

# The Quality Management System of Medical Data Networks LLC

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## Introduction

This document together with direct links to other documents is a description of the baselined Quality Management System that must be followed by all associates of Medical Data Networks, LLC company. The goal of this Quality Management system is to ensure that company associates meet or exceed all of the requirements for planning, manufacturing, validation, certification of (software) devices manufactured by Medical Data Networks LLC.

In addition, this Quality Management System outlines agreed responsibilities for reporting to the FDA certain events and related information proscribed by the FDA here: 21 CFR 803 Medical Device Reporting.

It is the responsibility of all associates, employees, and officers of the company to align their activities with this Quality Management System. The identification of “Corrective Actions” and follow-on work of company officers will be used to address non-compliance as may be needed to strengthen alignment with this Quality Management System over time.

It should be noted that this Quality Management System is captured in a “github” repository (md\_qms) together with a broad range of supporting documents and templates that are expected to be used in the course of business for all Medical Data Networks LLC associates and/or employees and/or contractors. As such, the instructions are baselined in the “master” branch of this repository and subject to change only by authorized officers of the firm.

Unless otherwise noted, all terms take on the meaning as defined in SOP\_0005 Complaint Handling and 21 CFR 803 Medical Device Reporting.

1. The CEO and VP-level employees are responsible for overseeing and maintaining this standard operating procedure and for assuring that all employees are trained in its requirements.
2. It is the responsibility of all employees, contractors and departments at Medical Data Networks to adhere to this procedure.

# 1 Control of Quality Records

This document establishes a standard method for completing, identifying, collecting, filing, storing, and dispositioning quality records at Medical Data Networks, LLC (MDN). Quality records are maintained to provide supporting evidence of the conformity, implementation, and effective operation of the QMS.

## 1.1 Record Retention and Archiving.

All records and communications will be maintained in perpetuity via digital archive. Currently Medical Data Networks LLC uses these mechanisms for digital storage:

- **Google Gmail** with unlimited storage via Google Vault. All email communications are stored indefinitely, even email communications that have been deleted or archived by an individual user. Google Gmail Service is provided for every Medical Data Networks LLC associate under the @medicaldatanetworks.com user name. All company business for all matters shall use that service for all email communications.
- **Google Docs** (including Google Sheets, and related Google desktop applications) is for use in communicating informal work in progress and/or draft documents. It is not to be used for official baselined document management.
- **GitHub**, with redundant backup of the repositories of Medical Data Networks shall be stored on each and every officer's computer, and all software developers. All developers and officers of the firm shall retain their independent GitHub repository, configured to be able to synchronize with selected master copies. GitHub repositories –under control of Medical Data Networks LLC VPs and officers– is the official repository for all software, instructions, and/or Quality Management System mdn-qms documents.
- **Google Vault** provides secure, encrypted storage of files, messages, conversations, and recordings. Google Vault will be relied on to retain, hold, search, and export data in support of T1Pal's retention and eDiscovery needs.

## 1.2 Electronic Signatures

- Records requiring signature approval per above shall be digitally signed with text similar to "Approved. /s/ Name Of Approver, YYYY-MM-DD".
- Digital signatures must be affixed to documents by the electronically-authenticated user and no delegation of authority is allowed. Authentication for access to quality records for the purpose of editing or update shall be authenticated by all three means: 1) unique username/email, 2) password 3) Two-Factor Authentication via mobile device.

- Digital signatures must only be made by the actual person associated with the authentication credentials, and only over secure connections using https, TLS or SSL.
- Medical Data Networks tools that currently meet these requirements include: Gmail, Google Docs, Google Vault and GitHub.

### **1.3 Date and Time Marks**

For most documents, dates shall be expressed in the form similar to YYYY-MM-DD. If time specification is necessary to remove ambiguity, it should be in a form similar to HH:MM:SS reflecting 24-hour clock time and local Time Zone. For example: 2016-08-15 18:43:00 EST.

### **1.4 Electronic Records**

As generally described in the github paragraph above, all formal records at Medical Data Networks LLC are created and maintained in electronic format and maintained on a specific “github” repository.

This github repository is used to support authentication, labelling of meta data, recording of changes, and storage of the documents for each and every release of the “Managed Data Networks LLC. Quality system.

Medical Data Networks does not maintain paper documents. If it is necessary to archive a document whose source is paper, that document is scanned or photographed and retained in the appropriate topical folder within the github management system.

### **1.5 Lost Documents and Disaster Recovery**

Since all records and changes to records are retained in perpetuity, records should never be lost.

- If it is the case that a record cannot be found, a Corrective and Preventive Action report should be filed and an investigation conducted in accordance with SOP-0003 Corrective and Preventive Action

Source code is retained in a distributed GitHub repository that is inherently backedup by the number of cloned copies of the data.

Customer records in databases are maintained in dedicated Linux Volumes that are subject to snapshots being taken daily.

### **1.6 Provision of Records to Customers**

Where contractually specified, in accordance with regulatory requirements, or at the discretion of Medical Data Networks, copies of the quality records may

be released to a customer, potential customer, regulatory authorities, investors, and/or lawful law enforcement personnel.

## **1.7 Provision of Records to Auditors or Government Agencies**

Where applicable, quality records will be provided for examination during normal company operating hours at the request of an authorized quality systems auditor or government agency representative. A tool of the github repository is provided for creating a PDF export of the documents within the quality management system. However, the authoritative documents are retained within the github repository, and all printed documents and/or abstracts are uncontrolled documents. Records or reports based on records shall be made available to lawful Government Agencies, subject to the following rules:

- Internal Audit Reports, Supplier Audit Reports, and Management Review Minutes are not available for review by US FDA, according to 21 CFR 820.180(c), but may be reviewed by other regulatory agencies, as required.
- Medical Data Networks LLC officers will provide records of T1Pal operations as needed, and will make themselves available as needed to support any investigation.
- A copy of an associated log or schedule (e.g., internal audit log, management review schedule, supplier audit schedule) may be provided as proof that the activities were performed.

## **1.8 Responsibilities**

1. The CEO and VP-level employees are responsible for overseeing and maintaining this standard operating procedure and for assuring that all employees are trained in its requirements.
2. It is the responsibility of all employees, contractors and departments at Medical Data Networks to adhere to this procedure.

## 2 Employee Qualification And Training

This chapter establishes the standard requirements and method for documenting employee training in Company procedures and policies, and to implement and document employee job requirements, qualifications and training programs at Medical Data Networks.

These rules apply to all operators of T1Pal and/or related infrastructure services.

The following associates are also included in the scope of this document:

- An individual assigned to a job function and compensated as a “W-2” employee, full-time or part-time.
- The employees whose responsibilities include the oversight of other employees or the oversight of company matters that apply to more than one employee.
- An individual assigned to a job function, but compensated by a third-party agency or directly as a “1099” employee, full-time or part-time.
- An individual assigned a specific task or project, and providing services defined in a contract or consulting agreement.
- Any formal or informal instructions given to an employee in the form of education, which includes, but is not limited to, past experiences, formal courses, seminars, self-training or on-the-job training. Training may be either internal or external.

### 2.1 Responsibilities

The management at Medical Data Networks is responsible for: \* Maintaining personnel files, establishing employee retention policies, and establishing performance monitoring requirements. \* Developing, reviewing, and improving employee job descriptions, and training requirements. \* Completing all training and maintaining an individual training file.

### 2.2 General Requirements

- All employees, contractors, and consultants must complete and document all required training and retraining in a timely manner.
- Training needs are identified by specific job descriptions/requirements necessary to perform particular functions. Training may be internal or external.
- As part of their training, personnel are made aware of device defects which may occur from the improper performance of their specific jobs.



- Personnel who perform verification and validation activities are made aware of defects and errors that may be encountered as part of their job functions.
- Contractors and consultants are trained on applicable Medical Data Networks procedures as defined by the scope of their contract/consulting agreement.

#### **2.2.1 Training Process Needs**

1. Training needs are identified by specific job descriptions/requirements necessary to perform particular functions.
2. Personnel may receive internal training as follows, as determined by their manager:
  - Self-training: training that can be initiated by the recipient by reading instructions or materials.
  - Group/classroom training: more formal training conducted by a trainer.
  - On-the-job training: training that takes place with a qualified trainer during the performance of an actual process. Consequences and outcomes of improper performance of employees' jobs to product quality or service will be emphasized during training.
  - Training curriculum and presentation materials that are used with groups or used multiple times may be developed, reviewed and approved in accordance with the QMS document control procedures.

#### **2.2.2 Training Records and File**

- A record is maintained for each employee's training. Required training is documented and updated as needed when an employee's roles and responsibilities change due to job changes or when new responsibilities are added to a job description. Training to new or revised quality system documents are also documented.
- At a minimum, all employees are trained in the Company's quality system requirements, including regulatory requirements, the quality policy, security awareness, control of documents and records, and specific procedures and policies relevant to each job function. This training is conducted for each new employee and is repeated annually, at a minimum.
- Training activities are documented by placing a record of the training as a document stored in Google Drive.
- All personnel are responsible for maintaining and updating his/her training file.

- As part of their training, personnel are made aware of device defects which may occur from the improper performance of their specific jobs.

Personnel who perform verification and validation activities are made aware of defects and errors that may be encountered as part of their job functions.

- Contractors and consultants are trained on applicable Medical Data Networks procedures as defined by the scope of their contract/consulting agreement.

### **2.2.3 Training Curriculum and Presentation**

- Training curriculum and presentation materials that are will be used with groups or used multiple times may be developed, reviewed and approved in accordance with QMS Document Control Procedures.

For example, New Employee Orientation training materials may be given a QMS document number so that the content does not have to be prepared each time.

### **2.2.4 New Employee Orientation**

- General Medical Data Networks LLC shall have sufficient personnel with the necessary education, background, training, and experience to assure that all activities required by this part are correctly performed.
- Training. Medical Data Networks LLC shall have procedures for identifying training needs and ensure that all personnel are trained to adequately perform their assigned responsibilities. Training shall be documented.
- As part of their training, personnel shall be made aware of device defects which may occur from the improper performance of their specific jobs.
- Personnel who perform verification and validation activities shall be made aware of defects and errors that may be encountered as part of their job functions.
- New Employee Orientation is completed within the first month of employment.
- A “Medical Data Networks New Employee and Consultant Onboarding Checklist” is completed and stored on an internal Google Drive folder for new employees, consultants and contractors that have an @medical-datanetworks.com email address.
- New employee orientation includes overviews of the following topics:
  - Medical Data Networks development process and quality system overview as per PDP\_Product Development\_Process
  - Medical Data Networks control of documents as per SOP\_0001\_Control\_of\_Quality\_Records.md;
- HIPAA and basic security practices at Medical Data Networks as per the PD\_0006\_HIPPA\_Compliance\_Statement.md.

### **2.2.5 Training Records**

Training activities are documented by placing a record of the training as a document stored in the corporate Email system, under the user ID of the employee's supervisor.

### 3 Corrective and Preventive Action

This section establishes a standard operating procedures for corrective and preventive action.

For corrective actions, this procedure will describe the process for determining the cause of nonconformities, initiating corrective action(s) and performing follow-up to ensure that the corrective action(s) have been effective in eliminating the cause of the nonconformity to prevent recurrence.

