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Medical Devices and IVD Medical Devices

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33 **Table of Contents**
34
35 Introduction 4
36 1.0 Scope 4
37 2.0 References 4
38 3.0 Definitions 6
39 4.0 Safety and Performance of Medical Devices – General Principles 12
40 5.0 Essential Principles Applicable to all Medical Devices and IVD Medical Devices 12
41 6.0 Essential Principles Applicable to Medical Devices other than IVD Medical Devices 25
42 7.0 Essential Principles Applicable to IVD Medical Devices 26
43 Annex A: Use of Standards in Meeting Essential Principles 28
44 Annex B: Guidance on Essential Principles 31
45

46 **Preface**

47

48 The document herein was produced by the International Medical Device Regulators Forum
49 (IMDRF), a voluntary group of medical device regulators from around the world. The document
50 has been subject to consultation throughout its development.

51

52 There are no restrictions on the reproduction, distribution or use of this document; however,
53 incorporation of this document, in part or in whole, into any other document, or its translation
54 into languages other than English, does not convey or represent an endorsement of any kind by
55 the International Medical Device Regulators Forum.

56

57 **Introduction**

58
59 The purpose of this IMDRF guidance is to harmonize the documentation and procedures that are
60 used to assess whether a medical device conforms to the regulations that apply in each
61 jurisdiction. The worldwide adoption of fundamental design and manufacturing requirements for
62 medical devices that, when met, provide assurance the device is safe and performs as intended,
63 offers significant benefits to the manufacturer, user, patient or consumer, and to Regulatory
64 Authorities. Eliminating differences between jurisdictions decreases the cost of gaining
65 regulatory compliance and allows patients earlier access to new technologies and treatments.
66

67 This document has been developed to encourage and support global convergence of regulatory
68 systems. It is intended for use by Regulatory Authorities (RAs), Conformity Assessment Bodies
69 (CABs) and industry, and will provide benefits in establishing, in a consistent way, an economic
70 and effective approach to the control of medical devices in the interest of public health. It seeks
71 to strike a balance between the responsibilities of RAs to safeguard the health of their citizens
72 and their obligations to avoid placing unnecessary burdens upon the industry.
73

74 The manufacturer of a medical device and IVD medical device is expected to design and
75 manufacture a product that is safe and effective throughout its life-cycle. This guidance
76 document describes fundamental design and manufacturing requirements, referred to as
77 'Essential Principles of Safety and Performance' that, when met, indicate a medical device is
78 safe and performs as intended. Essential principles of safety and performance provide broad,
79 high-level, criteria for design, production, and postproduction (including post-market
80 surveillance) throughout the life-cycle of all medical devices and IVD medical devices, ensuring
81 their safety and performance. Depending on the Regulatory Authority having jurisdiction and the
82 particular medical device or IVD medical device there may be additional requirements that may
83 need to be met.

84
85 This document supersedes an earlier version produced under the Global Harmonization Task
86 Force (GHTF) with the same title dated November 2, 2012 (GHTF/SG1/N68:2012).

87 **1.0 Scope**

88 This document applies to all medical devices and IVD medical devices, and is intended to
89 identify and describe essential principles of safety and performance which need to be considered
90 during the design and manufacturing process. Depending on the particular medical device or
91 IVD medical device, some of the essential principles of safety and performance may not apply.
92 In those cases, justifications should be provided for their exclusion.

93 **2.0 References**

- 94
- 95 • IMDRF/GRRP WG/N040:2017 *Competence, Training, and Conduct Requirements for*
96 *Regulatory Reviewers*
 - GHTF/SG1/N78:2012 *Principles of Conformity Assessment for Medical Devices.*

- 97 • GHTF/SG1/N70:2011 *Label and Instructions for Use for Medical Devices.*
- 98 • GHTF/SG1/N044:2008 *Role of Standards in the Assessment of Medical Devices.*
- 99 • GHTF/SG1/N055:2009 *Definitions of the Terms Manufacturer, Authorised*
- 100 *Representative, Distributor and Importer*
- 101 • GHTF/SG1/N046:2008 *Principles of Conformity Assessment for In Vitro Diagnostic*
- 102 *(IVD) Medical Devices*
- 103 • GHTF/SG1/N071:2012 *Definition of the Terms 'Medical Device' and 'In Vitro*
- 104 *Diagnostic (IVD) Medical Device'*
- 105 • GHTF/SG5/N1R8:2007 *Clinical Evidence – Key Definitions and Concepts*
- 106 • GHTF/SG5/N2R8:2007 *Clinical Evaluation*
- 107 • GHTF/SG5/N3:2010 *Clinical Investigations*
- 108 • GHTF/SG5/N6:2012 *Clinical Evidence for IVD Medical Devices - Key Definitions and*
- 109 *Concepts*
- 110 • GHTF/SG5/N7:2012 *Clinical Evidence for IVD Medical Devices - Scientific Validity*
- 111 *Determination and Performance Evaluation.*
- 112 • GHTF/SG5/N8:2012 *Clinical Performance Studies for In Vitro Diagnostic Medical*
- 113 *Devices*

114

115 **Standards**

- 116 • ISO 14971 *Medical Devices – Application of Risk Management to Medical Devices*
- 117 • ISO 13485: 2016 *Medical Devices – Quality Management Systems – Requirements for*
- 118 *Regulatory Purposes*
- 119 • ISO 16142:2016 *Medical Devices – Recognized Essential Principles of Safety and*
- 120 *Performance of Medical Devices – Part 1: General Essential Principles and Additional*
- 121 *Specific Essential Principles for all non-IVD Medical Devices and Guidance on the*
- 122 *Selection of Standards*
- 123 • ISO 11135 *Sterilization of Health-Care Products -- Ethylene oxide -- Requirements for*
- 124 *the Development, Validation and Routine Control of a Sterilization Process for Medical*
- 125 *Devices*
- 126 • ISO 11137 *Sterilization of Health Care Products -- Radiation*
- 127 • ISO 11138 *Sterilization of Health Care Products -- Biological indicators*
- 128 • ISO 11140 *Sterilization of Health Care Products -- Chemical indicators*
- 129 • ISO 11607 *Packaging for Terminally Sterilized Medical Devices*
- 130 • ISO 11737 *Sterilization of Medical Devices -- Microbiological Methods*
- 131 • ISO 17665 *Sterilization of Health Care Products - Moist Heat*
- 132 • ISO 14937 *Sterilization of Health Care Products - General Requirements for*
- 133 *Characterization of a Sterilizing Agent and the Development, Validation and Routine*
- 134 *Control of a Sterilization Process for Medical Devices*
- 135 • ISO 13408 *Aseptic Processing of Health Care Products*
- 136 • ISO 10993 *Biological Evaluation of Medical Devices*
- 137 • ISO 23640 *In Vitro Diagnostic Medical Devices - Evaluation of stability of in vitro*
- 138 *diagnostic reagents*
- 139 • ISO 14155 *Clinical Investigation of Medical Devices for Human Subjects - Good clinical*
- 140 *practice*

- 141 • ISO 14644 *Cleanrooms and Associated Controlled Environments*
- 142 • ISO 17664 *Processing of Health Care Products - Information to be Provided by the*
- 143 *Medical Device Manufacturer for the Processing of Medical Devices*
- 144 • ISO 80369 *Small-Bore Connectors for Liquids and Gases in Healthcare Applications*
- 145 • ISO 22442 *Medical Devices Utilizing Animal Tissues and their Derivatives*
- 146 • IEC 60601 *Medical Electrical Equipment*
- 147 • IEC 61010 *Safety Requirements for Electrical Equipment for Measurement, Control, and*
- 148 *Laboratory Use*
- 149 • IEC 62366-1 *Medical Devices - Part 1: Application of Usability Engineering to Medical*
- 150 *Devices*
- 151 • IEC 62366-2 *Medical Devices - Part 2: Guidance on the Application of Usability*
- 152 *Engineering to Medical Devices*
- 153 • IEC 80001 *Application of Risk Management for IT Networks Incorporating Medical*
- 154 *Devices*
- 155 • IEC 62304 *Medical device software - Software Life Cycle Processes*
- 156 • CLSI EP05 *Evaluation of Precision of Quantitative Measurement Procedures*
- 157 • CLSI EP06 *Evaluation of the Linearity of Quantitative Measurement Procedures*
- 158 • CLSI EP07 *Interference Testing in Clinical Chemistry*
- 159 • CLSI EP12 *User Protocol for Evaluation of Qualitative Test Performance; Approved*
- 160 *Guideline*
- 161 • CLSI EP17 *Evaluation of Detection Capability for Clinical Laboratory Measurement*
- 162 *Procedures; Approved Guideline*
- 163 • CLSI EP21 *Evaluation of Total Analytical Error for Quantitative Medical Laboratory*
- 164 *Measurement Procedures*
- 165 • CLSI EP25 *Evaluation of Stability of In Vitro Diagnostic Reagent*
- 166 • CLSI EP28 *Defining, Establishing, and Verifying Reference Intervals in the Clinical*
- 167 *Laboratory*
- 168

