

## SUMMARY OF SAFETY AND CLINICAL PERFORMANCE

### DENSITY GRADIENT MEDIA

*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)

- Sil-Select Stock
- Sil-Select Stock with phenol red
- Sil-Select Stock with gentamicin
- Sil-Select Stock with phenol red and gentamicin
  
- Sil-Select Plus
- Sil-Select Plus with phenol red
- Sil-Select Plus with gentamicin
- Sil-Select Plus with phenol red and gentamicin
  
- Gradient
- Gradient with phenol red
- Gradient with gentamicin
- Gradient with phenol red and gentamicin

##### 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 for actor role as manufacturer.  
BE-PR-000000330 for procedure pack producer.

##### 1.4 Basic UDI-DI

5411967DENSG1S5  
5411967DENSGPROPACK1V6

##### 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 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: 2009
- CE-marking according to Regulation (EU) 2017/745: 16/03/2022

##### 1.8 Authorised 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

Density Gradient media are used as sperm preparation method for intrauterine insemination (IUI), in vitro fertilization (IVF), intra-cytoplasmic sperm injection (ICSI), and related 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 of Density Gradient media.

## 3 Device description

### 3.1 Description of the device

- For the principle of operation, reference is made to the IFU: FP09 I13\_Plus R01 and FP09 I13\_Stock R01.
- Density Gradient media are not intended for single use. Multiple single-procedures can be performed. The media can be used up to 7 days after bottle opening (when sterile conditions are maintained and the products are stored at 2-8°C).
- Density Gradient media are sterilized using aseptic processing techniques (filtration).
- Density Gradient media consist of silane-coated colloidal silica particles suspended in HEPES-buffered Earle's balanced salt solution. Sil-Select Plus is additionally contains human serum albumin (HSA). The inclusion of HSA in ART media from FertiPro is approved by the European Medicine Agency (EMA).
- Density Gradient media are available with gentamicin. The added gentamicin complies with the European Pharmacopoeia monograph 0331, is certified by the European Directorate for the Quality of Medicines & HealthCare (EDQM) and is approved by the Medicine Evaluation Board (competent authority of the Netherlands).

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

Since May 2018, human serum albumin is additionally included in Sil-Select Plus.

### 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

Density Gradient media are to be used with general ART labware and/or media. In addition, Density Gradient media are intended to be used with FertiCult Flushing medium or Sil-Select Plus Sperm Washing / Insemination medium (both manufactured by FertiPro as class III Medical Devices).

## 4 Risks and warnings

### 4.1 Residual risks and undesirable effects

The output from the clinical evaluation report and of the clinical evaluation outcome report of HSA and gentamicin are taken into account in the risk management file of Density Gradient media in order to determine the benefits/risk ratio.

The only remaining residual risk is the inclusion of HSA in Sil-Select Plus. 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 Sil-Select Plus is clear:

- pH regulator
- Osmotic regulator
- Stabilizer 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 the transmission of viral or prion-carried diseases and the batch-to batch variation:

- 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 criteria of the HSA (incoming inspection). Furthermore, a human sperm survival assay is routinely performed as part of the Sil-Select Plus 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 Sil-Select Plus and human gametes. There is no contact with the human body. Even so, 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 the media outweighs the risk and the overall residual risk related to the use of Sil-Select Plus with inclusion of HSA has been judged acceptable.

Furthermore, following information is provided to the customer:

- Product composition is clearly indicated on the labels and instructions for use
- IFU contains the following warnings:
  - 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.
  - 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.

No other known undesirable side-effects are identified.

#### 4.2 Warnings and precautions

Besides the above, 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 discoloured (if medium contains phenol red), 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
- Products that include gentamicin should not be used on a patient that has a known allergy to gentamicin or similar antibiotics
- 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 day of use.
- Aseptic technique should be used to avoid possible contamination, even when the products contains gentamicin
- 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 EU 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

No field safety corrective actions with regard to Density Gradient media were needed so far.

