



**Medical Device Control Office
Department of Health**

**Medical Device Administrative Control System
Application for the Listing of Class II/III Medical Devices**

<i>For official use only</i>		
Date Received: _____	Application No.: _____	Officer: _____
Date Approved/Rejected: _____	Listing No.: _____	
PMS Report Required: <u>Y/N</u> _____		
Remarks: _____		

Please read this section carefully before completing the form

- Please note that information included in those parts that are marked with asterisks (*) may be included on The List of Medical Devices if this application is approved. They include (i) the manufacturer's name, address of its head office and its website (A001), (ii) the LRP's name, address in Hong Kong, and contact telephone number for public enquiries (B001), (iii) the make and model of the device (C001), and (iv) the intended use of the device (C006). The details will normally appear on The List of Medical Devices as they appear on this form. Where under an item both the prompts "in English" and "in Chinese" appear, the entry for that item shall be given in both languages wherever applicable such that they could be accordingly recorded on The List of Medical Devices for the reference of the public.
- Please check the corresponding boxes in the "Encl." column if any document is enclosed under respective indexes of the submission folder.
- Submitted documents not in Chinese or English shall be accompanied by Chinese or English translations.
- Please check the boxes as appropriate.

Note	Part A: Particulars of Manufacturer			Encl.
A001	Manufacturer's name*	<i>in English</i>		
		<i>in Chinese</i>		
	Address of Head Office*:	<i>in English</i>		
		<i>in Chinese</i>		
	Post Code:		Country:	
	Contact person:		Telephone:	
	Fax:		E-mail:	
	Website*:			

A002	<input type="checkbox"/> Registered place of business in Hong Kong:	(A1) <input type="checkbox"/>
	<input type="checkbox"/> Copy of business registration certificate (with business registration number _____) is enclosed	
	Contact person: _____ Telephone: _____	
	Fax: _____ E-mail: _____	
A003	<u>Established Quality Management System</u> <input type="checkbox"/> Full quality management system covering device design, production, and post-production processes <input type="checkbox"/> Partial quality management system covering processes: _____ Standards with which the system complies: <input type="checkbox"/> ISO9001:2000 <input type="checkbox"/> ISO13485:1996 <input type="checkbox"/> ISO13485:2003 <input type="checkbox"/> GMP <input type="checkbox"/> Others _____ (please specify) <input type="checkbox"/> System certified by _____ (certification body), and a copy of the certificate is enclosed	(A2) <input type="checkbox"/>
	<u>Documented Procedures Established</u> <input type="checkbox"/> Distribution records <input type="checkbox"/> Complaint handling <input type="checkbox"/> Recalls (procedures are enclosed) <input type="checkbox"/> Alerts and modifications <input type="checkbox"/> Reportable adverse incidents in Hong Kong	(A3) <input type="checkbox"/>
A005	Has the manufacturer designated any Local Responsible Person (LRP)? (<i>N.B. If the manufacturer has no registered place of business in Hong Kong, it must designate a legal person incorporated in Hong Kong or a natural or legal person with a registered place of business in Hong Kong as the LRP.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No, manufacturer itself acts as the LRP	

