# Quality System Procedure and forms were updated to align with IMDRF (International Medical Device Regulatory Forum) Annex Codes. Link to IMDRF Codes is <a href="https://example.com/here/4016/bit/4016/">here</a>

No	Document Type
1	QSP 8.2.2 Complaint Handling
2	Form QSP 8.2.2-1 Complaint Handling
3	QSP 8.5 Corrective and Preventive Action
4	Form 8.5-1 Corrective and Preventive Action
5	QSP 8.3 Control of Nonconforming Product
6	Form QSP 8.3-1 Control of Nonconforming Product

Annex Title		Description
Α	Medical Device Problem	Types of device issues (e.g., interaction, manufacturing, chemical).
В	Type of Investigation	Categories of investigational approaches to determine root cause.
С	Investigation Findings	Specific outcomes or results uncovered during an investigation.
D	Investigation Conclusion	Summarized conclusions of investigative work.
E	Health Effects – Clinical Signs & Symptoms or Conditions	Observed clinical signs, symptoms, and conditions from adverse events.
F	Health Effects – Health Impact	Consequences/outcomes affecting the individual (e.g., severity, hospitalization).
G	Medical Device Component	Terminology for device parts/components involved in an adverse event.

The design control and IVD clinical performance study form was updated to calculate the cost associated with studies based on device, operators, instruments required and number of patient sample required etc.

7	QSP 7.3 Design and Development
8	Form Clinical Performance Studies Design

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### **QSP Form**

## Form 8.2-2-1 Complaint Form

#### **Revision History**

Revision	Change Description	Initiator	Date
1	Initial Release	Vinod Rajendran	09/18/2014
2	Updated to comply with ISO 13485:2016 Standard	Karthik Krishna	06/09/2017
3	Updated Part C to address SGS 2021 minor audit finding CAR no.1 to verify that FMEA or 5 Whys are conducted, corrective actions are documented, and objective evidence is attached.	Karthik Krishna	04/06/2021
4	Updated Form to Comply to EU IVDR, FDA QSR and Rest of the World regulatory requirements	Violet Nunes	06/18/2024
5	Updated to align with IMDRF Regulations	Hemal Kurani	07/09/2024

#### **Approval List**

Department / Function	Print Name	Date	Signature Approvals
Quality Assurance Manager		06/18/2024	
Management Representative		06/18/2024	

**PART A: Complaint Summary** 

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COMP Number:	
Complaint Open Date:	
Complaint Close Date:	
Complaint Incident Date:	
Complaint Aware Date:	
Complaint Workflow Status:	
Complaint Type:	
Compliant Logger:	
PART B: Customer Information	
Customer Name:	
Customer Address:	
Customer Contact Name:	
Customer Phone Number:	
Customer Email Address:	
PART C: Product Information	
Product Type:	
Product Item Number:	
Product Name:	
Serial Number (Hardware):	
Lot Number (Reagent):	
Software Release Number:	
Software Release Number:  Product UDI Number:	
Product UDI Number:	
Product UDI Number: Sales Order Number:	
Product UDI Number: Sales Order Number: Source of Complaint:	
Product UDI Number: Sales Order Number: Source of Complaint: Medical Device?	
Product UDI Number:  Sales Order Number:  Source of Complaint:  Medical Device?  Item to be Returned:  Returned Material	

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(IMDRF Annex A)	
Type of Investigation:	
(IMDRF Annex B)	
Investigation Findings:	
(IMDRF Annex C)	
Product Component	
Describing the Parts which were involved in or affected	
(IMDRF Annex G)	
Complaint Logger Summary:	
Complaint Logger	
Investigation Details:	
Part D: Reportability Summary	
Regulatory Analyst Assigned To:	
Regulatory Analyst Assigned To: Regulatory Analyst	
Regulatory Analyst Assigned To: Regulatory Analyst Assignment Open Date:	
Regulatory Analyst Assigned To: Regulatory Analyst Assignment Open Date: Regulatory Analyst	
Regulatory Analyst Assigned To: Regulatory Analyst Assignment Open Date: Regulatory Analyst Assignment Due Date:	
Regulatory Analyst Assigned To:  Regulatory Analyst Assignment Open Date:  Regulatory Analyst Assignment Due Date:  Risk Severity:	
Regulatory Analyst Assigned To: Regulatory Analyst Assignment Open Date: Regulatory Analyst Assignment Due Date: Risk Severity: Risk Occurrence:	
Regulatory Analyst Assigned To:  Regulatory Analyst Assignment Open Date:  Regulatory Analyst Assignment Due Date:  Risk Severity:  Risk Occurrence:  Risk Assessment Affected:	
Regulatory Analyst Assigned To:  Regulatory Analyst Assignment Open Date:  Regulatory Analyst Assignment Due Date:  Risk Severity:  Risk Occurrence:  Risk Assessment Affected:  Risk Assessment File:	
Regulatory Analyst Assigned To:  Regulatory Analyst Assignment Open Date:  Regulatory Analyst Assignment Due Date:  Risk Severity:  Risk Occurrence:  Risk Assessment Affected:	
Regulatory Analyst Assigned To: Regulatory Analyst Assignment Open Date: Regulatory Analyst Assignment Due Date: Risk Severity: Risk Occurrence: Risk Assessment Affected: Risk Assessment File: Field Corrective Action	
Regulatory Analyst Assigned To:  Regulatory Analyst Assignment Open Date:  Regulatory Analyst Assignment Due Date:  Risk Severity:  Risk Occurrence:  Risk Assessment Affected:  Risk Assessment File:  Field Corrective Action Required:	