### 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:

<i>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.</i>	ICSI normal fertilization rate: $\geq 55\%$  IVF normal fertilization rate: $\geq 50\%$  Blastocyst development rate: $\geq 30\%$
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- Clinical ART outcomes:

	<b>In vitro fertilization (IVF):</b>	<b>Intra cytoplasmic sperm injection (ICSI):</b>	<b>Frozen embryo transfer (FET):</b>	<b>Intrauterine insemination (IUI):</b>
<i>Smeenk J, Wyns C, De Geyter C, Kupka MS, Bergh C, Cuevas Saiz I, De Neubourg D, Rezabek K, Tandler-Schneider A, Rugescu I, Goossens V. ART in Europe, 2020: results</i>	Clinical pregnancy rate per aspiration: 6.7 – 36.5%	Clinical pregnancy rate per aspiration:	Pregnancy rate per thawing: 21.7 – 52.6%	Delivery rate per cycle (using husband semen)

<p>generated from European registries by ESHRE†. <i>Hum Reprod.</i> 2025 Sep 23:deaf179. doi: 10.1093/humrep/deaf179. Epub ahead of print. PMID: 40985526.</p>	<p>Clinical pregnancy rate per transfer: 23.3 – 48.8%</p> <p>Delivery rate per aspiration: 4.4 – 28.8%</p> <p>Delivery rate per transfer: 14.9 – 43.9%</p>	<p>9.3 – 38.9%</p> <p>Clinical pregnancy rate per transfer: 25.1 – 49.0%</p> <p>Delivery rate per aspiration: 8.0 – 28.2%</p> <p>Delivery rate per transfer: 10.3 – 39.4%</p>	<p>Pregnancy rate per transfer: 22.3 – 54.9%</p> <p>Delivery rate per thawing: 4.8 – 43.4%</p> <p>Delivery rate per transfer: 4.9 – 45.2%</p>	<p>IUI-H): 2.7 – 19.0%</p> <p>Delivery rate per cycle (using donor semen IUI-D): 8.2 – 20.9%</p>
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An overview of the articles in literature studying the performance of Density Gradient media is listed in the table below. Overall, it can be concluded from these papers that embryological and ART outcomes when Density Gradient media are used are consistent with the outcomes described in the benchmark papers.

A reference list to the papers is listed below<sup>1</sup>:

- Trokoudes, K. M., Minbattiwalla, M. B., Kalogirou, L., Pantelides, K., Mitsingas, P., Sokratous, A., Chrysanthou, A., & Fasouliotis, S. J. (2005). *Controlled natural cycle IVF with antagonist use and blastocyst transfer*. *Reprod Biomed Online*, 11(6), 685-689.
- Dal Canto, M. 2006. 'IVM – the first choice for IVF in Italy', *Reproductive BioMedicine Online*, 13: 159-65.
- Antinori, M., E. Licata, G. Dani, F. Cerusico, C. Versaci, D. d'Angelo, and S. Antinori. 2008. 'Intracytoplasmic morphologically selected sperm injection: a prospective randomized trial', *Reprod Biomed Online*, 16: 835-41.
- Berkovitz, A., F. Eltes, A. Ellenbogen, S. Peer, D. Feldberg, and B. Bartoov. 2006. 'Does the presence of nuclear vacuoles in human sperm selected for ICSI affect pregnancy outcome?', *Hum Reprod*, 21: 1787-90.
- Berkovitz, A., F. Eltes, S. Yaari, N. Katz, I. Barr, A. Fishman, and B. Bartoov. 2005. 'The morphological normalcy of the sperm nucleus and pregnancy rate of intracytoplasmic injection with morphologically selected sperm', *Hum Reprod*, 20: 185-90.
- Fadini, R., Comi, R., Mignini Renzini, M., Coticchio, G., Crippa, M., De Ponti, E., & Dal Canto, M. (2011). *Anti-mullerian hormone as a predictive marker for the selection of women for oocyte in vitro maturation treatment*. *J Assist Reprod Genet*, 28(6), 501-508.
- Vichinsartvichai, P., Siriphadung, S., Traipak, K., Promrungrueng, P., Manolertthewan, C., & Ratchanon, S. (2015). *The Influence of Women Age and Successfulness of Intrauterine Insemination (IUI) Cycles*. *J Med Assoc Thai*, 98(9), 833-838.
- Tam Le, M., T. Van Nguyen, T.T. Nguyen, T.T.T. Nguyen, Nguyen T.A.T., Nguyen Q.H.V., and Cao N.T. 2019. 'Does polycystic ovary syndrome affect morphokinetics or abnormalities in early embryonic development? Article in Press', *European Journal of Obstetrics & Gynecology and Reproductive Biology*.
- Naji, O., N. Moska, Y. Dajani, A. El-Shirif, H. El-Ashkar, M. M. Hosni, M. Khalil, Y. Khalaf, V. Bolton, and T. El-Toukhy. 2018. 'Early oocyte denudation does not compromise ICSI cycle outcome: a large retrospective cohort study', *Reprod Biomed Online*, 37: 18-24.
- La Marca, A., Dal Canto, M., Buccheri, M., Valerio, M., Mignini Renzini, M., Rodriguez, A., & Vassena, R. (2019). *A novel transnational fresh oocyte donation (TOD) program based on transport of frozen sperm and embryos*. *Hum Reprod*, 34(2), 285-290.
- Soysal, C., & Ozmen, U. (2018). *Intrauterine insemination in ovulatory infertile patients*. *Niger J Clin Pract*, 21(10), 1374-1379
- Renzini, M.M., C. Brigante, G. Coticchio, M. Dal Canto, I. Caliri, Comi R., De Ponti E., and Fadini R. 2017. 'Retrospective analysis of treatments with recombinant FSH and recombinant LH versus human menopausal gonadotropin in women with reduced ovarian reserve', *J Assist Reprod Genet*, 34: 1645-51.
- Fujii, Y., Y. Endo, S. Mitsuhashi, M. Hayashi, and H. Motoyama. 2020. 'Evaluation of the effect of piezo-intracytoplasmic sperm injection on the laboratory, clinical, and neonatal outcomes', *Reprod Med Biol*, 19: 198-205.
- Dal Canto, M., A. Bartolacci, D. Turchi, D. Pignataro, M. Lain, E. De Ponti, C. Brigante, M. Mignini Renzini, and J. Buratini. 2021. 'Faster fertilization and cleavage kinetics reflect competence to achieve a live birth after intracytoplasmic sperm injection, but this association fades with maternal age', *Fertil Steril*, 115: 665-72.
- Le, M. T., Nguyen, T. T. T., Nguyen, T. V., Dang, H. N. T., & Nguyen, Q. H. V. (2021). *Blastocyst transfer after extended culture of cryopreserved cleavage embryos improves in vitro fertilization cycle outcomes*. *Cryobiology*, 100, 26-31.
- 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 association with sperm parameters and intracytoplasmic sperm injection outcomes', *Clin Exp Reprod Med*, 48: 50-60.

