Pursuant to the Article 63 paragraph 7 of the Law on Medical Devices ("Official Gazette of Montenegro No 24/19), the following guidelines are published

GUIDELINES OF GOOD DISTRIBUTION PRACTICE FOR MEDICAL DEVICES

I INSTRODUCTION

Guidelines of good distribution practice are part of quality assurance of a medical device that ensures quality maintenance at all stages of the supply chain from a manufacturing site to a patient, user or third party, especially bearing in mind that safety and performance directly affect safety and health of a patient.

The range of available medical devices is wide and is used independently by a large number of different users from general public to the most critically ill patients in a special clinical environment. Among patients who use medical devices are members belonging to vulnerable groups such as newborns and infants, the elderly, the disabled and others who are particularly susceptible to ailments. Medical devices may be used in high-risk surgical procedures and intensive care settings, where inadequate storage in the supply chain may lead to unwanted and in some cases extremely serious consequences.

The aim of these guidelines is to specify obligations of distributors, i.e. to provide a guide and framework that may be useful for distributors to meet the mentioned obligations. A distributor may have alternative methods for complying with the requirements prescribed by the law governing medical devices (hereinafter: the Law) and secondary legislation adopted for its implementation, and such an alternative may be equally acceptable, if justified. Distributors' activities include the procurement, storage, or making medical devices available on the market in accordance with these guidelines.

II OBJECTIVE

The purpose of the Good distribution practice for medical devices guidelines is to provide guidance to business entities in the distribution of medical devices.

These guidelines regulate the distribution of medical devices in order to preserve quality, safety and performance during distribution, as well as to prevent the entry of counterfeit medical devices into the legal supply chain in Montenegro.

Compliance of the distribution of medical devices with these guidelines ensures the control of all participants in the distribution chain.

III LEGAL BASIS AND DEFINITIONS

Legal basis for the adoption of these guidelines is contained in the Article 63, paragraphs 1 and 7 of the Law.

Terms used in these guidelines shall have the following meaning:

1) making a medical device available on the market is any supply of a medical device, consumption or use on the market within a commercial activity, for a fee or free of charge, except a medical device for a clinical trial;

2) transport is the transfer of a medical device between two locations without their storage for an unreasonably long period of time;

3) procurement is the provision, acquisition, procuring or purchase of a medical device from a manufacturer, authorized representative, importer or wholesaler;

4) supply means all activities of providing a medical device to a patient, user or other person;;

5) qualification is an activity that proves that all equipment is working properly and leads to the expected results. The term “validation” is used as a broader term that encompasses the concept of qualification;

6) validation is the activity of proving that any procedure, process, equipment, material, activity or system leads to the expected results;

7) quality risk management is a systematic process of assessing, controlling, communicating and reviewing quality risk during the life cycle of a medical device;

8) the quality system is the sum of all aspects of the system in which the quality policy is implemented and which ensures fulfillment of required quality conditions.

IV OBLIGATIONS OF DISTRIBUTORS

Before placing the product on the market, the wholesaler shall check that the following requirements are met:

1) that the medical device is marked with the CE mark and is accompanied by a document, i.e. declaration of conformity;

2) that the medical device is labelled and that attached instruction for use is in accordance with the Law;

3) that the wholesaler provided its name, registered commercial name or registered trademark, registered place of business and contact address in the document accompanying the imported medical device, so the place where a medical device is located could be determined. Wholesaler shall make sure that any additional label does not cover other information on the label provided by the manufacturer;

4) that the manufacturer, if applicable, has specified the UDI number of the medical device.

In order to meet the requirements from paragraph 1 items 1), 2) and 4) of this Article, the wholesaler may sample a medical device wholesale of which it performs using an appropriate method (e.g. random selection method)

If it determines or suspects that a medical device does not comply with the basic requirements in accordance with the Law, the wholesaler shall not place that medical device on the market until it becomes compliant and shall notify the manufacturer on it and, if necessary, the manufacturer's authorized representative. If the wholesaler determines or suspects that the medical device poses a serious risk or that it is counterfeit, it shall inform the Institute and the state authority responsible for inspection affairs.

Wholesaler shall ensure that during the wholesale it performs, storage and transport conditions are in accordance with conditions determined by the manufacturer.

If it determines or suspects that the medical device on the market does not comply with basic requirements, the wholesaler shall without delay inform the manufacturer and, if necessary, the authorized representative of the manufacturer. Wholesale cooperates with the manufacturer and, if necessary, with the authorized representative of the manufacturer, as well as with the Institute and the state authority responsible for inspection affairs to ensure that necessary corrective measures are taken to achieve compliance, withdrawall from the market or recall of medical devices. If the wholesaler determines or suspects that the medical device poses a serious risk, it shall immediately inform the Institute and the state authority responsible for inspection affairs, stating the details, especially those concerning non-compliance and all corrective measures taken.

When a wholesaler receives a complaint, or report from healthcare professionals, patients or users about adverse events that are suspected to be in connection with a medical device it placed on the market, it shall without delay forward this information to the manufacturer and, if necessary, to the manufacturer's authorized representative. The wholesaler

shall keep records on complaints and non-compliant, withdrawn and recalled medical devices and inform the manufacturer and, if necessary, the authorized representative on it and provide the necessary information at their request.

At the request of the Institute and the state authority responsible for inspection affairs, the wholesaler shall provide the data and documentation from the manufacturer, or the authorized representative of the manufacturer necessary to prove the conformity of the medical device. The wholesaler shall be deemed to have fulfilled the provision referred to in paragraph 12 of this Article when the manufacturer or, if necessary, an authorized representative for that medical device provides the required information.

Wholesale cooperates with the Institute and the state aut

hority responsible for inspection affairs, at their request, in order to implement measures to eliminate the risks posed by medical devices placed on the market. At the request of the Institute and the state authority responsible for inspection affairs, the wholesaler shall submit samples or, if this is not feasible, provide access to the medical device.

The distributor cooperates with the manufacturer, i.e. the authorized representative of the manufacturer in order to achieve the appropriate level of traceability of the medical device.

For a period of at least ten years, and in the case of implantable medical devices at least 15 years from the date of placing the last medical device on the market, the distributor shall provide the Institute with the following information:

1) business entities that the wholesaler directly supplied with medical devices;

2) business entities that directly supplied the wholesaler with medical devices;

3) any health care institution or health care professional that the wholesaler directly supplied with medical devices.

If the distributor performs activities when the manufacturer's obligations apply to importers, distributors or other persons, the provisions of these Guidelines shall apply in which cases the manufacturer's obligations apply to other persons.

A manufacturer based in Montenegro to whom the Institute has issued a manufacturing authorisation may be a supplier of medical devices from its own manufacturing program.

V IMPLEMENTATION OF THE QUALITY ASSURANCE SYSTEM

The distributor maintains a quality assurance system by establishing responsibility, process management and risk management, depending on the activity it performs. All activities it performs shall be clearly defined and systematically checked. All critical stages of the distribution process, as well as significant deviations, shall be identified and, if applicable, validated.

The distributor shall establish a quality assurance system in order to meet prescribed requirements and to ensure that only medical devices which are compliant are available for supplying. An effective quality assurance system ensures that only medical devices that comply with the basic requirements are distributed, as well as that non-compliant, inadequate and defective medical devices can be detected, traceability is maintained and non-compliances and modifications are controlled. There are various established standards among which the ISO 13485 standard is the most widely used and recommended as a quality framework in the medical device industry.