169 **3.0 Definitions**

- 170 3.1 *Analytical Performance of an IVD Medical Device:* The ability of an IVD medical device
- 171 to detect or measure a particular analyte. (GHTF/SG5/N6:2012)
- 172 3.2 *Conformity Assessment Body (CAB):* A body other than a Regulatory Authority engaged in
- 173 determining whether the relevant requirements in technical regulations or standards are
- 174 fulfilled. (IMDRF/GRRP WG/N040:2017)
- 175 3.3 *Clinical Data:* Safety and/or performance information that are generated from the clinical
- 176 use of a medical device. (GHTF/SG5/N1R8:2007)
- 177

- 178 3.4 *Clinical Evaluation*: The assessment and analysis of clinical data pertaining to a medical
179 device to verify the clinical safety and performance of the device when used as intended
180 by the manufacturer. (GHTF/SG5/N1R8:2007)
- 181 3.5 *Clinical Evidence*: The clinical data and the clinical evaluation report pertaining to a
182 medical device. (GHTF/SG5/N1R8:2007)
- 183 3.6 *Clinical Evidence for an IVD Medical Device*: All the information that supports the
184 scientific validity and performance for its use as intended by the manufacturer.
185 (GHTF/SG5/N6:2012)
- 186 3.7 *Clinical Investigation*: Any systematic investigation or study in or on one or more human
187 subjects, undertaken to assess the safety and/or performance of a medical device.
188 Explanation: This term is synonymous with 'clinical trial' and 'clinical study'. (GHTF/
189 SG5/N1R8)
- 190 3.8 *Clinical Performance*: The ability of a medical device to achieve its intended purpose as
191 claimed by the manufacturer. (GHTF/SG5/N1R8:2007)
- 192 3.9 *Clinical Performance of an IVD Medical Device*: The ability of an IVD medical device to
193 yield results that are correlated with a particular clinical condition/physiological state in
194 accordance with target population and intended user. (GHTF/SG5/N6:2012)
- 195 3.10 *Expected Life of a Device*: The time that a device is expected to remain functional after it
196 is placed into use. Certain implanted devices have specified "end of life" (EOL) dates.
197 Other devices are not labeled as to their respective EOL, but are expected to remain
198 operational through activities such as maintenance, repairs, or upgrades, for an estimated
199 period of time.
- 200 3.11 *Expiry Date/Expiration Date*: Upper limit of the time interval during which the
201 performance characteristics of a material stored under specified conditions can be assured.
- 202 NOTE 1: This also applies to medical devices whose physical, chemical or functional
203 properties are maintained during a specified and known period, such as for capital
204 equipment.
205
- 206 NOTE 2: Expiry dates are assigned to IVD reagents, calibrators, control materials and
207 other components by the manufacturer, based on experimentally determined stability
208 properties.
209
- 210 (Adapted from ISO 18113-1:2009)
- 211 3.12 *Harm*: Physical injury or damage to the health of people, or damage to property or the
212 environment. (ISO/IEC Guide 51:2014)
- 213 3.13 *Hazard*: Potential source of harm. (ISO/IEC Guide 51:2014)
214

- 215 3.14 *Intended Use / Intended Purpose*: The objective intent of the manufacturer regarding the
216 use of a product, process or service as reflected in the specifications, instructions and
217 information provided by the manufacturer. (GHTF/SG1/N77:2012)
- 218 3.15 *Instructions for Use*: Information provided by the manufacturer to inform the device user
219 of the medical device's intended purpose and proper use and of any precautions to be
220 taken. (GHTF/SG1/N70:2011)
- 221 3.16 *In Vitro Diagnostic (IVD) Medical Device*: 'In Vitro Diagnostic (IVD) medical device'
222 means a medical device, whether used alone or in combination, intended by the
223 manufacturer for the in-vitro examination of specimens derived from the human body
224 solely or principally to provide information for diagnostic, monitoring or compatibility
225 purposes.
- 226 NOTE 1: IVD medical devices include reagents, calibrators, control materials, specimen
227 receptacles, software, and related instruments or apparatus or other articles and are used,
228 for example, for the following test purposes: diagnosis, aid to diagnosis, screening,
229 monitoring, predisposition, prognosis, prediction, determination of physiological status.
- 230 NOTE 2: In some jurisdictions, certain IVD medical devices may be covered by other
231 regulations.
232 (GHTF/SG1/N071:2012)
- 233 3.17 *Lay Person*: Individual who does not have formal training in a relevant field or discipline.
234 (GHTF/SG1/N045:2008)
- 235 NOTE 1: Requirements for lay person(s) may also apply to self-testing for a medical
236 device or IVD medical device.
- 237 NOTE 2: For an IVD medical device used outside of a laboratory setting, the user of the
238 IVD medical device will be considered a lay user.
- 239 NOTE 3: For an IVD medical device for self-collection/self-testing, a self-tester is
240 considered a lay user.
- 241 3.18 *Label*: Written, printed, or graphic information either appearing on the medical device
242 itself, or on the packaging of each unit, or on the packaging of multiple devices.
243 (GHTF/SG1/N70:2011)
- 244 NOTE: Definition above refers to the human readable label.
- 245 3.19 *Labeling*: the label, instructions for use, and any other information that is related to
246 identification, technical description, intended purpose and proper use of the medical
247 device, but excluding shipping documents. (GHTF/SG1/N70:2011)
- 248 NOTE: Labeling can be in printed or electronic format.
249
- 250 3.20 *Life-Cycle*: All phases in the life of a medical device, from the initial conception to final
251 decommissioning and disposal. (ISO/IEC Guide 51:2014)
- 252

253 3.21 *Manufacturer*: “Manufacturer” means any natural or legal person¹ with responsibility for
 254 design and/or manufacture of a medical device with the intention of making the medical
 255 device available for use, under his name; whether or not such a medical device is designed
 256 and/or manufactured by that person himself or on his behalf by another person(s).
 257 (GHTE/SG1/N055:2009)

258 3.22 *Medical Device*: Any instrument, apparatus, implement, machine, appliance, implant,
 259 reagent for in vitro use, software, material or other similar or related article, intended by
 260 the manufacturer to be used, alone or in combination, for human beings, for one or more of
 261 the specific medical purpose(s) of:

- 262 • diagnosis, prevention, monitoring, treatment or alleviation of disease,
- 263 • diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury,
- 264 • investigation, replacement, modification, or support of the anatomy, or of a physiologi-
 265 cal process,
- 266 • supporting or sustaining life,
- 267 • control of conception,
- 268 • cleaning, disinfection or sterilization of medical devices,
- 269 • providing information by means of in vitro examination of specimens derived from
 270 the human body;

271 and does not achieve its primary intended action by pharmacological, immunological, or
 272 metabolic means, in or on the human body, but which may be assisted in its intended
 273 function by such means.

274 Note: Products which may be considered to be medical devices in some jurisdictions but
 275 not in others include:

- 276 • disinfection substances,
- 277 • aids for persons with disabilities,
- 278 • devices incorporating animal and/or human tissues,
- 279 • devices for in-vitro fertilization or assisted reproduction technologies.

