Technical Guidance Series (TGS)

Establishing stability of an in vitro diagnostic for WHO Prequalification

TGS–2

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The World Health Organization (WHO) Prequalification Programme is coordinated through the Department of Essential Medicines and Health Products. The aim of WHO prequalification of in vitro diagnostics (IVDs) is to promote and facilitate access to safe, appropriate and affordable in vitro diagnostics of good quality in an equitable manner. Focus is placed on in vitro diagnostics, known commonly as IVDs, for priority diseases and their suitability for use in resource-limited settings. The WHO Prequalification Programme undertakes a comprehensive assessment of individual IVDs through a standardized procedure aligned with international best regulatory practice. In addition, the WHO Prequalification Programme undertakes post-qualification activities for IVDs to ensure the ongoing compliance with prequalification requirements.

The findings of the WHO Prequalification of IVDs Programme are used to provide independent technical information on safety, quality and performance of in vitro diagnostics, principally to other United Nations (UN) agencies but also to WHO Member States and other interested organizations. The WHO prequalification status, in conjunction with other procurement criteria, is used by UN agencies, WHO Member States and other interested organizations to guide their procurement of in vitro diagnostics.

In vitro diagnostics (IVDs) prequalified by WHO are expected to be accurate, reliable and be able to perform as intended for the lifetime of the IVD under conditions likely to be experienced by a typical user in a resource-limited Member State. The countries using WHO-prequalified IVDs often have minimal regulatory requirements. In addition, the users of IVDs in these countries have different needs resulting in different requirements. For instance, the IVDs are often used in patients with a different disease profile, by health care workers without extensive training in laboratory techniques, in harsh environmental conditions and in settings without extensive pre- and post-test services. Therefore, the requirements of the WHO Prequalification Programme may be different to the requirements of the users and regulatory authority in the country of manufacture.

The Technical Guidance Series was developed following a consultation, held on 10-13 March 2015 in Geneva, Switzerland attended by experts from national regulatory authorities, national reference laboratories and WHO prequalification dossier assessors and inspectors. The guidance series is a result of the efforts of this and other international working groups.

This guidance is intended for manufacturers interested in WHO prequalification of their IVD. It applies in principle to all IVDs that are eligible for WHO prequalification for use in WHO Member States. It should be read in conjunction with relevant international and national standards and guidance.

The TGS guidance documents are freely available on the WHO web site.
1 Introduction

1.1 Key concepts
Stability is the ability of an IVD reagent to maintain its performance characteristics over a defined time interval \([1,2]\). The purpose of stability studies is to verify the time interval and the storage conditions over which stable performance characteristics of an IVD can be claimed.

1.2 Rationale of stability studies
The stability of an IVD is fundamental for its reliable performance over a defined period of time. It is a regulatory requirement for the manufacturer to provide objective, scientifically sound evidence to support all claims made regarding the stability of an IVD. In addition a manufacturer can use stability studies to show that all lots manufactured during the commercial life of the IVD will meet predetermined user needs (inputs).

1.3 Purpose of this document
The purpose of this document is to provide IVD manufacturers with guidance on possible approaches to determine stability. More specifically it describes the requirements for WHO prequalification in terms of stability\(^1\).

1.4 Limitations of this guidance
This guidance document should not be taken as a prescriptive checklist of what should be performed, but as a guide on how to improve processes and generate the evidence needed to ensure a comprehensive, systematic procedure with an appropriate risk management plan.

The examples included throughout the document apply to the principles outlined in this document only. Manufacturers must still perform their own product-specific risk assessment for each of their IVDs.

It is possible that, depending on the particular categorization of the product and on the particular jurisdiction that additional requirements may apply. These regulatory and legal issues are specific for each regulatory authority and are beyond the scope of this document.

\(^1\) See Instructions for Compilation of a Product Dossier, Prequalification of Diagnostics, PQDx_018 v3 27.08.2014, Section 7.2, Stability (excluding specimen stability).
2 Definitions and abbreviations

2.1 Definitions

The definitions given below apply to the terms used in this document. They may have different meaning in other contexts.

**Accelerated stability evaluation:** Study designed to increase the rate of chemical and/or physical degradation, or change, of an IVD reagent by using stress environmental conditions to predict shelf-life.

