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The Accreditation Scheme for Conformity Assessment (ASCA) Program

Guidance for Industry, Accreditation Bodies, Testing Laboratories, and Food and Drug Administration Staff

DRAFT GUIDANCE

This draft guidance document is being distributed for comment purposes only.

Document issued on September 23, 2024.

You should submit comments and suggestions regarding this draft document within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff, Food and Drug Administration, 5630 Fishers Lane, Room 1061, (HFA-305), Rockville, MD 20852. Identify all comments with the docket number listed in the notice of availability that publishes in the *Federal Register*.

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When final, this guidance will supersede “The Accreditation Scheme for Conformity Assessment (ASCA) Pilot Program Guidance for Industry, Accreditation Bodies, Testing Laboratories, and Food and Drug Administration Staff,” issued September 25, 2020.



U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Center for Biologics Evaluation and Research

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See additional PRA statement in [Section XIV](#) of this guidance

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Preface

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The Accreditation Scheme for Conformity Assessment (ASCA) Program

Guidance for Industry, Accreditation Bodies, Testing Laboratories, and Food and Drug Administration Staff

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff or Office responsible for this guidance as listed on the title page.

I. Introduction

The Accreditation Scheme for Conformity Assessment Program (hereafter referred to as the ASCA Program) is authorized under section 514(d) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).¹ In accordance with amendments made to section 514 by the FDA Reauthorization Act of 2017 (FDARA),² and as part of the enactment of the Medical Device User Fee Amendments of 2017 (MDUFA IV),³ FDA was directed to issue a guidance regarding the goals and implementation of the ASCA Program in a pilot phase.⁴ FDA is concluding the ASCA pilot phase and establishing an ongoing ASCA Program, in accordance with amendments made to section 514 by section 2005 of the FDA User Fee Reauthorization Act of 2022, part of the Medical Device User Fee Amendments of 2022 (MDUFA V).⁵ The establishment of the goals, scope, procedures, and a suitable framework for the voluntary ASCA Program supports the

¹ 21 U.S.C. 360d(d)

² See Pub. L. 115-52

³ See also MDUFA IV Commitment Letter: <https://www.fda.gov/media/100848/download>

⁴ Available at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/accreditation-scheme-conformity-assessment-asca-pilot-program> issued on September 25, 2020.

⁵ See Pub. L. 117-180, Division F: “FDA User Fee Reauthorization Act of 2022” (FUFRA)

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26 Agency’s continued efforts to use its scientific resources effectively and efficiently to protect and
27 promote public health. FDA believes the voluntary ASCA Program may further encourage
28 international harmonization of medical device regulation because it incorporates elements, where
29 appropriate, from a well-established set of international conformity assessment practices and
30 standards (e.g., ISO/IEC 17000 series). The voluntary ASCA Program does not supplant or alter
31 any other existing statutory or regulatory requirements governing the decision-making process
32 for premarket submissions.

33 When finalized, this draft guidance is intended to supersede the “The Accreditation Scheme for
34 Conformity Assessment (ASCA) Pilot Program Guidance for Industry, Accreditation Bodies,
35 Testing Laboratories, and Food and Drug Administration Staff,” issued September 25, 2020.

36 This guidance refers to voluntary consensus standards.⁶ For the current version of any FDA-
37 recognized consensus standard referenced in this document, see the [FDA-Recognized Consensus
38 Standards Database](#). For more information regarding use of consensus standards in regulatory
39 submissions, please refer to the FDA guidance titled [Appropriate Use of Voluntary Consensus
40 Standards in Premarket Submissions for Medical Devices](#) and [Standards Development and the
41 Use of Standards in Regulatory Submissions Reviewed in CBER](#).

42 In general, FDA guidance documents, including this guidance, do not establish legally
43 enforceable responsibilities. Instead, guidances describe the Agency’s current thinking on a topic
44 and should be viewed only as recommendations, unless specific regulatory or statutory
45 requirements are cited. The use of the word *should* in Agency guidance means that something is
46 suggested or recommended, but not required.

47 **II. Background**

48 FDARA amended section 514 of the FD&C Act by adding a new subsection (d) titled “Pilot
49 Accreditation Scheme for Conformity Assessment.”⁷ Section 514(d) required FDA to establish a
50 pilot program under which testing laboratories may be accredited by accreditation bodies
51 meeting criteria specified by FDA to assess the conformance of a device within certain FDA-
52 recognized consensus standards. Section 514(d) was amended in 2022⁸ to align language with
53 the conformity assessment community (e.g., “results” replacing “determinations”), to modify
54 514(d) to reflect the processes developed during the ASCA pilot (i.e., processes for accreditation
55 bodies), and to provide for continued operation of the ASCA Program (i.e., removal of
56 514(d)(3)(A-C) and 514(d)(4) Sunset).

57 Section 514(d) states that test results by accredited testing laboratories that support that a device
58 conforms with a standard included as part of the ASCA Program shall be accepted by FDA for

⁶ For the purposes of this guidance, the term ‘standard’ or ‘standards’ will be used to refer to ‘consensus standard’ or ‘consensus standards’.

⁷ See Pub. L. 115-52, section 205

⁸ See Pub. L. 117-180, Division F: FUFRA

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59 the purposes of demonstrating such conformity unless FDA finds that such results shall not be so
60 accepted.⁹

61 The statute provides that FDA may review results by accredited testing laboratories, including by
62 conducting periodic audits of such results or of the processes of accreditation bodies or testing
63 laboratories.¹⁰ Following such a review, or if FDA becomes aware of information materially
64 bearing on safety or effectiveness of a device tested by an accredited testing laboratory, FDA
65 may take additional measures as determined appropriate, including suspension or withdrawal of
66 accreditation of a testing laboratory or recognition of an accreditation body,¹¹ or a request for
67 additional information regarding a specific device.¹²

68 **III. Overview**

69 Under the ASCA Program’s conformity assessment scheme, ASCA-recognized accreditation
70 bodies accredit testing laboratories using ISO/IEC 17025:2017: *General requirements for the*
71 *competence of testing and calibration laboratories* and the ASCA Program specifications
72 (detailed in any standards-specific guidance documents) associated with each FDA-recognized
73 consensus standard and test method included in the ASCA Program.

74 ASCA-accredited testing laboratories may conduct testing to provide data used to determine
75 conformance of a device with one or more of the FDA-recognized consensus standards and test
76 methods included in the ASCA Program. When an ASCA-accredited testing laboratory conducts
77 testing under the ASCA Program, it should provide to the device manufacturer all information
78 listed in the relevant ASCA Program specifications, including an ASCA summary test report.

79 Device manufacturers may choose to use an ASCA-accredited testing laboratory to conduct
80 testing for premarket submissions to FDA. A device manufacturer that uses an ASCA-accredited
81 testing laboratory to perform testing in accordance with the provisions of the ASCA Program can
82 then include a declaration of conformity (ASCA DOC) with any necessary supplemental
83 documentation (e.g., an ASCA summary test report) as part of a premarket submission to FDA.

84 Under the ASCA Program, FDA generally will accept results from ASCA-accredited testing
85 laboratories when accompanied by an ASCA DOC and appropriate supplemental documentation
86 (e.g., an ASCA summary test report) and when the standard and test methods are within the
87 testing laboratory’s scope of *ASCA Accreditation* at the time of testing (*Refer to [Section XIII](#) of*
88 *this guidance*).

⁹ See section 514(d) of the FD&C Act.

¹⁰ See section 514(d) of the FD&C Act. Note that this section of the Act refers to “accreditation bodies” as “accredited bodies.”

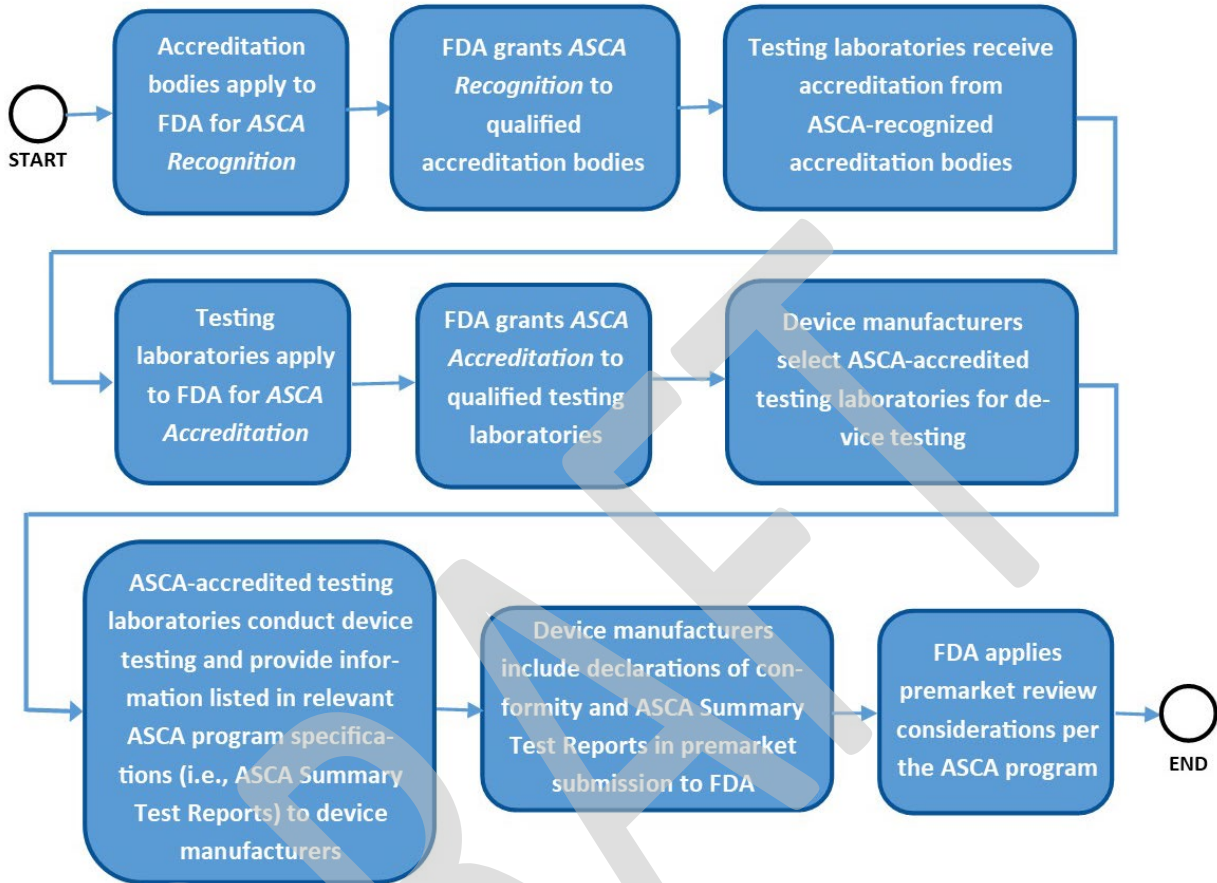
¹¹ Section 514(d) allows FDA to take additional measures “such as suspension or withdrawal of accreditation of such testing laboratory.”

¹² See section 514(d) of the FD&C Act.

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89 Figure 1 illustrates the process flow for the ASCA Program as described above and in Sections
90 [X.](#) and [XI.](#) of this guidance.



91
92 *Figure 1 Process flow for the ASCA Program.*

93 The [ASCA website](#) provides information about the ASCA Program (e.g., how to participate in
94 the ASCA Program) as well as links to information related to the ASCA Program specifications,
95 ASCA summary test reports, and ASCA DOC discussed in this guidance document.

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97 **IV. Scope**

98 This guidance describes the goals and operation of the ASCA Program as required by section
99 514(d) of the FD&C Act. Specifically, this guidance describes the following:

- 100 • The criteria specified in guidance by the Secretary¹³ used to determine whether and how
101 an accreditation body or testing laboratory may participate in the ASCA Program. These
102 criteria include:
- 103 ○ the qualifications accreditation bodies and testing laboratories must meet to
104 participate in the ASCA Program (*Refer to Sections [X.A.](#) and [XI.A.](#) of this*
105 *guidance*);
 - 106 ○ the application process, including recommended application contents, for
107 participation in the ASCA Program (*Refer to Sections [X.B.](#) and [XI.B.](#) of this*
108 *guidance*); and
 - 109 ○ signed agreements for ASCA-recognized accreditation bodies and ASCA-
110 accredited testing laboratories governing participation in the ASCA Program
111 (*Refer to Appendices [A](#) and [B](#) of this guidance*).
- 112 • The process by which device manufacturers may incorporate testing from ASCA-
113 accredited testing laboratories in a submission to FDA for the purpose of demonstrating
114 conformance of a device with FDA-recognized consensus standards and test methods
115 included in the ASCA Program¹⁴ (*Refer to [Section XII](#) of this guidance*).
- 116 • The policy regarding Agency review of results by ASCA-accredited testing laboratories:
117 such results shall be accepted by the Secretary for purposes of demonstrating such
118 conformity unless the Secretary finds that certain results of such tests should not be so
119 accepted¹⁵ (*Refer to [Section XIII](#) of this guidance*).
- 120 • The processes and policies FDA intends to follow when conducting periodic audits of
121 such results or of the processes of accredited bodies or testing laboratories¹⁶ (*Refer to*
122 *Sections [X.D.](#) and [XI.D.](#) of this guidance*).
- 123 • The processes and policies FDA intends to follow regarding suspension or withdrawal of
124 *ASCA Accreditation* or *ASCA Recognition* and requesting additional information¹⁷ (*Refer*
125 *to Sections [X.E.](#), [XI.E.](#), [XI.F.](#), and [XIII](#) of this guidance*).

126 The ASCA Program guidance(s) do not address all of the specific content which may be
127 necessary to support a particular premarket submission. For more information about the use of
128 standards for device review, visit the [Standards and Conformity Assessment Program website](#).
129 See also FDA's guidance, [CDRH Standard Operating Procedures for the Identification and](#)

¹³ See section 514(d) of the FD&C Act.

¹⁴ See section 514(d) of the FD&C Act.

¹⁵ *Ibid*

¹⁶ *Ibid*

¹⁷ *Ibid*

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130 [Evaluation of Candidate Consensus Standards for Recognition](#) FDA’s guidance, [Appropriate Use](#)
131 [of Voluntary Consensus Standards in Premarket Submissions for Medical Devices](#), and FDA’s
132 guidance [Standards Development and the Use of Standards in Regulatory Submissions Reviewed](#)
133 [in CBER](#).

134 This guidance document is not intended to be a complete resource for understanding conformity
135 assessment. Conformity assessment resources used to develop the ASCA Program are described
136 in [Section V](#). of this guidance.

137 V. Terminology in the ASCA Program

138 This section provides definitions for key terms used in the ASCA Program. Where possible,
139 FDA has used terms already defined in the international standard ISO/IEC 17000:2004
140 Conformity assessment – Vocabulary and general principles (hereafter referred to as “ISO/IEC
141 17000”) and ISO/IEC 17011 ISO/IEC 17011:2017: *Conformity assessment – Requirements for*
142 *accreditation bodies accrediting conformity assessment bodies* (hereafter referred to as “ISO/IEC
143 17011”). Footnotes in this section indicate when a term is identical to one used in ISO/IEC
144 17000 or ISO/IEC 17011. Some definitions within ISO/IEC 17000 and ISO/IEC 17011 refer to
145 “requirements;” FDA’s references to them for the ASCA Program do not make them legal or
146 regulatory requirements. In certain circumstances, FDA has created new terminology to describe
147 specific aspects of the ASCA Program.