280 (As adapted from GHTE/SG1/N071:2012)

281 NOTE 1: For clarification purposes, in certain regulatory jurisdictions, devices for
 282 cosmetic/aesthetic purposes are also considered medical devices.

283 NOTE 2: For clarification purposes, in certain regulatory jurisdictions, the commerce of
 284 devices incorporating human tissues is not allowed.

¹ The term “person” that appears here and in the other definitions of this document, includes legal entities such as a corporation, a partnership or an association.

- 285 3.23 *Near-Patient Testing*: Testing that is performed near a patient and outside of centralized
286 laboratory testing facilities.
- 287 NOTE 1: This is not intended to refer to sample collection procedures only.
288 NOTE 2: This may be referred to as Point of Care Testing.
- 289 3.24 *Packaging*: Product to be used for the containment, protection, handling, delivery, storage,
290 transport and presentation of goods, from raw materials to processed goods, from the
291 producer to the user or consumer, including processor, assembler or other intermediary.
292 (ISO 21067-1:2016)
- 293 3.25 *Patient*: An individual under the care of a healthcare provider who may benefit from the
294 action of a medical device. A patient may also be a user of a medical device.
- 295 3.26 *Performance*: The ability of a medical device to achieve its intended purpose as stated by
296 the manufacturer. Performance may include both clinical and technical aspects.
- 297 3.27 *Performance Evaluation of an IVD Medical Device*: Assessment and analysis of data to
298 establish or verify the scientific validity, the analytical and, where applicable, the clinical
299 performance of an IVD medical device.
- 300 3.28 *Performance of an IVD Medical Device*: The ability of an IVD medical device to achieve
301 its intended use/intended purpose as claimed by the manufacturer. The performance of an
302 IVD medical device consists of the analytical and, where applicable, the clinical
303 performance supporting the intended use of the IVD medical device.
304 (GHTEF/SG5/N6:2012)
- 305 3.29 *Recognized Standards*: Standards deemed to offer the presumption of conformity to
306 specific essential principles of safety and performance. (GHTEF/SG1/N78:2012)
- 307 3.30 *Regulatory Authority (RA)*: A government body or other entity that exercises a legal right
308 to control the use or sale of medical devices within its jurisdiction, and that may take
309 enforcement action to ensure that medical products marketed within its jurisdiction comply
310 with legal requirements. (IMDRF/GRRP WG/N040:2017)
- 311 3.31 *Risk*: Combination of the probability of occurrence of harm and the severity of that harm.
312 (ISO/IEC Guide 51:2014)
- 313 3.32 *Risk Analysis*: Systematic use of available information to identify hazards and to estimate
314 the risk. (ISO/IEC Guide 51:2014)
- 315 3.33 *Risk Assessment*: Overall process comprising a risk analysis and a risk evaluation.
316 (ISO/IEC Guide 51:2014)
- 317

318 3.34 *Risk Evaluation*: Procedure based on the risk analysis to determine whether tolerable risk
 319 has been exceeded. (ISO/IEC Guide 51:2014)

320 3.35 *Safety*: Freedom from unacceptable risk. (ISO/IEC Guide 51:2014)

321 3.36 *Self-Testing*: A medical device or IVD medical device used by a lay person who is
 322 responsible for collecting the data or specimen, by themselves and on themselves, relying
 323 solely on the instructions provided by the manufacturer. This use can also include
 324 performing the test and interpreting the results by themselves and on themselves.

325 3.37 *Shelf-Life*: Period of time until the expiry date during which a medical device in its original
 326 packaging maintains its stability under the storage conditions specified by the
 327 manufacturer.

328 NOTE: Stability (3.36) and expiry date (3.17) are related concepts

329

330 (Adapted from ISO 18113-1:2009)

331 3.38 *Stability*: Ability of a medical device and IVD medical device to maintain its performance
 332 characteristics within the manufacturer's specifications.

333 NOTE 1: Stability applies to

- 334 - Sterile and non-sterile medical devices whose physical, chemical or functional
- 335 properties may be altered or compromised over a stated time interval;
- 336 - IVD reagents, calibrators and controls, when stored, transported and used in
- 337 the conditions specified by the manufacturer,
- 338 - Reconstituted lyophilized materials, working solutions and material removed
- 339 from sealed containers, when prepared, used and stored according to the
- 340 manufacturer's instructions for use,
- 341 - Measuring instruments or measuring systems after calibration.

342 NOTE 2 Stability of an IVD reagent or measuring system is normally quantified with
 343 respect to time

- 344 - In terms of the duration of a time interval over which a measured property
- 345 changes by a stated amount or
- 346 - In terms of the change of a property under specified conditions.

347

348 (Adapted from ISO 18113-1:2009)

349 3.39 *State of the Art*: Developed stage of technical capability at a given time as regards products,
 350 processes and services, based on the relevant consolidated findings of science, technology
 351 and experience. (ISO/IEC Guide 2:2004)

352 3.40 *User*: The person, professional or lay, who uses a medical device. The patient may be that
 353 user. (GHTF/SG1/N070:2011)

354

355 **4.0 Safety and Performance of Medical Devices – General Principles**

356 A manufacturer of a medical device and IVD medical device must design and manufacture a
357 product that is safe and performs as intended throughout its life cycle. This guidance document
358 describes fundamental design and manufacturing requirements, referred to as ‘Essential
359 Principles of Safety and Performance’, to ensure this outcome. This document is structured to
360 provide fourteen essential principles that apply to all medical devices including IVD medical
361 devices (Section 5) and is then separated into two sections, one for essential principles applying
362 to medical devices other than IVD medical devices (Section 6) and the other for essential
363 principles that only apply to IVD medical devices (Section 7).

364

365 The medical device and IVD medical device manufacturer’s design and manufacturing activities
366 should be under the control of its quality management system. Conformity of the device to all
367 the applicable Essential Principles will be demonstrated and assessed according to procedures
368 designated by the Regulatory Authority and described in other GHTF and IMDRF guidances.

369

370 The requirements in this document to reduce risks as far as possible and appropriate means the
371 reduction of risks as low as reasonably practicable (as interpreted by the Regulatory Authority)
372 without adversely affecting the benefit-risk determination.

373

374 **5.0 Essential Principles Applicable to all Medical Devices and IVD Medical** 375 **Devices**

376 The essential design and manufacturing principles listed in this Section are applicable to medical
377 devices and IVD medical devices.

378 **5.1 General**

379 5.1.1 Medical devices and IVD medical devices should achieve the performance intended by
380 their manufacturer and should be designed and manufactured in such a way that, during
381 normal conditions of use, they are suitable for their intended purpose taking account of
382 the generally acknowledged state of the art. They should be safe and perform as intended
383 and should not compromise the clinical condition or the safety of patients, or the safety
384 and health of users or, where applicable, other persons.

385

386 5.1.2 Manufacturers should establish, implement, document and maintain a risk management
387 system to ensure the ongoing quality, safety and performance of the medical device and
388 IVD medical device. Risk management should be understood as a continuous iterative
389 process throughout the entire lifecycle of a medical device and IVD medical device,
390 requiring regular systematic updating. In carrying out risk management manufacturers
391 should:

392

- 393 a) establish and document a risk management plan for each medical device and IVD
394 medical device;
- 395 b) identify and analyze the known and foreseeable hazards associated with each
396 medical device and IVD medical device;
- 397 c) estimate and evaluate the risks associated with, and occurring during, the intended
398 use and during reasonably foreseeable misuse;
- 399 d) eliminate or control the risks referred to in point (c) in accordance with the
400 requirements of points 5.1.3 and 5.1.4 below;
- 401 e) evaluate the impact of information from the production phase and, in particular,
402 from the post-market surveillance system, on hazardous situations and the frequency
403 of occurrence thereof, on estimates of their associated risks, as well as on the overall
404 risk, benefit-risk determination and risk acceptability; and
- 405 f) based on the evaluation of the impact of the information referred to in point (e), if
406 necessary amend control measures in line with the requirements of points 5.1.3 and
407 5.1.4 below.
- 408 5.1.3 Risk control measures and outcomes adopted by manufacturers for the design and
409 manufacture of the medical device and IVD medical device should conform to safety
410 principles, taking account of the generally acknowledged state of the art. When risk
411 reduction is required, manufacturers should control risks so that the residual risk
412 associated with each hazard as well as the overall residual risk is judged acceptable. In
413 selecting the most appropriate solutions, manufacturers should, in the following order of
414 priority:
- 415 a) eliminate or reduce risks as far as possible and appropriate through safe design and
416 manufacture;
- 417 b) where appropriate, take adequate protection measures, including alarms if
418 necessary, in relation to risks that cannot be eliminated;
- 419 c) inform all users of any residual risks; and
- 420 d) provide information for safety (warnings/precautions/contra-indications) and, where
421 appropriate, training to users.
- 422 5.1.4 In eliminating or reducing risks related to use, the manufacturer should:
- 423 a) reduce, as far as possible and appropriate, the risks related to the features of the
424 medical device and IVD medical device and the environment in which the medical
425 device and IVD medical device are intended to be used (e.g. ergonomic features,
426 tolerance to dust and humidity) and
- 427 b) give consideration to the technical knowledge, experience, education, training and
428 use environment and, where applicable, the medical and physical conditions of
429 intended users.
- 430 5.1.5 The characteristics and performance of a medical device and IVD medical device should
431 not be adversely affected to such a degree that the health or safety of the patient and the
432 user and, where applicable, of other persons are compromised during the expected life of
433 the device, as specified by the manufacturer, when the medical device and IVD medical

434 device is subjected to the stresses which can occur during normal conditions of use and
435 has been properly maintained and calibrated (if applicable) in accordance with the
436 manufacturer's instructions.

437 5.1.6 Medical devices and IVD medical devices should be designed, manufactured and
438 packaged in such a way that their characteristics and performance are not adversely
439 affected by transport and storage, for example, through fluctuations of temperature and
440 humidity, taking account of the instructions and information provided by the
441 manufacturer. The performance and sterility of the medical device and IVD medical
442 device should be sufficiently maintained throughout any shelf-life specified by the
443 manufacturer.

444 5.1.7 Medical devices and IVD medical devices should have the stability necessary to maintain
445 essential performance conditions in a period of time and conditions previously
446 established during the shelf-life, during the time of use after being opened (for IVDs,
447 including after being installed in the instrument), and during transportation or dispatch
448 when under conditions other than storage conditions.

449 5.1.8 All known and foreseeable risks, and any undesirable side-effects, should be minimized
450 and be acceptable when weighed against the evaluated benefits to the patient and/or user
451 arising from the achieved performance of the device during normal conditions of use
452 taking into account the generally acknowledged state of the art.

453 5.2 Clinical Evaluation

454 5.2.1 Where appropriate and depending on jurisdictional requirements, a clinical evaluation
455 may be required. A clinical evaluation should assess clinical data to establish that a
456 favorable benefit-risk determination exists for the medical device and IVD medical
457 device in the form of one or more of the following:

- 458 • clinical investigation reports (for IVDs, clinical performance evaluation reports)
- 459 • literature reports/ reviews
- 460 • clinical experience

461 5.2.2 Clinical investigations should be conducted in accordance with the ethical principles that
462 have their origin in the Declaration of Helsinki. These principles protect the rights, safety
463 and well-being of human subjects, which are the most important considerations and shall
464 prevail over interests of science and society. These principles shall be understood,
465 observed, and applied at every step in the clinical investigation. In addition, some
466 countries may have specific regulatory requirements for pre-study protocol review,
467 informed consent, and for IVD medical devices, use of leftover specimens.

468

469 **5.3 Chemical, Physical, and Biological Properties**

470 5.3.1 Regarding chemical, physical, and biological properties of a medical device and IVD
471 medical device, particular attention should be paid to the following:

- 472 a) the choice of materials and substances used, particularly as regards toxicity and,
473 where relevant, flammability;
- 474 b) the impact of processes on material properties;
- 475 c) where appropriate, the results of biophysical or modelling research whose validity
476 of which has been demonstrated beforehand;
- 477 d) the mechanical properties of the materials used, reflecting, where appropriate,
478 matters such as strength, ductility, fracture resistance, wear resistance and fatigue
479 resistance;
- 480 e) surface properties; and
- 481 f) the confirmation that the device meets any defined chemical and/or physical
482 specifications.

483 5.3.2 Medical devices and IVD medical devices should be designed, manufactured and
484 packaged in such a way as to minimize the risk posed by contaminants and residues to
485 users and patients, taking account of the intended purpose of the medical device and IVD
486 medical device, and to the persons involved in the transport, storage and use of the
487 medical device and IVD medical device. Particular attention should be paid to tissues of
488 users and patients exposed to those contaminants and residues and to the duration and
489 frequency of exposure.

490 5.3.3 The medical device and IVD medical device should be designed and manufactured in
491 such a way as to reduce, as far as reasonably practicable and appropriate, the risks posed
492 by egress (including leaching and/or evaporation), degradation products, processing
493 residues, etc. Special attention should be given to leaking or leaching of substances,
494 which are carcinogenic, mutagenic or toxic to reproduction.

495 5.3.4 The medical device and IVD medical device should be designed and manufactured in
496 such a way as to reduce, as far as possible and appropriate, the risks posed by the
497 unintentional ingress of substances into the device, taking into account the medical
498 device and IVD medical device and the nature of the environment in which it is intended
499 to be used.

500 5.3.5 Medical devices and IVD medical devices and their manufacturing processes should be
501 designed in such a way as to eliminate or to reduce, as far as possible and appropriate, the
502 risk of infection to users and all other persons who may come in contact with the medical
503 device and IVD medical device. The design should:

- 504 a) allow for easy and safe handling;

505

- 506 b) reduce, as far as possible and appropriate, any microbial leakage from the medical
507 device and IVD medical device and/or microbial exposure during use;
- 508 c) prevent microbial contamination of the medical device and IVD medical device or
509 its content (e.g., specimens); and/or
- 510 d) reduce as far as possible and appropriate the risks from unintended exposure (e.g.,
511 cuts and pricks (such as needle stick injuries), eye splashes, etc.).

512 5.4 **Sterility, Packaging, and Microbial Contamination**

- 513 5.4.1 Where necessary, medical devices and IVD medical devices should be designed to
514 facilitate their safe cleaning, disinfection, and/or re-sterilization.
- 515 5.4.2 Packaging systems for medical devices and IVD medical devices should maintain the
516 integrity and cleanliness of the product.
- 517 5.4.3 Medical devices and IVD medical devices labeled as having a specific microbial state
518 should be designed, manufactured and packaged to ensure that they remain in that state
519 when placed on the market and remain so under the transport and storage conditions
520 specified by the manufacturer.
- 521 5.4.4 Medical devices and IVD medical devices, delivered in a sterile state should be designed,
522 manufactured and packaged in accordance with appropriate procedures, to ensure that
523 they are sterile when placed on the market and that, unless the packaging which is
524 intended to maintain their sterile condition is damaged, they remain sterile, under the
525 transport and storage conditions specified by the manufacturer, until that packaging is
526 opened at the point of use. It should be ensured that the integrity of that packaging is
527 clearly evident to the final user.
- 528 5.4.5 Medical devices and IVD medical devices labelled as sterile should be processed,
529 manufactured, packaged and, sterilized by means of appropriate, validated methods. The
530 shelf-life of these medical devices and IVD medical devices should be determined by
531 validated methods.
- 532 5.4.6 Medical devices and IVD medical devices intended to be sterilized, either by the
533 manufacturer or user, should be manufactured and packaged in appropriate and controlled
534 conditions and facilities.
- 535 5.4.7 Where the medical devices and IVD medical devices are provided non sterile and are
536 intended to be sterilized prior to use, the packaging system should minimize the risk of
537 microbial contamination and should be suitable taking account of the method of
538 sterilization indicated by the manufacturer.
- 539 5.4.8 For medical devices and IVD medical devices placed on the market in both sterile and
540 non-sterile conditions, the labeling should clearly distinguish between these versions.

