



Expression of interest form for the coordinated assessment pilot procedure

CLINICAL INVESTIGATIONS UNDER MDR

To be filled out by the sponsor or the legal representative.

Application title

Please provide a title and short description of the clinical investigation.

1. Sponsor information

- **Name of sponsor/legal representative:** [name]
- **Address:** [sponsor's address]
- **Name of the main contact point for the coordinated assessment pilot procedure:**
[name of contact person]
- **Email:** [contact person's email]
- **Phone number:** [contact person's phone number]
- **Name of the manufacturer:** [name]

2. Study details:

- **Objective:** [objective of the Investigation]
- **Study design:** [brief description of study design]
- **Population:** [target population]
- **Duration:** [estimated number of months from start date to end of trial]

3. Device description

- ☐ **Main investigational device risk-class III**
- ☐ **Main investigational device risk-class IIb invasive**
- ☐ **Main investigational device risk-class IIa invasive**

- **Name of the device:** [device name]
- **Intended use:** [intended use of the device]
- **Description:** [brief description of the device]
- **Combined study with a medicinal product:** [yes/no]



4. Member States involved

- **Proposed coordinating Member State:** [name of the proposed coordinating Member State]
- **Other Member States involved:**
 - [Member State 1]
 - [Member State 2]
 - [Member State 3]
 - [Add as necessary]
- ❖ Please consult the list of available Member States for the pilot coordinated assessment.

5. Desired timing for submission to Competent Authorities for the coordinated assessment pilot procedure: [week (if known), month, year]

The secretariat can be contacted at SANTE-CA-CIPS@ec.europa.eu.

By submitting this document, the information provided will be collected, processed, and stored in compliance with the [Regulation 2018/1725](#) (“EUDPR”). You can consult the privacy statement below.



MDR

Eudamed_PrivacyStat

Date: