Record Keeping and Adverse Event Reporting: Medical Device Reporting, Corrections & Removals, and Quality System Complaint Requirements

LDT Industry Education October 28, 2024











Welcome

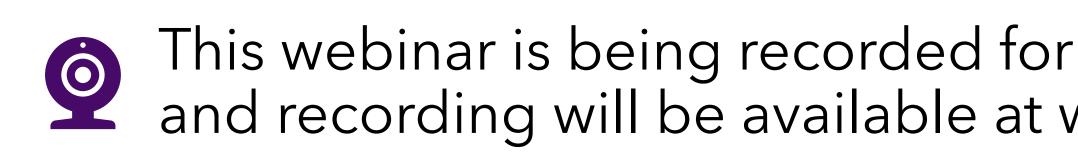
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Agenda

- Background Alberto Gutierrez, PhD
- Medical Device Reporting, Corrections and Removals, and Quality System **Complaint Requirements** Donna Hartzfeld, PhD Bobbi Druyor-Sanchez, MS
- Case Studies Julie Ballard
- **Question and Answer**









Background Alberto Gutierrez, PhD Partner, NDA Partners





background

- FDA jurisdiction over Laboratory Developed Tests (LDTs)
- On May 6, 2024, FDA published a final rule
 - Set in regulation FDA jurisdiction
 - Set a timetable for laboratories to comply with FDA regulations
- This is the first in a series of webinars to help laboratories understand their responsibilities
- These seminars are based on information the FDA has provided to the public in their webpage: https://www.fda.gov/medical-devices/in-vitro-diagnostics/laboratory-developed-tests





summary phaseout requirements

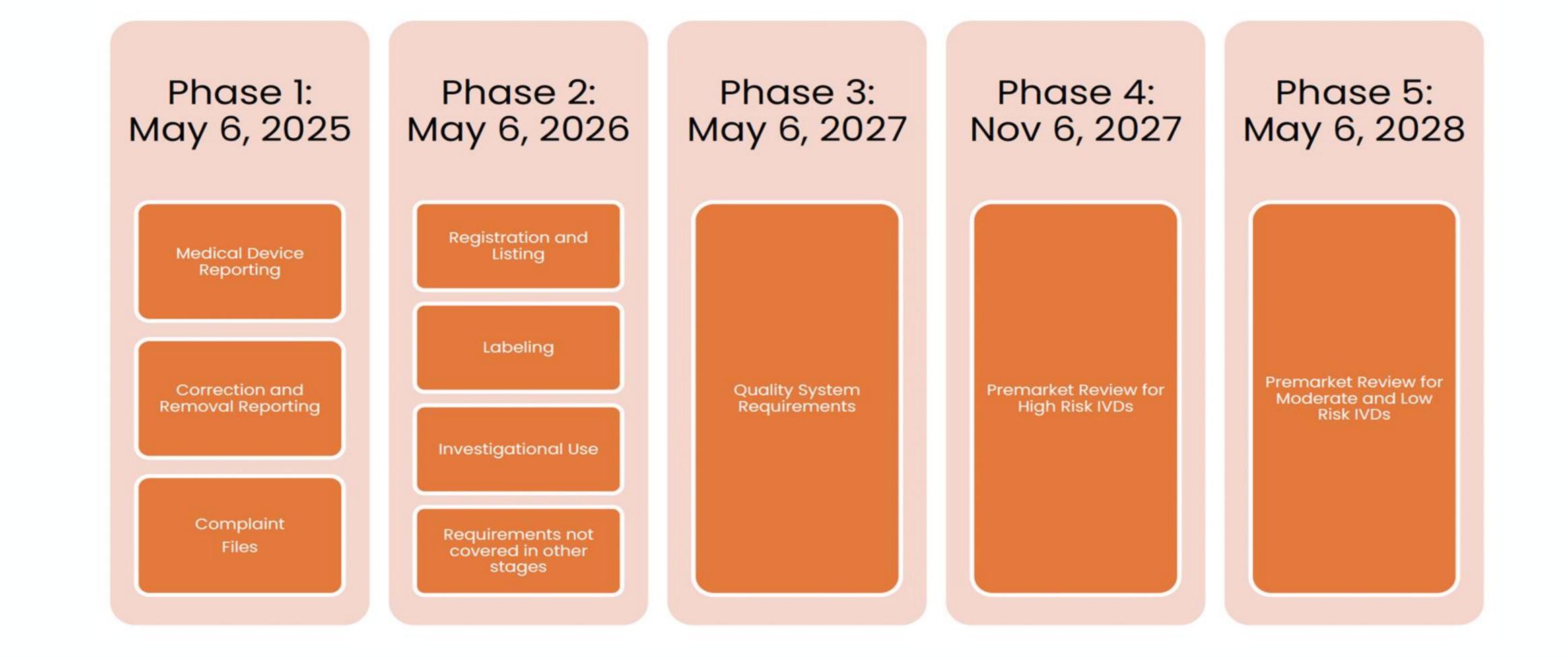
Requirement	Pre-1976 LDTs	HLA for Trans.	Forensic	DoD and VHA	Rare RBC Antigen	Currently Marketed	Unmet Needs	NYS CLEP	Significant Modifi- cations	New LDT
Phase 1 MDR, Correction and Removing Reporting, Complaints	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes*
Phase 2 Registration & Listing, Labeling	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes*
Phase 3 QSR: Design Controls	No	No	No	No	No	No	No	Yes	Yes	Yes*
Phase 3 QSR: Purchasing Controls	No	No	No	No	No	No	No	Yes	Yes	Yes*
Phase 3 QSR: Acceptance Activities	No	No	No	No	No	No	No	Yes	Yes	Yes*
Phase 3 QSR: CAPA	No	No	No	No	No	No	No	Yes	Yes	Yes*
Phase 3 QSR: Records	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes*
Phase 4 Premarket Review: PMA	No	No	No	No	No	No	No	No	Yes	Yes*
Phase 5 Premarket Review: 510(k) and De Novo	No	No	No	No	No	No	No	No	Yes	Yes*

