TMDA/DMC/MDC/G/005

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

GUIDELINES ON SUBMISSION OF DOCUMENTATION FOR REGISTRATION OF *IN VITRO* DIAGNOSTIC DEVICES

(Made under Section 52(1) of the Tanzania Medicines and Medical Devices *Act, 2003)*

THIRD EDITION

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ABBREVIATIONS

AHWP	-	Asian Harmonization Working Party
CSDT	-	Common Submission Dossier Template
CSF	-	Cerebrospinal Fluid
DoC	-	Declaration of Conformity
EPSP	-	Essential Principles of Safety and Performance
GMDN	-	Global Medical Devices Nomenclature
HAS	-	Health Sciences Authority
IMDRF	-	International Medical Devices Regulator's Forum
ISO	-	International Organization for Standardization
IVDD	-	In Vitro Diagnostic Device
LRP	-	Local Responsible Person
MoHCDGEC	-	Ministry of Health, Community Development, Gender, Elderly and Children
MSD	-	Medical Stores Department
PHLB	-	Private Health Laboratories Board
QMS	-	Quality Management System
STED	-	Summary Technical Documentation
TBS	-	Tanzania Bureau of Standards
TMDA	-	Tanzania Medicines and Medical Devices Authority
TMDCA	-	Tanzania Medicines and Medical Devices Authority Act, Cap 219

ACKNOWLEDGEMENTS

This is the third edition of the *Guidelines on Submission of Documentation for Registration of In-Vitro Diagnostic Medical Devices* superseding the second version, which was in use since May, 2018. The guidelines have been revised as a result of the Financial Act of 2019 which removed food and cosmetic products from the regulatory mandate of the then Tanzania Food and Drugs Authority (TFDA) which consequently resulted in the establishment of the Tanzania Medicines and Medical Devices Authority (TMDA). The guidelines have also been revised to be in line with the requirements of the quality management system being implemented by the Authority.

I would like to sincerely thank all experts who took part in the revision of the guidelines. Acknowledgements are particularly extended to Mr. Sunday Kisoma, Dr. Goodluck Gotora, Ms. Catherine Luanda, Eng. Samwel Hhayuma, Mr. David Mwakyoma, Mr. David Matle, Ms. Jeniva Jasson and Mr. Jackson Kiberenge.

As some of the guiding principles were adopted /adapted from the guidelines promulgated by the International Medical Devices Regulators Forum (IMDRF), World Health Organization (WHO), Health Canada and the United States Food and Drug Administration (US-FDA), gratitude is owed to these international organizations for making their guidelines accessible.

The positive contributions received from the TMDA Technical Committee for Medical Devices and Diagnostics Registration and other stakeholders who reviewed the crafted guidelines are also greatly indebted.

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FOREWORD

In vitro diagnostic devices (IVDDs) are subsets of medical devices used to perform tests on human and other animal samples (e.g. blood, urine, tissue etc). They can detect diseases or other conditions and help in monitoring the overall health of human beings and other animals.

The second edition of the *Guidelines on Submission of Documentation for Registration of In-Vitro Diagnostic Medical Devices* which was approved in May, 2018 provided requirements for registration of IVDDs used to detect diseases in human and animals. The guidelines also highlighted details related to requirements for registration of class A IVDDs, Performance evaluation, robustness studies and inclusion of other tools. The edition had also taken on board the new definition of medical devices as provided for in the *Written Miscellaneous Amendment Act No. 3 of 2017.*

The current edition has no changes with regards to general and technical requirements for registration of these devices. The edition is a result of Financial Act of 2019 which transformed the then TFDA to TMDA and to be in line with the requirements of the quality management system being implemented by the Authority.

It is my expectation that, the applicants will continue to adhere to the requirements outlined in these guidelines and submit their applications in a more systematic way. This will expedite assessment of applications and consequently speed-up authorization of IVDDs for marketing in Tanzania.

Applicants are henceforth advised to read these revised guidelines and submit their applications based on the requirements as stipulated in this document. Other ISO standards should also be referred-to when compiling dossiers as articulated in these guidelines. Since requirements delineated in these guidelines are considered minimal, applicants can submit additional data or information to substantiate the quality, safety and performance claims provided in their dossiers.

Much as science and technology advances in a super-sonic speed, comments that intend to improve the current edition are always welcomed from applicants, manufacturers and other users of this document.

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INTRODUCTION

Registration of IVDDs is a legal requirement pursuant to regulation 6 of the *Tanzania Medicines and Medical Devices (Control of Medical Devices) Regulations, 2015*. Such process allows for assessment of data to ascertain the quality, safety and performance of this category of health technologies. IVDDs are used in many health facilities and hospital settings in Tanzania to diagnose diseases or other conditions, including determination of the state of health, in order to cure, mitigate, treat or prevent diseases.

The second edition of the *Guidelines on Submission of Documentation for Registration of In-Vitro Diagnostic Devices, May, 2018* has been reviewed by the Tanzania Medicines and Medical Devices Authority (TMDA) to be in-line with the Financial Act of 2019 and the requirements of the quality management system implemented by the Authority.

This third edition is divided into four (4) main sections to include general requirements, submission requirements, summary technical documentation and labeling requirements. The sections highlight technical requirements which applicants are required to compile and submit for assessment by the TMDA.

It is from these details that the Authority will be able to decide on marketing authorization of IVDDs in Tanzania. The onus is therefore up on the applicants to conduct studies, tests and investigations, which will provide adequate evidence to allow for registration of their products. It is henceforth utterly pivotal that applicants read and comprehend the requirements as set- out in these guidelines to accelerate approval process and increase access to IVDDs in Tanzania.

Availability of IVDDs of acceptable quality, safe and that are effective in performing tests will improve public health taking into account the fact that some tests are used in laboratory or other health professional settings and others are used by consumers at home. As part of registration process, the TMDA will conduct quality audits of manufacturers of IVDDs to verify compliance to TMDA requirements and ISO standards. Products manufactured at facilities that will not meet audit requirements, will not be registered by TMDA.

In the course of evaluation of applications, reference will routinely be made to ISO standards and other internationally accepted guidelines to include those published by World Health Organization (WHO) and International Medical Device Regulatory Forum (IMDRF) to ensure that IVDDs of good quality, safe and performing are authorized for marketing. An abridged assessment procedure will be adopted for IVDDs which have been prequalified by WHO to avoid duplications and hasten registration of such products.

Applicants should also note that they will now be required to conduct post marketing surveillance (PMS) of IVDDs in countries that mimic Tanzania conditions to accrue information on their quality, safety and performance to testify whether they still meet registration requirements post approval. Such information should be prepared and submitted after every two years (biennial) as indicated in these guidelines and pursuant to the *Tanzania Medicines and Medical Devices (Control of Medical Devices) Regulations, 2015.*

DEFINITION OF TERMS

In the context of these guidelines, the following terms shall be defined as follows:

Accessory
An article which is intended specifically by its manufacturer to be used together with a parent device to enable that device to be used in accordance with its intended use as an IVDD or to augment or extend the capabilities of the parent device in fulfillment of its intended use as an IVDD, and therefore should be considered an IVDD.

Act
The Tanzania Medicines and Medical Devices Act, Cap 219.

Analytical performance
Ability of an IVDD to detect or measure a particular analyte.

Applicant
Any person or institution or company that applies formally to get market authorization for IVDD in Tanzania.

Assay
Investigative (analytic) procedure in laboratory for qualitatively assessing or quantitatively measuring the presence, amount or functional activity of a target entity (the analyte).

Authority
The Tanzania Medicines and Medical Devices Authority or the acronym "TMDA" established under section 4(1) of the Act.

Calibrator
Any substance, material or article intended by its manufacturer/ owner to be used in the calibration of a measuring instrument or measuring system.

Certified Copy
A true copy of the original document certified by a person registered to practice law in the manufacturer's country of origin and endorsed with the legal practitioner's official stamp and signature.

Clinical Performance
Ability of an IVDD to yield results that are correlated with a particular clinical condition/ physiological state in accordance to target population and intended use.

Conformity Assessment
The systematic examination of evidence generated and procedures undertaken by the manufacturer, under requirements established by the Authority, to determine that an IVDD is safe and performs as intended by the manufacturer and, therefore, conforms to the Essential Principles of Safety and Performance of Medical Devices.

High Dose Hook Effect
Wrong low measurement of analyte(s) that are present in the specimen in a very high concentration.

In Vitro Diagnostic Device or its acronym IVDD
A device whether used alone or in combination, intended by the manufacturer for the in vitro examination of specimens derived from the human body and animals principally to provide information for diagnostic, monitoring or compatibility purposes. IVDD include reagents, calibrators, control materials, specimen receptacles, software, and related instruments or apparatus or other articles and are used for example for the following test purposes: diagnosis, aid to diagnosis, screening, monitoring, predisposition, prognosis, prediction and determination of physiological status.

Label
Any written, printed or graphic representation that appears on or is attached to the IVDD or active ingredient or any part of its packaging, and includes any informational sheet or leaflet that accompanies the in vitro diagnostics or active ingredient when it is being supplied.

Labeling / information supplied by the manufacturer
A written, printed or graphic matter affixed to an in vitro diagnostic device or any of its containers or wrappers, or accompanying a medical device, related to identification, technical description, and use of the device, but excluding shipping documents.

Lay Person
Any individual who does not have formal training in a relevant field or discipline.

Local Responsible Person
A local responsible person is a natural person residing in Tanzania or cooperate body registered in Tanzania who has received a mandate from the applicant to act on his behalf with regard to matters pertaining to registration of devices in Tanzania.

Manufacture
To make, fabricate, produce or process an IVDD and includes:

a. any process carried out in the course of so making, fabricating, producing or processing the in vitro diagnostic devices; and

b. packaging and labeling of IVDD before it is supplied.

Manufacturer
Any person or a firm that is engaged in the manufacture of IVDD.

Medical Device(s)
Any instrument, apparatus, laboratory equipment and reagents, implement, machine, appliance, implant, in vitro reagent or calibrator, software, material or other similar or related article which:

a. is intended by manufacturer to be used, alone or in combination for human beings or other animals for one more of the specific purpose(s) of-

    (i) diagnosis, prevention, monitoring, treatment or alleviation of diseases or compensation for an injury;
    (ii) investigation, replacement, modification or support or the anatomy or of a physiological process;
    (iii) supporting or sustaining life;
    (iv) control of conception;
    (v) disinfection of medical devices;
    (vi) providing information for medical or diagnostic purposes by means of in vitro examination or specimens derived from the human body or other animal; and

b. does not achieve its primary intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its intended function by such means.

National Standard
A standard as prescribed by the Tanzania Bureau of Standards.

Near Patient Testing
Any testing performed outside the laboratory environment by qualified personnel, generally near to or at the side of the patient, also known as Point-of-Care Testing (POCT).

Objective Evidence
Information that can be proved true, based on facts obtained through observation, measurement, testing or other means.

Performance Evaluation
Assessment and analysis of data to establish or verify the performance (analytical performance and where applicable, clinical performance) of an IVDD.

Process Validation
Confirmation by objective evidence that a process consistently produces a result or product meeting its pre-determined requirements.

Quality Audit
The process of systematic examination of a quality system of IVDDs manufacturing facilities carried out by the Authority to demonstrate conformity for regulatory purposes.

Quality System
An aggregate of the organizational structure, incentives, plans, policies, responsibilities, procedures, processes resources and infrastructure required in formulating and implementing quality management and achieving its objectives.

Quality Management System
Collection of business processes aim to direct and control an organization with regard to quality, from establishing quality policy, quality objectives and implementing and maintaining quality system.

Reagent
Any chemical, biological or immunological component, solution or preparation intended by the manufacturer to be used as IVDD.

Recall
Any action taken by its manufacturer, importer, supplier or registrant to remove the medical device from the market or to retrieve the medical device from any person to whom it has been supplied, because the medical device may:

a. be hazardous to health;
b. fail to conform to any claim made by its manufacturer or importer relating to its quality, safety or performance.

Recognized Standards
National or international standards deemed to offer the presumption of conformity to specific Essential Principles of Safety and Performance.

Registrant
The person who applied for and obtained the registration of the medical devices including IVDD under the medical device regulations.

