REGULATORY ROADMAP WEBINAR SERIES

Helping You Navigate Healthcare Regulatory Changes in 2024

FDA Regulation of Laboratory Developed Tests (LDTs): *Practical Tips and Considerations for Laboratories*

Wednesday, May 22, 2024

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ELIQUENT LIFE SCIENCES

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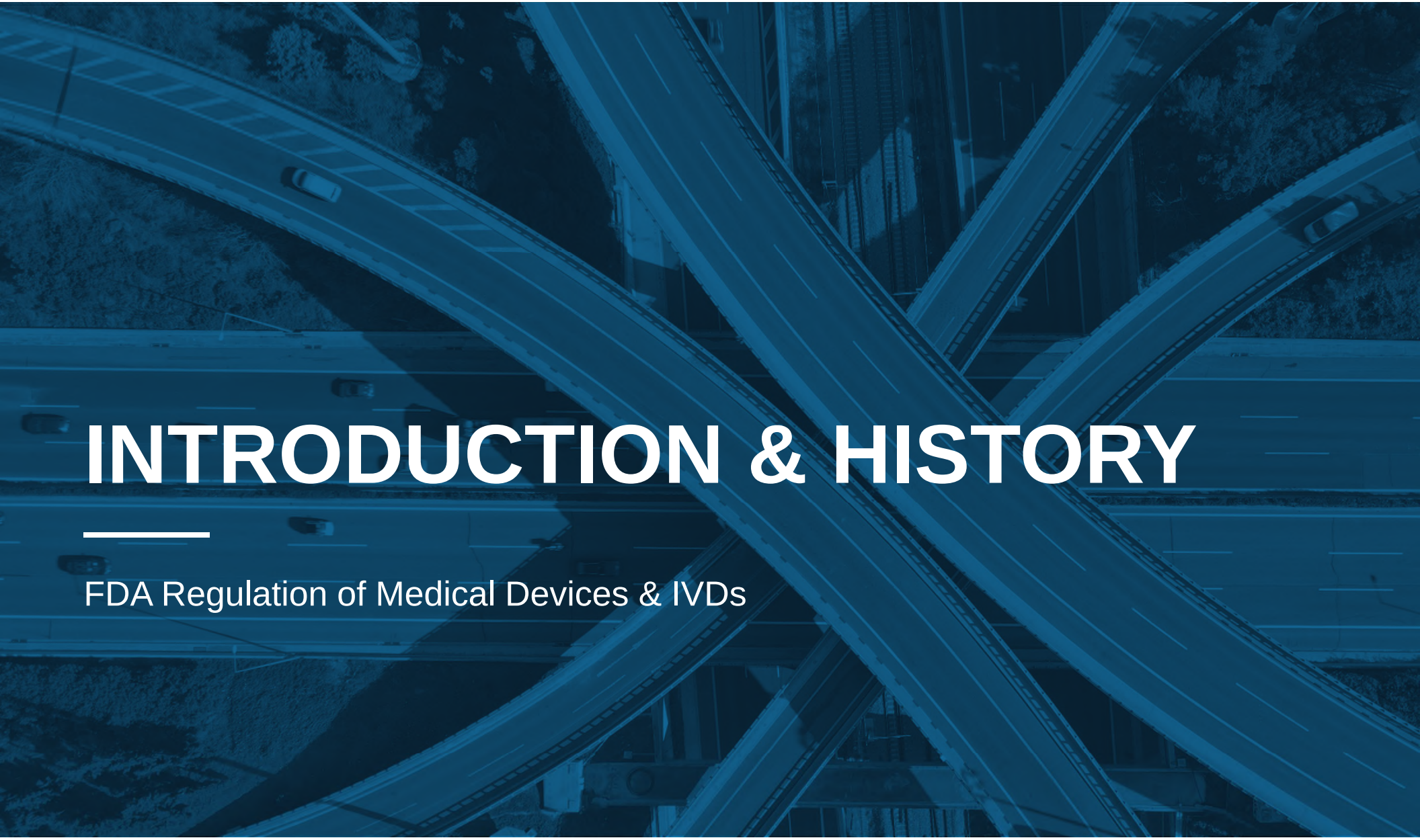
AGENDA

1. Introduction & History
   - FDA Regulation of Medical Devices and IVDs
   - LDTs and Enforcement Discretion
   - Congressional Action
2. 2024 Final LDT Rule and Key Exemptions
3. Preparing for Stage I, II and III



INTRODUCTION & HISTORY

FDA Regulation of Medical Devices & IVDs

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FDA REGULATES MEDICAL DEVICES

The statutory definition of “device” under 21 U.S.C. § 321(h)(1) is:

“An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is—

- recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them,
- intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
- intended to affect the structure or any function of the body of man or other animals, and

which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes. The term ‘device’ does not include [certain statutorily identified] software functions . . . .”

IN VITRO DIAGNOSTIC PRODUCTS (IVDs)

Prior to the effective date of the final rule, FDA regulations define "in vitro diagnostics products" under 21 C.F.R. § 809.3(a) as follows:

> "Reagents, instruments, and systems intended for use in the diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent disease or its sequelae. Such products are intended for use in the collection, preparation, and examination of specimens taken from the human body. These products are devices as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act (the act), and may also be biological products subject to section 351 of the Public Health Service Act."