Establishing a quality assurance system is the responsibility of organizational quality management which has a leading and active participation, with the support of employees whose responsibilities are clearly defined. Management shall appoint a person who has clearly defined competencies and responsibilities for the establishment of the quality assurance system, its implementation and maintenance. A Quality Assurance Rulebook (Quality Manual), or

equivalent document which clearly defines and systematically revises the distributor's obligations shall be created.

In the process of full compliance of a medical device, traceability is fundamental for the protection of public health in the event of the need to urgently withdraw an inadequate, or defective medical device that has been distributed from the storage or is in the warehouse. Functioning of an effective quality assurance system in the distribution of a medical device can help maintain the integrity of the supply chain and ensure patient safety.

The key components of the quality assurance system are the following:

1) quality management;
2) training of employees;
3) documentation and records keeping;
4) reciept, storage and supply of a medical device;
5) management of recalled medical devices;
6) preventing the entry of counterfeit and defective medical devices into the supply chain;
7) withdrawal of a medical device from the market;
8) entrusted activities;
9) transport.

Standard operating procedures (hereinafter: SOP) that clearly describe activities being performed shall be established. In order to ensure that procedures are maintained and that prescribed requirements are reflected, a periodic audit shall be performed. This audit shall be documented and the resulting recommendations shall be implemented.

The distribution of documentation to employees shall be controlled in a way that ensures that only up-to-date and approved documentation is available in the relevant areas, and that previous versions of documents are not available. This is achieved by maintaining a distribution list with records of issued and withdrawn procedures, including the date of undertaking these activities. Replaced copies of the main procedures shall be kept for at least six years in electronic or paper form.

It is particularly important that SOP related to activities in certain areas (e.g. receipt of materials in the internal reception area) are available to employees in those areas to refer to them, when necessary. SOP describe various operational activities that may affect performance of a medical device. In addition, procedures related to the following shall be established:

1) trainings;
2) documentation control;
3) approval of suppliers and buyers;
4) ordering and delivery processes;
5) waste management;
6) verications;
7) quality assurance system change control;
8) quality assurance system audit management;
9) risk management;
10) management of field safety corrective measures;
11) non-compliance management;
12) corrective and precautionary measures.

The distributor shall ensure harmonization of the quality assurance system with basic requirements.

The distributor shall conduct an analysis of the deviation of the existing operating standard from specific distribution requirements. Differences in approach, or identified

deviations are approached through the introduction of additional procedures required in the quality assurance system.

The quality management system shall be fully documented and its efficiency shall be monitored. All activities related to the quality management system shall be defined and documented. A Quality Rulebook or other equivalent document shall be created.

Management shall appoint a responsible person with clearly defined competencies and responsibilities for the implementation of the quality assurance system and its maintenance. The management shall ensure that there are appropriate professional employees, appropriate facilities with a sufficient number of premises and appropriate equipment in all parts of the quality assurance system.

1. Role of the management

Role of management in the distribution of medical devices must not be neglected. Distribution is the responsibility of organizational management and requires leading and active participation. Management needs to be involved, to provide adequate resources and monitor quality assurance system compliance. A formal procedure for the periodic audit of the quality assurance system involving senior management shall be established and that audit includes assessing the achievement of objectives of the quality assurance system and also performance indicators that may be used to monitor the effectiveness of the quality assurance system (e.g. complaints, non-conformities and corrective and preventive measures).

2. Changes control

When considering the development or modification of the quality assurance system, the size, structure and complexity of all distributor's activities shall be taken into account. A change control system shall be established, which includes risk management principles and is proportionate and effective. The purpose of the change control system is to enable the distributor to identify, document and evaluate changes it has made and how they affect the compliance and performance of a medical device (e.g. changing heating system settings, or changing the location of the medical device within the storage). Changes may have a significant impact and may potentially affect the performance of a medical device. For that reason, it is necessary that changes are implemented in a controlled manner.

The procedure for changes control and related documents shall be implemented and documented in an appropriate manner. The purpose of procedures is to ensure that any changes in operational activities are fully assessed in relation to the impact on the performance of the medical device. The assessment process identifies areas affected by changes, including procedures, equipment, personnel, training, validation, quality assurance system and regulatory issues. Measures necessary to achieve full effect of changes and ensure their implementation shall be identified. Additionally, changes shall be officially approved for implementation. A system to ensure that all measures are implemented in accordance with the change control procedure within a specified period of time shall be established.

Risk management principles shall be built into change control procedures. Each change shall be taken into account and a decision shall be made regardless of whether a risk assessment is required before approving the implementation of the change. Risk assessment requirements that are under consideration shall be documented in the form of change control.

3. Risk management

Risk management is a systematic process of risk assessment, control, communication and audit for the safety and performance of a medical device and is an important component of an effective quality assurance system. Risk management is used to assess the risk of a medical device caused by non-compliance with basic requirements, or common practice. Risk assessment is based on scientific knowledge and experience gained in connection with the process, provided that the ultimate goal is related to patients' protection.

The level of activities undertaken, acting upon the procedure and documenting the risk management process is proportional to the level of risk of the medical device. Measures affecting safety and performance, traceability and monitoring of the medical device shall be given in detail. Risk assessment shall be performed by competent employees, while the audit and approval shall be done by the responsible person. All risk assessment documentation is available to the Institute and the state authority responsible for inspection affairs during the inspection.

The ISO14971 standard for application to risk management is the most widely used in the medical device industry. Although not all aspects are relevant to distributors, the concept and methodology are applicable. Other risk management standards and tools may be equally applicable.

4. Non-conformities, research and corrective and preventive actions - CAPA

Non-conformities are deviations from prescribed requirements/internal procedures. Procedures to determine processes for identifying, documenting, investigating and closing discrepancies within timeframes shall be established. An assessment to determine the impact on safety and performance of the medical device, i.e. the impact on the quality assurance system shall be done.

It is important to emphasize that the distributor shall start documenting the research immediately after identifying potential non-conformities, or incidents. If the result of the investigation is an identified non-conformity, the investigation documentation shall be kept and available to the Institute and the state authority responsible for inspection affairs (e.g. the investigation initiated because the stock situation was not harmonized during the inspection, and the result of the investigation was locating missing stocks).

The aim of the investigation is to identify the cause of the non-conformity. Corrective and preventive measures (CAPA) can be the result of identified non-conformities or other incidents, as well as regular monitoring and internal verification. A register of all non-conformities and investigations, identification of causes and documentation of consequent CAPA shall be established and maintained. CAPA shall be regularly revised to ensure their full implementation and shall be subject to formal reviews of their effectiveness.

Risk management principles shall be built into the non-conformity process. Each non-conformity is considered and a decision shall be made on the necessity for the risk assessment. Risk assessment requirements under consideration shall be documented and shall be an integral part of the non-conformity documentation.

5. Complaints

A distributor who receives a complaint, or report from a healthcare professional, patient or user about an incident of a medical device that it makes available on the market shall forward the information to the manufacturer, or the manufacturer's authorized representative without delay. The distributor shall keep a register of complaints, non-conforming products and

withdrawals. Informing the manufacturer, i.e. authorized representative of the manufacturer about any complaints or reports that may affect the medical device on the market is the responsibility of the distributor, as well as providing any requested information. The manufacturer, i.e. authorized representative of the manufacturer and the distributor may conclude a contract or technical agreement which defines the responsibilities in relation to the handling of complaints, vigilance and incidents.

A procedure that describes the processes to be followed after receiving a complaint, reporting an event/incident, and creating a report on a complaint, event or incident shall be established.

All reported complaints, events or incidents are assessed and categorized as quality, or technical complaints, or complaints related to service, vigilance or distribution, depending on the nature of the report. Complaints specific to activities undertaken by the distributor shall be investigated by the distributor. Decisions and measures taken as a result of a complaint, event or incident shall be justified and recorded. If complaints are not reported to the manufacturer, i.e. authorized representative of the manufacturer or the importer, that is to be explained and documented. All communications related to complaints shall be documented.

