



Designation: F748 – 16

Standard Practice for Selecting Generic Biological Test Methods for Materials and Devices¹

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1. Scope

1.1 This practice recommends generic biological test methods for materials and devices according to end-use applications. While chemical testing for extractable additives and residual monomers or residues from processing aids is necessary for most implant materials, such testing is not included as part of this practice. The reader is cautioned that the area of materials biocompatibility testing is a rapidly evolving field, and improved methods are evolving rapidly, so this practice is by necessity only a guideline. A thorough knowledge of current techniques and research is critical to a complete evaluation of new materials.

1.2 These test protocols are intended to apply to materials and medical devices for human application. Biological evaluation of materials and devices, and related subjects such as pyrogen testing, batch testing of production lots, and so on, are also discussed. Tests include those performed on materials, end products, and extracts. Rationale and comments on current state of the art are included for all test procedures described.

1.3 The biocompatibility of materials used in single or multicomponent medical devices for human use depends to a large degree on the particular nature of the end-use application. Biological reactions that are detrimental to the success of a material in one device application may have little or no bearing on the successful use of the material for a different application. It is, therefore, not possible to specify a set of biocompatibility test methods which will be necessary and sufficient to establish biocompatibility for all materials and applications.

1.4 The evaluation of tissue engineered medical products (TEMPs) may, in some cases, involve different or additional testing beyond those suggested for non-tissue-based materials and devices. Where appropriate, these differences are discussed in this practice and additional tests described.

1.5 The ethical use of research animals places the obligation on the individual investigator to determine the most efficient

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methods for performing the necessary testing without undue use of animals. Where adequate prior data exists to substantiate certain types of safety information, these guidelines should not be interpreted to mean that testing should be unnecessarily repeated.

1.6 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:²

- E1262 Guide for Performance of Chinese Hamster Ovary Cell/Hypoxanthine Guanine Phosphoribosyl Transferase Gene Mutation Assay
- F619 Practice for Extraction of Medical Plastics
- F719 Practice for Testing Biomaterials in Rabbits for Primary Skin Irritation
- F720 Practice for Testing Guinea Pigs for Contact Allergens: Guinea Pig Maximization Test
- F749 Practice for Evaluating Material Extracts by Intracutaneous Injection in the Rabbit
- F750 Practice for Evaluating Material Extracts by Systemic Injection in the Mouse
- F756 Practice for Assessment of Hemolytic Properties of Materials
- F763 Practice for Short-Term Screening of Implant Materials
- F813 Practice for Direct Contact Cell Culture Evaluation of Materials for Medical Devices
- F895 Test Method for Agar Diffusion Cell Culture Screening for Cytotoxicity
- F981 Practice for Assessment of Compatibility of Biomaterials for Surgical Implants with Respect to Effect of Materials on Muscle and Bone
- F1027 Practice for Assessment of Tissue and Cell Compatibility of Orofacial Prosthetic Materials and Devices

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

- F1408 Practice for Subcutaneous Screening Test for Implant Materials
- F1439 Guide for Performance of Lifetime Bioassay for the Tumorigenic Potential of Implant Materials
- F1877 Practice for Characterization of Particles
- F1903 Practice for Testing For Biological Responses to Particles *In Vitro*
- F1904 Practice for Testing the Biological Responses to Particles *in vivo*
- F1983 Practice for Assessment of Selected Tissue Effects of Absorbable Biomaterials for Implant Applications
- F1984 Practice for Testing for Whole Complement Activation in Serum by Solid Materials
- F2065 Practice for Testing for Alternative Pathway Complement Activation in Serum by Solid Materials (Withdrawn 2016)³
- F2147 Practice for Guinea Pig: Split Adjuvant and Closed Patch Testing for Contact Allergens
- F2148 Practice for Evaluation of Delayed Contact Hypersensitivity Using the Murine Local Lymph Node Assay (LLNA)
- F2382 Test Method for Assessment of Intravascular Medical Device Materials on Partial Thromboplastin Time (PTT)

2.2 Other Referenced Documents:

- ISO/AAMI/ANSI 10993-1 Biological Testing of Medical and Dental Materials and Devices—Part 1: Evaluation and Testing within a Risk Management Process⁴
- EN 10993-1 Biological Testing of Medical and Dental Materials and Devices—Part 1: Evaluation and Testing within a Risk Management Process⁴
- General Program Memorandum #G95-1 FDA⁵
- Immunotoxicity Testing Guidance-FDA⁵

3. Summary of Practice

3.1 A matrix listing biological endpoints relevant to a biocompatibility evaluation versus materials (devices) and their applications is included in **Table 1**. The expected duration of use of the device is also considered. Intraoperative is less than 24 h, short-term is up to and including 30 days, and chronic is greater than 30 days. The position of row and column intersection is marked to indicate whether assessment of a biological endpoint is recommended for a material or device for the specific application indicated. The terms relating to device or material type and application are addressed in Section 5. Discussion of applicability, current state of the art, and rationale for individual biological endpoint assessments also appears in that section.