INTRODUCTION & HISTORY

LDTs and FDA Enforcement Discretion

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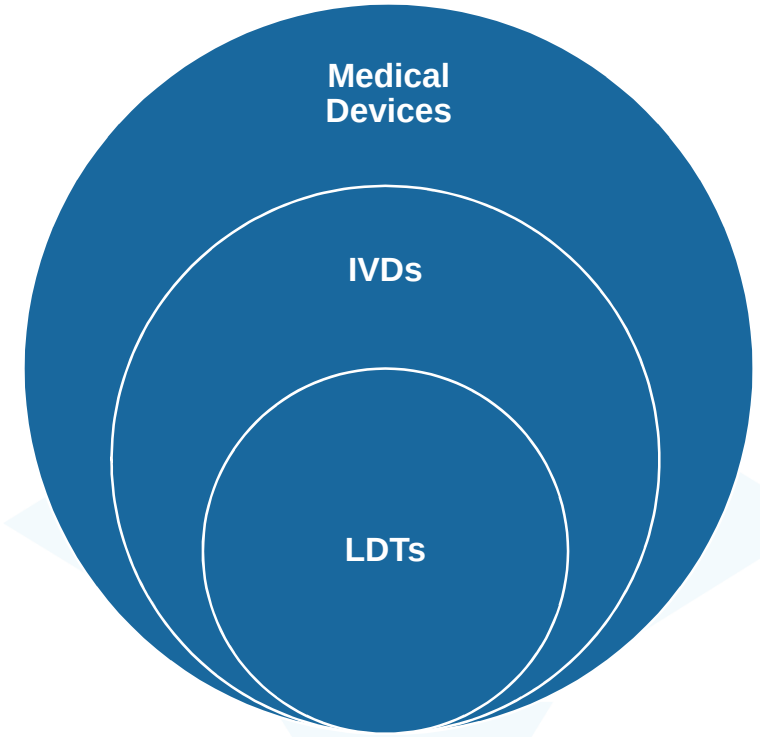
WHAT ARE LABORATORY DEVELOPED TESTS (LDTs)

- In vitro diagnostic products (IVDs) that are:
  - Intended for clinical use;
  - Designed, manufactured, and used within a single laboratory; and,
  - Performed in a laboratory that is CLIA-certified to perform high complexity testing
- LDTs, like all IVDs, provide information about a patient's health



HISTORIC GENERAL ENFORCEMENT DISCRETION POLICY

- Congress gave FDA authority to regulate medical devices in 1976
  - LDTs were low risk, performed in small volumes, and used for specialized needs of a local patient population
- In 1996, FDA first articulated a general enforcement discretion policy for LDTs, meaning FDA stated that it was declining to actively regulate LDTs under the device authorities in the Federal Food, Drug, and Cosmetic Act (FDCA) and implementing regulations.
  - Allowed laboratories to be agile and responsive in development and use of diagnostic products in house without first securing agency clearance, approval, or marketing authorization

EXAMPLES OF WHEN FDA HAS WITHDRAWN ENFORCEMENT DISCRETION

However, FDA's historical general enforcement policy has always been subject to the important caveat that FDA will engage in active regulation if necessary to provide an appropriate level of patient protection. For example:

- Analyte specific reagents (ASRs)
- OTC drugs-of-abuse testing offered directly to consumers
- In vitro diagnostic multivariate assays (IVDMIAs)
- Specific tests perceived to be high risk
  - Letters to Correlogic Systems, Quest and Labcorp for ovarian cancer screening test (2004)
  - Letter to EXACT Sciences for colorectal screening test (2007)
  - Letter to Labcorp for test to identify women who might have ovarian carcinoma (2008)
  - Letters to marketers of Zika tests (2016)
- Tests that are intended as blood donor screening or human cells, tissues, and cellular and tissue-based products (HCT/P) donor screening tests required for infectious disease testing or required for determination of blood group and Rh factors
- Tests intended for emergencies, potential emergencies, or material threats declared under Section 564 of the FDCA
- Direct-to-consumer (DTC) tests (i.e., no meaningful involvement by a healthcare professional)

CONGRESSIONAL ACTION

- ***2014-2016 – 21st Century Cures Act (Cures Act).*** While the initially issued legislative discussion draft did not address LDTs, an updated discussion draft did. The Cures Act, enacted in December 2016, ultimately did not address.
- ***2017 – Diagnostic Accuracy and Innovation Act (DAIA).*** DAIA outlined a regulatory approach for IVDs that was risk-based and flexible. FDA provided "technical assistance," proposing a novel regulatory approach for IVDs and asserting that it was not enough to tweak the existing regulatory framework but that it was "necessary to create pathways."
- ***2018 – The Verifying Accurate Leading-edge IVCT Development Act (VALID Act).*** A new draft bill based on DAIA that incorporated FDA's "technical assistance" and presented a more device-centric model than DAIA. The VALID Act was first introduced in the 116th and 117th Congresses.
- ***2022-2023 User Fees Legislation.*** The VALID Act was a policy rider that was ultimately abandoned during Congressional efforts to pass user fees legislation.

FAST FORWARD TO 2024

- Modern LDTs can be unrecognizable from 1976 LDTs
  - Used more widely, for larger and more diverse populations
  - Large laboratories accept specimens from across country
  - Rely on high tech instrumentation and software
  - Performed in large volumes
  - Developed with instruments/components not legally marketed for clinical use
  - Used to help guide critical healthcare decisions (cancer, infectious disease)
  - Changing business practices suggested LDTs “alternative pathway to market”
- To protect public health, FDA decided to end general enforcement discretion policy for **most** LDTs.

FINAL LDT RULE AND KEY EXEMPTIONS

89 Fed. Reg. 37286 (May 6, 2024)

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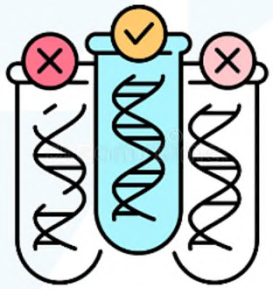
2024 FINAL RULE

- May 6, 2024 – FDA published final LDT rule in federal register
  - Amends definition of IVD at 21 C.F.R. § 809.3(a) to make clear that IVDs are medical devices, including when they are manufactured by laboratories
  - Finalize 4-year phase out plan for ending enforcement discretion for some, but not all, LDTs
- Does not apply to tests already subject to FDA regulation:
  - Tests intended as blood donor screening or human cells, tissues, and cellular and tissue-based products (HCT/P) donor screening tests for infectious disease or for determination of blood group and Rh factors
  - Tests intended for emergencies, potential emergencies, or materials threats declared under section 564 of the FDCA
  - Direct-to-consumer tests (DTC) intended for consumer use without meaningful involvement by a licensed healthcare professional
- Outside the scope of this Policy:
  - Testing exclusively for public health surveillance (No patient specific results)

AMENDED 21 C.F.R. § 809.3(a)

- IVDs are:

  "Reagents, instruments, and systems intended for use in the diagnosis of disease or other conditions, including a determination of the state of health, in order to cure, mitigate, treat, or prevent disease or its sequelae. Such products are intended for use in the collection, preparation, and examination of specimens taken from the human body. These products are devices as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act (the act), and may also be biological products subject to section 351 of the Public Health Service Act, ***including when the manufacturer of these products is a laboratory***."