- 148 • **Accreditation:** third-party attestation related to a conformity assessment body conveying
149 formal demonstration of its competence to carry out specific conformity assessment
150 tasks.¹⁸ An accreditation body may or may not accredit a testing laboratory independent
151 of a laboratory’s participation (or desire to participate) in the ASCA Program.
- 152 • **Accreditation body:** authoritative body that performs accreditation.¹⁹
- 153 • **ASCA-accredited testing laboratory:** testing laboratory that has been granted *ASCA*
154 *Accreditation* by FDA. ASCA-accredited testing laboratories may state their testing as
155 having been conducted under the ASCA Program if the FDA-recognized consensus
156 standards and test methods were within their scope of *ASCA Accreditation* at the time of
157 testing. ASCA-accredited testing laboratories attend training, communicate with FDA,
158 receive periodic audits, and agree to follow the other processes and policies outlined in
159 this guidance (*Refer to [Section XI](#) of this guidance*).
- 160 • **ASCA-recognized accreditation body:** accreditation body that has been granted *ASCA*
161 *Recognition* by FDA. ASCA-recognized accreditation bodies may state their
162 accreditation activities as having been conducted under the ASCA Program if the FDA-
163 recognized consensus standards and test methods were within their scope of *ASCA*
164 *Recognition* at the time of accreditation; ASCA-recognized accreditation bodies attend

¹⁸ Per ISO/IEC 17000:2004 Conformity assessment – Vocabulary and general principles

¹⁹ *Ibid*

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165 training, communicate with FDA, receive periodic audits, and agree to follow the other
166 processes and policies outlined in this guidance (Refer to [Section X](#) of this guidance).

167 • ASCA Accreditation: status granted by FDA to testing laboratories that demonstrate
168 competence in testing via the application process (Refer to [Section XI.B](#) of this
169 guidance). ASCA-accredited testing laboratories are granted a scope of *ASCA*
170 *Accreditation* indicating the FDA-recognized consensus standards and test methods for
171 which testing may be stated as having been conducted under the ASCA Program. *ASCA*
172 *Accreditation* exists only within the ASCA Program and is separate from any
173 accreditation that an accreditation body may provide to a testing laboratory for purposes
174 other than the ASCA Program.

175 • ASCA Recognition: status granted by FDA to accreditation bodies that demonstrate
176 competence in accreditation activities via the application process (Refer to [Section X.B](#) of
177 this guidance). ASCA-recognized accreditation bodies are granted a scope of *ASCA*
178 *Recognition* indicating the FDA-recognized consensus standards and test methods for
179 which accreditation activities may be stated as having been conducted under the ASCA
180 Program.

181 • ASCA summary test report: documentation that summarizes the testing conducted by an
182 ASCA-accredited testing laboratory within the scope of its *ASCA Accreditation*; an
183 ASCA summary test report is specific to the ASCA Program.

184 • Audit: systematic, independent, documented process for obtaining records, statements of
185 fact or other relevant information and assessing them objectively to determine the extent
186 to which specified requirements are fulfilled.²⁰

187
188 Note: In the ASCA Program, FDA uses the term “audit” to refer also to evaluations and
189 assessments.

190 • Conformity assessment: demonstration that specified requirements relating to a product,
191 process, system, person, or body are fulfilled; note that the subject field of conformity
192 assessment may include testing, inspection, and certification, as well as accreditation of
193 conformity assessment bodies.²¹

194 • Conformity assessment body: body that performs conformity assessment services; note
195 that an accreditation body is not a conformity assessment body.²²

²⁰ Per ISO/IEC 17000:2004 Conformity assessment – Vocabulary and general principles

²¹ *Ibid*

²² *Ibid*

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- 196 • Conformity assessment scheme: conformity assessment system related to specified
197 objects of conformity assessment to which the same specified requirements, specific rules
198 and procedures apply.²³
- 199 • Conformity assessment system: rules, procedures, and management for carrying out
200 conformity assessment.²⁴
- 201 • Declaration of Conformity (DOC): attestation made by a device manufacturer, in
202 accordance with section 514(c)(1)(B) of the FD&C Act, regarding whether a device
203 conforms with an FDA-recognized consensus standard.²⁵
- 204 • Declaration of Conformity for the ASCA Program (ASCA DOC): a declaration of
205 conformity, as described in the FDA guidance entitled [Appropriate Use of Voluntary
206 Consensus Standards in Premarket Submissions for Medical Devices](#), with additional
207 ASCA-specific content.
- 208 • Deviations²⁶ from FDA-recognized consensus standards: modifications to the test method
209 and/or acceptance criteria implemented during testing that are not explicitly permitted
210 within the FDA-recognized consensus standard. This modified testing would not be
211 considered as conducted in conformity with the standard and therefore, a declaration of
212 conformity would not be appropriate. See [Section XII.B](#) of this guidance for more
213 information.
- 214 • Exclusions to Accreditation: specific clauses, subclauses, or any other section of an FDA-
215 recognized consensus standard that are not included in a scope of accreditation, for
216 example, due to limitations of the capabilities of the testing laboratory.
- 217 • FDA-recognized consensus standard: standards identified by FDA (consistent with
218 section 514(c) of the FD&C Act) for device manufacturers to declare conformance to
219 meet relevant requirements under the FD&C Act, including premarket submission
220 requirements. For more information on the standards recognition process, please visit the
221 [Standards and Conformity Assessment Program website](#) and review FDA’s guidance
222 [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for
223 Medical Devices](#).

²³ Per ISO/IEC 17000, conformity assessment scheme setup varies based on the object of conformity assessment (e.g., medical device), the users of the scheme (e.g., regulators, device manufacturers), and the nature of the specific requirements being assessed (e.g., specific medical device standards).

²⁴ Per ISO/IEC 17000

²⁵ See <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/appropriate-use-voluntary-consensus-standards-premarket-submissions-medical-devices>.

²⁶ The FDA Bioresearch Monitoring Program, in accordance with 21 CFR part 58,– Good Laboratory Practice (GLP) for Nonclinical Laboratory Studies Practice, uses the term “deviation” to refer to study protocol deviations, which are different and separate from the term “deviations” from FDA-recognized consensus standards. Please refer to the standards-specific ASCA Program guidance documents for more information.

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- 224 • Scope of accreditation: specific conformity assessment activities for which accreditation
225 is sought or has been granted.²⁷
- 226 • Scope of ASCA Accreditation: list of FDA-recognized consensus standards and test
227 methods for which a testing laboratory has demonstrated competence to FDA, through
228 the application process, for conducting testing for the ASCA Program.
- 229 • Scope of ASCA Recognition: list of FDA-recognized consensus standards and test
230 methods for which an accreditation body has demonstrated competence to FDA, through
231 the application process, for accrediting testing laboratories for the ASCA Program.
- 232 • Suspending ASCA Accreditation: putting constraints in place for one or more FDA-
233 recognized consensus standards or test methods within a testing laboratory’s scope of
234 *ASCA Accreditation* while issues are addressed (Refer to [Section XI.E.](#) of this guidance).
- 235 • Suspending ASCA Recognition: putting constraints on an accreditation body’s scope of
236 *ASCA Recognition* while issues are addressed (Refer to [Section X.E.](#) of this guidance).
- 237 • Third-party attestation: issue of statement, based on a decision following review, that
238 fulfilment of specific requirements has been demonstrated.²⁸
- 239 • Updating ASCA Accreditation: the process, initiated by a testing laboratory, of adding or
240 removing FDA-recognized consensus standards, test methods, and/or exclusions to a
241 testing laboratory’s scope of *ASCA Accreditation* (Refer to [Section XI.C.](#) of this
242 guidance).
- 243 • Updating ASCA Recognition: the process, initiated by an accreditation body, of adding or
244 removing FDA-recognized consensus standards and test methods to an accreditation
245 body’s scope of *ASCA Recognition* (Refer to [Section X.C.](#) of this guidance).
- 246 • Withdrawing ASCA Accreditation: the process, initiated by FDA, of cancelling a testing
247 laboratory’s full or partial scope of *ASCA Accreditation*; note that withdrawal of the full
248 scope of *ASCA Accreditation* removes the organization from the ASCA Program entirely
249 (Refer to [Section XI.F.](#) of this guidance).
- 250 • Withdrawing ASCA Recognition: the process, initiated by FDA, of cancelling an
251 accreditation body’s full or partial scope of *ASCA Recognition*; note that withdrawal of
252 the full scope of *ASCA Recognition* removes the organization from the ASCA Program
253 entirely (Refer to [Section X.E.](#) of this guidance).

²⁷ Per ISO/IEC 17011

²⁸ Per ISO/IEC 17000

254 **VI. Purpose of the ASCA Program**

255 The ASCA Program is intended to improve the efficiency of premarket review processes by
256 building confidence in DOCs and any associated supporting documentation produced by
257 accredited testing laboratories. Evidence of conformity to one or more FDA-recognized
258 consensus standards is often a thorough and efficient way for a device manufacturer to address
259 certain questions of safety and/or effectiveness. For device manufacturers and FDA to benefit
260 from the efficiency, however, FDA must have confidence in the DOC.²⁹ DOCs are discussed in
261 section 514(c)(1)(B) of the FD&C Act and FDA’s guidance [Appropriate Use of Voluntary](#)
262 [Consensus Standards in Premarket Submissions for Medical Devices](#). These resources indicate
263 that a device manufacturer may provide a DOC and any associated supporting documentation to
264 one or more FDA-recognized consensus standards in a premarket submission to be reviewed by
265 FDA.

266 A device manufacturer may declare conformity to an FDA-recognized consensus standard based
267 on test results; however, there may be variability in how this testing is conducted. Given this
268 variability, and because medical devices are increasingly complex and can involve high risks to
269 patients, DOCs and any associated supporting documentation described in [Appropriate Use of](#)
270 [Voluntary Consensus Standards in Premarket Submissions for Medical Devices](#), are not always
271 sufficient to fully address FDA’s questions regarding safety and effectiveness for premarket
272 submissions. As a result, FDA reviewers may need to request additional information. In some
273 instances, a device manufacturer may decide to repeat or revise testing based on FDA input.
274 These interactions and requests for modifications in test methodology can result in delays and
275 additional costs, but are needed to provide FDA with the necessary confidence in a DOC for its
276 intended purpose.

277 **VII. Specific Goals of the ASCA Program**

278 The ASCA Program is intended to support FDA’s public health mission by providing increased
279 confidence in testing results from ASCA-accredited testing laboratories, as well as potentially
280 decreasing the burden of individual premarket submissions when device manufacturers rely on
281 testing completed by ASCA-accredited testing laboratories.

282 The overarching goals of the ASCA Program are the following.

283 **• Enhance confidence in medical device testing**

284
285 The ASCA Program includes application processes and periodic audits of accreditation
286 bodies and testing laboratories as well as the processes that will be followed for
287 suspension or withdrawal. These processes and audits are intended to increase confidence
288 in the testing performed by ASCA-accredited testing laboratories by ensuring that
289 ASCA-recognized accreditation bodies meet the criteria specified by FDA in this

²⁹ See section 514(c)(1)(B) of the FD&C Act.

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290 guidance throughout their participation in the Program.³⁰ The increased confidence in
291 testing may be particularly helpful for premarket submissions that rely on DOC to FDA-
292 recognized consensus standards using test results from ASCA-accredited testing
293 laboratories.

294 • **Promote consistency and predictability in the premarket review process**

295
296 The ASCA Program does not introduce new requirements for device manufacturers.
297 Rather, by clearly communicating expectations for how results from ASCA-accredited
298 testing laboratories are included and reviewed in premarket submissions, the ASCA
299 Program works to promote consistency and predictability in all of FDA’s premarket
300 submission programs.

301 • **Encourage effective use of FDA resources**

302
303 The increased acceptance of DOCs under the ASCA Program (*Refer to [Section XIII](#) of*
304 *this guidance*) allows FDA to direct scientific and regulatory resources to other priorities.

305 • **Enhance regulatory efficiency**

306
307 By virtue of a testing laboratory’s *ASCA Accreditation*, device manufacturers can be
308 more confident early in the product development lifecycle that testing to the FDA-
309 recognized consensus standards and test methods within the laboratory’s scope of *ASCA*
310 *Accreditation* is likely to meet FDA’s regulatory requirements. FDA expects that the
311 application process, periodic audits, and clear communication among participants in the
312 ASCA Program will decrease the need for the FDA to request additional information
313 regarding testing methodologies when a premarket submission includes an ASCA DOC.

314 • **Support international harmonization**

315
316 FDA used elements from international conformity assessment standards in the ISO/IEC
317 17000 series to establish the ASCA Program. The standards within the ISO/IEC 17000
318 series are used worldwide by stakeholders including accreditation bodies, testing
319 laboratories, and device manufacturers.³¹ In addition, most of the FDA-recognized
320 consensus standards and test methods selected for the ASCA Program are international
321 voluntary consensus standards. FDA believes the experience gained in the ASCA
322 Program could broadly inform international harmonization efforts such as standards use
323 across jurisdictions.

³⁰ See section 514(d) of the FD&C Act.

³¹ See NIST SP 2000-01 ABCs of Conformity Assessment (2018) available at <https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.2000-01.pdf>

324 **VIII. ASCA Program Framework**

325 **A. Conformity Assessment Resources**

326 FDA sought to maximize the use of existing frameworks and arrangements in developing the
327 ASCA Program. This way, accreditation bodies and testing laboratories can participate in the
328 ASCA Program by leveraging existing processes and knowledge, increasing the net benefit of
329 participation. We also believe that, by using and extending existing paradigms, the ASCA
330 Program output will be equally applicable to, and therefore beneficial to, other stakeholders (e.g.,
331 other regulatory authorities).

332 The conformity assessment scheme used in the ASCA Program generally leverages the following
333 well-established set of international conformity assessment standards and arrangements that are
334 used worldwide by stakeholders including accreditation bodies, testing laboratories, and device
335 manufacturers.

336 • **International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition**
337 **Arrangement (MRA)**³²

338
339 ILAC is an international organization for accreditation bodies that accredit conformity
340 assessment bodies including testing laboratories. The accreditation bodies that are
341 signatories to the ILAC MRA are peer evaluated in accordance with the specifications of
342 ISO/IEC 17011 to demonstrate their competence. The ILAC MRA provides an
343 internationally recognized process used to accept accredited test reports. One
344 qualification for *ASCA Recognition* is whether the accreditation body is a signatory to the
345 ILAC MRA (Refer to [Section X.A.](#) of this guidance). FDA intends to leverage ILAC
346 MRA policies and procedures regarding accreditation body peer evaluations by reviewing
347 peer evaluation reports and/or participating as an observer during these activities (Refer
348 to [Section X.D.](#) of this guidance).

349 • **ISO/IEC 17011**

350
351 Describes the specifications for accreditation bodies accrediting, among others, testing
352 laboratories. Accreditation bodies conform to ISO/IEC 17011 in order to be a signatory to
353 the ILAC MRA, a qualification for *ASCA Recognition* of an accreditation body (Refer to
354 [Section X.A.](#) of this guidance). FDA intends to leverage the assessments conducted by
355 accreditation bodies per ISO/IEC 17011 by reviewing assessment reports and/or
356 participating as an observer during these activities (Refer to [Section X.D.](#) of this
357 guidance).

358

³² For more information about ILAC, visit <https://ilac.org/about-ilac/>

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- 359 • **ISO/IEC 17025:2017: *General requirements for the competence of testing and***
360 ***calibration laboratories*** (hereafter referred to as “ISO/IEC 17025”)

361
362 Contains specifications for laboratories to operate competently and generate valid results.
363 Accreditation bodies use ISO/IEC 17025 along with the ASCA Program specifications
364 associated with each FDA-recognized consensus standard or test method to accredit
365 testing laboratories included in the ASCA Program (*Refer to [Section IX.B.](#) of this*
366 *guidance*).

B. Selection of FDA-Recognized Consensus Standards and Test Methods

369 The ASCA Program relies on FDA-recognized consensus standards and test methods. Please
370 note that only a subset are included in the ASCA Program. FDA has sought to maximize the
371 benefit of the ASCA Program to the public health by selecting FDA-recognized consensus
372 standards and test methods that device manufacturers often rely upon to address significant
373 issues of safety and/or effectiveness. These standards and test methods in the ASCA Program
374 include both cross-cutting (horizontal) and device-specific (vertical) standards, are of public
375 health significance, and provide a means for establishing acceptance criteria.

376 FDA regularly considers recognition of updated versions of consensus standards. FDA is aware
377 that, depending on the nature of the changes to the new version, revisions to the associated
378 ASCA Program specifications may be needed. For the version of any FDA-recognized consensus
379 standard included in the ASCA Program, see the [FDA-Recognized Consensus Standards](#)
380 [Database](#).

