(Form No.14-2)

**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 manufacturing site of (Name of the Manufacturer), (Address), in which the following product(s) is(are) produced is subject to our inspections at suitable intervals, and the manufacturing in the site conforms to all the requirements of the Ministerial Ordinance on Standards for Manufacturing Control and Quality Control for Medical Devices and In-vitro Diagnostics (“Medical Devices/IVDs QMS Ordinance”)

Name of Manufacturing Site:

Address:

Product(s):

No.

TOKYO, date

（監視指導・麻薬対策課長名）

Director, Compliance and Narcotics Division

Pharmaceutical Safety Bureau

Ministry of Health, Labour and Welfare