE TROCAR SI   II   II   II   II   II   II   II		1.555.15	MNM-121 30213			
MNM-505C, MNM-505S		97270				
MNM-5055K, MNM-505V		07270	· ·			
MNM-505VK, MNM-510B			· ·			
MNM-510BK, MNM-510C						
MNM-510S, MNM-510SK   II			· ·			
MNM-510V, MNM-510VK II  nterim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			· ·			
nterim Order   IO Authorization ID #   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's Name			,			
			·			
Authorizations		IO Authorization ID #	Device(s) Name	IO Authorization Date Dev	vice Identifier#	Manufacturer's Name
	Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS		Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	Apart .	



We, the undersigned manufacturer of the following devices:

=	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
icence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIR	IS			
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS	•			
		LanceVac, Hand Sanitiz				
		NITRILE GLOVES, VI				
/ledical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
icence	07070	(Model/Catalog Detail) MNM-512B, MNM-512BK			I-PORT DISPOSABLE TROCAR SET	
	97270				FPORT DISPOSABLE TROCAR SET	
			II 			
		MNM-512SK, MNM-512V				
		MNM-512VK, MNM-515B				
		MNM-515BK, MNM-515S	II			
		MNM-515SK, MNM-515V	II			
		MNM-515VK	II			
	102492	MNM-151504, MNM-151504T	П		SPONGE LAPAROTOMY	
		MNM-151508, MNM-151508T	П			
terim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
uthorizations						

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Devices   6358   SURGICAL PACKS   SILICONE RESERVOIRS   I-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES			Device(s) Name GAUSE & SPONGES				
I-VAC RESERVOIR BED SHEETS, GOWNS, DRAPES LanceVac, Hand Sanitizer NITRILE GLOVES, VINYL GLOVES  Medical Device Licence# Licence  Medical Device Licence#  102492  Model/Catalog Detail) MNM-151512, MNM-151512T MNM-151516, MNM-151516T MNM-202004, MNM-202004T MNM-202004, MNM-202004T MNM-202012, MNM-202012T MNM-202016, MNM-202012T MNM-303004, MNM-303004T MNM-303004, MNM-303004T MNM-303008, MNM-303008T MNM-303012, MNM-303012T  Interim Order  I O Authorization ID #  Device(s) Name  I O Authorization Date Device Identifier # Manufacturer's Namufacturer's Namufac		,	SURGICAL PACKS				
I-VAC RESERVOIR   BED SHEETS, GOWNS, DRAPES   LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES    Medical Device Licence#   Device Identifier (Model/Catalog Detail)   MNM-151512, MNM-151512T   MNM-151516, MNM-151516T   MNM-202004, MNM-202004T   MNM-202004, MNM-202004T   MNM-202008, MNM-202008T   MNM-202016, MNM-202016T   MNM-202016, MNM-202016T   MNM-303004, MNM-303004T   MNM-303008, MNM-303008T   MNM-303008, MNM-303008T   MNM-303012, MNM-303012T   II	6358	8	SILICONE RESERVOIR	IS			
LanceVac, Hand Sanitizer   NITRILE GLOVES, VINYL GLOVES     Medical Device   Medical Device Licence#   Device Identifier   (Model/Catalog Detail)   MDL Class # (II, III, IV)   Device(s) Name			I-VAC RESERVOIR				
NITRILE GLOVES, VINYL GLOVES			BED SHEETS, GOWNS	, DRAPES			
Medical Device Licence			LanceVac, Hand Sanitizer				
Licence (Model/Catalog Detail)				NYL GLOVES			
102492				MDL Class # (II, III, IV)		Device(s) Name	
MNM-151516, MNM-151516T							
MNM-202004, MNM-202004T   II   II   II   MNM-202008T   II   II   II   MNM-202012T   II   II   MNM-202016T   II   II   MNM-303004, MNM-303004T   II   MNM-303008, MNM-303008T   II   MNM-303012, MNM-303012T   II   II   MNM-303012, MNM-303012T   II   II   MNM-303012   MNM-303012T   II   II   MNM-303012   MNM-303012T   II   MNM-303012T   II   MNM-303012T   II   MNM-303012T   II   MNM-303012T   II   MANUFACTURE   MANUFACTU	10249	.92	,			SPONGE LAPAROTOMY	
MNM-202008, MNM-202008T							
MNM-202012, MNM-202012T							
MNM-202016, MNM-202016T			MNM-202008, MNM-202008T	II			
MNM-303004, MNM-303004T II  MNM-303008, MNM-303008T II  MNM-303012, MNM-303012T II  II  Interim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's N			MNM-202012, MNM-202012T	II			
MNM-303008, MNM-303008T II  MNM-303012, MNM-303012T II  nterim Order IO Authorization ID# Device(s) Name IO Authorization Date Device Identifier # Manufacturer's N			MNM-202016, MNM-202016T	II			
MNM-303012, MNM-303012T   II  nterim Order   IO Authorization ID # Device(s) Name   IO Authorization Date Device Identifier #   Manufacturer's N			MNM-303004, MNM-303004T	II			
nterim Order   IO Authorization ID #   Device(s) Name   IO Authorization Date   Device Identifier #   Manufacturer's N			MNM-303008, MNM-303008T	II			
			MNM-303012, MNM-303012T	II			
authorizations	m Order IO Au	thorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
	orizations		. ,				