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Date:	
Field Corrective Action Summary:	
Field Corrective Action Close Date:	
Reportable Security Incident	
Reportable Privacy Incident	
Adverse Event?	
Investigation Health Effects – Clinical Signs and Symptoms or Conditions Regulatory Assessment: (IMDRF Annex E)	
Investigation Health Impact Regulatory Assessment: (IMDRF Annex F)	
Health Impact Regulatory Assessment Summary:	
Reportable Adverse Event:	
Adverse Event Report Open Date:	
Adverse Event Report Due Date:	
Adverse Event Reported Countries:	
Adverse Event Report Summary:	
Adverse Event Report Close Date:	
Regulatory Impact to Registrations	
Regulatory Analyst Summary:	
Regulatory Analyst Assignment Close Date:	
Part D: Investigation Details - R	coot Cause

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Quality Analyst Assigned To:	
Quality Analyst Assignment Open Date:	
Quality Analyst Assignment Due Date:	
Investigation Required:	
No Investigation Required Justification:	
Investigation Root Cause Conclusion:	
(IMDRF Annex D)	
Root Cause Details of the Problem as found in Investigation Conclusion:	
(Hint – Use the FMEA, or 5 Whys as applicable shall be documented for IMDRF Annex D):	
- II I	
Quality Analyst Investigation Root Cause Approval Date:	
Root Cause Approval Date:	orrective Actions / Preventive Actions
Root Cause Approval Date:	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?  Corrections Plan Assigned To:	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?  Corrections Plan Assigned To:  Corrections Plan Open Date:	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?  Corrections Plan Assigned To:  Corrections Plan Open Date:  Corrections Plan Due Date:  Corrections Plan Completed	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?  Corrections Plan Assigned To:  Corrections Plan Open Date:  Corrections Plan Due Date:  Corrections Plan Completed Summary:	orrective Actions / Preventive Actions
Root Cause Approval Date:  Part E: Investigation Details - Corrections Plan (Immediate Containment):  Will the above plan fix the immediate problem?  Corrections Plan Assigned To:  Corrections Plan Open Date:  Corrections Plan Due Date:  Corrections Plan Completed Summary:  Corrections Plan Close Date:	orrective Actions / Preventive Actions

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Assigned Open Date:	
Corrective Actions Plan Due Date:	
Corrective Actions Plan Completed Summary:	
Corrective Actions Plan Completion Close Date:	
Preventive Actions Plan:	
Preventive Actions Plan Assigned To:	
Preventive Actions Plan Assigned Open Date:	
Preventive Actions Plan Due Date:	
Preventive Actions Plan Completed Summary:	
Preventive Actions Plan Completion Close Date:	
Will the above plan fix the root cause of the problem so it will not recur / occur?	
Quality Analyst Investigation Corrective and Preventive Actions Approval Date:	
PART F: Customer Resolution D	Details
Resolution Method:	
Resolution Summary:	
Resolution Provider Name:	
Resolution Close Date:	
PART G: Extension Request	
Extension Required:	
Reason for Extension:	
New Complaint Close Date:	
PART H: Cross Reference	

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Ticket Number:	
Complaint Number:	
CAPA Number:	
NCR Number:	
SCAR Number:	
Software Defect Number:	
PART I: Final QA Review, Appro	val and Complaint Closure
Quality Analyst Reviewed by:	
Quality Analyst Review Date:	