Risk
Combination of the probability of occurrence of harm and the severity of that harm.

Self-testing
Means testing performed by oneself.

Specimen receptacles
Means devices, whether vacuum-type or not, specifically intended by their manufacturers for the primary containment and preservation of specimens derived from the human body and other animals for the purpose of IVDD examination.

Technical Documentation
Means documented evidence, normally an output of the Quality Management System that demonstrates compliance of a device to the Essential Principles of Safety and Performance of IVDD.

Validation
Means confirmation by examination and provision of objective evidence that the requirements for a specific intended use have been fulfilled.

Verification
Means confirmation by examination and provision of objective evidence that the specified requirements have been fulfilled.

1.0 GENERAL REQUIREMENTS

1.1 Applicant

a) An application for registration of in vitro diagnostic device (IVDD) can be made by a manufacturer or by a person who orders the IVDD to be manufactured for sale in Tanzania.

b) The applicant shall be responsible for the product, information supplied in support of the application for registration and variations thereof.

c) An applicant who is not a resident in Tanzania shall nominate a Local Responsible Person (LRP). A certified copy of power of attorney, formal agreement or any other official authorization shall be submitted by an applicant as official proof of nomination of a LRP.

1.2 Local responsible person

The Local responsible person (LRP) shall:

a) Monitor the device on the market and inform the Authority immediately after the detection of any problem relating to a registered device such as serious manufacturing defects which may endanger public health.

b) Facilitate communication between the Applicant and the Authority on matters relating to the product.

c) Handle device recalls implementation.

d) Provide technical support and services to users of registered device(s).

1.3 Classification of IVDD

a) The classification of an IVDD is based on the following criteria:

(i) The intended use and indications for use as specified by the manufacturer (specific disorder, condition or risk factor for which the test is intended),

(ii) The technical/scientific/medical expertise of the intended user (lay person or professional),

(iii) The importance of the information to the diagnosis (sole determinant or one of several), taking into consideration the natural history of the disease or disorder

including presenting signs and symptoms which may guide a physician/veterinarian,

(iv) The impact of the result (true or false) to the individual and/or to public health.

b) IVDD should be classified into one of the four (4) classes of devices A, B, C or D as described below:

CLASS	RISK LEVEL	EXAMPLES
A	Low Individual Risk and Low Public Health Risk	Specimen receptacles, Selective/differential microbiological media, identification kits for cultured microorganisms, wash solutions, instruments and plain urine cup.
B	Moderate Individual Risk and/or Low Public Health Risk	Vitamin B12 level test, Pregnancy Self Testing, Anti-Nuclear Antibody, and Urine Test Strips.
C	High Individual Risk and/or Moderate Public Health Risk	Blood Glucose Test, Human Leukocyte Antigen (HLA) Test, Prostate Specific Antigen (PSA) Screening, Rubella Antibodies Test.
D	High Individual Risk and High Public Health Risk	HIV Blood Donor Screening, HIV Diagnostic Test.

c) Classification should be done based on classification rules appended as **Annex I** of these guidelines.

d) If more than one classification rule is applicable to the device, the rules resulting to the highest risk classification shall be applicable to the device. However, the Authority reserves the right to decide on the class of the device.

1.3.1 Accessories

Where applicable, the following considerations should apply:

a) Calibrators intended to be used with an in vitro diagnostic reagent should be placed in the same class as the in vitro diagnostic reagent.

b) Stand alone control materials with no assigned values intended for use with multiple or single analyte(s) should not be placed in the same class as the in vitro diagnostic reagent(s).

c) Stand alone control materials with quantitative or qualitative assigned values intended for one specific analyte or multiple analyte(s) should be placed in the same class as the in vitro diagnostic reagent(s).

1.3.2 Software

While most software are incorporated into the IVDD itself, some are not. Provided that such stand alone software falls within the scope of the definition for an IVDD it should be classified as follows:

a) Where it controls or influences the intended output of a separate IVDD, it will have the same class as the device itself.

b) Where it is not incorporated in an IVDD, it is classified in its own right using the classification rules.

1.4 First time application

a) A separate and complete product dossier in both hard copy and electronic forms, in both PDF and MS WORD formats is required for each IVDD being sent for registration.

b) Applications shall be accompanied by the following:

   (i) A non-refundable evaluation fee as provided for in the Fees and Charges Regulations in force.

   (ii) One commercial pack sample of the device or artwork where applicable, at the time of lodging an application for registration.

1.5 Documentation

1.5.1 Language

All applications and supporting documents shall be made in Kiswahili or English.

1.5.2 Requirements for Class A IVDDs

a) Class A IVDDs are divided in two (2) categories; Class A IVDDs supplied in non- sterile state, non-active and non-measuring function and Class A IVDDs supplied in sterile, active and have measuring function.
b) The submission requirements for each category of Class A IVDDs shall be as stipulated in

section 2.1 of these guidelines.

1.5.3 Requirements for Class B, C and D IVDDs

The submission requirements for Class B, C and D IVDDs shall be as stipulated in S**ection 2.2** of these guidelines.

1.5.4 Paper type and binding

a) Data shall be presented on A4 and 80g/m^2 paper with readily readable letters of at least 12 font sizes. Every page shall be numbered sequentially. Extension sheets, tables, diagrams and other supporting documents shall as far as possible be of the same size, well annotated, numbered and appropriately cross- referenced.

b) All parts must be bound separately and arranged sequentially in spring file covers with flexible seat. Lever arch files are not permissible. One or more spring file covers may be used depending on the number of pages contained in a part. The file cover should be made of hard, non-collapsible biodegradable material. The thickness should be expandable or reducible depending on the total thickness of the contents.

1.6 Payment of fees, screening and processing of applications

1.6.1 Payment of fees

a) Every application shall be accompanied by appropriate fees as specified in the Fees and Charges Regulations in force at the time of application. All fees are payable at the time of lodging an application. The fees may be paid directly to TMDA or by bank transfer to:-

Tanzania Medicines and Medical Devices Authority, Account Details.:

i) **NMB Bank, University Branch, Account Name: GEPG TMDA USD – COLLECTION ACCOUNT, Account number: 20810015291, Swift Code: NMIBTZTZ**

ii) **NBC Bank, UDSM Branch, Account Name: GEPG TMDA USD-COLLECTION ACCOUNT, Account number: 040105002468, Swift Code: NLCBTZTZ**

iii) **CRDB Bank, Holland House Branch, Account Name: GEPG CRDB USD REVENUE ACCOUNT, Account number: 0250021399100, Swift Code: CORUTZTZ**

All payments shall be made against control number indicated on the Invoice generated against the application.

b) When payment is made by bank transfer all bank charges shall be borne by the applicant who shall also make sure that advice note is submitted to TMDA giving details of the payment in particular the name of the applicant, the device or devices paid for and amount of fees paid.
c) Fees are non-refundable once paid to the Authority.

d) For each registered device an annual retention fees shall be paid on or before the end of January of each year for which the fees are due to maintain a medical device on the medical device register. The registration number of the device must be quoted at the time of payment.

e) The amount of retention fee to be paid shall be as prescribed in the Fees and Charges Regulations in force at the time of application.

1.6.2 Processing of applications

a) Once an application has been accepted and evaluation fees paid the processing of application will be as provided for in the current Client's Service Charter. This will involve assessment of applications, request for additional data/samples and clarification of some issues, where applicable.

b) Once a query or a request has been raised, the processing shall halt until after the response to the query has been received. If no response to the query or request has been received within six months the application will be rejected.

1.6.3 Performance evaluation

a) After assessment of submitted technical documents (dossier), the Authority may conduct or may direct the applicant to conduct laboratory analysis and performance evaluation of the respective IVDD using the established protocols.

b) Cost for laboratory analysis and performance evaluation will be borne by the applicant as provided for by the selected laboratory or as prescribed in the Fees and Charges Regulations in force.

1.7 Registration of the device

a) When an IVDD is found to have complied with all the prescribed registration requirements, the applicant will be informed to that effect.

b) A certificate of registration together with such conditions as Authority may determine shall be issued.

1.7.1 Validity of registration

The registration of an IVDD shall be valid for five (5) years unless suspended or revoked by the Authority or terminated by the Registrant. The validity of registration shall be subject to:-

a) Payment of annual retention fees as prescribed in the Fees and Charges Regulations in force.

b) Submission of biennial post-marketing surveillance report(s) in the format appended as **Annex II.**

c) Submission of adverse effects reports associated with the use of device.

1.7.2 Termination of registration

a) The Authority may, by giving reasons in writing, suspend or revoke the registration of a device, or amend the conditions of its registration.

b) The Registrant may, by giving 60 days written notice and reasons to the Authority, terminate the registration of a device.

1.8 Application for variation of a registered device

a) The Authority should be informed on any anticipated significant change(s) that could reasonably be expected to affect the safety or effectiveness of an IVDD. Significant change(s) will include any of the following:

   (i) The manufacturing process, facility or equipment;

   (ii) The manufacturing quality control procedures, including the methods, tests or procedures used to control the quality, purity and sterility of the device or of the materials used in its manufacture;

   (iii) The design of the device, including its performance characteristics, principles of operation and specifications of materials, energy source, software or accessories; and

   (iv) The intended use of the device, including any new or extended use, any addition or deletion of a contraindication for the device and any change to the period used to establish its expiry date.

b) These changes will require TMDA approval before they can be implemented. Any other

change(s) should be notified immediately to the Authority and may be implemented without prior approval.

c) All applications for variation to a registered device shall be made by submitting a duly filled in form appended as **Annex III** and shall be accompanied by variation fee as prescribed in the Fees and Charges Regulations in force at the time of application.

1.9 Applications for renewal of registration

a) Applications for renewal of registration shall be made at least 90 days prior to the expiry date of registration of the device.

b) The application shall include submission of filled in application form appended as **Annex IV**, information pertaining to changes that were made to a registered device (if any) and application fee as prescribed in the Fees and Charges Regulations in force.

1.10 Compilation of the dossier

a) Applicants are required to arrange the application dossier in the format described below:

(i) The application form **(Annex V of these guidelines)**

(ii) Device details **(Section 2 of these guidelines)**

(iii) Summary technical documentation **(Section 3 of the guidelines)**

(iv) Labeling information **(Section 4 of the guidelines)**

(v) Essential requirements checklist **(Annex VI of these guidelines)**

b) Failure to arrange the application dossier accordingly will lead to rejection of the application.

1.11 Evidence of compliance to Quality Management System

a) For the IVDDs with higher risks the pre-registration quality audit will be conducted to verify their compliance with requirements. The audit will be conducted on risk basis.

b) For IVDDs that require evidence of compliance to Quality Management System, a CE certificate issued by a Notified Body designated in Europe for the purposes of the In Vitro Diagnostic Medical Devices Directive (98/79/EC) and issued under Annex IV Section 3 or

Annex VII of the Directive will be accepted (may also be referred to as an EU Certificate, an EC certificate or an EEC Certificate). ISO 13485 certificates issued by Notified Bodies designated in Europe for the purposes of the IVDD will also be accepted.

1.12 Appeals

a) Any person aggrieved by a decision of the Authority in relation to any application for registration of an IVDD may make representations in writing to TMDA.

b) If after consideration of the representations, the Authority is satisfied it may approve registration of an IVDD and if not satisfied it shall reject the application. In case the applicant is not satisfied with the decision, may appeal to the Minister responsible for Health. The Minister's decision shall be final. If the Registrant would not be satisfied by the Minister's decision, he may appeal to the Court of Law.

2.0 SUBMISSION REQUIREMENTS

2.1 Submission requirements for Class A IVDDs

a) Class A IVDDs supplied in non-sterile state, non-active and non-measuring function are exempted from registration but must be notified to the Authority. Applicants shall submit duly filled in notification form through the TMDA online portal system in the format appended as **Annex VII.**

b) Class A IVDDs supplied in sterile, active and have measuring function are required to be registered by the Authority. Applicants shall be required to submit the following information:

(i) Dully filled in application **(Annex V).**

(ii) Copies (in English and in original colour) of the labels on the IVDDs and its packaging in primary and secondary levels of packaging. Labels must be provided for all the components of IVDD system, members of IVDD family and accessories submitted for registration. Alternatively, a representative label may be submitted for variants, provided the variable fields on the artwork are annotated, and the range of values for the variable fields are indicated.