541

542 5.5 **Considerations of Environment and Conditions of Use**

543 5.5.1 If the medical device or IVD medical device is intended for use in combination with
544 other medical devices or IVD medical devices and/or equipment, the whole combination,
545 including the connection system should be safe and should not impair the specified
546 performance of the medical device or IVD medical device. Any known restrictions on use
547 applying to such combinations should be indicated on the label and/or in the instructions
548 for use. Any connections which the user has to handle, such as fluid, gas transfer,
549 electrical or mechanical coupling, should be designed and manufactured in such a way as
550 to remove or reduce, as far as possible and appropriate, all possible risks, including
551 incorrect connections or safety hazards.

552 5.5.2 Medical devices and IVD medical devices should be designed and manufactured in such
553 a way as to remove or reduce, as far as possible and appropriate, the:

554 a) risks of injury to the users or other persons in connection with its physical and
555 ergonomic features.

556 b) risks of user error due to the design of the medical device or IVD medical device
557 user interface, ergonomic features, and the environment in which the medical device
558 or IVD medical device is intended to be used.

559 c) risks connected with reasonably foreseeable external influences or environmental
560 conditions, such as magnetic fields, external electrical and electromagnetic effects,
561 electrostatic discharge, radiation associated with diagnostic or therapeutic
562 procedures, pressure, humidity, temperature, and/or variations in pressure and
563 acceleration.

564 d) risks associated with the use of the medical device or IVD medical device when it
565 comes into contact with materials, liquids, and substances, including gases, to which
566 it is exposed during normal conditions of use.

567 e) risks associated with the possible negative interaction between software and the IT
568 environment within which it operates and interacts;

569 f) environmental risks from unexpected egress of substances from the medical device
570 or IVD medical device during use, taking into account the medical device or IVD
571 medical device and the nature of the environment in which it is intended to be used.

572 g) the risk of incorrect identification of specimens/samples/data and the risk of
573 erroneous results due to, for example, confusing color and/or numeric coding on
574 specimen receptacles, removable parts and/or accessories used to perform the
575 analysis, test, or assay as intended.

576

- 577 h) the risks of interference with other medical devices or IVD medical devices
578 normally used in diagnosis, monitoring or treatment.
- 579 5.5.3 Medical devices and IVD medical devices should be designed and manufactured in such
580 a way as to remove or reduce, as far as possible and appropriate, the risks of fire or
581 explosion during normal use and in single fault condition. Particular attention should be
582 paid to medical devices and IVD medical devices whose intended use includes exposure
583 to or in association with flammable or explosive substances or substances which could
584 cause combustion.
- 585 5.5.4 Medical devices and IVD medical devices should be designed and manufactured in such
586 a way that adjustment, calibration, and maintenance can be done safely and effectively.
587 Specifically,
- 588 a) When maintenance is not possible, for example, with implants, the risks from
589 ageing of materials, etc. will be reduced as far as possible and appropriate.
- 590 b) When adjustment and calibration are not possible, for example, with thermometers,
591 the risks from loss of accuracy of any measuring or control mechanism are reduced
592 as far as possible and appropriate.
- 593 5.5.5 Medical devices and IVD medical devices that are intended to be operated together with
594 other medical devices or IVD medical devices or products should be designed and
595 manufactured in such a way that the interoperability and compatibility are reliable and
596 safe.
- 597 5.5.6 Any measurement, monitoring or display scale should be designed and manufactured in
598 line with ergonomic principles, taking account of the intended purpose, users and the
599 environmental conditions in which the medical devices and IVD medical devices are
600 intended to be used.
- 601 5.5.7 Medical devices and IVD medical devices should be designed and manufactured in such
602 a way as to facilitate their safe disposal and the safe disposal of related waste substances
603 by the user, patient or other person. The instructions for use should identify safe disposal
604 procedures and measures.
- 605 **5.6 Protection against Electrical, Mechanical, and Thermal Risks**
- 606 5.6.1 Medical devices and IVD medical devices should be designed and manufactured in such
607 a way as to protect users against mechanical risks connected with, for example, resistance
608 to movement, instability, and moving parts.
- 609 5.6.2 Medical devices and IVD medical devices should be designed and manufactured in such
610 a way as to reduce the risks arising from vibration generated by the medical devices or
611 IVD medical devices, as far as possible and appropriate, taking account of technical
612 progress and of the means available for limiting vibrations, particularly at source, unless
613 the vibrations are part of the specified performance.

- 614 5.6.3 Medical devices and IVD medical devices should be designed and manufactured in such
615 a way as to reduce the risks arising from the noise emitted as far as possible and
616 appropriate, taking account of technical progress and of the means available to reduce
617 noise, particularly at source, unless the noise emitted is part of the specified performance.
- 618 5.6.4 Medical devices and IVD medical devices should be designed and manufactured in such
619 a way as to reduce as far as possible and appropriate, the risk of error when certain parts
620 within the device are intended to be connected or reconnected before or during use.
- 621 5.6.5 Medical devices and IVD medical devices (excluding the parts or areas intended to
622 supply heat or reach given temperatures) and their surroundings should not attain
623 potentially dangerous temperatures under normal conditions of use.
- 624 **5.7 Active Medical Devices and IVD Medical Devices and Medical Devices Connected to**
625 **Them**
- 626 5.7.1 For active medical devices and IVD medical devices, in the event of a single fault
627 condition, appropriate means should be adopted to eliminate or reduce, as far as possible
628 and appropriate, consequent risks.
- 629 5.7.2 Medical devices and IVD medical devices where the safety of the patient depends on an
630 internal power supply should be equipped with a means of determining the state of the
631 power supply and an appropriate warning or indication for when the capacity of the
632 power supply becomes critical.
- 633 5.7.3 Medical devices and IVD medical devices where the safety of the patient depends on an
634 external power supply should include an alarm system to signal any power failure.
- 635 5.7.4 Medical devices and IVD medical devices intended to monitor one or more clinical
636 parameters of a patient should be equipped with appropriate alarm systems to alert the
637 user of situations which could lead to death or severe deterioration of the patient's state of
638 health.
- 639 5.7.5 Medical devices and IVD medical devices should be designed and manufactured in such
640 a way as to reduce the risks, as far as possible and appropriate, of creating
641 electromagnetic interference which could impair the operation of any devices or
642 equipment in the intended environment.
- 643 5.7.6 Medical devices and IVD medical devices should be designed and manufactured in such
644 a way as to provide a level of intrinsic immunity to electromagnetic interference such that
645 is adequate to enable them to operate as intended.
- 646
- 647 5.7.7 Medical devices and IVD medical devices should be designed and manufactured in such
648 a way as to reduce, as far as possible and appropriate, the risk of accidental electric
649 shocks to the user or any other person, both during normal use of the medical device or
650 IVD medical device and in the event of a single fault condition in the medical device or

- 651 IVD medical device, provided the medical device or IVD medical device is installed and
652 maintained as indicated by the manufacturer.
- 653 5.7.8 The medical device and IVD medical device should be designed, manufactured and
654 maintained in such a way as to provide an adequate level of intrinsic immunity and/or
655 resilience to deliberate attempts to gain unauthorized access to its safety related
656 functions, its patient related data, its communication protocols and its ability to function
657 as part of a connected system which enables it to operate as intended.
- 658 5.7.9 Medical devices and IVD medical devices should be designed and manufactured in such
659 a way as to protect, as far as possible and appropriate, against unauthorized access that
660 could hamper the device from functioning as intended or impose a safety concern.
- 661 5.8 **Medical Devices and IVD Medical Devices that Incorporate Software or are Software**
662 **as a Medical Device**
- 663 5.8.1 Medical devices and IVD medical devices that incorporate electronic programmable
664 systems, including software, or are software as a medical device, should be designed to
665 ensure accuracy, reliability, precision, safety, and performance in line with their intended
666 use. In the event of a single fault condition, appropriate means should be adopted to
667 eliminate or reduce, as far as possible and appropriate, consequent risks or impairment of
668 performance.
- 669 5.8.2 For medical devices and IVD medical devices that incorporate software or are software
670 as a medical device, the software must be developed, manufactured and maintained in
671 accordance with the state of the art taking into account the principles of development life
672 cycle (e.g., rapid development cycles, frequent changes, the cumulative effect of
673 changes), risk management (e.g., changes to system, environment, and data), including
674 information security (e.g., safely implement updates), verification and validation (e.g.,
675 change management process).
- 676 5.8.3 Software that is intended to be used in combination with generic computing platforms
677 should be designed and developed taking into account the platform itself (e.g. size and
678 contrast ratio of the screen, connectivity, memory, etc.) and the external factors related to
679 their use (varying environment as regards level of light or noise).
- 680 5.8.4 Manufacturers should set out minimum requirements concerning hardware, IT networks
681 characteristics and IT security measures, including protection against unauthorized
682 access, necessary to run the software as intended.
- 683

684 **5.9 Medical Devices and IVD Medical Devices with a Diagnostic or Measuring Function**

685 5.9.1 Medical devices and IVD medical devices with a diagnostic or measuring (including
686 monitoring) function should be designed and manufactured in such a way as to provide,
687 among other performance characteristics, sufficient accuracy, precision and stability for
688 their intended purpose, based on appropriate scientific and technical methods.