For preventive actions, this procedure will describe the process of identifying nonconformities and determine actions to prevent their occurrence.

This applies to all medical and research software devices designed and developed by Medical Data Networks.

#### 3.1 Analysis and Work Operations, Quality Reports and Records

Medical Data Networks may receive reports of quality issues, complaints and nonconformities, or opportunities for improvement through email, phone calls, social media, or verbal conversations.

Nonconformances may also be identified through other means such as external or internal audits, and automated monitoring tools.

Possible mechanisms for handling issues include (but are not limited to):

- The employee may generate a new GIT repository issue or comment on an existing GIT repository issue indicating a Bug, Feature Request, Suggestion. New GIT repository issues may include risk analysis per QMS SOP Risk Management Procedures.
- The employee may respond to the report over email, phone, or using our customer support tracking system.
- Statistical methods will be applied when necessary and as appropriate at the discretion of management. For example, emails to support@t1pal.com may be analyzed for patterns of recurring customer complaints. When performed, such analysis will be documented and stored in Google Drive.
- Based upon the analysis of these issues, it is determined whether a corrective action or preventive action is required.

At the discretion of Medical Data Networks management or employees, nonconformities that involve severe operational issues, security issues or invalid data may also be detailed in a root cause analysis document (which may be referred to as a “5 Why’s?” document) with details of the cause and actions to prevent recurrence or occurrence of the non-conformity (corrective action or preventive action).

### **3.2 Verification of Effectiveness**

- Medical Data Networks verifies that the corrective or preventive action does not adversely affect the ability to meet applicable regulatory requirements or the safety and performance of the medical device.
- Medical Data Networks establishes a date to determine the effectiveness of the corrective or preventive action. Effectiveness verification shall include objective evidence to demonstrate that the corrective or preventive action is effective.

### **3.3 Dissemination of Information**

- All information will be disseminated to appropriate Medical Data Networks employees using email, and/or a Github repository owned by Medical Data Networks LLC.
- Management will review all relevant information. Decisions about corrective and preventive action to be taken in current or future activities will be documented as GIT repository issues. This information is also presented at Management Operations Review meetings.

### **3.4 Documentation**

All documentation regarding quality issues and corrective and preventive action are permanently store in the QMS “Post Mortem” document store folder.

## 4 Risk and Hazard Management

The purpose of this chapter is to define the risk management process used by Managed Data Networks LLC to document and maintain an ongoing process for identifying hazards associated with Managed Data Networks medical devices, estimating and evaluating the associated risks, controlling these risks, and monitoring the effectiveness of the controls.

It should be generally understood that ALL references to manufactured “device” or “devices” mentioned in the sections below are applicable to services delivered by SOFTWARE operating on one or more compute environments operated by Medical Data Networks, LLC. Medical Data Networks LLC does not manufacture tangible devices, but rather is leveraging the FDA approach to define “software applications” as manufactured devices, subject to rules and regulations of devices, where possible.

This Quality Management System is designed to meet or exceed the applicable ISO standards for Quality Management Systems, and Risk Management standards found in the following references.

The plans and practices outlined in these references are believed to be entirely contained in the specific definitions, Plans, and Risk Assessment Activities described below the reference section. If and/or when there is some difference in the references compared to the QMS details following the references, the QMS documentation is authoritative and is used.

1. ISO 14971:2019 ISO Medical Devices – Application of risk management to medical devices.
2. ISO 13485:2016 ISO Medical Devices – Quality Management Systems – Requirements for regulatory purposes.
3. 21 CFR Part 820, US FDA Quality System Regulation – FDA Code of Federal Regulations Title 21 – Part 820 Quality System Regulation
4. Form SOP-0004-1 (TBD), Risk Management Plan
5. Form SOP-0004-2 (TBD), Device Characteristics
6. Form SOP-0004-3 (TBD), Risk Management Report

### 4.1 Definitions

- Harm - Physical injury or damage to the health of people, or damage to property or the environment
- Hazard - Potential source of harm
- Hazardous Situation - Circumstance in which people, property, or the environment are exposed to one or more hazard(s)
- life-cycle – All phases in the life of a medical device, from the initial conception to final decommissioning and disposal

- Post-production – Part of the life-cycle of the product after the design has been completed and medical device has been manufactured
  - Residual Risk – Risk remaining after risk control measures have been taken
  - Risk – Combination of the probability of occurrence of harm and the severity of that harm
  - Risk Analysis – Systematic use of available information to identify hazards and to estimate the risk
  - Risk Assessment – Overall process comprising a risk analysis and a risk evaluation
  - Risk Control – Process in which decisions are made and measures implemented by which risks are reduced to, or maintained within, specified levels
  - Risk Estimation – Process used to assign values to the probability of occurrence of harm and the severity of that harm
  - Risk Evaluation – Process of comparing the estimated risk against given risk criteria to determine the acceptability of the risk
  - Risk Management – Systematic application of management policies, procedures and practices to the tasks of analyzing, evaluating, controlling and monitoring risk
  - Risk Management File (RMF) – Set of records and other documents that are produced by risk management
  - Safety – Freedom from unacceptable risk
  - Senior Management – CEO and other senior executives
  - Severity – Measure of the possible consequences of a hazard
  - Use error – Act or omission of an act that results in a different medical device response than intended by the manufacturer or expected by the user
  - Verification – Confirmation, through the provision of objective evidence, that specified requirements have been fulfilled
- B. What is the probability of this risk (i.e., the probability that the harm, not the bug, will occur)?

It is assumed that all tasks have baseline risks. Baseline risks are documented on TBD. New Baseline Risks are added iteratively. If a task or process does NOT indicate additional risks, then only the Baseline Risks are assumed.

5. Baseline Risks. It is assumed that all tasks have baseline risks. Baseline risks are documented on TBD New Baseline Risks are added iteratively.

If a task or process does NOT indicate additional risks, then only the Baseline Risks are assumed.

6. Risk analysis occurs regularly and continuously as a part of all processes.  
If a task is determined to have risk(s), then those risk(s) are documented.

## 4.2 Definitions of Severity Terms

Rating	Term	Description	Short example
5	Catastrophic	Results in patient death.	Death due to hypoglycemia.
4	Critical	Results in permanent impairment or life-threatening injury.	Hypoglycemic coma.
3	Serious	Results in injury or impairment requiring professional medical intervention.	Hypoglycemic seizure or diabetic ketoacidosis requiring hospitalization. Serious injury due to hypoglycemia-induced fainting.
2	Minor	Results in temporary injury or impairment not requiring professional medical intervention.	Confusion or disorientation due to minor hypoglycemia.
1	Negligible	Inconvenience or temporary discomfort.	Feeling a little low, quickly recovering.



Rating	Term	Description	Short example
0	None	A bug or issue that has no chance of causing harm.	Minor user interface issue that will not cause misinterpretation of data. Bug found and fixed prior to delivery to production

### 4.3 Definition of “Probability of Harm” Terms

Rating	Term	Probability (P) of Occurrence of the Harm (not the bug)	Description for Clarity
5	Frequent	$P \geq 0.1$	Likely to occur 1 in 10 times or more often.
4	Probable	$.01 \leq P < 0.1$	Likely to occur between (1 in 10) and (1 in 100) times.
3	Occasional	$.0001 \leq P < 0.01$	Likely to occur between (1 in 100) and (1 in 10,000) times.
2	Remote	$.000001 \leq P < 0.0001$	Likely to occur between (1 in 10,000) and (1 in 1,000,000) times.
1	Improbable	$P \leq 0.000001$	Likely to occur less frequently than 1 in a million times.

Probability of a risk is determined by estimating the likelihood that the risk will manifest as a harm for any given use of Managed Data Networks software. “Use” means an instance of using a Managed Data Networks software for its intended use.

## 4.4 Risk Rating

1. A Risk Rating is determined by multiplying the occurrence rating by the severity rating to obtain a result ranging from 1-25. Decisions about risk acceptability are based on the following table:

Severity	None	Negligible	Minor	Serious	Critical	Catastrophic
<b>Probability</b>						
<b>Frequent</b>	0	6	13	17	21	25
<b>Probable</b>	0	5	12	16	20	24
<b>Occasional</b>	0	4	8	15	19	23
<b>Remote</b>	0	2	7	14	18	22
<b>Improbable</b>	0	1	3	9	10	11

## 4.5 Risk Management Procedures

1. All software and medical devices have risks. Managed Data Network’s risk management activities reduce risk.
2. Unless otherwise documented, all Managed Data Networks LLC software is assumed to have Baseline Risks, as defined below.
3. All risks, including Baseline Risks, are analyzed, estimated, evaluated and documented as described below.
4. Risk Management activities, including review of the Risk Management process, are iterative and continuous. There are no point-in-time “Risk Acceptance” gates.
5. Managed Data Networks’s risk management process follows the process identified in [ISO 14971 Recognized Consensus Standard(<https://www.accessdata.fda.gov/scripts/cdrh/cf>)]
6. Managed Data Network’s CEO ensures that there are adequate resources for the risk management process and that these personnel are qualified for risk management with the knowledge and experience appropriate to the tasks assigned to them.

## 4.6 Risk Management Plan and File

Managed Data Networks has designed its own Risk Management Plan based on analysis of existing state of the art for software and medical device. We base our model on these tenets:

1. **Reduction** of risk through software iteration over time.

Processes that inhibit iteration cycles add risk. Managed Data Networks uses agile design and development methodology, including verification and validation processes. The more quickly we can iterate on our software, the more quickly we can converge on high quality software that meets the user’s needs while maintaining (or improving) software safety and efficacy.

2. **Comparison** of risks and mitigations, including comparison to baseline risk of living with diabetes.

All software and medical devices contain risks and flaws, both known and unknown. Diabetes is also an inherently risky disease. Existence of a residual risk in Managed Data Networks's software must be compared against the risk of unavailability of Managed Data Networks software or other diabetes management software for a person living with diabetes.

Managed Data Networks establishes a risk management plan for each medical device. This plan includes the scope of the risk management activities, assignment of responsibilities and authorities, criteria for risk acceptability, verification activities and activities related to the collection and review of production and post-production information.

This risk management plan, risk evaluation, implementation and verification of risk control measures, and the assessment of acceptability of any residual risks comprise the Risk Management File. The Risk Management File is an index with pointers to the required documentation.

#### 4.7 Risk Analysis

1. For each medical device, Managed Data Networks documents the intended use and reasonably foreseeable misuse, as well as documenting qualitative and quantitative characteristics that could affect the safety of the medical device. Form SOP-0006-1 Device Characteristics is used to document the results of this review.
2. Hazardous situation(s) are recorded after conducting an assessment of reasonably foreseeable sequences or combinations of events that can result in a hazardous situation.
3. The associated risk for each hazardous situation is estimated using available information or data. Risk estimation is based on assigning Severity and Probability to a given hazard. Severity and Probability are defined below.
4. For each identified risk, these questions are asked and the results are documented:
  - A. What is the severity of this risk?

