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2 **510(k) Third Party Review Program**  
3 **Draft Guidance for Industry,**  
4 **Food and Drug Administration Staff,**  
5 **and Third Party Review**  
6 **Organizations**

7  
8 **DRAFT GUIDANCE**  
9

10 **This guidance document is being distributed for comment purposes only.**  
11

12 **Document issued on: September 12, 2016**  
13

14 You should submit comments and suggestions regarding this draft document within 120 days  
15 of publication in the *Federal Register* of the notice announcing the availability of the draft  
16 guidance. Submit written comments to the Division of Dockets Management (HFA-305),  
17 Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit  
18 electronic comments to <http://www.regulations.gov>. Identify all comments with the docket  
19 number listed in the notice of availability that publishes in the *Federal Register*.  
20

21 For questions regarding this document, contact the Third Party Review Program at  
22 [3P510K@fda.hhs.gov](mailto:3P510K@fda.hhs.gov).  
23

24 **This guidance is a reissuance of the draft guidance entitled “Accreditation and**  
25 **Reaccreditation Process for Firms under the Third Party Review Program: Part I–**  
26 **Draft Guidance for Industry, Food and Drug Administration Staff, and Third Party**  
27 **Reviewers” issued on February 15, 2013 with updated content.**  
28

29 **When final, this document will supersede “Implementation of Third Party Programs**  
30 **Under the FDA Modernization Act of 1997; Final Guidance for Staff, Industry, and**  
31 **Third Parties” issued on February 2, 2001, and “Guidance for Third Parties and FDA**  
32 **Staff; Third Party Review of Premarket Notifications” issued on September 28, 2004,**  
33 **except for Appendices 2-4.**  
34  
35



U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Devices and Radiological Health

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# Preface

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40

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# 510(k) Third Party Review Program

## Draft Guidance for Industry, Food and Drug Administration Staff, and Third Party Review Organizations

*This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff or Office responsible for this guidance as listed on the title page.*

### I. Introduction

This draft guidance provides a comprehensive look into FDA’s current thinking regarding the 510(k) Third Party (TP) Review Program (formerly known as the Accredited Persons Program) authorized under section 523 of the Federal Food, Drug, and Cosmetic Act (FD&C Act or Act).<sup>1</sup> This draft guidance describes the recognition, rerecognition, recognition/rerecognition denial, and recognition withdrawal processes, including the associated criteria.<sup>2</sup> The objective of this guidance is to encourage harmonization by incorporating elements, where appropriate, from the International Medical Device Regulators Forum’s (IMDRF) regulatory assessment program called the Medical Device Single Audit Program (MDSAP) into the TP Review Program. In addition, the goal of this guidance is to provide FDA’s current thinking on the TP Review Program in the following areas:

- TP Review Organizations review of 510(k) submissions;
- Requirements and recommendations for recognition and rerecognition of TP Review Organizations under the TP Review Program;

<sup>1</sup> Section 523 of the FD&C Act uses the terms “accredited persons,” “accredit,” “accredited,” “accreditation,” “reaccredit,” “reaccredited,” and “reaccreditation.” As explained later in this document, the guidance does not use those statutory terms but rather define such terms as “third party review organizations,” “recognition,” and “rerecognition” as synonymous terms. These alternative terms are used in this guidance in an effort to harmonize the terms used by FDA and in the FD&C Act with those in the IMDRF documents.

<sup>2</sup> The terms “recognition,” “rerecognition,” “recognition denial,” “rerecognition denial,” and “recognition withdrawal” are defined in Section II of this guidance.

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- Content and format of a TP Review Organization’s application for initial recognition and rerecognition; and
- Suspension or withdrawal of recognition

The purpose of the TP Review Program is to implement section 523 of the FD&C Act (21 U.S.C. § 360m). Section 523 authorizes FDA to accredit third parties to review premarket notification (510(k)) submissions and recommend the initial classification of certain devices. FDA’s implementation of section 523 includes establishing a process of recognition of qualified third parties to conduct the initial review of 510(k)s for certain low-to-moderate risk devices eligible under the TP Review Program.<sup>3</sup>

In February 2011, the IMDRF was conceived to discuss future directions in medical device regulatory harmonization. The IMDRF is a voluntary group of medical device regulators from around the world, including representatives from the FDA, who have come together to build on the strong foundational work of the Global Harmonization Task Force on Medical Devices. The purpose of the IMDRF is to accelerate international medical device regulatory harmonization and convergence.

As one of its initial actions, the IMDRF developed the MDSAP, which is outlined in a collection of documents finalized from 2013 through 2015 and available on the IMDRF website.<sup>4</sup> The IMDRF MDSAP documents provide the fundamental building blocks of an auditing program by providing a common set of criteria to be utilized for the recognition and monitoring of entities that perform regulatory audits and other related functions.

The following IMDRF documents are relevant to this guidance:

- IMDRF MDSAP WG/N3 FINAL: 2013<sup>5</sup> – “Requirements for Medical Device Auditing Organizations for Regulatory Authority Recognition” and IMDRF MDSAP WG/N4 FINAL: 2013<sup>6</sup> – “Competence and Training Requirements for Auditing Organizations,” are complementary documents. These two documents focus on requirements of an auditing organization and individuals performing regulatory audits and other related functions under the respective medical device legislation, regulations, and procedures required in its regulatory jurisdiction.
- IMDRF MDSAP WG/N5 FINAL: 2013<sup>7</sup> – “Regulatory Authority Assessment Method for the Recognition and Monitoring of Medical Device Auditing

<sup>3</sup> At this time, CBER does not regulate devices of the types subject to this guidance.

<sup>4</sup> All the IMDRF documents relevant to this guidance are available on the IMDRF website at <http://imdrf.org/documents/documents.asp>.

<sup>5</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-131209-auditing-requirements-140901.pdf>.

<sup>6</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-131209-competence-and-training-requirements-140901.pdf>.

<sup>7</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-131209-assessment-method-140901.pdf>.

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157 Organizations” and IMDRF MDSAP WG/N6 FINAL: 2013<sup>8</sup> – “Regulatory Authority  
158 Assessor Competence and Training Requirements,” are complementary documents.  
159 These two documents focus on how Regulatory Authorities and their assessors will  
160 evaluate or “assess” medical device Auditing Organizations’ compliance to the  
161 requirements in the IMDRF MDSAP WG/N3 FINAL: 2013 and WG/N4 FINAL:  
162 2013 documents.

163

164 • IMDRF MDSAP WG N8 FINAL: 2015<sup>9</sup> – “Guidance for Regulatory Authority  
165 Assessors on the Method of Assessment for MDSAP Auditing Organizations.” The  
166 purpose of this document is to complement IMDRF MDSAP WG/N5 and N6 by  
167 providing guidance to the Regulatory Authority assessors when conducting the  
168 assessment of an Auditing Organization according to the method presented in IMDRF  
169 MDSAP WG/N5, chapter 6.

170

171 • IMDRF MDSAP WG/N11 FINAL: 2014<sup>10</sup> – “MDSAP Assessment and Decision  
172 Process for the Recognition of an Auditing Organization.” The purpose of this  
173 document is to explain the assessment process and outcomes, including the method to  
174 “grade and manage” nonconformities resulting from a recognizing Regulatory  
175 Authority(ies)’s assessment of an Auditing Organization; and, to document the  
176 decision process for recognizing an Auditing Organization or revoking recognition.

177

178 In addition to the above documents, the IMDRF is in the process of developing a document  
179 entitled “Competency, Training, and Conduct Requirements for Regulatory Reviewers”  
180 which will provide a common set of competency, training, and conduct requirements for  
181 personnel involved in reviewing activities.<sup>11</sup>

182

183 In an effort to encourage harmonization, this guidance refers to standards described in the  
184 IMDRF documents<sup>12</sup> as criteria FDA will consider for recognition, rerecognition, recognition  
185 denial, rerecognition denial, and withdrawal of recognition of TP Review Organizations  
186 under the TP Review Program. FDA appreciates the advantages of harmonized international  
187 standards, and FDA believes that, when finalized, this guidance document will help to further  
188 bring the TP Review Program into harmony with such standards, as well as provide clarity  
189 and consistency for industry. As there are some differences between terms used by various  
190 international organizations, Section II provides definitions of the terms used in the referenced  
191 documents for the purposes of this guidance.

192

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<sup>8</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-131209-assessor-competence-and-training-140901.pdf>.

<sup>9</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-151002-mdsap-auditing-organizations.pdf>.

<sup>10</sup> More information is available at <http://imdrf.org/docs/imdrf/final/technical/imdrf-tech-140918-assessment-decision-process-141013.pdf>.

<sup>11</sup> This document, when published, will supplement Section V.C on qualifications of personnel involved in 510(k) reviewing activities for TP Review Organizations, if appropriate.

<sup>12</sup> If and when additional documents relevant to the TP Review Program are finalized by IMDRF, FDA will consider if and how to incorporate such documents for the purpose of the TP Review Program.

