

Introduction of new In-house IVD notification form

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Australian Government

Department of Health and Aged Care

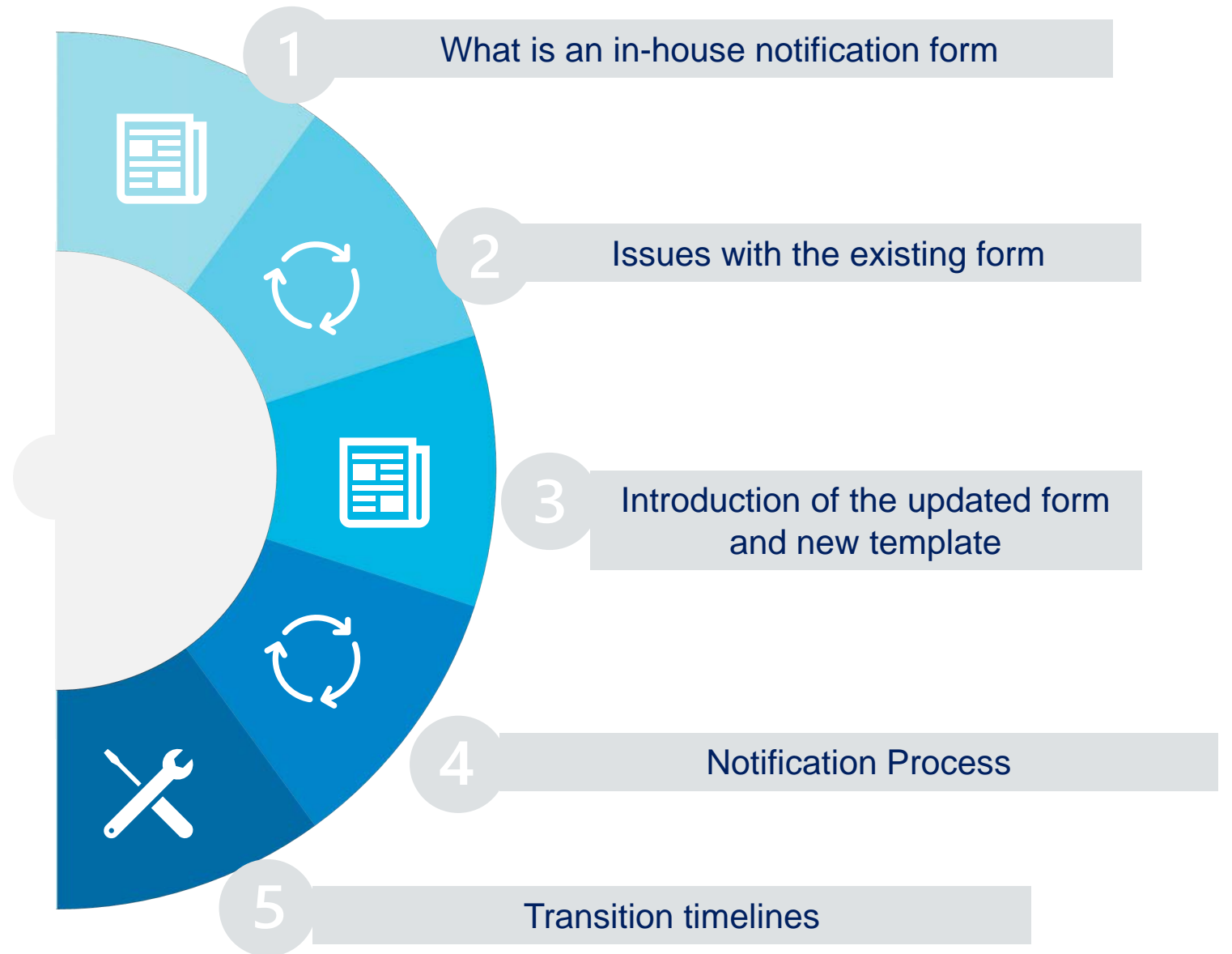
Therapeutic Goods Administration

Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the lands on which we meet today and pay my respects to Elders past and present.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.

Introduction of new In-house IVD notification form Session outline



What is an in-house notification form

You must notify TGA if you intend to supply a Class 1-3 in-house IVD

Recap

- Classification of the device is based on the intended purpose for the device and classification rules in Schedule 2A of [the Therapeutic Goods \(Medical Devices\) Regulations 2002](#)
- Class 1-3 In-house IVDs require annual notification prior to 1st of July of the financial year.
- A notification is only required, if a new Class 1-3 in-house IVD **has been** introduced since the previous notification.