*NOTE:* The design of an accelerated stability evaluation can include extreme conditions of temperature, humidity, light or vibration.

*Source:* [1], definition 3.1

**Acceptance criteria:** A defined set of conditions that must be met to establish the performance of a system.

*Source:* [2]

Numerical limits, ranges, or other suitable measures for acceptance of the results of analytical procedures.

*Source:* [3]

**Accuracy of measurement:** Closeness of the agreement between the result of a measurement and a true value of the measurand.

*NOTE 1:* Accuracy of measurement is related to both trueness of measurement and precision of measurement.

*NOTE 2:* Accuracy cannot be given a numerical value in terms of the measurand, only descriptions such as 'sufficient' or 'insufficient' for a stated purpose.

*Source:* [4], definition 3.1

**Arrhenius plot:** Mathematical function that describes the approximate relationship between the rate constant of a chemical reaction and the temperature and energy of activation.

*Source:* [2]

**Batch/Lot:** Defined amount of material that is uniform in its properties and has been produced in one process or series of processes.

*Source:* [5], definition 3.5

**Component:** Part of a finished, packaged and labelled IVD medical device.

*Source:* [5], definition 3.12

**Constituent** Raw materials used to make a component.

*Source:* WHO

**Design input:** The physical and performance requirements of an IVD that are used as a basis for IVD design.

*Source:* [6], definition (f)

**Drift:** Characteristic slow change of a metrological value from a measuring instrument.

*Source:* [7]
Environmental factors: Variables that might affect the performance or efficacy of IVD reagents e.g. temperature, airflow, humidity, light.

Source: [2]

WHO note: For WHO purposes, this also includes dust and micro-organisms.

Evidence: Information which can be proved true, based on facts obtained through observation, measurement, test or other means

Source: Modified from [8], definition 3.8.1

Instructions for Use (IFU): Information supplied by the manufacturer to enable the safe and proper use of an IVD

NOTE: Includes the directions supplied by the manufacturer for the use, maintenance, troubleshooting and disposal of an IVD, as well as warnings and precautions.

Source: [5], definition 3.30

In vitro diagnostic (IVD): A medical device, whether used alone or in combination, intended by the manufacturer for the in vitro examination of specimens derived from the human body solely or principally to provide information for diagnostic, monitoring or compatibility purposes.

NOTE 1: IVDs include reagents, calibrators, control materials, specimen receptacles, software, and related instruments or apparatus or other articles and are used, for example, for the following test purposes: diagnosis, aid to diagnosis, screening, monitoring, predisposition, prognosis, prediction, determination of physiological status.

NOTE 2: In some jurisdictions, certain IVDs may be covered by other regulations.

Source: [9]

IVD reagent: Chemical, biological or immunological components, solutions, or preparations intended by the manufacturer to be used as an IVD

Source: [5], definition 3.28

WHO note: This document uses the terms IVD and IVD reagent interchangeably.

Metrological traceability: Property of the result of a measurement or the value of a standard whereby it can be related to stated references, usually national or international standards, through an unbroken chain of comparisons all having stated uncertainties.

NOTE 1: Each comparison is affected by a (reference) measurement procedure defined in a calibration transfer protocol.

Source: [4]

Performance claim: Specification of a performance characteristic of an IVD as documented in the information supplied by the manufacturer

NOTE 1: This can be based upon prospective performance studies, available performance data or studies published in the scientific literature.

“Information supplied by the manufacturer” includes but is not limited to: statements in the IFU, in the dossier supplied to WHO and/or other regulatory authorities, in advertising, on the internet.

Referred to simply as “claim” or “claimed” in this document

Source: [5], definition 3.51
**Real-time stability evaluation**: Study designed to establish or verify the shelf-life of the IVD reagent when exposed to the conditions specified by the manufacturer.

*NOTE 1*: Conditions that can affect stability of an IVD reagent include temperature, transport conditions, vibration, light, humidity.

*Source*: [1], definition 3.8

**Risk management**: The systematic application of management policies, procedures and practices to the tasks of analysing, evaluating, controlling and monitoring risk.

