**1.** **Scope of Application**

*Please fill in the application form in English or Danish.*

*Udfyld venligst ansøgningsskemaet på engelsk eller dansk.*

|  |
| --- |
| Application for authorisation of a performance study of:* [ ] a *non-CE marked* in vitro diagnostic medical device: *(Art. 58 study)*

*or** [ ]  a CE-marked in vitro diagnostic medical device, assessed in the performance study *outside* the scope of the intended purpose of the device *(Art. 70(2) study)*
 |

|  |
| --- |
| The current application for authorisation of a performance study is submitted because: (Please note: *more than one option may apply*) 1. [ ]  **Surgically invasive sample-taking** is done **only** for the purpose of the performance study *(Art. 58(1)a)* (*i.e. a blood sample or biopsy is taken due to the performance study)*

 > Please specify the surgically invasive sample-taking       *>* Please justify whether the surgically invasive sample-taking represents a **major clinical risk** for the subject *(i.e. biopsy from a major organ would be considered as major clinical risk*)      *and/or*1. [ ]  The performance study involves **additional invasive procedures or other risk** for the subjects (*Art. 58(1)c) (i.e. additional procedures/ other risk apart from the surgically invasive sample in box a) and/or additional to the procedures/risk the subjects will undergo anyway as part of planned treatment)*

*and/or*1. [ ]  The clinical performance study is ***interventional*** for the subjects *(Art. 58(1)b)* *(results influence patient management decisions or is used to guide treatment)**c,i*) [ ]  The clinical performance study is ***interventional*** for the subjects, as the performance study covers a *companion diagnostics (CDx),* and the results from the CDx will be used in decisions on the safe and effective use of a corresponding medicinal product *(Art. 58(2))*

- > Please specify which medicinal product the CDx corresponds to:       |

|  |
| --- |
| Date of submission:       |
| First submission [ ]  |
| Re-submission [ ] Danish Medicines Agency case number:       Date of first submission:       |
| EUDAMED CIV-ID number (if known):       |

|  |
| --- |
| Is the application for authorisation of the performance study of an IVD also submitted to Danish Medicines Agency as part of an application for authorisation of a clinical trial of a *medicinal product*? Yes [ ]  No [ ] If yes, state EU Clinical Trial Number       and DKMA case number       |

|  |
| --- |
| The application consists of different parts**Signature and invoice information****List of documents and cross- references****Information** **on device****Information on performance study****Information** **on actors and roles**Application is to be submitted as **one mail to two recipients**; med-udstyr@dkma.dk and dketik@dketik.dk in order for both parties to validate the application within same time frame. |

**2. Sponsor**

*The sponsor is any individual, company, institution or organization which takes responsibility for the initiation, for the management and setting up of the financing of the performance study.*

|  |  |
| --- | --- |
| Company / institution |       |
| Contact person |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**3. Sponsor’s EU representative, if any**

*The sponsor’s legal representative within an EU/EEC country if the sponsor is not resident in an EU/EEC country.*

|  |  |
| --- | --- |
| Company / institution |       |
| Contact person |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**4. Monitor**

*Sponsor shall appoint a monitor, independent of the investigation site, to ensure that the performance study is conducted in accordance with the Performance Study Plan, the principles of good clinical practice (ISO 20916:2019) and the legislation (IVDR Annex XIV, Chapter II, 4).*

|  |  |
| --- | --- |
| Company/ individual/ organisation with the responsibility of the monitoring activities  |       |
| Contact person |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**5. Contract Research Organisation (CRO), if any**

*If a CRO is used in the performance study for another purpose than monitoring (submission of application, data management etc.), the CRO and the related activities can be identified here.*

|  |  |
| --- | --- |
| Company |       |
| Contact person |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |
| Role of the CRO in the performance study |       |