(iii) The instructions for use.

(iv) The patient information leaflet.

(v) The promotional material (including brochures and catalogues.

(vi) For sterile IVDD, a report on validation of the sterilization method.

(vii) For an IVDD with measuring function, certification on IVDDs metrology or equivalent.

(viii) For active IVDD, certification to electrical safety standards **e.g. IEC 60601**.

(ix) For an IVDD containing materials of animal, human, microbial and/or recombinant origin, the following information must be submitted in addition to the information above:

- A list of all materials of animal, human, microbial and/or recombinant origin used in the IVDDs and in the manufacturing process of the IVDDs. This includes, but not limited to animal or human cells, tissues and/or

derivatives, and cells, tissues and/or derivatives of microbial or recombinant origin; and
- Identity of immediate sources of the above.

2.2 Submission requirements for Class B, C and D IVDDs

a) Applicants are required to submit the following information:

(i) A dully filled in application form (**Annex V**).

(ii) Device details as described below:

- **Name(s) -** State the brand and generic name of the IVDD.
- **Description -** Provide general information on design, characteristics and performance of the IVDD. The description should also include information on device packaging.
- **Category -** State the class of the IVDD and the applicable classification rule as appended in **Annex I** of these guidelines.
- **Intended Use/Indication -** State the intended use of the IVDD and/or provide a general description of the disease or condition that the device will diagnose, treat, prevent, or mitigate.
- **Instructions of Use -** Give a concise summary of information for safe use of the device including procedures, methods, frequency, duration, quantity and preparation to be followed.
- **Contraindications -** State conditions under which the IVDD should not be used. For example, a limitation of an assay using specimens from patients who have received preparations of mouse monoclonal antibodies for therapy when tested with assay kits which employed mouse monoclonal antibodies. It may show either false elevated or depressed values.
- **Warnings -** State the specific hazard alert information that a user needs to know before using the IVDD. E.g. for products containing biological material, radioactive material, explosive material and any other hazardous material, safety warnings must be included.
- **Precautions -** State briefly precautions to be taken and any special care necessary for the safe and effective use of the IVDD.
- **Adverse Effects -** Describe all adverse and side effects associated with the IVDD under normal conditions of use.
- **Alternative Use -** Describe any alternative practices or procedures for diagnosing, treating, or mitigating the disease or condition for which the IVDD is intended.
- **Storage conditions -** State the storage conditions for the IVDD.

- **Recommended shelf-life (where applicable) -** State the recommended shelf-life of the IVDD.

3.0 SUMMARY TECHNICAL DOCUMENTATION

3.1 Device description and features

Provide a detailed description of the device attributes that are necessary to explain how the device functions. These details should include:

a) Intended use of the IVDD. This may include:

(i) What is detected;

(ii) The function (e.g. screening, monitoring, diagnostic or aid to diagnosis, staging or aid to staging of disease);

(iii) The specific disorder, condition or risk factor of interest that is intended to detect, define or differentiate;

(iv) Whether the product is automated or not;

(v) Whether the test is qualitative or quantitative;

(vi) The type of specimen(s) required (e.g. serum, plasma, whole blood, cerebrospinal fluid (CSF), sputum, urine);

(vii) The intended testing population (e.g. neonates, antenatal women);

(viii) If applicable the environmental condition during operation (temperature range and attitude).

b) The intended user (laboratory professional and/or at point-of-care).

c) A general description of the principle of the assay method or instrument principles of operation.

d) A description of the components of the assay (e.g. reagents, assay controls and calibrators), and where appropriate, a description of the reactive ingredients of relevant components (such as antibodies, antigens and nucleic acid primers).

e) A description of the specimen collection and transport materials provided with the product or description of specifications recommended for use.

f) For instruments of automated assays: a description of the appropriate assay characteristics or dedicated assays.

g) For automated assays: a description of the appropriate instrumentation characteristics or dedicated instrumentation.

h) If applicable, a description of any software to be used with the device.

i) If applicable, a description or complete list of the various configurations/variants of devices that will be made available. For example, a family of pregnancy rapid test can consist of device available in different configurations, such as test strip or in a cassette.

j) If applicable, a description of the accessories, and other non- IVDD products that are intended to be used in combination with the diagnostic.

k) Risk class and the applicable classification rule for the IVDD according to these guidelines.

The instruction for use may be used to provide some of this information on the condition that a cross-reference to the different requirements is supplied in conjunction with the instructions-for-use.

3.2 Evidence of conformity to Essential Principles

Provide evidence of conformity to Essential Principles of Safety and Performance (EPSP) by completing the checklist appended as **Annex VI.**

a) Manufacturer should identify the essential principles of safety and performance that are applicable to the device and the general methods used to demonstrate conformity to each applicable Essential Principle. The methods that may be used include:

   (i) Conformity with a recognized or other standard(s)

   (ii) Conformity with a commonly accepted industrial test method (reference method)

   (iii) Conformity with appropriate in-house test methods that have been validated and verified;

   (iv) Comparison to a diagnostic already available on the market.

b) When the manufacturer uses national, international or other standards to demonstrate conformity with the Essential Principles, full title of the standard, identifying numbers, date of the standard and the organization that created the standard should be provided.

c) The IVDD, to which the Essential Principles (EP) conformity checklist is applicable, should be identified by the brand name, common name and risk class on the checklist itself. The columns of the checklist should be completed as follows:

(i) **Applicable to the IVDD?**

Either a "Yes" or "No" answer is required. If the answer is "No" there should be a brief explanation.

(ii) **Method of conformity**

State the title and reference of the standard(s), industry or in-house test method(s), comparison study(ies) or other methods to demonstrate compliance. For standards, this should include the date of the standard and where a standard is referred to more than once in the checklist, the reference number and date can be repeated.

(iii) **Identity of specific documents**

The column should contain the reference to the actual technical documentation that demonstrates compliance to the essential principle, i.e. the certificate number(s), test reports, study reports or other documents that resulted from the method used to demonstrate compliance, and its location within the technical documentation or dossier.

3.3 Risk analysis

Provide a summary of the risks identified during the risk analysis process and how such risks have been controlled to an acceptable level. Preferably, the risk analysis should be based on recognized standards and be part of the manufacturer's risk management plan.

The summary should address possible hazards for the IVDD such as the risk from false positive or false negative results, indirect risks which may lead to erroneous results, or from user-related hazards, such as reagents containing infectious agents. The results of the risk analysis should provide a conclusion with evidence that remaining risks are acceptable when compared to the benefits.

3.4 Design and manufacturing information

3.4.1 Product design

Provide information such as to give a general understanding of the design applied to the IVDD. It should include a description of the critical ingredients of an assay such as antibodies,

antigens, enzymes and nucleic acid primers provided or recommended for use with the IVDD:

a) For **instruments** include a description of major subsystems, analytical technology (e.g. operating principles, control mechanisms), dedicated computer hardware and software.

b) For **instruments and software**, give an overview of the entire system, including an Architecture Design Chart, which is typically a flowchart of the relationships among the major functional units in the software, including relationships to hardware and to data flows such as networking.

c) For **standalone software**, include a description of the data interpretation methodology (i.e. algorithms).

d) For self-testing devices the design should include a description of the design aspects that make it suitable for lay person use.

e) If design takes place at multiple sites, a controlling site must be identified.

3.4.2 Formulation and composition

Provide formulation/composition for each of the ingredients:

3.4.2.1 Materials

Provide complete details of material specifications, including raw materials;

a) All components of the IVDD should be listed and chemically and biologically characterized, including antibodies, antigens, and assay controls, substrates used to detect antigen-antibody complexes, and test reagents. Appropriate references should be cited.

b) If synthetic peptides are used, the peptide sequence should be provided.

c) If components are of biological origin or recombinant, the source must be indicated and details on production must be provided. These details would include the strain of the virus, the cell line for cultivation of the virus,

sequences of relevant nucleic acids and amino acids, etc., used in the manufacturing process of viral lysate, purified proteins, recombinant and synthetic proteins.

d) If applicable, process validation results to be provided to substantiate that manufacturing procedures are in place to minimize biological risks, in particular, with regard to viruses and other transmissible agents. This also includes inactivation of infectious organisms in reagents and the production of reagents.

e) If applicable, information to be provided on irradiating components, non- ionizing or ionizing (e.g. Iodide- 131 in the Radioimmunoassay kit, radio-labeled Phosphorus-32 DNA probes in Southern blots).

f) If applicable, information should be provided on the poison or controlled substance e.g. Buprenorphine in drug assay kit).

g) Give the nature and specification of the packaging material(s) including complete chemical and physical characterization of the packaging material making either direct or indirect contact with the IVDD.

h) Identify the sources of the materials from which the components are constructed.

3.4.2.2 Biological safety

List all biological components included in the IVDD to include material of bacterial, viral, parasitic, animal, or human origin or their derivatives where applicable. Indicate the name of the biological component, details of its use in the product and description of steps taken for the reduction of transmission or infection risk.

3.4.2.3 Documentation of design change

Provide records of each design change, if any, with reasons for these changes along with associated validation/verification data. Include evidence that the change achieves the desired effect, and that the product continues to comply with the Essential Principles of Safety and Performance.

3.4.3 Manufacturing processes

3.4.3.1 Overview of manufacturing process

Provide information on the manufacturing process, which may be in form of a process flow chart, showing an overview of production including technologies used, assembly

and packaging of the finished IVDD. Include details of any in-process and final product testing (e.g. the manufacturer's QC release program).

3.4.3.2 Sites of manufacture

Provide the following information;

a) Name of site,

b) Physical address of the site,

c) Description of the component manufacture/stage of manufacturing process carried out at the site,

d) A simple sight plan highlighting production areas and number of employees at the site,

e) A description of any other manufacturing that occurs at the site;

For all the critical manufacturing sites that are involved in the manufacture of this product (i.e. including design, warehousing and quality control stages of manufacture)

3.4.3.3 Key suppliers

Provide a list of key suppliers of ingredients/products/services for the manufacture of the IVDD, indicating the;

a) Name of the supplier,

b) Supplier's manufacturing site physical address,

c) A description of the ingredient/product/service supplied,

d) Evidence of purchasing and verification procedures for the ingredients/products/services sourced from these suppliers.

3.5 Device Specifications

a) Describe functional characteristics and technical performance specifications for the device including as relevant, accuracy, sensitivity, specificity of measuring and other specifications including chemical, physical, mechanical, electrical and biological.

b) A list of the features, dimensions and performance characteristics of the IVDD its variants and accessories should be provided in the dossier and also made available to the end user.

3.5.1 Device validation and verification

Summarize the results of validation and verification studies undertaken to demonstrate compliance of the IVDD with Essential Principles that apply to it. Whenever applicable the information should cover:-

a) The complete study protocol,

b) The method of data analysis,

c) Complete study report,

d) The study conclusion,

e) Any published literature regarding the device or substantially similar devices.

f) Summaries or reports of tests and evaluations based on other standards, manufacturer methods and tests or alternative ways of demonstrating compliance. Declarations/certificate of compliance to a recognized standard as applied by the manufacturer should be provided.

When a recognized standard exists that contains the protocol and the method of data analysis, this information can be substituted by a declaration/certificate of conformity to the recognized standard. However, a summary of the data and conclusions should be provided. Where appropriate actual test results summaries with their acceptance criteria should be provided and not just pass/fail statements.

3.5.2 Specimen type

This section should describe the different specimen types that can be used, including their stability (and storage) conditions and is typically applicable to all systems and assay types.

a) Stability includes storage and where applicable transport conditions. Storage includes elements such as duration, temperature limits and freeze/thaw cycles.

b) Summary information for each matrix and anticoagulant when applicable, including a description of the measurement procedure for comparison or determination of measurement accuracy. This includes information such as specimen type tested,

number of samples, sample range (using spiked samples as appropriate) or target concentrations tested, calculations and statistical methods, results and conclusions.

3.6 Analytical performance characteristics

3.6.1 Accuracy of measurement

Provide information to describe both trueness and precision studies.

3.6.1.1 Trueness of measurement

Provide information on the trueness of the measurement procedure and summarize the data used to establish the trueness measures for both quantitative and qualitative assays.

