

INTERNATIONAL STANDARD

ISO
10993-4

Second edition
2002-10-15

AMENDMENT 1
2006-07-15

Biological evaluation of medical devices —

Part 4: Selection of tests for interactions with blood

AMENDMENT 1

Évaluation biologique des dispositifs médicaux —

Partie 4: Choix des essais pour les interactions avec le sang

AMENDEMENT 1



Reference number
ISO 10993-4:2002/Amd.1:2006(E)

© ISO 2006

PDF disclaimer

This PDF file may contain embedded typefaces. In accordance with Adobe's licensing policy, this file may be printed or viewed but shall not be edited unless the typefaces which are embedded are licensed to and installed on the computer performing the editing. In downloading this file, parties accept therein the responsibility of not infringing Adobe's licensing policy. The ISO Central Secretariat accepts no liability in this area.

Adobe is a trademark of Adobe Systems Incorporated.

Details of the software products used to create this PDF file can be found in the General Info relative to the file; the PDF-creation parameters were optimized for printing. Every care has been taken to ensure that the file is suitable for use by ISO member bodies. In the unlikely event that a problem relating to it is found, please inform the Central Secretariat at the address given below.

© ISO 2006

All rights reserved. Unless otherwise specified, no part of this publication may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying and microfilm, without permission in writing from either ISO at the address below or ISO's member body in the country of the requester.

ISO copyright office
Case postale 56 • CH-1211 Geneva 20
Tel. + 41 22 749 01 11
Fax + 41 22 749 09 47
E-mail copyright@iso.org
Web www.iso.org

Published in Switzerland

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.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

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.

Amendment 1 to ISO 10993-4:2002 was prepared by Technical Committee ISO/TC 194, *Biological evaluation of medical devices*.

Biological evaluation of medical devices —

Part 4: Selection of tests for interactions with blood

AMENDMENT 1

Page 1, Clause 1

Replace the last paragraph by the following:

“Detailed requirements for testing cannot be specified because of the limitations in knowledge and precision of tests for interactions of devices with blood. Further, this part of ISO 10993 describes biological evaluation in general terms and may not necessarily provide sufficient guidance for test methods for a specific device. The selection and design of test methods should take into consideration device design, materials, clinical utility, usage environment and risk benefit. This level of specificity can only be covered in vertical standards.”

Pages 2 and 3, Clause 3

Replace the whole clause by the following:

3.1

blood/device interaction

any interaction between blood or any component of blood and a device resulting in effects on the blood, or on any organ or tissue or on the device

NOTE Such effects may or may not have clinically significant or undesirable consequences. Annex A comprises informative text that contains further information on these interactions.

3.2

coagulation

phenomenon that results from activation of the clotting factor cascade

NOTE Factors of the coagulation cascade and fibrinolytic systems can be measured following exposure to devices either *in vitro* or *in vivo*.

3.3

complement system

part of the innate immune system consisting of several plasma proteins, including enzymes and cellular receptors

NOTE Effector molecules produced from complement components are involved in inflammation, phagocytosis and cell lysis.

3.4

embolization

process whereby a blood clot, or foreign object, is carried in the bloodstream and which may become lodged and cause obstruction downstream

3.5

ex vivo test system

term applied to a test system that shunts blood directly from a human subject or test animal into a test chamber located outside the body

NOTE If using an animal model, the blood may be shunted directly back into the animal (recirculating) or collected in test tubes for evaluation (single pass). In either case, the test chamber is located outside the body.

3.6

haematology

study of blood that includes quantification of cellular and plasma components of the blood

3.7

platelets

anuclear, cellular body that is present in the circulation and which adheres to surfaces and aggregates to form a haemostatic plug to minimize bleeding

NOTE Platelet testing includes quantification of platelet numbers as well as analysis of their structure and function. The testing can include analysis of platelet factors, or components on the platelet surface, which are released from platelets or are adherent to the device surface.

3.8

thrombosis

in-vivo or *ex-vivo* phenomenon occurring in flowing whole blood involving activation of the coagulation system and platelets, which results in thrombus formation

3.9

thrombus

coagulated mixture of red cells, aggregated platelets, fibrin and other cellular elements

3.10

thromboembolization

dislodged thrombus which flows downstream and may cause subsequent vascular blockage or occlusion

Page 7, Tables 1 and 2

Replace the tables by the following:

Table 1 — Circulating blood contacting devices or device components and the categories of appropriate testing – External communicating devices

Device examples	Test category				
	Thrombosis	Coagulation	Platelets	Haematology	Complement system
Catheters in place for less than 24 h (e.g. atherectomy devices, guide wires)	x ^a			x ^b	
Blood monitors	x ^a			x ^b	
Blood storage and administration equipment, blood collection devices, extension sets		x	x	x ^b	x ^c
Catheters in place for more than 24 h (e.g., intravascular endoscopes, intravascular ultrasound, lasers systems, retrograde coronary perfusion catheters)	x ^a			x ^b	x
Cell savers		x	x	x ^b	
Devices for absorption of specific substances from blood		x	x	x	x
Donor and therapeutic aphaeresis equipment and cell separation systems		x	x	x	x
Extracorporeal membrane oxygenators system Haemodialysis/haemofiltration equipment Percutaneous circulatory support devices	x ^a			x	x
Leukocyte removal filter		x	x	x ^b	x
^a As stated in 3.8, thrombosis is an <i>in-vivo</i> or <i>ex-vivo</i> phenomenon. It is recognized that coagulation and platelet responses are involved in this process. Therefore, it is up to the manufacturer, to decide if specific testing in the coagulation and platelet test categories are appropriate for their device. ^b Haemolysis testing only. ^c Only for aphaeresis equipment and related procedures.					

Table 2 — Circulating blood contacting devices or device components and the categories of appropriate testing – Implant devices

Device examples	Test category				
	Thrombosis	Coagulation	Platelets	Haematology	Complement system
Annuloplasty rings, mechanical heart valves	x ^a			x ^b	
intra-aortic balloon pumps	x ^a			x	
total artificial hearts, ventricular-assist devices	x ^a			x	x
Embolization devices	x ^a			x ^b	
Endovascular grafts	x ^a			x ^b	x
Implantable defibrillators and cardioverters	x ^a			x ^b	
Pacemaker leads	x ^a			x ^b	
Prosthetic (synthetic) vascular grafts and patches, including arteriovenous shunts	x ^a			x ^b	x
Stents	x ^a			x ^b	
Tissue heart valves	x ^a			x ^b	
Tissue vascular grafts and patches, including arteriovenous shunts	x ^a			x ^b	
Vena cava filters	x ^a			x ^b	
^a As stated in 3.8, thrombosis is an <i>in-vivo</i> or <i>ex-vivo</i> phenomenon. It is recognized that coagulation and platelet responses are involved in this process. Therefore, it is up to the manufacturer to decide if specific testing in the coagulation and platelet test categories are appropriate for their device. ^b Haemolysis testing only.					

Page 8, subclause 6.1.7

Delete the whole clause and renumber the 6.1.8 to 6.1.14 as 6.1.7 to 6.1.13.

New subclause 6.1.7

Replace the whole clause by the following:

“The recommendations in 6.1.5 and 6.1.6, together with Clause 5, Figure 1 and Table 2 serve as a guide for the selection of tests listed in 6.2.1. Guidance on pre-clinical evaluations is given in Annex A. The following procedure shall be performed:

- determine which of the 5 potential blood interaction categories are appropriate to the device;
- evaluate existing information on reactions within these categories;
- select appropriate tests from Table 3 or 4.”