Diagnostic Product Questionnaire

For Product Evaluation by the

Global Fund Expert Review Panel for Diagnostic Products

Version 6

30 January 2017

Preliminary notice to applicants

* This questionnaire is not protected, on purpose, in order to facilitate its use. Please don’t modify the order or the naming of the headings/questions.
* Please fill out one form for each diagnostic product. However, the same questionnaire can relate to different commercial presentations if their contents, in nature, are essentially similar.
* For more guidance on the terms and vocabulary used in this questionnaire please refer to reference b) in Section 5: List of reference of the present questionnaire.
* Please provide all documents requested in section 4.
* Please provide all information electronically on a USB or CD rom under a cover letter referring to the relevant Expression of Interest.

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# I Administrative Information

1. Contact details of legal manufacturer

Name of company:

Physical address:

Postal address:

City: Country:

Telephone: Fax:

E-mail: Website:

Authorized contact (Please specify name and title):

Other authorized contacts, such as an identified a third party for this submission (Please specify):

1. Contact details of authorized contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Function/responsibility | Name of contact person: | Telephone/  cell phone: | Email: |
| Technical specifications & product quality |  | Tel:  Cell: |  |
| Regulatory & patent |  | Tel:  Cell: |  |
| Commercial/business |  | Tel:  Cell: |  |
| General enquiries |  | Tel:  Cell: |  |

1. Commitment and authorization

### Commitment

I, the undersigned, (full name and position in the company) ………… acting as the authorized contact for the company certify that the information provided is correct and true.

That the product offered is identical in all aspects of manufacturing and quality to that registered and marketed in ……… *(name of country)*

Explain any exceptions

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |

### Authorization

Note for the applicant

The information in this questionnaire may be shared confidentially amongst WHO, MSF, UNICEF, USAID and UNITAID for procurement purposes. If you have any objection, please indicate under the following statement.

I, the undersigned confirm that the company has no objection to the information contained herein being shared with the agencies listed.

If you have previously applied for WHO Prequalification and provided information in relation to this product, please indicate below (all that apply):

WHO PQ Presubmission: Most recent submission date:

or

WHO PQ Number……… PQ letter of agreement date:

MSF Most recent submission date:

UNICEF Most recent submission date:

Other (specify)      Most recent submission date;

I, the undersigned, certify that the information provided above is accurate, correct, complete, and up to date and true at the time of submission,

I, the undersigned, agree to sharing information provided for the purpose of WHO prequalification, for the use of ERPD.

Full name: ………..

Full title/position in company: ……………….

Company name: ……………

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |

Telephone number:

Email:

Company seal/stamp: Stamp here:

# II Diagnostic Product

1. Product identification

* Product name (Full):
* Product name (Abbreviated, if existing):
* Product code / Product catalogue No
* Device code:

This code should be allocated in reference to an internationally recognized coding system e.g. ISO 15225, GMDN, etc.

1. Packaging formats

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Pack | Pack size / Number of units | Catalogue N0  / Code | Dimensions  L x H x W (cm) | Weight in kg |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Specify sub units if applicable

Is this product on the market under a different brand/trade name?

If yes, specify:

1. Product classification regarding hazardous materials

* Please provide Material Safety Data Sheet, as per IATA requirements (See checklist, Section 4 Box A)

1. Product description

### Intended use/Intended purpose

* Please provide a short narrative of the intended use.
* Please describe the principle of operation/of the assay

### Specimen type and sample collection

Please describe the different sample types that can be used for this IVD (e.g. serum, plasma, venous whole blood, capillary blood, urine, oral fluid, etc.)

Please described sample collection and transport materials including any additives, if required.

### Assay Control

Please describe the use of controls. If applicable, please also provide a list of compatible control materials or control material specifications. Please specified if provided by the manufacturer or supplied by external provider.

### Associated Instrument

Does the diagnostic require instrumentation? Yes/No

If yes, please detailed the instrument required to perform the test.

|  |  |
| --- | --- |
| Items | Name |
| Reagent kit 1 |  |
| Reagent kit 2 |  |
| Instrument 1 |  |
| Instrument 2 |  |

If instrument based, provide estimated instrument lifespan and connectivity.