*Source*: [10]

**Risk management plan**: For the particular IVD being considered, the manufacturer shall establish and document a risk management plan in accordance with the risk management process.

*Source*: [10], para 3.4

**Shelf-life**: Period of time until the expiry date, during which an IVD reagent, in its original packaging, maintains its stability under the storage conditions specified by the manufacturer.

*NOTE 1*: Stability and expiry date are related concepts.

*Source*: [5], definition 3.66

**Stability**: The ability of an IVD reagent to maintain its performance characteristics within the limits specified by the manufacturer.

*NOTE 1*: Stability applies to - IVD reagents, calibrators, and controls, when stored, transported and used in the conditions specified by the manufacturer - reconstituted lyophilized materials, working solutions, and materials removed from sealed containers, when prepared, used and stored according to the manufacturer’s instructions for use - and measuring instrument or measuring systems after calibration.

*NOTE 2* to entry: Stability of an IVD reagent or measuring system is normally quantified with respect to time:
- in terms of the duration of a time interval over which a metrological property changes by a stated amount,
- in terms of the change of a property over a stated time interval.

*Source*: [1], definition 3.10

**In-use stability**: Duration of time over which the performance of an IVD reagent within its expiration date remains within specified limits after opening the container system supplied by the manufacturer, and put into use under standard operation conditions (e.g. storage on the instrument).

*For the purpose of this guidance, WHO considers that it also includes the number of times the reagents can be removed and returned to the storage condition without impact on test kit performance. It shall reflect the routine conditions of use e.g. On-board stability, reconstitution, and open-vial/bottle stability.*

*Source*: [2]

**Stability monitoring**: Real-time stability testing at certain points in time during shelf-life (or in-use) to assure that an IVD reagent performs within specified claims.

*Source*: [2]
NOTE: A continuing stability monitoring program (ongoing stability monitoring) is required to verify that the stability claim is maintained over the commercial life of the product. Data on stability should be obtained at end of shelf life (Reference [1] para. 4.1) and additionally at half assigned-life to so that if problems occur they can be dealt with in a timely fashion.

**WHO note:** WHO expect that file samples are used for each component and lot of product.

**Trueness of measurement:** Closeness of agreement between the average values obtained from a large series of results of measurements and a true value.

*Source: [4], definition 3.33*

### 2.2 Abbreviations

- **CE** Conformité Européenne (European Conformity)
- **CV** Coefficient of variation
- **CD4** Cluster of differentiation 4
- **CLSI** Clinical and Laboratory Standards Institute
- **EIA** Enzyme-linked immunoassay
- **GHTF** Global Harmonization Task Force
- **HBsAg** Hepatitis B surface antigen
- **HBV** Hepatitis B virus
- **HCV** Hepatitis C virus
- **HIV** Human immunodeficiency virus
- **IFU** Instructions for Use
- **IgM** Immunoglobulin M
- **IMDRF** International Medical Devices Regulators Forum
- **ISO** International Organization for Standardization
- **IVD** In vitro diagnostic
- **NAT** Nucleic acid test
- **OD** Optical density
- **PEI** Paul Ehrlich Institute
- **QA** Quality assurance
- **QC** Quality control
- **QMS** Quality management system
- **RDT** Rapid diagnostic test
- **RPM** Revolutions per minute
- **R&D** Research and development
- **TP** Treponema pallidum
- **USP** U.S. Pharmacopoeial convention
3 WHO prequalification requirements

WHO requires that reports of studies used in establishing the stability claims for the product are submitted as part of the prequalification application. In the submission, manufacturers should describe the rationale, the study methods, the stability monitoring program followed and the testing algorithms used, with references to the relevant standard operating procedures. The information provided should demonstrate the link to the predetermined user requirements and product development.

3.1 Manufacturer responsibility

It is a manufacturer’s responsibility to ensure that all claims made regarding the stability of the IVD performance are supported by objective, scientifically sound evidence.

3.2 Standards

WHO recommends the following standards for the use in establishment of stability claims: ISO 23640:2013, CLSI EP25-A and ASTM:D4169-14. It is recommended that manufacturers be familiar with these standards and consider them when designing and planning their stability studies.