Issues with the current notification form

- Lack of consistency in data provided between laboratories.
- Data often not provided in a systematic and ordered manner.
- Data storage issues – Data from one form cannot be combined with another
- Lack of search functionality, due to collection of data in an unsuitable format.

Old Form Functionality (example)

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

Yes No

IVD Type:

-- Select --

IVD Category:

Add

(Click on the bin icon to remove Type and Category)

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

Yes No

IVD Type:

Class 1-3 In-house Histology & Cytology IVDs

IVD Category:

- Histological/Cytological Stains
- Histology & Cytology Related Quality Control Material
- Immunohistochemistry
- In Situ Hybridisation
- Other Histology & Cytology Related Tests

Add

(Click on the bin icon to remove Type and Category)

Old Form Functionality (example)

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

IVD Type:

IVD Category:

Yes No

Class 1-3 In-house Blood Banking IVDs (Immunohaematology) ▼

Immunohaematology Reagents for Blood Banking

Immunohaematology Related Quality Control Material

Add

(Click on the bin icon to remove Type and Category)

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

IVD Type:

IVD Category:

Yes No

Class 1-3 In-house Software IVDs ▼

Standalone Software

Add

(Click on the bin icon to remove Type and Category)

Changes to the existing form

- Minor updates to the existing notification form.
- Introduction of mandatory standardised excel template for data consistency and completeness.
- Allows for storage of information to enable searchability function.
- Consistency by alignment of IVD type and IVD category with NATA categories.

Introduction of new standardised excel template

It will be mandatory to attach the completed standardised excel template with the in-house notification form.

Updated guidance will be published soon with information on the form and the new excel template.

Please note, any notification that is submitted without the standardised templated will not be accepted. The form will be pushed back, and the laboratory will be asked to notify with the correct (completed) template.

Refer to the guidance for the use of the Class 1-3 in-house IVD notification form - [Class 1-3 in-house IVDs: using the online application form](#)

The Template

Laboratory Network: Name and NATA accreditation number of the facility		Laboratory Name:	Site Identifier: NATA site identifier number	<p>Use this test list template to notify Class 1-3 in-house IVDs.</p> <p>All Class 1-3 in-house IVDs must be notified using this template by 1 July of the year following the introduction of the new device.</p> <p>Any new notifications or changes must be <u>added</u> to the current version of your test list before this is re-submitted, so that <u>all</u> in-house IVDs currently in use within your laboratory (or laboratory network) are listed below.</p> <p>Do not use this template to notify Class 4 in-house IVDs - you need to make a separate ARTG application for <u>each</u> Class 4 in-house IVD (unless otherwise exempt).</p>													
e.g. Pathology Queensland Accreditation number 2639	e.g. Central Laboratory	e.g. 2632															
	e.g. Nambour Laboratory	e.g. 5485															
Insert extra rows here if required																	
Test name	Site Identifier	Category	CDx	Notification year	Indication/Determination	Specimen	Instruments	Software	Commercial test	Modification	LDT	Class	Comments				
Name of the test	List the identifier number(s) for the sites where this test is performed	Category of testing performed	Is this a Companion Diagnostic test?	Please indicate if this is a new device; a change to a device; or a previously notified device (state year of notification)	Please provide general information regarding the nature and purpose of the in-house IVD test (or test group). <i>For CDx tests</i> , list the indication including disease status and medicine/biological product	All specimen types validated for use with the test	Instrument(s) to be used with the test, including model number if known	Software separately supplied to the instrument(s), including version number if known	If applicable, the commercial test from which the in-house test was developed (including manufacturer and device name)	For in-house IVDs developed from commercially supplied devices, please provide a description of the modification, e.g. additional sample type, modification to process, new indication, etc	If developed from first principles or a Research Use Only (RUO) kit (and not from an existing commercially supplied device), please indicate if the device is a laboratory developed test (LDT) - Y/N	Select the class of IVD (i.e. Class 1 - 3 in- house IVD)	Add any comments you would like to include				