6. Qualification of suppliers

The distributor shall be supplied with medical devices only from the manufacturer, i.e. authorized representative of the manufacturer, as well as wholesalers in accordance with the Law.

The distributor shall verify that the supplier complies with the principles of these guidelines. Prior to procurement, the distributor shall perform the appropriate qualification and approval of suppliers, in accordance with the appropriate procedure. Results of the qualification and approval shall be documented and periodically verified. If the distributor concludes a contract with a new supplier, it shall carefully assess its expertise, suitability and reliability, and in particular assess the following:

1) reputation and reliability of the supplier;
2) possibility that the medical device from the offer of the new supplier was counterfeit;
3) offering large quantities of products that are usually available in limited quantities;
4) unusual price of a medical device.

7. Buyer qualification

The distributor shall supply only buyers who have a wholesale authorisation for medical devices, pharmacies, other health institutions, specialized retail stores for medical devices, veterinary pharmacies, as well as other organizations authorized to provide health care in accordance with the law.

Verification and periodic re-verification include: request to submit copies of appropriate authorisations to perform activities, status check on relevant websites/registers, request to submit evidence on qualification, etc.

The distributor shall monitor all its transactions and investigate each irregularity and illegalities in the distribution. Any unusual distribution that could lead to supply chain misuse shall be investigated and reported to the appropriate authorities, if necessary.

VI EMPLOYEES

Employees involved in distribution are adequately trained and have adequate experience to perform duties assigned to them. Training shall be documented and recorded. The structure

of reporting and the role of employees shall be clearly defined. A sufficient number of competent employees to perform all tasks for which the distributor is responsible shall be provided.

1. Persons employed in key positions

Duties and responsibilities of persons employed in key positions shall be defined in job descriptions, along with all procedures for entrusting duties.

At each site where wholesale is performed, the person responsible for wholesale shall be appointed, i.e. receipt, storage, and delivery of medical devices (hereinafter: responsible person), whose primary responsibility is to ensure that prescribed requirements are met and that the quality assurance system is effective. The responsible person shall be responsible for the wholesale and shall be the primary contact between the Institute, the other competent authority and the distributor.

Responsible person shall personally fulfill his/her responsibilities and shall be constantly available. The responsible person may delegate certain duties to another employee, but he/she cannot delegate his/her responsibilities. The job description of the responsible person shall define his/her decision-making powers for the tasks for which he/she is responsible. The distributor shall provide the responsible person with defined competencies, as well as with resources necessary to fulfill his/her responsibilities. The responsible person shall perform tasks which he/she is responsible for in a manner that ensures compliance of wholesale operations with these guidelines.

Responsibilities of the responsible person include the following:

1) ensuring the implementation and maintenance of the quality assurance system;
2) management of activities which he/she is responsible for, as well as the accuracy and quality of all records;
3) providing and implementing and maintaining initial and continuous training programs for employees;
4) coordination and rapid implementation of the procedure of withdrawal of a medical device from the market;
5) efficient processing of all well-founded buyer complaints;
6) ensuring that suppliers and buyers are approved;
7) approving any entrusted activity;
8) ensuring the implementation of internal verifications at appropriate regular time intervals, according to a pre-established plan and taking the necessary corrective measures;
9) keeping appropriate records of all entrusted tasks;
10) making a final decision on the disposal, i.e. destruction of recalled, rejected, withdrawn or counterfeit medical devices;
11) making a decision on turning the medical device back to the market;
12) fulfillment of all additional requirements for certain types of medical devices.

Duties that are carefully monitored and assigned to key employees with appropriate training and experience include separating, storing and releasing returned supplies into sales supplies, handling withdrawals, and field safety notices.

2. Other employees

The distributor shall provide a sufficient number of professional employees that are included in the wholesale process. The number of required employees depends on the volume of wholesale activities. The distributor shall determine the organizational structure in the organizational chart. Duties, responsibilities and mutual/hierarchical relations of employees shall be clearly defined.

3. Training

Training of employees is a key component of any quality assurance system. Employees have appropriate knowledge and experience to perform their duties.

Trainings/skills needed to carry out various operational activities shall be clearly defined. A training plan is established for each person to ensure that he/she receives introductory training, training for specific tasks and continuing training relevant to their role. Continuing training includes training on updated SOP. Efficiency of the training shall be determined, and before undertaking any activity, employees shall be presented with competencies entrusted to them and necessary for performing the activity in question.

All trainings shall be documented in sufficient detail, including: description of the training, duration and location, who provides the training, persons being trained and whether they have the appropriate level of competence in relation to the training objectives. A valid version of the document shall be used for documentation training. Both the training provider (lecturer) and the employee attending the training sign all training records.

All employees shall be trained on the requirements of these guidelines. The training program shall also include manners of identifying medical devices and preventing the entry of counterfeit medical devices into the legal supply chain.

Training may include, but is not limited to the following:

1) defined responsibilities of employees;
2) access to and training on documentation relevant to their role;
3) storage requirements;
4) verification of labelling;
5) reporting non-conformities;
6) functioning of isolated areas to minimize the risk of interference;
7) withdraw procedures;
8) complaint procedures;
9) prescribed requirements and related guides.

4. Hygiene

Appropriate procedures relating to the hygiene of employees in connection with activities they carry out shall be established and employees shall acted upon them. Such procedures include the health, hygiene and work clothes of employees.

VII PREMISES AND EQUIPMENT

The distributor shall have appropriate and adequate premises, installations and equipment which provide appropriate conditions in accordance with the performed wholesale activities.

Premises shall be clean, dry and the temperature in them maintained within the acceptable level, i.e. the prescribed limits.

1. Premises

Premises shall be designed or adjusted in a manner as to ensure maintenance of prescribed conditions, in particular storage conditions. Premises shall be safe enough, structurally strong and of sufficient capacity to enable safe storage and handling of medical devices. Storage areas shall be adequately lit to allow all operational activities to be carried out correctly and safely.

If the distributor is not the owner of the premises, it shall conclude a contract on the lease of business premises, which is covered by the wholesale authorisation.

Medical devices are stored in separate and clearly marked zones with limited access only to authorized employees. If there is a system other than the physical separation of storage areas, such as electronic separation using a computerized system, the same level of security must be provided and the system validated.

Medical devices for which no decision has been made on their final disposal, i.e. destruction, recalled from stock for sale shall be separated from other products, either physically, or through an equivalent electronic system. Counterfeit and expired medical devices, medical devices withdrawn from the market and of inadequate quality that are in the supply chain, shall be physically separated without delay and stored in special purpose spaces, separate from all other products. An appropriate level of security shall be applied in those areas to ensure that such medical devices remain separate from the stock approved for sale. These spaces shall be clearly identified, i.e. marked.

Radioactive materials and other hazardous products, as well as flammable and explosive materials, shall be stored in one or more specially secured premises or spaces, in accordance with the law appropriate safety and security measures.

Adequate protection of medical devices from bad weather conditions shall be provided at all entry and exit access points. Reception and dispatch zones shall be adequately separated from storage space. Procedures for the control of received and medical devices to be dispatched shall be established. Reception zones in which deliveries are inspected after receipt shall be determined and equipped accordingly.

Unauthorized access to the distributor's premises shall be prevented. Preventive measures usually include an alarm system in case of unauthorized entry and appropriate access control. Visitors shall be accompanied by an employee.