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193 This draft guidance replaces the draft guidance entitled “Accreditation and Reaccreditation  
194 Process for Firms under the Third Party Review Program: Part I; Draft Guidance for  
195 Industry, Food and Drug Administration Staff, and Third Party Reviewers” issued on  
196 February 15, 2013, in which the Agency announced its intention to incorporate information  
197 from the IMDRF documents in a subsequent draft guidance to the extent appropriate. This  
198 draft guidance includes information and recommendations based on the above listed IMDRF  
199 documents, to the extent they are consistent with the FD&C Act and other applicable laws  
200 and regulations.  
201

202 When finalized, this guidance will supersede “Implementation of Third Party Programs  
203 Under the FDA Modernization Act of 1997; Final Guidance for Staff, Industry, and Third  
204 Parties” issued on February 2, 2001, and supersede in part “Guidance for Third Parties and  
205 FDA Staff; Third Party Review of Premarket Notifications” issued on September 28, 2004.<sup>13</sup>  
206 The parts from that guidance document that will not be superseded are Appendices 2-4 which  
207 are discussed below in Section IV.H. TP Review Organizations should submit their  
208 applications for recognition in the manner described in Section VI within six months of  
209 finalization of this guidance.  
210

211 FDA's guidance documents, including this draft guidance, do not establish legally  
212 enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a  
213 topic and should be viewed only as recommendations, unless specific regulatory or statutory  
214 requirements are cited. The use of the word *should* in Agency guidance means that  
215 something is suggested or recommended, but not required.  
216

217 Please note that the above referenced IMDRF documents include the term “Requirements” in  
218 their titles and often use mandatory terms such as “shall.” To the extent the IMDRF  
219 documents use mandatory language to describe criteria that overlap with requirements in the  
220 FD&C Act or FDA’s regulations regarding third party review, the use of the mandatory  
221 terms is consistent with the FD&C Act and FDA’s regulations. However, to the extent that  
222 the IMDRF documents refer to requirements or use mandatory language to describe criteria  
223 that are not required by the FD&C Act or FDA’s regulations, the mandatory language does  
224 not represent a requirement for TP Review Organizations under section 523 of the FD&C  
225 Act but rather the recommendation of FDA in the relevant context.  
226

## **II. Definitions**

227  
228  
229 In an effort to provide clarity to industry and TP Review Organizations, the definitions  
230 provided below are an attempt to harmonize the terms used by FDA and in the FD&C Act  
231 with those in the IMDRF documents. The application of these defined terms is limited for  
232 the purposes of this guidance only. These terms are not intended to be applied in any context  
233 beyond this document and the TP Review Program.  
234

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<sup>13</sup> Available on FDA’s website at  
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm082191.htm>.

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235 **510(k) Submitter:** An entity or person that submits scientific and technical data in the form  
236 of a 510(k) submission to a TP Review Organization for the purpose of demonstrating  
237 substantial equivalence of a device to a legally marketed device that is not subject to  
238 premarket approval (PMA).

239 **Final Reviewer:** An individual within the TP Review Organization who oversees a 510(k)  
240 review throughout the entire review process. The Final Reviewer is responsible for ensuring  
241 final recommendations regarding substantial equivalence made by Product Specialists are  
242 appropriately evaluated, organized, and documented before sending to FDA. This individual  
243 should have sufficient authority and competence to independently evaluate the quality and  
244 acceptability of the TP review submission. For a 510(k) review, the Final Reviewer should  
245 be a separate person from the Product Specialist.  
246

247 **IMDRF Documents:** A collection of documents produced by the IMDRF intended to  
248 implement the concept of a Medical Device Single Audit Program. These documents provide  
249 criteria for audit programs that FDA believes TP Review Organizations should follow, where  
250 applicable and to the extent such criteria are appropriate and consistent with the FD&C Act  
251 and other applicable laws and regulations.  
252

253 **Medical Device Single Audit Program:** A program with a standard set of requirements for  
254 the recognition of auditing organizations performing regulatory audits of medical device  
255 manufacturers and other related functions.  
256

257 **Product Specialist:** An individual within the TP Review Organization appropriately  
258 qualified to review and evaluate medical devices within a specific device type(s) and who  
259 may also be qualified for a specific technical or clinical specialization (e.g., biocompatibility  
260 and Ethylene Oxide (EtO) sterilization), based on one's scientific background and  
261 competence. This individual should be the primary reviewer responsible for leading the TP  
262 Review Organization's review team on a given 510(k) submission. The Product Specialist  
263 should submit the recommendation and all related documentation to the Final Reviewer.  
264

265 **Recognition:** The process of accrediting TP Review Organizations under section 523 of the  
266 FD&C Act to review premarket notifications submitted under section 510(k) of the FD&C  
267 Act (21 U.S.C. § 360k) of certain eligible devices and make recommendations to FDA  
268 regarding the initial classification of such devices under sections 513(f)(1) and 513(i) of the  
269 FD&C Act (21 U.S.C. §§ 360c(f)(1) and 360c(i)).  
270

271 **Rerecognition:** The process of renewing the accreditation of TP Review Organizations  
272 under section 523 of the FD&C Act for an additional three years.  
273

274 **Recognition Criteria:** The applicable FD&C Act requirements, including the qualification  
275 requirements set forth in section 523(b)(3), FDA's recommendations described in this  
276 guidance document, including those criteria contained in IMDRF MDSAP WG N3 and N4,  
277 which includes the International Organization for Standardization (ISO)/the International



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278 Electrotechnical Commission (IEC) 17021:2011, where appropriate and applicable, and the  
279 criteria to accredit or deny accreditation announced in the Federal Register.<sup>14</sup>

280

281 **Recognition Denial:** The process of denying an application for accreditation submitted by a  
282 potential TP Review Organization.

283

284 **Rerecognition Denial:** The process of denying an application for reaccreditation submitted  
285 by a recognized TP Review Organization.

286

287 **Recognition Withdrawal:** The process of withdrawing or suspending accreditation of a TP  
288 Review Organization in accordance with section 523(b)(2) of the FD&C Act.

289

290 **Technical Expert:** An individual who provides specific knowledge or expertise to the TP  
291 review team. This person may be an employee of a TP Review Organization or may be  
292 outsourced as described below in Sections V.D and V.E of this guidance, respectively.

293

294 **Third Party Review Organization:** A person that is recognized by FDA to review 510(k)  
295 submissions for certain eligible devices as authorized by section 523 of the FD&C Act.

296

297 Provided below in Table 1 is an explanation of how terms used in the IMDRF documents  
298 should be interpreted in relation to FDA personnel and TP Review Organizations for  
299 purposes of the TP Review Program.

300

301 **Table 1. Relationship of different terms used in the IMDRF documents, by Third Party**  
302 **Review Organizations, and by FDA.**

<b>IMDRF MDSAP Equivalent</b>	<b>TP Review Organization Equivalent</b>	<b>FDA Equivalent</b>
Auditor	Product Specialist	Lead Reviewer
Regulatory Authority	FDA Representatives	FDA Representatives to the TP Review Program
Audit	Review	Review
Final Reviewer	Final Reviewer	Branch Chief
Technical Expert	Technical Expert	FDA Internal Consultant (e.g., statistician)

303

### 304 **III. Background**

305

306 On August 1, 1996, FDA began a voluntary TP 510(k) review pilot program for selected  
307 medical devices. Under the pilot program, all class I devices that were not 510(k) exempt at  
308 that time and 30 class II devices were eligible for TP review.

309

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<sup>14</sup> See 63 FR 28388 (May 22, 1998).

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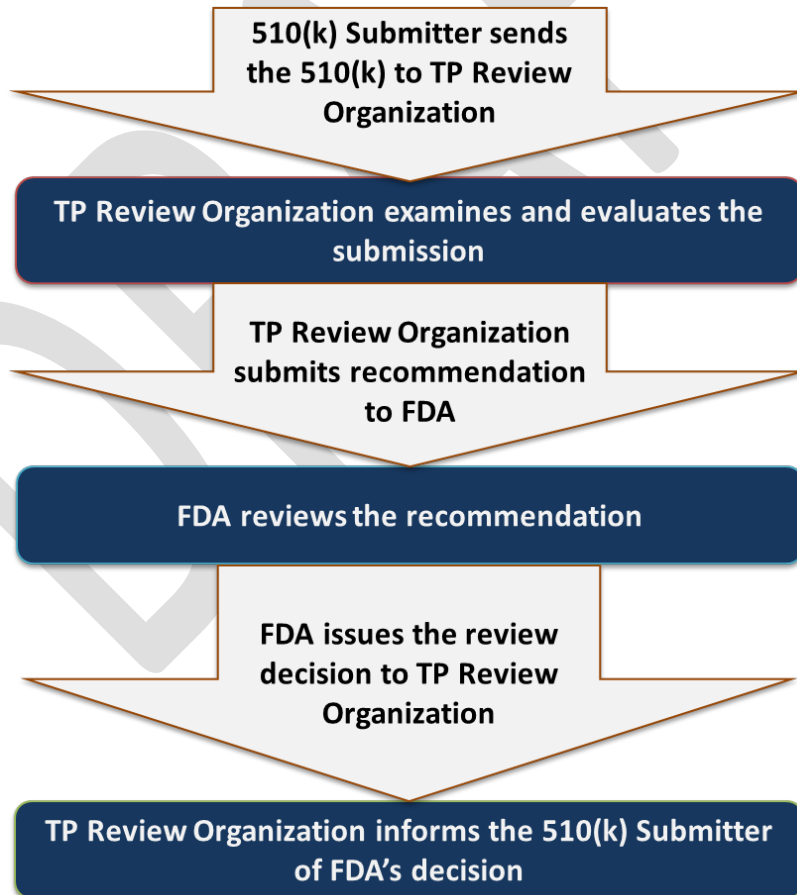
310 On November 21, 1997, the Food and Drug Administration Modernization Act (FDAMA)  
311 was signed into law. Section 210 of FDAMA essentially codified and expanded the pilot  
312 program by establishing section 523 of the FD&C Act.  
313

314 On July 9, 2012, the Food and Drug Administration Safety and Innovation Act (FDASIA)  
315 was signed into law, and required FDA to establish and publish criteria to reaccredit and  
316 deny reaccreditation of TP Review Organizations who perform 510(k) reviews of eligible  
317 devices. In accordance with FDASIA, this draft guidance describes the criteria FDA will  
318 consider to recognize, rerecognize, deny recognition to, and deny rerecognition to TP Review  
319 Organizations under the TP Review Program.  
320

321 The TP Review Program is intended to enable FDA to focus its internal scientific review  
322 resources on higher-risk and complex devices, while maintaining a high degree of confidence  
323 in the review of low-to-moderate risk and less complex devices by TP Review Organizations,  
324 and to provide manufacturers of eligible devices a voluntary alternative review process that  
325 may yield more rapid 510(k) decisions from FDA. A general overview of the TP Review  
326 Program is provided below in Figure 1.  
327

328

**Figure 1 – A General Overview of the TP Review Program**



329  
330

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331 Under the TP Review Program, TP Review Organizations conduct the equivalent of an FDA  
332 premarket review of a 510(k) submission, and then forward their reviews, recommendations,  
333 and 510(k) submissions to FDA for a decision concerning the substantial equivalence of a  
334 device. Section 523(a)(2) of the FD&C Act requires FDA to issue a determination within 30  
335 days after receiving a recommendation from a TP Review Organization, which provides  
336 manufacturers of eligible devices an alternative review process that may yield more rapid  
337 510(k) decisions. Under the current TP Review Program, FDA has recognized several TP  
338 Review Organizations<sup>15</sup> that are authorized to review 510(k)'s for certain devices eligible  
339 under the TP Review Program.<sup>16</sup>  
340

341 A TP Review Organization must be initially recognized by FDA under section 523 of the  
342 FD&C Act to participate in the TP Review Program. In determining recognition or  
343 rerecognition, FDA will consider the documents, as outlined in Section VI, provided by a TP  
344 Review Organization. In addition, in determining rerecognition, FDA may consider past  
345 premarket review performance of a TP Review Organization as described in Section VI.B.  
346

347 Participation by device manufacturers in the TP Review Program is entirely voluntary.  
348 Manufacturers who do not wish to use a TP Review Organization may submit their 510(k)s  
349 directly to the FDA for review; however, only 510(k)s reviewed by recognized TP Review  
350 Organizations will be eligible for review by FDA within 30 days. See section 523(a)(2) of the  
351 FD&C Act.  
352

353 In accordance with section 523 of the FD&C Act, the TP Review Program includes a number  
354 of features designed to maintain a high-level of quality in the review of 510(k)s by TP  
355 Review Organizations and to minimize risks to the public. These include the exclusion for  
356 TP review of all class III devices and any class II devices that are intended to be permanently  
357 implantable or life sustaining or life supporting, or which require clinical data, subject to the  
358 limitations in section 523(a)(3)(A)(iii) of the FD&C Act. The TP Review Program will not  
359 include 510(k)s that require multi-Center review (e.g., 510(k)'s for drug/device combination  
360 products), or 510(k) reviews that require multi-center consultation.  
361

362 The following Sections IV, V, and V.H of this guidance discuss FDA's recommendations  
363 regarding TP 510(k) review, Recognition Criteria for TP Review Organizations to be  
364 recognized under the TP Review Program, and TP Review Organization recordkeeping,  
365 respectively.  
366  
367

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<sup>15</sup> For a current list of recognized TP Review Organizations under the Third Party Review Program, please visit FDA's website at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfThirdParty/Accredit.cfm>.

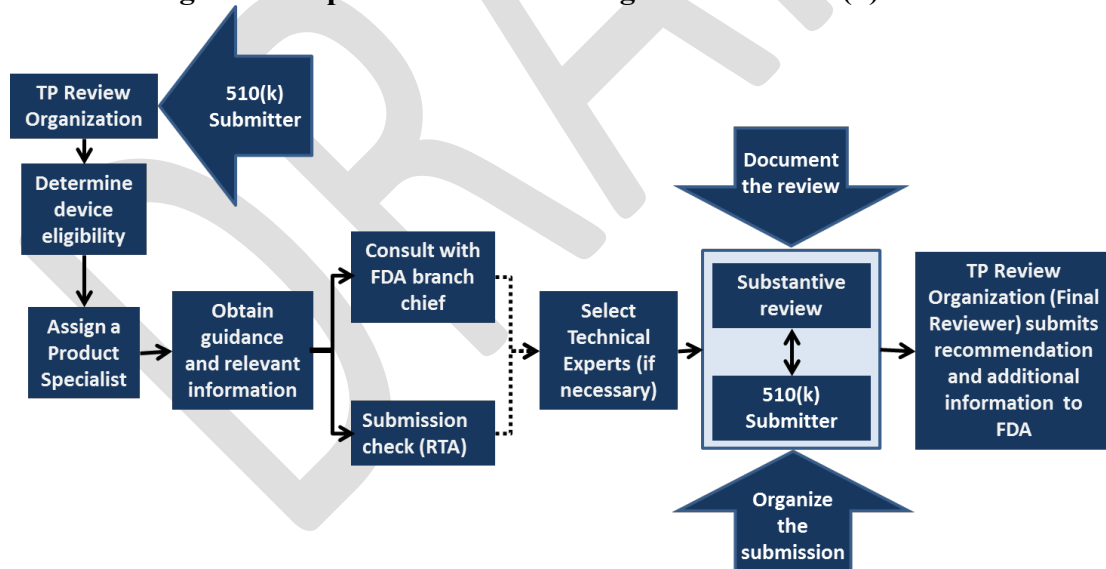
<sup>16</sup> For a list of eligible devices for TP review under the Third Party Review Program, please visit FDA's website at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfThirdParty/current.cfm>.

## IV. Review of 510(k) Submissions by Third Party Review Organizations

TP Review Organizations should share FDA’s mission to protect the public health by ensuring medical devices available on the market are safe and effective for their intended uses. Similar to Reviewers in the Agency, TP Review Organizations are responsible for reviewing and analyzing scientific and technical data submitted in a 510(k) submission to make a recommendation regarding substantial equivalence of a device to a legally marketed medical device prior to its marketing. A TP Review Organization is not responsible for participating in any FDA Pre-Submission meetings that may precede a 510(k) Submitter’s submission, but a TP Review Organization should be involved in any discussions with FDA regarding requests for additional information during the pendency of FDA’s review of a TP 510(k) submission, and should review any additional studies and study protocols submitted in response by the 510(k) submitter prior to its submission to FDA (see Section IV.J below). However, a TP Review Organization is encouraged to attend in-person or remotely in any relevant FDA Pre-Submission meeting if the device manufacturer consents.

TP Review Organizations should conduct their review of 510(k)s in the manner provided in the subsections below. In addition, Figure 2 describes the steps in a TP Review Organization’s review of a 510(k) submission.

Figure 2: Steps in a TP Review Organization’s 510(k) review



### A. Determining device eligibility for TP review

Prior to beginning review of a 510(k) submission, a TP Review Organization should determine whether a device is eligible for TP review. For information on how to determine whether a device is eligible for TP review, please see Section III of this guidance. If the device is not eligible for TP review, the TP Review Organization should not accept the

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398 510(k) for review. If, however, the TP Review Organization determines the device is  
399 ineligible for TP review after it has already accepted the 510(k) submission, the TP Review  
400 Organization should immediately inform the 510(k) Submitter and discontinue the review. If  
401 the TP Review Organization submits a 510(k) to FDA for an ineligible device, or for a device  
402 within a device type for which it is not recognized to review, FDA will place the file on hold  
403 and notify the TP Review Organization of FDA's eligibility assessment. If the TP Review  
404 Organization does not address the eligibility concerns or withdraw the submission within 180  
405 days, FDA will consider the 510(k) submission to be withdrawn and will delete the  
406 submission.  
407

### **B. Obtain relevant FDA guidance(s) and information**

408 FDA recommends that TP Review Organizations request that 510(k) Submitters fully inform  
409 them of any prior communications with FDA about a device under review, including Pre-  
410 Submission meetings and unsuccessful premarket applications or submissions. TP Review  
411 Organizations should also review CDRH's guidance database to obtain any relevant FDA  
412 guidance documents,<sup>17</sup> as well as access CDRH's 510(k) database for information about the  
413 legally marketed device a submitter is comparing its device to, or other similar devices.<sup>18</sup>  
414 Such information may include the Indications for Use Statement, 510(k) Summary, Decision  
415 Summary (if available), and FDA decision letters. In some instances, a device's product code  
416 can be helpful in determining a device's eligibility for TP review. Product code  
417 classification can be found using FDA's product code classification database.<sup>19</sup>  
418  
419  
420

### **C. Consult with the relevant FDA Branch Chief (as needed)**

421 FDA recommends that TP Review Organizations consult (via email or telephone), as needed,  
422 with the relevant Office of Device Evaluation (ODE) or Office of In Vitro Diagnostics and  
423 Radiological Health (OIR) Branch Chief, team leader, or designee. These consultations can  
424 help ensure timely and consistent 510(k) reviews by identifying relevant issues and review  
425 criteria. FDA expects that TP Review Organizations will consult with the relevant FDA  
426 Branch Chief for any device type (i.e., device type by product code) they have not recently  
427 reviewed. Generally, FDA considers a recent review to be within the last six months. FDA  
428 considers the consultation with the relevant Branch Chief before beginning a review to be an  
429 important part of the 510(k) review process by TP Review Organizations (see Section  
430 VI.A(iv)).  
431  
432  
433

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<sup>17</sup> The guidance database search engine allows users to search the inventory of guidances available by title, words, or origin and is available on FDA's website at <http://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

<sup>18</sup> The 510(k) database search engine allows users to search all previously cleared 510(k) submissions by 510(k) number, applicant name, device name, etc., and is available on FDA's website at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>.