#### 4.8 Risk Acceptability

1. Risk levels 1, 2 and 3: Further risk reduction will be assessed. Once this risk has been reduced as far as possible, this risk is acceptable for users to continue using Managed Data Networks software with these residual risks. For known risks that may have potential fixes or mitigations, the potential

fix or mitigation should be documented so that it can be considered relative to future work during future prioritization.

2. Risk levels 4 through 11: Risk reductions must be considered and a mitigation plan must be documented and put in place. Once these risks have been reduced as far as possible, these risks are considered acceptable.
3. Risk levels 12 through 25: These risks must be reduced. The work must be prioritized and addressed ahead of other work on the same feature area. A mitigation plan must be documented and put in place. A communication plan to users must be documented and implemented. Prior to product release, risk must be reduced to an acceptable level or a Risk/Benefit analysis must be performed prior to product release for human use. If the medical benefits outweigh the overall residual risk, then the overall residual risk can be judged acceptable.

## 4.9 Risk Evaluation

1. For each identified hazardous situation, Managed Data Networks will decide whether the risk can be further reduced. Any requirement for risk reduction, or if none is required, is recorded in the risk analysis.
2. All risks shall be reduced as far as possible.
3. Risks will generally be categorized as Acceptable or Unacceptable. Any risks determined unacceptable require risk reduction prior to going to market.

## 4.10 Risk Control

1. When risk reduction is required, risk control activities as described below will be performed.
2. In the event that risk reduction is necessary, risk control measures will be identified and documented. Risk control measures are applied in the following priority:
  - Safety by design (inherent) - eliminates hazard or hazardous situation via design feature
  - Protective measures - prevent or reduce likelihood of occurrence of hazard or hazardous situation
  - Information for safety - warnings, precautions, and/or information provided regarding hazard or hazardous situation
3. The risk control measures that are identified are verified and the effectiveness of the risk control measures, which may include validation activities, are documented accordingly.
4. Upon implementing the risk control measures, the residual risks are then evaluated according to the criteria established above. Generally, if the residual risk has a risk rating 11, then it is determined to be acceptable.

5. If residual risks are still determined to be unacceptable, additional risk controls will be identified and implemented.
6. For residual risks that have been reduced as low as possible, top management will decide which residual risks to disclose and what information for safety is necessary to include in the Instructions for Use in order to disclose those residual risks.
7. Following the residual risk evaluation, an assessment is made as to whether the medical benefits of the device outweigh the residual risks. Clinical evaluation of the product and any other relevant published clinical literature may be considered in making the determination. If the evaluation demonstrates that the medical benefits of the device do not outweigh the residual risks, the device is not released to production.
8. The risk control measures that have been implemented are also evaluated to determine if they have introduced any new hazards or hazardous situations and whether the estimated risks for previously identified hazardous situations are affected.
9. Once all risk control measures have been implemented, a review is performed to determine whether the risks from all identified hazardous situations have been considered.

#### **4.11 Evaluation of Overall Residual Risk Acceptability**

1. After all the risk control measures have been implemented and verified, it will be determined whether the overall residual risk posed by the medical device has been reduced as low as possible using the criteria defined in the Risk Management Plan.
2. If the overall residual risk is not judged to be reduced as far as possible using the criteria established in the Risk Management Plan, then further data and literature may be gathered and reviewed to determine if the medical benefits of the intended use outweigh the overall residual risk. If the evidence supports that the benefits outweigh the overall residual risks, the the overall residual risk can be judged to be as low as possible. Otherwise, the overall residual risk remains unacceptable.
3. Risk Management Report: Prior to release, Managed Data Networkss reviews the risk management process to ensure that it has been appropriately implemented and that the overall residual risk is accepted.
4. These results will be documented in the Risk Management Report and included in the Risk Management File.
5. Production and Post-production Information

On an iterative, ongoing basis, complaints, bug reports and other user feedback are compiled and evaluated per

mdn\_qms/SOP\_Standard\_Operating\_Procedures/SOP\_0003\_Corrective\_and\_Preventative\_action.md  
and mdn\_qms/SOP\_Standard\_Operating\_Procedures/SOP\_0005\_Complaint\_Handling.md

**Notes on “As Far As Possible”**

The term and understanding of the phrase for reducing risk “As Far As Possible” is hereby understood to be a holistic definition that balances unit cost, business goals, the incremental benefits and impact for improving risk. What is “possible” is defined in the context of a specific and contemporary “willingness to pay” for the realization of the “possible.” If there is no one willing to pay for the possible then, by definition, it is not possible.

## 5 Complaint Handling

This procedure outlines how Medical Data Networks LLC receives, reviews, and evaluates complaints associated with T1Pal operations. It is intended to be compliant with FDA Title 21 Part 820 Section 820.198 Complaint files.

This procedure is used by Customer Operations personnel, who have the necessary education, background, training and experience to receive and document complaints for all of Medical Data Networks LLC's products.

### 5.1 Definitions

#### 5.1.1 Complaint

Any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness, or performance of a Medical Data Networks LLC product after it is released for commercial distribution.

#### 5.1.2 Inquiry

A user question regarding the use of a Medical Data Networks LLC product that does not meet the definition of a complaint (e.g., a question about how a feature works, or how to update apps).

If repeated inquiries are received from different users regarding the same topic, corrective action may be needed because repeated inquiries of the same nature may indicate a user/use problem.

#### 5.1.3 Malfunction

- The failure of a device to meet any of its performance specifications or otherwise to perform **as intended**.
- Performance specifications include all claims made **in the labeling for the device**. The intended performance of a device refers to the objective **intent of the person legally responsible for the labeling** of the device.

#### 5.1.4 MDR (Medical Device Reporting System)

The MDR system is an Information Technology reporting system that requires manufacturers, distributors, and importers to report certain adverse experiences caused or contributed to by their devices.

A report will be submitted to the Food & Drug Administration (FDA) whenever a manufacturer, distributor or an importer becomes aware of information that its device:

- may have caused or contributed to a **death or serious injury**, or

- has malfunctioned and, if the malfunction recurs, is likely to cause or contribute to a **death or a serious injury**.

### 5.1.5 Reportable Event Definition

The definition of a “Reportable Event” is

- Any **complaint** that **involves** serious injury, permanent impairment, or permanent injury to patient, user, or other person, **related to the use** of a Medical Data Networks LLC device.
- The event may be caused by device malfunction, deterioration in characteristics and/or performance, or inadequacy in labeling or instructions for use.
- In this SOP\_0006\_Medical\_Device\_Reporting.md, a “reportable event” means any complaint that has been determined to be a reportable event under applicable regulation.

This is referred to as an “MDR, Medical Device Report” in the US FDA reporting requirements, and as an “incident” or a “reportable event” in the EU, Australian, and Canadian reporting requirements.

- Notwithstanding the above elements of the definition of a Reportable Event, FDA Product Classification for a CGM Secondary Display includes this wording for Regulation Number 862.1350:

#### Continuous glucose monitor secondary display

Definition: The purpose of the **continuous glucose monitor secondary display** is to notify another person, the follower, of the patient’s continuous glucose monitoring system sensor glucose information in real time. The secondary display is intended for providing secondary notification of a continuous glucose monitoring system and does not replace primary real time continuous glucose monitoring or standard home blood glucose monitoring.

#### Insulin Pump Secondary Display

Definition: The purpose of the **insulin pump secondary display** is to notify another person of the patient’s insulin pump usage information in real time. The secondary display is intended for providing secondary notification of insulin pump usage and does not replace primary real time insulin pump monitoring or standard home blood glucose monitoring.

### 5.1.6 Serious Injury Definition

An injury that:

- Is life threatening,
- Results in permanent impairment of a body function or permanent damage to body structure, or



- Necessitates medical or surgical intervention by a healthcare professional to:
  - preclude permanent impairment of a body function or permanent damage to body structure or
  - relieve unanticipated temporary impairment of a body function or unanticipated temporary damage to body structure.

Temporary impairment of a body function or temporary damage to body structure is unanticipated if reference to such impairment or damage is not made in the labeling for the device or, if such reference is made in the labeling for the device, the manufacturer or importer of the device determines that such impairment or damage has occurred or is occurring more frequently or with greater severity than is stated in the labeling for the device or, if there is not any pertinent statement in the labeling, than is usual for the device.

#### **5.1.7 User Communication:**

Any contact (phone, email, support ticket, website inquiry, in person) from a user regarding a Medical Data Networks LLC product.

## **5.2 Complaint Handling Policy**

Medical Data Networks LLC may receive Complaints through any form of User Communication. However, all Complaints will be submitted to, or forwarded to Medical Data Networks LLC's Support team within 1 business day. This is accomplished when a support ticket is created on the technical support web page.

In addition, this particular ticketing system facilitates the collection of additional detail by linked email exchanges as needed to fully explain the complaint and/or any conditions surrounding the complaint. Therefore, complaints may also be received when an email is sent to support@t1pal.com and/or support@t1pa.helpy.com.

All Complaints will be evaluated by a Medical Data Networks LLC Vice President or higher rank employee.

Complaints that meet the definition of a Reportable Event will be clearly tagged within the ticketing system and added to (or used to update) a Reportable Event Spreadsheet maintained by Medical Data Networks LLC quality VP.

All Reportable Events will be promptly investigated by a Medical Data Networks LLC quality VP. Risk analysis, mitigation and control will be performed per SOP-0004 Risk\_and\_Hazard Management.

Complaints that are not deemed to be Reportable Events will be evaluated regularly as part of a routine review.

Reportable Events that result in Serious Injury will be reported to the appropriate regulatory authority.

### **5.3 Requirements for Maintaining Complaint Files.**

1. Medical Data Networks LLC shall maintain complaint files. Each manufacturer shall establish and maintain procedures for receiving, reviewing, and evaluating complaints by a formally designated unit. Such procedures shall ensure that:
  - All complaints are processed in a uniform and timely manner;
  - Oral complaints are documented upon receipt; and
  - Complaints are evaluated to determine whether the complaint represents an event which is required to be reported to FDA under part 803 of this chapter, Medical Device Reporting.
2. Each manufacturer shall review and evaluate all complaints to determine whether an investigation is necessary. When no investigation is made, the manufacturer shall maintain a record that includes the reason no investigation was made and the name of the individual responsible for the decision not to investigate.
3. Any complaint involving the possible failure of a device, labeling, or packaging to meet any of its specifications shall be reviewed, evaluated, and investigated, unless such investigation has already been performed for a similar complaint and another investigation is not necessary.
4. Any complaint that represents an event which must be reported to FDA under part 803 of this chapter shall be promptly reviewed, evaluated, and investigated by a designated individual(s) and shall be maintained in a separate portion of the complaint files or otherwise clearly identified. In addition to the information required by §820.198(e), records of investigation under this paragraph shall include a determination of:
  - Whether the device failed to meet specifications;
  - Whether the device was being used for treatment or diagnosis; and
  - The relationship, if any, of the device to the reported incident or adverse event.
5. When an investigation is made under this section, a record of the investigation shall be maintained by the formally designated unit identified in paragraph (a) of this section. The record of investigation shall include:
  - The name of the device;
  - The date the complaint was received;

- Any unique device identifier (UDI) or universal product code (UPC), and any other device identification(s) and control number(s) used;
  - The name, address, and phone number of the complainant;
  - The nature and details of the complaint;
  - The dates and results of the investigation;
  - Any corrective action taken; and
  - Any reply to the complainant.
6. When the manufacturer's formally designated complaint unit is located at a site separate from the manufacturing establishment, the investigated complaint(s) and the record(s) of investigation shall be reasonably accessible to the manufacturing establishment.
  7. If a manufacturer's formally designated complaint unit is located outside of the United States, records required by this section shall be reasonably accessible in the United States at either:
    - A location in the United States where the manufacturer's records are regularly kept; or
    - The location of the initial distributor.