* Depends on when the LDT is marketed and when the PMA/510(k)/De Novo applications are submitted





timing of phase out policy





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planned webinars

- 1. Record Keeping and Adverse Event Reporting
- 2. Labeling and Registration and Listing
- 3. Building and Using Quality Systems
- 4. Demonstrating Clinical and Analytical Validity







Medical Device Reporting, Corrections and Removals, and Quality System Complaint Requirements

Donna Hartzfeld, Bobbi Druyor-Sar



- Donna Hartzfeld, PhD, Expert Consultant, NDA Partners
- Bobbi Druyor-Sanchez, MS, Partner, NDA Partners



record keeping and adverse event reporting:

medical device reporting, corrections, and quality system compliant requirements

Alberto Gutierrez, Bobbi Druyor-Sanchez, Julie Ballard, and Donna Hartzfeld

October 28, 2024



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complaints file requirements

- •21 CFR pt. 820.198
- Definition of a complaint:
 - reliability, safety, effectiveness, or performance of a device after it is released for distribution.
 - For an LDT this would be a report/complaint of an erroneous result.



– Any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability,



complaints investigation records

- Test identification
- Date complaint was received
- •Name, address, and phone number of the complainant
- The nature and detail of the complaint
- The dates and results of the investigation
- Corrective actions taken
- Any reply to complainant





MDR Requirements

What is an MDR Reportable Event?

- An erroneous test result that may have caused or contributed to a death or serious injury, or
- A test malfunction that would likely cause or contribute to a death or serious injury if the malfunction were to recur.





MDR Definitions

What is a Serious Injury?

- Life threatening; or •
- Results in permanent impairment or damage to a body function or structure; or •
- •





Requires medical or surgical intervention to preclude permanent impairment or damage to a body function or structure.

MDR Definitions

What is a Malfunction?

• The failure of a device to meet its performance specifications or otherwise perform as intended.







mandatory reporting timeframes

- **Death and Serious Injuries** •
 - To FDA, within 30 <u>calendar</u> days of <u>becoming aware</u> of an event ____
- Malfunctions •
 - To FDA, within 30 calendar days of becoming aware of an event ____
- filed quarterly.
 - An example of this could be reporting of failed runs that were caught by a control failures



For recurring events, the laboratory can request reporting via summary reports, and if eligible such reports can be



how to submit an MDR

- LDTs: <u>https://www.fda.gov/media/181138/download?attach</u>ment
- safety/medical-device-reporting-mdr-how-report-medical-device-problems



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• A step-by-step description of what you need to do can be found in the following FDA presentation on

- FDA maintains a website with detail instructions at https://www.fda.gov/medical-devices/medical-device-



Correction and Removal Definitions

What is a Correction?

product without its physical removal to some other location.

What is a Removal?

• A removal means the physical removal of a device from its point of use to some other location for repair, modification, adjustment, relabeling, destruction, or inspection.



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• A correction means repair, modification, adjustment, relabeling, destruction, or inspection (including patient monitoring) of a



corrections and removals reporting

- <u>21 CFR pt. 806</u>
- Identify the problem
 - Complaints, internal quality checks, other
- Investigate the problem
 - What is the cause?
 - What is the scope?
- Determine actions and next step
 - Fix the problem
 - Is the correction or removal reportable to the FDA?