381 As allowed under section 514(c) of the FD&C Act and further explained in FDA’s guidance
382 [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical](#)
383 [Devices](#), device manufacturers may continue to rely on other voluntary consensus standards and
384 provide DOCs in premarket submissions; however, these other standards will not be eligible for
385 the premarket review benefits of the ASCA Program (*Refer to [Section XIII.](#) of this guidance*).

C. ASCA Program Specifications Development

387 ISO/IEC 17025 includes “general requirements for the competence of testing and calibration
388 laboratories.” Sections of the standard discuss impartiality, confidentiality, organizational
389 structure, resources (e.g., personnel, facilities, equipment), processes (e.g., selection and
390 verification of methods, validation of methods, sampling, reporting of results), and management
391 systems (e.g., corrective actions, control of records, management reviews). The ASCA Program
392 specifications are used *in addition to* ISO/IEC 17025 by ASCA-recognized accreditation bodies
393 for accreditation of testing laboratories for the ASCA Program. The additional ASCA Program
394 specifications for each set of FDA-recognized consensus standards and test methods, are those
395 FDA considers necessary to ensure confidence in device testing submitted to FDA.

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396 **D. Expanding the ASCA Program**

397 In the MDUFA V commitment letter, FDA committed to working with stakeholders for further
398 input on programmatic improvements and/or consideration for expansion.³³ In the future, the
399 ASCA Program may expand to include new FDA-recognized consensus standards and test
400 methods, in which case FDA will update its [FDA-Recognized Consensus Standards Database](#)
401 accordingly and may issue or update its guidance regarding the new FDA-recognized consensus
402 standards and test methods. Generally, FDA intends that such guidance(s) will address the same
403 concepts identified in the current standard-specific guidances, including (i) appropriate
404 additional ASCA specifications for the new technical area; (ii) sufficiently detailed and
405 streamlined test report content; and (iii) appropriate considerations for declaring conformity and
406 supplemental documentation.
407

408 **IX. Roles and Responsibilities**

409 **A. FDA Staff**

410 FDA ASCA Program staff manage the ASCA Program, including granting *ASCA Recognition* to
411 accreditation bodies, granting *ASCA Accreditation* to testing laboratories, conducting audits³⁴ of
412 ASCA-recognized accreditation bodies and ASCA-accredited testing laboratories, and reviewing
413 information submitted by ASCA-recognized accreditation bodies and ASCA-accredited testing
414 laboratories per their terms of participation. FDA ASCA Program staff are also responsible for
415 the [ASCA website](#), which provides an up-to-date listing of ASCA-recognized accreditation
416 bodies (including the scope of *ASCA Recognition*) and ASCA-accredited testing laboratories
417 (including the scope of *ASCA Accreditation*). FDA ASCA Program staff are responsible for
418 operating the ASCA Program, including providing relevant training for testing laboratories and
419 accreditation bodies.³⁵ ASCA Program processes and policies for management of the ASCA
420 Program are described in Sections [X](#) and [XI](#) of this guidance.

421 The FDA ASCA Program staff managing the ASCA Program are separate and independent from
422 the FDA staff conducting premarket reviews.

423 FDA staff conduct reviews of premarket submissions in accordance with existing statutes,
424 regulations, and guidance. When premarket submissions include testing from an ASCA-
425 accredited testing laboratory, FDA staff are responsible for applying the statute (section 514(d)
426 of the FD&C Act), and the policies described in this guidance. ASCA Program processes and
427 policies regarding review of testing from an ASCA-accredited testing laboratory are described in
428 [Section XIII](#) of this guidance.

³³ See MDUFA V Commitment Letter, pg. 17-18 at <https://www.fda.gov/media/157074/download>

³⁴ Per [NIST SP 2000-01 ABCs of Conformity Assessment \(2018\)](#): “Audit activities use an organized, predictable process for assessing records and other information to determine whether requirements have been fulfilled.” FDA staff’s audits will determine whether the processes and policies of this guidance document have been fulfilled.

³⁵ See section 514(d) of the FD&C Act.

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429 **B. Accreditation Bodies**

430 Under the ASCA Program, ASCA-recognized accreditation bodies accredit testing laboratories
431 using the specifications of ISO/IEC 17025 and the ASCA Program specifications associated with
432 each FDA-recognized consensus standard and test method included in the ASCA Program. Upon
433 granting *ASCA Recognition* to an accreditation body, FDA intends to provide to the accreditation
434 body a scope of *ASCA Recognition* describing the extent to which the accreditation body has
435 demonstrated competence in accreditation for purposes of the ASCA Program. ASCA Program
436 processes and policies for accreditation bodies are described in [Section X](#) of this guidance.

437 The responsibilities of an accreditation body (also referred to as “terms of participation”) are
438 identified in the signed agreement section of the accreditation body application (*Refer to*
439 [Appendix A Section E](#) of this guidance).

440 **C. Testing Laboratories**

441 ASCA-accredited testing laboratories can only perform testing for the FDA-recognized
442 consensus standards and test methods included in the testing laboratory’s scope of *ASCA*
443 *Accreditation*. The testing laboratories should perform testing in accordance with the
444 specifications of ISO/IEC 17025 and ASCA Program specifications associated with each
445 included FDA-recognized consensus standard and test method. A testing laboratory may work
446 with the device manufacturer to develop a test plan (*Refer to* [Section XII.B](#) of this guidance).
447 After testing is complete, the testing laboratory provides the information listed in the relevant
448 ASCA Program specifications (including an ASCA summary test report) to the device
449 manufacturer. A testing laboratory may state its testing was conducted under the ASCA Program
450 only if the FDA-recognized consensus standards and test methods used were within its scope of
451 *ASCA Accreditation* at the time of testing.

452 Upon granting *ASCA Accreditation*, FDA intends to provide the testing laboratory with a scope
453 of *ASCA Accreditation* describing the extent to which the testing laboratory has demonstrated
454 competence in testing for purposes of the ASCA Program. ASCA Program processes and
455 policies for testing laboratories are described in [Section XI](#) of this guidance.

456 The responsibilities of a testing laboratory (also referred to as “terms of participation”) are
457 identified in the signed agreement section of the testing laboratory application (*Refer to*
458 [Appendix B Section E](#) of this guidance).

459 **D. Device Manufacturers**

460 Device manufacturers may voluntarily choose to use an ASCA-accredited testing laboratory to
461 conduct testing to be included in premarket submissions to FDA. The device manufacturer is
462 responsible for including the appropriate information regarding device testing in its premarket
463 submission (*refer to* [Section XII.C](#) of this guidance). FDA recommends the device manufacturer
464 develop the test plan in collaboration with the ASCA-accredited testing laboratory. It is the
465 device manufacturer’s responsibility to ensure FDA-recognized consensus standards and test
466 methods are selected and used appropriately. The device manufacturer should ensure that the
467 declaration of conformity for the ASCA Program (ASCA DOC) provided in a premarket

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468 submission is appropriate, taking into account information and recommendations in the
469 guidance, [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for](#)
470 [Medical Devices](#) and has the appropriate ASCA-specific content. ASCA Program processes and
471 policies for device manufacturers are described in [Section XII](#) of this guidance.

472 A device manufacturer’s internal testing laboratory is eligible for *ASCA Accreditation*.³⁶ In
473 determining whether to grant *ASCA Accreditation* to a device manufacturer’s internal testing
474 laboratory, FDA intends to consider the same factors used in determining whether to grant *ASCA*
475 *Accreditation* to any other testing laboratory (Refer to [Section XI.A](#) of this guidance). Any
476 ASCA-accredited testing laboratory (including a device manufacturer’s internal testing
477 laboratory) is expected to follow the processes and policies of this guidance and fulfill the roles
478 and responsibilities described in [Section XI](#) of this guidance.

479 **X. Processes and Policies for Accreditation Bodies**

480 **A. Qualifications for ASCA Recognition**

481 FDA intends to consider the following factors in determining whether to grant *ASCA*
482 *Recognition* to an accreditation body:

483 **1. Does the accreditation body have a scope of ‘signatory status’ of** 484 **Testing: ISO/IEC 17025 to the International Laboratory** 485 **Accreditation Cooperation (ILAC) Mutual Recognition** 486 **Arrangement (MRA)?**

487 This factor relies on the well-established set of international standards and arrangements for
488 conducting conformity assessment activities (Refer to [Section VIII.B](#) of this guidance).
489 Signatories to the ILAC MRA are peer-reviewed by other ILAC signatories, to the requirements
490 of ISO/IEC 17011, for competence in accrediting conformity assessment bodies, which provides
491 confidence that testing laboratories accredited by ILAC signatories are competent in their
492 implementation of ISO/IEC 17025 and the ASCA Program specifications associated with each
493 included FDA-recognized consensus standard and test method.

494 **2. Is the accreditation body based in the United States?**

495 Many accreditation bodies exist within and outside of the United States to support global
496 conformity assessment activities. By limiting the ASCA Program to accreditation bodies based
497 in the United States, FDA aims to effectively use limited resources to facilitate successful
498 program operation. For example, this approach will require fewer FDA resources for training
499 accreditation body staff and technical assessors to the ASCA-program specifications and less
500 resources for in-person trainings and on-site visits at the accreditation body.

³⁶ See MDUFA IV Commitment Letter pg. 14: <https://www.fda.gov/media/100848/download>

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501 **3. Has the accreditation body executed a signed agreement as described**
502 **in Section E of Appendix A of this guidance?**

503 The signed agreement outlined in [Appendix A Section E](#) of this guidance is designed to ensure
504 transparency and accountability on the part of the accreditation body in all aspects of its
505 participation in the ASCA Program. An accreditation body may choose not to follow the terms of
506 participation at any time; however, *ASCA Recognition* is contingent upon following such terms.

507 **4. Has the accreditation body demonstrated competence in the FDA-**
508 **recognized consensus standards and test methods included in ASCA**
509 **to assess testing laboratories?**

510 Accreditation bodies should demonstrate technical competency in the FDA-recognized
511 consensus standards and test methods included in the ASCA Program to assess the testing
512 laboratories. For example, technical assessors performing assessments within the ASCA Program
513 should be knowledgeable in all of the test methods and standards they assess. [Appendix A](#) of this
514 guidance includes a list of information that should be included in an application to demonstrate
515 competence.

516 **B. Accreditation Body Application Process**

517 **1. Application to FDA**

518 An accreditation body may apply for *ASCA Recognition* by submitting documentation
519 demonstrating how the accreditation body addresses the qualifications specified in [Section X.A.](#)
520 of this guidance. The [ASCA website](#) provides instructions on how to apply to the ASCA
521 Program. [Appendix A](#) of this guidance provides more information on application contents for
522 accreditation bodies.

523 **2. FDA Review and Assessment**

524 FDA intends to acknowledge receipt of the application and provide a unique *ASCA Accreditation*
525 Body Identification Number to the accreditation body and a unique submission number used
526 solely for tracking the application.

527 FDA intends to review applications for *ASCA Recognition* within 60 calendar days. By calendar
528 day 60, FDA intends to grant or deny *ASCA Recognition* or request additional information from
529 the accreditation body. The 60 calendar days will begin when all documents in [Appendix A](#) of
530 this guidance are received. After reviewing application contents, FDA intends to notify the
531 accreditation body of any issues that may preclude *ASCA Recognition* so the issues may be
532 addressed (if possible). If an accreditation body fails to respond to a request for additional
533 information within 90 calendar days, FDA intends to consider the application withdrawn. In the
534 circumstances of either a withdrawn or denied application for *ASCA Recognition*, an
535 accreditation body may reapply for *ASCA Recognition*. In these cases, the new application
536 should include complete responses to the additional information request(s) and/or identify how

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537 the previously identified issues have been addressed. Until *ASCA Recognition* is granted by FDA,
538 an accreditation body is not a participant of the ASCA Program.

539 **3. FDA Decision**

540 When review is complete, FDA intends to inform the accreditation body of the decision. If *ASCA*
541 *Recognition* is granted, FDA will provide a scope and renewal date (e.g., four years) for *ASCA*
542 *Recognition*. Note that the scope will include only FDA-recognized consensus standards and test
543 methods in the ASCA Program for which competence has been demonstrated. When FDA grants
544 *ASCA Recognition* to an accreditation body, it will thereafter update the [ASCA website](#) to list the
545 organization along with its scope of *ASCA Recognition*.

546 FDA's decision to grant *ASCA Recognition* to an accreditation body is discretionary. FDA may
547 decide not to grant *ASCA Recognition* to an accreditation body, e.g., for reasons of public health
548 or administrative efficiency. If FDA does not grant *ASCA Recognition* to an accreditation body,
549 FDA will provide the rationale for the decision to the applicant.

550 **4. ASCA Recognition Renewals**

551 Up to six months prior to the anticipated renewal date of its *ASCA Recognition*, an accreditation
552 body may apply to renew its *ASCA Recognition* following the same process outlined above. For
553 renewal applications, the ASCA-recognized accreditation body should provide current
554 documentation (i.e., the most recent version of all relevant documentation) of all items listed in
555 [Appendix A.C.1 of this guidance](#).

556 **C. Updates to Scope of ASCA Recognition**

557 FDA understands that accreditation bodies may continually adjust capabilities within their
558 programs and their available expertise. When an accreditation body obtains additional
559 competencies within FDA-recognized consensus standards and test methods, the accreditation
560 body can apply to FDA to update the scope of their *ASCA Recognition*. For example, an
561 accreditation body may initially participate in the ASCA Program by accrediting testing
562 laboratories for MEM Elution Cytotoxicity testing. After some time, the accreditation body may
563 obtain additional resources or competencies that can also support accrediting testing laboratories
564 for Complement Activation Intracutaneous Reactivity testing. The accreditation body may then
565 apply to update its *ASCA Recognition* by adding Complement Activation Intracutaneous
566 Reactivity testing to its scope of *ASCA Recognition*.

567 Alternatively, if an accreditation body no longer offers accreditation to specific FDA-recognized
568 consensus standards and test methods for which they had been recognized under the ASCA
569 Program, the accreditation body must notify FDA and provide a brief rationale for the removal.
570 FDA will remove those FDA-recognized consensus standards and test methods (e.g., a particular
571 biocompatible test method) from the program, or the accreditation body as a whole will be
572 removed if they have no remaining scope of *ASCA Recognition*. Recommended contents for
573 applications to add to scope or notifications of removal are described in [Appendix A](#) of this
574 guidance.

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575 For additions or removals, FDA intends to update the scope of *ASCA Recognition* of each
576 accreditation body on the [ASCA website](#). As applicable, FDA intends to notify all affected
577 ASCA-accredited testing laboratories. FDA intends to use the same *ASCA Accreditation Body*
578 Identification Number to track all activity for a given accreditation body, including updates to
579 *ASCA Recognition*.

580 **D. Audits of Accreditation Bodies**

581 FDA intends to periodically audit accreditation bodies to ensure that they are adequately
582 fulfilling program expectations.³⁷ FDA intends to use a tiered-approach with three levels of
583 audits. When practical, FDA intends to collaborate with ILAC on the status of ASCA-recognized
584 accreditation bodies.

585 As an ILAC MRA signatory, an accreditation body must agree to maintain conformance to
586 ISO/IEC 17011 and agrees to periodic monitoring that includes re-evaluations conducted every
587 four years, although shorter intervals can be determined by ILAC if needed.³⁸

588 For Level 1 audits of an accreditation body, FDA may leverage the existing arrangement of
589 ILAC evaluations by requesting a copy of the most recent re-evaluation report. Upon review of
590 the report, FDA may request clarification or additional information. FDA intends to follow the
591 established 4-year schedule of the ILAC MRA. For Level 1 audits of an accreditation body, FDA
592 may also request additional information and/or ask questions to clarify the policies and processes
593 of an accreditation body, which may include requesting relevant assessment documentation of
594 ASCA-accredited testing laboratories.

595 For Level 2 audits of the accreditation body, FDA may participate as an observer during the next
596 scheduled ILAC peer re-evaluation and request a copy of the re-evaluation report for review.
597 FDA will notify an accreditation body of the intent to participate and make the appropriate
598 arrangements for an on-site visit. FDA intends to use Level 2 audits if there is a reason to
599 believe Level 1 audits would be insufficient. Reasons to conduct a Level 2 audit may include, but
600 are not limited to, persistent issues with testing laboratories accredited by a particular
601 accreditation body, a concerning trend identified upon review of the testing laboratory and/or
602 accreditation body complaint logs, or if Level 1 audits of the accreditation body do not
603 adequately address issues concerning participation in the ASCA Program.

