



Application Information			
Application #: 312912	Licence Name: REAL-TIME FLUORESCENT RT-PCR KIT FOR DETECTING 2019-NCOV	Application Type:	Device Class: 3
Licence #: 0			
Manufacturer: BGI GENOMICS CO., LTD		Company ID: 151820	

DLSD Application Validation		
Risk Class & Rule: IVDD Rule 2b(i)	Licence Type & Rationale: TEST KIT	Special Substances: <input type="text"/>
Amendment Management		
Fee Category: <input type="text"/>	Reason for Amendment: <input type="text"/>	
Bundle Information		
Bundle Rationale: <input type="text"/>	Related Applications Bundle table included? <input type="checkbox"/>	<input type="button" value="Create/Modify Financial Bundle Info"/>

Submission Completeness					
MDR	Requirement	A	D	N/A	Notes/Comments
32	Application Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Submission Presentation (ToC, Cover Letter, Exec Summary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32(3a/4a)	Device Description (as it relates to device listing in form)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DLSD Recommendation
<input type="text" value="Complete"/>

Reject Rationale:

Notes/Comments:

M. ROCHEFORT _____ Device Licensing Services Division Medical Devices Bureau	Date: May 4, 2020
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Review Division – DLSD Communication

Review Division Screener Action:

Review Division Screener Response:

_____ Review Division Screener Medical Devices Bureau	Date:
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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
Class III + IV			
General Application Organization		<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			
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			
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			
Labelling	<input type="checkbox"/>	<input type="checkbox"/>	
Class IV			
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"/>	
Note to the Reviewer (e.g. predicate, reference, cautions, directions) SBD?			<input type="checkbox"/> Foreign Review incl. <input type="checkbox"/>
Recommendation <input type="text"/>			
Bundle Update/Modification – To DLS manager <input type="checkbox"/>			
Rejection Rationale:			
Technical Screening Deficiencies:			
1.			

2020-05-04

[ENTER YOUR NAME]
Manager, [ENTER YOUR DIVISION]



Health Santé
Canada Canada

**CONSOLIDATED SCREENING FORM
MEDICAL DEVICES**



DLSD Deficiencies	
Over Paid Fee Deficiency	Class 3 -- Payment \$0 By N/A
1.	

Certificate Screening Checklist:

MDSAP CMDCAS Certificate Previously Validated

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

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 " Effective Date "	<input type="checkbox"/>	
Expiry date. Field is identified as " Expiry ", " Expiry Date ", or " Recertification Due Date "	<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"/>	



**CONSOLIDATED SCREENING FORM
MEDICAL DEVICES**

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"/>	
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.