<sup>19</sup> The product code classification database is available on FDA's website at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm>.

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434 **D. Ensure a submission is administratively complete**  
435

436 To ensure that a submission is administratively complete, FDA recommends an acceptance  
437 review of the 510(k) submission by the TP Review Organization based on 510(k) regulations  
438 from 21 CFR 807.87 to 807.100 to assess whether the 510(k) submission includes all of the  
439 information necessary to conduct a substantive review and to reach a recommendation  
440 regarding substantial equivalence as defined under section 513(i) of the FD&C Act (21  
441 U.S.C. § 360c(i)). FDA reviewers use the Refuse to Accept (RTA) checklist for 510(k)  
442 submissions to make this determination. FDA recommends that TP Review Organizations  
443 use the same RTA checklist upon receiving a 510(k) submission to ensure it is  
444 administratively complete. For more information on the RTA checklist, please see FDA's  
445 guidance entitled "Refuse to Accept Policy for 510(k)s."<sup>20</sup>  
446

447 If the TP Review Organization determines that a submission is administratively complete, it  
448 should begin its substantive review of the 510(k) submission. If the TP Review Organization  
449 identifies any deficiencies in the 510(k) submission, it should contact the 510(k) Submitter to  
450 request the missing information.  
451

452 **E. Select the appropriate Product Specialist(s) and Technical**  
453 **Expert(s) to conduct the substantive review of a 510(k)**  
454 **submission**  
455

456 FDA recommends that TP Review Organizations maintain personnel with the appropriate  
457 education, training, skills, and experience to perform 510(k) reviews for the device type(s)  
458 for which the TP Review Organizations are recognized by FDA to perform. For additional  
459 discussion on FDA's recommendations regarding qualifications of personnel, see Section  
460 V.C of this guidance.  
461

462 To assure technically competent reviews, each 510(k) submission should be assigned to a  
463 Product Specialist with appropriate expertise for the device under review. The Product  
464 Specialist may add qualified Technical Experts to the review team to ensure sufficient  
465 competency in the review, if necessary. The Product Specialist should document the  
466 competencies of and the rationale for choosing to use any Technical Experts. When using  
467 external Technical Experts, particular attention should be given to the expertise level and  
468 impartiality of these external experts. For more information on using external Technical  
469 Experts, please see Section V.D of this guidance.  
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<sup>20</sup> Available on FDA's website at  
<http://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm315014.pdf>.



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471 **F. Conduct the substantive review of a 510(k) submission**

472 Substantive review focuses on substantial equivalence as defined in section 513(i) of the  
473 FD&C Act. 21 CFR 807.100(b) sets forth the criteria that FDA uses to determine whether a  
474 device is substantially equivalent to a legally marketed device. For information on  
475 determining substantial equivalence of a device under the 510(k) program, please see FDA’s  
476 guidance entitled “The 510(k) Program: Evaluating Substantial Equivalence in Premarket  
477 Notifications [510(k)].”<sup>21</sup>

478  
479 For information on Abbreviated and Special 510(k)s, please see FDA’s guidance entitled  
480 “The New 510(k) Paradigm - Alternate Approaches to Demonstrating Substantial  
481 Equivalence in Premarket Notifications.”<sup>22</sup>

482  
483 For information on the use of standards in a 510(k) submission to demonstrate substantial  
484 equivalence, please see FDA’s guidance entitled “Use of Standards in Substantial  
485 Equivalence Determinations.”<sup>23</sup>

486  
487 TP Review Organizations should refer to these guidance documents when conducting their  
488 substantive review of 510(k) submissions, including any device specific guidances or  
489 horizontal guidances (e.g., biocompatibility, software, sterility). In addition, TP Review  
490 Organizations should be aware of any special controls that apply to a device under review,  
491 which are regulatory requirements for class II devices. For information on whether a device  
492 has special controls, TP Review Organizations should review the classification regulation of  
493 the device under 21 CFR parts 862 to 892, which would reference any applicable special  
494 controls for a particular device type.

495 TP Review Organizations should identify at least one independent Final Reviewer, within the  
496 TP Review Organization, responsible for providing a final supervisory assessment of the  
497 Product Specialist’s work before it is submitted to FDA. This individual should have  
498 sufficient authority and competence to independently assess the quality and acceptability of  
499 the Product Specialist’s review of the 510(k) submission.

500 If TP Review Organizations identify any deficiencies during their review, they should  
501 contact the 510(k) Submitters. Section IV.G below provides further instruction on how to  
502 identify deficiencies in a 510(k) submission. When the substantive review is complete, a TP  
503 Review Organization should reach an agreement between persons involved with the TP  
504 Review (e.g., product specialist, technical expert(s), and final reviewer) and make a final  
505 recommendation on whether the device is substantially equivalent to a predicate device.

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<sup>21</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/.../UCM284443.pdf>.

<sup>22</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm080189.pdf>.

<sup>23</sup> Available on FDA’s website at <http://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm073756.pdf>.

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506 **G. Identifying deficiencies in a 510(k) submission**

507

508 If a TP Review Organization identifies any deficiencies in a 510(k) submission during its  
509 substantive review, it should contact the 510(k) Submitter. TP Review Organizations may  
510 use any form of communication (i.e., telephone, facsimile, electronic mail, or letter) to  
511 resolve the matter as long as confidentiality is maintained. TP Review Organizations should,  
512 however, avoid the exchange of substantive data and information solely over the telephone to  
513 avoid errors that may arise in the absence of a written request and response. FDA  
514 recommends that TP Review Organizations document any deficiencies in writing and  
515 summarize in their review memorandum any modifications the 510(k) Submitter may have  
516 made to the submission as a result of being notified of deficiencies.

517 When requesting additional information from a 510(k) Submitter, FDA recommends that TP  
518 Review Organizations structure their additional information requests in the manner described  
519 below. For examples of well-constructed deficiencies and responses to FDA's requests,  
520 please see FDA's guidance entitled "Suggested Format for Developing and Responding to  
521 Deficiencies in Accordance with the Least Burdensome Provisions of FDAMA."<sup>24</sup>

522 A TP Review Organization's request for additional information as a result of identified  
523 deficiencies should include the following:

- 524 1. Clear identification of the specific issue(s) or question(s);  
525 2. Acknowledgement of the information submitted and explanation of why the information  
526 provided did not adequately address the issue;  
527 3. Explanation of the relevance of the request for additional information to the substantial  
528 equivalence determination; and  
529 4. Recommendations regarding additional information needed to adequately address the  
530 issue or question and, when possible, suggestions of alternate ways to address the  
531 deficiency

532 **H. Documenting a 510(k) review**

533

534 Once a TP Review Organization has made a final recommendation regarding substantial  
535 equivalence, it should prepare its review documentation which documents the reasons and  
536 steps that led to its final recommendation. 21 CFR 10.70 ("Documentation of significant  
537 decisions in administrative file") provides a framework for documentation that should be  
538 utilized by TP Review Organizations in documenting their review. The content of a review  
539 documentation will vary based on the type of 510(k) submission and device. The review  
540 documentation formats identified in Table 2 below are the tools FDA reviewers typically use  
541 for each submission type shown. These tools may be used by the assigned Product Specialist  
542 of a TP Review Organization in preparing the review documentation.  
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<sup>24</sup> Available on FDA's website at  
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm073679.htm>.



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**Table 2. FDA Review Formats**

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Submission Type	Review Formats			
	Refuse to Accept (RTA) Checklist	510(k) Decision-Making Documentation	Review Memorandum	Special 510(k) Device Modification Review Memo
Traditional	yes	yes	yes*	no
Abbreviated	yes	yes	yes*	no
Special	yes	yes	no	yes

546  
547

\* Product Specialists should use the ODE Review Memorandum for Traditional and Abbreviated 510(k) Submissions in preparing their review documentation for traditional and abbreviated 510(k) submissions reviewed by ODE or for radiological devices reviewed by OIR, and the OIR Review Templates for in vitro diagnostic (IVD) devices reviewed by OIR.

552  
553

Each review format is explained in further detail below.

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555

**1. RTA Checklist**

See Section IV.D of this guidance for information on determining whether a 510(k) submission is administratively complete and how to utilize the RTA checklist.

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**2. 510(k) Decision-Making Documentation**

FDA uses this format to document the key decision points leading to a determination on substantial equivalence. See Section IV.F of this guidance for a discussion on substantive review.

562  
563  
564

**3. ODE Review Memorandum for Traditional and Abbreviated 510(k) Submissions**

For information on what ODE reviewers typically provide in a review memorandum for a traditional and abbreviated 510(k) submission, please see FDA's guidance entitled "Third Party Review of Premarket Notifications: Appendix 2: ODE Review Memorandum for Traditional and Abbreviated 510(k) Submissions."<sup>25</sup>

570  
571  
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Note that the review documentation for radiological medical devices should also follow this format.

573  
574  
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<sup>25</sup> Available on FDA's website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM082216.pdf>.