Premises and storage space shall be clean, free of waste and dust. A cleaning procedure, instructions and records shall be established. Appropriate cleaning equipment and cleaning agents shall be chosen and used so that they do not represent a source of contamination.

Premises shall be designed and equipped so that protection from the entry of insects, rodents and other animals is provided. A preventive pest control program shall be established.

Rest rooms and sanitary rooms for employees are adequately separated from storage areas. The presence of food, beverages, smoking accessories or medicines and medical devices for personal use shall be prohibited in storage areas.

2. Equipment

All equipment affecting distribution and storage shall be designed, installed and maintained in accordance with a standard appropriate to its intended use. A plan for regular (preventive) maintenance of key equipment shall be established.

Equipment for controlling or monitoring parameters of environmental conditions in premises where medical devices are stored shall be calibrated at defined time intervals based on risk and reliability assessment.

Equipment calibration shall be traceable according to national/international standard. Appropriate alarm systems shall be set up to provide warning in the event of deviations from pre-defined storage conditions. Appropriate alert levels shall be set and alarms tested regularly to ensure adequate functionality. Repairs, maintenance and calibration of equipment shall be carried out in a manner that does not endanger the integrity of medical devices.

Appropriate records of repairs, maintenance and calibration of key equipment shall be kept and maintained. Key equipment includes, for example, a cold chamber, unauthorized entry and access control alarm, refrigerators, thermo-hygrometers, or other temperature and humidity recorders, air conditioning systems and all equipment used in connection with the distribution or supply chain.

3. Computerized systems

Before the introduction of the computerized system into the use, appropriate validation or verification proves that the system is capable of achieving wanted results accurately, consistently and repeatably. A detailed description of the system (including diagrams or schemes) shall be always available and up to date. The detailed description shall set out principles, objectives, security measures, scope of the system and main characteristics, instructions for use of the computerized system and the manner in which it is connected to other systems. The entry and change of data in the computerized system shall be performed by authorized persons only.

The data shall be protected physically, or electronically and protected from accidental or unauthorized changes. Stored data shall be periodically verified for accessibility. Data shall be protected by backing up at regular intervals. A backup copy of the data shall be kept for at least five years in a special and secure location. Procedures to be followed in the event of a system failure shall be defined. This includes data recovery systems.

VIII DOCUMENTATION AND RECORD KEEPING

Documentation is an essential part of the quality assurance system. Documentation may prevent errors that occur through oral communication and allows monitoring of relevant operational activities during the distribution of medical devices.

The documentation includes all procedures, instructions, contracts, records and data, in paper or electronic form. The documentation is accessible, easy to find, comprehensive enough in terms of scope of activities and in a language that employees understand. It is written in clear, unambiguous language and without errors. Every change in the documentation shall be signed and dated, and the change shall allow the original data to be read. If necessary, the reason for the change shall be recorded. All employees shall have easy access to the documentation needed to perform their tasks.

The processing of personal data of employees, complainants or other natural persons and the free movement of such data shall be carried out in accordance with the law. Personal data shall be deleted or made anonymous as soon as its storage is no longer required for distribution purposes.

The procedure shall be approved, signed and dated by the responsible person. If necessary, the documentation shall be approved, signed and dated by an authorized person. It must not be handwritten, and when necessary, enough space is left for manual entries.

The distributor shall ensure an appropriate level of traceability of the medical device it distributes. The distributor shall keep appropriate records, including records of buyers and

suppliers. Records shall contain at least: name, i.e. code of the medical device, batch or lot number, quantity and date of delivery. This information is especially important in the case of withdrawal of a medical device from the market. If the withdrawal of a particular batch or lot of a medical device is required, failure to record the batch or lot number may result in a complete withdrawal to be required.

The distributor shall cooperate with the manufacturer or the manufacturer's authorized representative in order to achieve an appropriate level of traceability of the medical device. At the request of the Institute, the distributor shall be able to identify the following data for a period of ten years:

1) parties that were directly supplied with medical devices by the distributor, including healthcare professionals and health institutions;

2) parties that directly supplied the distributor with medical devices.

Records of medical devices kept and maintained by the distributor include:

1) copies of receipts related to receipt and supply;

2) copies of purchase orders related to receipt and supply;

3) list of approved suppliers and data on that medical device;

4) list of business entities, health institutions and health workers with contact details of those which the medical device was delivered to;

5) records of conducted inspections (e.g. verification of whether it is marked with the mark of conformity) and approval for the medical device to be in stock for sale.

Records shall be kept for at least ten years from the time when the last approved medical device was placed on the market, and at least 15 years for implantable medical devices. The documentation shall be available to the Institute.

IX RECEPTION, STORAGE AND SUPPLY OF MEDICAL DEVICES

1. Introduction of a new medical device

The purpose of the procedure for receiving a medical device is to ensure that the delivery that arrives is correct, that the medical device originates from an approved supplier and that there is no visible damage caused during transport.

A medical device that requires special storage conditions or security measures shall have priority upon receipt and, after conducting appropriate verifications, shall be immediately transferred to an appropriate storage facility.

A batch of a medical device shall be transferred to sales stock before it is approved for distribution, in accordance with a written procedure.

Establishing and maintaining the adopted system of approval of a new supplier is a key component for preventing the entry of counterfeit medical devices into the supply chain. The distributor shall establishe a procedure regarding the introduction of a new medical device in its sales stock. The required storage and transport conditions shall be documented. In case that clarification regarding the classification of the medical device is needed, the distributor shall consult with the supplier. Audit documentation regarding the introduction of each new medical device shall be available. The specific documentation required for placing a medical device in sales stock is given in item 2 of this chapter.

The distributor of a medical device shall have a technical or contractual agreement with its supplier. The technical agreement shall serve as a basis for defining the division of responsibilities between the parties. Each distributor shall retain the responsibility to carry out

all operational activities in accordance with the prescribed requirements. The technical agreement between the distributor and its supplier includes, but is not limited to the following:

1) relationship between parties and relevant contact information;

2) medical devices covered by the agreement and all special requirements (e.g. storage conditions);

3) transport specifications;

4) traceability requirements;

5) obligations and procedural aspects in relation to withdrawal procedures, handling of recalled medical devices, complaints (related to distribution, i.e. safety and performance);

6) provisions ensuring that the agreement retains relevance for ongoing operational activities.

When the distributor is part of a manufacturer or supplier, tasks and responsibilities shall be defined within procedures of the joint quality management system.

Distributor who receives medical devices directly from a business entity from a non-EEA country shall have additional obligations as an importer by comparison with the distributor.

When a distributor performs certain activities, certain obligations of the manufacturer shall apply to it in accordance with these guidelines.

2. Placing a medical device in sales stock

Delivery verification shall be performed at the reception, as well as damage verification (including damage of a sterile packaging) and the corresponding remaining shelf life of the medical device.

A system enabling the distributor to meet prescribed requirements for making medical devices available on the market shall be established. Before making a medical device available, the distributor shall verify if prescribed requirements are met. This includes verification that the medical device has a conformity mark and a certificate of conformity. In conducting the verification, the distributor shall apply an appropriate sampling method to ensure that selected samples are representative of the medical device it supplies to the market. Each sampling method applied shall be prescribed and based on a risk assessment.

The shelf life of the medical device shall be verified to ensure that the market is not supplied with the expired medical device. To increase traceability, the batch, or lot number of the medical device shall be recorded. Verifications shall be recorded.

The distributor shall verify that requirements in terms of labeling and instructions for use are met. A risk-based sampling approach shall be used for this verification.

These verifications shall also be recorded.

The procedure for handling a non-conformant medical device at the reception shall be described in a procedure that includes information on where the medical device is stored, which documentation is complete and how the stock is controlled in the storage management system (if applicable).

