

| Application Informa | ation / Info | rmation de soumission | | |
|--|----------------|--|--|--|
| *Licence Name/Nom de l'homologation: SARS-COV-2 IGG ASSAY | | Application Number/Numéro de soumission 314941 | | |
| Licence # / # de l'homologation: | | Application Type/Type de soumission: | | |
| 0 | | Interim Order | | |
| Manufacturer/Fabricant: | | Company ID/Identificateur d'entreprise: | | |
| ABBOTT IRELAND, DIAGNOSTICS DIVISION Risk Class: | | 120756 Rationale: | | |
| 3 | | Classification Rule IVDD Rule 2(b)(i) | | |
| *Licence Type/Type d'homologation: | | Rationale: | | |
| Test Kit | | | | |
| . , | Contains Dr | | | |
| *Intended Use and/or Indications for Use/ Utilisation Prévue | et/ou Indicati | ions | | |
| The SARS-CoV-2 IgG assay is a chimmunoassay (CMIA) used for the antibodies to SARS-CoV-2 in huma | qualitati | ive detection of IgG | | |
| ARCHITECT i System. | _ | | | |
| The SARS-CoV-2 lgG assay is to be | | | | |
| of SARS-CoV-2 infection in conjun | | | | |
| and other laboratory tests. Results | | | | |
| should not be used as the sole bas | is for di | agnosis. | | |
| 271411 | | | | |
| OEM Licence Information OEM Licence Name : OEM Manufacturer : | | | | |
| OLIVI LICENCE NAME . | | LIVI Manufacturer . | | |
| OEM Intended Use and/or Indications for Use | | | | |
| | | | | |
| | | | | |
| Reason for Change | | Comment(s) | | |
| Change to classification of a device | | | | |
| Manufacturer name change | | | | |
| License name change | | | | |
| Device name change | | | | |
| Change to the purpose/indication of | | | | |
| license | | | | |
| Addition of device(s) | | | | |
| Deletion of device(s) | | | | |
| 2 3.38.31. 3. 401.00(3) | | | | |
| Reason for Change | | Comment(s) | | |
| Change in name and/or address of the | | · · | | |
| Private Label Manufacturer | | | | |
| Private Label License name change | | | | |
| Private Label Device name change | | | | |
| Addition of device(s) | | | | |
| | | | | |
| Deletion of device(s) | | | | |

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. | | | |
| Issued to complete civic address matching application/licence and label. | | | |
| Criteria are ISO 13485:2016 and Medical Devices Regulations – Part 1 – SOR 98/282 | | | |
| Scope activities limited to design, development, manufacture, production, servicing, installation, or distribution. | | | |
| Activities include "manufacture" or "production" Activities include "design" or "development and development" for class III/IV devices. | | | |
| Scope is unambiguous and covers app./lic. devices. Does not contain product names/models/licence numbers. | | | |
| Auditing Organisation is Authorized or Recognized | | | |
| Statement of Authorization or Recognition. | | | |
| Field labelled "Effective Date" | | | |
| Field labelled "Expiry Date" | | | |
| Validity period ≤ 3 years | | | |
| Unique identification code labelled "certificate number" or "certification document number" | | ☐ new ☐ revised | |
| Name, title, and signature of certification authority | | | |
| Pagination (page x or y) included on all pages . All pages present. | | | |
| Method to verify validity | | | |
| O ann and in | D!.! | | |
| Screening | g Decision | | |
| Accept | | <u> </u> | |
| Jiazhen Minnie Dai | | Date:2020-05-01 | |
| Device Licensing Services Division Medical Devices Bureau | | | |

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Santé Canada

Health Canada Check GMDN

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