**6. Manufacturer of the in vitro diagnostic medical device in performance study**

*The manufacturer means a natural or legal person who manufactures or fully refurbishes a device or has a device designed, manufactured or fully refurbished, and markets the device under its name or trade mark. The manufacturer is responsible for the Investigator’s Brochure/ statement of compliance for the IVD device undergoing the performance study. Please identify the manufacturer’s Person Responsible for Regulatory Compliance at the time when statement of compliance is signed. Please note that IVDR in article 15 has specific qualification criteria for this person.*

|  |  |
| --- | --- |
| Company / institution |       |
| Address |       |
| Contact person |       |
| Phone number |       |
| E-mail |       |
| Person responsible for regulatory compliance |       |
| Phone number |       |
| E-mail |       |

**7. Manufacturer’s EU representative, if any**

*The manufacturer’s legal representative in an EU/EEC country i.e., if the manufacturer is not resident in an EU/EEC country.*

|  |  |
| --- | --- |
| Company / institution |       |
| Contact person |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**8. Information from sponsor/manufacturer of medical device**

|  |  |
| --- | --- |
| Brief information and/or reference to the overall performance evaluation plan for the in vitro diagnostic device (e.g. details of the design phase of the performance study).  |       |

**9. Coordinating investigator (if relevant)**

*The investigator that is appointed to coordinate work between investigators in a multi-site performance study.*

|  |  |
| --- | --- |
| Name |       |
| Institution |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**10. Principal clinical investigator in Denmark**

*Every investigation site has an investigator responsible for the performance study carried out at that particular site.*

|  |  |
| --- | --- |
| Name |       |
| Institution |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**Principal clinical investigator in Denmark**

|  |  |
| --- | --- |
| Name |       |
| Institution |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**Principal clinical investigator in Denmark**

|  |  |
| --- | --- |
| Name |       |
| Institution |       |
| Title  |       |
| Address |       |
| Phone number |       |
| E-mail |       |

**Please copy this page if there are more investigation centres**

**11. Investigation sites outside Denmark**

*Information concerning other countries where this performance study has been or will be submitted to the competent authority, including opinions received.*

|  |  |
| --- | --- |
| **Countries where authorisation has been granted**  | **Countries where authorisation is pending**  |
|       |       |

Have objections, study-specific conditions or supplementary comments to the performance study been raised by other competent authorities:

**No** [ ] , **Yes**  [ ]

If yes, please state where and the reasons why:

**12. In vitro diagnostic medical device (IVD)**

*Please copy this page if multiple in vitro diagnostic medical devices are investigated.*

|  |  |
| --- | --- |
| Product type and generic name of device |       |
| Name of device |       |
| Model |       |
| CE marked in vitro diagnostic medical device? | Yes [ ]  No [ ] If yes, please specify whether the device is CE marked according to IVD directive 98/79/EC or IVD regulation (2017/746)       |
| Proposed class of device (according to IVDR) |  Class A [ ]  Class B [ ]  Class C[ ]  Class D [ ]  |
| Is the in vitro diagnostic device a device for self-testing? |  Yes [ ]  No [ ]  |
| Is the in vitro diagnostic device a device for near-patient testing? | Yes [ ]  No [ ]  |
| Is the in vitro diagnostic medical device a companion diagnostic? *\** | Yes [ ]  No [ ] If yes, specify the corresponding medicinal product       |
| Notified Body, if relevant |       |

*\*companion diagnostic means a device which is essential for the safe and effective use of a corresponding medicinal product in order to identify before or during treatment patients who are most likely to either benefit or to be at increased risk of serious adverse reactions as a result of the treatment of the corresponding medicinal product*.

