

SUMMARY OF SAFETY AND CLINICAL PERFORMANCE

HYALURONIDASE IN FERTICULT FLUSHING MEDIUM

This Summary of Safety and Clinical Performance (SSCP) is intended to provide public access to an updated summary of the main aspects of the safety and clinical performance of the device. The SSCP is not intended to replace the Instructions For Use (IFU) as the main document to ensure the safe use of the device, nor is it intended to provide diagnostic or therapeutic suggestions to the intended users.

1 Device identification and general information

1.1 Device trade name(s)

Hyaluronidase in FertiCult Flushing medium

1.2 Manufacturer's name and address

FertiPro NV
Industriepark Noord 32
8730 Beernem
Belgium

1.3 Manufacturer's single registration number (SRN)

BE-MF-000000313

1.4 Basic UDI-DI

5411967HYA13K

1.5 Medical device nomenclature description/text

Applicable EMDN code: U08020502 - Materials/solutions for preparation/handling for assisted reproduction

1.6 Class of device

Class III devices according to Annex VIII of Regulation (EU) 2017/745

1.7 Year when the first certificate (CE) was issued covering the device

- CE-marking according to the Council Directive 93/42/EEC: 2015
- CE-marking according to Regulation (EU) 2017/745: 27/02/2023

1.8 Authorized representative if applicable; name and the SRN

Not applicable

1.9 NB's name and single identification number

BSI Group The Netherlands BV
NB identification number: 2797

2 Intended use of the device

2.1 Intended use

Hyaluronidase in FertiCult Flushing medium is used in the oocyte denudation process in preparation of intra cytoplasmic sperm injection (ICSI) or other Assisted Reproductive Technologies (ART).

2.2 Indication(s) and intended users/ target patient groups

- Indications for use: For use during ART procedures of patients and couples undergoing infertility treatments.
- Intended users: The intended users are ART professionals (lab technicians, embryologists, or medical doctors).
- Target patient populations: The target patient population consists of patients and couples undergoing infertility treatments.

2.3 Contraindications and/or limitations

There are no known contraindications and/or limitations for Hyaluronidase in FertiCult Flushing medium.

3 Device description

3.1 Description of the device

- For the principle of operation, reference is made to the IFU: FP09 I16 R01.
- Hyaluronidase in FertiCult Flushing medium is not intended for single use. Multiple single-procedures can be performed. The medium can be used up to 7 days after bottle opening (when sterile conditions are maintained and the products are stored at 2-8°C).
- Hyaluronidase in FertiCult Flushing medium is sterilized using aseptic processing techniques (filtration).
- Hyaluronidase in FertiCult Flushing medium is a HEPES-buffered medium which also contains bicarbonate, physiologic salts, glucose, lactate, pyruvate, human serum albumin and 80 IU/ml hyaluronidase from bovine origin.
The inclusion of HSA (medicinal substance derived from human blood plasma) in ART media from FertiPro is approved by the European Medicine Agency (EMA).
The hyaluronidase is certified by the European Directorate for the Quality of Medicines & HealthCare (EDQM).
- Direct physical contact only occurs between Hyaluronidase in FertiCult Flushing medium and human oocytes. The medium does not come into contact with the human body.

3.2 A reference to previous generation(s) or variants if such exist, and a description of the differences

No previous generation has been brought on the market.

3.3 Description of any accessories which are intended to be used in combination with the device

No accessories identified.

3.4 Description of any other devices and products which are intended to be used in combination with the device

Hyaluronidase in FertiCult Flushing medium is to be used with general ART labware and/or media.

4 Risks and warnings

4.1 Residual risks and undesirable effects

The output from the clinical evaluation reports of Hyaluronidase in FertiCult Flushing medium and HSA are taken into account in the risk assessment report of Hyaluronidase in FertiCult Flushing medium in order to determine the benefits/ risk ratio.

- 1) The first remaining residual risk is the inclusion of HSA in Hyaluronidase in FertiCult Flushing medium. The inclusion of this medicinal substance derived from human blood plasma in the devices is approved by the EMA.

