



Yes, you can:

CE Declaration of Conformity

EG-Konformitätserklärung
Déclaration CE de Conformité

We declare under our sole responsibility that the product listed below

Wir erklären in alleiniger Verantwortung, dass das unten aufgeführte Produkt

Nous déclarons sous notre propre responsabilité que le dispositif médical

Product description, Code,
Type, Model

*Produktbezeichnung; Code, Typ, Modell
Nom, code, type, modèle*

TDX SP /SP2 Series¹

manufactured by:

*hergestellt durch:
fabriqué par:*

Invacare Deutschland GmbH
Kleiststrasse 49
D – 32457 Porta Westfalica

meets all the provisions of the of the Medical Device Directive 93/42/EEC,
Annex VII, which apply to it.

*allen Anforderungen der Medizinprodukte-Richtlinie 93/42/EWG, Anhang VII, entspricht, die anwendbar sind.
remplit toutes les exigences de la directive sur les dispositifs médicaux 93/42/CEE qui le concernent.*

Device Classification according to Annex IX

*Produkteklassifizierung nach Anhang IX
Classification selon l'annexe IX*

Class I

*Klasse I
Classe I*

Issue date:

Erstellt am:

Date de délivrance:

22/05/14

Operations Manager

Geschäftsführer

Le Directeur des Opérations

Quality Manager

Leiter Qualitätsmanagement

Le Directeur de Qualité

¹TDX SP / SP2 Series : See Annex 1, Product List

TDX SP / SP2 Series Product List

Products included in the Declaration of Conformity of the TDX SP / SP2 Series, dated

Product line/name ^{1,2}	Product line category	MD Class	Date added
TDX SP	1003	I	June 2008
TDX SP Specials	1018	I	June 2008
TDX SP Sprint	1105	I	July 2010
TDX SP Narrow Base	1106	I	April 2011
TDX SP Narrow Base Specials	1107	I	April 2011
TDX SP2	1131	I	August 2014
TDX SP2 Specials	1132	I	August 2014
TDX SP2 Sprint	1133	I	August 2014
TDX SP2 Narrow Base	1134	I	August 2014
TDX SP2 Narrow Base Specials	1135	I	August 2014


¹ Depending on the configuration of the TDX SP / SP2 Power wheelchair, the product name and code is shown on the product.

² Configuration details are available on request from Invacare


This product list is only valid together with the referenced Declaration of Conformity.

Date:

Operations Manager


 Name printed / Signature

Quality Manager


 Name printed / Signature

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