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	Signature:	
Mohammad Halahi	April 1	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
icence	Devices)	SURGICAL PACKS			
	6358	SILICONE RESERVOIR	RS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	, DRAPES		
		LanceVac, Hand Sanitiz			
		NITRILE GLOVES, VI	NYL GLOVES		
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name
icence		(Model/Catalog Detail)	1		
	102492	MNM-303016, MNM-303016T	II		SPONGE LAPAROTOMY
		MNM-404004, MNM-404004T	II		
		MNM-404006T, MNM-404008	II		
		MNM-404012, MNM-404012T	II		
		MNM-404016-MNM-404016T	II		
		MNM-454504, MNM-454504T	II		
		MNM-454508, MNM-454508T	II		
		MNM-454512, MNM-454512T	II		
		MNM-454516, MNM-454516	II		
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS		Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	A A A A A A A A A A A A A A A A A A A	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES					
_icence	Devices)	SURGICAL PACKS					
	6358	SILICONE RESERVOIR	S				
		I-VAC RESERVOIR					
		BED SHEETS, GOWNS	, DRAPES				
		LanceVac, Hand Sanitiz					
		NITRILE GLOVES, VI	NYL GLOVES				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name		
_icence		(Model/Catalog Detail)	l II		0.4475		
	102427	MNM-050504, MNM-050508			GAUZE		
		MNM-050512, MNM-050516					
		MNM-101004, MNM-101008					
		MNM-101012, MNM-101016	II				
		MNM-101032	Ш				
		MNM-102004, MNM-102008	II				
		MNM-102012, MNM-102016	Ш				
		MNM-050504XR	II		X-RAY GAUZE		
		MNM-050508XR	Ш				
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device	Identifier#	Manufacturer's Name		
Authorizations							

