

Application Informa	ation / In	formation de soumission	
*Licence Name/Nom de l'homologation:	Application Number/Numéro de soumission		
QIASTAT-DX RESPIRATORY SARS-COV-2 PANEL		314249	
Licence # / # de l'homologation: 0 Manufacturer/Fabricant: QIAGEN GMBH		Application Type/Type de soumission: Interim Order	
		Company ID/Identificateur d'entreprise: 126580	
*Licence Type/Type d'homologation:		Classification Rule IVDD Rule 2(b)(i) Rationale:	
*Licence Type/Type d'homologation: Single Device		rationale.	
Single Device			
☐ Contains Controlled Substance(s) ☐ C	Contains [Orug(s) Contains Biological Material(s)	
*Intended Use and/or Indications for Use/ Utilisation Prévue	et/ou Indica	ations	
real-time PCR test intended for the of nucleic acid from multiple respir	qualita atory v d in ur	viral and bacterial organisms, in niversal transport media collected from	
OEM	Licence Ir	nformation	
OEM Licence Name :		OEM 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)			
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		\square new \square revised		
number" or "certification document number"				
Name, title, and signature of certification				
authority				
Pagination (page x or y) included on all pages . All				
pages present.				
Method to verify validity				
Screening Decision				
Accept		▼		
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**