689 a) Where applicable, the limits of accuracy should be indicated by the manufacturer.

690 b) Whenever possible, values expressed numerically should be in commonly accepted,
691 standardized units, and understood by users of the medical device or IVD medical
692 device. While generally supporting the convergence on the global use of
693 internationally standardized measurement units, considerations of safety, user
694 familiarity and established clinical practice may justify the use of other recognized
695 measurement units.

696 c) The function of the controls and indicators should be clearly specified on the
697 medical device and IVD medical device. Where a medical device or IVD medical
698 device bears instructions required for its operation or indicates operating or
699 adjustment parameters by means of a visual system, such information should be
700 understandable to the user and, as appropriate, the patient.

701 **5.10 Labeling and Instructions for Use**

702 The following principles are the general requirements for labeling and instructions for use. For
703 additional guidance on the contents of the label and instructions for use please refer to
704 GHTF/SG1/N70/2011.

705 5.10.1 Each medical device and IVD medical device should be accompanied by the information
706 needed to identify the medical device or IVD medical device and its manufacturer, and
707 by any safety and performance information relevant to the user, or any other person, as
708 appropriate. Such information may appear on the medical device/IVD medical device
709 itself, on the packaging or in the instructions for use, and should be easily understood.

710 5.10.2 The medium, format, content, legibility, and location of the label and instructions for use
711 should be appropriate to the particular medical device and IVD medical device, its
712 intended purpose and the technical knowledge, experience, education or training of the
713 intended user(s). Instructions for use should be written in terms readily understood by the
714 intended user and, where appropriate, supplemented with drawings and diagrams. If
715 instructions for use are insufficient, appropriate training should be provided. Some
716 medical devices and IVD medical devices should include separate information for the
717 professional user and the lay person.

718

- 719 5.10.3 The contents of the label and instructions for use should meet the requirements of the
720 Regulatory Authority having jurisdiction.
- 721 **5.11 Protection against Radiation**
- 722 5.11.1 Medical devices and IVD medical devices should be designed, manufactured and
723 packaged in such a way that exposure of users or other persons to radiation is reduced as
724 far as possible and appropriate and in a manner that is compatible with the intended
725 purpose, whilst not restricting the application of appropriate specified levels for
726 diagnostic purposes.
- 727 5.11.2 The operating instructions for medical devices and IVD medical devices emitting
728 hazardous or potentially hazardous radiation should contain detailed information as to the
729 nature of the emitted radiation, the means of protecting the user, patients, and others, and
730 ways of avoiding misuse and of reducing the risks inherent to transport, storage and
731 installation, as far as possible and appropriate.
- 732 5.11.3 Where medical devices and IVD medical devices are intended to emit hazardous, or
733 potentially hazardous, ionizing and/or non-ionizing radiation, they should be fitted, where
734 possible, with visual displays and/or audible warnings of such emissions.
- 735 5.11.4 Medical devices and IVD medical devices should be designed and manufactured in such
736 a way that exposure of users and other persons to the emission of unintended, stray or
737 scattered radiation is reduced as far as possible.
- 738 5.11.5 Where possible and appropriate, methods should be selected which reduce the exposure
739 to radiation of users and other persons who may be affected.
- 740 5.11.6 For medical devices and IVD medical devices emitting hazardous or potentially
741 hazardous radiation and that require installation, information regarding the acceptance
742 and performance testing, the acceptance criteria, and the maintenance procedure should
743 be specified in the operating instructions.
- 744 5.11.7 When medical devices and IVD medical devices are intended to emit hazardous, or
745 potentially hazardous, ionizing and/or non-ionizing radiation, accessible to user, they
746 should, as far as possible and appropriate, be designed and manufactured in such a way as
747 to ensure that the quantity, geometry, energy distribution (or quality), and other key
748 characteristics of the radiation emitted can be controlled and adjusted and, where
749 appropriate, monitored during use. Such medical devices and IVD medical devices
750 should be designed and manufactured to ensure reproducibility of relevant variable
751 parameters within an acceptable tolerance.
- 752
- 753 **5.12 Protection against the Risks posed by Medical Devices and IVD Medical Devices**
754 **intended by the Manufacturer for use by Lay Persons**
- 755 5.12.1 Medical devices and IVD medical devices for use by lay persons (such as self-testing or
756 near-patient testing) should be designed and manufactured in such a way that they

757 perform appropriately for their intended use/purpose taking into account the skills and the
758 means available to lay persons and the influence resulting from variation that can be
759 reasonably anticipated in the lay person's technique and environment. The information
760 and instructions provided by the manufacturer should be easy for the lay person to
761 understand and apply when using the medical device or IVD medical device and
762 interpreting the results.

763 5.12.2 Medical devices and IVD medical devices for use by lay persons (such as self-testing or
764 near-patient testing) should be designed and manufactured in such a way as to:

765 a) ensure that the medical device and IVD medical device can be used safely and
766 accurately by the intended user per instructions for use. If instructions for use are
767 insufficient, appropriate training should be provided.

768 b) reduce, as far as possible and appropriate, the risk of error by the intended user in
769 the handling of the medical device or IVD medical device and, if applicable, in the
770 interpretation of the results.

771 5.12.3 Medical devices and IVD medical devices for use by lay persons (such as self-testing or
772 near-patient testing) should, where appropriate, include means by which the lay person:

773 a) can verify that, at the time of use, the medical device or IVD medical device will
774 perform as intended by the manufacturer, and

775 b) is warned if the medical device or IVD medical device has failed to operate as
776 intended or to provide a valid result.

777 5.13 **Medical Devices and IVD Medical Devices Incorporating Materials of Biological** 778 **Origin**

779 5.13.1 For medical devices and IVD medical devices that include tissues, cells, or substances of
780 animal origin, or their derivatives, which are non-viable or rendered non-viable the
781 following should apply:

782 a) where feasible, taking into account the animal species, tissues and cells of animal
783 origin, or their derivatives, should originate from animals that have been subjected
784 to veterinary controls that are adapted to the intended use of the tissues. Information
785 on the geographical origin of the animals may need to be retained by manufacturers
786 depending on jurisdictional requirements.

787 b) sourcing, processing, preservation, testing and handling of tissues, cells and
788 substances of animal origin, or their derivatives, should be carried out so as to
789 provide safety for patients, users and, where applicable, other persons. In particular,
790 safety with regards to viruses and other transmissible agents should be addressed by
791 implementation of validated state of the art methods of elimination or inactivation in
792 the course of the manufacturing process, except when the use of such methods
793 would lead to unacceptable degradation compromising the medical device or IVD
794 medical device.

795 5.13.2 For Regulatory Authorities, which regulate products manufactured utilizing tissues, cells,
796 or substances of human origin or their derivatives as medical devices or IVD medical
797 devices, the following should apply:

798 a) donation, procurement and testing of the tissues and cells should be done in
799 accordance with jurisdictional requirements; and

800 b) processing, preservation and any other handling of those tissues and cells or their
801 derivatives should be carried out so as to provide safety for patients, users and,
802 where applicable, other persons. In particular, safety with regard to viruses and
803 other transmissible agents should be addressed by appropriate methods of sourcing
804 and by implementation of validated state of the art methods of elimination or
805 inactivation in the course of the manufacturing process.

