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Recognition and Withdrawal of Voluntary Consensus Standards

Draft Guidance for Industry and Food and Drug Administration Staff

DRAFT GUIDANCE

This draft guidance is being distributed for comment purposes only.

Document issued on September 14, 2018.

You should submit comments and suggestions regarding this draft document within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance.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 (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Identify all comments with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions about this document, contact the Office of the Center Director (301) 796-5600 or Scott Colburn at 301-796-6287 or by e-mail at scott.colburn@fda.hhs.gov or CDRHStandards@fda.hhs.gov. For questions about this document regarding CBER-regulated devices, contact the Office of Communication, Outreach, and Development (OCOD) at 1-800-835-4709 or 240-402-8010.

When final, this document will supersede “CDRH Standard Operating Procedures for the Identification and Evaluation of Candidate Consensus Standards for Recognition,” issued on September 17, 2007.

Preface

Additional Copies

CDRH

Additional copies are available from the Internet. You may also send an e-mail request to CDRH-Guidance@fda.hhs.gov to receive a copy of the guidance. Please use the document number 616 to identify the guidance you are requesting.

CBER

Additional copies are available from the Center for Biologics Evaluation and Research (CBER) by written request, Office of Communication, Outreach, and Development (OCOD), 10903 New Hampshire Ave., WO71, Room 3128, Silver Spring, MD 20903, or by calling 1-800-835-4709 or 240-402-8010, by email, ocod@fda.hhs.gov, or from the Internet at <https://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>.

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DRAFT

1 **Recognition and Withdrawal of** 2 **Voluntary Consensus Standards**

3 **Draft Guidance for Industry and** 4 **Food and Drug Administration Staff**

5 *This draft guidance, when finalized, will represent the current thinking of the Food and*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

11 **I. Introduction**

12 The Food and Drug Administration (FDA) developed this document to provide guidance to
13 industry and FDA staff about the procedures the Center for Devices and Radiological Health
14 (CDRH) follows when we receive a request for recognition of a voluntary consensus standard.¹
15 The guidance outlines principles for recognizing a standard wholly, partly, or not at all, as well
16 as reasons and rationales for withdrawing a standard.

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

22 **II. Background**

23 Congress enacted the Food and Drug Administration Modernization Act of 1997 (FDAMA)
24 (Pub. L. No. 105-115) and the 21st Century Cures Act in 2016 (Pub. L. 114-255). These acts
25 amended the Federal Food, Drug, and Cosmetic Act (FD&C Act) by amending section 514(c),
26 21 U.S.C. 360d(c), regarding the recognition of standards.

¹ All requests for recognition of a voluntary consensus standard are managed by CDRH, including any requests for recognition of a standard that would apply primarily or solely to a device regulated by CBER.

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27 The term “recognize” in section 514(c) of the FD&C Act refers to FDA’s identification of
28 standards as appropriate for manufacturers of products to declare conformance to meet relevant
29 requirements under the FD&C Act, including premarket submission requirements.

30 FDA’s standards recognition program furthers the aim of international harmonization because
31 the same standards (or international equivalents) are relied upon by sponsors to meet other
32 countries’ regulatory requirements when appropriate. For example, adherence to such standards
33 is an optional method of meeting “essential requirements” within the European Union’s
34 regulatory scheme.

35 **III. Scope**

36 This draft guidance describes the procedures that FDA follows and the actions FDA may take
37 during its review and evaluation of requests for standards recognition or the withdrawal of
38 recognition. This draft guidance provides further clarity and explanation about the regulatory
39 framework, policies, and practices when evaluating requests for recognition.

40 **IV. FDA Recognition of Standards**

41 The Agency recognizes consensus standards to help facilitate meeting requirements under the
42 statute or regulations. The use of recognized consensus standards can increase predictability,
43 streamline premarket review, provide clearer regulatory expectations, facilitate market entry for
44 safe and effective medical products, and promote international harmonization. FDA considers for
45 recognition voluntary consensus standards, i.e., standards developed by voluntary consensus
46 standards bodies. These bodies are defined as any organization that plans, develops, establishes,
47 or coordinates voluntary consensus standards using a voluntary consensus standards
48 development process that includes the attributes or elements outlined in the OMB Circular A-
49 [119, Federal Participation in the Development and Use of Voluntary Consensus Standards and in](#)
50 [Conformity Assessment Activities.](#)² We believe these attributes or elements help ensure that
51 recognized standards are fair and relevant, which in turn encourages their use by manufacturers
52 or product developers, as well as harmonization. Specifically, these attributes or elements are:

- 53 1. *Openness.* The procedures or processes used are open to interested parties. Such parties
54 are provided meaningful opportunities to participate in standards development on a non-
55 discriminatory basis. The procedures or processes for participating in standards
56 development and for developing the standard are transparent.
- 57 2. *Balance.* The standards development process should be balanced. Specifically, there
58 should be meaningful involvement from a broad range of parties, with no single interest
59 dominating the decision-making.
- 60 3. *Due Process.* Due process shall include documented and publicly-available policies and
61 procedures, adequate notice of meetings and standards development, sufficient time to

² https://www.nist.gov/sites/default/files/revise/circular_a-119_as_of_01-22-2016.pdf

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62 review drafts and prepare views and objections, access to views and objections of other
63 participants, and a fair and impartial process for resolving conflicting views.

64 4. *Appeals Process.* An appeals process shall be available for the impartial handling of
65 procedural appeals.

66 5. *Consensus.* Consensus is defined as general agreement, but not necessarily unanimity.
67 During the development of consensus, comments and objections are considered using
68 fair, impartial, open, and transparent processes.

69 In addition, consistent with OMB Circular A-119, a standard that incorporates patented
70 technology must be subject to certain intellectual property rights policies to qualify as a
71 voluntary consensus standard. Specifically, these policies must ensure that the owners of the
72 intellectual property make it available to implementers of the standard on non-discriminatory and
73 royalty-free (or reasonable royalty) terms. The policies must also bind subsequent owners of
74 standards-essential patents to the same terms.

75 These elements apply to activities related to the development of voluntary consensus standards
76 nationally or internationally. For example, the International Electrotechnical Commission (IEC)
77 and the International Organization for Standardization (ISO) usually develop standards that meet
78 these criteria, as do standards developed under the American National Standards Institute
79 (ANSI). Each organization has a process for development similar to that of ANSI, explained in
80 [Essential Requirements: Due process requirements for American National Standards](#).³ FDA also
81 has the flexibility to recognize standards developed in the private sector by compendial
82 organizations, such as those developed by the United States Pharmacopeial Convention, Inc.
83 (USP), that meet the criteria discussed in OMB Circular A-119.

84 FDA may consider national standards of other countries when no international or U.S. national
85 equivalent standard is available. Note that, in other cases, an international standard that another
86 country adopts may be identical to standards recognized by FDA, e.g., ISO or IEC standards
87 adopted as European Standards (EN/ISO), German standards (DIN/EN/ISO, DIN/ISO⁴), or
88 British standards (BS/ISO); however, we will not ordinarily recognize the identical international
89 standard separately. A sponsor should discuss with FDA its plans to use a national standard of
90 another country, along with any other standards issues.

91 FDA does not ordinarily consider normative references, i.e., standards referenced in an FDA-
92 recognized standard, for separate recognition. This is because normative references do not
93 typically refer to an entire standard; rather, normative references typically refer to a specific
94 clause or clauses. The citation of the normative reference within the FDA-recognized standard
95 will provide information about the extent to which the normative reference is limited or applies.

³ https://share.ansi.org/shared%20documents/Standards%20Activities/American%20National%20Standards/Procedures,%20Guides,%20and%20Forms/2016_ANSI_Essential_Requirements.pdf

⁴ Deutsches Institut für Normung e.V. (German Institute for Standardization)

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96 You will likely need knowledge of the normative references or referenced documents to
97 appropriately apply that standard.

98 **A. Recognition**

99 FDA recognizes standards by publication of a recognition list in the *Federal Register*. FDA will
100 publish the recognition list at least annually.

101 After FDA has decided to recognize a standard, we will update our online database for
102 Recognized Consensus Standards to reflect this decision. The database will include a recognition
103 number and a Supplemental Information Sheet for each decision.⁵

104 **B. Requesting Recognition**

105 Any interested party may request recognition of a standard. A recommendation for recognition of
106 a standard should, at a minimum, contain the following information:

- 107 • name and electronic or mailing address of the requestor
- 108 • title of the standard
- 109 • any reference number and date
- 110 • proposed list of devices for which a declaration of conformity should routinely apply
- 111 • basis for recognition, e.g., including the scientific, technical, regulatory, or other basis for
112 such request
- 113 • a brief identification of the testing or performance or other characteristics of the device(s)
114 or process(es), that would be addressed by a declaration of conformity.

115 Additional advice on procedures for requesting standards for recognition may be found at [https://
116 www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standards/ucm123739.htm](https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standards/ucm123739.htm).