## 5.4 Complaint Handling Flowchart

A flowchart that describes the complaint handling procedure is available in the training materials.

h-repository: "github.com/ehwest/mdn\_qms" folder: "SOP\_Standard\_Operating\_Procedures"  
 authors: - github.com/ehwest approvers: - github.com/bewest approval\_date:  
 "2020-10-01" —

## 6 Medical Device Reporting

This standard operating procedure establishes MDN’s Medical Device Reporting (MDR) process and responsibilities under 21 CFR 803 Medical Device Reporting.

### 6.1 Definitions

Unless otherwise noted, all terms take on the meaning as defined in SOP-0007 Complaint Handling and 21 CFR 803 Medical Device Reporting.

A “reportable event” means:

1. An event that user facilities become aware of that reasonably suggests that a device has or may have caused or contributed to **a death or serious injury** or
2. An event that manufacturers or importers become aware of that reasonably suggests that one of their marketed devices:
  - (i) May have caused or contributed to a death or serious injury, or
  - (ii) Has malfunctioned and that the device or a similar device marketed by the manufacturer or importer would be **likely to cause or contribute to a death or serious injury** if the malfunction were to recur.

Note that as Medical Data Networks LLC provides only one product “T1Pal” that is defined as a “secondary display” – not labeled for therapeutic use, and not labeled for any use when a primary display is not available or otherwise inoperable, T1Pal software cannot –by definition– contribute to a death or serious injury on its own.

### 6.2 Summary of Medical Device Reporting Policy

- 1. If MDN becomes aware of a Reportable Event, MDN will file an MDR as follows:
  - i. within 5 days of becoming aware that a Reportable Event requires remedial action to prevent an unreasonable risk of substantial harm to the public health;
  - ii. within 5 days of becoming aware of a reportable event for which the FDA has made a written request;
  - iii. within 30 days after becoming aware of a reportable death, serious injury, or reportable malfunction.
- 2. If it becomes necessary for MDN to file an MDR, it will be done so electronically following instructions from here: <https://www.fda.gov/ForIndustry/FDAeSubmitter/ucm108165.htm>

- 3. Documentation for MDRs will be maintained according to SOP\_0001\_Control\_of\_Quality\_Records

### **6.3 Detailed Requirements:**

Devices that “may have caused or contributed” to a death or serious injury; or a malfunction that would be likely to cause or contribute to a death or serious injury must be reported.

Medical Data Networks LLC must submit death, serious injury, and malfunction reports within 30 days after they become aware of a reportable event. The information can come from any source.

#### **Reasonably known:**

Firms must provide all information that is reasonably known to them. FDA considers the following to meet this standard, i.e., any information: that can be obtained by contacting a user facility, distributor, and/or other initial reporter, in the manufacturer’s possession, that can be obtained by analysis, testing, or other evaluation of the device.

#### **Information required to be reported:**

The form FDA 3500A is the primary reporting form for death, serious injury and malfunction events.

With the exception of drug or biologic related items, all the fields must be completed or have an entry (NA, NI, or UNK) indicating why the information could not be obtained.

#### **Missing Information:**

Manufacturers are responsible for obtaining and providing FDA with any information that is missing from reports that are received from user facilities, distributors, and other initial reporters.

If a firm cannot provide complete information, it must provide a statement explaining why such information was incomplete and the steps taken to obtain the information. Any required information not available at the time of the report, obtained at a later date, must be forwarded to FDA in a supplemental report within one month of receipt.

#### **Investigation:**

Manufacturers are responsible for investigating and evaluating the cause of each event. These investigations must follow the requirements in 21 CFR 820.198 and provide the information required on form FDA 3500A, Block H.6, H.7, and H.9.

#### **Five-Day Reports - 803.53:**

Manufacturers must submit a five-day report on form FDA 3500A within five days under the following two conditions: \* 1. They become aware that an

MDR reportable event, from any source, requires remedial action to prevent an **unreasonable risk of substantial harm** to the public health. OR \* 2. They receive an FDA written request for the submission of five-day reports.

#### **Baseline Reports - 803.55:**

Manufacturers are required to submit a baseline report on FDA 3417 form when the device model is first reported under 803.50. Baseline Reports must be updated annually (if information changes) on the firm's scheduled registration date, as required by Part 807.21.

**Supplemental Reports - 803.56:** Manufacturers are required to submit, within one month after receipt any required information regarding deaths, serious injuries, and malfunctions that was not available to them when the initial report was submitted.

### **GENERAL MDR GUIDANCE**

This document provides general guidance regarding the reporting of adverse events required by the Medical Device Reporting (MDR) Regulation.

#### **A. PER SE RULE**

This requirement no longer exists. Therefore, the submission of an event by a health care professional does not require the manufacturer to report the event based solely on the statements of a health care professional. The event must meet the reporting criteria in MDR to qualify as a reportable event.

#### **B. REPORTING TIME FRAMES**

Firms now have up to 30 CALENDAR days after they become aware of a device related death, serious injury or malfunction before they are required to submit a report to FDA.

#### **C. FIVE-DAY REPORTS**

Five-day reports are required in two circumstances.

First, they are required if a manufacturer becomes aware that a reportable event, from any source of information, necessitates remedial action to prevent **an unreasonable risk of substantial harm** to the public health.

Second, five-day reports are required when a manufacturer becomes **aware of an MDR reportable event** for which FDA has requested a five-day report.

#### **D. NON-REPORTABLE EVENTS**

Firms must submit MDR reports when the reported information reasonably **suggests an association** between one of its devices and a reportable **death, serious injury or malfunction**.

Under some circumstances, an adverse event may appear to trigger the requirement of submission of an MDR, but because information reveals the device did not cause or contribute to the death or serious injury, no MDR is required. Thus

as described below, a manufacturer will have to investigate the event in order to know if it should be reported.

A firm is required to submit an MDR report when it becomes aware of information reasonably suggesting that an event meets the criteria for reporting a Death, Serious Injury, or Malfunction. For example, a hospital informs a manufacturer that its device has failed and, as a result, a patient died. At this point, the firm has become aware of information that reasonably suggests they are in receipt of a reportable MDR event.

Next, the firm must investigate the report to determine its cause.

Both the QS Regulation and MDR require investigation of complaints.

During its investigation a firm may become aware of information that changes the initial report's conclusions. For example, the firm may find that its device was not involved in the death and could not have caused or contributed to the death. In these instances the firm would document the information that changes the association between its device and the death. No report would be required if the death or other facts turn out to be incorrect. But, if the firm becomes aware of the identity of the device/firm that was associated with the death, the firm is responsible for forwarding the information to the FDA.

However, if the firm's investigation does not change the alleged association between the device and the death, the event must be submitted as an MDR report.

In addition, if the firm's investigation produces information that would cause a person who is qualified to make a medical judgment to reach a reasonable conclusion that the device did not cause or contribute to a reportable MDR event - no report is required. Translation - if a firm decides NOT to report an apparent device-related death, serious injury or malfunction - this decision must be made by a person that the regulation recognizes as qualified to make a medical judgment, i.e., a physician, nurse, risk manager, or biomedical engineer.

Using the example from above, if the firm's investigation yields an autopsy finding that the patient died from cancer – not the device - the firm could decide NOT to report as long as the decision is consistent with the regulation: There is documented information that changes the association between the death and the device, the decision is made by a person who is qualified to make a medical judgement, and the conclusion reached by the person in item two is reasonable.

PLEASE NOTE THE FOLLOWING:

Firms ARE NOT required to have every MDR report reviewed by a person qualified to make a medical judgement and/or a person with a medical degree or training.

Individuals who are not qualified to make a medical judgement can review MDR reports and make decisions on the basis of facts but they cannot make decisions NOT to report MDR events that require medical judgement.

In lieu of in-house or on-site qualified medical personnel or individuals qualified to make a medical judgement the firm may use consultants.

When reviewing a non-reportable event validate and document the credentials of the individual making these decisions as well as the decision not to report the event.

## **E. INVESTIGATION**

Firms are required to investigate EVERY device related death, serious injury and malfunction in accordance with QS regulation, 820.198.

Failure to comply with this provision is a violation of BOTH the QS regulation and MDR.

Manufacturers are also required to VERIFY information on each form FDA 3500A as well as make a good faith effort to obtain information that is missing/not provided by the reporter. If the firm cannot obtain the missing information, the MDR complaint files shall contain an explanation of why the information could not be obtained as well as documentation of the firm's efforts to obtain the missing information.

## **F. REASONABLY KNOWN INFORMATION**

FDA considers information that can be obtained by contacting the reporter to be in the possession of a firm, and considers information that can be obtained by analysis, testing, or other evaluation of a device to be information that a firm is expected to REASONABLY know, obtain and report.

## **G. REASONABLY KNOWN/GOOD FAITH EFFORT**

A firm must demonstrate that it exercised "good faith" in any failed attempts to obtain required data that is missing, incorrect, or that FDA considers to be reasonably known. While the concept of good faith is generally considered to be equivalent to "due diligence", CDRH has not developed a standard. However, the firm's procedures for obtaining missing information should appear under the "Internal Systems" section of its written MDR procedures. In addition, the Center believes that the parameters of good faith effort must, at a minimum, comport with the level of risk/nature of the device associated with the event being investigated.

## **H. SERIOUS INJURY**

The interpretation of what constitutes a serious injury can be subjective and complicate the enforcement of MDR. The **"unanticipated temporary impairment"** part of the former serious injury definition has been rescinded, thus alleviating a source of subjectivity. In addition, the requirements that intervention be "immediate" and the concept of "probability" have also been removed from the serious injury definition.

The current MDR regulation states that **a serious injury is an "injury or illness."** This literally means that **there has to be an injury that is life-**



**threatening, results in permanent impairment/damage, or necessitates medical/surgical intervention to preclude permanent impairment/damage** in order for an event to be reportable as a serious injury.

If there is no injury attributable to the device, then there is no serious injury report, however, the event may qualify as an **MDR reportable malfunction** depending upon the circumstances.

The Center may decide to clarify the definition of serious injury. These categories will be provided to the field and the industry through MDR guidance documents and/or letters, as necessary.

## **I. MALFUNCTIONS**

Malfunction reporting decisions have been the subject of concern by both industry and the FDA. Basically, a malfunction is **an event that is likely to cause or contribute to either a death or serious injury**, but some circumstance prevented the injury or death from occurring. These events are very important since they represent “potential” deaths or serious injuries and provide the Agency with the opportunity to be proactive in reducing risks.

Not all malfunctions, however, are MDR reportable events.

