

Medical Device Label Verification Checklist

Product Information

Device Name
Model/Reference No.
Manufacturer
Date of Verification
Verifier

Checklist Items

Requirement	Present	Comments
Device name is clearly stated		
Model or reference number is correct		
Manufacturer name and address included		
Country of manufacture		
Lot or serial number		
Manufacture date / expiry date		
Intended use/Indications		
Storage / handling instructions		
Warnings or precautions included		
Symbols, if applicable		
UDI (Unique Device Identification), if applicable		
Language(s) as required		

Additional Notes