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES			
icence	Devices)	SURGICAL PACKS			
6358		SILICONE RESERVOIR	IS		
		I-VAC RESERVOIR			
		BED SHEETS, GOWNS	**		
		LanceVac, Hand Sanitiz			
Andinal Davina	Madical Daviss Lissus #	NITRILE GLOVES, VII Device Identifier			Devise (a) Neme
Medical Device icence	Medical Device Licence#	(Model/Catalog Detail)	MDL Class # (II, III, IV)		Device(s) Name
licerice	98253	FDP07TF-R15-B20			FLAT FULL PERFORATED DRAIN
	00230	FDP07TF-R15-B80	   ii		WITH TROCAR, RESERVOIR
		FDP07TF-R20-B10	   ii		AND BAG KIT
		FDP07TF-R20-B20	;;  ii		AND BACKIT
		FDP07TF-R20-B80	"		
		FDP07TF-R40-B10			
		FDP07TF-R40-B20	II 		
		FDP07TF-R40-B80	l II		
		FDP10TF-R10-B10	II		
nterim Order Authorizations	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Licence	Devices) 6358  Medical Device Licence#	GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail)	s, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)		Device(s) Name
Medical Device	6358  Medical Device Licence#	SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail)	s, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)		Device(s) Name
	Medical Device Licence#	I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail)	s, DRAPES zer NYL GLOVES MDL Class # (II, III, IV)		Device(s) Name
	Medical Device Licence#	LanceVac, Hand Saniti NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail)	zer NYL GLOVES MDL Class # (II, III, IV)		Device(s) Name
	Medical Device Licence#	NITRILE GLOVES, VI Device Identifier (Model/Catalog Detail)	MYL GLOVES MDL Class # (II, III, IV)		Device(s) Name
	Medical Device Licence#	Device Identifier (Model/Catalog Detail)	MDL Class # (II, III, IV)		Device(s) Name
		(Model/Catalog Detail)	1 ' ' ' '		Device(s) Name
Licence	I	1.			
	102427	MNM-050504, MNM-050508			GAUZE
		MNM-050512, MNM-050516	II		
		MNM-101004, MNM-101008	II		
		MNM-101012, MNM-101016	II		
		MNM-101032	II		
		MNM-102004, MNM-102008	II		
		MNM-102012, MNM-102016	II		
		MNM-050504XR	II		X-RAY GAUZE
		MNM-050508XR	П		
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name
Authorizations					

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Establishment Licence	Licence # (Class   Medical Devices) 6358	GAUSE & SPONGES SURGICAL PACKS						
Licence	· '	SURGICAL PACKS	GAUSE & SPONGES					
	6358							
	10000	SILICONE RESERVOIR	RS					
		I-VAC RESERVOIR						
		BED SHEETS, GOWNS	•					
		LanceVac, Hand Saniti						
Marilland Davidson	Madia I Davida I i a a a II	NITRILE GLOVES, VI		Desire (a) News				
Medical Device Licence	Medical Device Licence#	Device Identifier (Model/Catalog Detail)	MDL Class # (II, III, IV)	Device(s) Name				
Licerice	102427	MNM-050512XR	II	X-RAY GAUZE				
	102427	MNM-050516XR	lii	X TIVI GAGEE				
		MNM-101004XR	lii					
		MNM-101004XR	lii					
		MNM-101012XR	II					
		MNM-101016XR						
		MNM-101032XR	l II					
		MNM-102004XR	l II					
		MNM-102008XR	II					
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date Device Identifier #	Manufacturer's Name				
Authorizations								

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: <b>203-1130</b> A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS		Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	A A A A A A A A A A A A A A A A A A A	



We, the undersigned manufacturer of the following devices:

Part 1 - Device (Include the M	es IDEL information for your class l	medical device and the	MDL information for C	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI	, DRAPES zer		
Medical Device Licence	Medical Device Licence# 102427	Device Identifier (Model/Catalog Detail) MNM-102012XR	MDL Class # (II, III, IV)		Device(s) Name X-RAY GAUZE
		MNM-102016XR MNM-102032XR			
	104944	MNM-HS15 MNM-HS20 MNM-HS30			ENDOSCOPIC HERNIA STAPLER (PREMIATACK)
		MNM-HS15S MNM-HS20S MNM-HS30S			PREMIATACK ENDOSCOPIC HERNIA STAPLER SHORT
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- b) tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

Part 1 - Devic	es IDEL information for your class I	medical device and the	MDL information for C	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti. NITRILE GLOVES, VI	s, DRAPES zer		
Medical Device Licence	Medical Device Licence# 108299	Device Identifier (Model/Catalog Detail) MNM-ECR30PA MNM-ECR30TA MNM-ECR45BA MNM-ECR45PA MNM-ECR45TA MNM-ECR60BA MNM-ECR60PA MNM-ECR60TA MNM-ECR3020	MDL Class # (II, III, IV)  III  III  III  III  III  III  III		Device(s) Name  RELOADS FOR ENDOSCOPIC  LINEAR CUTTING STAPLER
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	apart .	