3.3 Suitability for use in Member States

The stability studies submitted to WHO should accurately reflect the expected environmental conditions and the normal usage conditions/methods encountered by the users in WHO Member States, such as:

- Extremes of temperature for in-use conditions and during transportation
- Extremes of humidity encountered during in-use conditions, transportation and storage
- Dust
- Light, both the amount required for accurate testing/results interpretation and any affects that light may have on the IVD functionality
- Micro-organisms

3.4 Meeting customer requirements

By undertaking well-designed stability studies including periodic verification activities, the manufacturer can demonstrate that the product meets input (i.e. customer) requirements, as required by ISO 13485:2003 (see definition (f) and para 7.3.4). Meeting predetermined user expectations, not merely evaluating the capability of an IVD, is a fundamental aspect of development of IVDs. It is a proactive means for the manufacturer to prevent quality problems at lot release and in the post-production and marketing phase.

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4 Basic principles for stability testing

4.1 Critical characteristics of the IVD

A well-designed stability study must generate evidence of stability of each of the critical constituents of the IVD (risk-evaluated critical constituents), each of the claimed analytes, and any particular level of performance including precision, sensitivity and specificity of the kit.

Examples:

1) A hepatitis C virus (HCV) assay containing the critical constituents related to detection of NS3 or core proteins should have the stability of all such constituents proven.

2) For an assay designed to detect both IgG and IgM by use of protein A and protein L, the stability of both protein A and protein L should be proven.

3) For CD4, all the antibodies involved (e.g. anti-CD3 and anti-CD4) must be shown to be stable.

4) For an IVD claimed to detect particular seroconversion specimens, or genotypes, or to have specified precision at particular analyte concentrations, or a particular specificity, each of these claims must be proven over the stated shelf-life.

4.2 Finalised product presentation

During stability testing, all IVD components (including the device, calibrator and/or control material, etc.) must be made and tested to the finalised manufacturing documentation and in the finalised packaging including intended labels and containers. All presentations (e.g. different buffer volumes used for different kit sizes) must be used during stability testing.

4.3 Environmental conditions

The study should subject the IVD to a combination of conditions which define the limits of stability for all lots made during its commercial life. The combinations of conditions, durations of exposure and the number of lots to be used will be driven by a manufacturer’s risk assessment for the IVD and data from R&D. The risk assessment should take into account at least:

- the variability of the constituent materials (identifying the most important sources of variability);
- the nature of the users’ environments; and
- extreme conditions potentially occurring during transportation to those users (see also 3.3).

Boundary conditions for stability studies should reflect realistic extreme conditions that are consistent with the design input requirements for the IVD. The consequent stability studies will prove the IVD capable of meeting performance requirements at the end of its stated shelf-life, after transport to the users.
**4.4 Minimum number of lots**

Similarly to clinical performance validation, the design of stability studies should take into consideration lot-to-lot variation, with a risk assessment to identify the most important sources of variability. Lot variability is caused usually more by the biological reagents than by the actual manufacturing process. Although existing standards recommend the use of one lot for certain stability studies, the impact of lot-to-lot variability must be taken into consideration and use of additional lots may be necessary. To ensure the potential of lot-to-lot variability is addressed, optimally lots containing different batches of critical constituents such as nitrocellulose membranes, recombinant antigens, peptides, nucleic acids and enzymes used in nucleic acid testing (NAT), etc. that are as different as possible should be used.

*Example:* For NAT assays, it is critical to use unique enzyme lots for stability studies. Other components including primer, probe and buffer can also be affected by the manufacturing process (purity, pH, DNase & RNase contamination, etc.). For these, different lots are also highly desired that represent both material and process variability.

**4.5 Assessment of liquid components**

It is standard best practice in stability studies to ensure that liquid components are in contact with all the parts of their container—vial, sachet or bottle, such as the stopper, the seal and the body of the container. This is sometimes called “inverted container stability” but is probably best studied by ensuring all containers are on their sides and disturbed by movement during the stability study. This aspect needs particular attention for in-use stability studies of those components that are diluted or reconstituted from freeze-dried before use.