If a malfunction is not reportable as an MDR, it may be a complaint and thus subject to the QS complaint handling requirements. Determining if an event is a reportable malfunction involves answering a number of questions including:

- Is the event device-related?
- Has the device failed to perform its intended function or meet its performance specifications?
- Is this failure likely to cause or contribute to a death or serious injury if the event were to happen again?

There is a presumption in the MDR regulations that if the event happened once it can happen again. The determination of whether to submit a report should be based on the potential outcome. For example, if this malfunction were to occur, how would it affect the patient? If the answer is “the malfunction is likely to cause or contribute to death or serious injury” then the event is reportable. The preamble to the MDR regulations (Federal Register: December 11, 1995, Volume 60, Number 237, pages 63577-63607) offers the following guidance for determining circumstances in which malfunctions should be reported

- The chance of a death or serious injury occurring as a result of the recurrence of the malfunction is not remote;
- The consequences of the malfunction affect the device in a catastrophic manner that may lead to a death or serious injury;
- The malfunction results in the failure of the device to perform its intended essential function and compromises the device’s therapeutic, monitoring or diagnostic effectiveness, which could cause or contribute to a death or serious injury.

NOTE: The essential function of a device refers, not only to the device's labeled use, but for any use widely prescribed within the practice of medicine.

The malfunction involves a long-term implant or a device that is considered to be life-supporting or life-sustaining and thus is essential to maintaining human life. Malfunctions of long-term implants are not routinely or "automatically" reportable unless the malfunction is likely to cause or contribute to a death or serious injury if it recurs.

The manufacturer takes or would be required to take an action under sections 518 or 519(f) of the Act as a result of the malfunction of the device or other similar devices. Conversely, malfunctions ARE NOT REPORTABLE if they are not likely to result in a death, serious injury, or another malfunction.

#### SOURCES OF INFORMATION WHERE TO OBTAIN MDR FORMS

- Consolidated Forms and Publications Distribution Center
- Beltsville Service Center
- 6351 Ammendale Road
- Beltsville, MD 20715

NOTE: Form FDA 3500A ONLY

- CDRH-Division of Industry and Consumer Education (DICE)
- Office of Communication and Education
- Center for Devices and Radiological Health
- Food and Drug Administration
- 10903 New Hampshire Avenue
- Silver Spring, MD 20993

1-800-638-2041

301-796-7100

DICE@fda.hhs.gov

- Food and Drug Administration
- MedWatch (HF-2)
- 5600 Fishers Lane, Room 17-65
- Rockville, MD 20857

1-800-FDA-1088 (Press "0" to speak with a staff member) or 301-827-7240

NOTE: FORM FDA 3500 ONLY Go to MedWatch and click on "How to Report".

- Reporting Systems Monitoring Branch
- Division of Surveillance Systems
- Office of Surveillance and Biometrics
- Center for Devices and Radiological Health
- 10903 New Hampshire Avenue, WO66
- Silver Spring, MD 20993

NOTE: FDA FORMS 3500A, 3417, and 3419 and instructions for each Web pages Medical Device Reporting (MDR) The instructions for the Mandatory MedWatch Form, 3500A.

#### WHERE TO SUBMIT ALL MANDATORY MDR REPORTS

- Food and Drug Administration
- Center for Devices and Radiological Health
- PO Box 3002
- Rockville, MD 20847-3002

NOTE: Envelopes must be specifically identified with the type of report enclosed, e.g., Manufacturer Report, User Facility Report, Baseline Report, Annual Report, Five-Day Report, Supplemental Report, etc.,

## 7 Access Controls to Software

This document and supporting references establish controls for access to all Medical Data Networks LLC software and any assemblies of software or configuration data supporting the T1Pal service (as a device).

This applies to all medical and research software devices designed and developed by Medical Data Networks LLC. Each of the key technologies for implementing electronic access controls is summarized below, consistent with VP and CEO requirements to implement comprehensive controls of access to all aspects of the T1Pal operations.

It is the policy that all employees shall be provided the most limited and/or most restrictive access to at most the most narrow set of T1Pal systems and data consistent with the tasks assigned to them based on their specific company role. In the event that such access requirements are temporary, access controls shall revert to their most restrictive state following temporary access use.

Specific access permissions are under control of the T1DPal CEO, plus one other VP officer. These individuals must specifically authorize all employee access settings. Access to all infrastructure controls requires a company-issued PC/Laptop desktop password and SSH access to all other T1Pal test and production components. Only the CEO may create and configure for use new cryptographic keys for use by others.

It is the duty of each and every associate of T1Pal to report any exceptions to this policy to the CEO, and to facilitate any corrective actions.

The following tools are currently in use by Medical Data Networks LLC so as to realize the above policy.

### 7.1 Subscriber Side Access Controls

1. **postgres Database.**

This database is referenced for comparison of encrypted subscriber-provided login and password credentials to credentials on record for such subscribers. The database is accessible only to certified other software components for query and retrieval of subscriber settings. Subscribers provide their credentials by submitting a form secured by SSL security encryption methods.

2. Semi-permanent network settings and network routing rules prevent subscribers from accessing data or configuration settings of any other subscriber.

Cryptographic keys generated by the T1Pal platform provide for subscriber-controlled sharing of read or read/write access to their own data.

3. Login actions taken by subscribers require authentication with Google's Single Sign On (oAuth) mechanism. T1Pal relies on that capability for all

user activity.

## 7.2 Network Operations Side Software and Configuration Access Controls

1. **GitHub.** GitHub is the sole tool for storage of all permanent documents, drawings, agreements, and software.

All software for all components, regardless of their provenance or use, is stored and versioned in one or more named GitHub “repositories” owned by Medical Data Networks, LLC. and is under access control by its officers and designated employees.

This specifically includes all documents related to Medical Data Networks’ quality management system, and includes all open-sourced and/or commercial software components. GitHub also maintains a complete set of components applicable to the several different versions of software: Production, Staging, and Development.

2. Because GitHub is a distributed storage system, the computers used by all of the company officers, and software developers, and engineers is configured to store and access the complete set of GitHub repositories used by the firm. Access to these features are protected by two-factor authentication. Therefore, no specific backup resource or procedure –outside of GitHub– is needed or used when the number of copies of company Github repositories exceeds 2.

This approach enables each and every authorized employee and/or contractor to review the current, planned, and past revision history on all documents, software, and records.

## 7.3 Network Operations Infrastructure Access Controls.

An exchange of cryptographic keys (SSH) is used to access all servers that are part of the T1Pal infrastructure. These cryptographic keys are themselves protected from access by strong userid/password credentials provided by the billing process of the infrastructure providers.

1. **Amazon Web Services (AWS).** <https://aws.amazon.com>. AWS is one of the cloud providers used by Medical Data Networks. Selected production Medical Data Networks software is deployed to AWS. Medical Data Networks also maintains non-production servers used to test software under development (“dev” environment) and ready to be deployed after acceptance testing (“staging environment”).
2. **Digital Ocean.** Digital Ocean is one of the cloud providers used by Medical Data Networks. Selected production Medical Data Networks software is deployed to Digital Ocean. Medical Data Networks also maintains non-production servers used to test software under development (“dev” envi-

ronment) and ready to be deployed after acceptance testing and staging environment).

## 7.4 Corporate Administrative Access Controls

<https://docs.google.com> and <https://drive.google.com> and <https://gmail.com> are each used only informally as an aid to intra company communications.

No quality management system documents, or artifacts associated with any business process are permanently stored on Google Docs. All authoritative and/or permant documents are retained in the appropriate GitHub repository.

## 7.5 Backups and disaster recovery

1. All Google Drive contents are backed up in Google Vault. Two-factor authentication is required for all access.
2. All Google Drive and Google Vault backups are retained in perpetuity. Two-factor authentication is required for access.
3. All email is stored via Google Apps email and automatically backed up in Google Vault and is retained in perpetuity (including deleted emails). Two-factor authentication is required for access.
4. Redundant and duplicative distribution of GitHub-based repositories are retained on the primary computers of all officers, developers, and engineers. This eliminates the need for a separate and independent back up system. All of the software, documents, etc. are stored in the distributed GitHub-based system. Single-factor authentication is required for access. Two-factor authentication is required to read or publish changes in staging and production environments.

## 7.6 Design and Development Planning

It is the policy of T1Pal to align with “FDA 21 CFR 820.30 (b)” with respect to design and development planning:

”Each manufacturer shall establish and maintain plans that describe or reference the design and development activities and define responsibility for implementation.

The plans shall identify and describe the interfaces with different groups or activities that provide, or result in, input to the design and development process.

The plans shall be reviewed, updated, and approved as design and development evolves.”

Medical Data Networks uses an iterative, agile development process. Design planning and development is an ongoing activity; all related activity is captured and documented on the corporate github repository. Planning, design input,

design output, review and testing activities may all occur at any time. These activities are described below in Section 7, Design and Development Activities.

## 7.7 Design and Development Activities

1. Design and Development **Planning Sessions**. Design and development planning happens during planning meetings, which may occur at any time. All decisions about what work is to be done in the sprint are captured in GitHub a issues folder. The results of the planning sessions are documented on GitHub.
2. **Requirements**. Requirements for a given piece of functionality are documented in a GitHub issue. Each issue has a unique URL. The requirement is typically summarized in the title of the issue or within the issue's description.

### Design Activities

1. **User interface design**. User Interface designs are documented and stored in Google Drive. All designs are available for public inspection. Only Medical Data Networks employees can make changes to User Interface design documents. All revisions to design documents are maintained indefinitely by Google Drive and available at all times.
2. **Software design**. Where appropriate, software designs, including revisions to the designs, are documented in GitHub in the relevant repository. Other architecture documents may be stored in GitHub or Google Drive and will be linked to Jira issues. Software design may also be documented in the source code itself. All software design documentation including all revisions is maintained indefinitely in GitHub and Google Drive.

Most GitHub repositories represent an area of software functionality that is exposed to end users. Some repositories provide common functionality or test frameworks that may not be exposed to end users.

The README file in each repository provides an overview of that repositories' purpose or functionality.

The Master branch for each repository represents the latest software source code updates to that functionality. GitHub Tags are used to uniquely identify specific checkpoints of functionality; not all tags are deployed to production. For most products, tags are given semantic version numbers following this pattern: MAJOR.MINOR.PATCH, where

- MAJOR version indicates changes for major new functionality or incompatible API changes,
- MINOR version indicates when new functionality is added in a backwards-compatible manner, and
- PATCH version indicates when backwards-compatible bug fixes are made.

For some products (such as the Medical Data Networks Uploader), tags may only use MAJOR.MINOR numbering. In these cases, patch releases will cause the MINOR number to increment.

Software is typically only deployed from a tag created on the Master branch of a repository. Only in the rare case of an urgent/important “hotfix” will be a deployment be made from a tag created on a branch other than Master. That fix will later be incorporated into Master.

### Software Development

Software developers develop, modify and test software on their local development workstation.

Software changes can only be committed to the GitHub Master branch by a Medical Data Networks employee or contractor (not by an open source developer).

For all non-trivial changes, the software developer must seek review from another developer (known as reviewing a “Pull Request”) prior to committing to Master.