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#### 4. **IVD Devices OIR Review Templates**

Templates and instructions provided to FDA reviewers of 510(k) submissions for IVD devices are in three documents depending on the type of device reviewed. For assay and instrument combination 510(k) submissions, please see FDA’s guidance entitled “Third Party Review of Premarket Notifications: Appendix 3A: Review Memorandum Template and Instructions for Assay and Instrument Combination Submissions.”<sup>26</sup>

For instrument only 510(k) submissions, please see FDA’s guidance entitled “Third Party Review of Premarket Notifications: Appendix 3C: Review Memorandum Template and Instructions for Instrument Only Submissions.”<sup>27</sup>

For assay only 510(k) submissions, please see FDA’s guidance entitled “Third Party Review of Premarket Notifications: Appendix 3B: Review Memorandum Template and Instructions for Assay Only Submissions.”<sup>28</sup>

Numerous examples of completed templates used in previous 510(k) decision summaries are available through the 510(k) database.<sup>29</sup>

#### 5. **Special 510(k) Device Modification Review Memo**

FDA uses the Special 510(k) Device Modification Review Memo to summarize the information provided in a Special 510(k) submission and FDA’s determination on substantial equivalence. For information on what is contained in a Special 510(k) review memorandum, please see FDA’s guidance entitled “Third Party Review of Premarket Notifications: Appendix 4: Special 510(k): Device Modification Review Memo.”<sup>30</sup>

FDA recommends TP Review Organizations discuss in their review memo how standards are utilized in a 510(k) submission, if applicable. A 510(k) submitter may use consensus standards in its submission in two ways: general use and Declaration of Conformity in accordance with section 514(c)(1)(B) of the Act. General use of a consensus standard in any premarket submission refers to situations where a submitter chooses to conform to a consensus standard, but does not submit a Declaration of Conformity. If a submitter intends

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<sup>26</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM082222.pdf>.

<sup>27</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM082230.pdf>.

<sup>28</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM082224.pdf>.

<sup>29</sup> Available on FDA’s website at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>

<sup>30</sup> Available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM082232.pdf>.

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609 to submit a Declaration of Conformity to an FDA-recognized consensus standard, the  
610 submitter should certify that all requirements were met, except for inapplicable requirements  
611 which should be identified in a separate section in the Declaration of Conformity and in the  
612 510(k) submission. A submitter may not submit a Declaration of Conformity if the submitter  
613 chooses to rely on a consensus standard that has not been recognized by FDA or if the  
614 submitter has deviated from an FDA-recognized standard. For further guidance on the use of  
615 consensus standards, please visit FDA's website at  
616 <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standards/default.htm>.

617

### **I. Organizing and submitting a 510(k) submission including associated TP Review documentation**

619  
620

621 There are two distinct parties involved in the generation of a TP 510(k): the TP Review  
622 Organization and 510(k) Submitter. Each party is subject to the eCopy requirements.  
623 Accordingly, each party must provide its own eCopy and company cover letter with an  
624 eCopy statement and signature. See section 745A(b) of the FD&C Act (21 U.S.C. § 379k-1).  
625 Upon completing the review of a 510(k) submission, the Final Reviewer of the TP Review  
626 Organization should submit both eCopies together to CDRH's Document Control Center<sup>31</sup> in  
627 order to expedite timely review by the Agency, but should not consult in the preparation of  
628 the 510(k) Submitter's eCopy. FDA intends to hold the TP Review Organization responsible  
629 for resolving any eCopy holds concerning any issues with either eCopy. For information on  
630 the eCopy program, please see FDA's guidance entitled "eCopy Program for Medical Device  
631 Submissions."<sup>32</sup>

632

633 A TP Review Organization's 510(k) submission should include the following:

634

- 635 1. A cover letter signed by the Final Reviewer that clearly identifies:
  - 636 a. The purpose of the submission;
  - 637 b. The name and address of the TP Review Organization and the contact person;
  - 638 c. The name, email address, and telephone number of the Final Reviewer;
  - 639 d. The name and address of the 510(k) Submitter;
  - 640 e. The name of the device (trade name, common or usual name, FDA classification  
641 name, classification regulation number, and product code, as applicable);
  - 642 f. The TP Review Organization's recommendation with respect to the substantial  
643 equivalence of the device; and
  - 644 g. The date the TP Review Organization first received the 510(k) from the Submitter

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<sup>31</sup> The address for CDRH's Document Control Center is available on FDA's website at  
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/PremarketNotification510k/ucm070201.htm>.

<sup>32</sup> Available on FDA's website at  
<http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313794.pdf>.

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- 646 2. A letter signed by the 510(k) Submitter authorizing the TP Review Organization to  
647 submit the 510(k) to FDA on its behalf and authorizing the TP Review Organization to  
648 discuss the contents of the 510(k) with FDA on its behalf.  
649
- 650 3. A signed certification that the reported information accurately reflects the data reviewed.  
651
- 652 4. A table of contents listing the sections where the 510(k) submission and associated TP  
653 Review Organization's documentation are located, along with the corresponding page  
654 numbers.  
655
- 656 5. A summary of any discussion that occurred prior to the 510(k) submission to FDA with  
657 the appropriate ODE/OIR branch chief or designee, if appropriate (see Section IV.C).  
658
- 659 6. The 510(k) Submitter's complete 510(k) submission that conforms to FDA's  
660 requirements for content and format of 510(k) submissions as provided in 21 CFR part  
661 807 subpart E. This information should be separate from the TP Review Organization's  
662 documentation.  
663
- 664 7. An acceptance review of the 510(k) submission based on the RTA checklist, discussed in  
665 Section IV.D, to assess whether the submission is administratively complete and that it  
666 includes all of the information necessary for the TP Review Organization to conduct a  
667 substantive review on FDA's behalf and for FDA to reach a determination regarding  
668 substantial equivalence under section 513(i) of the FD&C Act.  
669
- 670 8. A complete documentation of the TP Review Organization's review of the 510(k)  
671 submission as described in Section IV.H of this guidance, signed by all personnel who  
672 conducted the review (generally the Product Specialist(s) and Technical Expert(s)) and  
673 by the individual responsible for supervising 510(k) reviews (Final Reviewer), with a  
674 recommendation concerning the substantial equivalence of the device under review. TP  
675 Review Organizations must provide their eCopy documentation<sup>33</sup> and should prepare  
676 their review documentation for posting, as applicable and appropriate.  
677

678 FDA may not be able to process a 510(k) submitted by a TP Review Organization if the  
679 review material discussed above is not included with the submission. FDA will begin its  
680 review only after it receives the necessary information.  
681

## **J. Submitting additional information upon FDA's request**

682  
683  
684 After a TP Review Organization has submitted the 510(k) and its recommendation,  
685 including the associated TP Review documentation, FDA will begin to review the  
686 submission. If FDA determines that additional information is needed to make a substantial  
687 equivalence determination, FDA plans to contact the TP Review Organization. FDA may  
688 request additional information by either telephone or electronic mail. Such requests will

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<sup>33</sup> See section 745A(b) of the FD&C Act.

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689 describe FDA’s concerns with a 510(k) submission, and identify the information that FDA  
690 believes is needed to address its concerns. In addition, if FDA places a 510(k) submission  
691 “on hold” (i.e., officially suspend processing of the submission pending FDA’s receipt of  
692 additional information), FDA will send an email informing the TP Review Organization of  
693 the “on hold” status and request for additional information. For more information, please see  
694 FDA’s guidance entitled “FDA and Industry Actions on Premarket Notification (510(k))  
695 Submissions: Effect on FDA Review Clock and Goals.”<sup>34</sup>

696 Upon receiving a request from FDA for additional information, the TP Review Organization  
697 should:

- 698 1. promptly inform the 510(k) Submitter of FDA’s request for additional information  
699 relating to the 510(k) submission;  
700
- 701 2. thoroughly review any additional information provided by the 510(k) Submitter to ensure  
702 that it adequately responds to FDA’s concerns;  
703
- 704 3. revise its 510(k) review documentation to resolve any deficiencies FDA identified in the  
705 previously submitted documentation;  
706
- 707 4. add or incorporate the review of the additional information, if any, provided by the  
708 510(k) Submitter into its review documentation;  
709
- 710 5. prepare a cover letter referencing the 510(k) number previously assigned by FDA and  
711 identifying the purpose of the new submission; and  
712
- 713 6. send the cover letter, its additional or revised review documentation, and any additional  
714 information received from the 510(k) Submitter to FDA to CDRH’s Document Control  
715 Center<sup>35</sup>  
716

717 The TP Review Organization must provide two separate eCopy documents (i.e., eCopy of the  
718 additional information provided by the 510(k) submitter and eCopy of documentation  
719 generated by the TP Review Organization).<sup>36</sup> Each eCopy should be clearly marked as  
720 belonging to the TP Review Organization or the 510(k) Submitter, as appropriate. For  
721 information on the eCopy program, see Section IV.I.  
722  
723  
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<sup>34</sup> Available on FDA’s website at <http://www.fda.gov/RegulatoryInformation/Guidances/ucm089735.htm>.

<sup>35</sup> The address for CDRH’s Document Control Center is available on FDA’s website at  
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/PremarketNotification510k/ucm070201.htm>.

<sup>36</sup> See section 745A(b) of the FD&C Act.

