SLOVENSKI STANDARD
SIST EN ISO 10993-4:2017

01-september-2017

Nadomešča:
SIST EN ISO 10993-4:2009

Biološko ovrednotenje medicinskih pripomočkov - 4. del: Izbira preskusov za ugotavljanje interakcij s krvjo (ISO 10993-4:2017)

Biological evaluation of medical devices - Part 4: Selection of tests for interactions with blood (ISO 10993-4:2017)

Biologische Beurteilung von Medizinprodukten - Teil 4: Auswahl von Prüfungen zur Wechselwirkung mit Blut (ISO 10993-4:2017)

Évaluation biologique des dispositifs médicaux - Partie 4: Choix des essais pour les interactions avec le sang (ISO 10993-4:2017)

Ta slovenski standard je istoveten z: **EN ISO 10993-4:2017**

ICS:

11.100.20	Biološko ovrednotenje medicinskih pripomočkov	Biological evaluation of medical devices

SIST EN ISO 10993-4:2017 **en**

EUROPEAN STANDARD

NORME EUROPÉENNE

EUROPÄISCHE NORM

EN ISO 10993-4

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Supersedes EN ISO 10993-4:2009

English Version

Biological evaluation of medical devices - Part 4: Selection of tests for interactions with blood (ISO 10993-4:2017)

Évaluation biologique des dispositifs médicaux - Partie 4: Choix des essais pour les interactions avec le sang (ISO 10993-4:2017)

Biologische Beurteilung von Medizinprodukten - Teil 4: Auswahl von Prüfungen zur Wechselwirkung mit Blut (ISO 10993-4:2017)

This European Standard was approved by CEN on 23 February 2017.

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This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

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European foreword

This document (EN ISO 10993-4:2017) has been prepared by Technical Committee ISO/TC 194 “Biological and clinical evaluation of medical devices” in collaboration with Technical Committee CEN/TC 206 “Biological and clinical evaluation of medical devices” the secretariat of which is held by DIN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by November 2017, and conflicting national standards shall be withdrawn at the latest by November 2017.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN ISO 10993-4:2009.

This document has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directive(s).

For relationship with EU Directive(s), see informative Annex ZA and Annex ZB, which is an integral part of this document.

According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Endorsement notice

The text of ISO 10993-4:2017 has been approved by CEN as EN ISO 10993-4:2017 without any modification.

Annex ZA
(informative)

Relationship between this European Standard and the essential requirements of Directive 93/42/EEC [OJ L 169] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 93/42/EEC of 14 June 1993 concerning medical devices [OJ L 169].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 93/42/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 2, 5, 6, 7, 8, 9, 11 and 12 of the Directive.

NOTE 3 This Annex ZA is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

Table ZA.1 — Correspondence between this European Standard and Annex I of Directive 93/42/EEC [OJ L 169]

Essential Requirements of Directive 93/42/EEC	Clause(s)/subclause(s) of this EN	Remarks/Notes
7.1 (First indent)	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 7.1 (first indent) is partly covered by ISO 10993-4, since the standard does not provide requirements on design and manufacture. However, this standard provides a means to evaluate the interactions of medical devices with blood. Other forms of toxicity and flammability are not dealt with in this standard.

7.1 (Second indent)	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 7.1 (second indent) is partly covered by ISO 10993-4, since the standard does not provide requirements on design and manufacture. However, this standard provides a means to evaluate the interactions of medical devices with blood. Other forms of toxicity are not dealt with in this standard. This evaluation can be a preliminary step for risk minimization.
7.2	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 7.2 is partly covered by ISO 10993-4, since the standard does not provide requirements on design, manufacture and packaging. However, this standard provides a means to assess the interactions of medical devices with blood to contaminants and residues in medical devices.
7.5	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 7.5 is partly covered by ISO 10993-4, since the standard does not provide requirements on design and manufacture. However, this standard provides a means to evaluate interactions of substances leaking from medical devices with blood.

General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

WARNING 2 — Other Union legislation may be applicable to the products falling within the scope of this standard.

Annex ZB
(informative)

Relationship between this European Standard and the essential requirements of Directive 90/385/EEC [OJ L 189] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 90/385/EEC of 20 June 1990 on the approximation of the laws of the Member States relating to active implantable medical devices [OJ L 189].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 90/385/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 4, 5, 8, 9 and 10 of the Directive.

NOTE 3 This Annex ZB is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZB.1, it means that it is not addressed by this European Standard.

Table ZB.1 — Correspondence between this European Standard and Annex I of Directive 90/385/EEC [OJ L 189]

Essential Requirements of Directive 90/385/EEC	Clause(s)/subclause(s) of this EN	Remarks/Notes
9 (first indent)	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 9 (first indent) is partly covered by ISO 10993-4, since the standard does not provide requirements on design and manufacture. These haemocompatibility tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading. However, this part of ISO 10993 specifies test methods for the assessment of the interaction with blood with medical devices or biomaterials intended for use in medical devices. Other forms of toxicity are

		not dealt with in this standard.
9 (second indent)	6.1 and A.1, B.1, C.1, D.1 and E.1	ER 9 (second indent) is partly covered by ISO 10993-4, since the standard does not provide requirements on design and manufacture. However, this standard provides a means to evaluate the interactions of medical devices with blood. Other forms of toxicity are not dealt with in this standard.

General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

WARNING 2 — Other Union legislation may be applicable to the products falling within the scope of this standard.

INTERNATIONAL STANDARD

ISO 10993-4

Third edition
2017-04

Biological evaluation of medical devices —

Part 4: Selection of tests for interactions with blood

Évaluation biologique des dispositifs médicaux —
Partie 4: Choix des essais pour les interactions avec le sang

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see the following URL: www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 194, *Biological and clinical evaluation of medical devices.*

This third edition cancels and replaces the second edition (ISO 10993-4:2002), which has been technically revised.

It also incorporates the Amendment ISO 10993-4:2002/Amd 1:2006.

The following changes were made:

a) some definitions have been revised and new definitions have been added;

b) Tables 1 and 2 have been consolidated into a single new Table 1 with test categories and headers reorganized to emphasize and include material and mechanical-induced haemolysis testing and *in vitro* and *in vivo* testing for assessment of risk for thrombosis;

c) Tables 3 and 4 have been consolidated into a single new Table 2 with a simplified list of suggested and most common tests;

d) Annex B has been updated to cover only the most common practiced tests for assessing blood interactions;

e) Annex C has been added to cover the topic of *in vivo* thrombosis and methods for testing;

f) Annex D, which was Annex C in the previous edition, has been updated and now includes added information on mechanically-induced haemolysis;

g) Annex E has been added to cover the topic of complement testing and best test method practices;

h) Annexes F and G have been added to present the less common tests used to assess interactions with blood and the tests that are not recommended for preclinical assessment of medical device blood interaction, respectively. Many of these methods were previously included in Annex B;

i) subtle language refinements can be found throughout the revised document;

j) the Bibliography has been reorganized by common subjects of interest and updated with additional and more current references.