**4.6 Specimens for the stability testing panel**

The specimens used in the stability testing panels must reflect all the performance claims related to the IVD. The specimen types most likely to be utilised with an IVD in WHO Member States should be considered and included in the specimen panels used throughout the stability studies (see Appendix 2). If a variety of specimen types (e.g. serum, plasma, whole blood, saliva) is claimed as being suitable for use in the instructions for use (IFU), the stability plan must be designed to provide evidence that the IVD will maintain each of the claims (e.g. sensitivity, specificity, proportion of valid runs, precision) for each of the specimen types for the whole of the claimed shelf-life including transport to the final users. Evidence should be statistically valid (see section 10). The stability testing panel must be validated accordingly and rejection and replacement criteria should be established. Regulatory requirements may also dictate the addition of panel members.

A stored validated stability testing panel is not always feasible. For example, this is often the case for assays requiring fresh and/or whole blood specimens e.g. CD4, assays to detect RNA. When replacing panel members, the accuracy of results generated with the replacement material must be confirmed using an appropriate reference comparator method. Replacement criteria for unstable panel members will include the duration for which a critical member will give valid results.
4.7 Validation of stability testing panel

The validation of the stability testing panel members used is critical. Stability testing panel members themselves must be stable, and they must monitor parameters that are useful to control the component involved.

4.8 Assigning criteria to panel members

Stability testing panel members are chosen deliberately to ensure each member has an attribute pertinent to the intended use. As with lot release testing, the goal of stability testing is to ensure that the test method appropriately monitors the functionality of the antigens, epitopes, and antibodies that are relevant to the intended use at the end of the assigned (shelf/in use) life.

For instance, the intended use claim may be that early seroconversion specimens are detected. To show that this claim is true at the end of the product’s life, a very early seroconversion specimen is included in the stability panel. This specimen may be a weakly reactive IgM specimen.

An expected value is then assigned to each panel member and this is used to assign the acceptance criteria for that panel member. The value for each member is assigned in a measurable manner relevant to the outputs of the particular methodology. For instance, the acceptance criteria for each panel member may be assigned in terms of sample-to-cut-off ratio, cycle time (CT) values, and band intensity measured semi-quantitatively/quantitatively.

In the example of a weakly reactive IgM seroconversion specimen, the specimen at the start of shelf life may have a reading score on an RDT of 1+ out of 4, assigned by using a semiquantitative value based on band intensity. The acceptance criteria may be that all reactive specimens remain reactive, and all non-reactive specimens do not react in the assay.

As such, panel members must be chosen that not only will be relevant to demonstrate the intended use, but have values that will appropriately detect and therefore monitor any deleterious effects of storage. A strong positive specimen, which has a 4+ out of 4 semi-quantitative reading value, may remain giving this reading despite decay in the assay, whereas a specimen with a reading of 1+ out of 4 (with an assigned acceptance criteria of remaining positive) is more likely to give an indication of the ongoing stability of the assay.

Thus it is essential to know that where a panel member meets acceptance criteria, this is a true reflection of the stability of the product and not due to the inability of the specimen result to reflect this change.

4.9 Time points

A simple study design requires three testing intervals:

- an initial baseline test and
- a test at the time point beyond the claimed stability limit
- and one point in between.

However, this is a high risk approach that has the potential for wastage of time and resources. If the IVD does not meet the acceptance criteria at the end of testing there is little information about the deterioration of the component or IVD (or lack of deterioration) in the interim period.
A more effective approach is to test at predetermined time point intervals. The manufacturer should decide on practical intermediate test points. The number and length of testing intervals should be determined in advance and form part of the stability plan/protocol. This planning will help to understand the resources required to execute the experiment.

Testing of all panel members is not required at all test/time points. However, testing with all panel members is required at the initial, the second last and the last test/time point of any of the study specimen types. The manufacturer should decide on practical intermediate test points at which a smaller minimal number of panel members are tested. There should be a documented rationale for the choice of the panels used at the intermediate test points (e.g. representative members, specimens that are close to the medical decision points and at the extremes of the assay range tested).

4.9.1 Duration of testing

Testing conducted in stability studies should extend beyond the shelf-life determined from the user needs. The shelf-life should be assigned based on a risk assessment of the lot-to-lot variability in signal change at the end of shelf life. At a minimum, testing should extend at least one time point (one testing interval) beyond the determined user requirement. This provides a safeguard in the event of unexpected IVD failure at the end of the testing period, in which event extrapolation from an earlier time point would not be considered acceptable.