<sup>1</sup> Note that additional articles were retrieved. However, due to reasons of confidentiality, the paper is not listed. All outcomes described in the additional articles are consistent with the outcomes as described in the benchmark papers.

- Giebler, M., T. Greither, D. Handke, G. Seliger, and H. M. Behre. 2021. 'Lower Spermatozoal PIWI-LIKE 1 and 2 Transcript Levels Are Significantly Associated with Higher Fertilization Rates in IVF', *International Journal of Molecular Sciences*, 22.
- Rex, A. S., C. Wu, J. Aagaard, and J. Fedder. 2021. 'DNA Fragmentation in Human Spermatozoa and Pregnancy Rates after Intrauterine Insemination. Should the DFI Threshold Be Lowered?', *J Clin Med*, 10.
- Henkel, R., Morris, A., Vogiatzi, P., Saleh, R., Sallam, H., Boitrelle, F., Garrido, N., Arafa, M., Gul, M., Rambhatla, A., Maldonado Rosas, I., Agarwal, A., Leisegang, K., & Siebert, T. I. (2022). Predictive value of seminal oxidation-reduction potential analysis for reproductive outcomes of ICSI. *Reprod Biomed Online*, 45(5), 1007-1020
- Gonzalez-Ravina, C., E. Santamaria-Lopez, A. Pacheco, J. Ramos, F. Carranza, L. Murria, A. Ortiz-Vallecillo, and M. Fernandez-Sanchez. 2022. 'Effect of Sperm Selection by Magnetic-Activated Cell Sorting in D-IUI: A Randomized Control Trial', *Cells*, 11.
- Le, M. T., Nguyen, H. T. T., Van Nguyen, T., Nguyen, T. T. T., Dang, H. N. T., Dang, T. C., & Nguyen, Q. H. V. (2023). Physiological intracytoplasmic sperm injection does not improve the quality of embryos: A cross-sectional investigation on sibling oocytes. *Clin Exp Reprod Med*, 50(2), 123-131.
- Nguyen Thanh, T., Nguyen, D. M., Dinh Le, T., Ngoc Do, L., Tien Nguyen, S., Nguyen Minh, P., Nguyen Van, P., Minh Bui, T., Thi Bui, T. T., Nguyen Dao, H., & Trung Nguyen, K. (2024). The Relationship Between Smooth Endoplasmic Reticulum Clusters in Metaphase II Oocytes and Embryological and Birth Outcomes in Infertile Couples. *Int J Gen Med*, 17, 3269-3277.
- Fadini, R., Coticchio, G., Brambillasca, F., Mignini Renzini, M., Novara, P. V., Brigante, C., De Ponti, E., & Dal Canto, M. (2015). Clinical outcomes from mature oocytes derived from preovulatory and antral follicles: reflections on follicle physiology and oocyte competence. *J Assist Reprod Genet*, 32(2), 255-261
- Honda, T., Tsutsumi, M., Komoda, F., & Tatsumi, K. (2015). Acceptable pregnancy rate of unstimulated intrauterine insemination: a retrospective analysis of 17,830 cycles. *Reprod Med Biol*, 14, 27-32.
- Duong, T. N. D., Dang, V. Q., Le, T. K., Vu, A. T. L., Nguyen, D. L., Pham, T. D., Nguyen, M. T., Nguyen, P. T. M., Vo, T. M., Nguyen, C. T. H., Le, P. T. B., Le, A. H., Tran, C. T., Mol, B. W., Vuong, L. N., & Ho, T. M. (2025). Swim-up versus density gradients for sperm preparation in infertile couples undergoing intrauterine insemination: a randomized clinical trial. *Hum Reprod*, 40(5), 788-795.
- Le, M. T., Nguyen, N. D., Dang, H. N. T., & Nguyen, Q. H. V. (2025). Does diminished ovarian reserve impact oxidation-reduction potential in follicular fluid? *J Int Med Res*, 53(6), 3000605251349926.
- Le, M. T., Nguyen, T. T. T., Nguyen, T. V., & Nguyen, Q. H. V. (2025). The impact of oxidation-reduction potential in follicular fluid on intracytoplasmic sperm injection outcomes. *Clin Exp Reprod Med*, 52(3), 236-243