No	IVD Performance Studies Design Summary Rev 1	Objective	Guidances	Statistical Method	Acceptance Criteria	Low End Sample Size	High End Sample Size	(positive)		(positive)	High End (negative) Sample Size	Sites	Reagent Lots	Operators	Number of Day	Runs per Day	Replicates per Run	Sample Levels	Sample Cost	Site Cost	Reagant Lot Cost	Operators Cost	Total Low- End Cost	Total High End Cost	
		The objective of the reproducibility study is to demonstrate the closeness of the agreement between the results of measurements of the same		Imprecision	Lot-to-Lot Imprecision CV ± 20% CV, except ±																				$f(x) = Q^*(100G) f(x) = Q^*(100H)$
3	Analytical Performance - Reproducibility Study - 3 different sites and lots	analyte carried out under changed conditions. This includes obtaining test results with the same method on identical test items in different labs, with different operators using different equipment.	CLSI EP05-A3, CLSI EP26-A	Standard Deviation (SD)/Mean	25% at LOD Site-to-Site Imprecision CV ± 20% CV, except ± 25% at LOD	60	120	30	30	60	60	3	3	3	20	2	2	High and Lov Levels	w 100	1000	1000	100	24600	36600	+ 1000M + 1000M + 1000N + 1000O)
4	Precision/Reproducibility - Intra Assay	The objective of the Intra Assay Precision Study is to describe the variation of results within a data set obtained from one experiment. "Intra" refers to variation between replicates within a single assay run. Intra assay CV is used to monitor this variation within the same assay.	CLSI EP05-A3	CV = 100% x Standard Deviation	Intra Run (Within Run) CV ± 20% CV, except ± 25% at LOD	20	50	10	10	25	25	1	1	1	1	1	3	3 Levels	100	1000	1000	100	4100	7100	
5	Analytical Performance - Precision/Reproducibility - Inter Assay	The objective of the Inter Assay Precision Study is to demonstrate variation of results across repeated experiments. "Inter"	CLSI EP05-A3	Standard	Inter Assay CV ± 20% CV, except ± 25% at LOD	30	60	15	15	30	30	1	1	1	3	1	2	3 Levels	100	1000	1000	100	5100	8100	
6	Analytical Performance -	The objective of the Inter Assay Inter Lot Precision Study is to demonstrate variation between runs using different reagent lots. It monitors precision using inter assay CV across different assay days. No claims made on linearity.	CLSI EP05-A3, EP09-A	Standard	Lot-to-Lot CV ± 20% CV, except ± 25% at LOD	40	80	20	20	40	40	1	2	2	5	1	2	3 Levels	100	1000	1000	100	7200	11200	
7	Analytical Performance - Linearity/Assay Reportable Range	Linearity can be evaluated per	CLSI EP06-A	N/A	N/A	10	40	-	-	-	-	1	1	1	1	1	3	Full range	100	1000	1000	100	3100	6100	
8	Analytical Performance - Traceability	Analytical traceability links results to a standard reference to ensure comparability and repeatability. It ensures results remain accurate across labs and systems.  Traceability is validated through IQC programs that check for clinically tolerable measurement errors and detect deviations.		N/A	N/A	30	50	15	15	25	25	1	1	1	1	1	3	Standard levels	100	1000	1000	100	5100	7100	
9	Analytical Performance - Expected	In IVD testing, the analytical expected value represents the measurement outcome expected when an IVD assay is tested under specific conditions with known control samples. This helps ensure diagnostic test accuracy and reliability by benchmarking against reference standards.	CLSI EP28-A3C	N/A	N/A	50	100	25	25	50	50	1	1	1	1	1	1	Expected levels	100	1000	1000	100	7100	12100	
10	Analytical Performance - Limit of Blank	The objective of the Limit of Blank (LoB) Study is to determine the	CLSI EP17-A2	LoB = meanblank + Cp*(SDblank)	-	30	50	-	-	-	-	1	1	1	3	1	1	Blank level	100	1000	1000	100	5100	7100	
11	Analytical Performance - Assay Cut Off	The Assay Cut Off Study aims to establish a decision point to distinguish between positive and negative results based on analyte-specific clinical significance.	CLSI EP12-A	Calculated during design validation using ROC curve analysis	-	50	100	25	25	50	50	1	1	1	3	1	1	Cut-off level	100	1000	1000	100	7100	12100	
12	Analytical Performance - Limit of Detection	This study aims to establish the lowest amount of analyte that can be detected but not necessarily quantified as an exact value.	CLSI EP17-A2	LoD = LoB + Cp*(SD low concentration sample)	-	40	80	20	20	40	40	1	1	1	3	1	2	LOD levels	100	1000	1000	100	6100	10100	
13	Analytical Performance - Method Comparison Study - Analytical Accuracy	assessed through positive predictive value, negative predictive value, and total agreement.	CLSI EP09-A3	PPA > 90% NPA > 90% Total Agreement > 90%	-	50	100	25	25	50	50	3	1	1	1	1	1	Full range	100	1000	1000	100	9100	14100	
14	Method Comparison Study - Matrix	A Matrix Comparison assesses how well an IVD test performs across different sample matrices (e.g., whole blood, plasma, serum, urine) to ensure consistent results across biological sample types.	CLSI EP14-A	N/A  Clinical Sensitivity =	N/A	40	80	20	20	40	40	1	1	1	1	1	1	All matrices	100	1000	1000	100	6100	10100	
15	Clinical Study - Clinical Sensitivity, Clinical Specificity, Confidence Interval	Sensitivity, Clinical Specificity,	Clinical Study - Clinical Sensitivity, Clinical Specificity Confidence Interval	100% x TP/(TP+FN) Clinical Specificity = 100% x TN/(FP +TN) Clopper- Pearson formula for calculating confidence	Literature comparison Report with 95% CI	200	400	100	100	200	200	5	1	3	1	1	1	Positive/Neg ive	100	1000	1000	100	26300	46300	
16	Clinical Study - Clinical Cut Off	Defines the clinical cut-off using population data to provide decision points for diagnosing based on clinical significance.	CLSI EP12-A	interval N/A	N/A	50	100	25	25	50	50	2	1	3	1	1	1	Population levels	100	1000	1000	100	8300	13300	