It is recommended to utilize standardized units of measure for the entire study (e.g. Unopened kit shelf life are always measured in months; opened kit /reagent stability in days or weeks).
5 Shelf-life studies

5.1 Requirements for determination of shelf life

The stated shelf-life of an IVD must be based on real-time experimental results. Accelerated stability studies are usually not sufficient to support a claimed shelf-life. They might be used in situations where experience already exists with similar products (see para 4.1 in Reference [1]) or when the stability of very similar products is already known (see para 7.3.1 in Reference [2]).

**WHO prequalification requirements:** If at the time of dossier submission the real-time study outcome is not available, accelerated studies might be considered. The manufacturer must justify why the accelerated study is acceptable as supportive evidence until real-time experimental results become available. In these cases, the results of real-time stability studies will be requested as a condition of WHO prequalification. The shelf-life of the IVD could be extended as the real-time data accumulates.

5.1.1 Real-time stability studies

Real-time stability is determined using storage temperatures derived from user requirements, over a period longer than the required life of the IVD.

Where a range of storage temperature is claimed (e.g. “Store at 4–40°C”), WHO expects the studies will provide evidence for stability over the whole of the temperature range for at least the length of the claimed shelf-life. Exceptionally, where claimed stability is restricted to a limited range e.g. “Store at 2-8°C”, it is acceptable that stability studies are conducted at a single temperature within this range.

A sequential approach should be used [2], in which IVDs are first submitted to stresses simulating transport before they are placed into a shelf-life or in-use study. This approach best simulates the real-life situation, where products will first be transported to the end-user and then stored under the recommended conditions before use, possibly almost until the end of their labelled shelf-life.

5.1.2 Accelerated stability studies

Accelerated stability studies are designed to predict the shelf-life of an IVD from the increased rates of chemical and/or physical degradation caused by extreme environmental conditions (e.g. elevated temperature at higher humidity).

If the Arrhenius equation is used to calculate the expected life at temperatures other than those actually used, then the parameters of the equation must be derived from the data and not assumed [2].

Accelerated stability studies provide results in a relatively short time. However the results of these studies are made using assumptions about the degradation of reagents and IVD components that may not reflect their performance under normal conditions of storage and use.
6 Component stability studies

6.1 General principles

6.1.1 Testing on final specifications

Component stability studies, including antimicrobial and desiccant studies, must be performed using components made according to finalized and approved manufacturing specifications – ideally to validated manufacturing scale – on qualified manufacturing equipment and meeting finalized and approved in-process quality control (QC) specifications.

6.1.2 Considering component stability

Sometimes components of IVDs are prepared in bulk and stored before being used in several different lots of a completed IVD. The design input documentation should define how long components are likely to be stored before use. With that information, component stability studies should be planned to give evidence that component labelled lives will not restrict IVD labelled lives: an IVD cannot have a labelled life beyond that of any of its dependent components.

Shelf-lives of components manufactured in bulk and used in several different lots of an IVD can be verified as for the IVD itself – three lots of the component as a minimum for shelf-life studies and, depending on documented risk assessment related to variability, one or more lots subsequent to change. The evaluated lots of the component must differ in batches of critical constituents but, again subject to documented risk assessment, may all be tested in their final presentation with a single set of the other components which will be used together to constitute the IVD.

Examples of stored components: Wash solutions and substrates for enzyme immunoassay (EIA), amplification reagents for nucleic acid testing, calibrators for quantitative tests, manufactured and stored in their final labelled vials ready to be put into a kit

Component stability can be assessed from the functionality of the lot and also by factors related to the component itself, such as turbidity, colour change, microbial contamination and pH of liquid components changes over time.

Depending on the IVD and the conditions it is subjected to it may be necessary to distinguish between turbidity that arises from heat/cold denaturation and turbidity that arises from microbial contamination.

6.1.3 Considering constituent stability

The plan should also consider whether components made from new constituents (antigens, recombinant antigens, enzymes, antibodies, membranes) will have the same lives as components made from stored raw materials. Although this aspect is difficult to study, some evidence should be provided supporting the use of stored constituents, as well as a plan to evaluate lot-to-lot variance from different critical constituents.