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**K. 510(k) submission dispute resolution**

FDA has developed guidance documents that provide an overview of the appeals processes available for medical devices. For information about the appeals processes, please see FDA's guidance entitled "Center for Devices and Radiological Health Appeals Processes"<sup>37</sup> and FDA's guidance entitled "Center for Devices and Radiological Health Appeals Processes: Questions and Answers About 517A."<sup>38</sup> The processes available for reviewing and reconsidering FDA decisions or actions on other 510(k) submissions are also available for TP 510(k) submissions when a dispute between FDA and a 510(k) Submitter arises.

FDA believes disputes are often the result of misunderstanding or miscommunication. FDA encourages TP Review Organizations to seek clarification, as needed, from FDA or the 510(k) Submitter during the course of a review. If the 510(k) Submitter disagrees with an FDA decision or action, the TP Review Organization should maintain impartiality and exercise care to avoid the appearance of conflict of interest that may result from acting as an advocate on the 510(k) Submitter's behalf.

**V. Requirements and Recommendations for Recognition and Rerecognition of Third Party Review Organizations**

In this Section of the guidance, FDA describes the Recognition Criteria considered in recognizing TP Review Organizations under section 523 of the FD&C Act to conduct premarket reviews of 510(k)s of devices eligible under the TP Review Program. In accordance with section 523(b)(3) of the FD&C Act, a TP Review Organization must, at a minimum, meet the following qualification requirements:

1. May not be an employee of the Federal Government.
2. Shall be an independent organization which is not owned or controlled by a manufacturer, supplier, or vendor of devices and which has no organizational, material, or financial affiliation with such a manufacturer, supplier, or vendor.
3. Shall be a legally constituted entity permitted to conduct the activities for which it seeks recognition.
4. Shall not engage in the design, manufacture, promotion, or sale of devices.
5. Its operations shall be in accordance with generally accepted professional and ethical business practices and shall agree in writing that as a minimum it will:
  - i. certify that reported information accurately reflects data reviewed;
  - ii. limit work to that for which competence and capacity are available;

<sup>37</sup> Available on FDA's website at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm284651.htm>.

<sup>38</sup> Available on FDA's website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM352254.pdf>.

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- 763           iii.    treat information received, records, reports, and recommendations as  
764           proprietary information;  
765           iv.    promptly respond and attempt to resolve complaints regarding its  
766           activities for which it is recognized; and  
767           v.    protect against the use, in carrying out the review of a 510(k) submission  
768           and initial classification of a device, of any officer or employee who has  
769           a financial conflict of interest regarding the device, and annually make  
770           available to the public disclosures of the extent to which the TP Review  
771           Organization, and the officers and employees of the TP Review  
772           Organization, have maintained compliance with requirements relating to  
773           financial conflicts of interest.  
774

775    In addition to the minimum requirements for TP Review Organizations set forth in the FD&C  
776    Act, a TP Review Organization should meet those qualifications announced in the Federal  
777    Register, many of which are discussed below.<sup>39</sup> These qualifications include having in place  
778    policies to identify, prevent, and ensure reporting to FDA of instances of forum shopping by  
779    510(k) submitters.  
780

781    The IMDRF's MDSAP qualifications for recognition and rerecognition of auditing  
782    organizations are provided in the IMDRF MDSAP Document WG N3 FINAL: 2013 and  
783    IMDRF MDSAP Document WG N4 FINAL: 2013. FDA intends to refer to the standards  
784    presented in these IMDRF Documents as criteria in the recognition of TP Review  
785    Organizations to the extent such criteria are appropriate and consistent with the FD&C Act  
786    and other applicable laws and regulations.<sup>40</sup> In addition to the criteria provided in these  
787    IMDRF Documents, a TP Review Organization should meet additional FDA criteria  
788    provided below.  
789

790    For the purpose of initial recognition and rerecognition, TP Review Organizations should  
791    develop policies and procedures consistent with the following subsections, and be prepared  
792    to submit copies to FDA upon request for consideration in the recognition decision making  
793    process. See Section VI for more information on the application process. In addition, TP  
794    Review Organizations should ensure that any documentation or records developed for the  
795    purpose of the TP review program are reasonably available upon request by FDA or made  
796    available to FDA during an on-site assessment as described below in Sections V.H and VII.  
797

### **A. Operational considerations**

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800    All applications and communications with FDA and all documentation pertaining to the  
801    review of a 510(k) submitted to FDA should be in English, and for foreign TP Review

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<sup>39</sup> See 63 FR 28388 (May 22, 1998).

<sup>40</sup> As stated earlier, requirements in the IMDRF documents that do not reflect requirements in the FD&C Act or FDA's regulations are recommendations under this guidance. In addition, refer to section 523 of the FD&C Act, 63 FR 28288, or the additional FDA criteria described in this guidance when there is any overlap in criteria with the IMDRF documents and they are inconsistent.



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802 Organizations, a United States representative should be designated so that FDA can  
803 efficiently communicate with the TP Review Organization while conducting its review (see  
804 Section VI.A(i)).  
805

#### 806 **B. Management of impartiality**

807  
808 FDA expects TP Review Organizations to be impartial and free from any commercial,  
809 financial, and other pressures that might present a conflict of interest or an appearance of a  
810 conflict of interest. To that end, as part of FDA's consideration in recognizing TP Review  
811 Organizations, FDA will consider whether the potential TP Review Organization has  
812 established, documented, and executed policies and procedures to prevent any individual or  
813 organizational conflict of interest, or the appearance of a conflict of interest including  
814 conflicts of interests pertaining to its contractors, including individual contract employees.  
815 FDA recommends that TP Review Organizations, in addition to the criteria set forth in the  
816 abovementioned IMDRF Documents, including ISO/IEC 17021:2011, meet the following to  
817 prevent a potential conflict of interest:  
818

- 819 A. TP Review Organizations should not participate in the preparation of 510(k)s when  
820 involved in TP 510(k) reviews. However, TP Review Organizations can provide general  
821 information on 510(k) requirements to permit a 510(k) Submitter to improve the format  
822 or content of a 510(k) that it is reviewing.  
823
- 824 B. TP Review Organizations should not use personnel who were employed within the last  
825 twelve months by a firm who submitted a 510(k) submission for its review.  
826
- 827 C. TP Review Organizations should not promise or advertise any guarantees for FDA  
828 clearance.  
829

830 Information on the conflict of interest standards FDA applies to its own review personnel is  
831 included in the document, titled "Standards of Ethical Conduct for Employees of the  
832 Executive Branch."<sup>41</sup> TP Review Organizations are encouraged to refer to these standards in  
833 safeguarding their operations against conflicts of interest.  
834

835 The conflict of interest policies for a TP Review Organization should be fully implemented  
836 and signed off by the most responsible individual at the organization before any 510(k) is  
837 accepted for review. As a reminder, when using external consultants or outsourcing, see  
838 Sections V.D and V.E respectively, regarding conflicts of interest safeguards.  
839

840  
841

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<sup>41</sup> Standards of Ethical Conduct for Employees of the Executive Branch is available at:  
[https://www.oge.gov/Web/oge.nsf/0/076ABBBFC3B026A785257F14006929A2/\\$FILE/SOC%20as%20of%2081%20FR%2048687.pdf](https://www.oge.gov/Web/oge.nsf/0/076ABBBFC3B026A785257F14006929A2/$FILE/SOC%20as%20of%2081%20FR%2048687.pdf)



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842 **C. Personnel involved in reviewing activities**

843  
844 Below describes FDA's recommendations regarding qualifications of personnel involved in  
845 reviewing activities for TP Review Organizations, in addition to the criteria set forth in the  
846 abovementioned IMDRF Documents, including ISO/IEC 17021:2011.

847  
848 FDA expects that TP Review Organizations and their personnel should have proven  
849 knowledge and experience with the following:

- 850
- 851 • The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.);
  - 852
  - 853 • The Public Health Service Act (42 U.S.C. 201 et seq.), as applicable; and
  - 854
  - 855 • Regulations in the Code of Federal Regulations implementing these statutes, particularly  
856 21 CFR parts 800 through 1299
  - 857

858 Additionally, the TP Review Organization should

- 859 • establish, document, and execute policies and procedures to ensure that 510(k)'s are  
860 reviewed by qualified personnel;
- 861 • maintain records on the relevant education, training, skills, and experience of all  
862 personnel who contribute to the technical review of a 510(k);
- 863 • make written instructions for duties and responsibilities with respect to 510(k)  
864 reviews available to its personnel;
- 865 • employ personnel who, as a whole, are qualified in all of the scientific disciplines  
866 addressed by the 510(k)s the TP Review Organization accepts for review; and
- 867 • identify at least one individual who is responsible for providing supervision over  
868 510(k) reviews and who has sufficient authority and competence to assess the quality  
869 and acceptability of these reviews.
- 870

871 For appropriate review of a particular class II device, FDA will expect specialized education  
872 and experience to assure a technically competent review. These may include expertise and  
873 experience in specific scientific, engineering, statistical, and/or clinical disciplines. FDA  
874 typically assembles a team with a range of expertise and experience necessary to assure a  
875 thorough and well-informed review of a particular submission.

876  
877 In addition, TP Review Organizations will be expected to consult national and/or  
878 international standards recognized by FDA as well as FDA guidance documents. As such,  
879 TP Review Organizations should have the capability to interface with FDA's electronic data  
880 systems, including FDA's website through which TP Review Organizations can search for  
881 relevant guidance documents, recognized standards, device predicate summaries, and  
882 information regarding adverse events and recalls to provide supporting risk information when  
883 performing premarket review of similar devices.