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17	Analytical Performance - Analytical Specificity - Interference	This study identifies causes of clinically significant bias due to specific interfering substances (e.g., hemoglobin, bilirubin, triglycerides) that may impact analyte measurement.	CLSI EP07	Spiked sample % deviation ± 20% at each level tested	-	30	60	15	15	30	30	1	1	1 1	1 All interferences 100	1000	1000	100	5100	8100	
18	Analytical Performance - Accelerated Stability - Shelf Life Stability	Verifies stability under accelerated conditions to support	CLSI EP25-A	Expected)/(Ex pected) Arrhenius Equation with Accelerated Stability	Deviation % ± 25% for raw data and ± 20% for unit data at each time point Accelerated Study Shelf		50	-	-	-	-	1 1	1	3 1	1 Stability points 100	1000	1000	100	5100	7100	
19	Analytical Performance - Real Time Stability - Shelf Life Stability	Real-time stability assessment to establish expiration dating, supporting stability claims throughout the product's lifespan in recommended storage conditions.	CLSI EP25-A	Deviation % = 100% x (Obtained - Expected)/(Expected)	20% for unit data at each		50	-	-	-	-	1 1	1	Real-time 1	1 Stability points 100	1000	1000	100	5100	7100	
20	Analytical Performance - Stability - Open Kit Stability	Evaluates the stability of reagents after the kit has been opened but before active use, under recommended storage conditions. It assesses parameters such as potency, clarity, pH, and color stability.	CLSI EP25-A	100% x (Obtained - Expected)/(Ex	25% 101 Taw		40	-	-	-	-	1 1	1	1 1	1 Stability points 100	1000	1000	100	4100	6100	
21	Analytical Performance - Stability - In Use Kit Stability	repeated opening, exposure, and potential contamination.		100% x (Obtained - Expected)/(Ex	Idata and +		40	-	-	-	-	1 1	1	1 1	1 Stability points 100	1000	1000	100	4100	6100	
22	Shipping Study	Confirms stability of the shipping container and its contents under simulated transport and temperature conditions.	CLSI EP25-A	N/A	N/A	20	40	-	-	-	-	1	1	1 1	1 Stability points 100	1000	1000	100	4100	6100	
23	Specimen Stability Study	Confirms stability across various specimen types under specific	CLSI EP25-A	N/A	N/A	30	50	-	-	-	-	1 1	1	Varies 1	1 Storage levels 100	1000	1000	100	5100	7100	
	Training Sample Set - Accuracy and Precision	The objective of the training is to facilitate learning and development of the complete assay by the Clinical Laboratory Specialist and Clinical Laboratory Assistants test personnels. This will include  1) Assay Workflow 2) Assay Processing SOP, Protocol and Steps	CLSI EP09-A2, CLSI EP05-	Agreement = 100% x (a+d)/(a+b+c+d) Imprecision	PPA > 95% NPA > 95% Total Agreement >	6	12	3	3	6	6	1 1	3	1 2	High and Low Levels	1000	1000	100	5800	7000	
	Familiarization Sample Set - Accuracy and Precision (Familiarization period)	The objective of the device familiarization is to ensure that study site by the Clinical Laboratory Specialist and Clinical Laboratory Assistants by test personnels can independently run the test and demonstrate complete proficiency. This will include:  1) Operation of Instruments 2) Handling of Assay Kits 3) Operators to become familiar with the evaluaton SOP and assay protocol 4) Independent Execution of Assay Tests 5) Test Run Batch Records Documentation 6) Test Data Handling and Storage  The study site personnel will independently test the respresentative set of positive and negative samples.	CLSI EP09-A2, CLSI EP05-	Agreement = 100% x (a+d)/(a+b+c+d) Imprecision	PPA > 95% NPA > 95% Total Agreement >	12	24	6	6	12	12	2 2	6	2 4	2 High and Low Levels 100	1000	1000	100	23200	28000	