We, the undersigned manufacturer of the following devices:

108299		Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIR I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti	s, DRAPES zer		
108299	Medical Device	  Medical Device Licence#				Device(s) Name
108299	icence	The street of th				20
MNM-ECR4520   III		108299				RELOADS FOR ENDOSCOPIC
MNM-ECR4525   III			MNM-ECR3035	III		LINEAR CUTTING STAPLER, STRAIGHT
MNM-ECR4535   III			MNM-ECR4520	III		
MNM-ECR4540 III MNM-ECR4548 III MNM-ECR6020 III MNM-ECR6025 III  nterim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			MNM-ECR4525	III		
MNM-ECR4548 III  MNM-ECR6020 III  MNM-ECR6025 III  nterim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			MNM-ECR4535	III		
MNM-ECR6020 III  MNM-ECR6025 III  nterim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			MNM-ECR4540	III		
MNM-ECR6025 III  nterim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name				III		
MNM-ECR6025 III  nterim Order IO Authorization ID # Device(s) Name IO Authorization Date Device Identifier # Manufacturer's Name			MNM-ECR6020	III		
			MNM-ECR6025	III		
Authorizations	nterim Order Authorizations	IO Authorization ID#	Device(s) Name	IO Authorization Date [	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 A	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title c	of the authorized person)	
Name:	Signature:	
Mohammad Halabi	The state of the s	



We, the undersigned manufacturer of the following devices:

ctablichment	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
icence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIR	IS			
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS	, DRAPES			
		LanceVac, Hand Saniti				
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#		MDL Class # (II, III, IV)		Device(s) Name	
icence	10000	(Model/Catalog Detail)			DELOADO FOR ENDOCODIO	
	108299	MNM-ECR6035	l III		RELOADS FOR ENDOSCOPIC	
		MNM-ECR6040	III		LINEAR CUTTING STAPLER, STRAIGHT	
		MNM-ECR6020	III			
		MNM-ECR3020A	III		RELOADS FOR ENDOSCOPIC	
		MNM-ECR3025A	III		LINEAR CUTTING STAPLER, ARTICULATING	
		MNM-ECR3035A	III			
		MNM-ECR4520A	III			
		MNM-ECR4525A	III			
		MNM-ECR4535A	III			
nterim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
Authorizations						

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- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ustin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Mohammad Halabi	Signature:	



We, the undersigned manufacturer of the following devices:

	Medical Device Establishment Licence # (Class I Medical	Device(s) Name GAUSE & SPONGES				
Licence	Devices)	SURGICAL PACKS				
	6358	SILICONE RESERVOIF	RS			
		I-VAC RESERVOIR				
		BED SHEETS, GOWNS				
		LanceVac, Hand Sanitizer				
		NITRILE GLOVES, VI				
Medical Device	Medical Device Licence#	Device Identifier	MDL Class # (II, III, IV)		Device(s) Name	
Licence	108299	(Model/Catalog Detail) MNM-ECR4540A	l III		RELOADS FOR ENDOSCOPIC	
	108299	MNM-ECR4548A	'''			
					LINEAR CUTTING STAPLER, ARTICULATING	
		MNM-ECR6020A MNM-ECR6025A				
		MNM-ECR6035A				
		MNM-ECR6040A	III			
		MNM-ECR6048A				
	103968	MNM-ECLT			OPTIMAL ENDOSCOPIC LINEAR	
		MNM-ECMT	II		CUTTING STAPLER	
Interim Order	IO Authorization ID#	Device(s) Name	IO Authorization Date	Device Identifier#	Manufacturer's Name	
Authorizations						