806 5.13.3 For medical devices and IVD medical devices manufactured utilizing biological
807 substances other than those referred to in Sections 5.13.1 and 5.13.2, the processing,
808 preservation, testing and handling of those substances should be carried out so as to
809 provide safety for patients, users and, where applicable, other persons, including in the
810 waste disposal chain. In particular, safety with regards to viruses and other transmissible
811 agents should be addressed by appropriate methods of sourcing and by implementation of
812 validated state of the art methods of elimination or inactivation in the course of the
813 manufacturing process.

814 5.14 **Medical Devices Incorporating a Substance Considered to be a Medicinal** 815 **Product/Drug**

816 These essential principles are not intended to provide definitions for combination products
817 since these definitions are yet to be harmonized and how combination products are handled
818 varies among different regulatory authorities.

819 5.14.1 Where a medical device incorporates, as an integral part, a substance which, if used
820 separately may be considered to be a medicinal product/drug as defined in the relevant
821 legislation that applies in that Regulatory Authority and which is liable to act upon the
822 body with action ancillary to that of the medical device, the safety and performance of the
823 medical device as a whole should be verified, as well as the identify, safety, quality and
824 efficacy of the substance in the specific combination product if dose, mechanism of
825 action and intended use of the substance is similar to that of medicinal product when used
826 separately.

827

828 **6.0 Essential Principles Applicable to Medical Devices other than IVD**
829 **Medical Devices**

830 The essential design and manufacturing principles listed in this Section of the document are
831 additional to the essential principles listed in Section 5. These essential principles are applicable
832 to medical devices other than IVD medical devices.

833 **6.1 Chemical, Physical and Biological Properties**

834 6.1.1 With regards to chemical, physical, and biological properties of a medical device,
835 particular attention should be paid to the compatibility between the materials and
836 substances used and biological tissues, cells and body fluids, taking account of the
837 intended purpose of the device and, where relevant, absorption, distribution, metabolism
838 and excretion.

839 6.1.2 Medical devices should be designed and manufactured in such a way that they can be
840 used safely with the materials, substances, and gases, with which they enter into contact
841 during their intended use; if the devices are intended to administer medicinal products
842 they should be designed and manufactured in such a way as to be compatible with the
843 medicinal products concerned in accordance with the provisions and restrictions
844 governing those medicinal products and that the performance of both the medicinal
845 products and of the devices is maintained in accordance with their respective indications
846 and intended use.

847 6.1.3 Medical devices should be designed and manufactured in such a way as to reduce the
848 risks, as far as possible and appropriate, linked to the size and the properties of particles
849 which are or can be released into the patient's or user's body, unless they come into
850 contact with intact skin only. Special attention should be given to nanomaterials.

851 **6.2 Protection against Radiation**

852 6.2.1 Medical devices emitting ionizing radiation intended for diagnostic radiology should be
853 designed and manufactured in such a way as to achieve an image and/or output quality
854 that are appropriate to the intended medical purpose whilst minimizing radiation
855 exposure of the user and other persons.

856 6.2.2 Medical devices should be designed to accurately estimate, monitor, display, report, and
857 record dose from an exam or treatment.

858 **6.3 Particular Requirements for Implantable Medical Devices**

859 6.3.1 Implantable medical devices should be designed and manufactured in such a way as to
860 remove or minimize the risks, as far as possible and appropriate, connected with medical
861 treatment, e.g. the use of defibrillators, high-frequency surgical equipment.

862

863 6.3.2 Active programmable implantable medical devices should be designed and manufactured
864 in a manner that allows the unequivocal identification of the device without the need for a
865 surgical operation.

866 **6.4 Protection against the Risks Posed to the Patient or User by Medical Devices**
867 **Supplying Energy or Substances**

868 6.4.1 Medical devices for supplying the patient with energy or substances should be designed
869 and manufactured in such a way that the amount to be delivered can be set and
870 maintained accurately enough to ensure the safety of the patient, user, and others.

871 6.4.2 Medical devices should be fitted with the means of preventing and/or indicating any
872 inadequacies in the amount of energy delivered or substances delivered which could pose
873 a danger. Devices should incorporate suitable means to prevent, as far as possible, the
874 accidental release of dangerous levels of energy or substances from an energy and/or
875 substance source.

876 **7.0 Essential Principles Applicable to IVD Medical Devices**

877 The essential design and manufacturing principles listed in this Section of the document are
878 additional to the essential principles of safety and performance listed in Section 5. These
879 essential principles are applicable to only IVD medical devices.

880 **7.1 Performance Characteristics**

881 7.1.1 IVD medical devices should achieve the analytical and clinical performances, as stated
882 by the manufacturer that are applicable to the intended use/purpose, taking into account
883 the intended patient population, the intended user, and the setting of intended use. These
884 performance characteristics should be established using suitable, validated, state of the art
885 methods. For example:

886 a) The analytical performance can include, but is not limited to,

- 887 a. Traceability of calibrators and controls
- 888 b. Accuracy of measurement (trueness and precision)
- 889 c. Analytical Sensitivity/Limit of detection
- 890 d. Analytical specificity
- 891 e. Measuring interval/range
- 892 f. Specimen stability

893 b) The clinical performance, such as diagnostic/clinical sensitivity, diagnostic/clinical
894 specificity, positive predictive value, negative predictive value, likelihood ratios,
895 and expected values in normal and affected populations.

- 896 7.1.2 Where the performance of an IVD medical device depends on the use of calibrators or
897 control materials, the traceability of values assigned to such calibrators or control
898 materials should be ensured through available reference measurement procedures or
899 available reference materials of a higher order.
- 900 7.1.3 Wherever possible, values expressed numerically should be in commonly accepted,
901 standardized units and understood by the users of the IVD medical device.
- 902 7.1.4 The performance characteristics of the IVD medical device should be evaluated
903 according to the intended use statement which may include the following:
- 904 a) intended user, for example, lay person, laboratory professional;
- 905 b) intended use environment, for example, patient home, emergency units, ambulances,
906 healthcare centers, laboratory;
- 907 c) relevant populations, for example, pediatric c.f. adult, pregnant women, individuals
908 with signs and symptoms of a specific disease, patients undergoing differential
909 diagnosis, blood supply screening, etc. Populations evaluated should represent,
910 where appropriate, ethnically and genetically diverse populations so as to be
911 representative of the population(s) where the device is intended to be marketed. For
912 infectious diseases, the populations selected should also have similar prevalence
913 rates.
- 914 **7.2 Chemical, Physical and Biological Properties**
- 915 7.2.1 With regards to chemical, physical, and biological properties for IVD medical devices,
916 attention should be paid to the possibility of impairment of analytical performance due to
917 physical and/or chemical incompatibility between the materials used and the specimens,
918 analyte or marker to be detected (such as biological tissues, cells, body fluids and micro-
919 organisms), taking account of the intended purpose of the device.
- 920

921 **Annex A: Use of Standards in Meeting Essential Principles**

922
923 Consensus standards that contain detailed requirements may be used to demonstrate
924 conformance with the essential principles of safety and performance. Such consensus standards
925 provide a greater level of detail and specificity than can be expressed in the essential principles.
926 The essential principles of safety and performance and their related standards can be useful in the
927 fulfilment of pre-market and post-market requirements throughout the lifecycle of medical
928 devices and IVD medical devices. It is important to note that, the use of specific consensus
929 standards, depends on the requirements of the Regulatory Authorities having jurisdiction. In
930 addition, some Regulatory Authorities may have additional requirements outside of these
931 essential principles of safety and performance.

932 **A. General Approach to Using Standards**

933
934 The essential principles of safety and performance are the general, high-level criteria that when
935 met indicate that a medical device and IVD medical device is safe and effective. Regulatory
936 requirements expect that a medical device and IVD medical device be safe and effective during
937 its lifecycle and so conformity with the essential principles of safety and performance should be
938 achieved throughout the lifecycle of the medical device and IVD medical device. This usually
939 means that their medical device and IVD medical device should be:

- 940
941 a) designed to be safe and effective, complying with the essential principles of safety and
942 performance,
943 b) manufactured to maintain the design characteristics, and
944 c) used in a way that maintains the design characteristics.