1. **Design History File (DHF)** The combination of Jira,, Google Docs, Zendesk, and GitHub together comprises the Design History File. See section 14 for details of the DHF.
2. **Development Responsibility** The CEO is responsible for the appropriateness, quality, processes and implementation of all development activities.
3. **Interfaces with Design Input.** All employees, contractors and consultants at Medical Data Networks may interact with Design Input sources. Those sources are detailed in Section 8, Design Input.

### Updates.

1. **Regular updates.** Medical Data Networks software may be deployed at any time. Verification activities are conducted for each Jira issue (see sections 11 and 12 below). Validation activities are conducted for each new product released.
2. **Approval and Deployment (Design Transfer to Production).** Deployment to production of customer-facing functionality must be approved by a VP-level employee or the CEO.

## 7.8 Design Input

1. **Reference 21 CFR 820.30 (c):** Each manufacturer shall establish and maintain procedures to ensure that the design requirements relating to a device are appropriate and address the intended use of the device, including the needs of the user and patient. The procedures shall include a mechanism for addressing incomplete, ambiguous, or conflicting requirements.



The design input requirements shall be documented and shall be reviewed and approved by a designated individual(s). The approval, including the date and signature of the individual(s) approving the requirements, shall be documented.

2. **Sources of Design Inputs.** Input into the design and development process, including requirements, may come from these sources, but is not limited to these sources:
3. **Interviews with actual and potential users.** Medical Data Networks conducts in person, phone, video conference and email interviews with actual and potential users. The notes from these meetings are stored in Google Drive as Google Documents. Users include but are not limited to: people with diabetes, their care team, parents, doctors, diabetes educators, device makers and diabetes researchers.
4. **Medical Data Networks Employees and Contractors.** Medical Data Networks’s employees, contractors and consultants may also be the source of design input.
5. **Observed and measured use of Medical Data Networks software.** When running, Medical Data Networks collects metrics and usage statistics. These data may also be sources of design input.
6. **Feedback from Alpha and Beta Users.** Medical Data Networks collects feedback from Beta users as part of Software Validation activities (see section 11). Results from these activities may also be used as design input.
  - Feedback received via social media, such as Twitter, Facebook, Instagram and comments on blog posts.
  - Feedback from users via customer support, including emails to support@idepool.org and via our support ticketing system.
7. **Appropriateness of requirements to meet intended use.** It is the responsibility of the VP of Product or CEO to approve the appropriateness of product functionality that is made available via production servers. Medical Data Networks developers may deploy code to non-production servers (such as “staging”, “development” or “integration” servers) without VP or CEO approval.
8. **Mechanism for addressing incomplete, ambiguous, or conflicting requirements.** Incomplete, ambiguous or conflicting requirements will be discussed during planning meetings and via ongoing conversation. It is the responsibility of the VP of Product or CEO to resolve incomplete, ambiguous or conflicting requirements for product functionality that is made available via production servers. The outcome of resolving these requirements issues is documented in Jira issues.

9. **Review and approval.** Documentation for review and approval of all functionality is captured on Jira issues.

## 7.9 Design Output

1. **Reference 21 CFR 820.30 (d):** Each manufacturer shall establish and maintain procedures for defining and documenting design output in terms that allow an adequate evaluation of conformance to design input requirements. Design output procedures shall contain or make reference to acceptance criteria and shall ensure that those design outputs that are essential for the proper functioning of the device are identified. Design output shall be documented, reviewed, and approved before release. The approval, including the date and signature of the individual(s) approving the output, shall be documented.
2. **Evaluation of conformance to requirements.**
3. **Verification and deployment of software.**

Prior to deployment to production servers, software is deployed to a staging server environment where it is tested. The QA department is responsible for developing and executing verification tests (see section 10) although others including volunteer testers, other employees, and the CEO may also execute tests.

### 4. Documentation.

1. All verification tests, both templates and executed tests, are documented in Google Docs and stored indefinitely in Google Drive, including a record of all changes to each file.
2. Deployment of software to development, staging and production server environments is documented as a Jira list for each deployment.
3. **Review and approval.** The QA department is responsible for review and approval of all verification tests. VP-level or CEO approval is required for deployment to production servers.

## 7.10 Design Review

**Review \* User interface reviews.** User interface designs are reviewed via Google Drive. Comments on designs in Google Drive are maintained in perpetuity. **\* Code reviews.** All substantial changes to software source code intended to be deployed to production must be reviewed by a Medical Data Networks employee other than the author of the source code. Review of design results. **\* Review by individuals without direct responsibility.** - UI Design Review. All UI designs are reviewed by someone other than the UI designer. - Code Review. A Medical Data Networks employee or contractor is responsible for reviewing all substantial code changes that will result in customer-facing

functionality. The employee who proposed the changes (via GitHub pull request) may not review the proposed changes.

### Documentation

All relevant reviews are documented in Jira or Google Docs and stored in perpetuity in Google Drive. All changes and records, including the date and individuals performing the review, are maintained in perpetuity.

## 7.11 Design Verification

- **Black Box” Test Templates.**
- **Black Box” testing** refers to test verification activities that are performed manually, not by automated code.
- **Location, name and version.** Test verification templates are stored in Google Drive in folders with a unique name indicating the area being tested and the version number of the test. For example: Test Script Template | Blip - Data Visualization Module: Device Settings | 1.0
- **Responsibility for tests.** Any Medical Data Networks employee, contractor or consultant can create new “Black Box” tests.
- **Changes to tests.** A record of changes to tests are maintained in perpetuity in the document version history for each test. Obsolete tests are prominently marked [OBSOLETE] and are moved to an archive directory.
- **Executed tests.** For executed tests, the test template is copied to the “Executed Verification Scripts” folder where it is edited as the test is executed. Elements of the test are marked “PASSED” or “FAILED.” For elements of the test that have failed, a Jira issue is generated to address the issue.
- **Automated “White Box” tests.**
- At the discretion of the software developer, software functionality may be tested using automated tests.
- Software source code for the automated test suite will be stored in the same GitHub repository as the software functionality itself.
- If functionality includes an automated test or suite of tests, all tests must pass for the software source code can be merged into the “master” branch.

\_\_1. **Documentation.** \_\_1. **Methods.** The method of verification is documented in the test verification template per Section 10.1. Links to each documented test are included in the DHF as described in Section 14. \_\_2. **Date and Responsibility.** The date of running the verification test as well as the individuals performing the test are detailed in the executed test document per Section 10.2.

## 7.12 Design Validation

1. **Defined operating conditions.** Medical Data Networks software is intended to be used on computers and mobile devices with an Internet connection.
2. **Defined user needs and intended uses.** User needs are documented in requirements as per Section . The intended uses of Medical Data Networks software are defined in DOC-0001 Intended Uses.
3. **Software validation.** The use of Medical Data Networks software is validated by volunteer Beta users. Beta users are selected to based on expressed interest in testing Medical Data Networks software, configurations they have available (e.g. Mac or Windows, which diabetes devices they use), and demonstrated ability to complete homework assignments. Beta users are given homework assignments with instructions on how to test software functionality. Homework assignment templates are stored in the “Validation Templates” folder. Beta users document both quantitative and qualitative results of their use of the software in Google Docs. Those Google Docs are stored in Google Drive in the “Validation Documentation” folder. Medical Data Networks software is tested by Beta users with their own computers and mobile devices in their own actual use conditions.
4. **Risk analysis.** Risks analysis and mitigation processes are documented in DOC-0002 Risk Analysis and Mitigation.
5. **Documentation.** Any changes to design requirements or software is documented in design history file (DHF) per Section 13.

## 7.13 Design Transfer

1. **Reference 21 CFR 820.30 (h) Design transfer.** Each manufacturer shall establish and maintain procedures to ensure that the device design is correctly translated into production specifications.
  2. **Transfer of development code to production.** A software developer is assigned during the Sprint Planning meeting and identified on the Jira issue for implementation of the task. It is the responsibility of the software developer to implement the software per requirements detailed on the Jira issue or via UI design in Google Drive. If there are ambiguous requirements or designs, the ambiguity may be resolved through conversation. For substantial ambiguity, resolution will be documented in the Jira card. For minor changes or ambiguity, the resolution may be documented in the software code itself.
- 3 Responsibility and Approval.** It is the responsibility of the VP of Product and/or CEO to assure that all requirements have been met, that designs have been correctly translated into Production, and that all appropriate verification and validation activities have been performed. VP of Product or CEO approval

is required for deployment to Production of all substantial, customer-facing functionality.

**4 Documentation.** All development transfer activities are documented in Jira. For deployments to Production servers, a new Jira list will be created that contains the name, date and version number of software being deployed.

## 7.14 Design Changes

1. **Reference 21 CFR 820.30 (i) Design changes.** Each manufacturer shall establish and maintain procedures for the identification, documentation, validation or where appropriate verification, review, and approval of design changes before their implementation.
2. **Iteration of Design Changes.** Medical Data Networks uses an agile development model. Design changes may occur in any sprint. In addition to documenting design as described above in Section 7, Design and Development Activities, ongoing changes to design will be documented as described below.
3. **Identification.** All documents in Jira, Pixelapse, GitHub and Google Docs are uniquely identified by a unique Uniform Resource Identifier (URI) that is assigned by the respective service. Documents may additionally have a human-readable document title and document ID. For example, this document is:

**URI :** <https://docs.google.com/a/tidepool.org/document/d/19vWtyDNesVyxE5gKXwppgRGWvn-EXrttCLJH5nRys1U> **Human-readable Document ID :** SOP-0005 **Human-readable Title :** Design, Development and Release

4. **Documentation of design changes.**
  1. All changes to requirements, design, software source code, functionality, verification and validation are documented and tracked in Jira, Pixelapse, GitHub and Google Docs. Revision history is maintained in perpetuity.
  2. Changes to requirements are identified and documented in Jira issues. A history of changes to Jira issues is maintained in perpetuity.
  3. Changes to UI designs are maintained in Pixelapse. Revision history is maintained in perpetuity.
  4. Changes to software source code are maintained in GitHub. Revision history is maintained in perpetuity.
  5. Changes to Google Docs. If design changes are documented in Google Docs, changes and revision history to those documents will be maintained in perpetuity and stored in the “Medical Data Networks Quality System” folder in Google Drive.
  6. **Review and Approval.** Design changes are reviewed and approved before deployment to production. All review and approval will be documented in Jira, Pixelapse, GitHub or Google Docs.

## 7.15 Design History File (DHF)

1. **Reference 21 CFR 820.30 (j) Design history file.** Each manufacturer shall establish and maintain a DHF for each type of device. The DHF shall contain or reference the records necessary to demonstrate that the design was developed in accordance with the approved design plan and the requirements of this part.
2. Together, the documentation maintained in Jira, Zendesk, GitHub and Google Docs comprises each Tidepool product's Design History File (DHF).

## 7.16 CFR Reference: 21 CFR 820.30 Design Controls

**(a) Design and development planning.** Each manufacturer shall establish and maintain plans that describe or reference the design and development activities and define responsibility for implementation. The plans shall identify and describe the interfaces with different groups or activities that provide, or result in, input to the design and development process. The plans shall be reviewed, updated, and approved as design and development evolves.

