



REF:SMDP20605



Medical Face Mask  
EN14683:2019 Type IIR

## KEY FEATURES

- ✓ ASTM Level 1 Surgical or Procedural Mask
- ✓ Meets FDA ASTM F2100-04 Standards
- ✓ Class 1 Flammability Rating
- ✓ ASTM Level 2 Synthetic Blood Resistance
- ✓ Not Made with Natural Rubber Latex



## BIOMASS GRAPHENE DESIGN

- ① **FIRST PLY**  
Molding Layer
- ② **MIDDLE PLY**  
Meltblown non-woven filtering layer
- ③ **THIRD PLY**  
Biomass graphene SS composite non-woven protective layer







File No: SQ-MDD-13



## EC Declaration of Conformity Regarding Medical Device Directive(93/42/EEC)

### Manufacturer

Name: Shandong Shengquan New Materials Co., Ltd  
Address: Diaozhen Industrial Development Zone, Zhangqiu, Jinan, Shandong, China

### Authorized representative in the European Community

MedNet EC-REP GmbH  
Borkstrasse 10, 48163 Muenster, Germany

### Product

Name: Disposable Medical Face Mask  
Product Model: SMDP20605  
Specification: 175mm × 95mm, 3-Layer  
Classification: I  
Rule: Annex IX rule 5 of the Directive 93/42/EEC  
Conformity Assessment procedure: Annex VII of the Directive 93/42/EEC

We, the manufacturer declare on our sole responsibility that our product meets the requirements of Medical Device Directive and the following harmonized standards.

EN 14683:2019 Type IIR  
EN ISO 14971:2012  
EN ISO 15223-1:2016  
ISO 10993-1:2018  
EN ISO 10993-5:2009  
EN ISO 10993-10:2010  
EN 1041:2008  
ISO 13485:2016

Place of issue: Jinan

Position: Management Representative

Signature:

Date: Xiumei Zhang

*Xiumei Zhang*  
2020.4.13

SHANDONG SHENGQUAN NEW MATERIALS CO.,LTD  
DIAOZHEN INDUSTRIAL DEVELOPMENT ZONE, ZHANGQIU, JINAN, CHINA

The following sample(s) was/were submitted and identified on behalf of the client as:

Sample Description : (A)Face mask (Disposable Medical Face Mask)

Style No. : SMDP20605

Sample Color : (A) blue and grey

Lot No./Batch No. : Not provided

Proposed Care Instruction : -

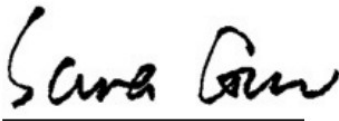
Test Performed : Selected test(s) as requested by applicant

Sample Receiving Date : Apr 07, 2020

Testing Period : Apr 07, 2020 - Jul 14, 2020

Test Result(s) : Unless otherwise stated the results shown in this test report refer only to the sample(s) tested, for further details, please refer to the following page(s).

Signed for and on behalf of  
SGS-CSTC Standards Technical Services (Shanghai) Co., Ltd Testing Center



Sara Guo (Account Executive)



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Test Result

**EN 14683:2019+AC:2019 Medical Face Masks-Requirements and Test Methods**

**Clause 5.2 Performance Requirement**

**Clause 5.2.6 Biocompatibility**

(ISO 10993-1)

**Tests for in vitro cytotoxicity (test on extracts)\***

(ISO 10993-5:2009)

**Cell line**

Mouse fibroblast cells L929 was purchased from cell bank of Chinese Academy of Sciences, Shanghai.

**Cell culture medium**

1640 medium, supplemented with L-glutamine and 10% FBS.

**Sample preparation**

The test article was sterilized at 121 °C for 30 min and was extracted with 1640 Medium in ratio of 3 cm<sup>2</sup>/mL in 37 °C for 24h. Positive control: Polyurethane film containing 0.1% zinc diethyl-dithiocarbamate (ZDEC).

**Test procedures**

L929 cells were cultured in RPMI 1640 medium with 10% FBS and Penicillin-Streptomycin, and placed in cells incubator of 37 °C and 5.0% CO<sub>2</sub>.

L929 cells were seeded in 96-well plates and each well was added 100 µl cell solution in a density of 1×10<sup>5</sup>/ml. Cells were treated with the extract of the test sample and 6 replicate wells were used.

