



Application Information / Information de soumission	
*Licence Name/Nom de l'homologation: TOTAL RNA PURIFICATION KIT DX	Application Number/Numéro de soumission 314587
Licence # / # de l'homologation: 0	Application Type/Type de soumission: Interim Order
Manufacturer/Fabricant: NORGEN BIOTEK CORP.	Company ID/Identificateur d'entreprise: 132105
Risk Class: 2	Rationale: IVDD Rule 2(b)(i)
*Licence Type/Type d'homologation: <input type="text" value="Single Device"/>	Rationale:
<input type="checkbox"/> Contains Controlled Substance(s) <input type="checkbox"/> Contains Drug(s) <input type="checkbox"/> Contains Biological Material(s)	
<p>*Intended Use and/or Indications for Use/ Utilisation Prévue et/ou Indications</p> <p>Norgen's Total RNA Purification Kit Dx provides a rapid method for the isolation and purification of total RNA from tissue samples, blood, plasma, serum, bacteria, yeast, fungi and viruses for subsequent <i>in vitro</i> diagnostic use. The kit purifies all sizes of RNA, from large mRNA and ribosomal RNA down to microRNA (miRNA) and small interfering RNA (siRNA). The RNA is preferentially purified from other cellular components such as proteins, without the use of phenol or chloroform.</p> <p>This kit is designed to be used with any downstream application employing enzymatic amplification or other enzymatic modifications of RNA followed by signal detection or amplification. Any diagnostic results generated using the RNA isolated with Norgen's Total RNA Purification Kit Dx in conjunction with an <i>in vitro</i> diagnostic assay should be interpreted with regard to other clinical or laboratory findings.</p> <p>To minimize irregularities in diagnostic results, suitable controls for downstream applications should be used.</p> <p>Norgen's Total RNA Purification Kit Dx is intended for use by professional users such as technicians, physicians and biologists experienced and trained in molecular biological techniques. Norgen's Total RNA Purification Kit Dx does not provide a diagnostic result. It is the sole responsibility of the user to use and validate the kit in conjunction with a downstream <i>in vitro</i> diagnostic assay.</p>	

OEM Licence Information	
OEM Licence Name :	OEM Manufacturer :
OEM Intended Use and/or Indications for Use	

Reason for Change		Comment(s)
Change to classification of a device	<input type="checkbox"/>	
Manufacturer name change	<input type="checkbox"/>	
License name change	<input type="checkbox"/>	
Device name change	<input type="checkbox"/>	
Change to the purpose/indication of license	<input type="checkbox"/>	
Addition of device(s)	<input type="checkbox"/>	
Deletion of device(s)	<input type="checkbox"/>	

Reason for Change		Comment(s)
Change in name and/or address of the Private Label Manufacturer	<input type="checkbox"/>	
Private Label License name change	<input type="checkbox"/>	
Private Label Device name change	<input type="checkbox"/>	



Addition of device(s)	<input type="checkbox"/>	
Deletion of device(s)	<input type="checkbox"/>	

Certificate Screening Checklist:

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

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 13485:2016 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"/>	
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"/>	

Screening Decision	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Accept ▼ </div>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Giovanni Di Rienzo ▼ </div>	Date: 2020-05-07
Device Licensing Services Division Medical Devices Bureau	



Health Santé
Canada Canada

Note to file
Note au dossier



Check GMDN

GMDN Name	GMDN Code	GMDN Description	Issue	Action for Screener	Regulatory Action	Reference Material
-----------	-----------	------------------	-------	---------------------	-------------------	--------------------