### Accessories required

Please specify if any specific accessory is required to perform the test (lancets, pipettes, swabs,…).

Please specify if the accessories are provided by the manufacturer as part of the kit, or separately, or supplied by other provider.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Accessories** | Code | Provided in kit  Provided by the manufacturer or Supplied by other provider |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. Regulatory status and versions

### Ongoing submission to stringent regulatory processes

Are there different regulatory versions?

If yes, explain which one is submitted for ERPD and how it differs from other versions.

(For more guidance, see reference a) in Section 5: List of reference of the present questionnaire)

WHO prequalification in process: PQDx number:

Approval by a SRA[[1]](#footnote-1) in process: application number:

Pre-submission for WHO prequalification (Explain)

Not applied for WHO prequalification (Explain)

### Approval/registration status already acquired

In Country of Legal Manufacture

Product registered and currently marketed in the country of manufacture

Approval/registration no: Valid until:

Issued by: Agency: Country:

Date of commercialization ……..

Product registered for marketing in the country of manufacture but not currently marketed:

Approval/registration no: Valid until:

Issued by: Agency: Country:

Product registered for export only

Approval no: Valid until:

Issued by: Agency: Country:

Product not registered in country of manufacture (please explain):

In other countries:

This product is registered/licensed and currently marketed in the following countries (insert additional row if necessary);

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country | Approval No. | Valid Until | Issuing Agency | Date of commercialization | Volume of sales (Number of units/tests |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please provide copies of all regulatory approvals/registration/certificates that are claimed (See checklist Section 4 Box B).

### Rebranding

Please specify if the product is a rebranded product. If yes, please indicate the name, address and contact details of the Original Manufacturer (OEM).

Please provide the terms of the contract between you and the OEM related to access to the technical documentation, complaints management, vigilance and recall (See section 4 box C).

Please specify if the products subject to this questionnaire are sold for rebranding. If yes, please indicate the name and contact details of the Own Brand Labeller (OBL)

1. Labeling and instructions for use

(For more guidance, see reference h) in Section 5: List of reference of the present questionnaire)

### Instructions for Use

Please provide copy of the instructions for use in English (see checklist Section 4 Box D).

Please specify the language(s) of labels and packaging which are/will be available

English  French  Other (Specify):

### Labels and packaging

Please provide copies of all the packaging labels for the assay, include labels and component labels of primary packaging, labels for secondary packaging, and labels from the outer package (tertiary/transportation package) for all commercial presentations. (See checklist Section 4 Box E).

1. Risk management

Was a risk analysis conducted to identify possible hazards for the IVD medical device, and to address and control the risks to an acceptable level?

(For more guidance, see reference d) in Section 5: List of reference of the present questionnaire)

Identify the standard/guideline that was followed.

Please provide the specific risk report, risk-analysis risk management plan and risk control for the related IVD (see Section 4 Box F).

1. Stability studies

### Description of the stability studies conducted

Were studies conducted on stability of the products?

Yes

No (Explain)

(For more guidance. see references e) and f) in Section 5: List of reference of the present questionnaire)

*Note: Stability testing should be* ***completed*** *on samples taken from three different production lots of the finished product manufactured on the same site and packed in the same packaging material as the product that will be supplied.*

If yes, indicate type and conditions of testing; where a standard is followed, please identify the standard.

1. Satisfactory **accelerated** testing at (state the months):

Conditions (Temperature/Relative Humidity/Duration):

* Number of lots:
* Lot sizes:
* Date of beginning of the study:
* Date of end of study:

Please provide copies of study protocol and study results, including graphical/pictorial interpretations where applicable. (See checklist Section 4 Box G)

1. Satisfactory r**eal time** testing at (state the months):

Conditions (Temperature/Relative Humidity/Duration):

* Number of lots:
* Lots sizes:
* Date of beginning of the study:
* Date of end of study (if applicable):

Please provide copies of study protocol and study results, including graphical/pictorial interpretations where applicable. (See checklist Section 4 Box G)

c) Stability studies for this product is **ongoing**

Yes

No (Explain)

Please provide copies of study protocol of any ongoing stability studies as well as the interim report (See checklist Section 4 Box G).