The major benefit of HSA in Hyaluronidase in FertiCult Flushing medium is clear:

- pH regulator
- Osmotic regulator
- Stabilizator of cell membrane
- Nutrient and carrier of growth promoting substances (i.e. amino acids, vitamins, fatty acids, hormones, growth factors)
- Scavenger (of for example toxins and waste products from cell metabolism)
- Surfactant (anti-adhesion), thereby facilitating gamete and embryo manipulation

A potential risk associated with HSA is batch-to-batch variation and the transmission of viral or prion-carried diseases:

- Batch-to-batch variation is still a problem because of the inherent variability in donor blood. Due to this fluctuation, standardization of procedures remains difficult. For this reason, a mouse embryo assay is routinely performed as part of the batch release of HSA (incoming inspection) and as part of the Hyaluronidase in FertiCult Flushing medium batch release.

- Transmission of viral or prion-carried diseases:
 - HSA is manufactured with a pasteurization procedure that has led to an excellent viral safety record over the 50 years of clinical use. Only Plasbumin-25 or alternatively, Alburnorm 25 will be used as a source of albumin, as these products are covered by a valid Plasma Master File, and the EMA has positively evaluated the usefulness, safety and benefit of the inclusion of these products in FertiPro ART-media.
 - On the other hand, despite the rigorous quality controls, all cell culture media should still be treated as potentially infectious. At present, there is no known test method that can offer full assurance that products derived from human blood will not transmit infectious agents. Direct physical contact occurs between Hyaluronidase in FertiCult Flushing medium and the human oocyte. The instructions for use / MSDS clearly warn that the medium contains human albumin solution and that protective clothing should be worn.

Based on the analysis it is concluded that the benefit of adding HSA to Hyaluronidase in FertiCult Flushing medium outweighs the risk, and the overall residual risk related to the use the medium has been judged acceptable.

- 2) The second remaining residual risk is the inclusion of bovine testes derived hyaluronidase in Hyaluronidase in FertiCult Flushing medium. This implicates an increased risk for contamination of the medium with:
1. Parasites and unclassified pathogenic entities
 2. Bacteria, moulds and yeasts
 3. TSE agents
 4. Viruses

Points 1 and 2 are reduced to an acceptable level due to appropriate and validated production processes, which include proper in-coming inspections on the hyaluronidase raw material (endotoxin testing), in-process controls (bioburden tests), sterile filtration, and quality controls on the finished medical devices (sterility test, endotoxins).

Point 3 on the risk on TSE transmission is reduced to an acceptable level by using an EDQM certified hyaluronidase as raw material. This risk analysis has addressed all factors required by the relevant regulations concerning TSE risk management. Based on the WHO tables on tissue infectivity distribution in TSE and ISO22442-1, bovine testis is classified as tissue with no detectable infectivity. Risk reduction was performed at the level of selecting source material (which includes species, geographical origin, health status and feeding of animals, veterinary control) for minimal contamination with TSE agents, as well as on the level of collection, storage and transport of the testis.

Point 4 on the risk for virus transmission is mainly reduced by appropriate selection of source material (which includes species, geographical origin, health status and feeding of animals, veterinary control). In addition, viral removal / inactivation steps are implemented in the manufacturing process of the raw material.

In addition to this, FertiPro evaluates annually on the presence of ruminant zoonoses in source countries, and the possible impact for safe use of bovine derived raw material in medical devices.

Based on the analysis it is concluded that the residual risks associated with the incorporation of bovine testes derived hyaluronidase are considered acceptable.

With respect to the above described residual risks, following information is provided to the customer:

- Product composition is clearly indicated on the labels and instructions for use
- Instructions for use contains the following warnings:
 - All blood products should be treated as potentially infectious. Source material used to manufacture this product was tested and found non-reactive for HbsAg and negative for Anti-HIV-1/-2, HIV-1, HBV, and HCV. Furthermore, source material has been tested for parvovirus B19 and found to be non-elevated. No known test

methods can offer assurances that products derived from human blood will not transmit infectious agents.

- Standard measures to prevent infections resulting from the use of medicinal products prepared from human blood or plasma include selection of donors, screening of individual donations and plasma pools for specific markers of infection and the inclusion of effective manufacturing steps for the inactivation/removal of viruses. Despite this, when medicinal products prepared from human blood or plasma are administered, the possibility of transmitting infective agents cannot be totally excluded. This also applies to unknown or emerging viruses and other pathogens. There are no reports of proven virus transmissions with albumin manufactured to European Pharmacopoeia specifications by established processes. Therefore, handle all specimens as if capable of transmitting HIV or hepatitis.
- The hyaluronidase used in this product is derived from bovine testis and is certified with a transmissible Spongiform Encephalopathy (TSE) risk evaluation Certificate of Suitability (CEP). The animals from which the hyaluronidase is derived, are determined "fit for human consumption" and originate from countries with "negligible BSE risk", as determined in Resolution "Recognition of the Bovine Spongiform Encephalopathy Risk Status of Member Countries", adopted by the World Organisation for Animal Health (OIE). According to the World Health Organization (WHO) guidelines on Tissue Infectivity Distribution in Transmissible Spongiform Encephalopathies (2010) and ISO22442-1, testes from bovine source are classified as "Tissues with no detected infectivity".