3.6.1.2 Precision of measurement

Provide information to describe repeatability and reproducibility studies.

a) Repeatability

Provide details on repeatability estimation and information about the studies used to estimate, as appropriate, within-run variability. Repeatability data is obtained for instrumentation in conjunction with an appropriate assay.

For products to be used at point-of-care, where the testing may be undertaken by non-laboratory trained personnel (for example, clinic nurses), repeatability should be established in two steps, first, with professional laboratory personnel to establish the optimal repeatability of the IVDD under controlled laboratory conditions then followed by a consumer field evaluation to determine the product's performance when used by non-laboratory trained personnel, unassisted, following instructions provided with the product.

b) Reproducibility

Provide information on reproducibility estimates and information about the studies used to estimate, as appropriate, variability between days, runs, sites, lots, operators and instruments. Such variability is also known as "Intermediate Precision".

For products to be used at point-of-care, where the testing may be undertaken by non-laboratory trained personnel (for example, clinic nurses),

reproducibility should be established in two steps, first, with professional laboratory personnel to establish the optimal reproducibility of the IVDD under controlled laboratory conditions then followed by a consumer field evaluation to determine the product's performance when used by non-laboratory trained personnel, unassisted, following instructions provided with the product.

3.6.2 Analytical sensitivity

Provide information about the study design and results. Give a detailed description of specimen type and preparation including matrix, analyte (measured) levels, and how levels were established. The number of replicates tested at each concentration should also be provided as well as a description of the calculation used to determine assay sensitivity. For example:

a) Number of standard deviations above the mean value of the sample without analyte (measurand), commonly referred to as 'Limit of Blank' (LoB).

b) Lowest concentration distinguishable from zero, based on measurements of samples containing analyte (measurand), commonly referred to as 'Limit of Detection (LoD).

c) Lowest concentration at which precision and/or trueness are within specified criteria, commonly referred to as 'Limit of Quantitation' (LoQ).

3.6.3 Analytical specificity

a) Give information to describe interference and cross reactivity studies to determine the analytical specificity, defined as the ability of a measurement procedure to detect or measure only the analyte (measurand) to be detected, in the presence of other substances/agents in the sample.

b) Provide information on the evaluation of potentially interfering and cross reacting substances/agents on the assay. Information should be provided on the substance/agent type and concentration tested, sample type, analyte (measurand) test concentration, and results.

c) Interferents and cross reacting substances/agents, which vary greatly depending on the assay type and design, could derive from exogenous or endogenous sources such as: Substances used for patient treatment (e.g. therapeutic drugs, alcohol, vitamins, foods, etc.), substances added during sample preparation (e.g. preservatives, stabilizers), substances encountered in specific specimen types (e.g. haemoglobin, lipids, bilirubin, proteins), and;

analytes of similar structure (e.g. precursors, metabolites) or medical conditions unrelated to the test condition including specimens negative for the assay but positive for a condition that may mimic the test condition (e.g. for a hepatitis A assay: test specimens negative for hepatitis A virus, but positive for hepatitis B virus)

3.6.4 Metrological traceability of calibrator and control material values

Where applicable, summarize the information about metrological traceability of values assigned to calibrators and trueness control materials. Include, for reference materials and/or reference measurement procedures and a description of value assignment and validation.

3.6.4.1 Measuring range of the assay

Provide a summary of studies, which define the measuring range (linear and non- linear measuring systems) including the limit of detection and describe information on how these were established. The summary should include a description of specimen type, number of samples, number of replicates, and preparation including information on matrix, analyte (measurand) levels and how levels were established. If applicable, add a description of high dose hook effect and the data supporting the mitigation (e.g. dilution) steps.

3.6.4.2 Validation of assay cut-off

Provide a summary of analytical data with a description of the study design including methods for determining the assay cut-off, including: the population (s) studied, method or mode of characterization of specimens and statistical methods e.g. Receiver Operator Characteristic (ROC) to generate results and if applicable, define gray- zone/equivocal zone.

3.6.4.3 Validation of assay procedure – reading time

Provide information on how the reading time (either end point or reading window) claimed in the Instructions for Use was determined.

3.7 Stability (excluding specimen stability)

Describe claimed shelf life, in use stability and shipping studies.

3.7.1 Claimed shelf life

Provide information on stability testing studies, to support the claimed shelf life, performed on at least three different lots manufactured under conditions that are essentially equivalent to routine production conditions (these lots do not need to be consecutive lots). The summary should include:

a) The study report (i.e. protocol, number of lots, acceptance criteria and testing intervals),

b) When accelerated studies have been performed in anticipation of the real time studies, identify the method used for accelerated studies;

c) Conclusion and claimed shelf life.

Note: Shelf life can be derived from the lot with the longest real time stability data as long as accelerated or extrapolated data from all three lots are comparable.

3.7.2 In use stability

Provide information on in use stability studies for one lot reflecting actual routine use of the device (real or simulated). This may include open vial stability and/or, for automated instruments, on board stability.

In case of automated instrumentation if calibration stability is claimed, supporting data should be included sufficient to describe: the study protocol (i.e. protocol, acceptance criteria and testing intervals), conclusions and claimed in use stability.

3.7.3 Shipping stability

Provide information on shipping stability studies for one lot to evaluate the tolerance of products to the anticipated shipping conditions, describing the study report(i.e. protocol, acceptance criteria), method used for simulated conditions, conclusion and recommended shipping conditions.

Shipping studies can be done under real and/or simulated conditions and should include variable shipping conditions such as extreme heat and/or cold.

3.7.4 Robustness studies

Provide information to demonstrate that the product design is robust e.g. insensitive to environmental and usage variation. Robustness (flex) studies are designed to challenge the system under conditions of stress to identify potential device deficiencies, including failures, and determine the robustness of the product.

The manufacturer must consider multiple skill levels of users, as well as potential instrument and reagent problems. Below is a list of factors that may need to be considered when performing robustness studies:

a) Operator error/ human factors, including not limited to;
   (i) Use of incorrect specimen type,
   (ii) Incorrect application of the specimen to the device (e.g., incorrect placement, incorrect volume),
   (iii) Incorrect handling of reagents including those in self- contained unitized test devices, incorrect placement of device (e.g., non-level surface),
   (iv) Incorrect placement of reagents, including strips, or other components that contain reagent, use of incorrect reagents (for example, reagents that are not specific for the particular device or lot or generic reagents),
   (v) Incorrect order of reagent application, use of incorrect amount of reagent, incorrect timing of procedures (e.g., specimen application, running the test, or reading results),
   (vi) Incorrect reading of test results, incorrect reading due to color blindness etc

b) Specimen integrity and handling including errors in specimen collection, use of inappropriate anticoagulant, clotted specimens, error in specimen handling, incorrect specimen transport and/or storage, presence of interfering substances, presence of bubbles in the specimen etc.

c) Reagent integrity (Reagent viability) including use of improperly stored reagents, use of outdated reagents, use of improperly mixed reagents, use of contaminated reagents etc

d) Hardware, software, and electronics integrity including power failure, power fluctuation, incorrect voltage, repeated plugging and unplugging of the device, hardware failure, software failure, electronic failure, physical trauma to unit etc.

e) Stability of calibration and internal controls including factors that affect calibrator and calibration stability, factors that may interfere with calibration

f) Environmental factors including impact of key environmental factors (heat, humidity, barometric pressure changes, altitude (if applicable), sunlight, surface angle, device movement, etc.) on reagents, specimens, and test results, impact of key environmental factors (including changes in parameters such as pH or temperature) etc. The following should be provided:

   (i) A summary of the evidence that falls within this category,
   (ii) State the test environment and relation to the intended use environment,
   (iii) A discussion of what tests were considered for the device and why they were or were not performed,
   (iv) A discussion to demonstrate why the evidence presented is sufficient to support the application,

(v) If a performance study has been conducted that includes human factors/usability end points, reference to the studies and endpoints should be made, but full results do not need to be repeated.

3.8 Software verification and validation (if applicable)

Provide information on the software design and development process and evidence of the validation of the software, as used in the finished device. This information should typically include the summary results of all verification, validation protocol and report and testing performed both in-house and in a simulated or actual user environment prior to final release. It should also address all of the different hardware configurations and, where applicable, operating systems identified in the labeling.

3.9 Clinical performance

Provide evidence of assessment and analysis of data generated from the clinical use of the product sufficient enough to verify the clinical safety of the IVDD. Include claims for clinical/diagnostic sensitivity and specificity. All claims should be supported by well-designed performance evaluations which should include:

a) A detailed written plan and protocol of the evaluation study

b) Dates on which the study was performed and by which site

c) A written report on the outcome of the study; all anomalous results should be explained and justified. The report outline should contain,

   (i) The technology on which the medical device is based, the intended use of the device and any claims made about the device's clinical performance or safety.

   (ii) The nature and extent of the clinical data that has been evaluated; and,

   (iii) How the referenced information (recognized standards and/or clinical data) demonstrate the clinical performance and safety of the device in question.

d) Details of the IVDD lots/batches used for the evaluation including lot number date of expiry, and the storage conditions of the product prior to and during study.

e) The clinical evaluation report should be signed and dated by evaluator(s) and accompanied by manufacturer's justification of the choice of evaluator.

f) The clinical evaluation report should be summarized as per required information elaborated above.

4.0 LABELLING REQUIREMENTS

a) The product dossier should contain a complete set of labeling associated with the product. This includes:

   (i) Labels
   (ii) Instructions for use (IFU)
   (iii) If applicable, the instrument manual
   (iv) Any other instructional materials provided to the user

b) Labeling information shall be in English and/or Kiswahili and shall be expressed in a legible, permanent and prominent manner (engraved or embossed) that can be easily understood by the intended user.

4.1 Labels

a) Include copies of all packaging labels for the assay. This includes: outer labels and component labels.

b) Labels must minimally include the following information:

   (i) Product name and product identification number (product code/catalogue number),
   (ii) Name of manufacturing site and physical address,
   (iii) Contents and if the contents are not readily apparent, an indication of what the package contains, expressed in terms appropriate to the device such as size, net weight, length, volume or number of units, volume after reconstitution shall be indicated,
   (iv) Manufacturing and expiry dates shall be indicated where applicable and shall follow the requirements of ISO 8601,
   (v) Storage conditions necessary to maintain the stability of the reagents, calibrators, control materials in the unopened state and other IVDD shall be indicated. If there are any other conditions that may affect the handling or storage of the reagents, calibrators, control materials and other IVDD shall be specified e.g. fragile,
   (vi) Warning and precautions: If an IVDD is considered hazardous, the outer container label shall include the appropriate danger wording or symbol(s)
   e.g. chemical, radioactive and biological hazards,
   (vii) Lot/batch and/or serial number,
   (viii) The words "Sterile" if the manufacturer intends to sell the IVDD in a sterile condition,
   (ix) Names of all included reagents in each box on the outer package label, where possible,

(x) The word "For Single Use Only" shall be included if the IVDD is intended for single use,

(xi) The In vitro diagnostics use of the device shall be indicated e.g. "For In vitro diagnostics use" or graphical symbol: "In vitro diagnostic medical device",

(xii) Where a component is too small to contain all the above information, it must at a minimum contain Name, lot number, expiration date, volume, and storage conditions,

(xiii) If the product requires associated instrumentation, the above requirements also apply to the instrument,

(xiv) The instrument should clearly display information regarding its status as a new or reprocessed product.

4.2 Instructions for use

A copy of the current instructions for use must be submitted in the dossier and should include the following minimum information:

(i) The product name and product code

(ii) The name and contact details of the manufacturer or an authorized representative of the manufacturer, in order for the user to obtain assistance

(iii) A clearly stated intended use, including:

- what is detected by the assay (that is, the analytical use of the assay e.g. the marker or nucleic acid sequence being detected)
- the clinical indication for the test (e.g. if it is for a specific disorder, or a condition or risk factor of interest that the test is intended to detect, define or differentiate)
- the function of the product (screening, monitoring, diagnostic or aid to diagnosis, staging or aid to staging of disease)
- the intended user (laboratory professional and/or at point-of-care)
- the intended testing population (e.g. neonates, antenatal women)
- the type of specimen(s) required (e.g. serum, plasma, whole blood, sputum, urine, csf etc.)
- Whether the assay is automated
- What the instrument is intended for
- Whether the test is qualitative or quantitative
- An indication that the product is for in vitro use
- A general description of the principle of the assay method or instrument principles of operation
- A description of all components of the assay (e.g. reagents, assay controls and calibrators) and a description of the reactive ingredients of relevant components (e.g. antibodies, antigens, nucleic acid primers etc.)