**(b) Design input.** Each manufacturer shall establish and maintain procedures to ensure that the design requirements relating to a device are appropriate and address the intended use of the device, including the needs of the user and patient. The procedures shall include a mechanism for addressing incomplete, ambiguous, or conflicting requirements. The design input requirements shall be documented and shall be reviewed and approved by a designated individual(s). The approval, including the date and signature of the individual(s) approving the requirements, shall be documented.

**(c) Design output.** Each manufacturer shall establish and maintain procedures for defining and documenting design output in terms that allow an adequate evaluation of conformance to design input requirements. Design output procedures shall contain or make reference to acceptance criteria and shall ensure that those design outputs that are essential for the proper functioning of the device are identified. Design output shall be documented, reviewed, and approved before release. The approval, including the date and signature of the individual(s) approving the output, shall be documented.

**(d) Design review.** Each manufacturer shall establish and maintain procedures to ensure that formal documented reviews of the design results are planned and conducted at appropriate stages of the device's design development. The procedures shall ensure that participants at each design review include representatives of all functions concerned with the design stage being reviewed and an individual(s) who does not have direct responsibility for the design stage being reviewed, as well as any specialists needed. The results of a design review, including identification of the design, the date, and the individual(s) performing the review, shall be documented in the design history file (the DHF).

(e) **Design verification.** Each manufacturer shall establish and maintain procedures for verifying the device design. Design verification shall confirm that the design output meets the design input requirements. The results of the design verification, including identification of the design, method(s), the date, and the individual(s) performing the verification, shall be documented in the DHF.

(f) **Design validation.** Each manufacturer shall establish and maintain procedures for validating the device design. Design validation shall be performed under defined operating conditions on initial production units, lots, or batches, or their equivalents. Design validation shall ensure that devices conform to defined user needs and intended uses and shall include testing of production units under actual or simulated use conditions. Design validation shall include software validation and risk analysis, where appropriate. The results of the design validation, including identification of the design, method(s), the date, and the individual(s) performing the validation, shall be documented in the DHF.

(g) **Design transfer.** Each manufacturer shall establish and maintain procedures to ensure that the device design is correctly translated into production specifications.

(h) **Design changes.** Each manufacturer shall establish and maintain procedures for the identification, documentation, validation or where appropriate verification, review, and approval of design changes before their implementation.

(i) **Design history file.** Each manufacturer shall establish and maintain a DHF for each type of device. The DHF shall contain or reference the records necessary to demonstrate that the design was developed in accordance with the approved design plan and the requirements of this part.

### 7.17 3. References

1. U.S. Food and Drug Administration, 21 CFR Part 820: Quality System Regulation.
2. General Principles of Software Validation; Final Guidance for Industry and FDA Staff
3. AAMI TIR45:2012 Technical Information Report Guidance on the use of AGILE practices in the development of medical device softwareOverview

## 8 Gitflow Tailoring

This document describes the Gitflow procedure for developing and managing change to the existing software base of T1Pal.com. The content and principles for this procedure is drawn from Vincent Driessen's Gitflow Workflow, herein incorporated as a reference for further detail.

This Gitflow Workflow defines a strict branching model designed around the project release. It relies on the functions and capabilities of "github."

All software and QMS documentation will be managed using this "Gitflow" procedures.

A diagram of the gitflow process is here: [Git-branching-model.pdf](#)

Key principles of this process are conventions described as follows:

1. The GITHUB repository for Medical Data Networks LLC (MDN) is distributed. As such, each and every developer and officer of the firm retains a complete copy of the MDN repositories on their laptop. This provides adequate storage, security, and reliability of all company records.
2. The firm's GITHUB server has as the "origin" a server assigned by github.com an application service provider.
3. The central repo holds two main branches with infinite lifetime:
  - master
  - dev

We consider origin/dev to be the main branch where the source code of HEAD always reflects a state with the latest delivered development changes for the next release. Some would call this the "integration branch". This is where any automatic nightly builds are built from.

When the source code in the develop branch reaches a stable point and is ready to be released, all of the changes should be merged back into master somehow and then tagged with a release number.

Next to the main branches master and develop, our development model uses a variety of supporting branches to aid parallel development between team members, ease tracking of features, prepare for production releases and to assist in quickly fixing live production problems. Unlike the main branches, these branches always have a limited life time, since they will be removed eventually.

The different types of branches we may use are:

- Feature branches
- Staging branches
- Hotfix branches



Each of these branches have a specific purpose and are bound to strict rules as to which branches may be their originating branch and which branches must be their merge targets.

Feature branches (or sometimes called topic branches) are used to develop new features for the upcoming or a distant future release. When starting development of a feature, the target release in which this feature will be incorporated may well be unknown at that point. The essence of a feature branch is that it exists as long as the feature is in development, but will eventually be merged back into develop (to definitely add the new feature to the upcoming release) or discarded (in case of a disappointing experiment).

Feature branches typically exist in developer repos only, not in origin.

## 8.1 Creating a feature branch

When starting work on a new feature, branch off from the develop branch.

```
$ git checkout -b myfeature develop
```

Switched to a new branch “myfeature”

```
##Incorporating a finished feature on develop
```

Finished features may be merged into the develop branch to definitely add them to the upcoming release:

```
$ git checkout develop
```

Switched to branch ‘develop’

```
$ git merge --no-ff myfeature
```

Updating ea1b82a..05e9557

(Summary of changes)

```
$ git branch -d myfeature
```

Deleted branch myfeature (was 05e9557).

```
$ git push origin develop
```

The `--no-ff` flag causes the merge to always create a new commit object, even if the merge could be performed with a fast-forward. This avoids losing information about the historical existence of a feature branch and groups together all commits that together added the feature.

## 8.2 Staging branches

- May branch off from:
- dev

- Must merge back into:
- dev and master
- Branch naming convention:
- release-\*

Release branches support preparation of a new production release. They allow for last-minute dotting of i's and crossing t's. Furthermore, they allow for minor bug fixes and preparing meta-data for a release (version number, build dates, etc.). By doing all of this work on a release branch, the develop branch is cleared to receive features for the next big release.

The key moment to branch off a new release branch from develop is when develop (almost) reflects the desired state of the new release. At least all features that are targeted for the release-to-be-built must be merged in to develop at this point in time. All features targeted at future releases may not—they must wait until after the release branch is branched off.

It is exactly at the start of a release branch that the upcoming release gets assigned a version number—not any earlier. Up until that moment, the develop branch reflected changes for the “next release”, but it is unclear whether that “next release” will eventually become 0.3 or 1.0, until the release branch is started. That decision is made on the start of the release branch and is carried out by the project's rules on version number bumping.

#### ##Creating a release branch

Release branches are created from the develop branch. For example, say version 1.1.5 is the current production release and we have a big release coming up. The state of develop is ready for the “next release” and we have decided that this will become version 1.2 (rather than 1.1.6 or 2.0). So we branch off and give the release branch a name reflecting the new version number:

```
$ git checkout -b release-1.2 develop
```

```
Switched to a new branch "release-1.2"
```

```
$ ./bump-version.sh 1.2
```

```
Files modified successfully, version bumped to 1.2.
```

```
$ git commit -a -m "Bumped version number to 1.2"
```

```
[release-1.2 74d9424] Bumped version number to 1.2
```

```
1 files changed, 1 insertions(+), 1 deletions(-)
```

After creating a new branch and switching to it, we bump the version number. Here, bump-version.sh is a fictional shell script that changes some files in the working copy to reflect the new version. (This can of course be a manual change—the point being that some files change.) Then, the bumped version number is committed.

This new branch may exist there for a while, until the release may be rolled out definitely. During that time, bug fixes may be applied in this branch (rather than on the develop branch). Adding large new features here is strictly prohibited. They must be merged into develop, and therefore, wait for the next big release.

### 8.3 Finishing a release branch

When the state of the release branch is ready to become a real release, some actions need to be carried out. First, the release branch is merged into master (since every commit on master is a new release by definition, remember). Next, that commit on master must be tagged for easy future reference to this historical version. Finally, the changes made on the release branch need to be merged back into develop, so that future releases also contain these bug fixes.

The first two steps in Git:

```
$ git checkout master
```

```
Switched to branch 'master'
```

```
$ git merge --no-ff release-1.2
```

```
Merge made by recursive.
```

```
(Summary of changes)
```

```
$ git tag -a 1.2
```

The release is now done, and tagged for future reference.

To keep the changes made in the release branch, we need to merge those back into develop, though. In Git:

```
$ git checkout develop
```

```
Switched to branch 'develop'
```

```
$ git merge --no-ff release-1.2
```

```
Merge made by recursive.
```

```
(Summary of changes)
```

This step may well lead to a merge conflict (probably even, since we have changed the version number). If so, fix it and commit.

Now we are really done and the release branch may be removed, since we don't need it anymore:

```
$ git branch -d release-1.2
```

```
Deleted branch release-1.2 (was ff452fe).
```

## 8.4 Hotfix Branches

May branch off from:

master

Must merge back into:

develop and master

Branch naming convention:

hotfix-\*

Hotfix branches are very much like release branches in that they are also meant to prepare for a new production release, albeit unplanned. They arise from the necessity to act immediately upon an undesired state of a live production version. When a critical bug in a production version must be resolved immediately, a hotfix branch may be branched off from the corresponding tag on the master branch that marks the production version.

The essence is that work of team members (on the develop branch) can continue, while another person is preparing a quick production fix.

## 8.5 Creating the hotfix branch

Hotfix branches are created from the master branch. For example, say version 1.2 is the current production release running live and causing troubles due to a severe bug. But changes on develop are yet unstable. We may then branch off a hotfix branch and start fixing the problem:

```
$ git checkout -b hotfix-1.2.1 master
```

Switched to a new branch “hotfix-1.2.1”

```
$ ./bump-version.sh 1.2.1
```

Files modified successfully, version bumped to 1.2.1.

```
$ git commit -a -m “Bumped version number to 1.2.1”
```

```
[hotfix-1.2.1 41e61bb] Bumped version number to 1.2.1
```

1 files changed, 1 insertions(+), 1 deletions(-)

Don’t forget to bump the version number after branching off!

Then, fix the bug and commit the fix in one or more separate commits.

```
$ git commit -m “Fixed severe production problem”
```

```
[hotfix-1.2.1 abbe5d6] Fixed severe production problem
```

5 files changed, 32 insertions(+), 17 deletions(-)

## 8.6 Finishing a hotfix branch

When finished, the bugfix needs to be merged back into master, but also needs to be merged back into develop, in order to safeguard that the bugfix is included in the next release as well. This is completely similar to how release branches are finished.

First, update master and tag the release.

```
$ git checkout master
```

Switched to branch ‘master’

```
$ git merge --no-ff hotfix-1.2.1
```

Merge made by recursive.

(Summary of changes)

```
$ git tag -a 1.2.1
```

Edit: You might as well want to use the -s or -u flags to sign your tag cryptographically.

Next, include the bugfix in develop, too:

```
$ git checkout develop
```

```
$ git merge --no-ff hotfix-1.2.1
```

Merge made by recursive.