It is verified whether all medical devices were received from an approved supplier. To ensure this, employees at the reception shall be allowed to access a list of approved suppliers within the quality assurance system. A stock management system may also be used, which allows medical devices to be recorded in the stock system only if the supplier is approved to provide the distributor with that medical device.

Specific verifications shall be performed if the medical device requires storage in a cool place. These checks include, but are not limited to, verification that the cold chain conditions were maintained during transport and that the delivery was received during the validated transport time, if received from a qualified cold chain supplier.

If the medical device has been received in quarantine status, systems and procedures to prevent it from being placed into sales stock until the prescribed requirements are met shall be established.

If a distributor suspects or concludes that a medical device does not comply with the basic requirements, it shall ensure that the medical device becomes conformant before making it available on the market. In that case, the distributor shall inform the manufacturer, i.e. the authorized representative of the manufacturer.

If the distributor suspects or has concluded that the medical device poses a serious risk to the health and safety of patients or is counterfeit, it shall inform the Institute and the state authority responsible for inspection affairs. The distributor shall establish a documented system for the identification of serious risks and counterfeit medical devices.

Records shall be available for all inspections, as well as for the needs of the Institute and the state authority responsible for inspection affairs.

3. Delivery

Controls to ensure the preparation of the delivery of the proper medical device shall be established. When preparing for delivery, the medical device must have an appropriate shelf life.

For all deliveries, a document (e.g. delivery note/shipping note) stating the date, name, batch number, delivered quantity, name and address of the supplier, name and address of the recipient of delivery (storage address, if different from the registered office) and conditions of transport and storage shall be submitted. Records shall be kept so that the place where the product is actually located is known.

Deliveries shall be made to the address specified on the delivery note or at the recipient's premises, and at his responsibility. Medical devices shall not be left in alternative rooms. For urgent deliveries outside the usual working hours, persons in charge shall be appointed and procedures shall be determined.

4. Traceability of a medical device

The traceability of a medical device is achieved by establishing and maintaining adequate detailed records regarding origin and supply. In the case of a withdrawal, it may be necessary to identify users who own a medical device covered by the withdrawal procedure. In that case, maintaining a system that includes tracking the batch, or lot number of the medical device is most important for help and for ensuring rapid conducting of the withdrawal and its limitation to the affected batch or lot. Other available systems that ensure the traceability of a medical device and withdrawal from the market may be justified (e.g. if a medical device was not assigned a batch or lot number). A system that maintains the traceability of a medical device shall be tested periodically to ensure that it is able to determine the location of the stock. The distributor shall identify the following for the retention period of the medical device:

1) buyers or business entities that are directly provided with medical devices by the distributor;

2) buyers, or business entities that directly provided the distributor with a medical device;

3) any health institution or healthcare professional that were directly provided with a medical device by the distributor.

A procedure to describe a control and traceability system for promotional samples and the maintenance of samples by sales representatives shall be established. Data and quantities of

medical devices delivered to sales representatives shall be recorded and included in withdrawal activities that may occur.

5. Storage of medical devices

The distributor shall ensure that storage and transport conditions are in accordance with conditions specified by the manufacturer while the medical devices are under his responsibility. Medical devices should be stored in accordance with conditions stated on the label, including conditions of relative humidity. If conditions are not specified there is no limit to the temperature at which the medical device can be stored.

Medical devices are handled and stored in a manner as to prevent spillage, breakage, contamination and inadvertent replacement. They are not stored directly on the floor, unless their packaging is designed to allow such storage. If necessary, containers are cleaned before storage.

Medical devices and, if necessary, other health care products, shall be stored separately from other products that may affect them and shall be protected from harmful effects of light, temperature, moisture or other external risk factors. Special attention is paid to products that require a special storage regime. Operational activities ensure the maintenance of appropriate storage conditions and adequate security of stocks.

Continuous temperature monitoring shall be conducted and documented to ensure and maintain appropriate conditions, if applicable. This applies to areas where medical devices are stored (e.g. storage of the bulk, pallets, quarantine premises or zones). The use of calibrated thermometers to record the maximum and minimum room temperature is the least mandatory. Maximum and minimum reached temperatures shall be recorded every day and thermometers shall be reset after reading.

Temperature monitoring records are revised and regularly approved to ensure compliance with prescribed requirements. Temperature deviations are investigated and documented without delay. The possible impact of deviations on medical devices stored in that time period is considered. In the event that several temperature deviations occur in a certain period, the impact of these deviations on medical devices is considered. The manufacturer of the medical device shall be consulted to confirm the effect of any deviation from the storage conditions indicated on the labeling or packaging. The method of investigating the deviation is described in the procedure.

The distributor periodically revises the calibration certificates of the temperature monitoring device to ensure that the accuracy of the device is acceptable. Documentation showing that such an audit has been performed shall be available to the Institute. The temperature during the period when the devices in common use are recalibrated shall also be monitored. This may mean that auxiliary devices for measuring temperature are needed. And those devices shall be calibrated.

Adequate stock rotation shall be applied (FEFO rule "first expiry, first out", or other adequate system) which ensures the supply of medical devices with an adequate shelf life.

Stocks in quarantine shall be stored separately from approved stocks. A system to ensure that quarantine stocks are not available and cannot be inadvertently returned to sales stock shall be established. The list of the stock in quarantine shall be maintained in the storage management system. The distributor shall ensure that when the separation of quarantined stock is achieved solely through an electronic system, that system shall be as efficient as when the medical device is physically separated. This ensures that medical devices are marked as inappropriate for sale (e.g. counterfeit, withdrawn, or defective medical devices).

Each sample obtained from the sales representative shall be stored and transported in accordance with conditions stated on the label.

Storage temperatures

Stated on the labelling	*Temperature*
Very cold (freezer)	The temperature is thermostatically controlled between -20 ºC and -10 ºC
Cold (fridge)	The temperature is thermostatically controlled between 2 ºC and 8 ºC
Cold place	temperature does not exceed 8 ºC
Fresh place	Temperature is between 8 ºC and 15 ºC
Ambient temperature	Temperature is between 15 ºC and 30 ºC
Warm	Temperature is between 30 ºC and 40 ºC
Excessive heat	Temperature is over 40 ºC
Do not store over 30 ºC	Temperature is between 2 ºC and 30 ºC
Do not store over 25 ºC	Temperature is between 2 ºC and 25 ºC
Do not store over 15 ºC	Temperature is between 2 ºC and 15 ºC C
Do not store over 8 ºC	Temperature is between 2 ºC and 8 ºC
Do not store below 8 ºC	Temperature is between 8 ºC and 25 ºC

Humidity and light conditions

Stated on the labelling	*Value*
Protect from humidity	Not over 60% of relative humidity under normal storage conditions; it is provided to the user in a moisture-resistant container
Protect from light	it is provided to the user in a light-resistant container

6. Pest control

Distributor is obliged to provide adequate storage conditions for the medical device. Storage premises are designed and equipped in a manner that prevents insects or other pests from entering. For that reason, it is recommended to establish programs or measures for pest control, which, if necessary, include: measures to control the entry of rodents, birds, other flying and crawling animals and insects, etc. into storage premises. Pest control measures may include electric mosquito repellents, glue traps, etc. The rodent control measure covers both the interior of the storage premises and the external environment. This program shall be described in the

procedure. The bait map shows locations of pest control stations and is approved by the distributor.

All recommendations given by the person providing pest control shall be implemented and recorded. If recommendations are not implemented, the reasons shall be recorded. All pest control records shall be approved and maintained by the distributor.