### In use stability

Please provide copies of study protocol and study results, including graphical/pictorial interpretations where applicable (See checklist Section 4 Box G).

### Shipping Stability

Please provide copies of study protocol and study results assessing the stability during transportation, including graphical/pictorial interpretations where applicable (See checklist Section 4 Box G)

1. Shelf life and storage conditions
2. Guaranteed shelf life (based on stability studies):
3. Maximum possible shelf life (upon manufacture, based on stability studies):
4. Determination of expiration date as it appears on the outer packaging (i.e, unopened):
5. Determination of expiration date of components after primary package is opened (in use stability):
6. Specific **storage conditions** for this product as they appear on the packaging and based on stability studies:

* Temperature:
* Light:
* Humidity:
* Other (Specify):

1. Specific transport conditions for this product

Please specify the specific transport conditions, if necessary

1. On-board stability (e.g., the maximum length of time IVDs can be loaded onto an instrument)
2. Product performance specifications and associated validation and verification studies

Please provide the performance data relevant for each specimen type claimed. For example: general overall performance sensitivity (95%C) and specificity (95% CI)

*Note: It is critical to stress that all the data provided in this section must be obtained with devices produced under a “final” validated production scale (e.g. initial production units recognizing that production equipment or processes might change between production for validation and production for commercial distribution). These points are important as many data can be irrelevant or misleading if not done using products representative of the final product and process conditions. Pilot-scale batches will not suffice unless concrete evidence is provided that the difference will have no impact on the quality of the data, except if justified by the innovative aspects of the device.*

### Analytical performance studies

(For more guidance see reference g) in Section 5: List of reference of the present questionnaire)

Were studies conducted to demonstrate analytical aspects?

If no, please justify.

If yes, please provide an overview of the study conducted as per the table provided relevant for the specimen types claimed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Specimen types | Yes | No |
| Specimen Stability |  |  |  |
| Accuracy of measurement |  |  |  |
| - Trueness of measurement |  |  |  |
| - Precision of measurement |  |  |  |
| Analytical sensitivity |  |  |  |
| - LOB / LOD / LOQ |  |  |  |
| - Detection of variants |  |  |  |
| Analytical specificity |  |  |  |
| - Interference studies/cross-reactivity |  |  |  |
| Measuring range |  |  |  |
| Any other |  |  |  |

Please provide, for each study, study protocols and report summarizing the data collected, clearly specifying reference methods used. (See Section 4 box H).

### Clinical performance studies

(For more guidance see reference g) in Section 5: List of reference of the present questionnaire)

Were studies conducted to demonstrate performance on clinical specimens?

If no, please justify.

If yes, please provide an overview of the clinical studies conducted as per the table suggested.

*Note: Clinical performance data should be collected on samples taken from two different production lots of the finished product manufactured under a “final” validated production scale, except justified by the innovative aspects of the device.*

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical evaluations | Specimen types | Yes | No |
| Clinical evaluation\_ Manufacturer |  |  |  |
| Clinical evaluation\_ independent 1 |  |  |  |
| Clinical evaluation\_ independent 2 |  |  |  |

Please provide, for each study, study protocols and summary data conducted by the manufacturer (See Section 4 Box I) and/or by independent party (See Section 4 box J).

*Note: Independent studies are conducted without involvement from the manufacturer, although the reagents and instrument for the study may have been provided free of charge for the study.*

### Other studies performed to demonstrate product performances

Were studies conducted to demonstrate performance on clinical specimens?

If no, please justify.