604 For Level 3 audits, FDA may initiate an on-site or remote audit of an accreditation body. This
605 audit generally will not follow the ILAC MRA peer-evaluation schedule. FDA will work with
606 the accreditation body to make the appropriate arrangements for an FDA-initiated audit. Reasons
607 to conduct a Level 3 audit could include, but are not limited to situations where there is a public
608 health concern regarding the safety of a device or when Level 1 and Level 2 audits do not

³⁷ See section 514(d) of the FD&C Act.

³⁸ See <https://ilac.org/ilac-membership/membership-criteria/> for information on membership criteria for ILAC MRA Signatories.

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609 adequately address issues concerning participation in the ASCA Program by the accreditation
610 body.

611 Note that FDA may request additional information from an accreditation body as a result of any
612 of the audits discussed above.

613 Through an audit, FDA might determine that there are grounds for suspension or withdrawal of
614 the accreditation body's *ASCA Recognition* (see [Section X.E.](#) of this guidance below).

615 **E. Suspension or Withdrawal of ASCA Recognition**

616 One purpose of the ASCA Program is to increase FDA's confidence in testing results and DOCs
617 provided in premarket submissions. FDA may identify issues, using a variety of means, that raise
618 concerns regarding an accreditation body's ability to adequately fulfill its role in the ASCA
619 Program. Section 514(d) of the FD&C Act provides that FDA may suspend or withdraw an
620 accreditation body's *ASCA Recognition*. Full suspension or withdrawal affects an accreditation
621 body's entire scope of *ASCA Recognition*. Partial suspension or withdrawal affects one or more
622 parts of an accreditation body's scope of *ASCA Recognition*. Upon suspension or withdrawal, the
623 accreditation body should halt all ASCA activities for the relevant suspended or withdrawn
624 FDA-recognized consensus standards and test methods.

625 **1. Considerations for Suspension or Withdrawal**

626 For example, as explained in [Appendix A Section E](#) of this guidance, an accreditation body's
627 application for *ASCA Recognition* contains a signed agreement to permit FDA to observe and
628 assess ASCA-related activities. The application also includes a signed agreement to provide
629 reports and notification of any changes that may impact the organization's participation in the
630 ASCA Program. FDA may also request information about the competence of an accreditation
631 body and its adherence to the criteria specified by FDA for participation in the ASCA Program
632 when it reviews and compares a testing laboratory's requested scope of *ASCA Accreditation* to
633 the scope of accreditation provided by the accreditation body.

634 Suspension or withdrawal of *ASCA Recognition* may be an appropriate measure when the
635 findings from the periodic audits of an accreditation body suggest unreliable accreditation
636 activities. Additionally, suspension or withdrawal may be appropriate when FDA becomes aware
637 of information materially bearing on safety or effectiveness of a device for which premarket
638 submissions were supported by testing from an ASCA-accredited testing laboratory that was
639 accredited by the accreditation body (*Refer to [Section XIII.A.](#) of this guidance*). If an
640 accreditation body fails to meet the ASCA Program requirements specified in the ASCA
641 Program guidances, FDA may suspend the accreditation body's *ASCA Recognition*.

642 When determining whether to suspend an accreditation body's *ASCA Recognition*, FDA
643 generally considers whether the issues identified are of a magnitude for which a temporary
644 constraint (e.g., by constraining the accreditation body from performing accreditation assessment
645 activities for testing laboratories that have not yet been granted *ASCA Accreditation* during a
646 period of suspension) on the accreditation body would appropriately address the concern.

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647 The examples below describe additional issues that might decrease FDA’s confidence in an
648 accreditation body and, therefore, result in suspension or withdrawal of its *ASCA Recognition*.
649 This list is not intended to be exhaustive.

650 • **Violation of law or violation of criteria outlined in this or any ASCA Program**
651 **guidance**

652
653 FDA’s confidence in the ASCA Program relies on the integrity of ASCA-recognized
654 accreditation bodies. FDA may consider withdrawing *ASCA Recognition* if, based on
655 credible evidence, the organization likely committed or participated in a violation of law
656 or a violation of the criteria outlined in this or any ASCA Program guidance document.
657 For example, FDA might withdraw an accreditation body’s *ASCA Recognition* if it states
658 accreditation activities conducted outside of its scope of *ASCA Recognition* were
659 conducted under the ASCA Program.

660 • **Failure to correct nonconformity**

661
662 If an ASCA-recognized accreditation body fails to satisfactorily correct a nonconformity
663 after notification(s), FDA may withdraw the organization’s *ASCA Recognition* depending
664 on the nature of the nonconformity. For example, FDA may withdraw *ASCA Recognition*
665 if, after FDA notification, the organization continually fails to address nonconformities.

666 • **Failure to adhere to signed agreement**

667
668 The application for *ASCA Recognition* includes several items that accreditation bodies
669 agree to do as part of their participation in the ASCA Program (*Refer to [Appendix A](#)*
670 *Section E of this guidance*). For example, an accreditation body agrees to notify FDA of
671 specific changes relative to the testing laboratories it has accredited for the ASCA
672 Program. If an accreditation body repeatedly fails to provide such notifications to FDA,
673 this may result in withdrawal of the organization’s *ASCA Recognition*.

674 • **Information demonstrates nonconformity to the ASCA Program Specifications**

675
676 Depending on the nature of the nonconformity identified, FDA may determine that an
677 accreditation body should suspend ASCA-accreditation assessment activities for testing
678 laboratories that have not yet been granted *ASCA Accreditation*.

679 • **Information is obtained that materially bears on safety or effectiveness of a device**
680 **for which the premarket submission included testing from an ASCA-accredited**
681 **testing laboratory that was accredited by the accreditation body³⁹**

682
683 For example, a device performance issue may reveal that an ASCA-accredited testing
684 laboratory failed to execute the device manufacturer’s test plan correctly. A testing

³⁹ See section 514(d) of the FD&C Act.

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685 laboratory's repeated failure to correctly execute test plans could raise concerns with the
686 competence of the accreditation body providing its accreditation. These concerns,
687 especially if observed in multiple testing laboratories accredited by the same
688 accreditation body, may result in suspension or withdrawal of the accreditation body's
689 *ASCA Recognition*.

690 • **Fraudulent or any other activity by an ASCA-accredited testing laboratory**
691 **regarding the integrity of testing data**⁴⁰

692
693 For example, FDA may become aware of fraudulent activities or data integrity issues
694 with testing data from an ASCA-accredited testing laboratory, that the accreditation body
695 did not discover during their assessment of the testing laboratory. The fraudulent
696 activities and/or data integrity issues may result in the suspension or withdrawal of the
697 accreditation body's full or partial scope of *ASCA Recognition*.

698 • **Withdrawal or suspension of *ASCA Accreditation* for a testing laboratory that was**
699 **accredited by the accreditation body**

700
701 FDA relies on ASCA-recognized accreditation bodies to accredit testing laboratories for
702 the ASCA Program. If *ASCA Accreditation* of a testing laboratory is suspended or
703 withdrawn, FDA may consider withdrawing the *ASCA Recognition* of the accreditation
704 body that accredited that testing laboratory for the ASCA Program. FDA will carefully
705 consider the reasons for suspension or withdrawal of *ASCA Accreditation* from a testing
706 laboratory when determining whether and what action (e.g., withdrawal of *ASCA*
707 *Recognition*) to take with the associated accreditation body. FDA intends to notify
708 accreditation bodies when *ASCA Accreditation* is suspended or withdrawn from testing
709 laboratories they have accredited (*Refer to [Section XI.E.3.](#) and [XI.F.3.](#) of this guidance.*).

710 • **Failure to demonstrate or maintain competence in assessment of testing laboratories**

711
712 If an ASCA-recognized accreditation body fails to demonstrate or maintain its
713 competence in its assessment of testing laboratories (e.g., loss of personnel with
714 particular expertise, use of technical assessors who do not have ASCA testing-related
715 experience, and/or have not completed FDA required training) for the scope of *ASCA*
716 *Recognition*, FDA may consider withdrawing the full or partial scope of *ASCA*
717 *Recognition* of the accreditation body. FDA may also consider withdrawing the full or
718 partial scope of *ASCA Recognition* of the accreditation body if an ASCA-recognized
719 accreditation body repeatedly accredits testing laboratories for the ASCA Program that
720 do not meet the ASCA Program specifications.

⁴⁰ *Ibid*

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721 Generally, while the issues resulting in suspension are addressed, the accreditation body may
722 continue ASCA-accreditation assessment activities for testing laboratories that have been granted
723 *ASCA Accreditation*.

724 As with the initial decision to grant *ASCA Recognition* to an accreditation body, the decision to
725 withdraw *ASCA Recognition* is discretionary. FDA may decide to withdraw *ASCA Recognition*
726 when appropriate under section 514(d) even if the reasons are not listed above.

2. Procedures for Suspension or Withdrawal

728 When an accreditation body's *ASCA Recognition* is suspended or withdrawn, FDA will notify
729 the accreditation body. The notification will include the reason for the suspension or withdrawal
730 and, if appropriate, how the issues identified may be addressed in a future, new application for
731 *ASCA Recognition*. The [ASCA website](#) has instructions on how to voluntarily withdraw from the
732 ASCA Program.

733 Upon suspension or withdrawal of an accreditation body's *ASCA Recognition*, FDA will update
734 the [ASCA website](#) as appropriate and notify all affected ASCA-accredited testing laboratories.
735 Considerations for suspension or withdrawal of the ASCA-accredited testing laboratories are
736 discussed in [Section XI.E.1.](#) and [XI.F.1.](#) of this guidance.

737 If an accreditation body wishes to participate in the ASCA Program after withdrawal of its *ASCA*
738 *Recognition*, the organization should submit a new application for *ASCA Recognition* following
739 the same procedures for an initial application as outlined in this guidance. The new application
740 should include the *ASCA Accreditation* Body Identification Number and indicate whether the
741 withdrawal was voluntary. If withdrawal was not voluntary, the response should include a
742 reference to FDA's withdrawal notification and explain how all issues identified in the
743 withdrawal notification were addressed.

F. Transfer of ASCA Accreditation

744 An ASCA-accredited testing laboratory may seek to transfer its accreditation from its current
745 ASCA-recognized accreditation body to a different ASCA-recognized accreditation body
746 (henceforth, the "new" ASCA-recognized accreditation body). In this case, the new ASCA-
747 recognized accreditation body should notify FDA of this pending transfer with adequate
748 information and documentation for FDA to determine whether to perform a reassessment of the
749 testing laboratory's *ASCA Accreditation*. The notification should include the following:
750

- 751 • The name of the current ASCA-recognized accreditation body.
- 752 • A brief rationale for why the testing laboratory is requesting a transfer of its *ASCA*
753 *Accreditation*.
- 754 • The testing laboratory's current scope of *ASCA Accreditation*, if:
 - 755 ○ The testing laboratory's new scope of *ASCA Accreditation* will be identical to the
756 testing laboratory's current scope of *ASCA Accreditation*, the testing laboratory
757 should submit a statement that the new scope of accreditation, which will be issued

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- 758 by the new accreditation body, is identical. The draft scope of accreditation from the
759 new accreditation body may also be helpful.
- 760 ○ Transfer to another ASCA-recognized accreditation body is accompanied by
761 changes in the scope of ASCA-accreditation, provide the necessary information,
762 identified in [Section XI.C.](#) of this guidance, to support the updates to the *ASCA*
763 *Accreditation*.
 - 764 ● Details of the new assessment cycle and how it relates to the current ASCA-recognized
765 accreditation body’s assessment cycle to ensure there will not be a lapse in accreditation
766 of the testing laboratory as established through the specifications of ISO/IEC 17011.
 - 767 ● An overview or list of the documentation reviewed by the new ASCA-recognized
768 accreditation body to ensure the testing laboratory has resolved any outstanding
769 corrective actions or findings that may preclude accreditation. Documentation may
770 include, but is not limited to, the following:
 - 771 ○ a complete copy of the most recent assessment report from the current accreditation
772 body, and
 - 773 ○ details of any corrective actions and resolutions noted in the assessment report.

774 The ASCA-accredited testing laboratory should collaborate with the new ASCA-recognized
775 accreditation body to provide the notification to FDA in a timely manner.

776 FDA may follow up with requests for additional documentation or information to determine
777 whether to perform a reassessment of the testing laboratory’s *ASCA Accreditation*. The new
778 ASCA-recognized accreditation body should take appropriate steps to ensure that the testing
779 laboratory is not transferring its accreditation for fraudulent purposes or to circumvent any
780 negative assessments or corrective actions identified by its prior accreditation body.

781 **XI. Processes and Policies for Testing Laboratories**

782 Except where otherwise noted in any standards-specific ASCA guidance, FDA intends to follow
783 the processes and policies detailed below in the management of testing laboratories participation
784 in the ASCA Program.

785 **A. Qualifications for ASCA Accreditation**

786 FDA generally intends to consider the following factors in determining whether to grant *ASCA*
787 *Accreditation* to a testing laboratory:

788 **1. Is the testing laboratory’s requested scope of *ASCA Accreditation*** 789 **consistent with the scope of accreditation provided by an ASCA-** 790 **recognized accreditation body?**

791 This factor generally relies on the process for granting *ASCA Recognition* to accreditation bodies
792 and ensures that the testing laboratory is appropriately accredited. Accreditation by an ASCA-
793 recognized accreditation body to FDA-recognized consensus standards and test methods
794 included in the ASCA Program provides confidence in the testing laboratory because FDA has

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795 determined the accreditation body is competent for the purposes of the ASCA Program with
796 respect to the eligible FDA-recognized consensus standards and test methods. FDA’s review of
797 the testing laboratory’s application to the ASCA Program and the comparison of the scope
798 requested by the testing laboratory to the scope of accreditation provided by an ASCA-
799 recognized accreditation body permits FDA to ensure that an ASCA-accredited testing
800 laboratory has met, and continues to meet, the criteria specified by FDA for participation in the
801 ASCA Program.⁴¹

802 **2. Has the testing laboratory executed the signed agreement described** 803 **in Section E of Appendix B of this guidance?**

804 The signed agreement outlined in [Appendix B Section E](#) of this guidance is designed to ensure
805 transparency and accountability on the part of the testing laboratory in all aspects of its
806 participation in the ASCA Program. A testing laboratory may choose not to follow the terms of
807 participation at any time. However, *ASCA Accreditation* is contingent upon following such
808 terms.

809 **B. Testing Laboratory Application Process**

810 **1. Accreditation Body Assessment**

811 Prior to applying to FDA for *ASCA Accreditation*, a testing laboratory must first obtain
812 accreditation from an ASCA-recognized accreditation body to ISO/IEC 17025 and the ASCA
813 Program specifications for which the testing laboratory is applying.

814 When an assessment is favorable, the ASCA-recognized accreditation body notifies the testing
815 laboratory of the “scope of *ASCA Accreditation*” proposed to be added to the testing laboratory’s
816 accreditation. See the example in [Appendix D of this guidance](#).

817 **NOTE:** To participate in the ASCA Program, the testing laboratory must next apply to FDA for
818 *ASCA Accreditation*. Until the testing laboratory has completed the ASCA Program application
819 process and FDA grants *ASCA Accreditation*, the testing laboratory is not part of the ASCA
820 Program.

821 **2. Application to FDA**

822 After obtaining accreditation from an ASCA-recognized accreditation body, a testing laboratory
823 should submit an application for *ASCA Accreditation* to FDA. The testing laboratory can submit
824 an application to FDA by submitting documentation required by [Appendix B](#) of this guidance,
825 along with the proposed scope of *ASCA Accreditation* as described in [Section XI.B.1.](#) above.

⁴¹ See section 514(d) of the FD&C Act.

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826 The [ASCA website](#) provides instructions on how to apply to the ASCA Program. FDA intends to
827 acknowledge receipt of the application and provide a unique ASCA Testing Laboratory
828 Identification Number to the testing laboratory and a unique submission number used solely for
829 tracking the application. FDA uses the ASCA Testing Laboratory Identification Number to track
830 all activity for a given testing laboratory.