		Part B: Particulars of Local Responsible Person (LRP)		
B001	LRP's name*	<i>in English</i>		
		<i>in Chinese</i>		
	Address in Hong Kong (Please give the registered place of business, if any)*	<i>in English</i>		
		<i>in Chinese</i>		
	Contact person:		Telephone:	
	Fax:		E-mail:	
	Contact telephone for public enquiries (if different from the number given above)*:			
	Contact telephone after office hours:			
<input type="checkbox"/> Copy of business registration certificate (with business registration number: _____) is enclosed			(B1) <input type="checkbox"/>	
B002	Date designated as LRP by the manufacturer: _____		(B2)	
	<input type="checkbox"/> Manufacturer's designation letter is enclosed		<input type="checkbox"/>	
B003	<u>Established Quality Management System</u> <input type="checkbox"/> ISO9001:2000 <input type="checkbox"/> ISO13485:1996 <input type="checkbox"/> ISO13485:2003 <input type="checkbox"/> none <input type="checkbox"/> Others _____ <input type="checkbox"/> System certified by _____ (certification body), and a copy of the certificate is enclosed		(B3) <input type="checkbox"/>	
B004	<u>Documented Procedures Established</u> <input type="checkbox"/> Distribution records <input type="checkbox"/> Complaint handling <input type="checkbox"/> Maintenance and service arrangements <input type="checkbox"/> Recalls (procedures are enclosed) <input type="checkbox"/> Alerts and modifications <input type="checkbox"/> Reportable adverse incidents in Hong Kong		(B4) <input type="checkbox"/>	
B005	<input type="checkbox"/> The LRP is also an importer of the device named in Part C			
B006	<input type="checkbox"/> The device named in Part C is currently a listed device (under another LRP), with Listing No. _____.			

Part C: Particulars of the Device				
C001	Make*	<i>in English</i>		
		<i>in Chinese</i>		
	Model*	<i>in English</i>		
		<i>in Chinese</i>		
C002	<input type="checkbox"/> A single medical device; OR <input type="checkbox"/> A medical device family; OR <input type="checkbox"/> A medical device series; OR <input type="checkbox"/> A medical device system. For a medical device family, medical device series or a medical device system, please provide the additional required information in the following space. Use separate sheets if required.		(C1) <input type="checkbox"/>	
C003	Universal Product Number (if any):			
	Other identifiers (if any) of the device:			
C004	Description of the device: <i>(Please enter the appropriate GMDN term. If none of the terms in GMDN appear appropriate, enter a short description of the device.)</i>			
	GMDN Code: <i>(Please enter if known)</i>			
C005	Other common descriptions of the device:			
C006	Intended use of the device*	<i>in English</i>		
		<i>in Chinese</i>		
C007	Accessories. <i>(For each accessory, please provide its identifier(s) (e.g. part number), description and, if any, Universal Product Number. Use separate sheet if required):</i>			(C1) <input type="checkbox"/>
C008	Universal Product Numbers (if any) of the accessories:			

C009	<p>1. If any of the following statements is true, the device may not be (i) a Classes II/III device and/or (ii) under the current scope of the MDACS:</p> <p>True False</p> <p><input type="checkbox"/> <input type="checkbox"/> The device incorporates, as an integral part, a medicinal product which could act on the human body with action ancillary to that of the device</p> <p><input type="checkbox"/> <input type="checkbox"/> The device is manufactured from or incorporating human cells/tissues/derivatives</p> <p><input type="checkbox"/> <input type="checkbox"/> The device is manufactured from or incorporating animal cells/tissues/derivatives</p>
	<p>2. The device is</p> <p><input type="checkbox"/> an active device:</p> <p><input type="checkbox"/> intended to control or monitor the performance of active therapeutical devices in Class III, or intended directly to influence the performance of such devices</p> <p><input type="checkbox"/> intended for monitoring of vital physiological parameters, where the nature of variations is such that it could result in immediate danger to the patient</p> <p><input type="checkbox"/> intended for diagnosing in clinical situations where the patient is in immediate danger</p> <p><input type="checkbox"/> none of the above</p> <p><input type="checkbox"/> a non-active device</p>
	<p>3. The device is</p> <p><input type="checkbox"/> an invasive device:</p> <p><input type="checkbox"/> invasive with respect to body orifices</p> <p><input type="checkbox"/> intended to connect with Class I devices</p> <p><input type="checkbox"/> intended to have biological effect or be absorbed</p> <p><input type="checkbox"/> intended to undergo chemical change in the body and is intended for (choose one below only)</p> <p><input type="checkbox"/> transient use (< 60 mins)</p> <p><input type="checkbox"/> short-term use (between 60 mins and 30 days)</p> <p><input type="checkbox"/> long-term use (> 30 days)</p> <p><input type="checkbox"/> a non-invasive device:</p> <p><input type="checkbox"/> intended for modifying the biological or chemical composition of blood, other body liquids or other liquids intended for infusion into the body</p>
	<p>4. The device is</p> <p><input type="checkbox"/> connected to a Class II or higher active medical device</p> <p><input type="checkbox"/> a wound dressing (please complete section 4)</p>
	<p>5. For wound dressing, please indicate the characteristics of the device</p> <p><input type="checkbox"/> Simple mechanical barrier, for compression of wounds or for absorption of exudates. (e.g. simple wound dressing; cotton wool).</p> <p><input type="checkbox"/> To manage the microenvironment of wounds. (e.g. non-medicated impregnated gauze dressings).</p> <p><input type="checkbox"/> Used principally with wounds which have breached the dermis and can only heal by secondary intent. (e.g. dressing for chronic ulcerated wounds).</p> <p><input type="checkbox"/> Impregnated with medicinal products. (e.g. medicated gauze dressings).</p>