**NB: Please copy this page if there are more medical devices under investigation (i.e. a comparator device)**

**13. Information on the performance study**

|  |
| --- |
| Performance study plan title in English (if any):      |
| Performance study plan title in Danish:       |
| Performance study plan 1. reference number / code given by Sponsor:
2. version number
3. date
 |
| Number of subjects/samples to be included in the performance study:      DK:      Globally:       |
| Total number of in vitro diagnostic devices to be used in the performance study:      DK:      Globally:       |
| Expected initiation date: Global (if any)       / Denmark       Expected end date: Global (if any)       / Denmark       |
| **Short** summary of the performance study plan (e.g. design of study and information on population gender/age of subjects and *main* eligibility criteria for subjects:       |

**14. Attached documents**

|  |  |  |
| --- | --- | --- |
|  | **Documents** | **Document, version, comments** |
| 1 | Cover letter and application form  | The file name for document belonging to this part of the application must be named starting with “01…xyz”, e.g. “01.01 Cover letter”“01.02 Application form” |
| 2 | Investigator’s Brochure  | The file name for the Investigator’s Brochure and any additional documents submitted separately within this part of the application must be named starting with “02…xyz”, e.g .“02.01 Investigator’s Brochure”“02.02 Instruction for use”“02.03 Checklist for fulfilment of general safety performance requirements / common specifications / standards” |
| 3 | Performance study plan | The file name for document belonging to this part of the application must be named starting with “03…xyz”, e.g.“03.01 Performance study plan”“03.02 …xyz.” |
| 4 | Patient information(s) and informed consent form(s) | The file name for document belonging to this part of the application must be named starting with “04.xx”, e.g.“04.01 Subject information and consent form patients”“04.02 Subject information and consent form legal representative” |
| 5 | Statement certifying that the in vitro diagnostic device in question complies with the General safety and performance requirements in Annex I of the IVDR, apart from those aspects covered by the clinical performance study, and that with regard to these aspects, every precaution has been taken to protect the health and safety of the subject. The statement shall refer to the in vitro diagnostic medical device regulation (IVDR). | The name for this document belonging to this part of the application must be named starting with “05.01 Statement of compliance”*Please note, for CE marked devices, please attach the declaration of conformity and any EC certificates.* |
| 6 |  Description of the arrangements to comply with applicable rules on the protection and confidentiality of personal data (please see IVDR Annex XIV, Chapter I (4.5)) | The file name for document belonging to this part of the application must be named starting with “06.…xyz”, e.g. “06.01 Sponsors statement on how to comply with GDPR” |