- A description of the specimen collection and transport materials provided with the product or recommended for use
- For instruments of automated assays: a description of the appropriate assay characteristics or dedicated assays
- For automated assays: a description of the appropriate instrumentation
- characteristics or dedicated instrumentation
- If applicable, a description of any software to be used with the product
- If applicable, a description or complete list of the various configurations/variants of product that will be made available
- If applicable, a description of the accessories, and other products that are intended to be used in combination with the product but are not provided with the product
- Storage conditions, including storage conditions and stability of both the unopened and opened product, and working solutions. When applicable, these instructions should include such information as conditions of temperature, light, humidity, and other pertinent factors
- Specimen exclusion criteria (e.g. specimens with visual evidence of hyperlipideamia or haemolysis, excessive specimen age, excessive number of freeze/thaw cycles)
- If the test kit includes sterile accessories, an indication of that condition and any necessary instructions in the event of damage to sterile packaging
- If the test kit includes accessories that have been specified by the manufacturer as intended for single-use only, an indication of that stat
- Clear instructions on how to perform the assay, including instructions on specimen collection, handling, preparation and storage of reagents, the use of assay calibrators and controls and the interpretation of results
- Recommendations for quality control procedures
- Clear instructions on the correct usage of any equipment or software that is required for the performance of the assay
- Any warning and precautions to be considered related to the use of the assay including but not limited to interpreting the results, the disposal of the assay and/or its accessories (e.g. lancets), to any consumables used with it (e.g. reagents) that may be carcinogenic, mutagenic or toxic, or to any potentially infectious substances of human or animal origin
- Any residual risks.
- Precautions and measures to be taken in the event of performance changes or product malfunction
- Limitations of the assay, including information on interfering substances that may affect the performance of the assay

- Performance characteristics such as clinical sensitivity and specificity, seroconversion sensitivity, accuracy, dynamic range, lower limit of detection, reproducibility, and any other performance aspects that are relevant to the product
- Any requirements for special training or particular qualifications of the assay user
- Any requirements for routine maintenance. Include details of frequency of maintenance and who should perform this maintenance (for example: the user, a representative of the manufacturer, or a third party)
- Where relevant, a bibliography
- Document control details, such as a document version number and release date.

4.3 Instrument manual

If the product requires associated instrumentation, include a hard copy and softcopy of the instrument manual and/or associated operator manuals. If the instrument manual is large, an electronic version may be included instead of a hard copy.

4.4 Any other instruction material provided to the user

a) Provide copies of any other instructional materials that need to be provided to the user.

b) In case the device is intended to be sold to the general public, labeling information:-

(i) Shall be set out on the outside of the package that contains the device; and be visible under normal conditions of sale.

(ii) where a package that contains a device is too small to display all the information in accordance with (i) above, the directions for use shall accompany the device but need not be set out on the outside of the package or be visible under normal conditions of sale.

(iii) Specimen label(s), promotional material(s) and user manual(s) should be provided.

Note:
Requirements that have been described in a respective standard should also be followed when labeling a device.

Annex I

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

CLASSIFICATION RULES FOR IN VITRO DIAGNOSTIC DEVICES

Rule 1

IVDDs intended for the following purposes are classified as Class D:

- Devices intended to be used to detect the presence of, or exposure to, a transmissible agent in blood, blood components, blood derivatives, cells, tissues or organs in order to assess their suitability for transfusion or transplantation, or
- Devices intended to be used to detect the presence of, or exposure to, a transmissible agent that causes a life-threatening, often incurable, disease with a high risk of propagation

Rationale:

The application of this rule as defined above should be in accordance with the rationale that follows: Devices in this Class are intended to be used to ensure the safety of blood and blood components for transfusion and/or cells, tissues and organs for transplantation. In most cases, the result of the test is the major determinant as to whether the donation/product will be used. Serious diseases are those that result in death or long-term disability, that are often incurable or require major therapeutic interventions and where an accurate diagnosis is vital to mitigate the public health impact of the condition.

Examples

Tests to detect infection by HIV, HCV, HBV, HTLV. This Rule applies to first-line assays, confirmatory assays and supplemental assays.

Rule 2

IVDDs intended to be used for blood grouping, or tissue typing to ensure the immunological compatibility of blood, blood components, cells, tissue or organs that are intended for transfusion or transplantation, are classified as Class C, except for

ABO system [A (ABO1), B (ABO2), AB (ABO3)], rhesus system [RH1 (D), RH2 (C), RH3 (E), RH4 (c), RH5 (e)], Kell system [Kel1 (K)], Kidd system [JK1 (Jka), JK2 (Jkb)] and Duffy system [FY1 (Fya), FY2 (Fyb)] determinations which are classified as Class D.

Rationale:

The application of this rule as defined above should be in accordance with the rationale for this rule which is as follows: A high individual risk, where an erroneous result would put the patient in an imminent life-threatening situation places the device into Class D. The rule divides blood grouping devices into two subsets, Class C or D, depending on the nature of the blood group antigen the IVDD is designed to detect, and its importance in a transfusion setting.

Examples:

HLA, Duffy system (other Duffy systems except those listed in the rule as Class D are in Class C).

Rule 3

IVDDs are classified as Class C if they are intended for use:

- in detecting the presence of, or exposure to, a sexually transmitted agent. Examples: Sexually transmitted diseases, such as *Chlamydia trachomatis*, *Neisseria gonorrhoeae*.
- in detecting the presence in cerebrospinal fluid or blood of an infectious agent with a risk of limited propagation. Examples: *Neisseria meningitis* or *Cryptococcus neoformans.*
- in detecting the presence of an infectious agent where there is a significant risk that an erroneous result would cause death or severe disability to the individual or fetus being tested. Examples: diagnostic assay for CMV, *Chlamydia pneumoniae,* Methycillin Resistant *Staphylococcus aureus*.
- in pre-natal screening of women in order to determine their immune status towards transmissible agents. Examples: Immune status tests for Rubella or Toxoplasmosis.
- in determining infective disease status or immune status, and where there is a risk that an erroneous result will lead to a patient management decision resulting in an imminent life-threatening situation for the patient. Examples: Enteroviruses, CMV and HSV in transplant patients.
- in screening for selection of patients for selective therapy and management, or for or for disease staging, or in the diagnosis of cancer. Example: personalized medicine.

NOTE: those IVDDs where the therapy decision would usually be made only after further investigation and those used for monitoring would fall into class B under rule 6.

- in human genetic testing. Examples: huntington 's disease, Cystic Fibrosis.
- to monitor levels of medicines, substances or biological components, when there is a risk that an erroneous result will lead to a patient management decision resulting in an immediate life-threatening situation for the patient. Examples: Cardiac markers, Cyclosporin, Prothrombin time testing.
- In the management of patients suffering from a life-threatening infectious disease. Examples: HCV viral load, HIV Viral Load and HIV and HCV geno- and sub-typing.
- In screening for congenital disorders in the fetus. Examples: Spina Bifida or Down Syndrome.

Rationale:

The application of this rule as defined above should be in accordance with the rationale for this rule which is as follows: Devices in this Class present a moderate public health risk, or a high individual risk, where an erroneous result would put the patient in an imminent life-threatening situation, or would have a major negative impact on outcome. The devices provide the critical, or sole, determinant for the correct diagnosis. They may also present a high individual risk because of the stress and anxiety resulting from the information and the nature of the possible follow-up measures.

Rule 4

IVDDs intended for self-testing are classified as Class C, except those devices from which the result is not determining a medically critical status, or is preliminary and requires follow-up with the appropriate laboratory test in which case they are Class B.

IVDDs intended for blood gases and blood glucose determinations for near-patient testing would be Class C. Other IVDDs that are intended for near-patient should be classified in their own right using the classification rules.

Rationale:

The application of this rule as defined above should be in accordance with the rationale for this rule which is as follows: In general, these devices are used by individuals with no technical expertise and thus the labelling and instructions for use are critical to the proper outcome of the test.

Example for self-testing class C: Blood glucose monitoring, addition data required

Example for self-testing class B: Pregnancy self test, Fertility testing, Urine test- strips.

Rule 5

The following IVDDs are classified as Class A:

- Reagents or other articles which possess specific characteristics, intended by the manufacturer to make them suitable for in vitro diagnostic procedures related to a specific examination.
- Instruments intended by the manufacturer specifically to be used for in vitro diagnostic procedures.
- Specimen receptacles.

Note: Any product for general laboratory use not manufactured, sold or represented for use in specified in vitro diagnostic applications are not deemed to be IVDDs, as defined in this document. However, in certain jurisdictions products for general laboratory use are considered to be IVDDs.

Rationale:

The application of this rule as defined above should be in accordance with the rationale for this rule which is as follows: These devices present a low individual risk and no or minimal public health risk.

Examples:

Selective/differential microbiological media (excluding the dehydrated powders which are considered not to be a finished IVDD), identification kits for cultured microorganisms, wash solutions, instruments and plain urine cup.

Note 1: In certain jurisdictions there may be differences as to whether a device classified in this rule is considered an IVDD.

Note 2: The performance of software or an instrument that is specifically required to perform a particular test will be assessed at the same time as the test kit.

Note 3: The interdependence of the instrument and the test methodology prevents the instrument from being assessed separately, even though the instrument itself is still classified as Class A.

Rule 6

IVDDs not covered in Rules 1 through 5 are classified as Class B.

Rationale:

The application of this rule as defined above should be in accordance with the rationale for this rule which is as follows: These devices present a moderate individual risk as they are not likely to lead to an erroneous result that would cause death or severe disability, have a major negative impact on patient outcome or put the individual in immediate danger. The devices give results that are usually one of several determinants. If the test result is the sole determinant however other information is available, such as presenting signs and symptoms or other clinical information which may guide a physician, such that classification into Class B may be justified. Other appropriate controls may also be in place to validate the results. This Class also includes those devices that present a low public health risk because they detect infectious agents that are not easily propagated in a population.

Examples:
Blood gases, *H. pylori* and physiological markers such as hormones, vitamins, enzymes, metabolic markers, specific IgE assays and celiac disease markers.

Rule 7

IVDDs that are controls without a quantitative or qualitative assigned value will be classified as Class B.

Rationale:

For such controls, the qualitative or quantitative value is assigned by the user and not the manufacturer.

Annex II

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

IVDD Post Market Surveillance Report Submission Form

Submission Details

Product name:	
Manufacturer:	
Classification of IVDD:	
Date Registration of IVDD:	

TABLE 1

	Report date	Reviewed by	Date of review
Post market surveillance report #1			
Post market surveillance report #2			
Post market surveillance report #3			
Post market surveillance report #4			

TABLE 2 POST MARKET SURVEILLANCE REPORT

Date product went on the market	
Number of units sold	
Number of complaints	
Complaint rate	
Have there been any trends identified in relation to complaints	
Number of adverse events	
Number of adverse events rest of world	
Were there any unforeseen risks?	
Number of vigilance reports to Competent Authority	

Vigilance report rate	
Number of worldwide reportable incidents	
Number of product recalls in Tanzania	
Number of product recalls worldwide	
Were there any corrective actions arising from complaints or adverse events	
What is the status of the corrective action	
Who authorized the post market surveillance report	
Did a clinical expert review this post market surveillance	
Please provide bio /CV of author	
Please provide bio/CV of clinical expert	
In the case of CAPA'S or recalls please give details below:	

SECTION 1: DETAILED DESCRIPTION OF COMPLAINTS:			
Detailed description of complaints Tanzania:			
Please indicate in each event if the complaints were due to: 1. User error 2. Procedure error 3. Product malfunction 4. Unanticipated events 5. Alleged direct harm caused to the patient or user of the device			
Are there any new emerging risks: Yes	☐	No	☐
Discuss new risks if applicable :			
Has an external clinical expert been engaged to review the new risks?			