117 Requests may be submitted by mail in writing to the CDRH Standards program at the address
118 below or electronically through CDRHStandardsStaff@fda.hhs.gov.

119 CDRH Standards Program
120 Office of the Center Director
121 Center for Devices and Radiological Health
122 10903 New Hampshire Avenue
123 WO66-5514
124 Silver Spring, MD 20993-0002

⁵ A sponsor may rely on an unrecognized standard. For more information, refer to the FDA guidance document, “Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical Devices,” <https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm077295.pdf> (September 14, 2018)

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125 In general, FDA will not automatically request copies of the standard submitted for recognition.
126 However, there may be standards which the Agency does not have access to, such as country
127 specific standards or standards created by professional societies. Therefore, we recommend
128 contacting the CDRH Standards Program prior to submitting a standards recognition request to
129 determine whether the Agency has access to the standard.

130 When the Agency receives a request for recognition of a standard, we will mail or email an
131 Acknowledgment Letter to the contact person identified in the request. The Acknowledgment
132 Letter will identify the date of receipt (this is the date that FDA received the request), the title of
133 the standard, and a contact person at FDA who is assigned to oversee the recognition request.

C. Extent of Recognition: Complete or Partial Recognition

135 When a standard is approved for recognition, all or part of that standard is recognized. The extent
136 of recognition (EOR) is FDA’s determination regarding which parts of a standard are appropriate
137 for recognition. Within this context, “recognize” is a specific term derived from section 514(c) of
138 the FD&C Act, referring to the process for FDA identification of standards that manufacturers of
139 medical devices may cite to meet relevant requirements of the FD&C Act and implementing
140 regulations. The EOR section of the Supplementary Information Sheet (SIS) specifies the extent
141 to which a standard is recognized. See section V for more information about the supplementary
142 information.

143 The Standards Program is responsible for reviewing and recommending the supplementary
144 information that accompanies each standard that is recognized. FDA staff may request that the
145 CDRH Standards Program staff contact the submitter for additional clarification regarding their
146 request for recognition.

Complete Recognition

147
148 For a standard that can be recognized wholly and in its entirety, the EOR will state “Complete
149 Standard.”

Partial Recognition

150
151 For a standard that can be recognized in part, the EOR will state “Complete Standard with the
152 following exceptions.” The exceptions, those parts of the standard that are not recognized, will
153 be listed by Section or Clause sequentially as they appear in the standard. The titles
154 accompanying the section or clause numbers will also be included.

D. Non-Recognition

155
156 Non-recognition or no recognition of a standard means that the standard generally does not
157 satisfy or would not be helpful in satisfying a portion of the statute or regulations. FDA’s
158 rationale for this decision will be communicated to the submitter of the request, and the decision
159 will be posted on the Standards web page. FDA will explain the technical, scientific, regulatory,

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160 or other basis for the decision.⁶ If the standard contains specifications or methods that are not
161 scientifically acceptable, not technically feasible, or are in conflict with existing recognized
162 standards, existing published policies, regulation, or the statute, FDA generally would not
163 recognize the standard. FDA may also decide not to recognize a standard that creates a barrier to
164 domestic or international trade or that impedes innovation or technical progress. If we decide not
165 to recognize a standard, it would not receive a recognition number.

E. Notification of Decision

167 FDA's goal is to make a decision on recognition (complete or partial) or non-recognition no later
168 than 60 calendar days from the date the request was received. When such a decision is made, the
169 Agency will issue the decision letter to the submitter by mail using the mailing address provided
170 or electronically using the email address provided. We will announce the decision to recognize
171 the standard (completely or partially) with a subsequent notice in the *Federal Register*.

V. Supplementary Information

173 The recognition of a standard includes a Supplemental Information Sheet (SIS) for each standard
174 recognized. This document, developed by FDA, is intended to assist manufacturers and product
175 developers should they elect to use standards in their product development, manufacturing, or for
176 other purposes. The SIS also includes the standard's scope and other helpful information. The
177 SIS for most vertical standards, e.g., device-specific standards, includes a list of relevant
178 regulations and product codes for which the standard may be applicable. Although the Agency
179 makes every effort to keep the list in the SIS current, note that new product codes are continually
180 being created, and as such the list may not always be up to date. The list of product codes is
181 intended to provide examples of products for which the standard may be applicable. Product
182 codes and regulations are typically not provided for horizontal standards, e.g., biocompatibility
183 or sterility standards, because maintaining a representative list would be impractical given the
184 number of products impacted.