Template requirements

There are 14 available data fields with selectable fields and filters

- Test name
- Site Identifier
- Category
- Companion Diagnostic
- Notification Year
- Indication/Determination
- Specimen
- Instruments
- Software
- Commercial Test
- Modification
- Laboratory Developed Test
- Classification
- Additional comments

Field descriptions/required information

- Instruments: Instrument to be used with the test, including model number, if known.
- Software: Software separately supplied to the instrument, including version number if known.
- Commercial Test: If applicable, the commercial test from which the in-house test was developed (including manufacturer and device name).
- Modification: For in-house IVDs developed from commercially supplied devices, please provide a description of the modification, e.g. additional sample type, modification to process, new indication, etc.
- Laboratory Developed Test (LDT): If developed from first principles or a Research Use Only (RUO) kit (and not from an existing commercially supplied device), please indicate if the device is LDT - Y/N.
- Class: 'Select the class of IVD (i.e. Class 1 - 3 in-house IVD).
- Comments: Add any comments you would like to include.

The Data tab



The Data Tab is locked and cannot be changed by users. This Tab contains the options for the drop-down menus in the spreadsheet.

Test name	Site Identifier	Category	CDx
<i>Name of the test</i>	<i>List the identifier number(s) for the sites where this test is performed</i>	<i>Category of testing performed</i>	<i>Is this a Companion Diagnostic test?</i>
	e.g. 2632, 5485		
		<div style="border: 1px solid black; background-color: yellow; padding: 2px;"> Category Please select from the list of categories </div>	

Class data	Category data	CDx
Class 1 in-house IVD	Anatomical Pathology - Cytopathology	Yes
Class 2 in-house IVD	Anatomical Pathology - Tissue Pathology	No
Class 3 in-house IVD	Chemical Pathology	
	Cytogenetics	
	Haematology	
	Immunohaematology	
	Immunopathology	
	Infertility and Pregnancy Tests including Assisted Reproductive Technology	
	Microbiology - Bacteriology	
	Microbiology - Environmental Investigations and/or Infection Control	
	Microbiology - Molecular Biology	
	Microbiology - Mycobacteriology	
	Microbiology - Mycology	
	Microbiology - Parasitology	
	Microbiology - Serology of Infection	
	Microbiology - Virology	
	Molecular Genetics	
	Non-clinical Biomarkers	

The Data tab – continued



- Right click on the Class 1-3 on-house notification Template Tab
- Select the Move or Copy option, select the appropriate Tab from the available Tabs and select 'Create a copy'.
- A new Tab will be created with the same name as the copied Tab.
- Using the rename function each Tab can be identified with the department name.
- NOTE: all departments can be included in the same Tab. The use of separate Tabs is an available option and not a requirement.

Updates to the existing notification form

Before selection

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

Yes No

IVD Type:

-- Select --

IVD Category:

Add

(Click on the bin icon to remove Type and Category)

After selection

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

Yes No

IVD Type:

-- Select --

IVD Category:

-- Select --

Information for this field to be provided in the in-house IVD notification template

Add

(Click on the bin icon to remove Type and Category)

Supporting documents

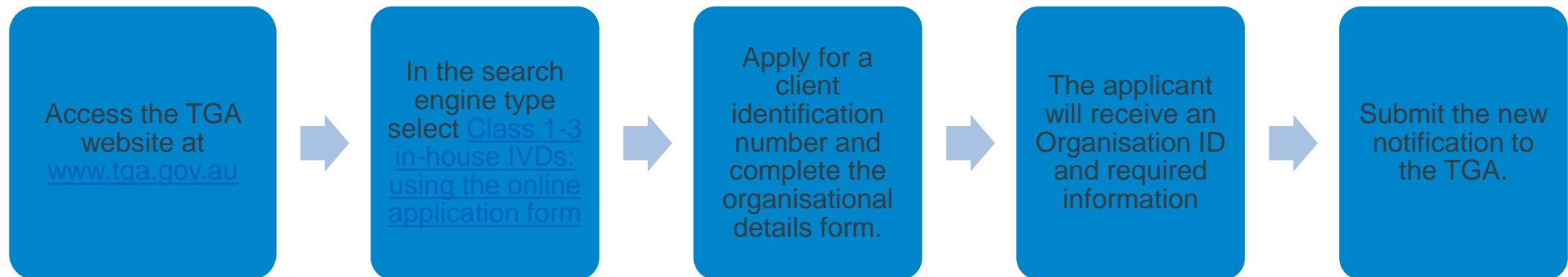
Please upload your Test List here:

Add

No Attachments

How to complete the form – new in-house IVD manufacturers

The TGA Business Services Portal (TBS) allows the manufacturer (laboratory) to submit notifications to the TGA



Preparing for notification

Requires access to TGA Business Services Portal (use of Google Chrome recommended)



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Therapeutic Goods Administration

Login to TGA Business Services

Login

Forgotten your password?