After 24h treatment, 50 µl MTT solution were add to each wells. After incubation, washing and Isopropanol extraction, the absorbance of each well was detected at 570 nm with a spectrophotometer and cell viability were calculated.

**Test results**

Cytotoxicity tests results of face mask

Group	Cell viability
Solution control	100%
Test article	93.86%
Positive control	0.63%

**Conclusions**

Under the conditions of this study, the negative controls and the positive controls in the test performed as anticipated, the cytotoxicity of the sample was grade 0, which is non-cytotoxic

**Remark:**

\* This test standard is not within the accredited scope in SGS Shanghai testing centre, it is carried out by external laboratory accredited by CNAS (China National Accreditation Service for Conformity Assessment) L1009.



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**Animal Skin Irritant Test\***  
(ISO 10993.10-2010)

**Test animal**

Four healthy conventional New Zealand White Rabbits, female, 2.0-3.0 kg each, supplied by Shanghai KeShuo Experiment Animal Co., LTD, Certificate No. SCXK(Hu)2017-0013). The animal feed were supplied by Huzhou Eastern Hope Animal Nutrition Food Co., LTD, license No. Zhe Feed Approval(2019)05022.

**Test environment**

Rabbit room of conventional condition. Certificate No. SYXK(Hu)2019-0033, room temperature 18-23°C, relative humidity 45-65%

**Test Results**

Tab.1

Rabbit Number	response	Observation time					
		24 h		48 h		72 h	
		Sample S	Contrast C	Sample S	Contrast C	Sample S	Contrast C
5013#	Erythema	0	0	0	0	0	0
	Edema	0	0	0	0	0	0
5014#	Erythema	0	0	0	0	0	0
	Edema	0	0	0	0	0	0
5015#	Erythema	0	0	0	0	0	0
	Edema	0	0	0	0	0	0

The Primary Irritation Score of the sample was 0.

Tab.2 Primary irritation index categories in a rabbit

Mean score	Response category
0~0.4	Negligible
0.5~1.9	Slight
2~4.9	Moderate
5~8	Severe

**Conclusions**

According to Primary irritation index categories in a rabbit, the sample was found to be a negligible irritant to rabbits' skin

**Remark:**

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**Skin Sensitisation test\***  
(ISO 10993-10:2010)

**Test environment**

Animal room of conventional condition. Certificate No. SYXK(Hu) 2019-0033, room temperature 20-22°C, relative humidity 45-65%.

**Experimental animals**

Guinea pigs, female, 300-500g,, supplied by Shanghai KeShuo Experiment Animal Co., LTD, Certificate No. SCXK(Hu)2017-0013). The animal feed were supplied by Jiangsu Xietong Medical bio-engineering Co. LTD. License No: Su Feed Approval(2014) 01008

**Test results**

Delayed hypersensitivity tests results of face mask

Group	Time(h)	Skin response				Sensitization rate %
		0	1	2	3	
Normal saline	24	5	0	0	0	0
	48	5	0	0	0	0
The test article	24	10	0	0	0	0
	48	10	0	0	0	0

Magnusson and Kligman scale Patch test reaction Grading scale

Patch test reaction	Scoring
No visible change	0
Discrete or patchy erythema	1
Moderate and confluent erythema	2
Intense erythema and swelling	3

**Conclusions**

Under the conditions of the study, the test article showed no evidence of causing delayed dermal contact sensitization in the guinea pig

**Remark:**

\* This test standard is not within the accredited scope in SGS Shanghai testing centre, it is carried out by external laboratory accredited by CNAS (China National Accreditation Service for Conformity Assessment) L1009.

The statement of conformity in this test report is only based on measured values by the laboratory and does not take their uncertainties into consideration.

