

### MEDICAL, HEALTH, AND WELLNESS PRODUCTS: CUSTOMER REQUIREMENTS

We ask that you please fill out this form and submit it to your sales representative at the time of RFQ.

# Thank you for your assistance in making sure we continue to provide the best possible service in adherence with our Quality Policy and ISO standards

Company N	lame:						
Primary Qua	ality Contact Name:			Title:			
Phone:		Email:					
PRODUCT	Γ						
Part Numbe	er(s)						
Which of the	e following best desci	ribes the product or fam	ily of produc	cts that JBC is r	naking for y	/ou?	
compor	nent(s) or finis	shed device(s)					
Please prov	vide a general descrip	tion of the device or cor	mponent the	at JBC is making	g for you.		
Please prov	vide a general descrip	tion of the device or cor	nponent tha	at JBC is making	g for you.		
Please prov	vide a general descrip	tion of the device or cor	nponent tha	at JBC is making	g for you.		
			·	at JBC is making	g tor you.		
		tion of the device or cor	·	at JBC is making	g for you.		
-			·	at JBC is making	g for you.		
What is the	intended use or purp	ose of the finished devic	ce?	at JBC is making	g for you.		
What is the Is or will the	intended use or purp	ose of the finished devic gistered with the FDA?	·		g for you.		
What is the Is or will the If yes, what	intended use or purp finished device be re class? Class 1	ose of the finished devic gistered with the FDA?	Yes Class 3	No	g for you.		
What is the Is or will the If yes, what Will the finis	intended use or purp finished device be re class? Class 1 shed device be availab	ose of the finished devic gistered with the FDA? Class 2	Yes Class 3 I States?	No N/A Yes	No		
What is the Is or will the If yes, what Will the finis If JBC is man	intended use or purp finished device be re class? Class 1 shed device be availal uufacturing the finished o	ose of the finished device egistered with the FDA? Class 2 ole outside of the United device, please send a list of	Yes Class 3 I States? f all countries	No N/A Yes where the device	No		
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Do you have any specification	ns for the n	nanufacturii	ng process?		
Clean room requirements	Yes	No	If yes, what class?		
Please document your cleanl	iness spec	cifications h	ere. Be as detailed as possible.		
MATERIALS HANDLING					
Do you have any specific labe	eling, pack	aging, stora	age, or handling requirements for this product?	Yes	No
If yes, please provide details I	here:				
Labeling:					
Packaging:					
Storage:					
etorago.					

#### QUALITY

Please list any specific requirements for measuring and monitoring

#### SUBMIT

Please submit this form along with any detailed requirements to your sales representative at the time of RFQ. We also request that you copy our quality department at <u>jbcquality@jbc-tech.com</u>.

#### MPR.05.1

## We Make Doing Business Easy!



