

GUIDE TO PRE-MARKET CONSULTATION SCHEME APPOINTMENT BOOKING SYSTEM

This e-Application at MEDICS@HSA (Medical Device Information & Communication System) allows a Registrant to apply for the registration of higher risk medical devices with the Authority for local commerce.

The online <u>AppointmentBooking@medics</u> in MEDICS may take an average of 5-10 minutes to fill in.

The time taken varies depending on the number of appointments to be made, configurations of your computer and network system, Internet performance, etc. For more information, please refer to https://www.hsa.gov.sg/e-services/medics.

INSTRUCTIONS & REFERENCES

For detailed information on the different Pre-Market Consultations, please refer to the following url: <u>https://www.hsa.gov.sg/medical-devices/consultation-schemes</u>

PAYMENT

The only mode of payment accepted for Pre-Market Consultation Scheme Appointment Booking is via Online Payment (VISA, Mastercard).

It is advisable to print the online acknowledgement of payment and receipt for your own records.

Please refer to the following page for information on fee: <u>https://www.hsa.gov.sg/medical-devices/fees</u>.



ONLINE APPOINTMENT BOOKING FORM

Access the <u>AppointmentBooking@medics</u> e-Service from HSA website. After logging in and accepting terms and conditions, the following screen will be displayed. Enter the 'Captcha' code for security check and click on "Next" button once you have done.

AB1001 Appointment Boo Booking Authorisation	king for Medical Devices	Pre-Market Consultation	
Security Check: Can't read the word below?] 2648 Please enter the word you se	ry different words		
	Next	Reset	

PART 1 – Applicant Info

This is the individual, or person designated by the company, who will be the contact point for any correspondence regarding this appointment.

Please ensure that the information entered is accurate to ensure prompt receipt of any email correspondence from HSA regarding this appointment

The invoice and receipt for the fees paid will be billed according to the billing address entered under this part.

Click on "Next" button once you have completed this section.

ansaction No: TMD1/50/11	121	
APPLICATION FORM	2 Confirmation	
2. Booking Info	S. Commaton	
Fields marked with asterisks	* are mandatory.	
. APPLICANT INFO		
1.1 Name: *	CFE APP BOOKING APPLICANT	
1.2 Email: *	cfe@cfe.com	
1.3 Contact Number: *	9111111	
1.4 Company Name	CFE PTE LTD	
(Optional): 1.5 Address Type : *	Overseas	
1.6 Postal Code : *	560649 Patriava Billing Address	
1.7 Block / House No. : *	648	
1.8 Street Name : *	ANG MO KIO AVENUE 5	
1.9 Building Name :	ANG MO KIO 61	
1.10 Level - Unit :	#	
1.11 Country :	SINGAPORE	



PART 2 – Booking Info

This section requires the applicant to select the consultation type and appointment slots.

AB1001 Appointment Booking for Medical Devices Pre-Market Consultation
Transaction No: TMD17507269J
APPLICATION FORM
1. Applicant Info 3. Confirmation 2. Booking Info
Fields marked with asterisks * are mandatory.
2. BOOKING INFO
2.1 Consultation Type: * O Device Development
O Device Pre-Submission
DEVICE DEVELOPMENT CONSULTATION Device Development Consultation is to allow medical device developers and/or researchers to seek regulatory advice during various stages of medical device development in preparation for regulatory submission. Stakeholders may seek input on device validation plans, clinical studies or other aspects relating to local medical device regulations. This consultation is not an endorsement to any validation plans, test protocols and results discussed. The consultation is not meant to be an iterative process and does not guarantee approval or clearance for pre-market registration. DEVICE PRE-SUBMISSION CONSULTATION Device Pre-submission Consultation is to allow companies to seek feedback on their device dossier prior to pre-market submission. The purpose of this consultation is to assess the completeness of the submission dossier in accordance with the prescribed Common Submission Dossier Template (CSDT) format, per GN-17 or GN-18, and appropriateness of the supporting documents. This process and does not guarantee approval or clearance for pre-market submission dossier in accordance with the prescribed Common Submission Dossier Template (CSDT) format, per GN-17 or GN-18, and appropriateness of the supporting documents.
2.2 Device Type: * O General Medical Device
O In-Vitro Diagnostic
2.3 Appointment Date
(dd/mm/yyyy) : *
Add Clear
S/No. Consultation Type Device Type Appointment Date Appointment Time
I Device Development General Medical Device 25/08/2017 14:00 Remove <t< td=""></t<>
Next Reset

Item 1: Consultation Type

Applicant is required to select the consultation type. A brief description of the different consultation type is provided in the application form. Further information is available at the following url: http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/Medical_Devices/Regulatory_Upd ates.html

Item 2: Device Type

Applicant is required to select the type of device, General Medical Device or In-Vitro Diagnostic Device, to be consulted on during the session.

Item 3: Appointment Date

Applicant may click on the calendar icon to browse for dates that are available for booking.

		Jun	cerrio er z			-
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
Av	alable D	ate			v	Veeke

Item 4: Appointment Time

Upon selection of the preferred date in Item 3, available time slots for the selected day will be displayed in this section. Applicant is required to click on the drop-down menu and select the preferred timeslot.



Click "Add" to add the selected timeslot.

Applicant may add more than 1 appointments in the application. Click on "Next" button once you have done with the selection of desired timeslots.