No other known undesirable side-effects are identified.

4.2 Warnings and precautions

Attention should be paid to the following warnings and precautions (as described in the instructions for use):

- Do not use the product if:
 - it becomes cloudy or shows any evidence of microbial contamination
 - seal of the container is opened or defect when the product is delivered
 - expiry date has been exceeded
- Do not freeze before use
- Do not re-sterilize after opening
- For product code HYA010: Depending on the number of procedures that will be performed on one day, remove the required volume of medium under aseptic conditions in an appropriate sterile recipient. This is in order to avoid multiple openings/warming cycles of the medium. Discard excess (unused) media.
- Keep in its original packaging until the day of use.
- Keep away from (sun)light
- The devices need to be disposed in accordance with local regulations for disposal of medical devices.
- Aseptic technique should be used to avoid possible contamination.
- Always wear protective clothing when handling specimens.
- Any serious incident (as defined in European Medical Device Regulation 2017/745) that has occurred should be reported to FertiPro and the competent authority of the Member State in which the user and/or patient is established.

4.3 Summary of any field safety corrective action (FSCA including FSN) if applicable

In 2021, a IVF clinic in Europe reported a serious incident related to Hyaluronidase in FertiCult Flushing medium. However, after root cause analysis, this appeared an isolated, customer-specific issue, rather than a batch or production-related issue. As a consequence no FSCA for the complete batch was started. Applicable reporting to the authorities/Notified Body was performed.

5 Summary of clinical evaluation and post-market clinical follow-up (PMCF)

5.1 Real-world evidence analyses

A literature search is performed on a yearly basis, to investigate whether clinical embryology and ART outcomes obtained during the search are consistent with the clinical outcomes described in the following benchmark papers from the European Society of Human Reproduction and Embryology (ESHRE):

- Embryological outcomes:

ESHRE Special Interest Group of Embryology, 'The Vienna consensus: report of an expert meeting on the development of art laboratory performance indicators', Hum Reprod Open, 2017: hox011.	ICSI normal fertilization rate: $\geq 65\%$. Accepted outcome: 55%
	Blastocyst development rate: $\geq 40\%$. Accepted outcome: 30%

- Clinical ART outcomes:

	ICSI
Smeenck, J., C. Wyns, C. De Geyter, M. Kupka, C. Bergh, I. Cuevas Saiz, D. De Neubourg, K. Rezabek, A. Tandler-Schneider, I. Rugescu, and V. Goossens. 2023. 'ART in Europe, 2019: results generated from European registries by ESHRE', Hum Reprod, 38(12): 2321–2338.	Clinical pregnancy rate per aspiration: 16.0 – 46.1%
	Clinical pregnancy rate per transfer: 26.9 – 52.1%
	Delivery rate per aspiration: 10.6 – 28.6%
	Delivery rate per transfer: 12.1 – 39.4%

There were 23 papers retrieved in literature studying the performance of Hyaluronidase in FertiCult Flushing medium. Overall, it can be concluded from these papers that embryological and/or clinical ART outcomes, when Hyaluronidase in FertiCult Flushing medium is used, were consistent with the outcomes described in the benchmark papers.

A reference list to the papers is provided below¹:

- Aghaways, I. H. A., K. M. Falah, and A. A. Ali. 2016. 'The difference in the outcomes between surgically retrieved and ejaculated spermatozoa for Intracytoplasmic Sperm Injection Cycles in Sulaimanyah province', *Acta Medica International*, 3: 30-38.
- Barberet, J., J. Chammas, C. Bruno, E. Valot, C. Vuillemin, L. Jonval, C. Choux, P. Sagot, A. Soudry, and P. Fauque. 2018. 'Randomized controlled trial comparing embryo culture in two incubator systems: G185 K-System versus EmbryoScope', *Fertil Steril*, 109: 302-09 e1.
- Boucret, L., P. E. Bouet, J. Riou, G. Legendre, L. Delbos, H. E. Hachem, P. Descamps, P. Reynier, and P. May-Panloup. 2020. 'Endometriosis Lowers the Cumulative Live Birth Rates in IVF by Decreasing the Number of Embryos but Not Their Quality', *J Clin Med*, 9.
- Ciepiela, P., T. Baczkowski, A. Drozd, A. Kazienko, E. Stachowska, and R. Kurzawa. 2015. 'Arachidonic and linoleic acid derivatives impact oocyte ICSI fertilization--a prospective analysis of follicular fluid and a matched oocyte in a 'one follicle--one retrieved oocyte--one resulting embryo' investigational setting', *PLoS One*, 10: e0119087.
- ElBishrey, G., AK. Makled, Gomaa IA., and H. Elnashar. 2017. 'Evaluation of the relationship between air bubbles depth and pregnancy rate in ICSI cycles', *The Egyptian Journal of Hospital Medicine*, 67: 721-25.
- Herbement, C., S. Sarandi, J. Boujenah, I. Cedrin-Durnerin, N. Sermondade, A. Vivot, C. Poncelet, M. Grynberg, and C. Sifer. 2017. 'Should we consider day-2 and day-3 embryo morphology before day-5 transfer when blastocysts reach a similar good quality?', *Reprod Biomed Online*, 35: 521-28.
- Jamil, M., H. Debbarh, A. Kabit, M. Ennaji, L. Koumba, I. Kaarouch, M. Zarqaoui, W. R. Senhaji, E. M. Hissane, B. Saadani, P. Vanderzwalmen, N. Louanjli, and R. Cadi. 2023. 'Comparison between density gradient centrifugation method, an extended version of the horizontal swim up method and the combination of both for sperm selection', *Obstet Gynecol Sci*, 66: 221-29.
- Kaewman, P., S. Nudmamud-Thanoi, P. Amatyakul, and S. Thanoi. 2021. 'High mRNA expression of GABA receptors in human sperm with oligoasthenoteratozoospermia and teratozoospermia and its

¹ Two additional articles were retrieved that are not listed due to reasons of confidentiality. Note however that all outcomes described in these additional articles are consistent with the outcomes as described in the benchmark papers.

association with sperm parameters and intracytoplasmic sperm injection outcomes', *Clin Exp Reprod Med*, 48: 50-60.