Detailed description of complaints:
Please indicate in each event if the adverse events were due to:
1. User error 2. Procedure error 3. Product malfunction

Are there any new emerging risks:	**YES**	☐	**NO**	☐

Discuss new risks if applicable :
If recalls occurred please discuss

SECTION 2: VIGILANCE REPORTING				
Has a vigilance report been sent to a Competent Authority:	Yes	☐	No	☐
Has a vigilance report been sent to NSAI:	Yes	☐	No	☐

Please list all vigilance reports with identifier number:
If yes, discuss each report in detail and provide copies of the reports, if not already submitted to NSAI:

SECTION 3: RISK MANAGEMENT				
Has the risk management file been updated to reflect these events:	Yes	☐	No	☐
Has the CER been updated to reflect these events:	Yes	☐	No	☐

Does the benefit of the product still outweigh the risk taking account "State of the Art" :	Yes ☐	No ☐

SECTION 4: PERFORMANCE		
Is the device performing as intended, in line with the design of the device?	Yes ☐	No ☐

Annex III

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

APPLICATION FORM FOR VARIATION OF A REGISTERED MEDICAL DEVICE INCLUDING IN VITRO DIAGNOSTIC DEVICE

1	Brand name	
1.1	Device classification:	
1.2	Intended use:	
2	Model/series/system (*if applicable*)	
3	Type of change(s) (*state which type of variation*)	
3.1	Scope (*Please specify scope of the change(s) in a concise way*)	
3.2	Background for change & Justification for change(s) (*if applicable*) *Please give brief background explanation for the proposed change(s) to your marketing authorization as well as a justification in case of consequential change(s)*	
3.3	Present (*Please specify precise current wording or specification*)	3.4 Proposed (*Please specify precise proposed wording or specification*)
Registrant should always enclose a working model clearly showing the differences between the proposed version and the current version.		
4	Details of Registrant (*must be the holder of the marketing authorization/registration certificate)* Name: Business Address: Postal Address: Country Phone: Fax: Email: …….. …….. …… **Name** **Date** **Signature and stamp**	

Annex IV

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

APPLICATION FORM FOR RENEWAL OF A REGISTERED MEDICAL DEVICE INCLUDING IN VITRO DIAGNOSTIC DEVICE

Brand name:	
Generic name:	
Registration number:	
Risk Class:	
GMDN Code:	
GMDN Category:	
Model /Series/System (***if applicable***)	
Packing/pack size ***(if applicable)***	
Name and address (physical and postal) of Applicant (Must be the holder of the marketing authorization/registration certificate)	
Name and address (es) of the manufacturer(s) of the IVDD. *(Add as many rows as necessary)*	
Name and address of the manufacturing site	
Name and complete address of the Local Responsible Person (*who must be resident in Tanzania and in case of company be incorporated in Tanzania)*	
Detailed device description (Additional information can be attached with this form)	
Is there any change(s) to the device /	

manufacturing process (Yes/ No) If Yes, please provide details for the change(s) made. If change(s) is/are major apply for new registration	
Other Application(s) (*Please provide brief information on any ongoing variation variation(s) submitted in parallel with renewal application(s) or line-extension*(s))	

Declaration of the Applicant:

I hereby submit an application for the above Marketing Authorization to be renewed in accordance to conditions given above.
I declare that (*Please tick the appropriate declarations*):

☐ There are no other changes than those identified in this application (except for those addressed in other variations submitted in parallel; such parallel variations have to be specified under 'Other Application(s)');

☐ Where applicable, registration fees have been paid; Name:

Name: _____

Qualification:_____

Position in the company: _____

Signature:_____

Date:_____

Official stamp:

Annex V

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

APPLICATION FORM FOR REGISTRATION OF IN VITRO DIAGNOSTIC DEVICES

Please read this section carefully before completing the form

1. *Please check the corresponding boxes in the "Encl." column if any document is enclosed and indicate the respective indexes in the submission folder*
2. *Please check the boxes as appropriate*

Note	Part A: Particulars of Applicant		Encl.
A1	Applicant's name		
	Post Code:	Country:	
	Contact Person:	Telephone:	
	Fax:	E-mail:	
	Website:		
	Part B: Particulars of the Manufacturing site		
B1	Name		
	Physical address of the site		
	Post Code:	Country:	
	Contact Person:	Telephone:	
	Fax:	E-mail:	
	Website:		
B2	Quality Management System Established by the Manufacturer Standards with which the system complies: ☐ ISO 9001 (current version)		☐
	☐ ISO13485 (current version)		———

	☐ Manufacturing site Quality Audit ☐ Others_____**(*please specify)*** ☐ System certified by _____, and a certified copy of the certificate is enclosed. Indicate areas covered by Quality Management System ☐ Device design, ☐ Production ☐ Post-production processes ☐ Others **(*please specify)*** _____ _____	
	Part C: Particulars of Local Responsible Person (LRP)	
C1	LRP's name | Address (*Please give the registered place of business, if any*) | Contact person: | Telephone: Fax: | E-mail: Contact telephone for public enquiries ***(if different from the number given above)*:** ☐ Certified copy of business registration certificate with business registration number:_____ is enclosed	☐ _____
C2	☐ Power of attorney authorizing the LRP is enclosed	☐ _____
C3	☐ The LRP is also an importer of the device named in Part D	
	Part D: Particulars of the IVDD	

D1	Generic name of the IVDD		
D2	Brand name of the IVDD		
D3	Model /Series/System ***(if applicable)***		
D4	Reagents/ Controls (***if applicable***)		
D5	Country of origin		
D6	Description of the IVDD ***(Please enter appropriate GMDN description. If none of the descriptions in GMDN appear appropriate, enter a short description of the device)*** _____ _____		
D7	GMDN Code:_____**(*Please enter if known*)**		
D8	Other common descriptions of the IVDD: _____ _____ _____		
D9	Intended use of the IVDD:		
D10	Class of the IVDD: ☐ Class A ☐ Class B ☐ Class C		

	☐ Class D	
D11	Reasons for classifying the IVDD as Class A, B, C or D device: _____ _____	
D12	History ☐ No previous recalls, reportable adverse incidents, banning in other countries or post-market surveillance studies ☐ Yes ***(Please tick the appropriate boxes and provide details):*** ☐ Recalls completed or in progress ☐ Any reportable adverse incidents bearing implications to the device ☐ The device banned previously in other countries ☐ Pro-active post-market surveillance studies	☐ _____
D13	Performance and Safety International or national standards with which the IVDD complies _____ (Please enclose copy of the standard)	☐ _____
	Part E: Marketing Approvals in Foreign countries	
E1	Mention the countries where the IVDD has obtained marketing approvals _____ _____ (Please enclose certified copy of valid marketing authorization)	☐ _____
E2	Mention the countries where the IVDD approval is still pending _____	

	Part F: Declaration of conformity (DoC)	
F1	Submit a written declaration of conformity. The DoC should contain the following:- (i) An attestation that a device complies with the applicable EPSP, has been classified accordingly and has met applicable conformity assessment elements. (ii) Information sufficient to identify the device including its nomenclature. (iii) The risk class allocated to the IVDD. (iv) Which of the conformity assessment elements have been applied. (v) The date from which the DoC is valid. (vi) The name and address of the IVDD manufacturer. (vii) The name, position and signature of the responsible person who has been authorized to complete the DoC. Note: The Essential Principles of Safety and Performance which apply to the IVDD are appended.	☐ _____

Declaration by applicant

I, the undersigned certify that all the information in this form and accompanying documentation is correct and true to the best of my knowledge.

Name:_____

Position:_____

Signature: _____

Date:_____

Official stamp:

Annex VI

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

ESSENTIAL REQUIREMENTS CHECK LIST		
Brand name : _____	**Generic name:** _____	**RISK CLASS:** _____

Clause	Essential Principal	Applicable to the device?	Method of Conformity	Identity of specific Documents
1.	**GENERAL REQUIREMENTS** Medical devices should be designed and manufactured in such a way that, when used under the conditions and for the purposes intended and, where applicable, by virtue of the technical knowledge, experience, education or training, and the medical and physical conditions of intended users, they will perform as intended by the manufacturer and not compromise the clinical condition or the safety of patients, or the safety and health of users or, where applicable, other persons, provided that any risks which may be associated with their use constitute acceptable risks when weighed against the benefits to the patient and are compatible with a high level of protection of health and safety.			
2.	The solutions adopted by the manufacturer for the design and manufacture of the devices should conform to safety principles, taking			

	account of the generally acknowledged state of the art. When risk reduction is required, the manufacturer should control the risk(s) so that the residual risk(s) associated with each hazard is judged acceptable. The manufacturer should apply the following principles in the priority order listed: • identify known or foreseeable hazards and estimate the associated risks arising from the intended use and foreseeable misuse; • eliminate risks as far as reasonably practicable through inherently safe design and manufacture; • reduce as far as is reasonably practicable the remaining risks by taking adequate protection measures, including alarms; and • inform users of any residual risks.			
3.	Medical devices should achieve the performance intended by the manufacturer and be designed and manufactured in such a way that they are suitable for their intended purpose.			
4.	The characteristics and performances referred to in Clauses 1, 2 and 3 should not be adversely affected to such a degree that the health or safety of the patient or the user and, where applicable, of other persons are compromised during the lifetime of the device, as indicated by the manufacturer, when the device is subjected to the stresses which can occur during normal conditions of use and has been properly maintained in accordance with the manufacturer's instructions.			
5.	Medical devices should be designed, manufactured and packaged in such a way that their characteristics and performances during their intended use will not be adversely affected by transport and storage conditions (for example, fluctuations of temperature and humidity) taking account of the instructions and information provided by the manufacturer.			
6.	Medical devices should achieve their intended performance during normal conditions of use. All known, and foreseeable risks, and any undesirable effects, should be minimized and be acceptable when weighed against the benefits of the intended performance.			
	ESSENTIAL PRINCIPLES APPLICABLE TO MEDICAL DEVICES			

	OTHER THAN IVDDS **7.** **DESIGN AND MANUFACTURING REQUIREMENTS** 7.1 Chemical, physical & biological properties The devices should be designed and manufactured in such a way as to ensure the characteristics and performance referred to in clause 6. Particular attention should be paid to: the choice of materials used, particularly as regards toxicity and, where appropriate, flammability, the compatibility between the materials used and biological tissues, cells, and body fluids taking account of the intended purpose of the device. the choice of materials used should reflect, where appropriate, matters such as hardness, wear and fatigue strength.;			
7.2	The devices should be designed, manufactured and packaged in such a way as to minimize the risk posed by contaminants and residues to the persons involved in the transport, storage and use of the devices and to patients, taking account of the intended purpose of the product. Particular attention should be paid to tissues exposed and to the duration and frequency of exposure.			
7.3	The devices should be designed and manufactured in such a way that they can be used safely with the materials, substances and gases with which they enter into contact during their normal use or during routine procedures; if the devices are intended to administer medicinal products they should be designed and manufactured in such a way as to be compatible with the medicinal products concerned according to the provisions and restrictions governing these products and that their performance is maintained in accordance with the intended use.			
7.4	The devices should be designed and manufactured in such a way as to reduce as far as reasonably practicable and appropriate the risks posed by substances that may leach or leak from the device. Special attention shall be given to substances which are carcinogenic, mutagenic or toxic to reproduction.			
7.5	Devices should be designed and manufactured in such a way as to reduce as far as reasonably practicable and appropriate risks posed by the unintentional ingress or egress of substances into or from the			

	device taking into account the device and the nature of the environment in which it is intended to be used.			
8. 8.1	Infection & microbial contamination The devices and manufacturing processes should be designed in such a way as to eliminate or to reduce as far as reasonably practicable and appropriate the risk of infection to patients, users and, where applicable, other persons. The design should: • allow easy handling, and, where necessary: • reduce as far as reasonably practicable and appropriate any microbial leakage from the device and/or microbial exposure during use, • prevent microbial contamination of the device or specimen, where applicable, by the patient, user or other person.			
8.2	Devices labelled as having a special microbiological state should be designed, manufactured and packaged to ensure they remain so when placed on the market and remain so under the transport and storage conditions specified by the manufacturer.			
8.3	Devices delivered in a sterile state should be designed, manufactured and packaged in a non-reusable pack, and/or according to appropriate procedures, to ensure that they are sterile when placed on the market and remain sterile, under the transport and storage conditions indicated by the manufacturer, until the protective packaging is damaged or opened.			
8.4	Devices labelled either as sterile or as having a special microbiological state should have been processed, manufactured and, if applicable, sterilized by appropriate, validated methods.			
8.5	Devices intended to be sterilized should be manufactured in appropriately controlled (e.g. environmental) conditions.			
8.6	Packaging systems for non-sterile devices should maintain the integrity and cleanliness of the product and, if the devices are to be sterilized prior to use, minimize the risk of microbial contamination; the packaging system should be suitable taking account of the method of sterilization indicated by the manufacturer.			