A. Essential Information Provided

186 The SIS includes essential information such as the record or recognition number, which allows
187 for sorting the standard based on Specialty Task Group (STG). Other information includes the
188 standard's designation number, date of publication, and title. The SIS also includes the date of
189 the *Federal Register* notice announcing the standard's recognition. The contents of a SIS are as
190 follows:

- 191 • Recognition category
- 192 • Recognition list
- 193 • *Federal Register* publication date

⁶ See section 514(c)(1)(C)(ii) of the FD&C Act.

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- 194 • Recognition number
- 195 • Standard designation number
- 196 • Title of the standard
- 197 • Identical U.S. adoption⁷
- 198 • Extent of recognition (e.g., wholly or in part)
- 199 • Rationale, including basis, for recognition⁸ (technical, scientific, regulatory, or other
- 200 basis)
- 201 • Transition period (if any)⁹
- 202 • Relevant FDA guidance
- 203 • FDA technical contact or contacts
- 204 • FDA Specialty Task Groups
- 205 • Standards Development Organization (SDO)
- 206 • History of recognition

B. Scope

208 FDA will include the standard’s scope in the SIS to assist manufacturers of devices in
209 determining whether or not the standard may be useful to them. Where a standard’s scope is
210 extensive, the main body of the scope will be included with reference to the website where the
211 entire scope can be located.

C. FDA Decision Making Rationale/Justification

213 There are several reasons for the Agency to recognize a standard. Recognition of a voluntary
214 consensus standard, either in whole or in part, can help facilitate meeting a requirement under the
215 statute or implementing regulations. Although reasons for recognition of a standard are many,
216 generally a recognized standard may meet or satisfy requirements under any one or more of the
217 following categories:

- 218 • Performance Specification
- 219 • Material Characterization
- 220 • Biocompatibility
- 221 • Cleaning, Disinfection, Reprocessing, or Sterilization
- 222 • Sterile Barrier, Packaging
- 223 • Device-Specific Performance Characterization
- 224 • Electrical Safety, Immunity

⁷ “Identical” or “parallel” U.S. adoption is when the United States, through ANSI, adopts (“in parallel”) a standard published by an international SDO, such as ISO or IEC. FDA will update the SIS of the international standard on our website when either ANSI or a U.S. SDO publishes the parallel adoption. Since such standards are identical, we will not ordinarily assign a separate recognition number or separately announce recognition in the *Federal Register*.

⁸ See section 514(c)(1)(C)(ii) of the FD&C Act.

⁹ For further information regarding transition periods of recognized standards, please refer to the FDA guidance, “Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical Devices.”

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- 225 • Software
- 226 • Statistical Treatment of Data
- 227 • Clinical Issue
- 228 • Labeling
- 229 • Symbol Use
- 230 • Device Identifier
- 231 • Pre-Market Submission
- 232 • Post-Market Activity
- 233 • Radiological Health
- 234 • Public Health Concern or Hazard
- 235 • Informed Consent, Study Subject Protection
- 236 • Manufacturing
- 237 • Quality Systems Regulation
- 238 • Risk Management, Assessment
- 239 • Human Factors
- 240 • Good Laboratory Practices

241 FDA will provide its rationale/justification for recognition of the standard in the SIS, including
242 the scientific, technical, regulatory, or other basis, as applicable.

243 **VI. Withdrawal of Recognition**

244 FDA may withdraw recognition of a previously-recognized standard if the Agency determines
245 that the standard is no longer appropriate for meeting a requirement regarding devices under the
246 FD&C Act (see section 514(c)(2)). There are two primary situations where FDA may make this
247 determination. The first situation occurs when an SDO issues a new edition, e.g., a reaffirmation,
248 reapproval, or revision, of a standard previously recognized by FDA. If FDA decides to
249 recognize the new edition, we will announce the change, i.e., recognition of the new edition and
250 (usually) withdrawal of the older edition, in a notice published in the *Federal Register*. We will
251 add the new edition to the Recognized Consensus Standards database upon publication of the
252 notice, and we will usually remove the older edition from the database. If we remove the old
253 edition, a Declaration of Conformity to it will no longer be acceptable for future submissions.
254 However, FDA may provide a transition period during which both the old and new editions of a
255 standard are recognized. The transition period, if any, will be included in the SIS.

256 The second situation for withdrawal occurs when FDA determines that the recognized standard
257 is “no longer appropriate for meeting a requirement regarding devices” for other reasons (section
258 514(c)(2) of the FD&C Act). In such an instance, a notice would be published in the *Federal*
259 *Register* withdrawing FDA recognition.