



Medical Devices Sample Validation Form

Surgical Instruments <input type="checkbox"/>	Contacts Lenses <input type="checkbox"/>	Medical Device <input type="checkbox"/>	Others <input type="checkbox"/>
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Ref no: MDV:		Shipment Details	
Company Name		Applicant Name	
Submission Date		Contact Number	
Ofoq Ref No		Manufacturer Name	
Invoice No		Country of Origin	
Date in Invoice		Number of items	
End-user		Applicant Signature	

NHRA Use Only

Date	Comments & Recommendation	Signature
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Approve
Reject

➤ **Documents to be attached with this form at time of submission:**

1. CR copy.
2. Invoice copy.
3. QAC & QMC with validation.
4. Letter form End-user.
5. Bring a samples from customs with sealed.
6. Customs Inspection report.