#### Do hereby certify that:

Mohammad Halabi

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer		
Company ID (6 digits): 139509	Street address: 203-1130 Au	ıstin Avenue
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC	Postal code: V3K 3P5
Part 3 – Signature of authorized Person (Print name and title o	of the authorized person)	
Name:	Signature:	



We, the undersigned manufacturer of the following devices:

Part 1 - Devic (Include the M	es DEL information for your class l	medical device and the	MDL information for C	Class II, III, IV medica	al devices)
	Medical Device Establishment Licence # (Class I Medical Devices) 6358	Device(s) Name GAUSE & SPONGES SURGICAL PACKS SILICONE RESERVOIF I-VAC RESERVOIR BED SHEETS, GOWNS LanceVac, Hand Saniti NITRILE GLOVES, VI	, DRAPES zer		
Medical Device Licence	Medical Device Licence#  103968  109234	Device Identifier (Model/Catalog Detail) MNM-ECL MNM-ECM MNM-ECS	MDL Class # (II, III, IV)  II  II		Device(s) Name  OPTIMUM ENDOSCOPIC LINEAR  CUTTING STAPLER  E FORCE STAPLER
	109254	MNM-EF13445 MNM-EF13460 MNM-EF13460 MNM-EF14445 MNM-EF14445 MNM-EF14460 MNM-EF14460 MNM-EF2L, MNM-EF2M MNM-EF2S			ET GROL GIVE LEIX
Interim Order Authorizations	IO Authorization ID #	Device(s) Name	IO Authorization Date	Device Identifier #	Manufacturer's Name

- each device is manufactured, produced and sold in Canada in accordance with the requirements of Canada's *Food and Drugs Act* and Regulations thereunder; and
- tests have been conducted in respect of each device and that the tests indicate that the nature of the benefits claimed to be obtained through the use of each device and the performance characteristics of each device are justified.

Part 2 - Name and address of manufacturer							
Company ID (6 digits): <b>139509</b>	Street address: 203-1130 Austin Avenue						
Name: MAJnMAR MEDICAL PRODUCTS	City: Coquitlam Province: BC Postal code: V3K 3Ps						
Part 3 – Signature of authorized Person (Print name and title of the authorized person)							
Name:	Signature:						
Mohammad Halabi	-						



### For Office Use Only



It is hereby certified that:

- a. Devices manufactured, produced and sold in the manner above described would not, by reason of the method of manufacture thereof, be in violation of the *Food and Drugs Act* of Canada and the Regulations thereunder; and
- b. Devices manufactured and sold in compliance with said Act and Regulations may be exported without restriction.
- c. Devices listed are registered and sold in Canada and are of free sale

Medical Devices Establishment Licence Unit Medical Devices and Clinical Compliance Directorate Regulatory Operations and Enforcement Branch Health Canada

Disclaimer: This certificate is valid only if signed by Health Canada with all pages included.

#### **Privacy Notice**

The personal information you provide to Health Canada will be used by the Regulatory Operations and Enforcement Branch under the *Food and Drug Act* and the *Medical Devices Regulations* and handled in accordance with the *Privacy Act*.

Why are we collecting your personal information? We require your personal information, including your name, title and manufacturer information to process your request for a Manufacturer's Certificate to Export Licensed Medical Devices from Canada.

**Will we use or share your personal information for any other reason?** We may also share your personal information with Global Affairs Canada to authenticate the certificate.

What happens if you don't want to provide your personal information? Failure to provide the requested information may prevent the processing your request for a Manufacturer's Certificate to Export Licensed Medical Devices from Canada.

What are your rights? You have the right to access and request a correction and/or notation to your personal information. You also have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact <a href="mailto:mce.questions-cfe@hc-sc.gc.ca">mce.questions-cfe@hc-sc.gc.ca</a>.

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