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what is a recall?

- test that:
 - FDA considers in violation of the laws it administers; and
 - Against which FDA would initiate legal action. —
- injury or gross deception or are otherwise defective.
 - Recall guidance <u>21 CFR 7</u> provides guidance so that companies may conduct an effective recall. ____
 - ----a recall to the company under 21 CFR 810.



• Recalls are actions taken by a laboratory regarding its LDT to remove the test or correct the

• Laboratories execute a recall to protect the public health for products that present a risk of

In rare instances, where the laboratory or manufacturer fails to voluntarily recall a device that is a risk to health, FDA may issue



FDA recall classifications

Class 1

Reasonable probability that the use of test will cause serious adverse health consequences or death.

Class 2

probability of serious adverse health consequences is remote.

Class 3

The use of the test is not likely to cause adverse health consequences.



The use of the test may cause temporary or medical reversible adverse health consequences or where the



notification to FDA

- Class 1 and 2 recalls must be reported to the FDA •
- Reporting must occur within 10 days
- Submit recall to relevant recall division •
 - ORADevice1Recalls@fda.hhs.gov CT, DC, DE, IN, KY, MA, MD, ME, MI, NH, NJ, NY, OH, PA, RI, VA, VT, WV ____
 - -----
 - ORADevice3Recalls@fda.hhs.gov AK, AR, AZ, CA, CO, HI, ID, MT, NM, NV, OK, OR, TX, UT, WA, WY ____



ORADevice2Recalls@fda.hhs.gov – AL, FL, GA, IA, IL, KS, LA, MN, MO, MS, NC, ND, NE, PR, SC, SD, TN, US Virgin Islands, WI



case studies









Case Studies

Julie Ballard Expert Consultant, NDA Partners





case study #1 – lab personnel error

The ordering clinician calls the clinical data and symptoms.
Yes . This complaint alleges a d complaint and initiates an inve
Two specimens, one from Pati testing . Consequently, Patient
Yes , if the erroneous test resul Cancer diagnosis test that cau receive or delay treatment) <u>or</u> proper process or safeguards t No , if this erroneous test resul risk vitamin D level test).
Yes . A correction is required to
Yes . The original test report w test report with the correct te



e lab because the patient's test result was not consistent with patient's

deficiency with the performance of the test. The lab records this as a vestigation.

tient A and one from Patient B, were swapped by **lab personnel during** t A received Patient B's result and vice versa.

ult <u>may have caused or contributed to a death or serious injury</u> (e.g., use Patient A to receive unnecessary treatment and Patient B to not <u>r</u> the error was <u>caused by a malfunction</u> (e.g., Test does not have to ensure specimen traceability).

Ilt did not cause or contribute to a death or serious injury (e.g., Low-

to rectify the erroneous test result.

with the erroneous test result is recalled and replaced with a corrected est result.



case study #2 – specimen collection error

The ordering clinician calls the clinical data and symptoms.
Yes . This complaint alleges a de complaint and initiates an inve
Two specimens, one from Patie during specimen collection at Consequently, Patient A receive
Yes, if the erroneous test result Cancer diagnosis test that caus receive or delay treatment). No, if this erroneous test result risk vitamin D level test).
No . Even though a corrected te erroneous test result.
No. Even though a corrected te erroneous test result.
-



e lab because the patient's test result was not consistent with patient's

deficiency with the performance of the test. The lab records this as a estigation.

ient A and one from Patient B, were swapped by **phlebotomy personnel** t a blood draw site that is unaffiliated with the testing lab.

ved Patient B's result and vice versa.

It may have caused or contributed to a death or serious injury (e.g., ise Patient A to receive unnecessary treatment and Patient B to not

It did not cause or contribute to a death or serious injury (e.g., Low-

est result report is required, the LDT was not the cause of the

cest result report is required, the LDT was not the cause of the



case study #3 - reagent issue; test results reported

The ordering clinician calls the patient's clinical data and syn		
Yes . This complaint alleges a this as a complaint and initia		
A reagent that passed QC test contaminated, causing quan- tested with that reagent.		
Yes, if the erroneous test res (e.g., Cancer diagnosis test the to not receive or delay treatment have proper process or safeg No, if this erroneous test res Low-risk vitamin D level test		
Yes . A correction is required test result(s).		
Yes . The original test report have been affected, are recaresult.		



the lab because the patient's test result was not consistent with mptoms.

a deficiency with the performance of the test. The lab documents ates an investigation.