831 **3. FDA Decision**

832 When its review is complete, FDA intends to inform the testing laboratory of its decision. If
833 FDA grants *ASCA Accreditation*, FDA will provide a scope of *ASCA Accreditation* and an
834 renewal date that aligns with the accreditation cycle scheduled by the testing laboratory's ASCA-
835 recognized accreditation body. The ASCA-recognized accreditation body will then add the scope
836 of *ASCA Accreditation* to the testing laboratory's certificate of accreditation. Note that the scope
837 will include only FDA-recognized consensus standards and test methods in the ASCA Program
838 for which competence in testing has been demonstrated. When FDA grants *ASCA Accreditation*
839 to a testing laboratory, it will update the [ASCA website](#) to list the organization along with its
840 scope of *ASCA Accreditation*.

841 If FDA does not grant *ASCA Accreditation*, the accreditation body should revoke and remove the
842 testing laboratory's proposed scope of *ASCA Accreditation*. FDA's decision to grant *ASCA*
843 *Accreditation* to a testing laboratory is discretionary. FDA may decide not to grant *ASCA*
844 *Accreditation* to a testing laboratory (e.g., for reasons of public health or administrative
845 efficiency). If FDA does not grant *ASCA Accreditation* to a testing laboratory, FDA intends to
846 provide a rationale for the decision to the applicant.

847 **4. FDA Review and Assessment**

848 FDA intends to review applications for *ASCA Accreditation* within 60 calendar days. By day 60,
849 FDA intends either to grant or deny *ASCA Accreditation* or request additional information from
850 the testing laboratory. The 60 calendar days will not begin until all documents in [Appendix B](#) of
851 this guidance are received. If additional information is requested, FDA generally will include the
852 testing laboratory's ASCA-recognized accreditation body in the communication and resolution
853 of the requested information.

854 After reviewing application contents, FDA intends to notify the testing laboratory of any issues
855 that may preclude granting *ASCA Accreditation* so that the issues may be addressed (if possible).
856 If a testing laboratory fails to respond to a request for additional information within 90 calendar
857 days, FDA intends to consider the application withdrawn. In the circumstances of either a
858 withdrawn or denied application for *ASCA Accreditation*, a testing laboratory may reapply for
859 *ASCA Accreditation*. In these cases, the new application should include complete responses to
860 the additional information request(s) and/or identify how the previously identified issues have been
861 addressed. Until *ASCA Accreditation* is granted by FDA, testing laboratories should not advertise
862 that they are participants of the ASCA Program.

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863 **5. ASCA Accreditation Renewal**

864 To maintain *ASCA Accreditation*, the testing laboratory should notify the ASCA Program when
865 its ASCA-recognized accreditation body has finalized the reassessment to ISO/IEC 17025 and
866 the ASCA specifications according to the accreditation cycle established by the accreditation
867 body.⁴² In the renewal notification to the ASCA Program, the testing laboratory should explicitly
868 state any changes to the testing laboratory’s administrative information.

869 An ASCA-accredited testing laboratory should notify the FDA of any delay in its scheduled
870 reassessment at least 1 week prior to the planned reassessment date and provide any updates
871 from its ASCA-recognized accreditation body (e.g., any extension of its accreditation pending
872 the rescheduled reassessment). Failure to maintain accreditation to ISO/IEC 17025 and the
873 ASCA Program specifications through an ASCA-recognized accreditation body will result in the
874 suspension or withdrawal of the testing laboratory’s *ASCA Accreditation*.

875 **C. Update of Scope of ASCA Accreditation**

876 FDA understands that testing laboratories may continually adjust capabilities within their
877 programs, especially if they experience an increase or loss of facilities or internal expertise.
878 When an testing laboratory adds FDA-recognized consensus standards or test methods, the
879 testing laboratory can apply to update the testing laboratory’s scope of *ASCA Accreditation*. For
880 example, a testing laboratory may initially participate in the ASCA Program by conducting
881 MEM Elution Cytotoxicity testing. After some time, the testing laboratory may obtain additional
882 equipment and resources that can also support Complement Activation testing. The testing
883 laboratory may then apply to update its *ASCA Accreditation* by adding Complement Activation
884 testing to its scope of *ASCA Accreditation*. For additions to its scope of *ASCA Accreditation* a
885 testing laboratory applies by following the initial application process and providing the
886 information necessary for the new FDA-recognized consensus standards and testing methods.

887 Alternatively, if a testing laboratory removes specific FDA-recognized consensus standards and
888 test methods for which they had been accredited under the ASCA Program, the testing laboratory
889 must notify their ASCA-recognized accreditation body and FDA, and provide a brief rationale
890 for the removal. FDA will remove the specific FDA-recognized consensus standards and test
891 methods (e.g., a particular biocompatibility test method) from the Program, or the testing
892 laboratory as a whole will be removed if they have no remaining scope of *ASCA Accreditation*.

893 Recommended contents for applications to additions to scope or notifications of removal are
894 described in [Appendix B](#) of this guidance.

895 FDA intends to use the same ASCA Testing Laboratory Identification Number to track all
896 activity for a given testing laboratory, and to make updates to the [ASCA website](#) as appropriate.

⁴² See subclause 7.9 from ISO/IEC 17011.

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897 **D. Audits of Testing Laboratories**

898 FDA intends to periodically audit testing laboratories to ensure that they are adequately fulfilling
899 program expectations.⁴³ FDA intends to use a tiered-approach with three levels of audits. When
900 practical, FDA intends to collaborate with the ASCA-recognized accreditation body regarding
901 the status of ASCA-accredited testing laboratories.

902 In order to maintain conformance with ISO/IEC 17011, an accreditation body assesses its
903 accredited testing laboratories at least every 2 years.⁴⁴ For Level 1 audits of the testing
904 laboratory, FDA may leverage the existing arrangement of assessments between accreditation
905 bodies and testing laboratories by requesting a copy of the most recent assessment report of the
906 testing laboratory. Upon review of the report, FDA may request clarification or additional
907 information. FDA intends to follow the established schedule of accreditation body assessments
908 of the testing laboratory. Additionally, for Level 1 audits of a testing laboratory, FDA may also
909 request additional information and/or ask questions to clarify the policies and processes of a
910 testing laboratory, which may include requesting relevant assessment documentation (e.g.,
911 complete test reports, training records).

912 For Level 2 audits of the testing laboratories, FDA may participate as an observer during the next
913 scheduled assessment of the testing laboratory by the accreditation body and request a copy of
914 the report for review. FDA will notify the accreditation body and testing laboratory of the intent
915 to participate and make the appropriate arrangements for an on-site visit. FDA intends to use
916 Level 2 audits if there is a reason to believe Level 1 audits would be insufficient. Reasons to use
917 a Level 2 audit may include, but are not limited to, persistent issues with a testing laboratory, a
918 concerning trend identified upon review of the testing laboratory complaint logs, and a
919 determination that Level 1 audits of the testing laboratory do not adequately address issues
920 concerning participation in the ASCA Program.

921 For Level 3 audits, FDA may initiate an on-site or remote audit of the testing laboratory. This
922 audit generally will not follow the assessment schedule established by the accreditation body.
923 FDA will work directly with the testing laboratory to make the appropriate arrangements for an
924 FDA-initiated audit. Level 3 audits will typically be used only for issues of highest concern such
925 as when Level 1 and Level 2 audits do not adequately address issues concerning participation in
926 the ASCA Program. FDA will notify the appropriate accreditation body of the intent to initiate
927 an on-site or remote audit of the testing laboratory.

928 Note that FDA may request additional information from the testing laboratory as a result of any
929 of the audits discussed above.

⁴³ See section 514(d) of the FD&C Act.

⁴⁴ See 7.9.3 of ISO/IEC 17011: Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies.

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930 Through an audit, FDA might determine that there are grounds for suspension or withdrawal of
931 the accreditation body's *ASCA Recognition* (see Sections [XI.E.](#) and [XI.F.](#) of this guidance
932 below).

933 **E. Suspension of ASCA Accreditation**

934 One purpose of the ASCA Program is to increase FDA's confidence in testing results and DOCs
935 provided in premarket submissions. FDA may identify issues, using a variety of means, that raise
936 concerns regarding a testing laboratory's ability to fulfill its role in the ASCA Program
937 adequately. Section 514(d) of the FD&C Act provides that FDA may suspend a testing
938 laboratory's participation in the ASCA Program. Suspension puts constraints on one or more
939 FDA-recognized consensus standards or test methods in a testing laboratory's scope of *ASCA*
940 *Accreditation* while the issues resulting in the suspension are addressed.

941 **1. Considerations for Suspension**

942 For example, as explained in [Appendix B Section D](#) of this guidance, a testing laboratory
943 application for *ASCA Accreditation* contains a signed agreement to permit FDA to conduct audits
944 and assessment activities. The signed agreement also requires the testing laboratory to provide
945 reports and notification of any changes that may impact the organization's participation in the
946 ASCA Program. FDA may also request information about the competence of a testing laboratory
947 when it reviews information from the accreditation body or testing results from the testing
948 laboratory included in premarket submissions.

949 Suspending *ASCA Accreditation* may be an appropriate measure when the findings from the
950 periodic audits of the testing laboratories suggest that test results may be unreliable. Suspension
951 may also be appropriate when FDA becomes aware of information materially bearing on safety
952 or effectiveness of a device for which the premarket submissions were supported by testing from
953 the ASCA-accredited testing laboratory (*Refer to [Section XIII.A.](#) of this guidance*). If a testing
954 laboratory fails to meet the requirements of the ASCA Program specified in the ASCA Program
955 guidances, FDA may suspend the TL's *ASCA Accreditation*. The suspension helps to maintain
956 confidence in the test results produced by ASCA-accredited testing laboratories.

957 When determining whether to suspend a testing laboratory's *ASCA Accreditation*, FDA generally
958 considers whether the issues identified are of a magnitude for which a constraint on the testing
959 laboratory would adequately maintain the integrity of the ASCA Program.

960 The examples below describe situations in which FDA might suspend a testing laboratory's
961 *ASCA Accreditation*. This list is not intended to be exhaustive.

962 **• Existence of nonconformity**

963
964 Depending on the nature of the nonconformity identified, FDA may determine that a
965 testing laboratory needs to state its testing has been conducted during a period of
966 suspension until the nonconformity is adequately addressed. The constraint would apply

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967 only to testing conducted using the FDA-recognized consensus standards and test
968 methods affected by the nonconformity.

969 • **Inadequate completion of training or communication with FDA**

970
971 The application for *ASCA Accreditation* includes several items that testing laboratories
972 agree to do as part of their participation in the ASCA Program (*Refer to [Appendix B](#)*
973 *Section E of this guidance*). For example, a testing laboratory agrees to attend FDA
974 training and communicate with FDA. If a testing laboratory fails to complete training or
975 submit information to FDA, FDA may suspend its *ASCA Accreditation* until such training
976 is completed or information is submitted. Depending on the nature of the incomplete
977 training or unsubmitted information, FDA may choose to constrain testing to one or more
978 of the FDA-recognized consensus standards and test methods within the testing
979 laboratory's scope of *ASCA Accreditation*.

980 • **Suspension of accreditation by an ASCA-recognized accreditation body**

981
982 An ASCA-recognized accreditation body may suspend the testing laboratory's
983 accreditation for FDA-recognized consensus standards and test methods under the ASCA
984 Program. Such a suspension violates the signed agreement in [Appendix B](#) of this
985 guidance which indicates that a testing laboratory must obtain accreditation from an
986 ASCA-recognized accreditation body. Therefore, FDA will suspend that testing
987 laboratory's *ASCA Accreditation* until the issues are addressed. Prior to lifting a testing
988 laboratory's suspension, FDA may request additional information from the testing
989 laboratory's accreditation body and/or ask the accreditation body questions to clarify the
990 resolution of nonconformities that affect ASCA-related activities.

991 • **Information is obtained that materially bears on safety or effectiveness of a device
992 for which a premarket submission included testing from the testing laboratory⁴⁵**

993
994 FDA may become aware of information materially bearing on study conduct or quality
995 for which stating that test results have been conducted during a period of suspension is
996 necessary to maintain confidence in the ASCA Program. For example, if an ASCA-
997 accredited testing laboratory under the purview of 21 CFR 58 receives from the FDA
998 Bioresearch Monitoring Program a warning letter including issues that impact its testing
999 under the ASCA Program, FDA may suspend that testing laboratory's *ASCA*
1000 *Accreditation* until the issues are addressed. During the period of suspension (e.g., until
1001 the warning letter is adequately addressed), the testing laboratory would state the affected
1002 test results have been conducted during a period of suspension.

1003

⁴⁵ See section 514(d) of the FD&C Act.

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1004 • **Fraudulent activities of an ASCA-accredited testing laboratory or information**
1005 **bearing on integrity of testing data**
1006

1007 FDA may become aware of fraudulent activities or data integrity issues with testing data
1008 from an ASCA-accredited testing laboratory. FDA may coordinate with the testing
1009 laboratory’s associated accreditation body to determine appropriate actions and may
1010 suspend the testing laboratory’s *ASCA Accreditation*.

1011 • **Withdrawal of *ASCA Recognition* from the accreditation body that accredited the**
1012 **testing laboratory for the ASCA Program.**
1013

1014 FDA relies on ASCA-recognized accreditation bodies to accredit testing laboratories for
1015 the ASCA Program. If the accreditation body that accredited a testing laboratory is
1016 withdrawn from the ASCA Program, FDA may suspend a testing laboratory’s *ASCA*
1017 *Accreditation* while the testing laboratory seeks accreditation from an alternative ASCA-
1018 recognized accreditation body. FDA will carefully consider the reasons for withdrawal of
1019 *ASCA Recognition* from the accreditation body when determining whether and what
1020 action to take regarding the associated testing laboratories. Note that FDA intends to
1021 notify affected testing laboratories if their accreditation body’s *ASCA Recognition* is
1022 withdrawn (Refer to [Section X.E.3](#) of this guidance).

1023 As with the initial decision to grant *ASCA Accreditation* to a testing laboratory, the decision to
1024 suspend *ASCA Accreditation* is discretionary. FDA may decide to suspend *ASCA Accreditation*
1025 when appropriate under section 514(d) even if the reasons are not listed above.

1026 **2. Implications for ASCA activities**

1027 When a testing laboratory’s *ASCA Accreditation* is suspended, constraints are put on how the
1028 testing laboratory may state its testing relative to the ASCA Program while the issues resulting in
1029 the suspension are addressed. FDA will indicate to the testing laboratory the FDA-recognized
1030 consensus standards and test methods within the organization’s scope of *ASCA Accreditation* for
1031 which testing (including the ASCA summary test report) should be stated as having been
1032 conducted during a period of suspension.

1033 A device manufacturer indicates in their ASCA DOC whether the FDA-recognized consensus
1034 standards and test methods used by the testing laboratory were impacted by suspension of the
1035 testing laboratory’s *ASCA Accreditation* (Refer to [Section XII.C](#) of this guidance). In such
1036 circumstances, the submitted ASCA Summary Test Report may not be adequate to support the
1037 ASCA DOC and FDA staff may ask additional questions to determine whether the test results
1038 can be used to support a decision on a premarket submission. Premarket review considerations
1039 for testing conducted during a period of suspension are provided in [Section XIII.B](#) of this
1040 guidance.

1041 While *ASCA Accreditation* is suspended, FDA expects that the testing laboratory will continue to
1042 adhere to the signed agreement (Refer to [Appendix B Section D](#) of this guidance).

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1043 Suspension of a testing laboratory's *ASCA Accreditation* may affect the accreditation body that
1044 accredited it for the ASCA Program, depending on the reasons for suspension (*Refer to [Section](#)*
1045 *[X.E.1.](#) of this guidance*). At a minimum, FDA will discuss with the accreditation body the
1046 reasons for suspension as well as any plans for resolution, including any timelines and actions to
1047 address the issue(s). If FDA suspends a testing laboratory's *ASCA Accreditation*, an accreditation
1048 body's own decision regarding that laboratory is not necessarily affected. An accreditation body
1049 may continue to accredit the testing laboratory. However, FDA would no longer recognize that
1050 accreditation for purposes of the ASCA Program while the issue(s) resulting in the suspension
1051 are addressed.