- [Online Invoice Payment](#)
- > [Public TGA Information](#)
- > [News](#)
- > [Help](#)
- > [Training](#)
- [Secure Email](#)
- [Back to Business Portal](#)

Location of notification form



Adverse Event Reporting

Medicine Adverse Event Reporting
Medical Device Incident Reporting

Medical Device

Device/OTG Application
Class III/AIMD Variation
Class 1-3 In-house IVD Notification
Manufacturer Evidence
Conformity Assessment
IVD Variation
Request Change
Unique Device Identification
GMDN Help
Vaping Device Notice

Regulatory Compliance

Medical Device Post Market Compliance

Export Only Medicine

S.26 - Export Only
General Listing
Composite Pack
Export Certificates
Listed Product (CLP)
Pharmaceutical Product (CPP)
Submission
Export Only
Certificates

Regulatory Actions

ARTG entry Cancellation

Annual Charge Exemption

Manage my entries

Clinical Trials

Clinical Trial Notification
Submission

Medicine Shortages

Notification
Submission

Prescription Medicine

Designation/Determination
Designation/Determination
Extension
Pre-Submission
Single Medicine Application
Composite Pack Application
Variation
Submission
Vaping Substance Notice

Supporting documents and certification

Supporting documents

Please upload your Test List here:

Add

No Attachments

File Upload

Notification Id:

DV-2024-IVI-00248-1

Version:

1

Click Button to Select File:

Choose file No file chosen

Maximum attachment size is: 100Mb

Add

Certification

I, of [REDACTED] being the responsible person making this notification hereby certify that:

- (a) the in-house IVD medical devices included in this notification are Class 1, 2 or 3 in-house IVD medical devices; and
- (b) the Class 1, 2 and 3 in-house IVD medical devices comply with the essential principles and NATA accreditation requirements; and
- (c) I have available information to substantiate that compliance with the essential principles and NATA accreditation requirements.
- (d) I acknowledge that any information I have provided in my notification of Class 1-3 in-house IVD medical devices may, upon request, be made available to the National Association of Testing Authorities (NATA).

In electronically submitting this notification to the TGA, I hereby certify that in relation to this IVD medical device the information given in this notification is current and correct.

I agree

Yes No

(End of Form)

Validating the form

TGA eBusiness Services Class 1-3 In-house IVD Notification

Close

Save

Print

Validate

You have not selected (and added) an IVD Type and Category

IVD details

Does this notification include any IVDs intended for use as a companion diagnostic?

Yes No

IVD Type:


Information for this field to be provided in the in-house IVD notification template ▾

IVD Category:

Please download the standardised template from the TGA website: In-house IVD notification template.

Add

(Click on the bin icon to remove Type and Category)

1. Information for this field to be provided in the in-house IVD notification template 
Please download the standardised template from the TGA website: In-house IVD notification template.

Close

Save

Print

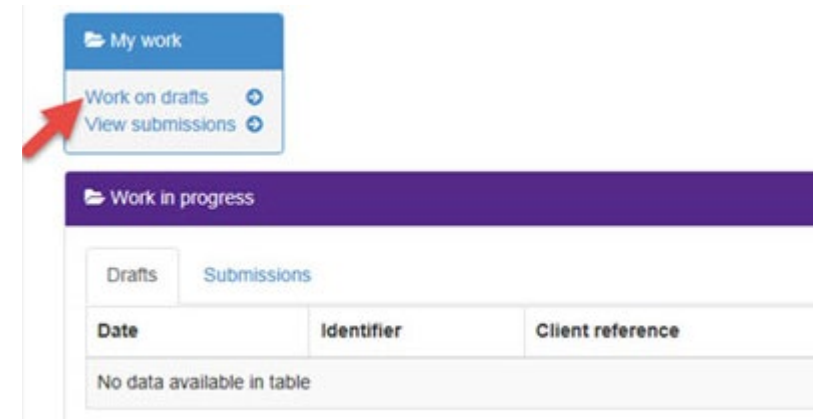
Validate

Submit

Validation Successful

Saving the form

- The form can be saved at any time without submission. To return to the draft form access the draft through 'Work on drafts'.
- Once the form is completed, the template attached, and the form validated, just use the submit option.