884  
885 TP Review Organizations are expected to complete FDA training before conducting any  
886 510(k) reviews under the TP Review Program. FDA will not accept 510(k) reviews and

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887 recommendations from TP Review Organizations that have failed to have at least one  
888 designated personnel attend a FDA training session. TP Review Organizations should ensure  
889 their personnel participate in such training (see Section VI.A(iv) of this guidance).  
890

891 TP Review Organizations should be prepared to conduct technically competent 510(k)  
892 reviews at the time of requesting recognition by FDA. FDA recommends persons involved  
893 in a 510(k) submission review at a TP Review Organization meet the appropriate  
894 qualifications provided in this guidance. When a TP Review Organization requests to  
895 expand its scope of device types for which it may review 510(k) submissions, it should  
896 ensure that it has personnel qualified in the scientific disciplines for the new device types and  
897 apply for recognition for these new device types in accordance with Section VI of this  
898 guidance.  
899

#### 900 **D. Use of external Technical Expert(s)**

901

902 In addition to the criteria set forth in the abovementioned IMDRF Documents, including  
903 ISO/IEC 17021:2011, the following are FDA's recommendations when TP Review  
904 Organizations use an external Technical Expert:  
905

906

- 906 • External Technical Experts should meet the same standards as those expected of  
907 personnel who work within the TP Review Organization, such as freedom from  
908 conflicts of interest;  
909

910

- 910 • External Technical Experts are discouraged from subcontracting parts of their  
911 contracts to subcontractors; and  
912

913

- 913 • Records of the qualifications of external Technical Experts should be kept by the TP  
914 Review Organization, in addition to evidence of regular monitoring on the established  
915 competence and the degree of fulfillment of the outsourced work  
916

917

917 To ensure that TP Review Organizations have sufficient competence among their own staff,  
918 there should be at least one qualified Product Specialist per device type for which the TP  
919 Review Organization is recognized to review. This is to ensure that there is not excessive  
920 reliance on external expertise by a TP Review Organization and to ensure appropriate  
921 oversight of the qualifications of external Technical Experts by TP Review Organizations.  
922

923

#### 923 **E. Outsourcing**

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925 FDA considers a TP Review Organization's use of any external organization to be  
926 outsourcing. In addition to the criteria set forth in the abovementioned IMDRF Documents,  
927 including ISO/IEC 17021:2011, the following are FDA's recommendations for TP Review  
928 Organizations regarding outsourcing:  
929

930

- 930 • Outsourced organizations should meet the same standards as those met by recognized  
931 TP Review Organizations, such as freedom from conflicts of interest;

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- Outsourced organizations may subcontract parts of their contracts to other subcontractors, if appropriate, but those subcontractors should be from another recognized TP Review Organization; and
- Records of the qualifications of outsourced organizations should be kept by the TP Review Organization, in addition to evidence of regular monitoring of the established competence of the outsourced organization and the degree of fulfillment of the outsourced work

942 **F. Confidential information**

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A TP Review Organization is required to treat information received, records, reports, and recommendations as proprietary information. See sections 301(y)(2) and 523(b)(3)(E)(iii) of the FD&C Act (21 U.S.C. § 331(y)(2); 21 U.S.C. § 360m(b)(3)(E)(iii)). Also, in accordance with 21 CFR 807.95, when a 510(k) is submitted to FDA, FDA will in general not publicly disclose the existence of a 510(k) submission for a device. As such, a TP Review Organization should not publicly disclose a 510(k) submission for a device that is not currently on the market and where the intent to market the device has not been disclosed.

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FDA will determine the releasability of review information submitted to FDA by a TP Review Organization in accordance with the Agency's regulations implementing the Freedom of Information Act (21 CFR part 20) and 21 CFR 807.95, regarding confidentiality of information in 510(k)s. In general, 510(k) reviews submitted by TP Review Organizations will be available for disclosure by FDA after the agency has issued a substantial equivalence decision for a device, unless the information is exempt from public disclosure under 21 CFR part 20 or 21 CFR 807.95.

960  
961  
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963

In addition, information submitted by a TP Review Organization to obtain recognition or rerecognition from FDA will be available for disclosure, unless exempted under 21 CFR part 20.

964

**G. Complaints regarding 510(k) Submitters**

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The TP Review Organization should follow the criteria set forth in the abovementioned IMDRF Documents, including ISO/IEC 17021: 2011 in forwarding to FDA information on any complaint (e.g., whistleblowers) it receives about a 510(k) Submitter that could indicate an issue related to the safety or effectiveness of a medical device or a public health risk.

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**H. Third Party Review Organization recordkeeping**

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Pursuant to section 704(f) of the FD&C Act (21 U.S.C. § 374(f)), a TP Review Organization must maintain records that support its initial and continuing qualifications to receive FDA recognition. These records must include the following:

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- 977 1) documentation of the training and qualifications of the TP Review Organization and its  
978 personnel;  
979
- 980 2) the procedures used by the TP Review Organization for handling confidential  
981 information;  
982
- 983 3) the compensation arrangements made by the TP Review Organization; and  
984
- 985 4) the procedures used by the TP Review Organization to identify and avoid conflicts of  
986 interest  
987

988 In accordance with section 704(f)(1) of the FD&C Act, TP Review Organizations must make  
989 these records available upon request by an officer or employee of FDA. TP Review  
990 Organizations shall permit the officer or employee at all reasonable times, to have access to,  
991 to copy, or to verify, these records. Within 15 days of receipt of a written request from FDA,  
992 TP Review Organizations must make copies of the requested records available at the place  
993 FDA designates. See section 704(f)(2) of the FD&C Act. If FDA's monitoring of the TP  
994 Review Program, such as a review of compensation arrangements between TP Review  
995 Organizations and 510(k) submitters, reveals that 510(k) Submitters are developing business  
996 relationships with TP Review Organizations that call into question the independence or  
997 objectivity of TP Review Organizations, FDA will consider implementing a process that  
998 limits a submitter's choice of TP Review Organizations. Business relationships that may  
999 undermine the independence or objectivity of a TP Review Organization include contracts  
1000 between a manufacturer and a TP Review Organization that represent a significant share of  
1001 the TP Review Organization's income from all activities including the TP Review Program  
1002 over the period of the contract, such that continuation or termination of the contract may  
1003 create the appearance of an undue financial influence.  
1004

1005 In addition to these recordkeeping requirements, TP Review Organizations should keep,  
1006 maintain, and make reasonably available upon request by FDA or during an onsite  
1007 assessment of any policies and procedures developed consistent with this Section.  
1008

1009 Further, TP Review Organizations should retain the following records for at least three years  
1010 following the submission of a 510(k) for review to FDA:  
1011

- 1012 1) copies of all 510(k) reviews and associated correspondence;  
1013
- 1014 2) information on the identity and qualifications of all personnel who contributed to the  
1015 technical review of each 510(k); and  
1016
- 1017 3) other relevant records  
1018

1019 Section 523(b)(3)(E)(iv) requires TP Review Organizations to agree in writing that they will  
1020 promptly respond and attempt to resolve complaints regarding its activities for which it is  
1021 recognized. FDA recommends that TP Review Organizations establish a recordkeeping

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1022 system for tracking the submission of those complaints and how those complaints were  
1023 resolved, or attempted to be resolved.  
1024

1025 **VI. Content and Format of an Application for Initial**  
1026 **Recognition and Rerecognition as a TP Review**  
1027 **Organization**

1028  
1029 This section of the guidance provides FDA’s recommendations on how TP Review  
1030 Organizations should apply for recognition and rerecognition, as well as what should be  
1031 included in an application to FDA to avoid recognition denial or rerecognition denial.  
1032

1033 Note that when a TP Review Organization suspends, withdraws, cancels, or reduces the  
1034 scope of its recognition, the TP Review Organization should inform FDA promptly.  
1035

1036 **A. Initial recognition**

1037  
1038 Organizations that wish to become TP Review Organizations recognized under section 523  
1039 of the FD&C Act should send their applications to FDA. Three complete copies of the  
1040 application should be sent to the following address. To facilitate review of the application,  
1041 FDA also encourages submission of an eCopy.<sup>42</sup>  
1042

1043 CDRH Third Party Premarket Review Program  
1044 Food and Drug Administration  
1045 10903 New Hampshire Avenue,  
1046 Silver Spring, Maryland 20993 USA  
1047 [3P510K@fda.hhs.gov](mailto:3P510K@fda.hhs.gov)  
1048

1049 FDA will acknowledge receipt with an email to the applicant’s designated contact person  
1050 when the application is received. FDA will review these materials and respond within 60  
1051 days of the date of receipt of the application with a decision to recognize or deny recognition,  
1052 or a request for additional information. FDA may deem the application incomplete and deny  
1053 recognition if the applicant fails to respond to FDA’s request for additional information in a  
1054 timely manner.  
1055

1056 The following information should be submitted in an application for FDA’s consideration:  
1057

1058 **(i) Administrative information**

- 1059  
1060 1. The name and address of the TP Review Organization seeking recognition;

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<sup>42</sup> For information on the eCopy program, please see FDA’s guidance entitled “eCopy Program for Medical Device Submissions” available on FDA’s website at <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313794.pdf>.