1052 **3. Procedures**

1053 **a. Initiating Suspension**

1054 When FDA suspends a testing laboratory's *ASCA Accreditation*, FDA intends to notify the
1055 testing laboratory. The notification will include the suspended FDA-recognized consensus
1056 standards or test methods and how the issues resulting in suspension may be addressed.

1057 Upon suspension of a testing laboratory's *ASCA Accreditation*, FDA will update the [ASCA](#)
1058 [website](#) as appropriate to reflect the constraint on the impacted FDA-recognized consensus
1059 standards and test methods within the testing laboratory's scope of *ASCA Accreditation*. FDA
1060 also intends to notify the testing laboratory's ASCA-recognized accreditation body. The
1061 appropriate ASCA-specific section from the testing laboratory's scope of accreditation should be
1062 immediately removed by their accreditation body. Considerations for the accreditation body are
1063 discussed in [Section X.E.1.](#) of this guidance.

1064 **b. Lifting Suspension**

1065 To pursue lifting a suspension of *ASCA Accreditation*, a testing laboratory should submit
1066 documentation demonstrating how all issues resulting in suspension were resolved. To avoid
1067 delays, the documentation should include the ASCA Testing Laboratory Identification Number
1068 and include reference to FDA's initial suspension notification. If a suspension was initiated by
1069 the testing laboratory's ASCA-recognized accreditation body, documentation demonstrating the
1070 suspension by that accreditation body has been lifted should be included in the submission to
1071 FDA. If necessary, FDA may contact the testing laboratory's ASCA-recognized accreditation
1072 body to request documentation to demonstrate issues have been resolved.

1073
1074 Once FDA has determined that the testing laboratory has adequately addressed the issues that
1075 resulted in suspension, FDA will lift the suspension and corresponding constraints. The
1076 accreditation body will also be notified that the suspension is lifted, and will reinstate the ASCA-
1077 specific section of the testing laboratory's scope of accreditation. FDA will update the [ASCA](#)
1078 [website](#) as appropriate to accurately reflect the scope of *ASCA Accreditation*.

1079 **F. Withdrawal of ASCA Accreditation**

1080 One purpose of the ASCA Program is to increase FDA’s confidence in testing results and DOCs
1081 provided in premarket submissions. FDA may identify issues, using a variety of means, that raise
1082 concerns regarding a testing laboratory’s ability to fulfill its role in the ASCA Program
1083 adequately. Section 514(d) of the FD&C Act provides that FDA may withdraw a testing
1084 laboratory’s *ASCA Accreditation*. Withdrawal of *ASCA Accreditation* cancels the testing
1085 laboratory’s full or partial scope of *ASCA Accreditation*. A full withdrawal removes the
1086 organization from the ASCA Program entirely.

1087 **1. Considerations for Withdrawal**

1088 For example, as explained in [Appendix B Section E](#) of this guidance, the signed agreement
1089 included in a testing laboratory’s application for *ASCA Accreditation* contains an agreement to
1090 permit FDA to conduct audits and assess ASCA-related activities. A complete testing laboratory
1091 application also includes an agreement to provide reports and notification of any changes that
1092 may impact the organization’s participation in the ASCA Program. FDA may also obtain
1093 information about the competence of a testing laboratory when it reviews information from the
1094 accreditation body or testing results from the testing laboratory included in premarket
1095 submissions.

1096 Withdrawal of a testing laboratory’s *ASCA Accreditation* may be an appropriate measure
1097 depending on the findings from periodic audits of testing laboratories or when FDA becomes
1098 aware of information materially bearing on safety or effectiveness of a device for which a
1099 premarket submission included testing from an ASCA-accredited testing laboratory (*Refer to*
1100 [Section XIII](#) of this guidance).

1101 When determining whether to withdraw a testing laboratory’s *ASCA Accreditation*, FDA intends
1102 to consider whether the issues identified are of a magnitude for which a suspension cannot, or
1103 can no longer, adequately maintain the integrity of the ASCA Program (e.g., repeated failure to
1104 correct nonconformities).

1105 The examples below describe situations in which FDA may consider withdrawing a testing
1106 laboratory’s *ASCA Accreditation*. This list is not intended to be exhaustive.

1107 **• Violation of law or violation of criteria outlined in this or any ASCA Program**
1108 **guidance document**

1109
1110 FDA’s confidence in the ASCA Program relies on the integrity of ASCA-accredited
1111 testing laboratories. FDA may consider withdrawing a testing laboratory’s *ASCA*
1112 *Accreditation* if, based on credible evidence, the organization likely committed or
1113 participated in a violation of law or a violation of the criteria outlined in this or any
1114 ASCA Program guidance document. For example, FDA may withdraw a testing
1115 laboratory’s *ASCA Accreditation*, thereby removing it from the ASCA Program, if it
1116 states testing results conducted outside of its scope were conducted under the ASCA
1117 Program.

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1118 • **Failure to correct nonconformity**
1119

1120 If an ASCA-accredited testing laboratory fails to satisfactorily correct a nonconformity
1121 after notification(s) by either their accreditation body or FDA, FDA may consider
1122 withdrawing its *ASCA Accreditation* depending on the nature of the nonconformity.

1123 • **Failure to adhere to signed agreement**
1124

1125 The application for *ASCA Accreditation* includes several items that testing laboratories
1126 agree to do as part of their participation in the ASCA Program (*Refer to [Appendix B](#)*
1127 *[Section E of this guidance](#)*). For example, a testing laboratory agrees to notify FDA of
1128 changes that may affect its participation in the ASCA Program. If a testing laboratory
1129 repeatedly fails to provide such notifications to FDA, this may result in withdrawal of the
1130 organization's *ASCA Accreditation*.

1131 • **Information is obtained that materially bears on safety or effectiveness of a device**
1132 **for which a premarket submission included testing from the testing laboratory⁴⁶**
1133

1134 FDA may become aware of information materially bearing on study conduct or quality.
1135 For example, if an ASCA-accredited testing laboratory under the purview of 21 CFR 58
1136 receives from the FDA Bioresearch Monitoring Program a warning letter including issues
1137 that impact its testing under the ASCA Program and fails to correct such issues, FDA
1138 may withdraw that testing laboratory's *ASCA Accreditation*.

1139 • **Fraudulent or any other activity by an ASCA-accredited testing laboratory**
1140 **regarding the integrity of testing data**
1141

1142 FDA may become aware of fraudulent activities or data integrity issues with testing data
1143 from an ASCA-accredited testing laboratory. FDA may withdraw that testing
1144 laboratory's *ASCA Accreditation*.

1145 • **Withdrawal of *ASCA Recognition* from the accreditation body that accredited the**
1146 **testing laboratory for the ASCA Program**
1147

1148 FDA relies on ASCA-recognized accreditation bodies to accredit testing laboratories for
1149 the ASCA Program. If the accreditation body that accredited a testing laboratory is
1150 withdrawn from the ASCA Program and the testing laboratory is unable to transfer their
1151 ASCA Accreditation to another ASCA-recognized accreditation body (see [Section XI.G.](#)
1152 of this guidance) before their current certificate expires, FDA will withdraw a testing
1153 laboratory's *ASCA Accreditation*. Note that FDA intends to notify affected testing

⁴⁶ See section 514(d) of the FD&C Act.

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1154 laboratories if their accreditation body's *ASCA Recognition* is withdrawn (Refer to
1155 [Section X.E.3.](#) of this guidance).

1156 • **Failure to demonstrate or maintain competence in testing by an ASCA-accredited**
1157 **testing laboratory**

1158
1159 If an ASCA-accredited testing laboratory fails to demonstrate or maintain its competence
1160 in testing for FDA-recognized consensus standards and test methods in the ASCA
1161 Program (e.g., loss of personnel with particular expertise) for the scope of *ASCA*
1162 *Accreditation*, FDA may consider withdrawing the full or partial scope of *ASCA*
1163 *Accreditation* of the testing laboratory.

1164 As with the initial decision to grant *ASCA Accreditation* to a testing laboratory, the decision to
1165 withdraw *ASCA Accreditation* is discretionary. FDA may decide to withdraw *ASCA*
1166 *Accreditation* when appropriate under section 514(d) even if the reasons are not listed above.

1167 **2. Implications for ASCA activities**

1168 Withdrawal of a testing laboratory's *ASCA Accreditation* removes the testing laboratory from
1169 the ASCA Program for the full or partial scope of *ASCA Accreditation*. Any activities performed
1170 after withdrawal of the full or partial scope of *ASCA Accreditation* should not be identified as
1171 being performed as part of the ASCA Program.

1172 Withdrawal of a testing laboratory's *ASCA Accreditation* may affect the accreditation body that
1173 accredited it for the ASCA Program, depending on the reasons for withdrawal (Refer to [Section](#)
1174 [X.E.1.](#) of this guidance). Premarket review considerations for testing conducted after withdrawal
1175 of a testing laboratory's *ASCA Accreditation* are provided in [Section XIII.C.](#) of this guidance.

1176 If FDA withdraws a testing laboratory's *ASCA Accreditation*, an accreditation body's own
1177 decision regarding that laboratory is not necessarily affected. An accreditation body may
1178 continue to accredit the testing laboratory; however, FDA would no longer recognize that
1179 accreditation for purposes of the ASCA Program.

1180 **3. Procedures**

1181 When a testing laboratory's *ASCA Accreditation* is withdrawn, FDA will notify the testing
1182 laboratory. The notification will include the reason for the withdrawal and, if appropriate, how
1183 the issues identified may be addressed in a future, new application for *ASCA Accreditation*.

1184 For voluntary withdrawals, the ASCA website provides instructions on how to withdraw from
1185 the ASCA Program.

1186 Upon withdrawal of a testing laboratory's *ASCA Accreditation*, FDA will update the [ASCA](#)
1187 [website](#) as appropriate and notify the accreditation body that accredited that testing laboratory for
1188 the ASCA Program. The ASCA-specific section from the testing laboratory's scope of

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1189 accreditation should be immediately removed by their accreditation body. Considerations for the
1190 accreditation body are discussed in [Section X.E.1.](#) of this guidance.

1191 If a testing laboratory wishes to participate in the ASCA Program after withdrawal of its *ASCA*
1192 *Accreditation*, the organization should submit a new application for *ASCA Accreditation*
1193 following the same procedures for an initial application as outlined in this guidance. FDA
1194 recommends that the new application for *ASCA Accreditation* include the ASCA Testing
1195 Laboratory Identification Number and indicate whether the withdrawal was voluntary. If
1196 withdrawal was not voluntary, FDA recommends the application include reference to FDA’s
1197 notification and explain how all issues identified in the withdrawal notification were addressed.

1198 **G. Transfer of ASCA Accreditation**

1199 At any given time, the testing laboratory must be accredited by an ASCA-recognized
1200 accreditation body to participate in the ASCA Program. However, an ASCA-accredited testing
1201 laboratory may transfer its accreditation from its current ASCA-recognized accreditation body to
1202 another ASCA-recognized accreditation body. The testing laboratory should work
1203 collaboratively with its new ASCA-recognized accreditation body to ensure that the information
1204 and documentation referenced in [Section X.F.](#) of this guidance is provided to FDA in a timely
1205 manner. A testing laboratory should not seek to transfer its *ASCA Accreditation* to circumvent or
1206 obfuscate any negative assessments or corrective actions identified by their prior accreditation
1207 body. Such a transfer may undermine the confidence in test results for purposes of the ASCA
1208 Program, warranting withdrawal or suspension of *ASCA Accreditation*.

1209 After a testing laboratory receives accreditation from another accreditation body, the testing
1210 laboratory notifies FDA of this transfer of accreditation by providing proof of accreditations
1211 described above from the new ASCA-recognized accreditation body. If transfer to another
1212 ASCA-recognized accreditation body is accompanied by changes in the scope of *ASCA*
1213 *Accreditation*, the testing lab should follow the process outlined in [Section XI.C.](#) of this guidance
1214 and provide the necessary information to support the changes.

1215 **XII. Processes and Policies for Device Manufacturers**

1216 **A. Selection of an ASCA-accredited Testing Laboratory**

1217 Device manufacturers may voluntarily choose to use an ASCA-accredited testing laboratory to
1218 conduct testing included in a premarket submission. The [ASCA website](#) provides an up-to-date
1219 listing of ASCA-accredited testing laboratories (including the scope of their *ASCA*
1220 *Accreditation*). In selecting an ASCA-accredited testing laboratory, FDA recommends that a
1221 device manufacturer consider the FDA-recognized consensus standards and test methods within
1222 a testing laboratory’s scope of *ASCA Accreditation* in comparison to the testing the device
1223 manufacturer plans. A device manufacturer may wish to stipulate in their contract with an
1224 ASCA-accredited testing laboratory that the testing laboratory notify the device manufacturer if
1225 the testing laboratory’s *ASCA Accreditation* is suspended or withdrawn.

1226 **B. Development of a Test Plan**

1227 The ASCA Program does not alter the device manufacturer’s responsibility to ensure FDA-
1228 recognized consensus standards and test methods are selected and used appropriately as
1229 described in FDA’s guidance [Appropriate Use of Voluntary Consensus Standards in Premarket](#)
1230 [Submissions for Medical Devices](#). Given an ASCA-accredited testing laboratory’s expertise,
1231 FDA recommends a device manufacturer work with them in developing a test plan for the
1232 device. FDA encourages a collaborative relationship between the device manufacturer and
1233 testing laboratory wherever possible. FDA recommends that development of a test plan for
1234 conduct by an ASCA-accredited testing laboratory consider the following:

1235 • **Supplementary Information Sheets (SIS)**

1236
1237 FDA recommends that the device manufacturer and the ASCA-accredited testing
1238 laboratory consult the Supplementary Information Sheet (SIS) for each FDA-recognized
1239 consensus standard(s) to be included in the test plan. The SIS includes the extent of
1240 recognition and relevant FDA guidance and/or supportive publications which may better
1241 inform the device manufacturer’s test plan development.

1242 • **Other FDA guidance and FDA-recognized consensus standards**

1243
1244 FDA recommends that a test plan consider all relevant FDA guidance (e.g., device type
1245 guidance, scientific area guidance, submission type guidance) and FDA-recognized
1246 consensus standards. For example, FDA recommends that a test plan for basic safety and
1247 essential performance consider the collateral and particular standards to determine the
1248 most efficient and appropriate test plan. As another example, FDA’s guidance [Bone](#)
1249 [Anchors- Premarket Notification \(510\(k\)\) Submissions](#) provides specific
1250 recommendations for a bone anchor 510(k) submission, including performance test
1251 recommendations such as biocompatibility testing.

1252 • **Impact of deviations from FDA-recognized consensus standards**

1253
1254 Modifications to the methods and/or acceptance criteria included within an FDA-
1255 recognized consensus standard may be appropriate for a specific device based on its
1256 intended use. When a standard permits such modifications, the modifications do not
1257 affect compliance with the standard and, therefore, a DOC is appropriate. However, if
1258 the standard does not permit the modifications used during testing, the modifications
1259 would be considered deviations and the testing would not be considered to have been
1260 conducted in compliance with the standard. A DOC would not be appropriate for testing
1261 that includes deviations. Testing that includes deviations (and for which a DOC would
1262 not be appropriate)⁴⁷ does not meet the criteria for inclusion in the ASCA Program and
1263 the premarket review considerations described in Section XIII. of this guidance do not

⁴⁷See <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/appropriate-use-voluntary-consensus-standards-premarket-submissions-medical-devices>.

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1264 apply. This is because, under the ASCA Program, device manufacturers may include in
1265 their premarket submissions ASCA DOCs based on testing from ASCA-accredited
1266 testing laboratories.⁴⁸ Deviations (i.e., modifications not specifically allowed by the
1267 FDA-recognized consensus standard) necessarily indicate that a device does not conform
1268 to the standard. Therefore, an ASCA DOC would not be appropriate. Note that the testing
1269 performed using deviations to an FDA-recognized consensus standard may still be
1270 appropriate for general use of consensus standards as described in FDA’s guidance,
1271 [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for](#)
1272 [Medical Devices](#).