\*\*\*End of Report\*\*\*



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## Allgemeine Anzeigepflicht nach §§ 25 und 30 Abs. 2 MPG General Obligation to Notify pursuant to §§ 25 and 30 (2) Medical Devices Act, MPG

### Formblatt für Medizinprodukte, außer In-vitro-Diagnostika Form for Medical Devices except In Vitro Diagnostic Medical Devices

<b>Zuständige Behörde / Competent authority</b>	
Code	<b>DE/CA22</b>
Bezeichnung / Name	<b>Bezirksregierung Münster, Dezernat 24</b>
Staat / State	<b>Deutschland</b>
Land / Federal state	<b>Nordrhein-Westfalen</b>
Ort / City	<b>Münster</b>
Postleitzahl / Postal code	<b>48143</b>
Straße, Haus-Nr. / Street, house no.	<b>Domplatz 36</b>
Telefon / Phone	<b>+49-251-4110</b>
Telefax / Fax	<b>+49-251-4112525</b>
E-Mail / E-mail	<b>mitteilungen-dimdi@brms.nrw.de</b>

<b>Anzeige / Notification</b>	
Registrierdatum bei der zuständigen Behörde Registration date at competent authority	<b>19.05.2020</b>
Registriernummer / Registration number	<b>DE/CA22/1311-76</b>
Typ der Anzeige / Notification type <input checked="" type="checkbox"/> Erstanzeige / Initial notification <input checked="" type="checkbox"/> Änderungsanzeige / Notification of change <input checked="" type="checkbox"/> Widerrufsanzeige / Notification of withdrawal	
Frühere Registriernummer bei Änderungs- und Widerrufsanzeige Previous registration number if notification has been changed or withdrawn	
Anzeigender nach § 25 MPG / Reporter pursuant to § 25 Medical Devices Act, MPG <input checked="" type="checkbox"/> Hersteller / Manufacturer <input checked="" type="checkbox"/> Bevollmächtigter / Authorised Representative <input checked="" type="checkbox"/> Einführer / Importer <input checked="" type="checkbox"/> Verantwortlicher für das Zusammensetzen von Systemen oder Behandlungseinheiten nach § 10 Abs. 1 und 2 MPG \ Assembler of systems or procedure packs pursuant to § 10 (1) and (2) Medical Devices Act, MPG <input checked="" type="checkbox"/> Betrieb oder Einrichtung (aufbereiten) nach § 25 Abs. 1 MPG i. V. m. § 4 Abs. 2 MPBetreibV Institution (processing) pursuant to § 25 (1) Medical Devices Act, MPG in connection with § 4 (2) MPBetreibV <input checked="" type="checkbox"/> Betrieb oder Einrichtung (sterilisieren) nach § 25 Abs. 2 i. V. m. § 10 Abs. 3 MPG Institution (sterilizing) pursuant to § 25 (2) in connection with § 10 (3) Medical Devices Act, MPG	

<b>Anzeigender / Reporting organisation (person)</b>			
Code	<b>DE/0000048589</b>		
Bezeichnung / Name	<b>MedNet EC-REP GmbH</b>		
Staat / State	<b>Deutschland</b>	Land / Federal state	<b>Nordrhein-Westfalen</b>
Ort / City	<b>Münster</b>	Postleitzahl / Postal code	<b>48163</b>
Straße, Haus-Nr. / Street, house no. <b>Borkstrasse 10</b>			
Telefon / Phone	<b>025132266-61</b>	Telefax / Fax	<b>025132266-22</b>
E-Mail / E-mail <b>ecrep@medneteuropa.com</b>			

<b>Hersteller / Manufacturer</b>			
Bezeichnung / Name	<b>Shandong Shengquan New Material Co., Ltd</b>		
Staat / State	<b>CN</b>		
Ort / City	<b>Zhangqiu, Jinan, Shandong</b>	Postleitzahl / Postal code	.
Straße, Haus-Nr. / Street, house no. <b>Diaozhen Industrial Development Zone</b>			
Telefon / Phone	<b>+86 531 83511609</b>	Telefax / Fax	
E-Mail / E-mail			

<b>Sicherheitsbeauftragter für Medizinprodukte nach § 30 Abs. 2 MPG 9) Safety officer for medical devices pursuant to § 30 (2) Medical Devices Act, MPG</b>			
Bezeichnung / Name	<b>David Thaler</b>		
Staat / State	<b>Deutschland</b>	Land / Federal state	<b>Nordrhein-Westfalen</b>
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Telefon / Phone	<b>025132266-50</b>	Telefax / Fax	
E-Mail / E-mail <b>david.thaler@medneteuropa.com</b>			