PHASE-OUT PLAN

Multi-year phaseout of FDA general enforcement discretion policy will occur in stages

1.	**STAGE 1**	By May 6, 2025, compliance with medical device reporting (MDR) requirements, correction and removal reporting requirements, and the Quality System (QS) requirement to maintain and review records of complaints.
2.	**STAGE 2**	By May 6, 2026, compliance with registration and listing requirements, labeling requirements (including unique device identification requirements), and investigational use requirements.
3.	**STAGE 3**	By May 6, 2027, compliance with the remaining QS requirements with more limited quality requirement applying to traditional LDTs, including design controls, purchasing controls, acceptance activities, corrective and preventative actions (CAPAs), and records requirements
4.	**STAGE 4**	By November 6, 2027, compliance with premarket review requirements for high-risk LDTs, meaning IVDs that are Class III devices or otherwise require a biologics license application (BLA)
5.	**STAGE 5**	By May 6, 2028, the FDA expects compliance with premarket review requirements for moderate risk and low risk LDTs (i.e., some Class I and most Class II) that would otherwise require premarket submission

TESTS EXEMPT FROM ALL REQUIREMENTS

Continued general enforcement discretion with regards to all requirements

1976-TYPE LDTS

- Manual techniques
- Performed by personnel with specialized expertise
- Uses components legally marketed for clinical use;
- Designed, manufactured & used within a single high-complexity CLIA lab

1

HLA TESTS

- Organ, stem cell and tissue transplant related HLA allele typing, for HLA antibody screening & monitoring, or for conducting real & “virtual” HLA cross match tests.
- Designed, manufactured, and used within a single CLIA high-complexity lab

2

FORENSIC TESTS

Tests intended solely for forensic (law enforcement) purposes

3

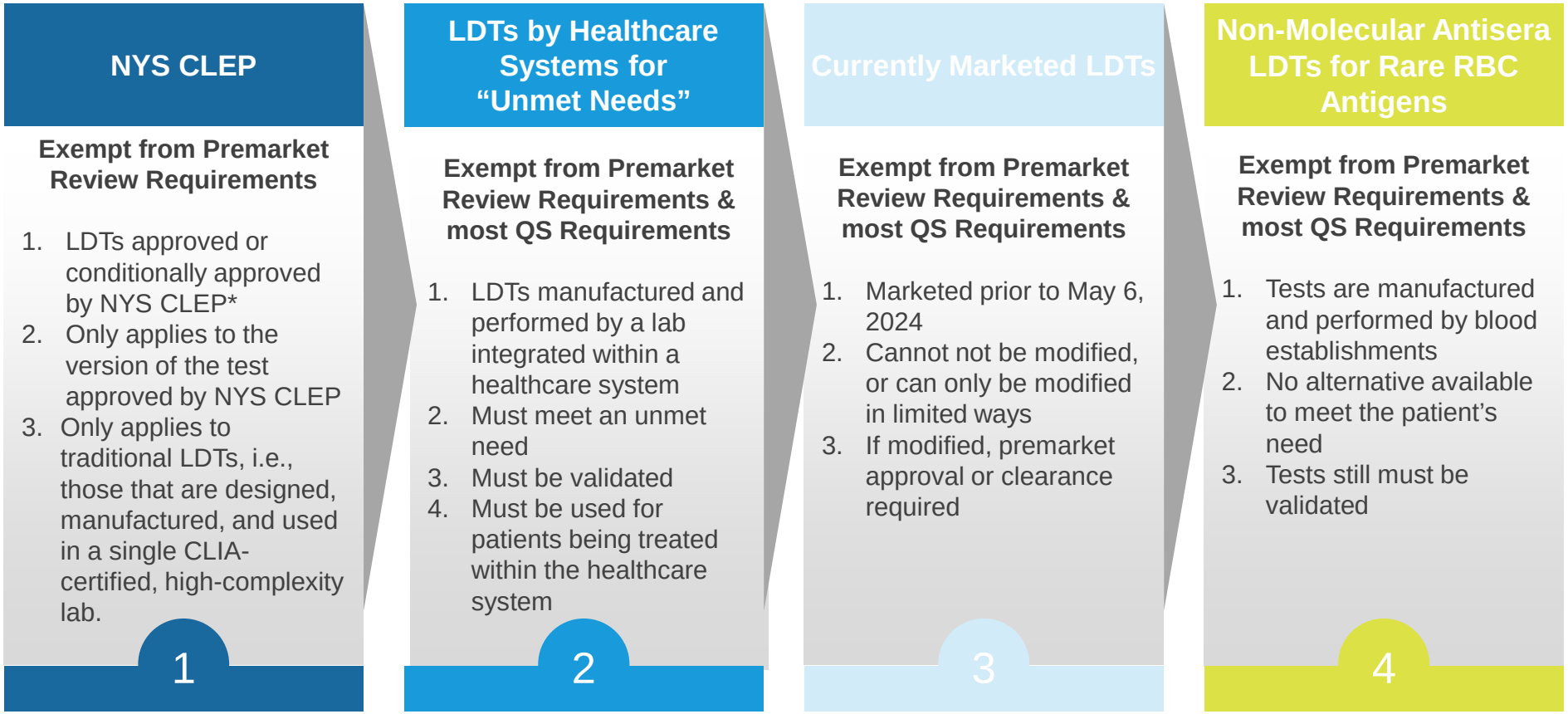
MILITARY TESTS

LDTs manufactured and performed within the DOD or VHA.

