



May 22, 2025

Randox Laboratories Ltd
Karena Shaw
Regulatory Affairs Manager
55 Diamond Road
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United Kingdom

Re: DEN240035

Trade/Device Name: ConcizuTrace ELISA

Regulation Number: 21 CFR 864.7298

Regulation Name: Non-factor replacement product test system

Regulatory Class: Class II

Product Code: SES

Dated: July 1, 2024

Received: July 1, 2024

Dear Karena Shaw:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the ConcizuTrace ELISA, a prescription device under 21 CFR Part 801.109 with the following indications for use:

For in vitro diagnostic use.

The ConcizuTrace ELISA (enzyme linked immunosorbent assay) is intended for the quantitative measurement of concizumab concentration in human 3.2% citrated plasma samples from Hemophilia A and B patients after 4 weeks from the initiation of treatment with concizumab. The measurement of concizumab concentration is used for dose adjustment decision in accordance with the drug label.

The ConcizuTrace ELISA is a manual assay performed by qualified healthcare professionals on the microplate reader qualified by Randox.

For prescription use only.

FDA concludes that this device should be classified into Class II. This order, therefore, classifies the ConcizuTrace ELISA, and substantially equivalent devices of this generic type, into Class II under the generic name non-factor replacement product test system.

FDA identifies this generic type of device as:

Non-factor replacement product test system: A non-factor replacement product test system is a prescription in vitro diagnostic device intended to measure non-factor replacement therapeutic products that are indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with bleeding disorders, including hemophilia, in human blood specimens to ensure appropriate therapy in accordance with the approved non-factor replacement product labeling.

Section 513(f)(2) of the Food, Drug and Cosmetic Act (the FD&C Act) was amended by section 607 of the Food and Drug Administration Safety and Innovation Act (FDASIA) on July 9, 2012. This law provides two options for De Novo classification. First, any person who receives a "not substantially equivalent" (NSE) determination in response to a 510(k) for a device that has not been previously classified under the Act may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. On December 13, 2016, the 21st Century Cures Act removed a requirement that a De Novo request be submitted within 30 days of receiving an NSE determination. Alternatively, any person who determines that there is no legally marketed device upon which to base a determination of substantial equivalence may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act without first submitting a 510(k). FDA shall, within 120 days of receiving such a request, classify the device. This classification shall be the initial classification of the device. Within 30 days after the issuance of an order classifying the device, FDA must publish a notice in the Federal Register announcing the classification.

On July 1, 2024, FDA received your De Novo requesting classification of the ConcizuTrace ELISA. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the ConcizuTrace ELISA into class I or II, it is necessary that the proposed class have sufficient regulatory controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the De Novo request, FDA has determined that, for the previously stated indications for use, the ConcizuTrace ELISA can be classified in class II with the establishment of special controls for class II. FDA believes that class II (special) controls provide reasonable assurance of the safety and effectiveness of the device type. The identified risks and mitigation measures associated with the device type are summarized in the following table:

Risks to Health	Mitigation Measures
False test results may lead to inappropriate or delayed treatment decisions.	Certain design verification and validation activities and documentation, including certain studies. Certain labeling information, including certain limiting statements and performance characteristics.
Failure of the test system to perform as intended or indicated	Certain design verification and validation activities and documentation, including certain studies. Certain labeling information, including certain limiting statements and performance characteristics.

Risks to Health	Mitigation Measures
Failure to correctly interpret test results	Certain design verification and validation activities and documentation, including certain studies. Certain labeling information, including certain limiting statements and performance characteristics.

In combination with the general controls of the FD&C Act, the non-factor replacement product test system is subject to the following special controls:

- (1) Design verification and validation must include:
 - (i) Clinical data generated using specimens representative of the intended use population demonstrating the clinical performance of the device for its intended use, as determined to be appropriate by FDA.
 - (ii) Device performance data demonstrating appropriate accuracy of the device using clinical specimens representing the intended use specimen type(s), or through an alternative approach determined to be appropriate by FDA. Accuracy of the device must be evaluated at the clinically relevant medical decision levels and throughout the expected range of the test system, or through other methods determined to be appropriate by FDA.
 - (iii) Device performance data demonstrating appropriate precision and reproducibility of the device using clinical specimens representing the intended use specimen type(s) and investigating major sources of variability (e.g., multiple reagent lots, operators, and instruments over multiple days). If the device will be used at more than one site, data must demonstrate adequate reproducibility across multiple intended use sites. Additionally, precision and reproducibility of the device must be evaluated with specimens near the clinical decision threshold(s) and near the limits of reportable range. Additionally, device performance data demonstrating appropriate precision must be provided from studies evaluating the different signals and associated cut-offs and controls, as determined to be appropriate by FDA. Furthermore, precision of the device must be evaluated per specimen and in aggregate.
 - (iv) Device performance data demonstrating appropriate analytical specificity of the device for the intended use specimen type(s), as determined to be appropriate by FDA including interference study, cross-reactivity and cross contamination testing.
- (2) The labeling must include:
 - (i) An appropriate summary, as determined by FDA, of the performance studies performed and the summary of the results, including those that relate to all design verification and validation special controls.

- (ii) Language indicating that the device is indicated for use with a corresponding FDA-approved non-factor replacement product and device labeling must be consistent with the information set forth in the corresponding FDA-approved therapeutic product labeling.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact CDRHProductJurisdiction@fda.hhs.gov.

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device type. FDA has determined premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device type and, therefore, the device is not exempt from the premarket notification requirements of the FD&C Act. Thus, persons who intend to market this device type must submit a premarket notification containing information on the non-factor replacement product test system they intend to market prior to marketing the device.

Please be advised that FDA's decision to grant this De Novo request does not mean that FDA has made a determination that your device complies with other requirements of the FD&C Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the FD&C Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and if applicable, the electronic product radiation control provisions (Sections 531-542 of the FD&C Act; 21 CFR 1000-1050).

All medical devices, including Class I and unclassified devices and combination product device constituent parts are required to be in compliance with the final Unique Device Identification System Rule ("UDI Rule"). The UDI Rule requires, among other things, that a device bear a unique device identifier (UDI) on its label and package (21 CFR 801.20(a)) unless an exception or alternative applies (21 CFR 801.20(b)) and that the dates on the device label be formatted in accordance with 21 CFR 801.18. The UDI Rule (21 CFR 830.300(a) and 830.320(b)) also requires that certain information be submitted to the Global Unique Device Identification Database (GUDID) (21 CFR Part 830 Subpart E). For additional information on these requirements, please see the UDI System webpage at <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/unique-device-identification-system-udi-system>.

A notice announcing this classification order will be published in the Federal Register. A copy of this order and supporting documentation are on file in the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852 and are available for inspection between 9 a.m. and 4 p.m., Monday through Friday.

As a result of this order, you may immediately market your device as described in the De Novo request, subject to the general control provisions of the FD&C Act and the special controls identified in this order.

For comprehensive regulatory information about medical devices and radiation-emitting products, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

If you have any questions concerning the contents of the letter, please contact Yan Cai at 240-402-1094.

Sincerely,

Takeesha Taylor-Bell
Deputy Director
Division of Immunology and Hematology Devices
OHT7: Office of In Vitro Diagnostics
Office of Product Evaluation and Quality
Center for Devices and Radiological Health