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## Declaration of Conformity

PRODUCT IDENTIFICATION		
Product Family	Product Name / Model Number	
Scar Gel	Dermatix Gel	
OWNER / MANUFACTURER		
Name of Company	Physical Address	Representative
Hanson Medical, Inc.	25960 Ohio Avenue NE, Suite 200 Kingston, WA 98346 USA	Mr. Erik Hanson Vice President of Operations / Regulatory
CONTRACT MANUFACTURER / PACKAGER		
Name of Company	Physical Address	Telephone/Fax
Northwest Cosmetic Labs L.L.C. dba Elevation Labs, Idaho	200 Technology Drive Idaho Falls, ID 83401 USA	Tel. 208-522-6723 Fax 208-522-6746
AUTHORIZED REPRESENTATIVE		
Name of Company	Address	Telephone/email
Rottapharm S.p.A.	<b>Registered Office</b> Galleria Unione, 5 20122 Milano, Italy  <b>Operational Headquarters</b> Via Valosa di Sopra, 9 20900 Monza, Italy	Tel. +39 039 7390.1 e-mail: <a href="mailto:gpps@viatris.com">gpps@viatris.com</a>
CONFORMITY ASSESSMENT		
Device Classification	Route to Compliance	Standards Applied
Class 1 - Non-Sterile Rule 1	Annex VII of MDD 93/42/EEC Council Directive	ISO 13485:2016 ISO 14971:2019

Hanson Medical, Incl declares that the above-mentioned products meet the provisions of the Council Directive 93/42/EEC as transposed in the nation laws of the Member States.

**COMPANY REPRESENTATIVE:** Mr. Erik Hanson

**TITLE:** Vice President of Operations / Regulatory

**SIGNATURE:** 

**DATE:** 09-20-2022

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