If yes, please provide any overview of the other studies conducted as per the table suggested.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| Robustness |  |  |  |
| Operator error/Usability / Human factor |  |  |  |
| Environmental factors |  |  |  |
| Instrument carry over |  |  |  |
| Any other |  |  |  |

Please provide, for each study, the study protocol and the report/summary data (Sec Section 4 Box K)

# III Manufacturer

1. Manufacturing sites

### Information on the manufacturing site(s)

Complete contact details (if different from location of Legal Manufacturer as specified in section 1):

Name of manufacturer:

Physical address of manufacturing site(s), including unit/block number:

Postal address:

City: Country:

Telephone: Fax:

E-mail: Website:

### Activities in the various manufacturing sites

Please fill in all that apply, specify if different from the Legal Manufacturer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities of Manufacturer | License No. | Valid Until | Issuing Agency | Country |
| Reagents |  |  |  |  |
| Instruments |  |  |  |  |
| Primary Packaging |  |  |  |  |
| Secondary packaging |  |  |  |  |
| Tertiary packaging |  |  |  |  |
| Contract Manufacture |  |  |  |  |
| Other (Specify) |  |  |  |  |

How many personnel are employed as full-time equivalents at the site of manufacture?

What is the work area of the manufacturing activity (in square meters)?

What other products are manufactured at the site (brief list)?

### Design and development information

Please provide an overview of the Design and Development Records specific to the products (see checklist Section 4 Box L).

Please provide copy of the procedure for design changes (See Section 4 Box M)

### Standards

Please provided an overview of standards used (totally or partially), including the rationales for selecting those standards.

Please provide the detailed list of standards (See checklist Section 4 Box N).

### Manufacturing processes

Please provide a **process flow chart** describing the manufacturing processes and control processes with relevant parameters (see checklist Section 4 Box O).

1. Key components and reagents

Provide a list of the key components and reagents (as per the format suggested)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key component and reagents | Supplier 1  (Name & address) | Supplier 2  (Name & address) | Specifications  Yes/No | Quality control/ release procedure  Yes/no |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For each key component and reagent listed, please provide the specifications, quality control criteria, name of suppliers as well as copies of QMS certificates for outsourced components manufacturers (see Section 4 Box P).

Specifications exist for final product?

Yes If yes, please attach (see Section 4 Box P)

No (Explain)

1. Quality management system

### Implementation of quality management system

(For more guidance see reference c) in Section 5: List of reference of the present questionnaire)

Please provide current edition of the quality manual (See checklist Section 4 Box Q)

Certification Number: Valid until:

Name of Certification Body: Country:

Please provide most recent valid ISO 13485 certificates related to the IVD covering all the various manufacturing sites (see checklist Section 4 Box R)

### Quality management system audits/inspections

Please provide information on any quality audit / quality inspection carried out by (tick all that apply):

WHO Prequalification Programme Date: Outcome:

National Regulatory Authority Date:       Outcome:

US FDA Date:       Outcome:

NB/CAB Date:       Outcome:

Others (specify)       Date:       Outcome:

Please provide most recent inspection/audit reports, as applicable (See checklist Section 4 Box S).

### Key suppliers control

Please provide copy of the procedure for **the management** and evaluation of key suppliers (See checklist Section 4 Box T).

Please provide a copy of the quality control procedure for received critical reagents and components (See section 4 Box U).

### Lot release procedure

Please provide a copy of the procedure for quality control of lot release (see checklist Section 4 Box V).

*Note: The manufacturer should provide rationale for the definition of lot release testing criteria.*

Please provide copies of Certificates of Analysis for the last three lots released. (see checklist Section 4 Box V).

1. Manufacturing capability
2. Number of tests sold/per year for the last three years, for the related products:

Year       tests sold

Year       tests sold

Year       tests sold

1. Current manufacturing capacity (number of tests)/year:
2. Planned manufacturing capacity (scale up potential)/year:

Lot sizes

What is the range of standard lot sizes?

Manufacturing methods for each standard lot size is validated.

Yes

No (Explain)

List the validated lot size quantities for last year:

1. Post-marketing experience

Do you have a documented procedure and mechanism or feedback system to provide early warning of quality problems, in place and in particular for handling complaints about your products?

If Yes , please provide a copy of your handling complaint procedure (see checklist Section 4 Box W).

If No , please clarify.

Do you have a documented procedure and mechanism in place for product recall as part of the post-market surveillance of the quality/safety of you products?