- Konstantinos, S., T. Petroula, M. Evangelos, G. Polina, G. Argyro, G. Sokratis, R. Anna, N. Andrianos, P. Agni, K. Michael, P. Konstantinos, M. George, and S. Mara. 2020. 'Assessing the practice of LuPOR for poor responders: a prospective study evaluating follicular fluid cfDNA levels during natural IVF cycles', *J Assist Reprod Genet*, 37: 1183-94.
- Lu, X., Y. Liu, J. Xu, X. Cao, D. Zhang, M. Liu, S. Liu, X. Dong, and H. Shi. 2022. 'Mitochondrial dysfunction in cumulus cells is related to decreased reproductive capacity in advanced-age women', *Fertil Steril*.
- Massin, N., I. Abdennebi, G. Porcu-Buisson, N. Chevalier, E. Descat, C. Pietin-Vialle, S. Goro, M. Brussieux, M. Pinto, M. Pasquier, and H. Bry-Gaillard. 2023. 'The BISTIM study: a randomized controlled trial comparing dual ovarian stimulation (duostim) with two conventional ovarian stimulations in poor ovarian responders undergoing IVF', *Hum Reprod*, 38: 927-37.
- Nowak, I., K. Wilczynska, P. Radwan, A. Wisniewski, R. Krasinski, M. Radwan, J. R. Wilczynski, A. Malinowski, and P. Kusnierczyk. 2019. 'Association of Soluble HLA-G Plasma Level and HLA-G Genetic Polymorphism With Pregnancy Outcome of Patients Undergoing in vitro Fertilization Embryo Transfer', *Front Immunol*, 10: 2982.
- Oraiopoulou, C., A. Vorniotaki, E. Taki, A. Papatheodorou, N. Christoforidis, and A. Chatziparasidou. 2021. 'The impact of fresh and frozen testicular tissue quality on embryological and clinical outcomes', *Andrologia*, 53: e14040.
- Pena, F., R. Davalos, A. Rechkemmer, A. Ascenzo, and M. Gonzales. 2018. 'Embryo development until blastocyst stage with and without renewal of single medium on day 3', *JBRA Assist Reprod*, 22: 49-51.
- Pocate-Cheriet, K., I. Heilikman, R. Porcher, V. Barraud-Lange, N. Sermondade, C. Herbemont, J. P. Wolf, and C. Sifer. 2017. 'Predicting the clinical outcome of ICSI by sperm head vacuole examination', *Syst Biol Reprod Med*, 63: 29-36.
- Ribas-Maynou, J., S. Novo, A. Salas-Huetos, S. Rovira, M. Antich, and M. Yeste. 2023. 'Condensation and protamination of sperm chromatin affect ICSI outcomes when gametes from healthy individuals are used', *Hum Reprod*, 38: 371-86.
- Ribas-Maynou, J., S. Novo, M. Torres, A. Salas-Huetos, S. Rovira, M. Antich, and M. Yeste. 2022. 'Sperm DNA integrity does play a crucial role for embryo development after ICSI, notably when good-quality oocytes from young donors are used', *Biol Res*, 55: 41.
- Sigala, J., C. Sifer, D. Dewailly, G. Robin, A. Bruyneel, N. Ramdane, V. Lefebvre-Khalil, V. Mitchell, and C. Decanter. 2015. 'Is polycystic ovarian morphology related to a poor oocyte quality after controlled ovarian hyperstimulation for intracytoplasmic sperm injection? Results from a prospective, comparative study', *Fertil Steril*, 103: 112-8.
- Tamara, TF., IA. Goma, NR. Mohamed, and HMS. El-Ganzoury. 2018. 'The association between follicular fluid leptin, insulin resistance and ICSI outcome in women with unexplained infertility', 16: 142-48.
- Taugourdeau, A., V. Desquiere-Dumas, J. F. Hamel, S. Chupin, L. Boucret, V. Ferre-L'Hotellier, P. E. Bouet, P. Descamps, V. Procaccio, P. Reynier, and P. May-Panloup. 2019. 'The mitochondrial DNA content of cumulus cells may help predict embryo implantation', *J Assist Reprod Genet*, 36: 223-28.
- Uk, A., C. Decanter, C. Grysole, L. Keller, H. Behal, M. Silva, D. Dewailly, G. Robin, and A. L. Barbotin. 2022. 'Polycystic ovary syndrome phenotype does not have impact on oocyte morphology', *Reprod Biol Endocrinol*, 20: 7.

5.2 Device registers

Clinical data of more than 15 000 ART procedures is obtained from IVF centers in Europa and Africa that use Hyaluronidase in FertiCult Flushing medium. The reported embryological and/or clinical ART outcomes of all IVF clinics using Hyaluronidase in FertiCult Flushing medium are consistent with the outcomes described in the above mentioned benchmark papers.

5.3 Analysis complaint, customer/market feedback, vigilance

No additional actions were initiated, based on the cumulative nature and/or occurrence of all complaints, customer/market feedback and vigilance (if any) during the PMCF analysis.

5.4 An overall summary of the clinical performance and safety

Hyaluronidase in FertiCult Flushing medium functions as stated by the manufacturer. This is established by clinical data obtained during literature screening and from IVF centers which show that embryological and ART-outcomes of procedures in which Hyaluronidase in FertiCult Flushing medium was used are consistent with the published outcomes as reported by the Vienna consensus group and the ESHRE.

Moreover, there is no evidence from the clinical data, as well as from the registered complains, market/customer feedback and/or vigilance that Hyaluronidase in FertiCult Flushing medium is toxic for gametes and embryos, nor that the medium has a risk for mutagenity, oncogenicity, teratogenity,

carcinogenicity, cytotoxicity, allergenicity and irritancy for patients and users. No infrequent complications or problems were detected.

5.5 Ongoing or planned PMS/PMCF

PMS/PMCF for Hyaluronidase in FertiCult Flushing medium (including PMS/PMCF for the HSA included in the medium) will be performed at least yearly and will include analyses of real-world evidence by performing a literature search, screening of device registers for clinical data, as well as analysis of all complaints, customer/market feedback, vigilance.

This SSCP will be updated with information from the PMS/PMCF, if this is needed to ensure that any clinical and/or safety information described in this document remains correct and complete.

6 Possible diagnostic or therapeutic alternatives

Devices with similar intended use as Hyaluronidase in FertiCult Flushing medium are available in the European Union or on international markets. Besides these, there are no other alternative treatments that can be used for enzymatic oocyte denudation.

7 Suggested profile and training for users

The intended users are ART professionals (lab technicians, embryologists or medical doctors).