The choice of the reagents to be used to measure the performance of the constituent under study (either materials of proven shelf-life or freshly made) needs substantial consideration.
6.2 Stability of control materials

Assay specific control materials provided by the manufacturer are to show that an IVD has performed as intended during use. The manufacturer must be able to demonstrate that the loss of signal of a control does not occur at a different rate from the loss of signal from a validated stability testing panel member or from genuine, critical specimens; otherwise a failed IVD might be regarded as still functional. Thus the stability of the control material must accurately reflect the stability of the assay. A control that is more stable than the IVD and other components, or incorrectly set values for the control material, must be avoided [13].

Example: It is frequently seen in dossiers relating to IVDs submitted to the WHO Prequalification Programme that a positive run control will produce a signal of >2.0 optical density (OD) in a freshly manufactured lot, and the IFU will state that an OD > 0.8 for the same control qualifies a run. Thus the IVD could have lost more than half its activity and still appear functional, although some critical specimens are shown in the dossier to have very weak signals on freshly made IVDs. This is not considered appropriate unless data can be provided that demonstrate that the critical specimens will still be detected at the end of shelf life.

6.3 Antimicrobial stability and efficacy

6.3.1 Rationale

IVDs are used in areas which are not necessarily clean and sterile, and antimicrobials are not stable under some circumstances. Bacterial and fungal organisms relevant to the environment of use should be identified in the design input risk assessment, and antimicrobial preservatives should be chosen to avoid contamination of the product. The manufacturer must obtain evidence that the antimicrobial preservative and concentration chosen is stable and effective against the micro-organisms of concern throughout the claimed shelf-life and in-use shelf-life.

6.3.2 Study conditions

The studies should reflect expected in-use conditions in opened containers: clean, particle-free laboratories do not usually reflect universal user environment.

6.3.3 Time of testing

Antimicrobial preservative effectiveness, as measured by the viable microbial species load present in kit components, should be demonstrated during development, during scale-up, and throughout the shelf-life.

Testing for antimicrobial preservative content should normally be performed at release. Under certain circumstances, in-process testing may suffice in lieu of release testing. The acceptance criteria for in-process testing should remain part of the specification [16].

6.4 Desiccant functionality

Desiccants affect the stability of the entire IVD. Stability studies must show that the desiccant will support the product over the whole claimed shelf-life within the predetermined extremes of transport, storage and in-use conditions.

**WHO Note:**

1) WHO recommends that a self-indicator (a humidity indicator that changes colour upon saturation) be part of the desiccant design. However, WHO strongly recommends against the use of cobalt dichloride, the most commonly used humidity indicator, as it is a carcinogenic substance.

2) Sachets are preferable over tablets, since labelling such as “Do not eat” is more visible. There have been anecdotal reports of desiccants in a tablet formulation being mistaken for antimalarial medicine.
7 Stability during transport

7.1 Rationale
Transport stability studies evaluate the tolerance of an IVD to the kinds of environmental conditions (e.g. temperature, humidity, dust) and physical conditions (inversion, vibration, physical handling, stacking) to which it is likely to be subjected in the time between shipping from the manufacturer to its final user. They should provide evidence that there will be no impact on the IVD performance over the whole of its stated shelf-life after recommended transportation methods for the IVD. The manufacturer should assess the potential impact of multiple factors and justify and document whether or not to include them in the evaluation.

WHO expects that a transportation challenge should precede the real-time determination of shelf-life. This serves to determine that transportation conditions do not reduce the shelf-life of the IVD (see also 5.1).

In some cases, it might be acceptable to test the product only over the transport simulation duration, without a subsequent long-term study under normal storage conditions. If that is done, shelf-life must be established under specified storage conditions along with a stringent, evidence-based risk assessment of the probabilities of extreme transport stress affecting the performance at the end of the claimed life (see para. 4.2.3 in Reference [2]).