Vertreter / Deputy (optional)	
Bezeichnung / Name <b>Ole Stein</b>	
Telefon / Phone <b>025132266-16</b>	Telefax / Fax
E-Mail / E-mail <b>ole.stein@medneteuropa.com</b>	
<input checked="" type="checkbox"/> Erstanzeige / Initial notification <input checked="" type="checkbox"/> Änderungsanzeige / Notification of change	

Medizinprodukt (Erstmaliges Inverkehrbringen) / Medical device (First placing on the market)	
Klasse / Class	<input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> I - steril / sterile <input checked="" type="checkbox"/> I - mit Messfunktion / with measuring function <input checked="" type="checkbox"/> I - steril und mit Messfunktion / sterile and with measuring function <input checked="" type="checkbox"/> IIa <input checked="" type="checkbox"/> IIb <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> III - hergestellt unter Verwendung von Gewebe tierischen Ursprungs im Sinne der Verordnung (EU) Nr. 722/2012 manufactured utilising tissues of animal origin in terms of Commission Regulation (EU) No 722/2012 <input checked="" type="checkbox"/> Aktives implantierbares Medizinprodukt / Active implantable medical device <input checked="" type="checkbox"/> Aktives implantierbares Medizinprodukt - hergestellt unter Verwendung von Gewebe tierischen Ursprungs im Sinne der Verordnung (EU) Nr. 722/2012 Active implantable medical device - manufactured utilising tissues of animal origin in terms of Commission Regulation (EU) No 722/2012
App (Software auf mobilen Endgeräten)	<input checked="" type="checkbox"/> ja / yes <input checked="" type="checkbox"/> nein / no
Nummer(n) der Bescheinigung(en) / Certificate number(s)	
Handelsname des Produktes / Trade name of the device	
Produktbezeichnung / Name of device	<b>Disposable Medical Face Mask</b>
Nomenklaturcode / Nomenclature code	
Nomenklaturbezeichnung / Nomenclature term	
Kategoriecode / Category code	<b>10</b>
Kategorie / Category	<b>Produkte zum Einmalgebrauch</b>
Kurzbeschreibung deutsch / German short description	<b>Dieses Produkt wird zur Abdeckung von Mund und Nase verwendet und stellt eine Barriere dar, um die Übertragung von Infektionserregern vom medizinischen Personal auf die Patienten zu minimieren, um so die Patienten zu schützen.</b>
Kurzbeschreibung englisch / English short description	<b>This product is used for covering the mouth and nose providing a barrier to minimize the transmission of infective agents transfer from healthcare staff to patients, so to protect patients.</b>

<b>Medizinprodukte (Aufbereiten) / Medical devices (Reprocessing)</b>	
<input checked="" type="checkbox"/>	Semikritische Medizinprodukte / Semicritical medical devices <input checked="" type="checkbox"/> Gruppe A / Group A <input checked="" type="checkbox"/> Gruppe B / Group B
<input checked="" type="checkbox"/>	Kritische Medizinprodukte / Critical medical devices <input checked="" type="checkbox"/> Gruppe A / Group A <input checked="" type="checkbox"/> Gruppe B / Group B <input checked="" type="checkbox"/> Gruppe C / Group C Nummer der Bescheinigung / Certificate number
<input checked="" type="checkbox"/>	Sterilisationsverfahren / Sterilisation procedures <input checked="" type="checkbox"/> Dampfsterilisation / Steam sterilisation <input checked="" type="checkbox"/> Gassterilisation / Gas sterilisation <input checked="" type="checkbox"/> Strahlensterilisation / Radiation sterilisation <input checked="" type="checkbox"/> andere / others Angewandtes Verfahren / Applied procedure

Ich versichere, dass die Angaben nach bestem Wissen und Gewissen gemacht wurden.  
I affirm that the information given above is correct to the best of my knowledge.

Ort  
City

**Münster**

Datum  
Date

**2020-05-11**

Name

**Stephanie Vorwerk**

Unterschrift  
Signature

<b>Bearbeitungsvermerke / Processing notes</b> Nur von der zuständigen Behörde auszufüllen / To be filled in only by the competent authority	
Bearbeiter / Person responsible <b>Frau Silvia Wenge</b>	Telefon / Phone <b>0251-4115936</b>