945
946 In the case of findings while the medical device or IVD medical device is in the post-production
947 phase, there is a need to evaluate the production and post-production information for relevancy
948 to safety and performance and a redesign might be needed to make the medical device or IVD
949 medical device compliant again with the essential principles of safety and performance.

950
951 It is important to note that it is not possible to assure an acceptable level of safety and
952 performance in the lifecycle by simply being compliant with one or more standards at one time.
953 The requirements in a single standard typically do not meet all the specific parts of a given
954 essential principle as related to a given medical device or IVD medical device. A process for
955 continuous compliance is required and the expectation is that this is achieved through the use of
956 a robust quality management system and a risk management process.

957 **B. Use of Standards by Regulatory Authorities having Jurisdiction**

958
959 In some countries, Regulatory Authorities having jurisdiction acknowledge the use of voluntary
960 consensus standards as one means of demonstrating compliance with relevant essential principles
961 of safety and performance of medical devices and IVD medical devices. In addition, use of
962 consensus standards can promote harmonization among Regulatory Authorities in the regulation
963 of medical devices and IVD medical devices.

964
965 Standards suitable to address the essential principles should be based on:
966

- 967 a) a close relationship of the scope of the standard to one or more of the essential principles,
968 b) the clarity and completeness of the technical requirements contained in the standard as it
969 relates to a specific essential principle,
970 c) the existence of test methods for determining compliance with each of the technical
971 requirements in the standard, and
972 d) the definition of clear acceptance criterion for determining that each technical
973 requirement is met.

974 These standards should, wherever possible, be standards incorporating the thinking of the global
975 marketplace and help support the development of consistent expectations between Regulatory
976 Authorities having jurisdiction. In the absence of international consensus standards, it may be
977 appropriate for Regulatory Authorities having jurisdiction to accept the use of regional or
978 national consensus standards or industry standards. Regulatory Authorities having jurisdiction
979 typically establish and maintain a list of accepted standards that they find suitable for
980 demonstrating conformance to these essential principles.

981
982

983 **C. Assessing the Conformity of a Medical Device and IVD Medical Device**

984

985 Conformity assessment is the systematic examination of records and procedures undertaken by
986 the manufacturer, under requirements established by the Regulatory Authority having
987 jurisdiction, to determine that a medical device or IVD medical device conforms to the essential
988 principles and is thereby safe and performs as intended. In assessing the conformity of a medical
989 device with the essential principles, standards or parts of several standards may be utilized and
990 combined in a way that is appropriate for the specific medical device or IVD medical device. In
991 some cases, the use of parts of standards and/or combinations of standards should be acceptable
992 for conformity assessment purposes.

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994 If the combination of standards does not cover all the necessary essential principles of safety and
995 performance for a specific medical device or IVD medical device, other means of demonstrating
996 conformance to the essential principles should be used, such as the creation of valid scientific
997 evidence for the medical device or IVD medical device and essential principle in question. In
998 addition, the Regulatory Authority having jurisdiction may have additional requirements that are
999 beyond those contained in the standard. In some cases, even if there is an available standard,
1000 valid scientific evidence may be used in lieu of using any standard to demonstrate conformance
1001 to the essential principles.

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1004 **D. Risk Management within Consensus Standards**

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1006 Risk management is increasingly becoming a key principle within standards. For example, many
1007 medical device consensus standards include risk management principles in the application of
1008 these standards during the medical device and IVD medical device lifecycle. The use of risk
1009 management principles in these consensus standards allows these standards to remain relevant
1010 and helpful as technology advances. Application of risk management principles within
1011 consensus standards requires the medical device and IVD medical device manufacturer to
1012 consider the implications of design and manufacturing decisions made during the lifecycle of the
1013 medical device. Documentation of these risk management activities can provide a justification

1014 that manufacturers design and manufacturing decisions meet a Regulatory Authority's
1015 requirements for marketing a medical device and IVD medical device.

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Annex B: Guidance on Essential Principles

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The table below is intended to provide general guidance for meeting the essential principles of safety and performance. The standards and guidances below are not intended to encompass all of the requirements to meet a particular essential principle, but rather provide some overarching guidance. Depending on the specific medical device or IVD medical device additional product specific standards may need to be used. In addition, the requirements of the particular Regulatory Authority having jurisdiction must also be taken into consideration.

Essential Principle	Guidances	Relevant Standards
5.1	<p>GHTF/SG3/N18:2010 <i>Quality Management System –Medical Devices – Guidance on Corrective Action and Preventive Action and related QMS Processes</i></p> <p>GHTF/SG3/N17:2008 <i>Quality Management System – Medical Devices – Guidance on the Control of Products and Services Obtained from Suppliers</i></p> <p>GHTF/SG3/N99-10:2004 <i>Quality Management Systems - Process Validation Guidance</i></p> <p>GHTF/SG3/N15R8 <i>Implementation of Risk Management Principles and Activities within a Quality Management System</i></p> <p>ISO 13485:2016 Handbook</p>	<p>ISO 13485</p> <p>ISO 14971</p> <p>ISO 23640</p> <p>CLSI EP25</p>
5.2	<p>Declaration of Helsinki</p> <p>GHTF/SG5/N1R8:2007 <i>Clinical Evidence – Key Definitions and Concepts</i></p> <p>GHTF/SG5/N2R8:2007 <i>Clinical Evaluation</i></p> <p>GHTF/SG5/N3:2010 <i>Clinical Investigations</i></p> <p>GHTF/SG5/N6:2012 <i>Clinical Evidence for IVD Medical Devices - Key Definitions and Concepts</i></p> <p>GHTF/SG5/N7:2012 <i>Clinical Evidence for IVD Medical Devices - Scientific Validity Determination and Performance Evaluation.</i></p> <p>GHTF/SG5/N8:2012 <i>Clinical Performance Studies for In Vitro Diagnostic Medical Devices</i></p>	<p>ISO 14155</p>
5.3		<p>ISO 10993</p> <p>IEC 60601</p> <p>IEC 61010</p>
5.4		<p>ISO 11135</p> <p>ISO 11137</p> <p>ISO 11138</p> <p>ISO 11140</p> <p>ISO 11607</p> <p>ISO 10993</p> <p>ISO 11737</p> <p>ISO 13408</p> <p>ISO 14644</p> <p>ISO 14937</p> <p>ISO 17664</p> <p>ISO 17665</p>

5.5		IEC 60601 IEC 61010 IEC 62366-1 IEC 62366-2 IEC 80001 ISO 80369 IEC 62304
5.6		IEC 60601 IEC 61010
5.7		IEC 60601 IEC 61010
5.8	<p>IMDRF/SaMD WG/N41 FINAL:2017 <i>Software as a Medical Device (SaMD): Clinical Evaluation</i></p> <p>IMDRF/SaMD WG/N23 FINAL:2015 <i>Software as a Medical Device (SaMD): Application of Quality Management System</i></p> <p>IMDRF/SaMD WG/N12 FINAL:2014 <i>“Software as a Medical Device”: Possible Framework for Risk Categorization and Corresponding Considerations</i></p> <p>IMDRF/SaMD WG/N10 FINAL:2013 <i>Software as a Medical Device (SaMD): Key Definitions</i></p>	IEC 62304
5.9		IEC 60601 IEC 61010 IEC 62366-1 IEC 62366-2
5.10	GHTF/SG1/N70:2011 <i>Label and Instructions for Use for Medical Devices</i>	
5.11		IEC 60601 IEC 61010
5.12		IEC 62366-1 IEC 62366-2
5.13		ISO 22442
5.14	Refer to jurisdictional requirements.	
6.1		ISO 10993 IEC 60601
6.2		IEC 60601

6.3	Requirements depend on the type of implantable device.	
6.4		IEC 60601
7.1		CLSI EP05 CLSI EP06 CLSI EP07 CLSI EP12 CLSI EP17 CLSI EP21 CLSI EP25 CLSI EP28 ISO 23640
7.2		ISO 10993 IEC 61010

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