[Close](#) [Save](#) [Print](#) [Validate](#) [Submit](#)

Validation Successful

Submitting the form

Close Save Print Validate Submit

Validation Successful



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Applications ▾



Financials



Documents ▾



Your TGA ▾

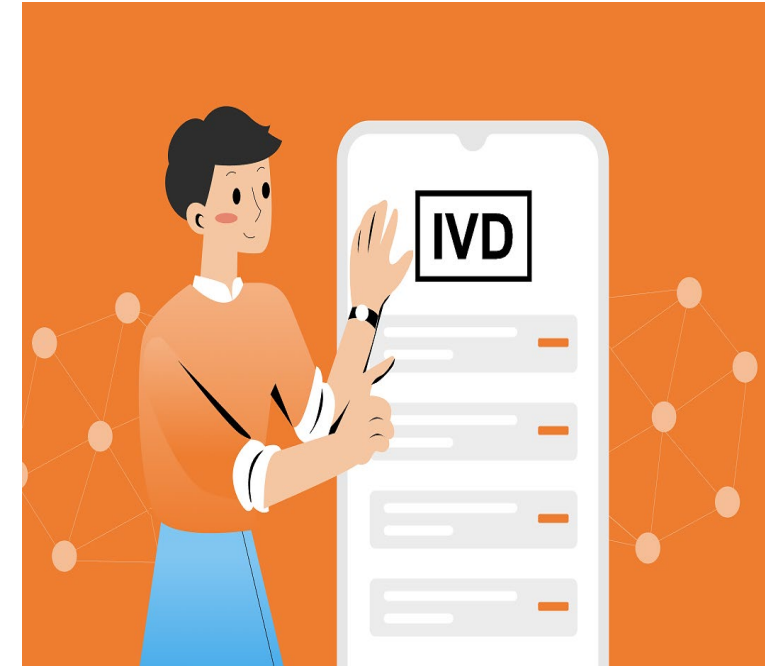
- The submit function will send the notification to the TGA and an invoice will be generated.
- The invoice can be viewed under the financial Tab in the Home page of the Portal OR will be sent directly to the Administrator (depending on the option selected at the creation of the Client).
- The current fee for a Class 1-3 in-house IVD notification is \$1,155 ([Fees and payments](#)); this fee is indexed annually.

Some helpful tips for completing the form

- Some fields auto-populate, based on information in the laboratory's TGA Client details.
- The notification has a specific identifier in the format DV-20XX-IVI-XXXX-1: only one notification is required for each laboratory or laboratory network.
- Two options are available for QMS standard applied (ISO 15189 or ISO 17025)
- Select 'IVD Type' using the drop-down menu. Only one option is available. This directs the applicant to provide the IVD type information in the in-house IVD notification form (the Excel template).
- **IMPORTANT:** Use the ADD button to enable the validation of the form.
- Attach the completed (and mandatory) template under supporting documentation
- You need to agree to the declaration.

Post notification

- The TGA will review the notification and process the notification. An automated email will be sent to the contact person identified in the notification.
- If additional information is required, the contact person will receive an email requesting clarification or additional information.
- Submission of the notification satisfies the regulatory requirements for annual notification (when required) to the TGA.
- The information is stored in TGA records.



Transition timelines – new template and form

In-house IVD laboratories (with new tests to be notified)

- This refers to the new in-house IVD manufacturers or existing manufacturers that have developed new tests.
- You are required to use the newly introduced in-house IVD notification form and template for notification for the financial year by 1 July 2024.

Existing in-house IVD laboratories (i.e. previously notified)

- Please provide the completed template (with all the class 1 – 3 in-house IVDs developed and being supplied) prior to 30 September 2024. This can be sent to IVDs@health.gov.au as an email with the completed template attached. There will be no associated fee.

Planned date for introduction of new template and updated form - April 2024.
Guidance will be updated with link to the form [Regulatory requirements for in-house IVDs](#)

Questions?

natatgaivd@nata.com.au

ivds@health.gov.au



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