7. Disposal of medical devices

Medical devices intended for destruction shall be identified and marked in an appropriate manner, stored separately and handled in accordance with the procedure. Disposal of medical devices shall be controlled in a manner that prevents their return to the supply chain. All medical devices that are internally rejected, rejected after being recalled from the user or withdrawn from the market shall be disposed of in an appropriate manner in accordance with regulations governing waste management and any additional manufacturer's instructions provided on the packaging, labeling or instructions for use. Consultation with the manufacturer is required. The decision to destroy a medical device shall be documented and recorded.

A list of medical devices that have been disposed of and intended for destruction shall be compiled. Records and confirmations of destruction are maintained.

This service may be entrusted to a third party.

8. Validation and qualification

Implementation scope and scope of qualification, or validation (such as storage, takeover processes and preparation for dispatch) shall be determined based on a documented risk assessment.

Validation and qualification reports shall be prepared by summarizing obtained results, with comments on any discrepancies observed. Deviations from established procedures are documented and decisions on further actions are made in order to correct deviations and prevent their recurrence (corrective and preventive measures). The principles of "CAPA" shall be applied when necessary. Evidence of satisfactory validation and acceptability of the process or piece of equipment shall be prepared and approved by an appropriate employee.

In order to provide a reliable procedure and equipment for the distribution of medical devices, it is best practice to qualify and validate the systems. Procedures shall be validated when the output cannot be verified, or has not been verified by subsequent monitoring or measurements. Validation demonstrates the ability of these procedures to consistently achieve planned results. All validation methods are documented and the goal of validation is explained. Validation is completed before the use of the system or procedure in the usual distribution and sale of medical devices (validation for the next period). In exceptional circumstances, if this is not applicable, it is necessary to validate procedures during normal distribution (simultaneous validation).

Validation of critical procedures

In order to validate the procedure, the distributor shall first clearly describe or map the procedure (including use of diagrams or flow charts). The distributor shall identify critical steps in the procedure. These steps may include receipt, storage, ordering, and delivery. The distributor may further divide these steps into the critical sub-steps included in each individual procedure. For example, receipt may be divided into on-site reception, delivery and acceptance verification, placement in the reception area, detailed inspection of the medical device, approval or rejection, and final locating of the medical device in the storage, pallet or rejection area.

When a distributor identifies critical steps, it decides which steps require validation, or that all steps require validation. A risk management approach is used. Validation of procedures includes analysis of the entire system from start to finish to ensure that the individual procedure does not have a negative impact on subsequent procedures. Records of validation results and conclusions and necessary measures taken after validation studies shall be maintained.

The need for revalidation after a change in the system shall be considered. Procedures in use for a certain period of time shall also be revised within a defined, justified period to prove that they have remained in a validated state.

Validation of information systems

Prior to the introduction of the information system (in connection with the distribution procedures), through appropriate validation or verification research, it shall be proven that the system is capable of accurately, constantly and reproducibly achieving wanted results. The level of required validation depends on the complexity of the system, whether ordering or off-the-shelf system is in question, and the level of system adjustments made. The distributor researches its system and decides on the level of validation required using a risk management approach. Documentation describing the information system in use and the level of validations carried out or planned shall be available.

The application of the software shall be validated before initial use and if applicable after changes.

Equipment qualification

The distributor shall identify the key equipment which qualification is required for, as well as the validation of key processes that need to be performed in order to properly install and operate the equipment.

Equipment and processes are qualified or validated before use and after any significant changes, such as repairs or maintenance.

In order to qualify individual equipment, a protocol stating how the qualification will be implemented shall be generated. This protocol describes individual equipment with its critical functions and features. The protocol describes how the correct operational activities of these critical functions and attributes are checked against the acceptance criteria. The protocol shall be revised and approved by the distributor.

After the qualification, a report shall be prepared, which refers to the protocol of qualification, i.e. validation, with a summary of obtained results, comments on each observed non-compliance and with necessary conclusions, including recommending changes needed to correct deficiencies.

X MANAGEMENT OF RECALLED MEDICAL DEVICES

Any complaints, recall from the market, suspicion of the appearance of a counterfeit medical device and withdrawal from the market shall be recorded and performed in accordance with the procedure. Records on these procedures shall be available at the request of the Institute and the state authority responsible for inspection affairs. Returns back to the market shall be made only after a previous assessment. In order to effectively combat counterfeit medical devices, all participants in the distribution chain have a uniform approach.

A medical device shall be considered recalled if it left the distributor's premises and subsequently returned to those premises. This includes the following:

1) distributor delivered the wrong medical device to the buyer, which was then returned;

2) buyer returns to the distributor the medical device he ordered by mistake;

3) medical device was returned to the distributor's premises without being received by the buyer (e.g. the premises were closed);

4) medical device with the defect was returned to the distributor's premises for alteration or repair.

Distributor shall carefully assess whether the recalled medical device may be returned to sale stock. When a recalled medical device is returned to sales, it may not be possible to distinguish between the returned and other medical devices, although the batch or lot number of the returned medical device has been recorded. The distributor shall state with certainty that the safety and performance of the medical device were not affected in any way while it was beyond its control. Defective medical devices shall be separated from other stocks and identified.

After the receipt, the recalled item is placed in a special zone to avoid the risk of accidentally returning to sales stock before assessment. This special zone is clearly separated from sales stocks (physically, or by a validated information system).

All product recall phases shall be documented. The documentation shall ensure that all stages of the recall procedure are followed, including the person carrying out each stage.

The appropriate competent person shall check recall medical devices. If a medical device is rejected, it is placed in the zone for rejected medical devices.

Persons involved in returning procedures shall be adequately trained and have sufficient experience in handling medical devices to be able to identify a counterfeit medical device.

The distributor shall ensure that the prescribed storage requirements are met while the medical device is not under its supervision. There must be no real possibility that during that period storage conditions that may result in a risk to the performance or safety of the medical device are compromised.

A register of recalled items shall be kept which includes all data on the medical device and the reasons for the recall. The assessment of recalled medical devices is documented and includes the final decision (e.g. approved for sale, rejected or intended for destruction).

Special attention is paid to the recall of medical devices that require storage at low temperatures and sterile medical devices. If the distributor decides to accept medical devices that require storage at low temperatures, it follows the criteria for their acceptance which are clearly described in the procedure. The distributor shall document the evidence available for audit confirming that the cold chain was maintained throughout the period during which the medical device was not under its supervision.

It is considered as best practice to return a stock of sterile medical devices to commercial stock only if there is no real risk that the sterility has been compromised. If there is any doubt about their storage, they shall not be returned to the sales stock. Stocks of sterile medical devices that are unsealed, whose packaging is damaged, or suspected of being contaminated shall not be returned to sales.

Distributor shall be informed about the possibility of counterfeit medical devices in the supply chain through the recall procedure. All relevant employees shall be informed and trained about the possibility of occurrence and manner of dealing with counterfeit medical devices.

XI COUNTERFEIT MEDICAL DEVICES

It is of the utmost importance that the distributor performs marketing of medical devices with good governance and showing awareness of the need to prevent marketing or placing on the market counterfeit medical devices in cooperation with other distributors. The distributor shall establish a process and relevant procedure to be followed in case of identification or

suspicion that a counterfeit medical device has been received and shall organize training for employees.

