

## OPTI-FREE PureMoist MPDS FID 114675A, FW-VC-007

DECLARATION OF CONFORMITY				
(check all additional conformity route(s) based on EU MDD Article 11 requirements for the device class and specifics)				
Annex II (4) □	Annex V □	Annex III □ A		II 🗆
Annex II (3) ⊠	Annex VI □	Annex IV	]	
Technical File Number: FW-VC-007 Device Trade Name: OPTI-FREE PureMoist MPDS FID 114675A (with Alcon Contact Lens Case (Flat)) Supersedes (Date): 20-May-2021				
Manufacturer: Alcon Laboratories, Incorporated		Authorized Representative in the European Community: Alcon Laboratories Belgium		
Address: 6201 South Freeway Fort Worth, Texas 76134-2099 USA		Address: Lichterveld 3 2870 Puurs-Sint-Amands, Belgium		
Device (Trade Name)	GMDN Code & Term	Catalogue/Model FID Number	BUDI-DI	Risk Class
OPTI-FREE PureMoist MPDS	45870 Multi-purpose soft contact lens solution	114675A	038065GMN000097HL	llb
Alcon Contact Lens Case (Flat)	n/a	213180 213240 201100 9010169	n/a (covered under above BUDI-DI of the solution)	n/a
The device(s) covered by this declaration are in conformity with the European Medical Devices Directive 93/42/EEC as well as other, relevant Union legislation that make provisions for the issuing of a declaration of conformity as listed.  Alcon Laboratories, Incorporated hereby declares under its sole responsibility that the listed device(s) and Quality Systems conform(s) to:  EU MDD 93/42/EEC as amended				
This Declaration is applicable to all products listed and released after the Date of Issuance of this Declaration of Conformity, and until a revised Declaration of Conformity is issued.				
Notified Body Information: Applicable ⊠ Not Applicable □				
Conformity Assessment Certificate Number(s) including revision number: G1 020895 0393 Rev. 00 Conformity Certificate Validity Period: 05-Feb-2021 to 26-May-2024				
Notified Body: TÜV SÜD Product Service GmbH Identification number: 0123 Address: Ridlerstraße 65, 80339 Munich, Germany				
Regulations, Directives and Standards Applied: Refer to Section 4 of the Technical Documentation				
Place of Issue:	Signature: Date	*		
Alcon Laboratories, Incorporated, Fort Worth, TX 76134-2099 USA	Shevi Lak  Name/Title/Function: Sher	ofa 28 Oct		
For and on behalf of Alcon Laboratories Inc.				