



**Application Information**

Application #: <b>312757</b>	Licence Name: <b>GENEFINDER COVID-19 PLUS REALAMP KIT</b>	Application Type:	Device Class: <b>3</b>
Licence #: <b>0</b>			
Manufacturer: <b>OSANG HEALTHCARE CO., LTD.</b>		Company ID: <b>131655</b>	

**DLSD Application Validation**

Risk Class & Rule: <b>Class III by IVDD Rule 2(b)</b>	Licence Type & Rationale: <b>Test Kit</b>	Special Substances: <input type="text"/>	Application Format: <input type="text"/>
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**Amendment Management**

Fee Category: <input type="text"/>	Reason for Amendment: <input type="text"/>
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**Bundle Information**

Bundle Rationale: <input type="text"/>	Related Applications Bundle table included? <input type="checkbox"/>	<input type="button" value="Create/Modify Financial Bundle Info"/>
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**Submission Completeness**

MDR	Requirement	A	D	N/A	Notes/Comments
32	Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32	Submission Presentation (ToC, Cover Letter, Exec Summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32(3a/4a)	Device Description (as it relates to device listing in form)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32(3j/4p)	QMS Certificate MDSAP/CSA-ISO 13485:2016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32(3g/4o)	Labelling – 21(1a)(1b)(1c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manufacturer's name and address is not on the label.

**DLSD Recommendation**

Rejection Rationale:

Notes/Comments:  
Application states the test kit is compatible with the Applied Biosystems 7500/7500Fast by Thermo Fisher and the CFX96 Real-time PCR Instrument System by Bio-Rad, but licence numbers were not provided. Thus, regulatory status of these devices are not immediately clear. Device risk class and rationale was not provided, but the risk classification rules for IVDD suggest that the device is Class III by Rule 2(b)(i).

<b>Steven McClelland</b> Bureau of Licensing Services Medical Devices Directorate	Date: March 19, 2020
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**Review Division – DLSD Communication**

Review Division Screener Action:

Review Division Screener Response:

\_\_\_\_\_ Date: \_\_\_\_\_



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Canada    Canada

**CONSOLIDATED SCREENING FORM  
MEDICAL DEVICES**

Review Division Screener Medical Devices Directorate	
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Technical Screening (Review Division)			
Proposed reviewer: <input type="text"/>		Estimated Review Time (days): <input type="text"/>	Review Complexity: <input type="text"/>
Review Components	Review Required	Deficient	Comments
<b>Class III + IV</b>			
General Application Organization	<input type="checkbox"/>	<input type="checkbox"/>	
Device Description	<input type="checkbox"/>	<input type="checkbox"/>	
Marketing History	<input type="checkbox"/>	<input type="checkbox"/>	
Standards & Conformity Declaration	<input type="checkbox"/>	<input type="checkbox"/>	
Analytical Performance	<input type="checkbox"/>	<input type="checkbox"/>	
Physical & Chemical Bench Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical & Radiation Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Software Validation & Verification	<input type="checkbox"/>	<input type="checkbox"/>	
Biocompatibility & Pyrogenicity	<input type="checkbox"/>	<input type="checkbox"/>	
Sterilization, Packaging, & Shelf Life	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Stability	<input type="checkbox"/>	<input type="checkbox"/>	
Product Stability (Shelf Life)	<input type="checkbox"/>	<input type="checkbox"/>	
Usability	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Studies	<input type="checkbox"/>	<input type="checkbox"/>	
Bibliography	<input type="checkbox"/>	<input type="checkbox"/>	
Near patient IVDD	<input type="checkbox"/>	<input type="checkbox"/>	
Labelling	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Class IV</b>			
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturing Process	<input type="checkbox"/>	<input type="checkbox"/>	
Process Validation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Note to the Reviewer (e.g. predicate, reference, cautions, directions)</b> SBD?			<input type="checkbox"/> Foreign Review incl. <input type="checkbox"/>
<b>Recommendation</b> <input type="text"/>			
Bundle Update/Modification – To DLS manager <input type="checkbox"/>			
Rejection Rationale:			
<b>Technical Screening Deficiencies:</b>			
1.			



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**CONSOLIDATED SCREENING FORM  
MEDICAL DEVICES**



**DLSD Deficiencies**

**Over Paid Fee  
Deficiency**

1. Pursuant to Section 10(b) of the *Interim Order*, a person must not import or sell a COVID-19 medical device unless the device has a label that sets out the name and address of the manufacturer. Please submit labelling of the device that includes the name and address of the manufacturer.
2. Pursuant to Section 4(1)(i) of the *Interim Order*, an application for the authorization of importation or sale of a COVID-19 medical device must include an attestation by the applicant that documented procedures are in place in respect of distribution records, complaint handling, incident reporting and recalls. Please provide an attestation as it was not included in the initial submission.
3. Pursuant to Section 4(2)(a) of the *Interim Order*, an application in respect of a Class III or IV COVID-19 medical device must contain, in addition to the information and material referred to in subsection (1), a description of the materials used in the manufacture and packaging of the device. Please provide this information as it was not included with the initial submission.
4. Pursuant to Section 4(2)(b) of the *Interim Order*, an application in respect of a Class III or IV COVID-19 medical device must contain, in addition to the information and material referred to in subsection (1), a list of the countries, other than Canada, where the device has been sold, the total number of units sold in those countries and a summary of any reported problems with the device and any recalls of the device in those countries. The FAQ provided states that the device is being sold in South Korea, France, and Italy, but the number of units sold is not indicated. Please provide this information.

