



**Medical Device Control Office
Department of Health**

**Medical Device Administrative Control System
Application for the Listing of Class IV Medical Devices**

| | | |
|-------------------------------------|--------------------------------------|----------------|
| <i>For official use only</i> | | |
| Date Received: _____ | Application No.: _____ | Officer: _____ |
| Date Approved/Rejected: _____ | Listing No.: _____ | |
| Tracking Required: <u> </u> Y/N | PMS Report Required: <u> </u> Y/N | |
| 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 make and model of the device (0001), (ii) the manufacturer's name, address of its head office and its website (1001), (iii) the LRP's name, address in Hong Kong, and contact telephone number for public enquiries (2001), and (iv) the intended use of the device (3006). 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 | Application for the Listing of the following Class IV Medical Device: | | Encl. |
|------|---|-------------------|-------|
| 0001 | Make* | <i>in English</i> | |
| | | <i>in Chinese</i> | |
| | Model* | <i>in English</i> | |
| | | <i>in Chinese</i> | |

| Part A: Particulars of Manufacturer | | | | |
|--|--|-------------------|------------|----------------------------------|
| 1001 | 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*: | | | |
| 1002 | <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: | | |
| 1003 | <u>Established Quality Management System</u> | | | (A2) <input type="checkbox"/> |
| | <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 | | | |
| 1004 | <u>Established Recall & Tracking System</u> | | | (A3) <input type="checkbox"/> |
| | <input type="checkbox"/> Distribution records | | | |
| | <input type="checkbox"/> Complaint handling | | | |
| | <input type="checkbox"/> Tracking of specific medical devices (procedures to be provided if applicable) | | | |
| | <input type="checkbox"/> Recalls (procedures to be provided) | | | |
| | <input type="checkbox"/> Alerts and modifications | | | |
| <input type="checkbox"/> Reportable adverse incidents in Hong Kong | | | | |
| 1005 | 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) | | | | | |
|---|---|-------------------|------------|----------------------------------|--|
| 2001 | LRP's name* | <i>in English</i> | | (B1) <input type="checkbox"/> | |
| | | <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 | | | | | |
| 2002 | Date designated as LRP by the manufacturer: _____ | | | (B2) | |
| | <input type="checkbox"/> Manufacturer's designation letter is enclosed | | | <input type="checkbox"/> | |
| 2003 | <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"/> | |
| 2004 | <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"/> Tracking of specific medical devices (procedures to be provided if applicable) <input type="checkbox"/> Recalls (procedures to be provided) <input type="checkbox"/> Alerts and modifications <input type="checkbox"/> Reportable adverse incidents in Hong Kong | | | (B4) <input type="checkbox"/> | |
| 2005 | <input type="checkbox"/> The LRP is also an importer of the device named in Part C | | | | |
| 2006 | <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 | | | |
|-----------------------------------|--|----------------------------------|--|
| 3001 | <input type="checkbox"/> A single device or <input type="checkbox"/> A family of devices. For each member of the family, please provide its identifier(s) (e.g. product number), a brief account of its characteristics that distinguish it from other members (e.g. dimensions of its various parts), and, if any, its Universal Product Number (use separate sheet if required): <hr/> <hr/> | (C1) <input type="checkbox"/> | |
| 3002 | Make: _____ Model: _____ | | |
| 3003 | Universal Product Number (if any): _____ | | |
| | Other identifiers (if any) of the device: _____ | | |
| 3004 | Description of the device: <i>(Please enter the appropriate GMDN description. If none of the descriptions in GMDN appear appropriate, enter a short description of the device.)</i> | | |
| | GMDN Code: <i>(Please enter if known)</i> | | |
| 3005 | Other common descriptions of the device: _____ | | |
| 3006 | Intended use of the device* | <i>in English</i> | |
| | | <i>in Chinese</i> | |
| 3007 | 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"/> | |
| 3008 | Universal Product Numbers (if any) of the accessories: _____ | | |
| 3009 | Reasons for classifying the device as Class IV device: _____ | | |
| 3010 | Manufacturing sites: _____ | | |

| | | |
|------|--|----------------------------------|
| 3011 | <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"/> |
| 3012 | <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. | |
| 3013 | <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 | |
| 3014 | <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. 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: _____ | (C3) <input type="checkbox"/> |
| 3015 | <u>Performance and Safety</u> International or national standards with which the device complies: _____ <input type="checkbox"/> Type test performed: report or test certificate is enclosed <input type="checkbox"/> Risk analysis conducted: report or summary is enclosed | (C4) <input type="checkbox"/> |
| 3016 | <u>Clinical Evaluation</u> <input type="checkbox"/> Clinical evaluation of the device is based on clinical data/studies on the following device(s) to which equivalence of the device is claimed, and the bibliography of references from the Index Medicus is attached (clinical evaluation report shall be submitted upon request): _____ <input type="checkbox"/> Clinical evaluation of the device is based on clinical data/studies that refer directly to the device <input type="checkbox"/> The bibliography of references relevant to the device from the Index Medicus is attached; OR <input type="checkbox"/> The clinical evaluation report is attached | (C5) <input type="checkbox"/> |

| Part D: Marketing Approvals and Essential Principles | | |
|---|---|----------------------------------|
| 4001 | <u>Marketing Approvals in Foreign Countries</u> <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 | (D1) <input type="checkbox"/> |

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.