PART 3 – Confirmation

The system will display all the information that was entered in Part 1 and Part 2. Applicant is to review and ensure that the information is accurate before submission.

PPLICATION FORM					
1. Applicant Info 2. Booking Info	3. Confirma	tion			
Fields marked with asterisks *	are mandatory.				
. CONFIRMATION					
3.1 Name: *	CFE APP BOOKING APPLICANT				
3.2 Email: *	cfe@cfe.com				
3.3 Contact Number:	91111111				
3.4 Company Name(Optional):	CFE PTE LTD				
3.5 Address Type : *	Local				
3.6 Postal Code : *	560648				
3.7 Block / House No. : *	648				
3.8 Street Name : *	ANG MO KIO AVENUE 5				
3.9 Building Name :	ANG MO KIO 61				
3.10 Level - Unit :	# -				
3.11 Country :	SINGAPORE				
SN Consultation Type	Device Type	Appointment Date	Appointment Time		
1 Device Development	General Medical Device	25/08/2017	13:00		

Click on "Submit" button to confirm the information and system will redirect applicant to payment advice page.

Click on "Back" button to go back Section 2 for any amendment on the information.

Please note that bookings are not confirmed until payment is completed.



Payment Advice

PAYMENT ADVIO Please indicate yo click on the Cance	ur p I bu	ayment mode and click Submit button to co itton.	onfirm payment. If you do not wi Date/Time : 11/	sh to procee 07/2017 17	ed with payment,
Payment Mode Payment Method	:	Online Payment Credit Debit Important Notice for eNETS Debit payment: Please take note to turn off the pop-up blocker in	your browser before proceeding to su	ubmit your app	lication
Client Code Transaction No. Progressive Payment		in-order to view the Acknowledgement and Recei C1788888Z TMD17507112I ©Full Payment Progressive Payment	pt.		
S/No. Description	6		Unit Price (S\$)	Qty	Amount (S
1. BR1750396 2. BR1750396	5H 61	MD Development Consultation Fee MD Pre-Submission Consultation Fee	500.00 200.00	1 1	500.00 200.00
			Total (S\$):		700.00
This is a computer	-ge	nerated payment advice. No signature is re ayed above (if any) will be billed to you after the aj	quired. oplication is accepted for evaluation.		
lease print a copy o	fthi	s advice for reference.			
l. For GIRO compan 2. For on-line payme	y, th nt (e	e payment will be deducted from your bank account a.g. credit card) you will be directed to the Governi collection even the country is discontinued on any	nt. ment payment gateway. 1 after 1 April 2005		

Payment advice page will be display the total amount to pay for the Pre-Market Consultation appointment booking.

Click on "Submit" to proceed to make payment according to submit the application. Click on "Cancel" to return to the draft Pre-Market Consultation Appointment Booking application.

Please note that bookings are not confirmed until payment is completed.



ONLINE APPOINTMENT INQUIRY FORM

DRAFT BOOKINGS

Applicants will be able to retrieve the draft Pre-Market Consultation Appointment Booking through the <u>CFEAppointmentInquiry@medics</u> by searching with the following information that was previously entered:

- Email
- contact number
- Booking Reference No.

APPOINTMENT BOOKIN	G INQUIRY	
Email: *	cfe@cfe.com	
Contact Number: *	91234567	
Booking Reference No:		
Can't read the word be	low? Try different words	
Page	13	
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A One-Time-Password will be sent to your appointed email to access your records.

ne-time Passw	vord (OTP)
A One-time Pa your appointe	issword (OTP) has been sent to d email.
Please enter your OTP:	
	Submit 🛛 Resend OTP

By clicking on the hyperlink of the Transaction No, applicant can edit and proceed with submission of the draft application



AB1002 A	ppointment li	nquiry for Medi	cal Devices Pre-Market Con	sultation	
lease fill	in all the man ENT BOOKING	datory fields ma	rked with asterisks *.		
Email: * Contact Nu Booking Re	mber: * ference No:	cfe@cfe.com 91234567			
an't read	I the word belo ter the word yo	w? <u>Try different</u>	words		
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CONFIRMED BOOKINGS

Applicant able to retrieve and view the information of the confirmed CFE Appointment Booking application through the <u>CFEAppointmentInquiry@medics</u> by searching with the following information that was previously entered:

- Email
- contact number
- Booking Reference No.

No amendments are allowed to confirmed bookings.



AB1002 A	ppointment Inquiry for Med	ical Devices Pre-Market Cons	sultation	
Please fill	in all the mandatory fields ma	arked with asterisks *.		
APPOINTM Email: * Contact Nu Booking Re	ENT BOOKING INQUIRY cfe@cfe.com mber: * 91234567 sference No:			
Can't read	I the word below? <u>Try different</u> ter the word you see above:	words		
Search R	eset ord(s) found.	Page 1	Of 1 Page(s) Go [first] [p	revious] [next] [last]
S/No.	Name	Booking Reference No/Transaction N	o: Appointment Slot	Appointment Status
1	CFE APP BOOKING APPLICANT	BR17503973P	25/08/2017 13:00	Confirmed
2	CFE APP BOOKING APPLICANT	BR17503974Q	30/08/2017 16:00	Confirmed
Total 2 red	ord(s) found.	Page 1	Of 1 Page(s) Go [first] [p	revious] [next] [last]