1273 • Testing outside of a testing laboratory’s scope of ASCA Accreditation

1274
1275 A test plan may include some methods that are and some methods that are not included in
1276 a testing laboratory’s scope of *ASCA Accreditation*. The processes and policies within
1277 this and any other relevant ASCA Program guidances, including the ASCA Program
1278 specifications applicable to the specific FDA-recognized consensus standards and test
1279 methods, apply to all testing conducted within a testing laboratory’s scope of *ASCA*
1280 *Accreditation*. The premarket review considerations discussed in [Section XIII](#). of this
1281 guidance apply only to testing conducted by an ASCA-accredited testing laboratory
1282 within their scope of *ASCA Accreditation*. [Section XII.C.](#) of this guidance describes how
1283 to clarify in a premarket submission which testing was conducted within the ASCA
1284 Program and which was not. For testing not within a testing laboratory’s scope of *ASCA*
1285 *Accreditation*, please see FDA’s guidance, [Appropriate Use of Voluntary Consensus](#)
1286 [Standards in Premarket Submissions for Medical Devices](#).

1287 A device manufacturer may follow the policies and procedures in FDA’s guidance [Requests for](#)
1288 [Feedback and Meetings for Medical Device Submissions: The Q-Submission Program](#) to receive
1289 feedback from FDA regarding a proposed test plan.

1290 C. Contents of a Premarket Submission

1291 Testing performed by an ASCA-accredited testing laboratory can be used to support a premarket
1292 submission for any device if the testing was conducted using an FDA-recognized consensus
1293 standard and test method included in the ASCA Program and in accordance with the ASCA
1294 Program specifications for that standard and test method. The ASCA Program does not alter the
1295 device manufacturer’s responsibility to address relevant information in the premarket
1296 submission. This includes the responsibility to document how testing supports premarket
1297 authorization, even when such testing is performed by an ASCA-accredited testing laboratory.

1298 As mentioned in [Section IV](#). of this guidance, this guidance document does not address specific
1299 content for a particular premarket submission. FDA recommends that device manufacturers
1300 review FDA’s guidance titled “[Appropriate Use of Voluntary Consensus Standards in Premarket](#)
1301 [Submissions for Medical Devices](#).” Rather, this guidance document describes how a device

⁴⁸ See section 514(d) of the FD&C Act.

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1302 manufacturer may incorporate testing results from an ASCA-accredited testing laboratory into its
1303 premarket submissions, including the use of ASCA DOCs and, where applicable, supplemental
1304 documentation to support the ASCA DOC.

1305 A premarket submission with ASCA documentation should include the following elements:

- 1306 1. a cover letter (with a summary of ASCA information),
1307 2. ASCA DOC(s), and
1308 3. ASCA summary test report(s).

1309 Please see [Appendix C](#) of this guidance for more detail on the elements above which should be
1310 included in a premarket submission with ASCA documentation.

1311 **XIII. Processes and Policies for FDA Staff**

1312 Use of a conformity assessment scheme to grant *ASCA Recognition* to accreditation bodies, grant
1313 *ASCA Accreditation* to testing laboratories, and communicate with and audit both accreditation
1314 bodies and testing laboratories provides FDA increased confidence in the methods used and
1315 results reported by ASCA-accredited testing laboratories when testing is performed within the
1316 testing laboratory's scope of *ASCA Accreditation*.

1317 **A. General Premarket Review Policy**

1318 As part of their participation in the ASCA Program, ASCA-accredited testing laboratories agree
1319 to use methodologies consistent with the FDA-recognized consensus standards and test methods
1320 in their scope of *ASCA Accreditation* and the relevant ASCA Program specifications. For this
1321 reason, FDA generally intends to rely on the results from ASCA-accredited testing laboratories
1322 for the purpose of premarket review without the need for additional information related to
1323 conformance with a standard. However, FDA retains the discretion not to accept test results
1324 from an ASCA-accredited testing laboratory if FDA finds that certain results of such tests should
1325 not be so accepted.⁴⁹ FDA will not discuss contents of a premarket submission with an ASCA-
1326 accredited testing laboratory without permission from the device manufacturer. The following
1327 are examples of circumstances where FDA is likely to question the validity of test methods
1328 within a testing laboratory's scope of *ASCA Accreditation*:

- 1329 • as part of periodic audits (*Refer to Sections [X.D.](#) and [XI.D.](#) of this guidance*);⁵⁰
1330 • if FDA becomes aware of information that would result in suspension or withdrawal of a
1331 testing laboratory's *ASCA Accreditation*;
1332 • if FDA becomes aware of information that would result in withdrawal of the associated
1333 accreditation body's *ASCA Recognition*;
1334 • if FDA becomes aware of information materially bearing on the study conduct or
1335 quality, or data integrity, or related issues of non-compliance with 21 CFR Part 58 (e.g.,
1336 if the testing laboratories under the purview of 21 CFR Part 58 receive from FDA

⁴⁹ See section 514(d) of the FD&C Act.

⁵⁰ *Ibid*

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- 1337 Bioresearch Monitoring Program a Form 483 with Official Action Indicated (OAI)
1338 classification, an untitled letter, or a warning letter);
- 1339 • if FDA becomes aware of information materially relevant to safety or effectiveness for
1340 the device⁵¹ (e.g., if specific use issues of public health concern are identified for a
1341 device type during total product lifecycle reviews);
 - 1342 • if FDA becomes aware of information related to potential fraudulent behavior of a
1343 testing laboratory that may affect ASCA-related activities;
 - 1344 • if the ASCA summary test report indicates an issue with the testing or device⁵² (e.g.,
1345 controls do not work as expected or test results signal a possible issue with safety or
1346 performance);
 - 1347 • if basic administrative information is missing (e.g., product identification information or
1348 dates of testing); or
 - 1349 • if supplemental documentation to support the ASCA DOC (e.g., ASCA summary test
1350 report) is incomplete.

1351 In these cases, additional questions may be asked to determine whether the test results can be
1352 used to support a decision on a premarket submission.

B. Impact of Suspension of ASCA Accreditation

1354 As discussed in [Section XI.E.1.](#) of this guidance, FDA will suspend a testing laboratory's *ASCA*
1355 *Accreditation* when specific issues are identified. If the testing laboratory's *ASCA Accreditation*
1356 was suspended at the time of testing, an ASCA DOC may not be submitted for the suspended
1357 FDA-recognized consensus standards and test methods. When evaluating testing results
1358 conducted during a period of suspension, FDA intends to carefully consider the issues resulting
1359 in the suspension as well as which FDA-recognized consensus standards and test methods were
1360 subject to the constraints of the suspension. Depending on the issues resulting in suspension,
1361 FDA may be unable to rely solely on the testing results provided in the premarket submission. In
1362 these cases, FDA may need to review additional information and/or ask questions to determine
1363 whether the test results can be used to support a decision on a premarket submission.

C. Impact of Withdrawal of ASCA Accreditation

1364 As discussed in [Section XI.F.](#) of this guidance, FDA will withdraw a testing laboratory's *ASCA*
1365 *Accreditation* in certain situations. A device manufacturer may still include in their premarket
1366 submission a DOC for testing conducted at the testing laboratory. In these cases, an ASCA DOC
1367 would not be appropriate and FDA would apply the policies described in FDA's guidance
1368 [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical](#)
1369 [Devices](#), regarding review of the associated DOCs (and the need for supplemental
1370 documentation to support a DOC).
1371

⁵¹ See section 514(d) of the FD&C Act.

⁵² *Ibid*

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1372 Withdrawal of a testing laboratory’s *ASCA Accreditation* may indicate the need for FDA to take
1373 postmarket action. FDA intends to carefully consider the reason for withdrawal when
1374 determining what postmarket action, if any, is appropriate for closed premarket submissions that
1375 included testing results from an ASCA-accredited testing laboratory from which *ASCA*
1376 *Accreditation* has been withdrawn. For example, if the nature and severity of the reasons for
1377 withdrawal might have impacted the testing results supporting the submission decision, FDA
1378 may engage with the device manufacturer to better understand device performance and
1379 evaluation, review Medical Device Reports (MDRs) for signs of post market performance issues,
1380 or conduct other compliance actions. In all cases, FDA intends to carefully weigh the benefits
1381 and risks to patients when considering what, if any, action should be taken.

1382 Note that suspension or withdrawal of an accreditation body’s *ASCA Recognition* affects FDA
1383 review indirectly in that the withdrawal may result in suspension or withdrawal of the associated
1384 testing laboratory’s *ASCA Accreditation* (Refer to Sections [XI.E.1.](#) and [XI.F.1.](#) of this guidance).

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1385 **XIV. Paperwork Reduction Act of 1995**

1386 This guidance contains information collection provisions that are subject to review by the Office
1387 of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C.
1388 3501-3521).

1389 The time required to complete this information collection is estimated⁵³ to average 95 hours per
1390 response for accreditation bodies and 47 hours for testing laboratories. Send comments regarding
1391 this burden estimate or suggestions for reducing this burden to:

1392 FDA PRA Staff,
1393 Office of Operations,
1394 Food and Drug Administration,
1395 PRASStaff@fda.hhs.gov

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0910-0889 (To find the current expiration date, search for this OMB control number available at <https://www.reginfo.gov>).

1396
1397

⁵³ Rounded to the nearest whole number.

1398 **Appendix A: Application for ASCA Recognition**

1399 An application from an accreditation body seeking *ASCA Recognition* should include the
1400 components described below. All information in the application should be provided in English. If
1401 the documents are not originally written in English, the accreditation body must provide the
1402 following:

- 1403 • native language documents,
- 1404 • certified English translations of the documents (refer to ISO 17100, ISO/IEC 17050-2,
1405 and ASTM F2575 for additional information), and
- 1406 • details of the document control process for native language document approval and
1407 related release of the certified document.

1408 **A. Administrative Information**

- 1409 • organization name and address;
- 1410 • designated point of contact: first and last name, title, phone number, email address; and
- 1411 • alternate point of contact: first and last name, title, phone number, email address.

1412 **B. Scope of ASCA Recognition**

1413 Indication of the requested scope of *ASCA Recognition* from the list of FDA-recognized
1414 consensus standards and test methods in the ASCA Program (more than one standard and test
1415 method may be identified).

1416 **C. Information in Support of Competence**

1417 Information demonstrating ability to participate in the ASCA Program:

- 1418 • Proof of signatory status as International Laboratory Accreditation Cooperation (ILAC)
1419 MRA with scope that includes ISO/IEC 17025.
- 1420 • Confirmation that accreditation body is based in the United States.
- 1421 • A current list and description of any accreditation services offered for which the scope
1422 includes any FDA-recognized consensus standards or test methods in the ASCA
1423 Program.
- 1424 • An example scope of accreditation that is typically used by the accreditation body, and
1425 information indicating to what extent it will be modified to address accreditation for the
1426 ASCA Program.
- 1427 • A detailed description of the process to accredit testing laboratory applicants to ISO/IEC
1428 17025 and ASCA Program specifications, including awareness, training, and
1429 accreditation activities.
- 1430 • A detailed description of the accreditation body's approach used to demonstrate technical
1431 competency of testing laboratories consistent with ASCA Program specifications,
1432 including guidances associated with the ASCA Program. This includes a detailed

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1433 description of the qualifications for each technical assessor for the requested scope of
1434 *ASCA Recognition*. It also includes training records to demonstrate competence for
1435 assessing all FDA-recognized consensus standards and test methods for the requested
1436 scope of *ASCA Recognition* for which they will perform the assessment. For each
1437 technical assessor, include resumes, CVs, summary of experience, relevant technical
1438 training, etc., from personnel already identified.

- 1439 • If applicable, a detailed description of the accreditation body’s outsourcing activities, as
1440 permitted under IEC/ISO 17011, related to obtaining and training additional outsourced
1441 resources to complete assessments. Details should include how outsourcing activities will
1442 be managed; whether outsourcing will include individual contractors, entire
1443 organizations, or both; and how records related to supplier management and training are
1444 maintained. Note: if a detailed description of outsourcing activities is not provided in an
1445 application for *ASCA Recognition*, an application to amend the accreditation body’s
1446 *ASCA Recognition*, with the details described above, must be submitted and approved
1447 before outsourcing may be used to conduct assessments under the ASCA Program.
- 1448 • A detailed description of the policy and processes concerning corrective actions and the
1449 approach for responding to, investigating, and resolving complaints against testing
1450 laboratories.

1451 **D. Renewal, Updates to the Scope of ASCA Recognition, and** 1452 **Amendments**

1453 In addition to the contents outlined below, FDA recommends that all renewals, updates to the
1454 scope of *ASCA Recognition*, and amendments include the following:

- 1455 • the *ASCA Accreditation* Body Identification Number for the accreditation body,
- 1456 • the current scope of *ASCA Recognition* for the accreditation body, and
- 1457 • the FDA-recognized consensus standards or test methods that the accreditation body
1458 requests be updated in its scope of *ASCA Recognition*, as applicable.

1459 **1. Renewal**

1460 For renewal applications, the ASCA-recognized accreditation body should provide current
1461 documentation (i.e., the most recent version of all relevant documentation) of all items listed in
1462 [Appendix A Section B](#).

1463 **2. Updates to the Scope of ASCA Recognition**

1464 For additions to the scope of *ASCA Recognition*, accreditation bodies should follow the initial
1465 application process described in Appendix A. For removals from the scope of ASCA
1466 *Recognition*, a notification to FDA is required, along with a brief rationale. For detailed
1467 information related to updates to the scope of *ASCA Recognition* see [Section X.C. of this](#)
1468 [guidance](#).

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1469 **3. Amendments**

1470 For amendments to existing *ASCA Recognition* (i.e., changes that do not update the scope of
1471 *ASCA Recognition*), such as outsourcing, the amendment application should include only the
1472 relevant changes from the most recently approved initial or renewal application.

1473 **E. Signed Agreement**

1474 The signed agreement is an agreement executed by the accreditation body. It includes
1475 confirmation that the accreditation body has read, understood, and agrees to adhere to the
1476 following for its ASCA Program-related activities:

- 1477 • Maintain scope of signatory status to International Laboratory Accreditation Cooperation
1478 (ILAC) Mutual Recognition Arrangement (MRA) that includes ISO/IEC 17025.
- 1479 • Verify conformance with ISO/IEC 17025 and ASCA Program specifications when
1480 accrediting testing laboratories for the ASCA Program.
- 1481 • Retain a copy of all records used during an assessment of a testing laboratory for the
1482 ASCA Program until the next accreditation cycle.
- 1483 • Maintain a current list and description of any accreditation services offered for which the
1484 scope includes any FDA-recognized consensus standards or test methods in the ASCA
1485 Program and reassess ASCA-accredited testing laboratories per the accreditation body's
1486 renewal schedule.
- 1487 • Follow the guidelines and processes detailed in the ASCA Program guidance documents
1488 regarding which FDA-recognized consensus standards and test methods to assess when
1489 accrediting a testing laboratory for the ASCA Program.
- 1490 • Provide all ASCA documentation to FDA in a timely manner upon request.
- 1491 • Maintain all ASCA documentation in a clear, complete, and detailed manner such that a
1492 trained individual could follow them.
- 1493 • Produce all ASCA documentation in English, as described at the beginning of Appendix
1494 A.
- 1495 • Allow FDA to participate as an observer during the accreditation body's ILAC MRA
1496 peer evaluation(s).
- 1497 • Allow FDA to participate as an observer during the accreditation body's assessment of a
1498 testing laboratory.
- 1499 • Communicate any changes in *ASCA Recognition* status to affected testing laboratories.
- 1500 • When notified by FDA of a testing laboratory's full or partial withdrawal from the ASCA
1501 Program, remove any scope of *ASCA Accreditation* from applicable documentation.
- 1502 • Commit to minimize and address the accreditation of fraudulent testing laboratories.