**15. Overview of required information in Investigator’s Brochure and Performance Study Plan (PSP)**

|  |
| --- |
| LIST / CROSS-REFERENCES BETWEEN REQUIREMENT IN ANNEX XIV CHAPTER I AND SUBMISSION PACKAGE |
| Requirement | Description of requirement  | Location within submission package  |
| Annex XIV Chapter I (2):**Investigator’s Brochure** (information in IB or in *exceptional* cases enclosed as separate documents.  | 2.1  | Identification and description of the device. | Document Page      |
| 2.1 | Information on the intended purpose. | Document Page      |
| 2.1 | The risk classification and applicable classification rule pursuant to Annex VIII. | Document Page      |
| 2.1 | Design and manufacturing of the device. | Document Page      |
| 2.1 | Reference to previous and similar generations of the device. | Document Page      |
| 2.2 | Manufacturer's instructions for installation, maintenance, maintaining hygiene standards and for use, including storage and handling requirements. | Document Page      |
| 2.2 | Information to be placed on the label. | Document Page      |
| 2.2 | Instructions for use to be provided with the device. | Document Page      |
| 2.2 | Information relating to any relevant training required. | Document Page      |
| 2.3 | Information on the analytical performance of the in vitro diagnostic medical device. | Document(s) Page      |
| 2.4 | Existing clinical data, in particular available scientific literature, expert opinions or positions from relevant professional associations relating to the safety, performance, clinical benefits to patients, design characteristics, scientific validity, clinical performance, and/or other relevant clinical data.  | Document Page      |
| 2.5 | Summary of the benefit-risk analysis and risk management. | Document Page      |
| 2.6 | In case of in vitro diagnostic medical devices that include **tissues/cells/substances of human/animal/microbial origins.** Detailed information on the tissues/cells/substances, and on the compliance with the relevant general safety and performance requirements and the specific risk management in relation to those tissues, cells or substances.  | Document Page      |
| 2.7 | A list detailing the fulfilment of the relevant general safety and performance requirements (GSPR) set out in Annex I of IVDR, including the standards and CS applied, in full or in part, as well as a description of the solutions for fulfilling the relevant general safety and performance requirements, in so far as those standards and CS have not or have only been partly fulfilled or are lacking. | Document Page      |
| 2.8 | A detailed description of the clinical procedures and diagnostic tests used in the course of the clinical performance study and in particular information on any deviation from normal clinical practice. | Document Page      |
| **Performance Study Plan** As specified in Annex XIII, Part A, point 2.3.2 (information in PSP or in exceptional cases enclosed as separate documents) | 2.3.2b) | Identification of sponsor, and sponsors contact person and/or legal representative within EU/EEC. | Document Page      |
| c) | Information on investigator(s), including coordinating investigator (if multi-site study) and principal investigator(s) at each site, and contact details. | Document Page      |
| c) | In case of devices for self-testing, information on location and number of lay persons involved.  | Document Page      |
| d) | The starting date and scheduled duration for the clinical performance study. | Document Page      |
| e) | Identification of manufacturer.  | Document Page      |
| e) | Identification and description of the device, including its intended purpose, the analyte(s)/marker(s) and the metrological traceability.  | Document Page      |
| f) | Information about the type of specimens under investigation.  | Document Page      |
| g) | Synopsis of the clinical performance study (e.g. design, objectives and hypotheses, reference to the current state of the art in diagnosis/medicine). | Document Page      |
| h) | Description of expected risks and benefits of the device and of the clinical performance study in the context of the state of the art in clinical practice and the medical procedures involved and patient management. | Document Page      |
| i) | The instruction for use or test protocol, information on the necessary training and experience of the user, calibration procedures and means of control.  | Document Page      |
| i) | Indication of any other devices, medical devices, medicinal product or other articles to be included or excluded in the clinical performance study, and specification on any comparator device or comparative method used as reference. | Document Page      |
| j) | Description and justification of the design of the clinical performance study, its scientific robustness and validity, including the statistical design. Details of measures to be taken to minimise bias, such as randomisation, and management of potential confounding factors. | Document Page      |
| k) | The analytical performance according Annex I, Chapter I, Section 9.1, point (a). | Document Page      |
| l) | The clinical performance parameters to be determined according to Annex I, Chapter I, Section 9.1, point (b), with the specified clinical outcomes and endpoints used, and information on implications for individual/public health management decisions.  | Document Page      |
| m) | Information on the performance study population: specifications of the subjects, selection criteria, size of population, representativity of target population and, if applicable, information on vulnerable subjects involved such as children, pregnant women, immuno-compromised or elderly subjects. | Document Page      |
| n) | Information on use of data out of left-over specimen banks, genetic or tissue banks, patient or disease registries etc. with description of reliability and representativity and statistical analysis approach; assurance of relevant method for determining the true clinical status of patient specimens. | Document Page      |
| o) | Monitoring plan. (The *general* outline of the monitoring plan in the PSP, as the detailed study specific monitoring plan may be finalized at a later point in time). | Document Page      |
| p) | Data management. | Document Page      |
| q) | Decision algorithms. | Document Page      |
| r) | Information about any amendments to the PSP, including substantial modifications. | Document Page      |
| r) | Policy regarding any deviations from the PSP at the investigation site and clear prohibition of use of waivers from the PSP. | Document Page      |
| s) | Accountability regarding the device, in particular control of access to the device, follow up in relation to the device used in the clinical performance study and the return of unused, expired or malfunctioning devices. | Document Page      |
| t) | Statement of compliance with the recognised ethical principles for medical research involving humans (i.e. declaration of Helsinki). | Document Page      |
| t) | Statement of compliance with the principles of good clinical practice in the field of clinical performance studies of devices (ISO 20916:2019). | Document Page      |
| t) | Statement of compliance with the applicable regulatory requirements. | Document Page      |
| u) | Description of the informed consent process. | Document Page      |
| v) | Safety reporting procedures, including definitions of recordable and reportable events, procedures and timelines for reporting. | Document Page      |
| w) | Criteria and procedures for suspension or early termination of the clinical performance study.  | Document Page      |
| x) | Criteria and procedures for follow up of subjects following completion of a performance study, procedures for follow up of subjects in case of suspension or early termination, procedures for follow up of subjects who have withdrawn their consent and procedures for subjects lost to follow up. | Document Page      |
| y) | Procedures for communication of the test results outside the study, including communication of test results to the performance study subjects. | Document Page      |
| z) | Policy as regards the establishment of the clinical performance study report and publications of results in accordance with legal requirements and ethical principles.  | Document Page      |
| aa) | List of the technical and functional features of the device, with specific mention of those covered by the investigation. | Document Page      |
| ab) | Bibliography. | Document Page      |

