



**Medical Device Division
Department of Health
Medical Device Administrative Control System
Application for the Listing of
In Vitro Diagnostic Medical Devices (IVDMD)**

For official use only

| | | |
|-------------------------------|------------------------|----------------------------|
| Date Received: _____ | Application No.: _____ | Officer: _____ |
| Date Approved/Rejected: _____ | Listing No.: _____ | |
| Tracking Required: _____ | Y / N | PMS Report Required: _____ |
| Remarks: _____ | | |
| _____ | | |
| _____ | | |

Please read this section carefully before completing the form

1. Please note that information included in those parts that are marked with asterisks (*) may be included on The List of Medical Devices and uploaded to the MDD website if this application is approved. They include (i) the manufacturer's name, address of its head office and its website (A001), (ii) the LRP's name, address in Hong Kong, and contact telephone number for public enquiries (B001), (iii) the brand name and model of the device (C001), and (iv) the intended use of the device (C005). The details will normally appear on The List of Medical Devices as they appear on this form. Where under an item both the prompts "in English" and "in Chinese" appear, the entry for that item shall be given in both languages wherever applicable such that they could be accordingly recorded on The List of Medical Devices for the reference of the public.
2. Please check the corresponding boxes in the "Encl." column if any document is enclosed under respective indexes of the submission folder.
3. Please note that the submitted information may be forwarded to third parties (such as but not limited to foreign regulatory authority, notified body or conformity assessment body) for validation purposes.
4. Submitted documents not in Chinese or English shall be accompanied by Chinese or English translations.
5. Only submissions with duly completed application forms and required documents will be processed. Materials provided with any submission will not be returned.

| Note | Part A: Particulars of Manufacturer | | | Encl. | |
|------|--|-------------------|------------|----------------------------------|--|
| A001 | Manufacturer's name* | <i>in English</i> | | | |
| | | <i>in Chinese</i> | | | |
| | Address of Head Office*: | <i>in English</i> | | | |
| | | <i>in Chinese</i> | | | |
| | Post Code: | | Country: | | |
| | Contact person: | | Telephone: | | |
| | Fax: | | Email: | | |
| | Website*: | | | | |
| A002 | <input type="checkbox"/> Registered place of business in Hong Kong (If applicable): _____ | | | (A1) <input type="checkbox"/> | |
| | <input type="checkbox"/> Copy of business registration certificate (with business registration number _____) is enclosed | | | | |
| | Contact person: | | Telephone: | | |
| | Fax: | | Email: | | |
| A003 | <u>Established Quality Management System</u> <input type="checkbox"/> Full quality management system covering device design, production, and post-production processes <input type="checkbox"/> Partial quality management system covering processes: _____ Standards with which the system complies: <input type="checkbox"/> ISO13485 <input type="checkbox"/> YY/T 0287 (or Medical Device Production Permit) <input type="checkbox"/> Korean Good Manufacturing Practices <input type="checkbox"/> System certified by _____ (certification body), and a copy of the certificate is enclosed | | | (A2) <input type="checkbox"/> | |

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| A004 | <p>Has the manufacturer designated any Local Responsible Person (LRP)?</p> <p><i>(N.B. If the manufacturer has no registered place of business in Hong Kong, it must designate a legal person incorporated in Hong Kong or a legal person with a registered place of business in Hong Kong as the LRP.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, manufacturer itself acts as the LRP</p> | |
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| Note | Part B: Particulars of Local Responsible Person (LRP) | | | Encl. |
|------|---|-------------------|------------|----------------------------------|
| B001 | LRP's name* | <i>In English</i> | | (B1) <input type="checkbox"/> |
| | | <i>In Chinese</i> | | |
| | Address in Hong Kong (<i>Please give the registered place of business, if any</i>)* | <i>In English</i> | | |
| | | <i>In Chinese</i> | | |
| | Contact person: | | Telephone: | |
| | Position: | | Email: | |
| | Contact telephone for public enquiries:* | | Fax: | |
| | Mobile telephone for urgent use (24 hours): | | | |
| B002 | <u>Business Registration</u> <input type="checkbox"/> Copy of business registration certificate (with business registration number: _____) is enclosed <input type="checkbox"/> Not applicable | | | (B2) <input type="checkbox"/> |
| | Date designated as LRP by the manufacturer: _____ <input type="checkbox"/> Manufacturer's designation letter is enclosed | | | |
| B003 | <u>Established Quality Management System</u> <input type="checkbox"/> ISO9001 <input type="checkbox"/> ISO13485 <input type="checkbox"/> None <input type="checkbox"/> System certified by _____ (certification body), and a copy of the certificate is enclosed | | | (B3) <input type="checkbox"/> |