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- 1503 ○ Notify FDA of investigations of potential fraud with adequate information and
1504 documentation for FDA to determine if suspension or withdrawal of the testing
1505 laboratory's *ASCA Accreditation* is appropriate.
- 1506 ○ Maintain due diligence to minimize accreditation of testing laboratories that
1507 misleadingly or fraudulently represent competencies, for instance by conducting
1508 searches on publicly available information and investigating complaints filed by
1509 stakeholders.
- 1510 ● Commit that all relevant FDA training will be completed by appropriate individuals prior
1511 to providing any accreditation to testing laboratories under the ASCA Program and
1512 maintain up-to-date records of all ASCA training.
- 1513 ○ Notify FDA of new personnel who need FDA training. Commit to not assign
1514 personnel in ASCA-related activities until training is complete.
- 1515 ○ Commit to maintaining competence and capacity for the requested scope of *ASCA*
1516 *Recognition*.
- 1517 ● Establish and maintain appropriate communication with FDA. An accreditation body
1518 should not hesitate to contact FDA regarding the ASCA Program. FDA expects that
1519 appropriate communication includes the following:
- 1520 ○ Notification to FDA within five calendar days via written notification of any
1521 changes that may impact the accreditation body's participation (e.g., change to
1522 scope of signatory status to ILAC MRA)
- 1523 ○ Notification to FDA within five calendar days via written notification of any
1524 changes that may impact the participation of any of the testing laboratories that the
1525 accreditation body has accredited. The relevant testing laboratory also should be
1526 included in this notification.
- 1527 ○ Attendance at regularly scheduled teleconferences with FDA as requested
- 1528 ○ Provision of status updates annually or upon request to FDA including the
1529 following information regarding the accreditation body's ASCA Program activities:
- 1530 ▪ complaint handling report, including number of complaints received, a short
1531 description of each complaint, investigation of the complaints, conclusion, and
1532 any corrective actions;
- 1533 ▪ total number and list of testing laboratories the accreditation body has
1534 accredited, including dates of accreditation, names of the assessors, upcoming
1535 assessments and/or reassessments;
- 1536 ▪ number and description of non-conformities the accreditation body has
1537 observed during accreditation or auditing of testing laboratories, including
1538 names of the testing laboratories, description of corrective actions and
1539 resolution of non-conformities;
- 1540 ▪ number of suspensions issued by the accreditation body for testing
1541 laboratories;

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- 1542 ▪ training records for all FDA training; and
- 1543 ▪ results of the accreditation body’s management reviews.
- 1544 • Establish and maintain policies and procedures that incorporate feedback from FDA.
- 1545 • FDA may suspend or withdraw *ASCA Recognition* at any time, as warranted.
- 1546 • Confirm, to the best of your knowledge, all information submitted to FDA is truthful and
- 1547 accurate and that no material fact has been omitted.

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1550 **Appendix B: Application for ASCA Accreditation**

1551 An application from a testing laboratory seeking *ASCA Accreditation* should include the
1552 following components. If a testing laboratory application will be for multiple testing sites,
1553 documentation should be clear with respect to the site to which it applies. All information in the
1554 application should be provided in English. If the documents are not originally written in English,
1555 the testing laboratory must provide the following:

- 1556 • native language documents,
- 1557 • certified translation to English (refer to ISO 17100, ISO/IEC 17050-2, and ASTM F2575
1558 for additional information), and
- 1559 • details of the document control process for native language document approval and
1560 related release of the certified document.

1561 **A. Administrative Information**

- 1562 • organization name and address;
- 1563 • designated point of contact: first and last name, title, phone number, email address;
- 1564 • alternate designated point of contact: first and last name, title, phone number, email
1565 address; and
- 1566 • planned assessment schedule per the testing laboratory’s established accreditation cycle
1567 (with target dates of next assessment, when possible).

1568 **B. Scope of ASCA Accreditation**

1569 Indication of the requested scope of *ASCA Accreditation* from the list of FDA-recognized
1570 consensus standards and test methods in the ASCA Program (more than one may be chosen).

1571 **C. Information in Support of Competence**

1572 Information demonstrating ability to participate in the ASCA Program should include the
1573 following:

- 1574 • Accreditation is from an ASCA-recognized accreditation body, including the ASCA-
1575 recognized accreditation body’s ASCA Identification Number and current status.
- 1576 • Proof of accreditation under ISO/IEC 17025 and to the relevant standards and test
1577 methods in the ASCA Program.
- 1578 • The scope of *ASCA Recognition* for the accreditation body, which must include the scope
1579 for which they accredited the testing laboratory.
- 1580 • The proposed scope of *ASCA Accreditation* provided by the ASCA-recognized
1581 accreditation body to the testing laboratory, which must match the testing laboratory’s
1582 requested scope of *ASCA Accreditation*.
- 1583 • A copy of any relevant ASCA test-related documents (e.g., test method SOPs, protocol
1584 templates, test report templates, work instructions, general SOPs that address ASCA

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1585 Program specifications, data collection worksheets, training information) applicable to
1586 any testing of FDA-recognized consensus standards and test methods included in the
1587 requested scope of *ASCA Accreditation*.⁵⁴

1588 **D. Renewal and Updates to the Scope of ASCA Accreditation**

1589 For renewal notifications to FDA, the ASCA-accredited testing laboratory should provide a copy
1590 of the renewed scope of *ASCA Accreditation* from their ASCA-recognized accreditation body.
1591 The testing laboratory should explicitly state if there are any changes to the testing laboratory's
1592 administrative information and/or if the testing laboratory is applying for an updated scope of
1593 *ASCA Accreditation*.

1594 For additions to the scope of *ASCA Accreditation*, testing laboratories should follow the initial
1595 application process described in Appendix B and provide the information necessary for the new
1596 standards and testing methods (more than one may be included). For removals from the scope of
1597 *ASCA Recognition*, a notification to FDA is required, along with a brief rationale. For detailed
1598 information related to updates to the scope of *ASCA Accreditation*, see [Section XI.C.](#) of this
1599 guidance. In addition to the contents outlined above, FDA recommends that these renewal
1600 notifications or updates to the scope of *ASCA Accreditation* application include the following:

- 1601 • the ASCA Testing Laboratory Identification Number of the testing laboratory;
- 1602 • the current scope of *ASCA Accreditation* for the testing laboratory; and

1603 **E. Signed Agreement**

1604 The signed agreement is an agreement executed by the testing laboratory. It includes
1605 confirmation that the testing laboratory has read, understood, and agrees to adhere to the
1606 following for its ASCA Program-related activities:

- 1607 • Operate in accordance with generally accepted professional and ethical business
1608 practices.
- 1609 • Conduct testing in accordance with ISO/IEC 17025, and the relevant ASCA Program
1610 specifications.
- 1611 • Be aware of and consider recommendations made in any relevant FDA guidance
1612 documents.
- 1613 • Maintain status of accreditation by an ASCA-recognized accreditation body. If
1614 accreditation by ASCA-recognized accreditation body is suspended or withdrawn, *ASCA*
1615 *Accreditation* will also be suspended or withdrawn.

⁵⁴ Please review the [ASCA website](#) for more information. For example, FDA generally only conducts review of SOPs and any relevant ASCA test-related documents in the initial application for *ASCA Accreditation*. After the initial *ASCA Accreditation*, FDA might rely on the accreditation renewal conducted by the ASCA-recognized accreditation body.

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- 1616 • Confirm that the certificate with the scope of included standard(s) and/or testing
1617 method(s) provided by the ASCA-recognized accreditation body is accurate to the
1618 requested scope of *ASCA Accreditation*.
- 1619 • Abide by the ASCA Program specifications to achieve and maintain status as an ASCA-
1620 accredited testing laboratory.
- 1621 • Follow the guidelines and processes detailed in in the ASCA Program guidance
1622 documents regarding which FDA-recognized consensus standards and test methods to use
1623 when conducting testing under the ASCA Program.
- 1624 • Maintain document control and ensure that the testing laboratory’s ASCA documentation
1625 provided to an ASCA-recognized accreditation body is consistent with ASCA
1626 documentation provided to the FDA.
- 1627 • Provide all ASCA documentation (e.g., complaint logs, issue tracking, test procedures) to
1628 FDA in a timely manner upon request.
- 1629 • Provide all ASCA documentation as outlined in [Appendix B Section C](#) (Information in
1630 Support of Competence) to FDA in a timely matter upon request.
- 1631 • Maintain all ASCA documentation in a clear, complete, and detailed manner, such that a
1632 trained individual could follow them.
- 1633 • Produce all ASCA documentation in English as described above.
- 1634 • Allow FDA to conduct audits upon request. Audits may include observations of testing
1635 activities and documentation review.
- 1636 • Allow FDA to include the testing laboratory’s ASCA-recognized accreditation body in
1637 communications requesting any additional information, granting or denying ASCA
1638 Accreditation. Communicate any changes in scope of *ASCA Accreditation* or status
1639 within ASCA Program to the testing laboratory’s ASCA-recognized accreditation body.
- 1640 • Establish and maintain appropriate communication with FDA. A testing laboratory
1641 should not hesitate to contact FDA regarding the ASCA Program. FDA expects that
1642 appropriate communication includes the following at a minimum:
 - 1643 ○ Written notification to FDA and the accreditation body within five calendar days of
1644 any changes that may impact the testing laboratory’s participation.
 - 1645 ○ Attend regularly scheduled teleconferences with FDA as requested. Regular
1646 interactions between testing laboratories and FDA are intended to provide the
1647 opportunity for discussions about ASCA implementation issues, e.g., training
1648 needs, possible improvements and other program-related topics. FDA plans to hold
1649 these teleconferences with testing labs as a group, not with individual laboratories.
 - 1650 ○ Provision of annual reports of complaint handling to FDA.
- 1651 • Commit that all relevant FDA training will be completed by appropriate individuals prior
1652 to conducting testing under the ASCA Program.
- 1653 • Ensure that proprietary information is protected per client agreements.

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- 1654 • Ensure ASCA summary test report(s) include the elements in the ASCA Program
1655 guidances.
- 1656 • Provide all information listed in the relevant ASCA Program specifications, including
1657 ASCA summary test report(s) and complete testing reports to the device manufacturer.
- 1658 • Attest that the laboratory has not conducted fraud or any activities that impact data
1659 integrity. .
- 1660 • Acknowledge that FDA may suspend or withdraw *ASCA Accreditation* at any time, as
1661 warranted.
- 1662 • C, to the best of your knowledge, all information submitted to FDA is truthful and
1663 accurate and that no material fact has been omitted.
- 1664

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1665 **Appendix C: ASCA Content for Premarket Submission**

1666 The ASCA Program tailors the contents of an ASCA DOC and supplemental documentation. A
1667 premarket submission with ASCA documentation should include the following elements:

1668 **A. Cover Letter**

1669 The cover letter should include:

- 1670 • clear identification of the term “ASCA”,
- 1671 • name(s) and location(s) of the testing laboratory(ies) where testing was conducted,
- 1672 • ASCA Testing Laboratory Identification Number(s), and
- 1673 • FDA-recognized consensus standard and test methods used during testing and a statement
1674 that they are within the testing laboratory’s scope of *ASCA Accreditation*.

1675 **Note:** if the testing laboratory’s *ASCA Accreditation* was suspended or withdrawn at the time of
1676 testing, an ASCA DOC may not be submitted for the suspended or withdrawn FDA-recognized
1677 consensus standards and test methods. However, the submitter may submit a DOC as outlined in
1678 FDA’s guidance [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions](#)
1679 [for Medical Devices](#).

1680 **B. Declarations of Conformity for the ASCA Program** 1681 **(ASCA DOC)**

1682 The content of an ASCA DOC expands on the content of a DOC described in FDA’s guidance
1683 entitled [Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for](#)
1684 [Medical Devices](#).

1685 Submitters should include the content detailed in the example ASCA DOCs in their premarket
1686 submission. The example ASCA DOCs can be found in the ASCA Program guidances.⁵⁵

1687 **C. Supplemental Documentation Supporting ASCA DOC** 1688 **(i.e., ASCA Summary Test Reports)**

1689 The submitter should include ASCA summary test report(s) associated with their ASCA testing
1690 in the premarket submission to support their ASCA DOC. The ASCA-accredited testing
1691 laboratory provides all information listed in the relevant ASCA Program specifications,
1692 including ASCA summary test report(s) to the device manufacturer. The unadulterated ASCA
1693 summary test report(s) should be included in the premarket submission as provided by the
1694 ASCA-accredited testing laboratory (i.e., with no changes, additions, and/or deletions).

1695 The ASCA Program specifications detailed in the ASCA Program guidances provide
1696 recommendations for supplemental documentation that may be needed for testing conducted by

⁵⁵ See <https://www.fda.gov/medical-devices/standards-and-conformity-assessment-program/accreditation-scheme-conformity-assessment-asca>

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1697 an ASCA-accredited testing laboratory (including the expected contents of ASCA summary test
1698 report(s).

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1700 **Appendix D: “Proposed Scope of ASCA Accreditation”**
1701 **Example and Considerations**

1702 Note: This example is intended to illustrate the minimum information that should be documented
1703 by an ASCA-recognized accreditation body following a favorable assessment of ISO/IEC 17025
1704 and the additional ASCA Program specifications.

1705 The example separates the scope of accreditation by standards family.

1706 **Basic Safety and Essential Performance**

FDA Recognition Number	Standard Developing Organization and Designation Number	Test Method & Procedure	Exclusions
19-46	ANSI AAMI ES60601-1	All test methods	**Excluding subclauses 9.5.2, 10.1, 11.4, and Annex G
19-36	IEC 60601-1-2	All test methods	
3-123	IEC 80601-2-30	All test methods	Excluding subclauses 211.8.3.1
...

1707

1708 **Biocompatibility**

FDA Recognition Number	Standard Developing Organization and Designation Number	Test Method & Procedure	Exclusions
2-248	ISO 10993-4	Direct and Indirect Hemolysis [SOP XXX]	N/A
2-250	ASTM F756-17		
2-191	ISO 10993-12	Sample preparation and reference materials [SOP XXX]	N/A
...

1709

1710 **Note: Exclusions listed for ANSI AAMI ES60601-1 also apply to other collaterals and particulars in
1711 the 60601/80601 family of standards except where otherwise stated.

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1713 **A. Considerations for Scope of ASCA Accreditation**

1714 Accreditation bodies and testing laboratories should consider the following when documenting
1715 the scope of *ASCA Accreditation* to be included in a testing laboratory’s application to the ASCA
1716 Program.

1717 Before completing the assessment by the ASCA-recognized accreditation body, the accreditation
1718 body and testing laboratory should ensure that all listed FDA-recognized consensus standards
1719 and test methods are included in the ASCA Program by checking the [FDA-Recognized](#)
1720 [Consensus Standards Database](#) (note that individual test methods are contained within
1721 standards). The accreditation body should not list any FDA-recognized consensus standards or
1722 test methods in the scope of *ASCA Accreditation* that are not included in the ASCA Program.

1723 The FDA Recognition Numbers from the [FDA-Recognized Consensus Standards Database](#)
1724 should be included to identify the specific versions of the ASCA standards included in the scope
1725 of *ASCA Accreditation*. Older versions of standards in the FDA database may have a transition
1726 date listed on the Supplementary Information Sheet (SIS) which denotes the date after which the
1727 standard version will be withdrawn from FDA recognition. These standards should be removed
1728 in subsequent assessments or reassessments from the scope of *ASCA Accreditation* following the
1729 transition period for the applicable standard.

1730 When multiple versions of the same FDA-recognized consensus standard are added to a scope of
1731 *ASCA Accreditation*, the standards should be listed with each version as separate line items
1732 including the FDA Recognition Number for each version. Each version of a standard has its own
1733 unique FDA Recognition Number.

1734 Different families of FDA-recognized consensus standards should be grouped together and
1735 explicitly separated in a scope of *ASCA Accreditation* (i.e., basic safety and essential
1736 performance standards being separated from biocompatibility test methods and associated
1737 standards). The example above shows a separate table for each family.

1738 Exclusions listed for any FDA-recognized consensus standards should be listed by clause,
1739 subclause, or annex.

1740 Exclusions may be listed in a separate table, column, or sequentially, but should always cite the
1741 specific clause, subclause, or annex.

1742 If excluded clauses and/or subclauses from one standard are referenced throughout a family of
1743 standards (i.e., clauses/subclauses in ANSI AAMI ES60601-1), these excluded clauses and/or
1744 subclauses should be noted to be applicable throughout the scope of accreditation (e.g., other
1745 collaterals and particulars in the 60601/80601 family). In the example above, this is achieved by
1746 adding a footnote to the scope of accreditation clarifying that the excluded clauses in 60601-1
1747 also apply to the applicable collaterals and particulars in this family of standards.