### DECLARATION OF CONFORMITY TO COUNCIL DIRECTIVE 93/42/EEC Amended by 2007/47/EC OF 14 JUNE 1993 CONCERNING MEDICAL DEVICES

2ND FLOOR, A-BUILDING, NO.2	n <b>en Jamr Technology Co., Ltd</b> 2 Guiyuan Road, Guihua Community, Guanlan Town, a New District, Shenzhen, China			
MEDICAL DEVICE: Blood Pressure	Monitor			
MODEL NUMBER: W02 /W03/ B02 / B05 / B06T / B07 / B15 / B02T / B51 / B22 / B26/ B66T / B63 / BN1W / B56 / B07S / B22S/C01/C02/C03/C04/C05/F01 CLASSIFICATION - ANNEX IX, RULE 10: CLASS IIA CONFORMITY ASSESSMENT ROUTE: ANNEX V				
MEET THE TRANSPOSITION INTO 93/42/EEC Amended by 2007 INCLUDING, AT 21 MARCH 2010 ALL SUPPORTING DOCUMENTATION	REWITH DECLARE THAT THE STATED MEDICAL DEVICES O NATIONAL LAW, THE PROVISIONS OF COUNCIL DIRECTIVE 7/47/EC OF 14 JUNE 1993 CONCERNING MEDICAL DEVICES; O, THE AMENDMENTS BY COUNCIL DIRECTIVE 2007/47/EC. ION IS RETAINED AT THE PREMISES OF THE MANUFACTURER. VELY RESPONSIBLE FOR THE DECLARATION OF CONFORMITY.			
STANDARDS APPLIED: SEE ATTACHE DOCUMENTED EVIDENCE OF COMPL	ED LIST OF (HARMONISED - EN) STANDARDS FOR WHICH IANCE CAN BE PROVIDED.			
NOTIFIED BODY:	TÜV SÜD PRODUCT SERVICE GMBH RIDLERSTR 65, D-80339 M NCHEN, GERMANY			
IDENTIFICATION NUMBER	0123			
(EC) CERTIFICATE(S):	EC CERTIFICATE(S) NUMBER(S) :G2 090084 0007 Rev.00			
EC REP EUROPEAN REPRESENTATIVE: Addr:	SHANGHAI INTERNATIONAL HOLDING CORP. GMBH (EUROPE); Eiffestrasse 80, 20537 Hamburg, Germany; Tel: +49-40-2513175 Fax:+49-40-255726 E-mail: shholding@hotmail.com			
START OF CE-MARKING:	2014-05-07			

PLACE, DATE OF DECLARATION: SIGNATURE:	SHENZHEN 518001, 2020-06-03
OIGNATURE.	NAME: FUSHEGN LUO POSITION: Management representative

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#### Harmonized Standards List

### Product title

	d Pressure Monitor		
No	File No.	Edition	File name
1	EN ISO13485	2016	Medical Devices - Quality Management Systems- Requirement for Regulatory Purposes
2	MDD 93/42/EEC ( amended by 2007_47_EC)	2007	Medical Device Directive
3	ISO14971	2019	Medical devices - Application of risk management to medical devices
4	IEC 60601-1- 2005/Amd 1- 2012	2012	Medical electrical equipment-Part1: General requirements for safety and essential performance
5	IEC 60601-1-2	2014	Medical electrical equipment – Part 1-2: General requirements for basic safety and essential performance – Collateral standard: Electromagnetic compatibility – Requirements and tests
6	ISO 10993-1	2009	Biological evaluation of medical device- Part1: Evaluation and testing
7	ISO 10993-5	2009	Biological evaluation of medical device- Part5: Tests for in vitro cytotoxicity
8	ISO 10993-10	2010	Biological evaluation of medical device- Part10: Tests for irritation and delayed-type hypersensitivity
9	IEC 80601-2-30	2013	Medical electrical equipment – Part 2-30: Particular requirements for the basic safety and essential performance of automated non-invasive sphygmomanometers.
10	IEC 62366-1- 2015/Cor 1-2016 EN 62366-1- 2015+AC-2015	2016	IEC 62366-2007: Medical Devices - Application of Usability Engineering to Medical Devices
11	EN1041+A1- 2013	2013	Information supplied by the manufacture of medical devices
12	MEDDEV2.7.1 Rev.4	2016	Evaluation of clinical data: A guide for manufacturers and notified bodies
13	IEC 62304- 2006/Amd 1- 2015 EN 62304- 2006+A1-2015	2015	Medical device software-Software life cycle processes
14	IEC 60601-1-11- 2015	2015+ CORR. 1:2011	Medical electrical equipment-Part1-11:General requirements for basic safety and essential performance-Collateral Standard: Requirements for medical electrical equipment and medical electrical systems used in the home healthcare environment

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15	IISO 14155- 2011/Cor 1-2011	2011	Clinical investigation of medical devices for human subjects-Good clinical practice
16	EN ISO 15223- 1-2017	2017	Medical device Symbols to be used with medical device labels, labelling and information to be supplied Part 1: General requirements
17	EN ISO 81060- 1:2012	2012	Non-invasive sphygmomanometers - part 1: test methods and requirements for non-automatic measurement types
18	ISO 81060-2 : 2018	2018	specifies the requirements and methods for the clinical investigation

PLACE, DATE OF DECLARATION:		
SIGNATURE:		

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