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| B004 | <p><u>Documented Procedures Established and Maintained</u></p> <p><input type="checkbox"/> The applicant <u>does not</u> have any medical device listed under the Medical Device Administrative Control System</p> <p><input type="checkbox"/> The procedures indicated in items (i) to (vi) below are enclosed</p> <p>(i) Keeping of supply records</p> <p>(ii) Complaint handling</p> <p>(iii) Management of product recalls and field safety notices</p> <p>(iv) Handling of reportable adverse events in Hong Kong</p> <p>(v) Temperature requirements of IVDMDs during storage and transportation</p> <p>(vi) Maintenance and service arrangements (if applicable)</p> <p><input type="checkbox"/> The applicant already has one or more medical device listed under the Medical Device Administrative Control System (LRP number: _____)</p> <p><input type="checkbox"/> There is no change to the procedures indicated in items (i) to (vi). (<i>Please go to B005</i>); OR</p> <p><input type="checkbox"/> The procedures indicated in items (i) to (vi) have been updated and enclosed.</p> | (B4) <input type="checkbox"/> |
| B005 | <p><input type="checkbox"/> The LRP is also an importer and/or distributor of the device named in Part C</p> <p>Listing No. of Importer (if applicable): _____</p> <p>Listing No. of Distributor (if applicable): _____</p> | |
| B006 | <p><input type="checkbox"/> The device named in Part C is currently a listed device (under another LRP), with Listing No.: _____ (if applicable)</p> | |

| Note | Part C: Particulars of the In Vitro Diagnostic Medical Device (IVDMD) | | | Encl. |
|------|---|-------------------|--|-------|
| C001 | Make* | <i>in English</i> | | |
| | | <i>in Chinese</i> | | |
| | Brand Name* | <i>in English</i> | | |
| | | <i>in Chinese</i> | | |

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| | Model* | in English | | |
| | | in Chinese | | |
| C002 | <p>An IVDMD may include reagents, calibrators, control materials, specimen receptacles, software and related instruments or apparatus or other articles. Please specify all the component(s) of this IVDMD that apply.</p> <p> <input type="checkbox"/> Reagent(s) <input type="checkbox"/> Control material(s) <input type="checkbox"/> Calibrator(s) <input type="checkbox"/> Others (Please specify) </p> <p>In addition, please provide the additional required information of the IVDMD in the following space, if any. Use separate sheets if required.</p> | | | (C1) <input type="checkbox"/> |
| C003 | <p>Description of the device: <i>(Please enter the appropriate AMDNS term. If none of the terms in AMDNS appears appropriate, enter a short description of the device.)</i></p> | | | |

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| | AMDNS Code: | | | |
| | Other Codes (<i>Please enter if known</i>): | | | |
| C004 | Other common descriptions of the device: | | | |
| C005 | Intended use of the device* | <i>in English</i> | | |

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| | Reasons for the classification: | |
| C009 | <u>Manufacturing site(s)</u> (Use separate sheet if required): | (C1) <input type="checkbox"/> |
| C010 | <u>History of previous recalls, reportable adverse events, banning in other countries or post-market surveillance studies</u> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please check the appropriate boxes and provide details): <input type="checkbox"/> Recalls completed or in progress <input type="checkbox"/> Reportable adverse events bearing implications to the device <input type="checkbox"/> The device banned previously in other countries <input type="checkbox"/> Proactive post-market surveillance studies | (C2) <input type="checkbox"/> |
| C011 | <u>Usage</u> <input type="checkbox"/> The IVDMD is for single use <input type="checkbox"/> The IVDMD is supplied as sterile product <input type="checkbox"/> Disposal of used device or any part thereof (including any used accessories or consumables) requires special precautions. <input type="checkbox"/> The device is intended to be used/operated by healthcare professionals only <input type="checkbox"/> The device is intended to be used/operated by laypersons <input type="checkbox"/> It is intended for self-use | |
| C012 | <u>Repair & Servicing</u> <input type="checkbox"/> The IVDMD requires regular servicing/testing/checking/calibration <input type="checkbox"/> Repairs and servicing provided by the LRP or appointed party in Hong Kong <input type="checkbox"/> All repairs and servicing performed in Hong Kong <input type="checkbox"/> Part of the repairs and servicing performed in Hong Kong <input type="checkbox"/> Technical support provided by the manufacturer , please specify: | |

