



Application Information

Application #: 312781	Licence Name: NXTAG COV EXTENDED PANEL	Application Type:	Device Class: 3
Licence #: 0			
Manufacturer: LUMINEX MOLECULAR DIAGNOSTICS, INC.		Company ID: 0	

DLSD Application Validation

Risk Class & Rule: Class III, IVDD Rule 2[b]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"/>	Did not include io authorization request form, instead included a document with the information (information request form)
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Device identifier is not included in the IFU and the manufacturer did not provide device labels.

DLSD Recommendation

Notes/Comments:

- The manufacturer did not list a device identifier in their Information Request Form
- The manufacturer did not provide product package labels, and the IFU does not contain device identifiers therefore the device identifiers are not currently known
- Quality Attestations were not provided (4(1)(i))
- The address was not provided where the device will be manufactured (4(1)(d))
- Section 4(2)(a) of the Interim Order was not included (description of materials and packaging)

Emily Smalling	Date: Mar. 19, 2020
Device Licensing Services Division Medical Devices Bureau	

Review Division – DLSD Communication

Review Division Screener Action:

Review Division Screener Response:



**CONSOLIDATED SCREENING FORM
MEDICAL DEVICES**

<hr/> Review Division Screener Medical Devices Bureau	Date:



Technical Screening (Review Division)

Proposed reviewer: <input type="text"/>	Estimated Review Time (days): <input type="text"/>	Review Complexity: <input type="text"/>
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Review Components	Review Required	Deficient	Comments
Class III + IV			
General Application Organization	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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) Foreign Review incl. SBD?

Recommendation

Bundle Update/Modification – To DLS manager

Technical Screening Deficiencies:

1.



DLSD Deficiencies

<input type="checkbox"/> Over Paid Fee Deficiency	
1.	

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		64747	88UJH