C010	Class of the medical device: <input type="checkbox"/> Class II <input type="checkbox"/> Class III	
	Reasons for classifying the device as Class II/III device:	
C011	Manufacturing sites (<i>Use separate sheet if required</i>):	(C1) <input type="checkbox"/>
C012	<u>History</u> <input type="checkbox"/> No previous recalls, reportable adverse incidents, banning in other countries or post-market surveillance studies <input type="checkbox"/> Yes (Please tick the appropriate boxes and provide details): <input type="checkbox"/> Recalls completed or in progress <input type="checkbox"/> Any reportable adverse incidents bearing implications to the device <input type="checkbox"/> The device banned previously in other countries <input type="checkbox"/> Proactive post-market surveillance studies	(C2) <input type="checkbox"/>
	<u>Usage</u> <input type="checkbox"/> The device is for single use <input type="checkbox"/> The device is supplied as sterile product <input type="checkbox"/> Disposal of used device or any part thereof (including any used accessories or consumables) requires special precautions.	
C014	<u>Repair & Servicing</u> <input type="checkbox"/> The device is non-repairable <input type="checkbox"/> The device requires regular servicing/testing/checking/calibration <input type="checkbox"/> Repairs and servicing not provided <input type="checkbox"/> Repairs and servicing provided by the LRP or appointed party in Hong Kong <input type="checkbox"/> All repairs and servicing performed in Hong Kong <input type="checkbox"/> Part of the repairs and servicing performed in Hong Kong <input type="checkbox"/> Technical support provided by the manufacturer	
C015	<u>Labelling Requirements</u> Instructions for use are available: <input type="checkbox"/> in English <input type="checkbox"/> in Chinese <input type="checkbox"/> Labelling samples are enclosed.	(C3) <input type="checkbox"/>
	Please indicate where in the samples the following information is given: (1) Indications for use of the device: _____ (2) Contraindications against use of the device: _____ (3) Cleaning, disinfection and/or sterilization procedures: _____ (4) User precautions: _____ (5) Disposal precautions: _____	
C016	<u>Performance and Safety</u> International or national standards with which the device complies: _____	(C4) <input type="checkbox"/>
	<input type="checkbox"/> Type test performed: report or test certificate is enclosed <input type="checkbox"/> Risk analysis conducted: report or summary is enclosed	

C017	<u>Clinical Evaluation</u>	(C5) <input type="checkbox"/>
	<input type="checkbox"/> Clinical investigation report of the device is enclosed <input type="checkbox"/> Bibliography of references from the Index Medicus concerning the device is enclosed <input type="checkbox"/> Demonstration of equivalence to another device (equivalent device) where safety and efficacy of which are well established: <input type="checkbox"/> Clinical investigation report of the equivalent device and a report of demonstration of equivalence are enclosed <input type="checkbox"/> Bibliography of references from the Index Medicus concerning the equivalent device and a report for demonstration of equivalence are enclosed <input type="checkbox"/> Report demonstrating full equivalence to a well established product is enclosed	