esting and was subsequently used during testing was found to be ntitative test results that were incorrectly higher for all specimens

sult <u>may have caused or contributed to a death or serious injury</u> that cause Patient A to receive unnecessary treatment and Patient B tment) <u>or</u> the error was <u>caused by a malfunction</u> (e.g., Test does not guards to prevent contamination).

sult **did not cause or contribute to a death or serious injury** (e.g., t).

to rectify this, and possibly other affected specimens, erroneous

with the erroneous test result, and any other specimens that may alled and replaced with a corrected test report with the correct test



case study #4 – reagent issue; test results not reported

Lab personnel using a new
quantitative test repeated of controls was subsequer the acceptable controls.
No . The test using the faile reported.).
The controls were found to quarantined and subseque
No . The test using the faile reported).
No . The test using the faile reported).
No . The test using the faile reported).



w lot of controls report that the positive and negative controls for a dly fails. No patient test results were reported. Another acceptable lot ntly used for patient testing. Patient test results were reported using

led lot of controls was not distributed (i.e., test result was not

to be contaminated, causing it to fail acceptance criteria. This lot was iently discarded.

led lot of controls was not distributed (i.e., test result was not

led lot of controls was not distributed (i.e., test result was not

led lot of controls was not distributed (i.e., test result was not



case study #5 – LIMS issue; test result reported

The ordering clinician calls the patient's clinical data and syn
Yes . This complaint alleges a this as a complaint and initia
The test was performed corr laboratory information syste
Yes, if the erroneous test res (e.g., Cancer diagnosis test the to not receive or delay treatr properly tested to ensure the No , if this erroneous test res Low-risk vitamin D level test)
No . The erroneous test resul have to be reported to FDA s
No . The erroneous test resul LIMS is not part of the LDT (o



the lab because the patient's test result was not consistent with mptoms.

a deficiency with the performance of the test. The lab documents ates an investigation.

rectly. However, due to a defect with the lab's validated commercial em (LIMS), the incorrect test result was reported.

sult <u>may have caused or contributed to a death or serious injury</u> that cause Patient A to receive unnecessary treatment and Patient B tment) <u>or</u> the error was <u>caused by a malfunction</u> (e.g., LIMS was not nere were no defects).

sult **did not cause or contribute to a death or serious injury** (e.g., t).

It must be corrected for CLIA purposes but the correction does not since the commercial LIMS is not part of the LDT (device).

It must be corrected but no recall is required since the commercial device).



case study #6 – turnaround time

lssue	A patient calls the lab and state
Is this a complaint?	Yes. This complaint alleges a de
Investigation Results	The labeling for the test states to only five days. While this complete
Is this a reportable event?	No . This was not an erroneous tinjury, and it was not a malfunct
Is a correction or removal required?	No . A correction or removal is r instructions for use.
Is a recall required?	No . A recall is not required since use.



es that the test turnaround time (TAT) is too long.

eficiency with the quality of the test.

that the TAT for the test is 10 days. The patient called to complain after plain is not valid, it must still be recorded and investigated.

test result that may have caused or contributed to a death or serious ction.

not required since the LDT is being performed as stated in its labeling and

ce the LDT is being performed as stated in its labeling and instructions for



case study #7 – complaint to salesperson

Issue	An office assistant mentions to a they don't like having to give fou makes them feel faint. The sales department on <u>Oct. 15th</u> .
Is this a complaint?	Yes. This is an oral complaint that (which includes all employees, no complaint, it must be treated as
Investigation Results	The lab's LDT was developed and requirements and precautions for are stated in its labeling and inst recorded as a complaint and inve
Is this a reportable event?	No . This was not an erroneous t injury, and it was not a malfunct the FDA would be <u>Oct. 30th (wit</u>
Is a correction or removal required?	No . A correction or removal is no and instructions for use.
Is a recall required?	No . A recall is not required since use.



a lab's salesperson on <u>Oct. 1st</u> that several patients have stated that ur EDTA tubes of blood for the test because removing that much blood sperson relays this information to the lab's complaint handling

at alleges a deficiency with the safety of the test. If the manufacturer not just lab personnel) of the LDT (device) becomes aware of any s such.

Ind validated using four EDTA tubes of whole blood. Specimen collection for the test (e.g., ensure patient is hydrated when collecting specimens) structions for use. While this complaint is not valid, it must still be vestigated.

test result that may have caused or contributed to a death or serious tion. Note: If this had been a reportable event, the deadline to report to thin 30 days of first becoming aware of the complaint), not Nov. 15th.

ot required since the LDT is being performed as stated in its labeling

e the LDT is being performed as stated in its labeling and instructions for





Questions









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