(Form No.13-2)

**MINISTRY OF HEALTH, LABOUR AND WELFARE**

**GOVERNMENT OF JAPAN**

**2-2, KASUMIGASEKI 1-CHOME, CHIYODA-KU, TOKYO 100-8916**

**CERTIFICATE**

 It is hereby certified that the following testing facility of (Name of the Testing person), (Address) was inspected on (Date) and found to be in compliance with all the requirements of Good Laboratory Practices of Japan.

Name of the Testing Facility:

Address:

No.

TOKYO, date

（医療機器審査管理課長名）

Director, Medical Device Evaluation Division

Pharmaceutical Safety Bureau

Ministry of Health, Labour and Welfare