4

TESTS EXEMPT FROM SOME REQUIREMENTS

Continued enforcement discretion with regards to some requirements



*Includes tests approved by NYS CLEP pursuant to an approved exemption from full technical documentation.

TEST MODIFICATIONS

Continued general enforcement discretion for premarket review of some test modifications as long as other requirements are met

- Minor modification to “currently marketed LDTs” as long as they do not (individually or in the aggregate) do any of the following:
  - Change the indications for use;
  - Alter the operating principle;
  - Include significantly different technology in the IVD (e.g., addition of AI or a change from manual to automated procedures); or
  - Adversely change the performance or safety specifications of the IVD.
- Modifications of another manufacturer’s 510(k) cleared or De Novo authorized tests by a CLIA-certified laboratory as long as:
  - The modification
    - Does not significantly affect the safety or effectiveness of the test; and
    - Does not constitute a major change or modification in intended use, and
  - The modified test is performed only in the laboratory making the modification.

HOW TO PREPARE

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WHERE DO I EVEN START?

- Inventory test offering to assess whether exemptions apply
- Identify your point person(s), e.g., compliance officer, quality assurance lead
- Align with an FDA regulatory expert
- Watch for additional FDA guidance
- Document compliance efforts

FDA'S FOUR-YEAR PLAN: COMPLIANCE TIMELINE

STAGE 1:
BY MAY 6, 2025

Goal: Enable FDA to systematically monitor significant adverse events to identify problematic IVDs offered as LDTs.

Requirement	Citations
MDR Requirements	21 U.S.C. § 360i(a)-(c); 21 C.F.R. Part 803
Correction & Removal Reporting	21 U.S.C. § 360i(g); 21 C.F.R. Part 806
QS (complaint files)	21 C.F.R. § 820.198

STAGE 1: MDR REQUIREMENTS WHAT DOES THIS MEAN FOR ME?

- ***MDR reportable event (or reportable event)*** means:
  - An event that manufacturers become aware of that reasonably suggests that one of their marketed devices:
    - (i) Has or may have caused or contributed to a death or serious injury, or
    - (ii) Has malfunctioned and that the device or a similar device marketed by the manufacturer or importer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.
- Labs will need to establish procedures to:
  - Timely and effectively identify and evaluate adverse events
  - Establish a standardized review process for determining when reporting is required
  - Timely submit reports to the FDA
  - Maintain documentation of all related information, reports, and evaluation materials

STAGE 1: MDRS
WHAT DOES THIS MEAN FOR ME?

- Most Common Mistake: Manufacturers get “tripped up” in assuming that they must be certain (or almost certain) that their devices caused the adverse event for it to be reportable. The bar actually is much lower. The manufacturer must only determine that a device “may have caused or contributed to a death or serious injury.”
- Common Incidents That Require Reporting:
  - User errors
  - Issues with materials or components
  - Design issues
  - Labeling issues
  - Issues resulting from off-label use
  - Malfunctions

STAGE 1: MDRS
WHAT DOES THIS MEAN FOR ME?

- Helpful Resources
  - Guidance Documents
    - Guidance for Industry and FDA Staff: Medical Device Reporting for Manufacturers (Nov. 8, 2016), https://www.fda.gov/files/medical%20devices/published/Medical-Device-Reporting-for-Manufacturers---Guidance-for-Industry-and-Food-and-Drug-Administration-Staff.pdf
    - Guidance for Industry, User Facilities and FDA Staff: Questions and Answers About eMDR – Electronic Medical Device Reporting (Feb. 14, 2014), https://www.fda.gov/media/76993/download
  - FDA Website, Mandatory Reporting Requirements: Manufacturers, Importers and Device User Facilities, https://www.fda.gov/medical-devices/postmarket-requirements-devices/mandatory-reporting-requirements-manufacturers-importers-and-device-user-facilities
  - Form FDA 3500A: https://www.fda.gov/media/69876/download
    - Instructions for Completing Form FDA 3500A: https://www.fda.gov/media/82655/download
  - Manufacturer and User Facility Device Experience (MAUDE) Database: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/search.CFM
  - Guide to Inspections of Quality Systems [Quality System Inspection Technique (QSIT)], https://www.fda.gov/media/73166/download.

STAGE 1: CORRECTION & REMOVAL WHAT DOES THIS MEAN FOR ME?

- A device manufacturer is required to submit a written report to FDA of any correction or removal of a device initiated by such manufacturer if it was initiated:
  - To reduce a risk to health posed by the device; or
  - To remedy a FDCA violation caused by the device which may present a risk to health unless exempt (e.g., already reported via MDR, the actions were to improve performance or quality that do not reduce risk, market withdrawal, routine servicing or stock recovery).
- ***Correction*** means the repair, modification, adjustment, relabeling, destruction, or inspection (including patient monitoring) of a device without its physical removal from its point of use to some other location.
- ***Removal*** means the physical removal of a device from its point of use to some other location for repair, modification, adjustment, relabeling, destruction, or inspection.
- ***Report due:*** Within 10 working days, containing all required elements
- ***Records:*** maintain records of unreported corrections and removals (i.e., the device, description of events, justification for not reporting, copies of communications)

STAGE 1: CORRECTION & REMOVAL WHAT DOES THIS MEAN FOR ME?

- How Does a Correction or Removal Typical Play Out?
  - A firm may choose to remove or correct a distributed product for any reason and under any circumstance.
  - If a firm does this because it believes its product is violative, it is required to immediately notify the FDA.
  - When the safety or effectiveness of a device is questioned, the company may take voluntary action or FDA may require the company to take action through a product correction or removal.
  - Typically, FDA and the manufacturer will consult with one another, which results in a "voluntary" action by the company.
  - FDA then may classify the "voluntary" action as a product recall. Such removal or correction will be considered a recall only if the FDA determines the product is violative.