***Note:*** *The application shall contain information concerning all items in the IVDR Annex XIV. In exceptional cases, a required item is considered irrelevant for a specific performance study, the covering letter must contain a list of these items as well as the justification for the omissions.*

**16. Invoice information**

*To whom the invoice for the Danish Medicines Agency’s fee and Medical Research Ethics Committees’ fee shall be forwarded.*

**DKMA fee for application assessment**

*According to Executive Order no. 737 of 24 May 2022 on fees for medical devices and medical devices for in vitro diagnostics, the fee for 2022 is 52,095 DKK for application for authorisation of performance studies of in vitro diagnostic medical devices.*

|  |
| --- |
| Performance study plan title:        |
| Company  |  |
| Contact person |       |
| Company invoice ref. number  |       |
| Address |       |
| Phone number |       |
| E-mail |       |
| CVR / VAT number and EAN number | CVR / VAT number      EAN number for Danish invoice recipients, if any       |

**DKMA annual inspection fee (performance studies for which authorisation is granted)**

*Only fill in if different from above.*

*According to Executive Order no. 737 of 24 May 2022 on fees for medical devices and medical devices for in vitro diagnostics, the annual fee for 2022 is 11,513 DKK. The fee will be charged annually until end-of-study notification is received.*

|  |
| --- |
| Performance study plan title:        |
| Company  |  |
| Contact person |       |
| Company invoice ref. number  |       |
| Address |       |
| Phone number |       |
| E-mail |       |
| CVR / VAT number and EAN number | CVR / VAT number      EAN number for Danish invoice recipients, if any       |

**Medical Research Ethics Committees fee for application assessment**

*According to Executive Order no. 713 of 24 May 2022 on “Videnskabsetisk behandling af kliniske afprøvninger af medicinsk udstyr og undersøgelse af ydeevne af medicinsk udstyr til in vitro-diagnostik”, the fee for 2022 is 29,041 DKK.*

*Fees for the ethical assessment of applications with medical devices for in vitro diagnostics are to be payed separately to the Medical Research Ethics Committees.*

*A separate invoice application form must be filled out and submitted together with the application to the Medical Research Ethics Committees. The invoice can be found at the* [*website*](http://www.dvmk.dk) *of the Medical Research Ethics Committees.*

**17. Sponsor’s Declaration and Signature**

*I/We are aware of the obligations in Annex XIV of IVDR to*

* *Conduct study according to ethical principles (declaration of Helsinki), the principles for good clinical practice in performance studies of medical devices (ISO 20916:2019) and according to national legislation,*
* *will make the performance study report and a summary of report (in lay man terms) publicly available in the EU Commission’s EUDAMED database when this is made available.*
* *We are aware that the Danish Medicines Agency and the Medical Research Ethics Committees will contact each other and share information in relation to the assessment of this specific performance study.*
* *Keep available for the Danish Medicines Agency for a period of 10 years after the end of the performance study all documentation referred to in Annex XIV of IVDR.*

|  |  |
| --- | --- |
| Date  |       |
| Name  |       |
| Sponsor’s signature |  |