8.7	The labelling of the device should distinguish between identical or similar products placed on the market in both sterile and non-sterile condition.			
9. 9.1	**Medical devices incorporating a substance considered to be a medicinal product/drug** Where a device incorporates, as an integral part, a substance which, if used separately, may be considered to be a medicinal product/drug as defined in the relevant legislation that applies within that jurisdiction and which is liable to act upon the body with action ancillary to that of the device, the safety, quality and performance of the device as a whole should be verified, as well as the safety, quality and efficacy of the substance in the specific application,			
10. 10.1	**Medical devices incorporating materials of biological origin** In some jurisdictions products incorporating tissues, cells and substances of animal origin may be considered medical devices. In this case, such tissues, cells and substances should originate from animals that have been subjected to veterinary controls and surveillance adapted to the intended use of the tissues. National regulations may require that the manufacturer and/or the Regulatory Authority retain information on the geographical origin of the animals. Processing, preservation, testing and handling of tissues, cells and substances of animal origin should be carried out so as to provide optimal safety for patients, users and, where applicable, other persons. In particular, safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process.			
10.2	In some jurisdictions products incorporating human tissues, cells and substances may be considered medical devices. In this case, the selection of sources, donors and/or substances of human origin, the processing, preservation, testing and handling of tissues, cells and substances of such origin should be carried out so as to provide optimal safety for patients, users and, where applicable, other persons. In particular, safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process.			
10.3	In some jurisdictions products incorporating cells and substances of microbial origin may be considered medical devices. In this case,			

	processing, preservation, testing and handling of cells and substances should be carried out so as to provide optimal safety for patients, users and, where applicable, other persons. In particular, safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process.			
11. 11.1	**Manufacturing and environmental properties** If the device is intended for use in combination with other devices or equipment, the whole combination, including the connection system should be safe and should not impair the specified performance of the devices. Any restrictions on use applying to such combinations should be indicated on the labelling and/or in the instructions for use. Connections which the user has to handle, such as fluid, gas transfer or mechanical coupling, should be designed and constructed in such a way as to minimize all possible risks from incorrect connection.			
11.2	Devices should be designed and manufactured in such a way as to remove or reduce as far as reasonably practicable and appropriate: • the risk of injury to the patient, user or other persons in connection with their physical and ergonomic features, • the risk of use error due to the ergonomic features, human factors and the environment in which the device is intended to be used; • risks connected with reasonably foreseeable external influences or environmental conditions, such as magnetic fields, external electrical and electromagnetic effects, electrostatic discharge, radiation associated with diagnostic or therapeutic procedures, pressure, humidity, temperature or variations in pressure and acceleration; • the risks associated with the use of the device when it comes into contact with materials, liquids, and gases to which it is exposed during normal conditions of use; • the risk associated with the possible negative interaction between software and the environment within which it operates and interacts; • the risks of accidental penetration of substances into the device; • the risk of incorrect identification of specimens; • the risks of reciprocal interference with other devices normally used in the investigations or for the treatment given; • risks arising where maintenance or calibration are not possible (as with implants), from ageing of materials used or loss of accuracy of			

	any measuring or control mechanism.			
11.3	Devices should be designed and manufactured in such a way as to minimize the risks of fire or explosion during normal use and in single fault condition. Particular attention should be paid to devices whose intended use includes exposure to or use in association with flammable substances or substances which could cause combustion.			
11.4	Devices must be designed and manufactured in such a way as to facilitate the safe disposal of any waste substances.			
12. 12.1	**<u>Devices with a diagnostic or measuring function.</u>** Devices with a measuring function, should be designed and manufactured in such a way as to provide sufficient accuracy, precision and stability for their intended purpose of the device, based on appropriate scientific and technical methods. The limits of accuracy should be indicated by the manufacturer.			
12.2	Diagnostic devices should be designed and manufactured in such a way as to provide sufficient accuracy, precision and stability for their intended use, based on appropriate scientific and technical methods.			
12.3	Any measurement, monitoring or display scale should be designed in line with ergonomic principles, taking account of the intended purpose of the device.			
12.4	Wherever possible values expressed numerically should be in commonly accepted, standardized units, and understood by the users of the device.			
13. 13.1 13.1.1	**<u>Protection against radiation</u>** General Devices should be designed and manufactured and packaged in such a way that exposure of patients, users and other persons to any emitted radiation should be reduced as far as practicable and appropriate, compatible with the intended purpose, whilst not restricting the application of appropriate specified levels for therapeutic and diagnostic purposes.			

13.2 13.2.1	**Intended radiation** Where devices are designed to emit hazardous, or potentially hazardous, levels of visible and/or invisible radiation necessary for a specific medical purpose the benefit of which is considered to outweigh the risks inherent in the emission, it should be possible for the user to control the emissions. Such devices should be designed and manufactured to ensure reproducibility of relevant variable parameters within an acceptable tolerance.			
13.2.2	Where devices are intended to emit potentially hazardous, visible and/or invisible radiation, they should be fitted, where practicable, with visual displays and/or audible warnings of such emissions.			
13.3 13.3.1	**Unintended radiation** Devices should be designed and manufactured in such a way that exposure of patients, users and other persons to the emission of unintended, stray or scattered radiation is reduced as far as practicable and appropriate.			
13.4 13.4.1	**Instructions** The operating instructions for devices emitting radiation must give detailed information as to the nature of the emitted radiation, means of protecting the patient and the user and on ways of avoiding misuse & of eliminating the risks inherent in installation.			
13.5 13.5.1	**Ionising radiation** Devices intended to emit ionizing radiation should be designed and manufactured in such a way as to ensure that, where practicable, the quantity, geometry and energy distribution (or quality) of radiation emitted can be varied and controlled taking into account the intended use.			
13.5.2	Devices emitting ionizing radiation intended for diagnostic radiology should be designed and manufactured in such a way as to achieve appropriate image and/or output quality for the intended medical purpose whilst minimizing radiation exposure of the patient and user. .			

13.5.3	Devices emitting ionizing radiation, intended for therapeutic radiology should be designed and manufactured in such a way as to enable reliable monitoring and control of the delivered dose, the beam type and energy and where appropriate the energy distribution of the radiation beam.			
14. 14.1	**Medical devices that incorporate software and standalone medical device software** Devices incorporating electronic programmable systems, including software, or standalone software that are devices in themselves, should be designed to ensure repeatability, reliability and performance according to the intended use. In the event of a single fault condition, appropriate means should be adopted to eliminate or reduce as far as practicable and appropriate consequent risks.			
14.2	For devices which incorporate software or for standalone software that are devices in themselves, the software must be validated according to the state of the art taking into account the principles of development lifecycle, risk management, validation and verification.			
15.	**Active medical devices and devices connected to them**			
15.1	For active medical devices, in the event of a single fault condition, appropriate means should be adopted to eliminate or reduce as far as practicable and appropriate consequent risks.			
15.2	Devices where the safety of the patients depends on an internal power supply should be equipped with a means of determining the state of the power supply.			
15.3	Devices where the safety of the patients depends on an external power supply should include an alarm system to signal any power failure.			
15.4	Devices intended to monitor one or more clinical parameters of a patient should be equipped with appropriate alarm systems to alert the user of situations which could lead to death or severe deterioration of the patient's state of health			

15.5	Devices should be designed and manufactured in such a way as to reduce as far as practicable and appropriate the risks of creating electromagnetic interference which could impair the operation of this or other devices or equipment in the usual environment.			
15.6	Devices should be designed and manufactured in such a way as to provide an adequate level of intrinsic immunity to electromagnetic disturbance to enable them to operate as intended.			
15.7	Devices should be designed and manufactured in such a way as to avoid, as far as reasonably practicable, the risk of accidental electric shocks to the patient, user or any other person, both during normal use of the device and in the event of a single fault condition in the device, provided the device is installed and maintained as indicated by the manufacturer			
16.0 16.1	**Protection against mechanical risks** Devices should be designed and manufactured in such a way as to protect the patient and user against mechanical risks connected with, for example, resistance to movement, instability and moving parts.			
16.2	Devices should be designed and manufactured in such a way as to reduce to the lowest practicable level the risks arising from vibration generated by the devices, taking account of technical progress and of the means available for limiting vibrations, particularly at source, unless the vibrations are part of the specified performance.			
16.3	Devices should be designed and manufactured in such a way as to reduce to the lowest practicable level the risks arising from the noise emitted, taking account of technical progress and of the means available to reduce noise, particularly at source, unless the noise emitted is part of the specified performance			
16.4	Terminals and connectors to the electricity, gas or hydraulic and pneumatic energy supplies which the user has to handle should be designed and constructed in such a way as to minimize all possible risks.			
16.5	Accessible parts of the devices (excluding the parts or areas intended to supply heat or reach given temperatures) and their surroundings should not attain potentially dangerous temperatures under normal use.			
17.0	**Protection against the risks posed to the patient or user by**			

	supplied energy or substances			
17.1	Devices for supplying the patient with energy or substances should be designed and constructed in such a way that the delivered amount can be set and maintained accurately enough to guarantee the safety of the patient and of the user			
17.2	Devices should be fitted with the means of preventing and/or indicating any inadequacies in the delivered amount which could pose a danger. Devices should incorporate suitable means to prevent, as far as possible, the accidental release of dangerous levels of energy or substances from an energy and/or substance source.			
17.3	The function of the controls and indicators should be clearly specified on the devices. Where a device bears instructions required for its operation or indicates operating or adjustment parameters by means of a visual system, such information should be understandable to the user and, as appropriate, the patient.			
18.0	**Protection against the risks posed by medical devices intended by the manufacturer for use by lay persons**			
18.1	Devices for use by lay persons should be designed and manufactured in such a way that they perform appropriately for their intended purpose taking into account the skills and the means available to lay persons and the influence resulting from variation that can reasonably be anticipated in the lay person's technique and environment. The information and instructions provided by the manufacturer should be easy for the lay person to understand and apply.			
18.2	Devices for use by lay persons should be designed and manufactured in such a way as to reduce as far as practicable the risk of error during use by the lay person in the handling of the device and also in the interpretation of results.			
18.3	Devices for use by lay persons should, where reasonably possible, include a procedure by which the lay person can verify that, at the time of use, the product will perform as intended by the manufacturer.			
19.0	**Label and Instructions for Use**			
19.1	Users should be provided with the information needed to identify the manufacturer, to use the device safely and to ensure the intended performance, taking account of their training and knowledge. This information should be easily understood			
20.0	**Clinical evaluation**			

20.1	For all medical devices, the demonstration of conformity with essential principles includes a clinical evaluation in accordance with GHTF guidance. The clinical evaluation should review clinical data in the form of any: • clinical investigation reports, • literature reports/reviews, and • clinical experience to establish that a favourable benefit-risk ratio exists for the device. **Note:** Further information is provided in GHTF/SG5/N2R8:2007 *Clinical Evaluation.*			
20.2	Clinical investigations[1] on human subjects should be carried out in accordance with the spirit of the Helsinki Declaration. This includes every step in the clinical investigation from first consideration of the need and justification of the study to publication of the results. In addition, some countries may have specific regulatory requirements for pre-study protocol review or informed consent.			
21.0 21.1	Essential Principles applicable to IVDDs **Chemical, physical and biological properties** The IVDDs should be designed and manufactured in such a way as to ensure the characteristics and performance referred to in Section 6. Particular attention should be paid to the possibility of impairment of analytical performance due to incompatibility between the materials used and the specimens and/or analyte (measurand) to be detected (such as biological tissues, cells, body fluids and micro-organisms) intended to be used with the device, taking account of its intended purpose.			
21.2	The IVDDs should be designed, manufactured and packaged in such a way as to minimize the risk posed by contaminants and residues to the persons involved in the transport, storage and use of the devices and to patients, taking account of the intended purpose of the product.			
21.3	The IVDDs should be designed and manufactured in such a way as to reduce as far as reasonably practicable and appropriate the risks posed by substances that may leach or leak from the IVDDs. Special			