STAGE 1: CORRECTION & REMOVAL WHAT DOES THIS MEAN FOR ME?

- Helpful Resources
  - Guidance
    - Guidance for Industry: Product Recalls, Including Removals and Corrections (Mar. 2020), https://www.fda.gov/media/136987/download.
    - Guidance for Industry and FDA Staff: Initiation of Voluntary Recalls Under 21 C.F.R. Part 7, Subpart C (Mar. 2022), https://www.fda.gov/media/123664/download
  - FDA Website, Recalls, Corrections and Removals (Devices), https://www.fda.gov/medical-devices/postmarket-requirements-devices/recalls-corrections-and-removals-devices.
  - Instructions on how to use the eSubmitter tool to electronically report corrections and removals may be found using this link: Electronic Submission of 806 Reports of Corrections and Removals
  - Chapter 7: Recall Procedures, Regulatory Procedures Manual (July 2021), https://www.fda.gov/media/71814/download.
  - Guide to Inspections of Quality Systems [Quality System Inspection Technique (QSIT)], https://www.fda.gov/media/73166/download.

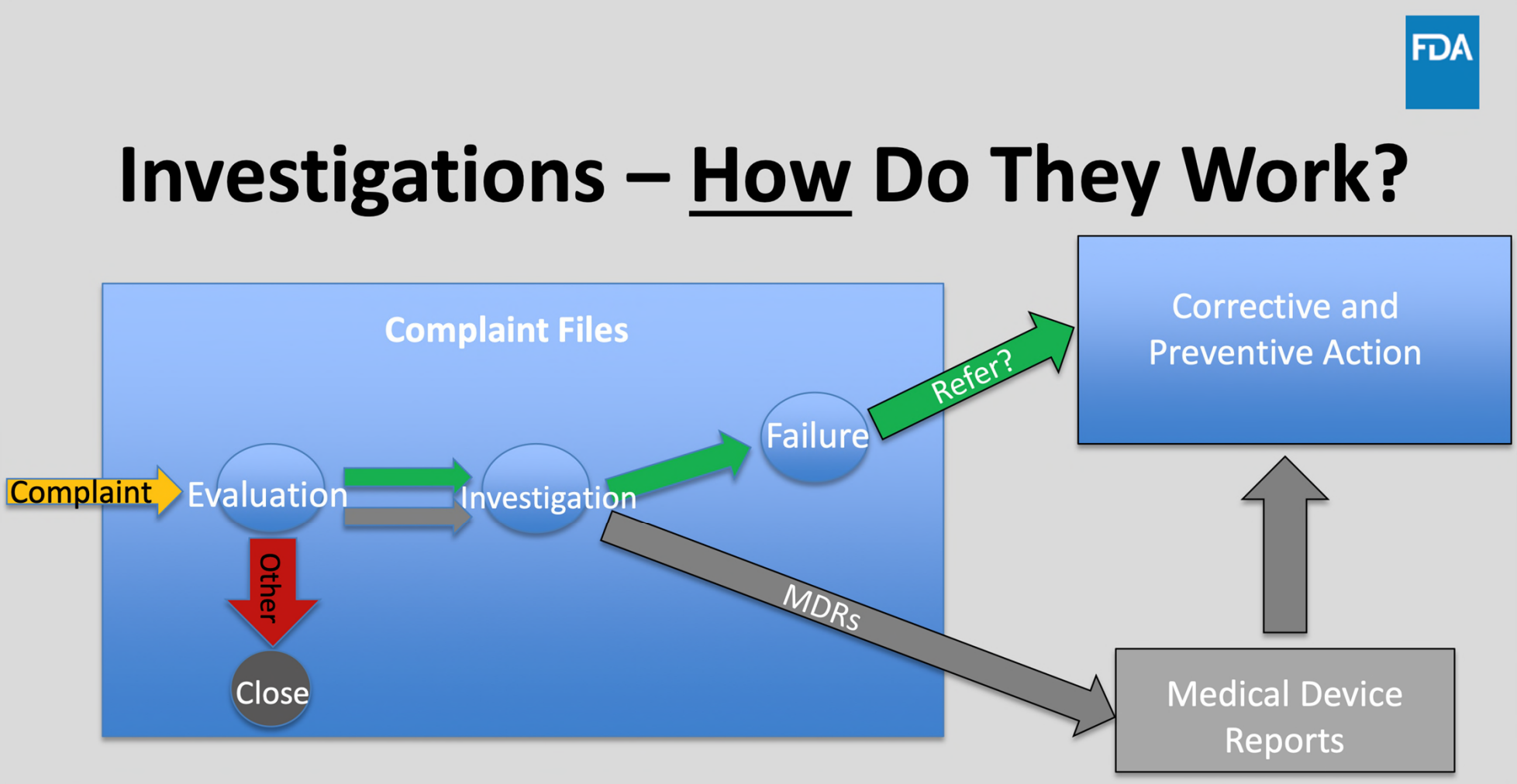
STAGE 1: QS (COMPLAINT FILES) WHAT DOES THIS MEAN FOR ME?

- Device manufacturers must establish and maintain procedures for receiving, reviewing and evaluating complaints by a formally designated unit. Procedures must ensure:
  - All complaints are processed in a uniform and timely manner
  - Oral complaints are documented upon receipt; and,
  - Complaints are evaluated to determine whether it requires reporting as medical device report
- If it is decided that no investigation is necessary, records should reflect the reason it wasn't required and the individual responsible for that decision.
- If the complaint is investigated, maintain record that includes certain information (e.g., device, date, contact info for the complainant, nature and details, corrective action, reply to the complainant.)