## 5.2 Device registries

Clinical data on more than 14 000 ART procedures (IVF, ICSI, IUI cycles) is obtained from IVF centers in Europe and Africa that use Density Gradient media. Embryology and ART outcomes of these clinics are consistent with the national averages of their country (if applicable) or with the published outcomes of the above mentioned benchmark papers.

## 5.3 Analysis complaints, 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

Density Gradient media function as stated by the manufacturer. This is established by clinical data (obtained during literature search and from IVF centers using the device) which demonstrate that embryological and ART-outcomes of procedures in which Density Gradient media are used are consistent with published outcomes by the Vienna consensus group and the ESHRE.

Furthermore, there is no evidence from the clinical data, as well as from the registered complains, market/customer feedback and/or vigilance that Density Gradient media are toxic for gametes and embryos, nor that the media have a risk for mutagenity, oncogenicity, teratogenity, carcinogenity, 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 Density Gradient media (including PMS/PMCF for the HSA and gentamicin component included in some variants) 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.

The 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

The WHO manual (6<sup>h</sup> edition, 2021) 'Examination and processing of human semen' describes different sperm preparation techniques to select motile and morphologically normal spermatozoa from the whole sperm. With respect to density gradients, the WHO manual states: '*Discontinuous density gradients can be used as an effective and adaptable method to collect high-quality sperm for ART. It can provide a good selection of motile sperm, free from other cell types and debris. It is easier to standardize than the swim-up technique, and thus results are more consistent. This technique is used to recover and prepare spermatozoa for use in IVF and ICSI.*'

Devices with similar intended use as Density Gradient media are available on the European Union or international markets.

## 7 Suggested profile and training for users

Density Gradient media are used by 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 Density Gradient media:

MDR 2017/745	European Medical Device Regulation 2017/745 of 5 April 2017.
(EN) ISO 13485:2016 (Amd 11:2021)	Medical devices — Quality management systems — Requirements for regulatory purposes.
EN 556-2:2015	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.
(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 17665-1:2024	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	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.
Ph. Eur. 0255	European Pharmacopoeia monograph 0255 – Human albumin solution
Ph. Eur. 331	European Pharmacopoeia monograph 331 – Gentamicin sulfate

## 9 Revision history

SSCP revision number	Date issued	Change description	Revision validated by the Notified Body
A.3	26/11/2020	Implementation remarks BSI during MDR conformity assessment + additions based on the update of the clinical evaluation report performed in 2020	Version A.3 is validated by the Notified Body. Validation language: English
A.4	18/11/2021	Update 2021	Not submitted for validation, as there were no significant changes that required validation.
A.5	23/11/2022	Update 2022	Version A.5 is validated by the Notified Body. Validation language: English
A.6	20/11/2023	Update 2023	Not submitted for validation, as there were no significant changes that required validation.
A.7	14/11/2024	Update 2024	Not submitted for validation, as there were no significant changes that required validation.
A.8	06/11/2025	Update 2025	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.