invivoscribe

DECLARATION OF CONFORMITY

Manufacturer:

Invivoscribe, Inc.
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Authorized Representative:

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Family Name: LeukoStrat®

Device Trade Name: ***FLT3* Mutation Assay**

Catalog #	Device	Quantity	Basic UDI-DI	GTIN	EMDN Code
K4120291	LeukoStrat® CDx FLT3 Mutation Assay	33 Tests	081002273K41202914S	00850052003715	W01060299

I, the undersigned, hereby declare that the *in-vitro* diagnostic medical devices specified above conform to the European Directive 98/79/EC, *In vitro* Diagnostic Medical Device Directive, Annex III.

*Date of Validity: 25 Jan 2023

By: Jason Gerhold

Jason Gerhold
Global Director of Quality, Regulatory and Clinical Affairs
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*Originally signed on 05/18/2022, no significant changes have occurred to the product since that date