If Yes , please provide a copy of your product recall procedure (see checklist Section 4 Box X).

If No , please clarify.

1. Training and support

Describe and explain the various customer support mechanisms available: technical support, customer feedback, etc.

Explain the types of trainings or training materials offered to customers.

Please provide a copy of your training materials and a description of your customer support network (see checklist Section 4 Box Y).

Language(s) of training materials

English  French  Other (Specify):

Do you have quality controls or proficiency panels available?

Yes  No

Please explain:

Is your product compatible with existing proficiency panel providers?

Yes  No

Please explain:

# IV Checklist of documents to submit

Gather your documents in the order of the checklist and check each item. Please ensure that all documents necessary to enable objective evaluation of your product are attached. This checklist may not be exhaustive. Please name electronic files according to the labelling below.

A. Hazardous classification: including Material Safety Data Sheets (MSDS).

B. Copy of the WHO Prequalification of Diagnostics signed letter of agreement mentioning the PQ Dx No for this specific product (NOT PQDx pre-submission) and/or copy of product license/approval/registration emitted by the SRA

C. Terms of the contract between the applicant and the OEM related to access to the technical documentation, complaints management, vigilance and recall

D. Instructions for Use

E. Labelling & packaging: Label artwork /copy of label, description and composition of primary, secondary and tertiary (outer shipping) packaging materials

F. Risk analysis, risk management plan and risk control including a) for production and b) end user considerations

G. Stability studies (real time, accelerated, include protocol): shelf life, in-use stability, transportation

H. Analytical studies: analytical performance characteristics including specimen type validation studies

I. Clinical performance studies: By manufacturer

J. Clinical performance studies (in intended use settings): Independent

K. Other studies performed to demonstrate product performances

L. Design and manufacturing information: design overview including biological safety

M. Procedure for design changes

N. List of standards should include the name of standard organization, standard number, standard title, year/version, and if full or partial compliance.

O. Manufacturing processes: flow diagram describing the manufacturing and control processes with relevant parameters

P. List of key components and reagents, including specifications and criteria of acceptance, and suppliers (including for DBS suppliers, if not provided) **including supplier name and address.**

Q. Quality Manual

R. ISO 13485 certificate(s) related to this diagnostic product at this manufacturing site(s)

S. Audit/Inspection reports associated with certification (or CE or USFDA approvals if relevant): two most recent and valid surveillance reports and the most recent valid re-certification report. Include the list of findings associated with each report.

T. Procedure for the evaluation of key suppliers

U. Procedure for quality control of received critical reagents and components

V. Procedure for quality control of lot release including a copy of the certificate of analysis for the 3 last lots released

W. Procedure for handling complain**ts** from customers and other stakeholders

X. Procedure for recalling products from distribution chain

Y. Description of customer support mechanisms: training (including materials); technical support, customer feedback mechanisms

Z. Any other relevant information

# V List of references

1. Instructions for the completion of the prequalification of in vitro diagnostics pre-submission form, WHO Prequalification of In Vitro Diagnostics Programme, PQDx\_017 v4 30 May 2014
2. GHTF/SC/N4:2011 Definition and Glossary of Terms Used in GHTF Documents
3. ISO 13485:2006 Medical devices - Quality management systems - Requirements for regulatory purposes [International Organization for Standardization (ISO) document
4. ISO 14971:2007 Medical devices - Application of risk management to medical devices
5. ISO 23640:2011 In vitro diagnostic medical devices – Evaluation of stability of in vitro diagnostic reagents
6. CLSI EP25-A Evaluation of Stability of In Vitro Diagnostic Reagents; Approved Guideline (2009)
7. EN 13612:2002 Performance evaluation of in vitro diagnostic medical devices
8. GHTF/SG1/N70:2011 Label and Instructions for Use for Medical Devices

1. A stringent regulatory authority is the authority of a founding member of the Global Harmonization Task Force (GHTF), i.e. U.S., Japan, EU, Canada, and Australia. This definition prevails throughout the questionnaire. [↑](#footnote-ref-1)