



## **ATTACHMENT 3**

### **REVISED GUIDANCE FOR CARDIOPULMONARY BYPASS ARTERIAL LINE BLOOD FILTER 510(k) SUBMISSIONS: CLEAN COPY**

Guidance for Industry and FDA

Guidance for Cardiopulmonary  
Bypass Arterial Line Blood Filter  
510(k) Submissions

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U.S. Department Of Health and Human Services  
Food and Drug Administration  
Center for Devices and Radiological Health  
Circulator Support and Prosthetic Devices Branch Division of Cardiovascular  
Respiratory and Neurology Devices Office of Device Evaluation

# **Preface**

## **Public Comment**

Comments and suggestions may be submitted at any time for Agency consideration Catherine Wentz, Center for Devices and Radiological Health, 9200 Corporate Boulevard, HFZ-450, Rockville, MD 20850. Comments may not be acted upon by the Agency until the document is next revised or updated. For questions regarding the use or interpretation of this guidance contact Catherine Wentz at (301) 443-8243.

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## **Guidance<sup>1</sup> for Cardiopulmonary, Bypass Arterial Line Blood Filter 510(k) Submissions**

### **Introduction:**

This guidance document describes a means by which cardiopulmonary bypass arterial line blood filter devices may comply with the requirement of special controls for class II devices. Designation of this guidance document as a special control means that manufacturers attempting to establish that their device is substantially equivalent to a predicate cardiopulmonary bypass arterial line blood filter device should demonstrate that the proposed device complies with either the specific recommendations of this guidance or some alternate control that provides equivalent assurances of safety and effectiveness.

This guidance document has been developed as a special control to support a change in classification from class III to class II. It identifies relevant material on preclinical studies and labeling to include in a 510(k) premarket notification application. We intend for it be used in conjunction with the FDA guidance documents listed below. These are also special controls. All FDA requirements regarding premarket notification submissions are not repeated in this document.

- Use of International Organization for Standardization (ISO) 10993 "Biological Evaluation of Medical Devices Part 1: Evaluation and Testing"
- 510k Sterility Review Guidance and Revision of 11/18/90

### **Scope:**

This guidance is limited to the preclinical and labeling aspects of cardiopulmonary bypass arterial line blood filter devices. A cardiopulmonary bypass arterial line blood filter is a device used as part of a gas exchange (oxygenator) system to filter non-biologic particles and emboli out of the blood. It is used in the arterial return line, (21 CFR 870.4260, DTM).

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<sup>1</sup> This document is intended to provide guidance. It represents the Agency's current thinking on the above. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

<b>RISK TO HEALTH</b>	<b>CONTROLS</b>
<p><b>1. Damage to formed blood elements, e.g., clotting, hemolysis</b></p>	<p><u>Blood Studies</u>: Evaluate hemolysis, white blood cells, and platelet depletion over the labeled life of the device. Compare the subject device with predicate device at the maximum rated flow rate.</p> <p><u>Visual Inspection</u>: Gross inspection for thrombus.</p>
<p><b>2. Excessive pressure drop resulting in inadequate blood flow, damage to device, structural integrity, damage to the line</b></p>	<p><u>Pressure Integrity Testing</u>: Perform burst pressure for test device using sustained static pressure at 1.5 times the maximum anticipated pressure for intended use over the labeled life of the device. Observe for leaks, tears, and structural integrity. Use water or saline as the test medium.</p> <p><u>Pressure Drop</u>: Perform pressure drop testing to steady state at highest rated flow rate for test device. Use blood or a blood analog as the testing medium.</p>
<p><b>3. Connections pull apart</b></p>	<p>Test the pull strength of the tubing connections attached to the port using 15N pull force and hold for 15 seconds.</p>
<p><b>4. Excessive pressure gradients; i.e., no blood flow</b></p>	<p><u>Labeling</u>: Recommend use of bypass loop or change-out procedure.</p>
<p><b>5. Does not provide efficient removal of solid and gaseous emboli</b></p>	<p><u>Filtration Efficiency</u>: Determine filtration efficiency over the labeled range of particle size at maximum flow rate.</p> <p><u>Air Handling</u>: Assess the gross air management of the device by the introduction of a bolus of air into the circuit. State the total volume of air introduced, flow rate of the air introduced, flow rate of the circuit, temperature and distance from the test device. FDA recommends testing a minimum of 5 filters of a type.</p> <p><u>Labeling</u>: Recommend use of Bypass Checklist.</p>
<p><b>6. User error</b></p>	<p><u>Labeling</u>: Include clear, concise instructions for use. Describe human factors considerations, e.g., troubleshooting guide, easy formatting of instructions for use, etc.</p>

<b>RISK TO HEALTH</b>	<b>CONTROLS</b>
	Provide rated filtration efficiency, flow rate and duration of use (e.g., 6 hours), and other pertinent information obtained through performance testing. THE USE OF A BUBBLE DETECTOR IS RECOMMENDED AS A CIRCUIT COMPONENT.
<b>7. Not compatible with blood</b>	<u>Biocompatibility Testing</u> : Perform testing recommended in the FDA guidance on ISO 10993: <u>Use of International Standard ISO 10993, Biological Evaluation of Medical Devices Part 1: Evaluation and Testing</u> , dated May 1, 1995 to assure that the materials used are non-toxic for the intended use. Include sensitization, pyrogenicity, acute systemic toxicity, mutagenicity, cytotoxicity, irritation, and hemocompatibility/hemolysis testing.
<b>8. Incompatibility of the product when exposed to circulating blood; and infection</b>	<u>Sterilization</u> : Perform sterilization validation to ensure that the sterilization process is capable of providing a Sterility Assurance Limit (SAL) of $10^{-6}$ . Perform biological indicators (as applicable), pyrogen, and bioburden testing to ensure acceptable limits of biological contaminants.
<b>9. Insufficient device performance, material compatibility, and lack of sterility over a period of time</b>	<p><u>Shelf-Life</u>: Study and submit real or accelerated aging. If accelerated aging results are submitted in the 510(k), the sponsor will make an assessment as to the need to follow-up with real-time results.</p> <p>Validate the package shelf-life to ensure that the device will remain sterile for the period of time specified on the label.</p> <p>Include package integrity and barrier property assessment using validated physical or microbial-based methods.</p> <p>Include a statement in the 510(k) indicating that simulated or real shipment and handling conditions (dropping, vibration, stacking, temperature, and humidity) evaluations followed by device</p>

<b>RISK TO HEALTH</b>	<b>CONTROLS</b>
	functionality testing will be completed before commercial release.