Health Canada / Santé Canada

Note to file
Note au dossier

Application Information / Information de soumission	
*Licence Name/Nom de l'homologation: **BD SARS-COV-2 REAGENTS FOR BD MAX™ SYSTEM**	Application Number/Numéro de soumission **312821**
Licence # / # de l'homologation: **0**	Application Type/Type de soumission:
Manufacturer/Fabricant: **BD INTEGRATED DIAGNOSTIC SOLUTIONS**	Company ID/Identificateur d'entreprise: **151737**
Risk Class: **3**	Rationale:
*Licence Type/Type d'homologation: **Single Device**	Rationale:
☐ Contains Controlled Substance(s) ☐ Contains Drug(s) ☐ Contains Biological Material(s)	
*Intended Use and/or Indications for Use/ Utilisation Prévue et/ou Indications	

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

COVID-19 Medical Device & Manufacturer Details	
Class of Device	Class III
Intended Use of Device (Section 4(1)(f))	The BD SARS-CoV-2 Reagents for BD MAX™ System is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from the 2019-nCoV in nasopharyngeal and oropharyngeal swab samples from patients who meet COVID-19 clinical and/or epidemiological criteria

Device Name	Identifier	GMDN Code	PNC Code
BD SARS-COV-2 Reagents for BD Max System	445003	64747	88UJH

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 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	☐	

Screening Decision	
_____	**Date**:

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Device Licensing Services Division Medical Devices Bureau	

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Check GMDN

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