**Certificate Screening Checklist:**

MDSAP                       Certificate Previously Validated

Cert # (new):	Cert Revisions / Comments (If Applicable):
Cert. # (old):	
Replacing Existing Cert on File (Y/N):	

**COVID-19 Medical Device & Manufacturer Details**

Class of Device	Class III
Intended Use of Device (Section 4(1)(f))	COVID-19 Kit is the One-Step Reverse Transcription Real-Time PCR Kit designed to detect Novel Corona virus (COVID-19) qualitatively through Reverse Transcription reaction and Real-Time Polymerase Chain Reaction.

Device Name	Identifier	GMDN Code	PNC Code
GeneFinder COVID-19 Plus RealAmp Kit	IFMR-45	60090	88UJH




Criteria	Conforms	Comments/info for MDS
First (most prominent) and full name on cert. matches application/licence, and label.	<input type="checkbox"/>	
Address on cert. matches application, licence, and label.	<input type="checkbox"/>	
Standard is (CAN/CSA) ISO 13485:2003 or 2016.	<input type="checkbox"/>	
Scope includes "manufacture" or "production". Scope includes "design" (fr. Conception) for Class III-IV.	<input type="checkbox"/>	
Scope is unambiguous and covers app. device. Scope does not contain specific product names / models / numbers or licence numbers. Reference to attachment is acceptable.	<input type="checkbox"/>	
Registrar is recognized.	<input type="checkbox"/>	
SCC logo and CMDCAS references are present.	<input type="checkbox"/>	
Effective date of registration. Field is identified as <b>"Effective Date"</b>	<input type="checkbox"/>	
Expiry date. Field is identified as <b>"Expiry", "Expiry Date",</b> or <b>"Recertification Due Date"</b>	<input type="checkbox"/>	
Validity period ≤ 3 years.	<input type="checkbox"/>	
Certificate contains Unique Certificate Number.	<input type="checkbox"/>	
Name, title, and signature of certification authority.	<input type="checkbox"/>	
All pages of certificate are present.	<input type="checkbox"/>	

Criteria	conforms	Comments/info for MDS
Issued to full name of manufacturer as it appears on application/licence and label.	<input type="checkbox"/>	
Issued to complete civic address matching application/licence and label.	<input type="checkbox"/>	
Criteria are ISO 13485:2003 or 2016 and Medical Devices Regulations – Part 1 – SOR 98/282	<input type="checkbox"/>	
Scope activities limited to design, development, manufacture, production, servicing, installation, or distribution.	<input type="checkbox"/>	
Activities include "manufacture" or "production" Activities include "design" or "development and development" for class III/IV devices.	<input type="checkbox"/>	
Scope is unambiguous and covers app./lic. devices. Does not contain product names/models/licence numbers.	<input type="checkbox"/>	
Auditing Organisation is Authorized or Recognized	<input type="checkbox"/>	
Statement of Authorization or Recognition.	<input type="checkbox"/>	



**CONSOLIDATED SCREENING FORM  
MEDICAL DEVICES**

Field labelled "Effective Date"	<input type="checkbox"/>	
Field labelled "Expiry Date"	<input type="checkbox"/>	
Validity period ≤ 3 years	<input type="checkbox"/>	
Unique identification code labelled "certificate number" or "certification document number"	<input type="checkbox"/>	<input type="checkbox"/> new <input type="checkbox"/> revised
Name, title, and signature of certification authority	<input type="checkbox"/>	
Pagination (page x or y) included on all pages . All pages present.	<input type="checkbox"/>	
Method to verify validity	<input type="checkbox"/>	

ISO 13485 Quality Management System Certificate Screening	
Cert. # (new):	Cert. # (old) :
Cert revisions:	
First (most prominent) and full name on cert. matches application/licence, and label.	Effective date of registration. Field is identified as "Effective Date"
Address on cert, matches application, licence, and label.	Expiry date. Field is identified as "Expiry" or "Expiry date". Or "Recertification due date".
Standard is (CAN/CSA) ISO 13485:2003 or 2016	Validity period ≤ 3 years.
Scope includes "manufacture" or "production". Scope includes "design" (fr. conception) for Class III-IV.	Certificate contains unique certificate #. New                      Revised
Scope is unambiguous and covers app. device. Scope does not contain specific product names / models / numbers or licence numbers. Reference to attachment is acceptable.	Name, title, and signature of certification authority.
Registrar is recognized.	Number of additional sites appearing on certificate:
SCC logo CMDCAS reference are present.	All pages of certificate are present.