In order to prevent counterfeit medical devices from entering the supply chain, the distributor:

1) is informed about the possibility of supplying a counterfeit medical device by mistake through legitimate sources or a legal supply chain;

2) has a firm system that ensures legitimacy of its suppliers and which is regularly audited;

3) maintain the list of approved suppliers and ensure that medical devices are obtained exclusively directly from them. The approval procedure includes the assessment of the supply chain and, if feasible, the authorization of the supplier to perform the supply, e.g. a medical device is not received directly from the manufacturer, so the confirmation of the manufacturer on the official distribution chain is required;

4) is familiar with the history of the supply chain for the received medical device and examines the previous stages in the supply chain, if necessary;

5) conducts training of employees in order to be aware of the appearance of counterfeit medical devices and what to pay attention to;

6) ensure that the recieving procedure includes a detailed examination of the received medical device, which may identify changes or that the appearance and packaging are unusual;

7) is familiar with market and normal fluctuations in the price of a medical device (offers below expected fluctuations are treated with caution and it is investigated whether they are true);

8) is careful and does not allow to be used by counterfeiters to "launder" counterfeit medical devices;

9) is aware of the possibility of counterfeit medical devices entering the supply chain through the recall;

10) knows which medical devices are at risk of counterfeiting and provides procurement from distributors who are also aware of this.

A distributor that possesses of a counterfeit medical device, or which is suspected to be counterfeit shall be responsible for recalling it from stock and quarantine. If there is a suspicion that the medical device offered to, or received by the distributor has been counterfeit, the distributor shall inform the Institute and the state authority for inspection affairs and the manufacturer, or the authorized representative of the manufacturer.

XII WITHDRAWAL OF THE MEDICAL DEVICE FROM THE MARKET

The efficiency of the procedure for withdrawal a medical device from the market shall be regularly assessed, at least every 12 months. The withdrawal process shall start without delay and at any time. The distributor shall follow the instructions, i.e. the measure of withdrawal of the medical device from the market, which was ordered in accordance with the Law.

The distributor shall establish a withdrawal procedure that enables fast and efficient withdrawal from the market of a defective or potentially harmful medical device. In the event of a withdrawal, the distributor's responsibility depends on where the medical device is located in the supply chain. The withdrawal procedure shall define at least the following:

1) the role of management;

2) that responsibilities for coordinating the withdrawals have been determined;

3) telephone number of the company (at least three persons) and telephone number of persons in the Institute and the state authority responsible for inspection affairs;

4) requirements to be considered with the manufacturer and agreement on measures to be taken in cooperation with the Institute and the state authority responsible for inspection affairs, before the withdrawal, as well as the manner of communication with buyers;

5) description of the traceability system of the batch or lot and the method of identification of the recipients of the medical device in the supply chain;

6) method of dealing with withdrawn medical device and medical device recalled from market which is in the distributor's premises;

7) manner to ensure the separation of the withdrawn medical device from the medical devices for sale;

8) manner of returning the withdrawn medical device to the manufacturer and destruction;

9) research and harmonization reports;

10) procedures to be followed in the event that a defect in a medical device is discovered at the distributor's premises.

All procedures during the withdrawal of a medical device from the market shall be recorded at the time of their conducting. Records of these procedures shall be available at the request of the Institute and the state authority responsible for inspection affairs. Withdrawal records shall also be available to the person responsible for the withdrawal procedure and contain sufficient information, i.e. data on participants in the distribution chain and direct buyers (with address, telephone or fax number available during and outside business hours, batch number and delivered quantity) including data on exported quantities and samples. Records on the implementation of the withdrawal process of a medical device from the market in order to create a final report that is to be submitted to the Institute and the state authority responsible for inspection affairs shall be kept.

An efficient method of identifying buyers who were supplied with a withdrawn medical device shall be established. The withdrawal procedure shall be reviewed regularly, and at least once every 12 months, to ensure that it is effective in locating all buyers and medical devices in an appropriate period. Verification includes the identification of individual batches and the matching received quantities with supplies and the ones distributed to buyers. A testing withdrawal does not have to be conducted if the company participated in an actual withdrawal that used the same traceability system during the previous 12 months.

XIII ENTRUSTED TASKS

Each entrusted activity which Guidelines for Good Distribution Practice refer to shall be properly defined, harmonized and controlled, in order to avoid non-compliance that may affect the integrity, safety and performance of the medical device. A contract which clearly defines obligations of the client and the contractor shall be concluded.

Technical or contractual agreements for all entrusted activities related to the distribution of medical devices shall be established. Technical agreements shall describe the minimum roles and responsibilities of both parties including details applicable to transport, arrangements, receipt, documentation, recalls, withdrawals, users complaints, handling of suspected counterfeit medical devices and management of nonconformities and modifications. The technical agreement is the basis for defining activities and responsibilities between parties.

It is important to emphasize that the distributor shall retain ultimate responsibility for ensuring that operational activities are carried out in accordance with prescribed requirements. Technical agreements and procedures covering entrusted activities may be revised, i.e. the state authority responsible for inspection affairs in the procedure of inspection supervision may ascertain discrepancies in the work and order appropriate measures in accordance with the law.

1. Client

The client shall be responsible for the entrusted activities.

The client is responsible for assessing the contractor's ability to successfully complete required work and by provisions of the contract or verification ensure compliance with these guidelines. The verification of the contractor shall be carried out before entrusting the activity and each time changes are made. The frequency of verification shall be defined on the basis of risk depending on the nature of activities entrusted. Verification is allowed at any time. The client shall provide the contractor with all information necessary to carry out contracted activities in accordance with relevant requirements.

2. Contractor

The contractor has appropriate premises, equipment, procedures, knowledge and experience and employees to perform the work ordered by the client professionally.

The Contractor shall not transfer to a third party any entrusted work without the prior assessment and approval by the client and the verification of the third party by the client, or the contractor. Arrangements between the contractor and any third party shall ensure that information on the distribution of the medical device is available in the same manner as between the original client and the contractor.

The contractor shall not perform an activity that may adversely affect the integrity, safety and performance of the medical device it handles on behalf of the client. The contractor shall provide the client with all information that may affect the integrity, safety and performance of the medical device in accordance with requirements of the contract.

XIV TRANSPORT

The distributor who delivers the medical device shall be responsible for protection against breakage, counterfeiting and theft, as well as for maintaining temperature conditions within acceptable limits during transport. Regardless of the mode of transport, proof that the medical device has not been exposed to conditions that may jeopardize its integrity, safety and performance shall be provided. A risk-based approach is used to plan transport modes and conditions. Transport shall be appropriate and compliant with marking requirements and procedures.

When this service is entrusted, the distributor must be informed on the operational activities of the contracting party (e.g. through verification). This assessment includes research on transport methods and routes. The distributor shall be fully informed and shall agree to any entrusted activity that is subcontracted to a third party. Contracted transport arrangements shall be documented at the level of the service agreement and include details of each subcontractor.

The distributor shall ensure that medical devices are not exposed to long-term storage during transport. If the transport route includes unloading or reloading or transit storage in the transport center, special attention shall be paid to monitoring the temperature, cleanliness and safety of all storage facilities during transit. It shall be ensured that temporary storage is minimized while pending the next phase of the transport route.

If any temperature deviations or damage occur during transport, it shall be reported to the distributor and the recipient. A procedure to investigate and act in case of temperature deviation shall be established.

The distributor shall be responsible for ensuring that vehicles and equipment used for distribution, storage and handling are suitable for their intended use and adequately equipped

to prevent exposure of the medical device to conditions that could adversely affect its integrity, safety and performance. Procedures for the use and maintenance of vehicles and equipment involved in the distribution process, including cleaning and precautions shall be established.

Risk assessment of delivery routes shall be conducted to determine where temperature controls are needed. Equipment used to monitor the temperature during transport in vehicles or containers shall be maintained and calibrated at regular intervals, and at least once every 12 months.

Utility vehicles and equipment shall be used whenever possible. If non-dedicated vehicles and equipment are used, procedures to ensure that the integrity, safety and performance of the medical device are not compromised shall be established.