4. Significance and Use

4.1 The objective of this practice is to recommend appropriate biological endpoint assessments (which may or may not require testing) to establish a reasonable level of confidence

concerning the biological response to a material or device, while at the same time avoiding unnecessary testing.

4.2 This practice is intended to provide guidance to the materials investigator in selecting the proper procedures to be carried out for the screening of new or modified materials. Because each material and each implant situation involves its own unique circumstances, these recommendations should be modified as necessary and do not constitute the only assessment that will be required for a material. Nor should these guidelines be interpreted as minimum requirements for any particular situation. While an attempt has been made to provide recommendation for different implant circumstances, some of the recommended assessment may not be necessary or reasonable for a specific material or application.

5. Classification of Materials and Devices by End-Use Applications

5.1 General:

5.1.1 When new materials are sought for a medical application for use on humans, the material(s) may comprise the whole final device product, or may be one of many component materials in the device. The first step is a thorough literature search for previous use of the material or biocompatibility testing studies to ensure that it has not been known to produce an adverse biological response that exceeds the expected benefit in the use of the device. Note that the final fabricated product may differ chemically, physically, or biologically from the raw materials used to fabricate the product due to processing and this has to be considered when conducting a biocompatibility evaluation and/or designing test protocols. For some devices, if testing is needed, it may be necessary or desirable to take material test samples directly from the final device product. Samples should be fully representative of the finished product in terms of processing, cleaning, packaging, sterilization, and any other procedures that are performed on the materials before the device is used.

5.1.2 At this point, preliminary material screening may be employed, depending on the expertise of the organization(s) evaluating the materials. Since preliminary screening is normally an option to minimize the economic impact of a candidate material failing final biological tests after extensive time and effort, it is not a required procedure. The investigator should be aware that, should an adverse tissue response be observed with a final product, it may be impossible to determine which component or process is responsible without these initial screening tests.

5.1.3 This practice addresses two aspects of tissue-material interactions: duration and tissue type. A third aspect, which should be considered, is the relative size difference between the host and the material, that is, to how much material surface area is the host exposed. The material surface area-to-body weight ratio may become a significant factor for porous materials, and devices of repeated short-term applications (for example, dialysis products). While this practice does not address the issue of “intensity factor” of increased surface area, the biocompatibility testing facility personnel should consider it in their material screening and testing protocol design.

³ The last approved version of this historical standard is referenced on www.astm.org.

⁴ Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

⁵ Available from CDRH, 5600 Fishers Ln., Rockville, MD 20857.

TABLE 1 Applicable Biological Endpoints for Biocompatibility Evaluation

Classification of Material or Device and Application	Cell Culture Cytotoxicity	Sensitization	Skin Irritation or Intra-cutaneous	Mucous Membrane Irritation	Systemic Toxicity, Acute or Subchronic	Blood Compatibility	Hemolysis	Pyrogenicity	Short-term Implantation	Long-term Implantation	Immune Response	Genotoxicity	Carcinogenicity
External devices													
Intact surfaces (all time periods)	x	x	x										
Breached surfaces													
Intraoperative	x	x	x		x								
Short-Term	x	x	x		x							x	
Chronic	x	x	x		x								
External Devices Communicating with:													
Intact Natural Channels													
Intraoperative	x	x	x		x				x				x
Short-term	x	x	x		x				x				
Chronic	x	x	x		x				x				
Body Tissues and Fluids													
Intraoperative	x	x	x		x								
Short-term	x	x	x		x				x				x
Chronic	x	x	x		x				x				
Blood Path, indirect													
Intraoperative	x	x	x		x				x				
Short-term	x	x	x		x				x				
Chronic	x	x	x		x				x				
Blood Path, direct													
Intraoperative	x	x	x		x				x				
Short-term	x	x	x		x				x				
Chronic	x	x	x		x				x				x
Implanted Devices principally contacting Bone/Tissue/tissue fluid													
Intraoperative	x	x	x		x				x				
Short-term	x	x	x		x				x				
Chronic	x	x	x		x				x				x
Blood													
Intraoperative	x	x	x		x				x				
Short-term	x	x	x		x				x				x
Chronic	x	x	x		x				x				x

^A (i) Pyrogenicity testing may be considered for all devices contacting the central nervous system.