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- 1061  
1062 2. The telephone number, email address, and fax number of the contact person. The contact  
1063 person should be the person to whom questions about the content of the application may  
1064 be addressed and the person to whom a letter of determination and general  
1065 correspondence will be directed. Foreign organizations should also identify the name,  
1066 address, telephone number, email address, and fax number of an authorized  
1067 representative located within the United States that will serve as the TP Review  
1068 Organization's contact with FDA (see also Section V.A);  
1069  
1070 3. The name and title of the most responsible individual at the organization;  
1071  
1072 4. A brief description of the organization, including: type of organization (e.g., not-for-  
1073 profit institution, commercial business, other type of organization); size of organization  
1074 (number of employees); number of years in operation; nature of work (e.g., testing or  
1075 certification laboratory); and information regarding ownership, operation, control of  
1076 organization, and other related information sufficient for FDA to assess its degree of  
1077 independence from entities such as device manufacturers and distributors;  
1078  
1079 5. A listing of any national, state, local, or other recognition; and  
1080  
1081 6. A list of the device types the applicant seeks to review. Applicants should identify the  
1082 device types by, for example, product codes or classification name and regulation  
1083

#### **(ii) Prevention of conflicts of interest**

- 1084  
1085  
1086 1. A copy of the written policies and procedures established by the TP Review Organization  
1087 to ensure that the TP Review Organization and its employees (including contractors)  
1088 involved in the evaluation of 510(k)s are free from conflicts of interest, and to prevent  
1089 any individual or organizational conflict of interest, or appearance of conflict of interest  
1090 that might affect the review process.  
1091

#### **(iii) Personnel qualifications**

- 1092  
1093  
1094 1. A list of personnel that will be involved in the TP 510(k) review, including Product  
1095 Specialists, Technical Experts, and Final Reviewers. Applicants should demonstrate that  
1096 these personnel are technically competent to conduct 510(k) reviews and should  
1097 document the following in their applications:  
1098  
1099 (i) the written policies and procedures established to ensure 510(k)s are reviewed by  
1100 qualified personnel;  
1101  
1102 (ii) the written instructions for the duties and responsibilities of personnel with respect to  
1103 510(k) reviews;  
1104  
1105 (iii) the written personnel standards established to ensure that designated personnel are

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- 1106 qualified in all of the scientific disciplines addressed by the 510(k)s for devices for  
1107 which the TP Review Organization is applying for its review;  
1108
- 1109 (iv) the documentation (e.g., CVs) to establish that the reviewers of 510(k)s (i.e., Product  
1110 Specialists and Technical Experts) and other involved non-supervisory personnel  
1111 meet the Recognition Criteria for qualified personnel. This includes documentation  
1112 of education, training, skills, abilities, and experience, including specialized education  
1113 and experience needed for the review of class II devices for which the TP Review  
1114 Organization is applying for its review;  
1115
- 1116 (v) the documentation (e.g., CVs) to establish that the supervisor(s) of 510(k) reviewers  
1117 (i.e., Final Reviewer) have sufficient authority and meet the Recognition Criteria for  
1118 qualified supervisory personnel. This includes documentation of education, training,  
1119 skills, abilities, and experience, including specialized education and experience  
1120 needed for the review of class II devices for which the TP Review Organization is  
1121 applying for its review;  
1122
- 1123 (vi) a description of the management structure, or, if a contractor is used for 510(k)  
1124 reviews, the contractor's management structure. The application should describe the  
1125 position of the individual(s) providing supervision within the management structure  
1126 and explain how that structure provides for the supervision of 510(k) reviewers and  
1127 other personnel involved in the review process.  
1128

#### **(iv) Certification statements**

- 1129 Pursuant to section 523(b)(3)(E), the applicant must provide a statement in its application,  
1130 signed by the most responsible individual at the organization, certifying that it, at all times:  
1131
- 1132 1. will report information that accurately reflects data reviewed;  
1133
  - 1134 2. will limit its work and reviews to that for which competence and capacity are available,  
1135 including conduct 510(k) reviews in accordance with the policies and procedures it has  
1136 established regarding review of 510(k)s by qualified personnel;  
1137
  - 1138 3. will treat any information, records, reports, and recommendations that it may receive as  
1139 proprietary and confidential information;  
1140
  - 1141 4. will promptly respond and attempt to resolve complaints regarding its activities for which  
1142 it is recognized;  
1143
  - 1144 5. will protect against financial conflicts of interests in accordance with policies and  
1145 procedures it has established relating to prevention of financial conflicts of interests.  
1146
- 1147 FDA also expects the applicant to certify in its application that at all times it:  
1148
- 1149 1. will be in conformity while recognized by FDA with the requirements of section 523 of  
1150  
1151

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1152 the FD&C Act;

1153

1154 2. will protect against conflicts of interests in accordance with policies and procedures it has  
1155 established relating to prevention of conflicts of interests;

1156

1157 3. will keep and maintain documentation of any organizational policies and procedures  
1158 developed consistent with Section V and commits to ensuring these documents are  
1159 reasonably available upon request by FDA (including during FDA's review of an  
1160 application for recognition or rerecognition) or made available to FDA during an on-site  
1161 assessment (see Section VII);

1162

1163 4. will keep and maintain records in a manner consistent with Section V.H of this guidance;

1164

1165 5. will comply with the eCopy requirements<sup>43</sup> for TP 510(k) submissions as described in the  
1166 guidance document titled, "eCopy Program for Medical Device Submissions," as  
1167 discussed in Section IV.I of this guidance;

1168

1169 6. commits that its most responsible person or designee(s) will have completed FDA  
1170 training prior to the TP Review Organization performing any 510(k) reviews, and agrees  
1171 that its most responsible person or designee(s) will attend such training at least every  
1172 three years; and

1173

1174 7. will contact the relevant Branch Chief or designee for consultation before reviewing any  
1175 device type (by respective product code) that it has not recently reviewed.

1176

### **B. Rerecognition**

1177

1178  
1179 In accordance with section 523(b)(2)(E) of the FD&C Act, a TP Review Organization's  
1180 recognition by FDA will sunset 3 years from the date of recognition under section 523 of the  
1181 FD&C Act. To continue conducting TP 510(k) reviews, the TP Review Organization must  
1182 obtain rerecognition.

1183

1184 Requests for rerecognition will be handled in the same manner as initial recognition requests.  
1185 Accordingly, rerecognition applications should follow the format described in Section VI.A .  
1186 For the purpose of rerecognition, FDA may also consider the past premarket review  
1187 performance of the TP Review Organization and any information that comes to FDA's  
1188 attention about the status of the TP Review Organization's recognition.

1189

1190 FDA intends to perform assessments of the TP Review Program and TP Review  
1191 Organizations in accordance with the criteria set forth in the IMDRF Documents, specifically  
1192 IMDRF MDSAP WG N5, N6, and N11, to the extent such criteria are appropriate and  
1193 consistent with the FD&C Act and other applicable laws and regulations, and depending on  
1194 the availability of FDA resources.

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<sup>43</sup> See section 745A(b) of the FD&C Act.



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1196 TP Review Organizations should account for FDA's 60 day review period in determining  
1197 when to submit their applications in order to prevent any lapse in recognition. A TP Review  
1198 Organization may request rerecognition earlier if it so chooses.  
1199

1200

**C. Recognition or rerecognition denial**

1201

1202 A TP Review Organization that wishes to request a reconsideration of a recognition denial or  
1203 rerecognition denial may make a written request to FDA. For information about the appeals  
1204 processes, please see FDA's guidance entitled "Center for Devices and Radiological Health  
1205 Appeals Processes."<sup>44</sup> A written appeal should be submitted to the CDRH Ombudsman at:

1206

1207

CDRH Ombudsman

1208

Center for Devices and Radiological Health

1209

Food and Drug Administration

1210

10903 New Hampshire Avenue

1211

Silver Spring, Maryland 20993 USA

1212

1213

**VII. Recognition Suspension or Withdrawal**

1214

1215 Section 523(b)(2)(B) of the FD&C Act authorizes FDA to suspend or withdraw accreditation  
1216 of any TP Review Organization, after providing notice and an opportunity for an informal  
1217 hearing, when the TP Review Organization is substantially not in compliance with the  
1218 requirements of section 523 of the FD&C Act, poses a threat to public health or fails to act in  
1219 a manner that is consistent with the purposes of section 523 of the FD&C Act.  
1220

1221

1222

1223 FDA will perform an assessment of each TP Review Organization on a periodic or "for  
1224 cause" basis as part of its auditing to ensure TP Review Organizations continue to meet the  
1225 standards of recognition. See section 523(b)(2)(C) of the FD&C Act. This may include  
1226 unannounced on-site audits conducted by the Agency. Generally, assessments will involve  
1227 inspecting a TP Review Organization's facility to ensure that the TP Review Organization  
1228 has maintained records and is operating in accordance with the procedures, qualifications,  
1229 and certifications as specified in the TP Review Organization's application and the FD&C  
1230 Act. Furthermore, FDA will periodically evaluate completed premarket reviews of 510(k)s  
1231 submitted to FDA under the TP Review Program and will provide periodic feedback to  
1232 Product Specialists of TP Review Organizations as part of its auditing. TP Review  
1233 Organizations should continue to demonstrate technical competency in order to maintain  
1234 recognition. If monitoring of a TP Review Organization reveals nonconformity with section  
523, a threat to the public health or a failure to act in a manner that is consistent with the  
purposes of section 523 of the FD&C Act, FDA may take steps to suspend or withdraw

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<sup>44</sup> Available on FDA's website at

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm284651.htm>.

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1235 recognition of the TP Review Organization, after providing notice and an opportunity for an  
1236 informal hearing. See section 523(b)(2)(B) of the FD&C Act.

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