[1] See GHTF/SG5/N3:2010 *Clinical Investigations*

	attention should be given to substances which are carcinogenic, mutagenic or toxic to reproduction.			
21.4	IVDDs should be designed and manufactured in such a way as to reduce as far as reasonably practicable and appropriate risks posed by the unintentional ingress or egress of substances into or from the IVDDs taking into account the device and the nature of the environment in which it is intended to be used.			
22.0 22.1	**Infection and microbial contamination** The IVDDs and manufacturing processes should be designed in such a way as to eliminate or to reduce as far as reasonably practicable and appropriate the risk of infection to user, professional or lay, or, where applicable, other person . The design should: allow easy and safe handling; and, where necessary: reduce as far as reasonably practicable and appropriate any microbial leakage from the IVDDs and/or microbial exposure during use; and prevent microbial contamination of the IVDD or specimen where applicable, by the user, professional or lay, or other person.			
22.2	IVDDs labeled either as sterile or as having a special microbiological state should be designed, manufactured and packaged to ensure they remain so when placed on the market and remain so under the transport and storage conditions specified by the manufacturer, until the protective packaging is damaged or opened.			
22.3	IVDDs labeled either as sterile or as having a special microbiological state should have been processed, manufactured and, if applicable, sterilized by appropriate, validated methods.			
22.4	IVDDs intended to be sterilized should be manufactured in appropriately controlled (e.g. environmental) conditions.			
22.5	Packaging systems for non-sterile IVDD should maintain the integrity and cleanliness of the product.			
23.0 23.1	**IVDDs incorporating materials of biological origin** Where IVDD include tissues, cells and substances originating from animals, processing, preservation, testing and handling of tissues, cells and substances of animal origin should be carried out so as to provide optimal safety for user, professional or lay, or other person. In particular safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process. This may not apply to certain IVDDs if the activity of the virus and other transmissible agent are integral to the intended			

	purpose of the IVDD or when such elimination or inactivation process would compromise the performance of the IVDD. National regulations may require that the manufacturer and/or the Regulatory Authority retain information on the geographical origin of the animals.			
23.2	Where IVDDs include human tissues, cells and substances, the selection of sources, donors and/or substances of human origin, the processing, preservation, testing and handling of tissues, cells and substances of such origin should be carried out so as to provide optimal safety for user, professional or lay, or other person. In particular safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process. This may not apply to certain IVDDs if the activity of the virus and other transmissible agent are integral to the intended purpose of the IVDD or when such elimination or inactivation process would compromise the performance of the IVDD.			
23.3	Where IVDDs include cells and substances of microbial origin, processing, preservation, testing and handling of cells and substances should be carried out so as to provide optimal safety for user, professional or lay, or other person. In particular, safety with regard to viruses and other transmissible agents should be addressed by implementation of validated methods of elimination or inactivation in the course of the manufacturing process. This may not apply to certain IVDDs if the activity of the virus and other transmissible agent are integral to the intended purpose of the IVDD or when such elimination or inactivation process would compromise the performance of the IVDD.			
24.0 24.1	**Manufacturing and environmental properties** If the IVDD is intended for use in combination with other devices or equipment, the whole combination, including the connection system should not impair the specified performance of the devices. Any restrictions on use applying to such combinations should be indicated on the label and/or in the instructions for use.			
24.2	IVDDs should be designed and manufactured in such a way as to remove or reduce as far as reasonably practicable and appropriate: • the risk of injury to user, professional or lay, or other person in connection with their physical and ergonomic features, • the risk of use error due to the ergonomic features, human factors and the environment in which the IVDD is intended to			

	be used; • risks connected with reasonably foreseeable external influences or environmental conditions, such as magnetic fields, external electrical and electromagnetic effects, electrostatic discharge, pressure, humidity, temperature or variations thereof; • the risks associated with the use of the IVDD when it comes into contact with materials, liquids, and gases to which it is exposed during normal conditions of use; • the risk associated with the possible negative interaction between software and the environment within which it operates and interacts; • the risks of accidental penetration of substances into the IVDD; • the risk of incorrect identification of specimens; and • the risks of reasonably foreseeable interference with other devices such as carry over between IVDDs			
24.3	IVDDs should be designed and manufactured in such a way as to minimize the risks of fire or explosion during normal use and in single fault condition. Particular attention should be paid to IVDDs whose intended use includes exposure to or use in association with flammable substances or substances which could cause combustion.			
24.4	IVDDs must be designed and manufactured in such a way as to facilitate the safe disposal of any waste substances.			
25.0 25.1	**Performance characteristics** IVDDs should be designed and manufactured in such a way that the performance characteristics support the intended use, based on appropriate scientific and technical methods. In particular, where appropriate, the design should address sensitivity, specificity, accuracy which is trueness and precision (repeatability and reproducibility), control of known relevant interference and limits of detection. These performance characteristics need to be maintained during the lifetime of the IVDD as indicated by the manufacturer.			
25.2	Where the performance of devices depends on the use of calibrators and/or control materials, the traceability of values assigned to such calibrators and/or control materials should be assured through available reference measurement procedures and/or available reference materials of a higher order.			

25.3	Wherever possible values expressed numerically should be in commonly accepted, standardized units, and understood by the users of the device. **Note:** While SG1 generally supports convergence on the global use of internationally standardized measurement units, considerations of safety, user familiarity, and established clinical practice may justify the use of other recognized measurement units.			
26.0 26.1	**Protection against radiation** IVDDs should be designed, manufactured and packaged in such a way that exposure of user, professional or lay, or other person to the emitted radiation (intended, unintended, stray or scattered) is reduced as far as practicable and appropriate			
26.2	When IVDDs are intended to emit potentially hazardous, visible and/or invisible radiation, they should as far as practicable and appropriate be: designed and manufactured in such a way as to ensure that the characteristics and the quantity of radiation emitted can be controlled and/or adjusted; and fitted with visual displays and/or audible warnings of such emissions			
27.0 27.1	**IVDDs that incorporate software and standalone IVDD software** For IVDDs which incorporate software or for standalone software that are IVDDs in themselves, the software must be validated according to the state of the art taking into account the principles of development lifecycle, risk management, verification and validation.			
28.0 28.1	**IVDDs connected to, or equipped with, an energy source** IVDDs where the safety of the patient depends on an internal power supply in the IVDD, should be equipped with a means of determining the state of the power supply.			
28.2	IVDDs should be designed and manufactured in such a way as to reduce as far as practicable and appropriate the risks of creating electromagnetic interference which could impair the operation of this or other devices or equipment in the usual environment.			
28.3	IVDDs should be designed and manufactured in such a way as to provide an adequate level of intrinsic immunity to electromagnetic disturbance to enable them to operate as intended.			
28.4	IVDDs should be designed and manufactured in such a way as to avoid, as far as reasonably practicable, the risk of accidental electric			

	shocks to the user, professional or lay, or other person both during normal use of the device and in the event of a single fault condition in the device, provided the IVDD is installed and maintained as indicated by the manufacturer.			
29.0 29.1	**Protection against mechanical and thermal risks** IVDDs should be designed and manufactured in such a way as to protect the user, professional or lay, or other person against mechanical risks connected with, for example, resistance to movement, instability and moving parts. Where there are risks due to the presence of moving parts, risks due to break-up or detachment, or leakage of substances, then appropriate protection means must be incorporated.			
29.2	IVDDs should be designed and manufactured in such a way as to reduce to the lowest practicable level the risks arising from vibration generated by the devices, taking account of technical progress and of the means available for limiting vibrations, particularly at source, unless the vibrations are part of the specified performance.			
29.3	IVDDs should be designed and manufactured in such a way as to reduce to the lowest practicable level the risks arising from the noise emitted, taking account of technical progress and of the means available to reduce noise, particularly at source.			
29.4	Terminals and connectors to the electricity, gas or hydraulic and pneumatic energy supplies which the user, professional or lay, or other person has to handle should be designed and constructed in such a way as to minimize all possible risks.			
29.5	Accessible parts of the IVDDs (excluding the parts or areas intended to supply heat or reach given temperatures) and their surroundings should not attain potentially dangerous temperatures under normal use.			
30.0 30.1	**Protection against the risks posed by IVDDs intended by the manufacturer for self-testing** IVDDs intended for self-testing should be designed and manufactured in such a way that they perform appropriately for their intended purpose taking into account the skills and the means available to lay persons and the influence resulting from variation that can reasonably be anticipated in the lay person's technique and environment. The information and instructions provided by the manufacturer should be easy for the lay person to understand and apply.			
30.2	IVDDs intended for self-testing should be designed and manufactured			

	in such a way as to reduce as far as practicable the risk of error by the lay person in the handling of the device and, if applicable, the specimen, and also in the interpretation of results.			
30.3	IVDDs intended for self-testing should, where reasonably possible, include a procedure by which the lay person can verify that, at the time of use, the product will perform as intended by the manufacturer.			
31.0 31.1	**Label and Instructions for Use** Users should be provided with the information needed to identify the manufacturer, to use the device safely and to ensure the intended performance, taking account of their training and knowledge. This information should be easily understood. Note: Further information is provided in GHTF/SG1/N43:2005 *Labelling for Medical Devices*			
32.0 32.1	**Performance evaluation including analytical performance and, where appropriate, clinical performance** For an IVDD a performance evaluation should be conducted in accordance with GHTF guidance. The performance evaluation should review analytical performance data and, where appropriate, clinical performance data in the form of any: • literature; • performance study reports; and • experience gained by routine diagnostic testing. to establish that the IVDD achieves its intended performance during normal conditions of use and that the known, and foreseeable risks, and any undesirable effects, are minimized and acceptable when weighed against the benefits of the intended performance. The depth and extent of a performance evaluation should be appropriate to the nature, intended use and risks of the IVDD, and in accordance with GHTF guidance. **Note:** Further information is provided in GHTF/SG1/N46:2008 *Principles of Conformity Assessment for IVDDs.*			
32.2	Clinical performance studies using specimens from human subjects should be carried out in accordance with the spirit of the Declaration of Helsinki. This includes every step in the clinical performance study from first consideration of the need and justification of the study to publication of the results.			

I declare that the information provided in this form is accurate and correct and the device conforms to all applicable requirements stipulated above.

Name: _____

Signature: _____

Position: _____

Date: _____

Official stamp:

Annex VII

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

IVDD NOTIFICATION FORM

1	**Applicant Details**	
1.1	Status of applicant (chose one or more)	☐ Manufacturer ☐ Authorized representative ☐ Importer
1.2	Full address and contact details (phone number, email address) of the applicant	
1.3	Name and contact details (phone number, email address) of the local responsible person	
2	**Details of the Manufacturer**	
2.1	Name of the Manufacturer	
2.2	Full address and contact details (phone number, email address) of the manufacturer	
3	**Details of the IVDD**	
3.1	Brand name of the device	
3.2	Common name or Preferred name	
3.3	**Device class	
3.4	GMDN Name	
3.5	GMDN Code	
3.6	Intended use as stated by the manufacturer	
3.7	Intended user of the IVDD	☐ Professional ☐ Self User
3.8	Version of the product insert in English e.g. ABCD 11052012	Provide copy of relevant IFU
3.9	Version of the product insert in Swahili e.g.DCBA11052012	Provide copy of relevant IFU
4	Other regulatory approval e.g.USFDA approval, CE marking	Provide copy of relevant certificate/s

Name of authorized person:
Signature:

Date:
Stamp:

CE: European conformity
**Device class: Classification as per GHTF Rules USFDA:
United States Food and Drug Administration GMDN:
Global Medical Device Nomenclature
IFU: Instruction for Use
IVD: In Vitro Diagnostics