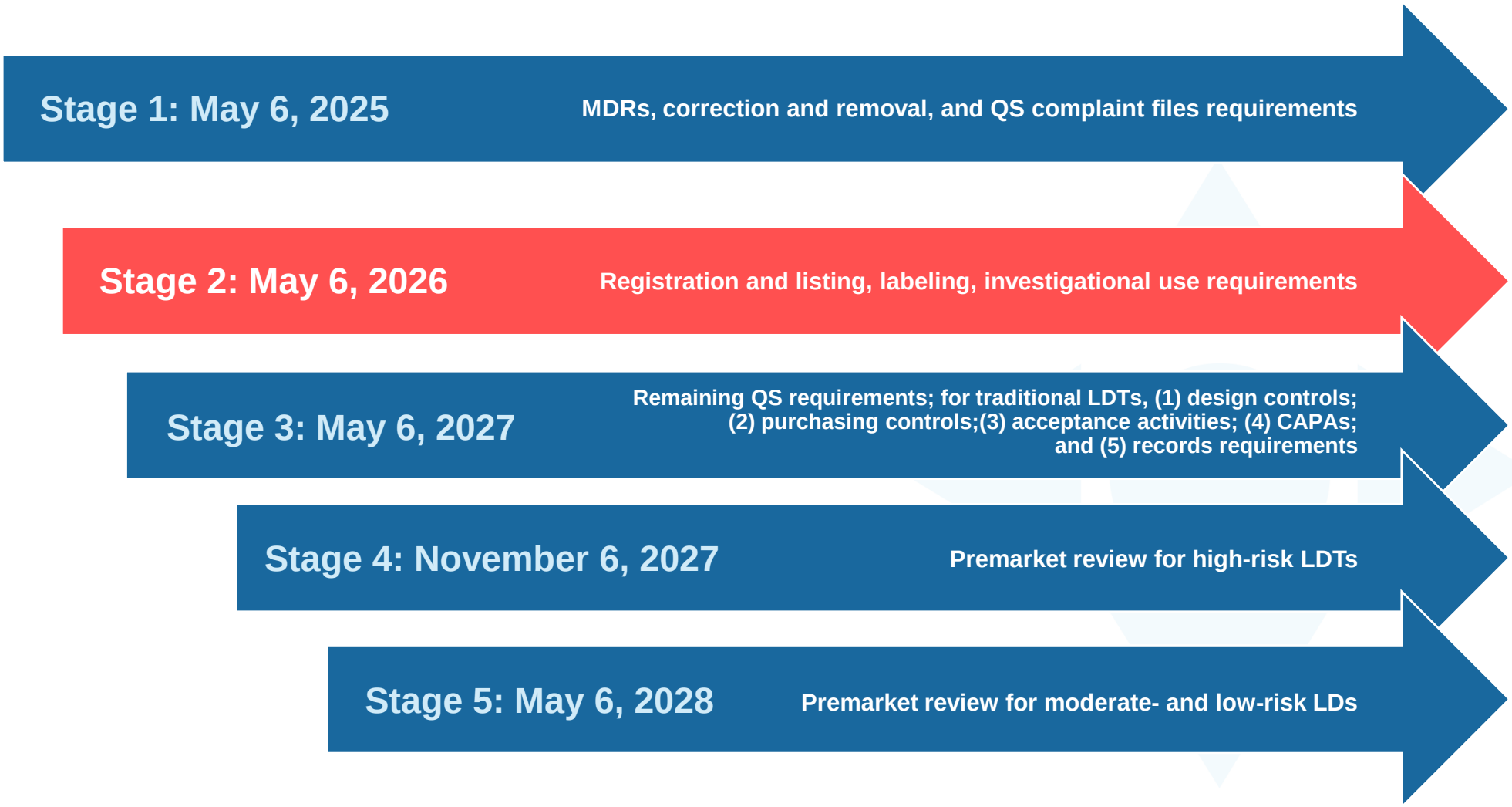
STAGE 1: QS (COMPLAINT FILES) WHAT DOES THIS MEAN FOR ME?

- Helpful Resources
  - Guide to Inspections of Medical Device Manufacturers, Section 1 “Complaint Handling System – 21 C.F.R. 820.198, https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/inspection-guides/page-4
  - Guide to Inspections of Quality Systems [Quality System Inspection Technique (QSIT)], https://www.fda.gov/media/73166/download.
  - Presentation, Stanley Liu, FDA Consumer Safety Officer, “Complaint Files,” https://www.fda.gov/files/about%20fda/published/Complaint-Files---Printable-Slides.pdf

HOW DOES IT FIT TOGETHER?



FDA'S FOUR-YEAR PLAN: COMPLIANCE TIMELINE



STAGE 2:
BY MAY 6, 2026

The FDA expects compliance with registration and listing requirements, labeling requirements, and investigational use requirements.

Requirement	Citations
Registration & Listing	21 U.S.C. § 360; 21 C.F.R. Parts 607 & 807 (excluding subpart E)
Labeling	21 U.S.C. § 352; 21 C.F.R. Parts 801 and 809, subpart B
Investigational Use	21 U.S.C. § 360j(g); 21 C.F.R. Part 812

STAGE 2: REGISTRATION AND LISTING

- Registration: All owners and operators of establishments involved in the production and distribution of medical devices must register annually with the FDA and pay a fee.
- Listing: These establishments must also submit a list to the FDA of all devices made there, and what activities are performed on the devices.

STAGE 2: REGISTRATION AND LISTING WHAT DOES THIS MEAN FOR ME?

- Initial Registration:
  - Pay registration fee: FDA will not process any registration until a fee is paid.
    - FY 2024 ($7,653 - there are no waivers or reductions for small establishments, businesses, or groups)
  - Register establishment in FDA Unified Registration and Listing System's Device Registration and Listing Module (FURLS - DRLM)
  - Provide necessary information:
    - (1) establishment, owner/operator, and official correspondent;
    - (2) name, address, phone number, fax number, and email;
    - (3) establishment website address (if any); and,
    - (4) trade names used by establishment.