XV INTERNAL VERIFICATIONS

In order to determine the efficiency and compliance of operations with regulations and the quality assurance system, internal verification or self-inspection programs shall be established. For that purpose, an internal verification plan based on a risk assessment shall be prepared, covering all individual activities carried out within a period of time. Every plan should be realistic and able to achieve its goals. Internal verifications may cover a single activity (and be carried out more frequently), or more than one activity within the same objective. Each internal verification or self-inspection shall be established by recording the purpose and scope of each internal verification, its results and measures (corrective and preventive) resulting from the internal audit. A diary with such data is useful in determining the effectiveness of the quality assurance system and the content of future self-inspection plans. A detailed report for all conducted internal verifications, or self-inspections shall be prepared and all identified non-compliances shall be resolved in a timely manner.

XVI FIELD SAFETY CORRECTIVE ACTION

An incident report may lead to Field Safety Corrective Action (FSCA). Field safety corrective action is a measure taken by the manufacturer, or an authorized representative of the manufacturer to reduce the risk of death or serious deterioration of health associated with the use of a medical device placed on the market. This measure, regardless of whether it is related to direct or indirect damage, is reported and recorded through the Field Security Notice. Field safety notice (FSN) is a notice for buyers, or users sent by the manufacturer, or authorized representative of the manufacturer regarding the Field Safety Corrective Action (e.g. when a medical device is no longer on the market, or is withdrawn but may be still in use, as in the case of an implant or when there is a change in the analytical sensitivity or specificity of the diagnostic agent).

The distributor shall note that the modification of the medical device may include permanent, or temporary changes to the labeling or instructions for use, software upgrades including those carried out remotely and advice on changes in the use of the medical device (e.g. when the manufacturer of an in vitro diagnostic medical device advises a quality control review procedure, such as the use of third-party controls, or more frequent calibration, or modification of control values of in vitro diagnostic medical devices). A documented FSCA management procedure approved by the manufacturer or the manufacturer's authorized representative shall be established. The established system enables managing FSCA reporting. The document shall clearly state different responsibilities in relation to planning, implementation and reporting on corrective actions taken.

XVII OBLIGATIONS AND RESPONSIBILITIES OF MANUFACTURERS APPLICABLE TO IMPORTERS, WHOLESALERS AND OTHER LEGAL AND NATURAL PERSONS

Obligations and responsibilities of the manufacturer of a medical device also apply to importers, wholesalers and other legal and natural persons who:

1) make a medical device available on the market under their own name, registered commercial name or registered trademark;

2) change the intended purpose of the medical device that has been placed on the market or used;

3) modify the medical device that has been placed on the market, i.e. used in such a way that may affect its compliance with the basic requirements.

Obligations and responsibilities of the manufacturer do not apply to person that is not a manufacturer but who assembles, or adjusts a medical device placed on the market to an individual patient.

Modification of a medical device that may affect its compliance with the basic requirements is not considered the following:

1) labeling by the sticker, providing instructions for use, i.e. translation of instructions for use into Montenegrin of the medical device placed on the market, as well as other information provided by the manufacturer, necessary for marketing in Montenegro;

2) change of the outer packaging, including the size of the packaging, if the repackaging is necessary for marketing of the medical device in Montenegro and if it is performed under conditions that do not affect the original conditions of the medical device. In case of a sterile medical device, it is presumed that the original conditions of the medical device have been adversely affected if the package providing the sterile conditions is open, damaged or otherwise adversely affected during the repackaging process.

If the distributor performs specified activities, it shall indicate those activities, its name, registered commercial name or trademark and contact address on the medical device itself, and if it is not practical to do so on the packaging, or document accompanying the medical device.

The distributor shall have an established quality management system that includes processes that ensure accurate and up-to-date translation of information, that work is performed in a manner and under conditions that preserve the original condition of the medical device, and that packaging or repackaging is efficient, high quality and usable.

Part of the quality management system are procedures to ensure that the importer or distributor is informed of any corrective action taken by the manufacturer in relation to the medical device in order to achieve safety or ensure compliance.

At least 28 days before the re-labeling or repackaging of the medicinal product, the distributor or importer shall inform the manufacturer and the Institute and, at their request, provide a sample of the re-labeled or repackaged medical device, including a translation of the label and instructions for use. During that period, a certificate issued by the conformity assessment body of the modified medical device shall be submitted to confirm that the quality management system complies with the requirements of these guidelines.

Obligations and responsibilities of manufacturers that apply to importers, wholesalers and other legal and natural persons are as follows:

1) when placing its medical devices on the market or in use, it ensures that they are designed and manufactured in accordance with the basic requirements;

2) it establishes, documents, implements and maintains the management system;

3) it conducts clinical evaluation, as well as monitoring of medical devices on the market;

4) it compiles and regularly updates technical documentation for products that are not custom-made products. Technical documentation must be such as to permit the conformity assessment of the medical device;

5) it compiles and updates documentation for custom-made medical devices;

6) when compliance with the basic requirements is proven, it makes a certificate of conformity available, except for custom-made products and intended for clinical trials;

7) it fulfills obligations related to the registration of a medical device, if at the same time it is an authorized representative of the manufacturer;

8) it ensures to the Institute the availability of certificate of conformity, technical documentation, as well as decisions, reports and certificates issued by the conformity assessment body for a period of five years, or at least 15 years from the date of manufacture of the last medical device in the case of implantable medical devices. At the request of the Institute, it shall submit complete technical documentation or its summary, as specified in the request;

9) provides proof of the implementation of procedures that achieve compliance of batch production with basic requirements. Changes to the project or characteristics of a medical device, as well as changes to harmonized standards or common specifications on the basis of which conformity has been assessed, shall be taken into account in an appropriate and timely manner;

10) it establishes, documents, implements, maintains, updates and improves the quality management system that, in the most efficient way, in proportion to the risk class and type of medical device ensures compliance, except for medical devices intended for clinical trials;

11) it implements and updates the vigilance system of medical devices on the market;

12) it ensures that the medical device is labelled and accompanied by instructions for use and that the data on the labelling are indelible, legible and clearly understandable to the user or patient;

13) if it has reason to believe that the medical device it has placed on the market or put into use is not compliant, it shall immediately take all necessary corrective measures in order to harmonize, withdraw or recall from the market. In accordance with that, it shall inform the manufacturer, authorized representative of the manufacturer, distributor, i.e. importer;

14) if the medical device poses a serious risk, it shall without delay inform the Institute and the state authority responsible for inspection activities and, if necessary, the conformity assessment body, and especially about non-conformities and corrective measures taken;

15) applies a system for recording and reporting adverse events and safety corrective measures;

16) at the request of the Institute and the state authority responsible for inspection affairs, provides all data and documentation necessary for proving compliance.

The institute and the state authority responsible for inspection affairs may request that the importer, wholesaler and other legal and natural person provide samples free of charge or, if this is not feasible, provide access to a medical device. Importers, wholesalers and other legal and natural persons shall cooperate with the Institute and the state authority responsible for inspection activities regarding all corrective measures taken to eliminate or, if that is not possible, reduce the risk posed by a medical device placed on the market or used. If it does not cooperate, or if the information and documentation provided by it is incomplete or inaccurate, the state authority responsible for inspection activities may take appropriate measures to suspend, restrict the placing on the market or withdraw a medical device until the cooperation begins or complete and accurate information is provided.

FINAL PROVISIONS

These guidelines shall enter into force on the day of publication on the website of the Institute of Medicines and Medical Devices and the Ministry of Health.

ACTING MANAGING DIRECTOR

Mr Mira Kontić