## 8.7 Summary of changes

The one exception to the rule here is that, when a release branch currently exists, the hotfix changes need to be merged into that release branch, instead of develop. Back-merging the bugfix into the release branch will eventually result in the bugfix being merged into develop too, when the release branch is finished. (If work in develop immediately requires this bugfix and cannot wait for the release branch to be finished, you may safely merge the bugfix into develop now already as well.)

Finally, remove the temporary branch:

```
$ git branch -d hotfix-1.2.1
```

Deleted branch hotfix-1.2.1 (was abbe5d6).

## 9 Semantic Versioning

“Semantic Versioning 2.0.0” is the well-defined process of assigning version numbers to software products that expose Application Programming Interfaces

(APIs). It is a set of rules and requirements that dictate how version numbers are assigned and incremented.

It is a consistent approach that saves time and cost otherwise needed to support release and upgrade packages without having to roll new versions of dependent packages.

Prefixing a semantic version with a “v” is a common way (in English) to indicate it is a version number. Abbreviating “version” as “v” is often seen with version control. Example: `git tag v1.2.3 -m “Release version 1.2.3”`, in which case “v1.2.3” is a tag name and the semantic version is “1.2.3”.

Semantic Versioning is also dependent on accurate and complete API definitions.

It is hereby adopted as a standard means of conveying robust dependency information for all T1Pal services. For reference purposes the github repository defining Semantic Versioning is available.

Semantic Versioning is used for all software artifacts produced or used by Medical Data Networks LLC.

This document provides the guidance for this usage, much of which is copied within this QMS from the link above.

The key words “MUST”, “MUST NOT”, “REQUIRED”, “SHALL”, “SHALL NOT”, “SHOULD”, “SHOULD NOT”, “RECOMMENDED”, “MAY”, and “OPTIONAL” in this document are to be interpreted as described in RFC 2119.

Software using Semantic Versioning MUST declare a public API. This API could be declared in the code itself or exist strictly in documentation. However it is done, it SHOULD be precise and comprehensive.

A normal version number MUST take the form X.Y.Z where X, Y, and Z are non-negative integers, and MUST NOT contain leading zeroes. X is the major version, Y is the minor version, and Z is the patch version. Each element MUST increase numerically. For instance: 1.9.0 -> 1.10.0 -> 1.11.0.

Once a versioned package has been released, the contents of that version MUST NOT be modified. Any modifications MUST be released as a new version.

Major version zero (0.y.z) is for initial development. Anything MAY change at any time. The public API SHOULD NOT be considered stable.

Version 1.0.0 defines the public API. The way in which the version number is incremented after this release is dependent on this public API and how it changes.

Patch version Z (x.y.Z | x > 0) MUST be incremented if only backwards compatible bug fixes are introduced. A bug fix is defined as an internal change that fixes incorrect behavior.

Minor version Y ( $x.Y.z \mid x > 0$ ) MUST be incremented if new, backwards compatible functionality is introduced to the public API. It MUST be incremented if any public API functionality is marked as deprecated. It MAY be incremented if substantial new functionality or improvements are introduced within the private code. It MAY include patch level changes. Patch version MUST be reset to 0 when minor version is incremented.

Major version X ( $X.y.z \mid X > 0$ ) MUST be incremented if any backwards incompatible changes are introduced to the public API. It MAY also include minor and patch level changes. Patch and minor version MUST be reset to 0 when major version is incremented.

A pre-release version MAY be denoted by appending a hyphen and a series of dot separated identifiers immediately following the patch version. Identifiers MUST comprise only ASCII alphanumerics and hyphens [0-9A-Za-z-]. Identifiers MUST NOT be empty. Numeric identifiers MUST NOT include leading zeroes. Pre-release versions have a lower precedence than the associated normal version. A pre-release version indicates that the version is unstable and might not satisfy the intended compatibility requirements as denoted by its associated normal version. Examples: 1.0.0-alpha, 1.0.0-alpha.1, 1.0.0-0.3.7, 1.0.0-x.7.z.92, 1.0.0-x-y-z.-.

Build metadata MAY be denoted by appending a plus sign and a series of dot separated identifiers immediately following the patch or pre-release version. Identifiers MUST comprise only ASCII alphanumerics and hyphens [0-9A-Za-z-]. Identifiers MUST NOT be empty. Build metadata MUST be ignored when determining version precedence. Thus two versions that differ only in the build metadata, have the same precedence. Examples: 1.0.0-alpha+001, 1.0.0+20130313144700, 1.0.0-beta+exp.sha.5114f85, 1.0.0+21AF26D3—117B344092BD.

Precedence refers to how versions are compared to each other when ordered.

Precedence MUST be calculated by separating the version into major, minor, patch and pre-release identifiers in that order (Build metadata does not figure into precedence).

Precedence is determined by the first difference when comparing each of these identifiers from left to right as follows: Major, minor, and patch versions are always compared numerically.

Example:  $1.0.0 < 2.0.0 < 2.1.0 < 2.1.1$ .

When major, minor, and patch are equal, a pre-release version has lower precedence than a normal version:

Example:  $1.0.0\text{-alpha} < 1.0.0$ .

Precedence for two pre-release versions with the same major, minor, and patch version MUST be determined by comparing each dot separated identifier from left to right until a difference is found as follows:

Identifiers consisting of only digits are compared numerically.

Identifiers with letters or hyphens are compared lexically in ASCII sort order.

Numeric identifiers always have lower precedence than non-numeric identifiers.

A larger set of pre-release fields has a higher precedence than a smaller set, if all of the preceding identifiers are equal.

Example: 1.0.0-alpha < 1.0.0-alpha.1 < 1.0.0-alpha.beta < 1.0.0-beta < 1.0.0-beta.2 < 1.0.0-beta.11 < 1.0.0-rc.1 < 1.0.0.



## 10 Configuration Management

Configuration files shall be used in every software design used and developed by Medical Data Networks LLC. The intent with this use of configuration files is to eliminate and/or reduce the use of command line functions to control and configure the components of T1Pal operations. In addition, all such configuration files shall be managed as code within the github software repository.

Configuration files will be read upon the deployment and/or restart of new software components.

Configuration files shall themselves be versioned (refer to Semantic Versioning guidelines).

## **11 Performance Management**

For all software services provided via API, “health check” probes shall be provided to measure the response time of the API under load. The response time should include measures of internal “real-world” function of the API, preferably using test credentials that fully test database connectivity, database functions, and health checks of subtending API services.

Time series logs of health check calls shall be logged for the most recent 30 days. Tools to use the logs to display charts and graphs shall be provided with the deployment of new API versions.

### **11.1 References**

1. 21 CFR 820
2. FDA
3. Quality System Regulation
4. ISO 13485:2016 Clause 4.2.5

## 12 Billing Management

“Stripe.com” and “Servicebot.io” are providers of billing services to T1Pal operations. These providers are separate and independent companies that provide all of the credit card and related payment services to T1Pal software operations. All communications between T1Pal, and subscribers, to/from these providers is encrypted using standard SSL methods.

Generally, processing payments through a credit card processor creates personally identifiable information (PII) that must be secured both in transmission and storage. However, US Health and Human Services (HHS) have stated that collecting payments is excluded explicitly from HIPAA mandates.

For T1Pal to continue to utilize Stripe for invoicing, and financial analysis, T1Pal will need to get a Business Associate Agreement (BAA) from Stripe, and configure use of Stripe to comply with HIPAA requirements. A BAA template is expected in follow-on revisions to this QMS.

In addition, Payment Card Industry Data Security Standards (PCI DSS). sets the minimum standard for credit card data security, and requires a periodic audit of security operations. T1Pal expects to achieve PCI Level 4 compliance, which includes use of a checklist and an annual audit. Both the checklist and actual audit results will be managed in revisions to this QMS.

## 13 Release and Operations Management

### T1Pal Code Repository and the Gitflow Process

It is the standard procedure to use github.com as a service provider for software. In addition, it is the standard procedure to follow the “Gitflow” method for managing improvements to software targeted for the T1Pal platform. Gitflow as tailored to meet T1Pal requirements is further described in the QMS SOP\_0008\_Gitflow\_Tailoring.md section of this QMS system.

Any and all software released as part of T1Pal shall first be introduced to (i.e. created on) the T1Pal platform as a branch of the T1Pal github code repository. All software is created first on either of the following two branches:

1. “**feature**” branch – for software not yet associated with a release.
2. “**development**” branch – for software definitely targeted to a particular release.

Following the “**gitflow**” process, all T1Pal “code” goes into this github code repository.

By “code” we include the following artifacts:

- software of any particular language (javascript, Ruby, PHP, BASH)
- configuration files (e.g. nginx, apache web server configuration files)
- service definition files (e.g. docker files, .yaml files for Kubernetes, HOLM charts)
- Instructions for manually configuring services from a particular platform service provider (e.g. Digital Ocean servers, AWS, MongoDB, Redis, postgresdb)

Component services built on Docker containers shall be “built” using Docker files controlled by 1) a docker command-line or 2) a script.

In either case, the command-line and/or the script shall itself be included in the development github repository. Configuration parameters for all functions of a docker container shall be provided within the Docker file, and stored in the github repository.

A specific BASH script shall be used to trigger the transfer and activation of new product instances.

T1Pal uses a number of external services that are configured manually and then operationally accessed using a well-defined API. These including stripe.com, servicebot.io, MongoDB, postgresdb, DNS, Kubernetes clusters, and Digital Ocean hosting services. It is the goal of T1Pal to leverage all such public services to the maximum extent possible, subject to operational cost, reliability, security, and performance requirements.

Step-by-step procedures to manually create and utilize any external service shall be documented in the T1Pal development github repository in .md format.

**Release Process** A “release” of new or changed software to production amounts to promoting the “staging” branch of the github repository to the “master” branch of the github repository, where it can be tested prior to final release.

The production branch of the repository “should” exactly match the deployed production software.

The release process generally involves logging into a production server so as to remotely “check out” the correct development branch from the github repository. Each component of the T1Pal system has it’s own “repo” that has a development, staging, feature, and release branches.

The “staging” branch of the github repository contains the tested final version to be promoted to production. The “staging” branch is subject to extensive testing and is only available to operations staff.

A “run-book” is a check-list style document (stored in the github repository) that provides all of the methods and procedures needed to promote a “staging” branch to the “production” branch and test for correct operation. Testing of the run-book is also done in the staging environment.

Prior to checking out the production software on a T1Pal component (from the master repo), a data transition script may be required to prepare the production environment with the right data, in the right schema. A backup of the production data must be done for all software changes impacting data.

## **Operations Management**

The T1Pal solution is in fact an interworking set of services that are each somewhat independent of each other. The run-book described above is used to direct operations staff to reports, displays of data flows, lists of resources consumed, and response times for specified components.

The operations staff must monitor all displays and reports continuously 24 x 7 x 365 and at the same time monitor trouble ticket complaints.

In the event of an outage of any kind, the outage must be documented on freshstatus.com web site so as to alert customers subscribing to that service. <https://t1pal-995.freshstatus.io/> Any and all observed impairments to any T1Pal components should be entered into a trouble ticket. The trouble ticket system is configured to receive emails directed to support@t1pal.com The trouble ticketing system is at t1pal.helpy.io