STAGE 2: REGISTRATION AND LISTING WHAT DOES THIS MEAN FOR ME?

- Owners and operators must also submit annual registrations (and pay an annual fee)
  - Registrations must be submitted between October 1 – December 31
  - Registrations must be updated annually, even if there has been no changes to your information

STAGE 2: REGISTRATION AND LISTING WHAT DOES THIS MEAN FOR ME?

- Medical Device Listing Requirements:
- Owners or operators must file with the FDA a list of devices being manufactured for commercial distribution. This list must include:
  - A brief explanation about why each device is not being listed as a drug;
  - A reference to the authority under which the devices are being marketed, and why the devices are not being marketed under an alternative authority;
  - A description of each activity or process that contributes to the device (manufacturing, sterilization, etc.) and where these events occurred.
- Listing also must be updated annually with any updates, discontinuations, or changes
- FDA is “requesting” submission of labeling with registration & listing.

STAGE 2: LABELING
WHAT DOES THIS MEAN FOR ME?

- Labeling includes instructions for use and promotional labeling.

- Statutory Requirements Applicable to Device Labeling
  - Device labeling may not be false or misleading in any particular. 21 U.S.C. § 352(a)
    - Consider the extent to which labeling fails to reveal material facts. 21 U.S.C. § 321(n)

STAGE 2: LABELING
WHAT DOES THIS MEAN FOR ME?

- IVDs have special label and labeling requirements, including:
  - Intended use and type of procedure
  - Summary and explanation of test
  - Test principles
  - Warnings, precautions, hazards
  - Instructions and procedures for use of test and and for specimens
  - Explanation of results
  - Limitations of procedure
  - Expected values
  - Specific performance characteristics
  - Bibliography

STAGE 2: LABELING
WHAT DOES THIS MEAN FOR ME?

- Statutory Requirements Applicable to Device Labeling (continued)
  - Device labeling must bear "adequate directions for use." 21 U.S.C. § 352(f)(1)
    - Labeling cannot create a new "intended use" for which "adequate directions" have not been provided.
    - Definition of "intended use": "The words intended uses . . . refer to the objective intent of the persons legally responsible for the labeling of devices. The intent is determined by such persons' expressions or may be shown by the circumstances surrounding the distribution of the article. This objective intent may, for example, be shown by labeling claims, advertising matter, or oral or written statements by such persons or their representatives." 21 C.F.R. § 801.4

STAGE 2: LABELING
WHAT DOES THIS MEAN FOR ME?

- 21 C.F.R. § 807.26(e)
  - Requires owners or operators of device establishments to maintain a historical file containing the listed device's labeling and advertisements and submit them to FDA upon request.

STAGE 2: LABELING
WHAT DOES THIS MEAN FOR ME?

- Helpful Resources
  - CDRH, Guidance: Labeling: Regulatory Requirements for Medical Devices (Aug. 1989), https://www.fda.gov/files/medical%20devices/published/Labeling---Regulatory-Requirements-for-Medical-Devices-(FDA-89-4203).pdf
  - Memo from Dir., ODE, to ODE Review Staff re: Device Labeling Guidance #G91-1 (Mar. 8, 1991), https://www.fda.gov/regulatory-information/search-fda-guidance-documents/device-labeling-guidance-g91-1-blue-book-memo
  - FDA Website, In Vitro Diagnostic Device Labeling Requirements, https://www.fda.gov/medical-devices/device-labeling/in-vitro-diagnostic-device-labeling-requirements

STAGE 2: INVESTIGATIONAL USE WHAT DOES THIS MEAN FOR ME?

- Devices used on human subjects to conduct investigations of the device's safety and effectiveness are considered "investigational devices" under the FDCA.
- 21 C.F.R. Part 812 provides procedures for the conduct of clinical investigations of devices.
- An approved investigational device exemption (IDE) permits a device that otherwise would be required to comply with premarket review requirements to be shipped lawfully for the purpose of conducting clinical investigations of that device.

STAGE 2: INVESTIGATIONAL USE WHAT DOES THIS MEAN FOR ME?

- **Human Subject Protection (Informed Consent)** (21 CFR Part 50)
- **Additional Safeguards for Children** (Interim Rule) (21 CFR Part 50, subpart D)
- **Financial Disclosure** (21 CFR Part 54)
- **Institutional Review Boards** (21 CFR Part 56)
- **Electronic Records; Electronic Signatures** (21 CFR Part 11)
- **Investigational Device Exemptions** (21 CFR Part 812)
- **Premarket Approval of Medical Devices** (21 CFR Part 814)
- **Clinical Trial Registration and Results ClinicalTrials.gov**

STAGE 2: INVESTIGATIONAL USE WHAT DOES THIS MEAN FOR ME?

- The requirements applicable for an IDE depend on the level of risk that the study presents to subjects. Certain clinical studies do not first require approval and are subject to abbreviated requirements or are otherwise exempt from certain requirements in the IDE regulations.
- Many IVD studies are exempt from the IDE requirements, provided that the investigational IVD:
  - complies with certain labeling labeling requirements;
  - is noninvasive;
  - does not require an invasive sampling procedure;
  - does not introduce energy into a subject; and
  - is not used as a diagnostic procedure without confirmation of the diagnosis by another, medially established diagnostic product or procedure.
- Clinical investigations of non-significant risk devices do not require an approved IDE if sponsors of such studies comply with abbreviated requirements.

STAGE 2: INVESTIGATIONAL USE WHAT DOES THIS MEAN FOR ME?

