



Application Information / Information de soumission	
*Licence Name/Nom de l'homologation: <b>NXTAG COV EXTENDED PANEL</b>	Application Number/Numéro de soumission <b>312781</b>
Licence # / # de l'homologation: <b>0</b>	Application Type/Type de soumission: <b>COVID-19 Interim Order Submission</b>
Manufacturer/Fabricant: <b>LUMINEX MOLECULAR DIAGNOSTICS, INC.</b>	Company ID/Identificateur d'entreprise: <b>123659</b>
Risk Class: <b>3</b>	Rationale: <b>IVDD Rule 2[b]i</b>
*Licence Type/Type d'homologation: <div style="border: 1px solid black; padding: 2px;">           Test Kit         </div>	Rationale:
<input type="checkbox"/> Contains Controlled Substance(s) <input type="checkbox"/> Contains Drug(s) <input type="checkbox"/> Contains Biological Material(s)	
*Intended Use and/or Indications for Use/ Utilisation Prévue et/ou Indications The Luminex NxTAG® CoV Extended Panel is intended for use on the Luminex® MAGPIX® instrument for the qualitative detection of nucleic acid from the 2019-nCoV in nasopharyngeal swabs collected from individuals with signs and symptoms of infection who are suspected of COVID-19.	

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"/>	

COVID-19 Medical Device & Manufacturer Details	
Class of Device	III
Intended Use of Device (Section 4(1)(f))	The Luminex NxTAG® CoV Extended Panel is intended for use on the Luminex® MAGPIX® instrument for the qualitative detection of nucleic acid from the 2019-nCoV in nasopharyngeal swabs collected from individuals with signs and symptoms of infection who are suspected of COVID-19.

Device Name	Identifier	GMDN Code	PNC Code
NxTAG® CoV Extended Panel	I054C0463	64747	88UJH




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	<input type="checkbox"/>	



pages present.		
Method to verify validity	<input type="checkbox"/>	

Screening Decision	
<b>Accept</b> <input type="button" value="v"/>	
<b>Emily Smalling</b> <input type="button" value="v"/>	<b>Date:</b> Mar. 27, 2020
Device Licensing Services Division Medical Devices Bureau	



Check GMDN

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