8 Reference to any applicable common specification(s), harmonized standard(s) or applicable guidance document(s)

The following technical standards apply to Hyaluronidase in FertiCult Flushing medium:

MDR 2017/745	European Medical Device Regulation 2017/745 of 5 April 2017.
ISO 13485:2016 EN ISO 13485:2016 (Amd 11:2021)	Medical devices — Quality management systems — Requirements for regulatory purposes.
EN 556-2:2024	Sterilization of medical devices – Requirements for medical devices to be designated 'STERILE' –Requirements for aseptically processed medical devices.
(EN) ISO 20417:2021	Medical devices: information supplied by the manufacturer.
ISO 14971:2019 EN ISO 14971:2019 (Amd 11:2021)	Medical devices – Application of risk management to medical devices.
(EN) ISO 15223-1: 2021	Medical devices - Symbols to be used with medical device labels, labelling and information to be supplied - Part 1: General requirements.
(EN) ISO 17665-1:2006	Sterilization of health care products – Moist heat – Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices.
ISO 23640:2011 EN ISO 23640:2015	In vitro diagnostic medical devices: Evaluation of stability of in vitro diagnostic reagents (Applicable with exclusion of the following sections: No standard is available for the evaluation of stability of Medical Devices, therefore this standard is used as guideline for the set-up of the stability testing)
(EN) ISO 11737-1:2018, A1:2021	Sterilization of health care products - Microbiological methods - Part 1: Determination of a population of microorganisms on products
IEC 62366-1:2015 (Amd 1:2020)	Medical devices - Part 1: Application of usability engineering to medical devices.
NBOG BPG 2014-3	Guidance for manufacturers and Notified Bodies on reporting of Design Changes and Changes of the Quality System
EMA/CHMP/578661/2010 rev.1	EMA recommendation on the procedural aspects and dossier requirements for the consultation to the EMA by a notified body on an ancillary medicinal substance or an ancillary human blood derivative incorporated in a medical device or active implantable medical device.
ISO 13408-1:2023 EN ISO 13408-1:2024	Aseptic processing of health care products – Part 1: general requirements.
(EN) ISO 13408-2:2018	Aseptic processing of health care products – Part 2: Filtration.
(EN) ISO 13408-6:2021	Aseptic processing of health care products – Part 6: Isolator systems.

(EN) ISO 14644-1:2015	Cleanrooms and associated controlled environments – Part 1: Classification of air cleanliness by particle concentration.
(EN) ISO 14644-3:2019	Cleanrooms and associated controlled environments - Part 3: Test methods
ISO 10993-1:2018 EN ISO 10993-1:2020:	Biological evaluation of medical devices -- Part 1: Evaluation and testing.
ISO 10993-18:2020/Amd 1/2022 / EN ISO 10993-18:2020/A1:2023	Biological evaluation of medical devices – Part 18: Chemical characterization of medical device materials within a risk management process.
(EN) ISO 22442-1: 2020	Medical devices utilizing animal tissues and their derivatives: Part 1: Application of risk management
(EN) ISO 22442-2: 2020	Medical devices utilizing animal tissues and their derivatives: Part 2: controls on sourcing, collection and handling
(EN) ISO 22442-3: 2007	Medical devices utilizing animal tissues and their derivatives: Part 3: validation of the elimination and/or inactivation of viruses and TSE agents
Commission Regulation No 722/2012	Commission Regulation No 722/2012 of August 2012 concerning particular requirements as regards the requirements laid down in Council Directives 90/385/EEC and 93/42/EEC with respect to active implantable medical devices and medical devices manufactured utilizing tissues of animal origin.

9 Revision history

SSCP revision number	Date issued	Change description	Revision validated by the Notified Body
A.3	17/08/2021	Initial validated version	Version A.3 is validated by the Notified Body. Validation language: English
A.4	03/06/2022	Update 2022: Addition PMCF data	Not submitted for validation, as there were no significant changes that required validation.
A.5	08/09/2023	Update 2023: Addition PMCF data	Not submitted for validation, as there were no significant changes that required validation.
A.6	21/05/2024	Update 2024: Addition PMCF data	Not submitted for validation, as there were no significant changes that required validation.
A.7	05/05/2025	Update 2025: Addition PMCF data	Not submitted for validation, as there were no significant changes that required validation.

10 Summary of the safety and clinical performance of the device intended for patients

A summary of the safety and clinical performance of the device intended for patients, is not applicable as the device is for professional use only.