- Helpful Resources
  - Guidance for Industry and FDA Staff: In Vitro Diagnostic Device (IVD) Device Studies – Frequently Asked Questions (June 25, 2010), https://www.fda.gov/media/71075/download
  - FDA Website, “Investigational Device Exemption (IDE),” https://www.fda.gov/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/investigational-device-exemption-ide

FDA'S FOUR-YEAR PLAN: COMPLIANCE TIMELINE

STAGE 3:
BY MAY 6, 2027

The FDA expects compliance with the remaining QS recordkeeping requirements (*e.g.*, maintaining device master records, device history records, and quality system records for the required retention period)

Requirement	Citations
Remaining QS Requirements	21 C.F.R. §§ 820.30; 820.50; 820.80; 820.86; 820.100; and Part 820, subpart M

STAGE 3: QS CONTROLS
WHAT DOES THIS MEAN FOR ME?

- FDA maintains Quality System Regulations (QSR) to ensure device design and validation, and good manufacturing practices.
- Manufacturers must establish and follow quality systems to help ensure that their products consistently meet applicable requirements and specifications.
- The FDA works with manufacturers to help them achieve regulatory compliance, and takes enforcement action as appropriate.

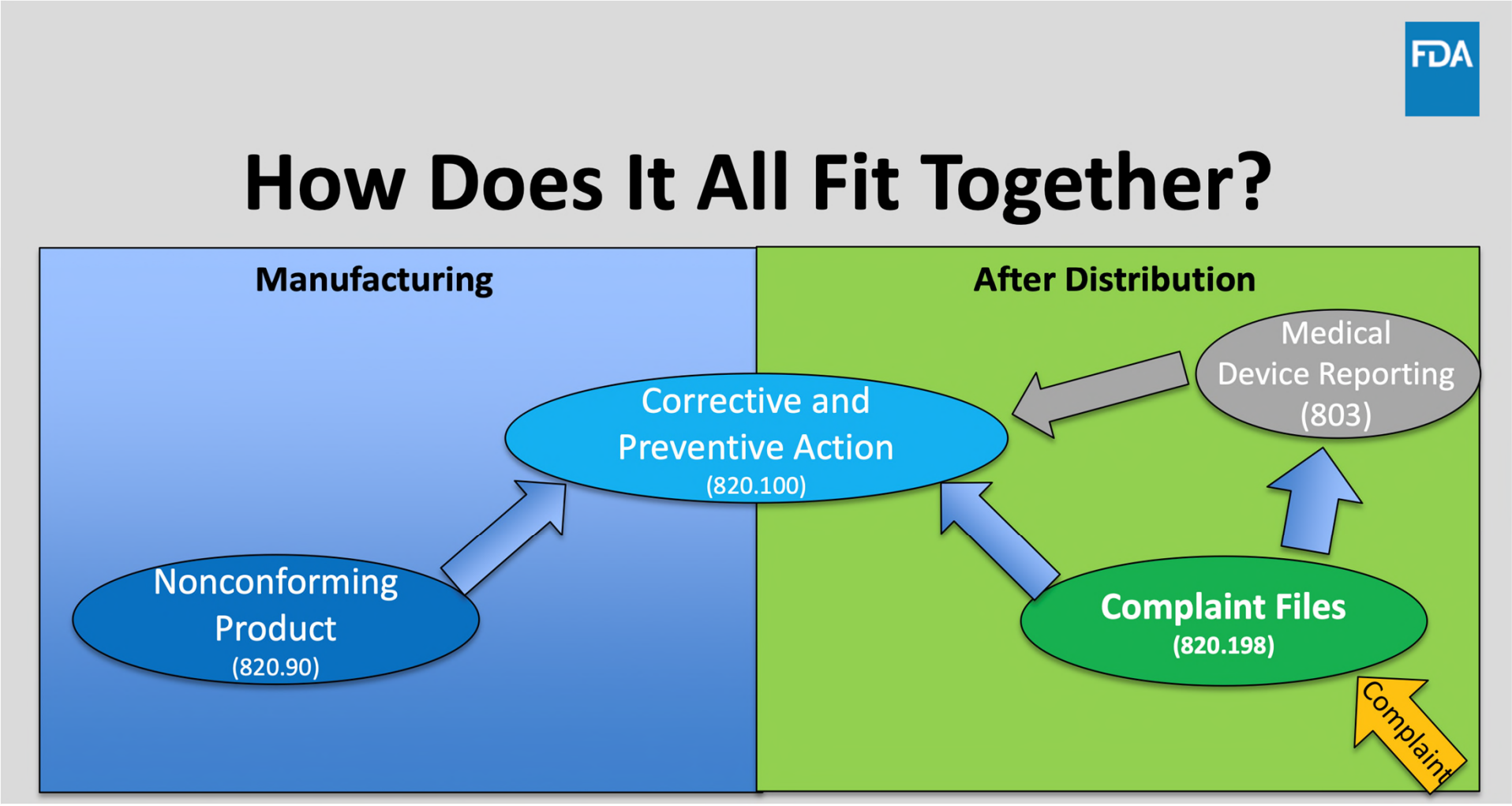
STAGE 3: QS CONTROLS WHAT DOES THIS MEAN FOR ME?

- Design controls: establish and maintain plans that describe or reference the design and development activities and define responsibility for implementation.
- Purchasing controls: establish and maintain procedures to ensure that all purchased or otherwise received product and services conform to specified requirements.
- Acceptance controls: establish and maintain procedures for acceptance activities. Acceptance activities include inspections, tests, or other verification activities.
  - Also establish a way to indicate the conformance or non-conformance of a product with acceptable criteria throughout manufacturing, packaging, labeling, installation, and servicing of product.

STAGE 3: QS CONTROLS
WHAT DOES THIS MEAN FOR ME?

- Corrective and Preventative Actions ("CAPA"): establish and maintain procedures for corrective and preventive actions, including
  - Analyzing processes, work operations concession, quality audits reports, quality records and other quality data
  - Investigate non-conformities
  - Identify corrective actions and prevent recurrence of problems
  - Verify and validate corrective actions to ensure no impact on medical device
  - Disseminate information to those responsible for assuring quality of product
  - Submit information for management review
- All activities must be documented and maintained for the life of the device, or no less than two years

HOW DOES IT FIT TOGETHER?



QUESTIONS?

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