| C013 | <p><u>Labelling Requirements</u></p> <p>Instructions for use are available (Note: Devices intended for self-use by consumers must be accompanied by instructions for use written in both English and Chinese):</p> <p><input type="checkbox"/> in English <input type="checkbox"/> in Chinese</p> <p><input type="checkbox"/> A set of copies of device labelling is enclosed</p> <p><input type="checkbox"/> Electronic labelling is available:</p> <p><input type="checkbox"/> Sample of Special Listing Information is enclosed</p> <p>Please indicate where in the labelling the following information is given:</p> <p>(1) Indications for use of the IVDMD:</p> <p>(2) Contraindications against use of the IVDMD:</p> <p>(3) Cleaning, disinfection and/or sterilization procedures:</p> <p>(4) User precautions:</p> <p>(5) Disposal precautions:</p> | (C3) <input type="checkbox"/> | | | | | | | | | | | | | | | |
|--------------------------|--|---|----|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------------------|----------------------------------|
| C014 | <p><u>Licencing Requirements</u></p> <p>The device is subject to provisions under the following ordinances and a copy of the required licence(s) is/are enclosed:</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Radiation Ordinance (Cap. 303)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pharmacy and Poisons Ordinance (Cap. 138)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Antibiotics Ordinance (Cap. 137)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dangerous Drugs Ordinance (Cap. 134)</td> </tr> </tbody> </table> | Yes | No | | <input type="checkbox"/> | <input type="checkbox"/> | Radiation Ordinance (Cap. 303) | <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy and Poisons Ordinance (Cap. 138) | <input type="checkbox"/> | <input type="checkbox"/> | Antibiotics Ordinance (Cap. 137) | <input type="checkbox"/> | <input type="checkbox"/> | Dangerous Drugs Ordinance (Cap. 134) | (C4) <input type="checkbox"/> |
| Yes | No | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiation Ordinance (Cap. 303) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy and Poisons Ordinance (Cap. 138) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Antibiotics Ordinance (Cap. 137) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Dangerous Drugs Ordinance (Cap. 134) | | | | | | | | | | | | | | | |
| C015 | <p><u>Verification during IVDMD batch release (for Class D IVDMD only)</u></p> <p><input type="checkbox"/> Batch Verification by the Notified Body as the IVDMD is included in Annex II List A of European Council Directive 98/79/EC</p> <p><input type="checkbox"/> Others, please provide details</p> | (C5) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| C016 | <p><u>Conformity Assessment</u></p> <p><input type="checkbox"/> MDACS Conformity Assessment Certificate issued by Conformity Assessment Bodies recognized by MDD.</p> <p>MDACS Conformity Assessment Body number: _____</p> | (C6) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| C017 | <p><u>Performance and Risk Analysis</u></p> <p>Specifications, international or national standards with which the device complies:</p> <p><input type="checkbox"/> Risk analysis conducted: report or summary is enclosed.</p> <p><input type="checkbox"/> Type test performed: report or test certificate is enclosed</p> | (C7) <input type="checkbox"/> | | | | | | | | | | | | | | | |

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| C018 | <u>Performance Evaluation</u> <input type="checkbox"/> Performance evaluation report of the IVDMD is enclosed <input type="checkbox"/> Demonstration of equivalence to another IVDMD (equivalent IVDMD) or a published method of diagnosis where safety and efficacy of which are well established: <input type="checkbox"/> Performance evaluation report of the equivalent IVDMD or a published method of diagnosis and a report of demonstration of equivalence are enclosed <input type="checkbox"/> Report demonstrating full equivalence to a well established product is enclosed | (C8) <input type="checkbox"/> |
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| Note | Part D: Marketing Approvals and Essential Principles | Encl. |
|------|---|----------------------------------|
| D001 | <u>Marketing Approvals in Mainland China and/or Foreign Countries</u> <input type="checkbox"/> Approval obtained for the IVDMD to be placed on the market of the following countries: <input type="checkbox"/> Mainland China (National Medical Products Administration) <input type="checkbox"/> Australia (The Therapeutic Goods Administration) <input type="checkbox"/> Canada (Health Canada) <input type="checkbox"/> Member countries of European Union that have implemented relevant EU directives or regulations and a copy of the EC Declaration of Conformity is enclosed <input type="checkbox"/> Japan (Ministry of Health, Labour and Welfare) <input type="checkbox"/> Singapore (Health Sciences Authority) <input type="checkbox"/> South Korea (Ministry of Food and Drug Safety) <input type="checkbox"/> United States of America (U.S. Food and Drug Administration) <input type="checkbox"/> Others (Please specify:) <u>Essential Principles</u> <input type="checkbox"/> Earliest approval obtained on or before 31 December 2004 <input type="checkbox"/> Earliest approval obtained on or after 1 January 2005 <input type="checkbox"/> Essential Principles Conformity Checklist for In Vitro Diagnostic Medical Devices (MDIVD-CCL) is attached; OR <input type="checkbox"/> Essential Requirements Checklist / General Safety and Performance Requirements in accordance with relevant EU directives or regulations and Essential Principles Declaration of Conformity are enclosed | (D1) <input type="checkbox"/> |