	Part D: Marketing Approvals and Essential Principles	
D001	<u>Marketing Approvals in Foreign Countries</u>	(D1) <input type="checkbox"/>
	<input type="checkbox"/> Approval obtained for the medical device to be placed on the market of the following countries: <input type="checkbox"/> Australia (The Therapeutic Goods Administration) <input type="checkbox"/> Canada (Health Canada) <input type="checkbox"/> Member countries of European Union that have implemented the European Council Directives 90/385/EEC and 93/42/EEC <input type="checkbox"/> Japan (Ministry of Health, Labour and Welfare) <input type="checkbox"/> United States of America (U.S. Food and Drug Administration) <input type="checkbox"/> Earliest approval obtained on or before 31 December 2004 <input type="checkbox"/> Earliest approval obtained on or after 1 January 2005 <input type="checkbox"/> Essential Principles Conformity Checklist MD-CCL is attached	

DECLARATION

1. To the maximum extent permitted by law and in consideration of the Department of Health of the Government of the Hong Kong Special Administrative Region (“the Government”) processing my application under the MDACS, we, _____

[name and address of the Applicant],
agree to exempt, relieve, exonerate, indemnify and hold harmless, and to keep indemnified and harmless, as the case may be, the Government from and/or against any and all losses, claims, demands and proceedings (including but not limited to all costs, charges and expenses) whatsoever and howsoever suffered or incurred by, or made or issued against, the Government, as the case may be, by any third party in respect of any loss of or damage to any property or injury to or death of any person arising out of and/or relating and/or incidental to:
 - a. any act, neglect or default on our part or on the part of our employees or agents;
 - b. any defect in the design, material, workmanship or installation of our device or devices;
 - c. any use of any of the information supplied by us or our employees or agents in relation to our device or devices whether or not such information has materially contributed to the inclusion of the device or devices on the List of Medical Devices and whether or not such information is misleading, wrong or inaccurate.
2. We also agree and accept that:
 - a. the Government, its employees or agents shall not be liable to us for any loss of or damage to property caused by the act, default or neglect of the Government or its employees or agents in the processing of our application, the inclusion or non-inclusion of any of our information and/or device or devices on the List of Medical Devices or any cause whatsoever arising out of or in connection with the implementation and management of the MDACS;
 - b. neither the Government nor any of its employees or agents makes any representation, statement, warranty or guarantee, express or implied, that the devices (including any spares or replacement parts) listed or considered for listing under the MDACS, whether or not they are included in the List of Medical Devices, are of merchantable quality or are fit for the purposes for which they are commonly bought and that the spares or replacement parts are readily available.
3. We confirm that the information contained in our application is true and correct and that our device or devices (including any spares or replacement parts) are of merchantable quality and are fit for the purposes for which they are commonly bought.
4. We fully understand and agree that any future changes or additions to the requirements of the Medical Device Administrative Control System (MDACS) can be imposed by the Department of Health without prior notice. We hereby undertake to comply with the latest requirements of the MDACS that are in force. It is one of the current requirements of the MDACS that the LRP will, within two weeks after receiving the request from the Department of Health, produce the originals or certified copies of the documents that, according to the claims in this submission, are within the possession of the LRP or the manufacturer.
5. We confirm that we have neither amended any wording in this form, nor otherwise altered the form in any material manner, apart from filling in the appropriate blanks / boxes.

Signature: _____

Name: _____

Position: _____

Contact telephone number: _____

The Applicant (Local Responsible Person): _____

Date: _____

Personal Data (Privacy) Ordinance
Statement of Purposes

1. Purpose of Collection

The personal data that are provided by you with whom the Department of Health (DH) interacts in connection with the Medical Device Administrative Control System (MDACS) will be used by the DH for the management and implementation of the MDACS.

2. Classes of Transferees

The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purpose mentioned in para. 1 above, and related matters if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where it is allowed under the Personal Data (Privacy) Ordinance.

3. Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

4. Enquiries

Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to the Medical Device Control Office, Department of Health (18/F., Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong; facsimile number: 3157 1286; telephone number: 2961 8788). Please quote your application number when submitting the request.