DECLARATION

1. To the maximum extent permitted by law and in consideration of the Department of Health of the Government of the Hong Kong Special Administrative Region ("the Government") processing our application under the MDACS, we, [name and address of the Applicant], agree to exempt, relieve, exonerate, indemnify and hold harmless, and to keep indemnified and harmless, as the case may be, the Government from and/or against any and all losses, claims, demands and proceedings (including but not limited to all costs, charges and expenses) whatsoever and howsoever suffered or incurred by, or made or issued against, the Government, as the case may be, by any third party in respect of any loss of or damage to any property or injury to or death of any person arising out of and/or relating and/or incidental to:
 - a. any act, neglect or default on our part or on the part of our employees or agents;
 - b. any defect in the design, material, workmanship or installation of our device or devices;
 - c. any use of any of the information supplied by us or our employees or agents in relation to our device or devices whether or not such information has materially contributed to the inclusion of the device or devices on the List of Medical Devices and whether or not such information is misleading, wrong or inaccurate.
2. We also agree and accept that:
 - a. the Government, its employees or agents shall not be liable to us for any loss of or damage to property caused by the act, default or neglect of the Government or its employees or agents in the processing of our application, the inclusion or non-inclusion of any of our information and/or device or devices on the List of Medical Devices or any cause whatsoever arising out of or in connection with the implementation and management of the MDACS;
 - b. neither the Government nor any of its employees or agents makes any representation, statement, warranty or guarantee, express or implied, that the devices (including any spares or replacement parts) listed or considered for listing under the MDACS, whether or not they are included in the List of Medical Devices, are of merchantable quality or are fit for the purposes for which they are commonly bought and that the spares or replacement parts are readily available.
3. We confirm that the information contained in our application is true and correct and that our device or devices (including any spares or replacement parts) are of merchantable quality and are fit for the purposes for which they are commonly bought.
4. We fully understand and agree that any future changes or additions to the requirements of the Medical Device Administrative Control System (MDACS) can be imposed by the Department of Health without prior notice. We hereby undertake to comply with the latest requirements of the MDACS that are in force. It is one of the current requirements of the MDACS that the LRP will, within two weeks after receiving the request from the Department of Health, produce the originals or certified copies of the documents that, according to the claims in this submission, are within the possession of the LRP or the manufacturer.
5. We confirm that we have neither amended any wording in this form, nor otherwise altered the form in any material manner, apart from filling in the appropriate blanks / boxes.

Signature: _____

Name: _____

Position: _____

Contact telephone number: _____

The Applicant (Local Responsible Person):

Date: _____

Company Chop

Personal Data (Privacy) Ordinance

Statement of Purposes

1. Purpose of Collection

The personal data that are provided by you with whom the Department of Health (DH) interacts in connection with the Medical Device Administrative Control System (MDACS) will be used by the DH for the management and implementation of the MDACS.

The provision of personal data is voluntary. If you do not provide sufficient information in the application as specified, we may not be able to process your application and assess your eligibility for a listing certificate.

2. Classes of Transferees

The personal data you provided are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments, or relevant parties for the purpose mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

3. Access to Personal Data

You have a right to request access to and correction of your personal data as provided in accordance with the Personal Data (Privacy) Ordinance (Cap. 486).

Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

4. Enquiries

Enquiries in relation to the personal data, including requests for making access or corrections to the data, should be addressed to:

Executive Officer (Medical Device)
Medical Device Division, Department of Health
Room 604, 6/F, 14 Taikoo Wan Road,
Taikoo Shing, Hong Kong
Telephone number: 3107 8453
Email address: mdd@dh.gov.hk.

Please quote your application number when you make the enquiries.