7.2 Challenge conditions
Determination of the stability during transportation of an IVD should take into consideration the local routes, transport means and transit used to supply the IVD, usually defined in the design input risk assessment. It is not necessary to test the IVDs to the point where it is no longer usable, but merely to validate the window of transport conditions within which the IVD will retain its claimed performance to the end of its stated shelf-life. However, knowledge of the possible limitations of an IVD and at what point the IVD becomes unusable is useful to a manufacturer when troubleshooting post-market problems. WHO expects the manufacturer to consider that the product might continue to be subjected to sub-optimal storage conditions at the end-user.

Example: While a static challenge of 45°C for 3 days might represent conditions seen during actual transport of a IVD, a more stringent challenge of cyclical higher and low temperatures (including freezing) for a longer period of time and under vibration might better cover a ‘worst case scenario’ of shipment, storage and subsequent transportation to the end-user.

7.3 Number of lots
Where transport stability studies are incorporated into studies to establish shelf life, as recommended in this guidance, a minimum of three lots of the IVD should be used. For transport studies alone, at least one lot of the IVD can be used, however, as with shelf life studies, more may be required depending on lot variability (see 9.1).
7.4 Multiple stress test sequences

Mere proof of performance after actual shipment is generally insufficient evidence of stability under all conditions and with the hazards of delays. Multiple stress test sequences are typically needed to address the range of transport conditions used for global product delivery, including some extreme conditions expected to be evaluated according to relevant guidance [11].

Appropriate sequences may be developed on the basis of data from actual product transport studies. Testing multiple stress sequences allow a manufacturer to identify the most cost- and/or resource effective transport conditions from a set of alternatives while ensuring adequate product stability protection (Reference [2] para 4.2.3).

**WHO requirement:** Environmental conditions investigated as part of a stability study must reflect those likely to be encountered in resource-limited Member States. Temperatures at some airport tarmacs in Sub-Saharan Africa can exceed 40°C while temperatures encountered during air transport fall below 0°C. Significant delays can be encountered at all times and especially during wet season transport to remote health centres.

7.5 Physical conditions

Physical handing can be both manual and mechanical. The relevant user and commercial factors should be identified as part of the design input risk assessment and the packaging and shipping methods developed accordingly. Reference [11] defines a number of factors to be considered, and their evaluation: drop, impact, compression, vibration, repetitive shock, longitudinal shock, cyclic exposure, vacuum, impact, inversion; along with the size, weight, and composition of the packaging.

7.6 Simulated versus actual challenge

An actual shipping challenge can be used to verify the conditions found in the simulated transportation challenges. However it should only replace a simulated shipping challenge when there is an appropriate risk evaluation and with experience and data already actively collected from similar products and documented in detail (for example it is insufficient to note “no complaints”).

In the R&D phase, actual data from shipping can be used to define the conditions needed for an appropriate simulation of extremes. However in the post-production phase actual shipping challenges often do not explore the full range of shipping conditions that could be encountered, including extreme values.
8 In-use stability studies

8.1 Rationale

In-use stability of an IVD is the period of time over which components retain adequate performance, after transport to the users, once they are opened, reconstituted and/or diluted and exposed to the environmental conditions in which they will be used.

If a range of conditions for use is stated in the IFU (e.g. use at 15–40°C) evidence should be provided to prove the stability over that range with all the specimen types (e.g. serum, whole blood, oral fluid) claimed. It is considered best practice that the manufacturer extends the stability range by 5°C at the lower and upper end of the proposed acceptable range on the labelling for all components to ensure that that the claimed stability ranges is acceptable.

8.2 Conditions of use

Determination of the in-use stability of an IVD and/or its components should reflect routine conditions of use of the IVD. Freeze-thaw stability should be considered to address reagents which are exposed to multiple freeze-thaw during use.

WHO recommendation: In-use stability studies must take into account environmental conditions and usage conditions encountered by WHO users and Member States, such as exposure to extreme temperatures, humidity, dust, light and micro-organisms.

8.3 Multiple in-use stability claims

Depending on the way in which the IVD is used it may be necessary to have several in-use stability claims. In situations where multiple stability claims are made, a manufacturer must provide evidence from testing that investigates routine use supporting each of the claims.

Examples:

1) A reagent may have a stated period of stability once it has been placed on-board an instrument and another period of stability once it is in active use (i.e. during actual use/testing).

2) Multiple use reagents (e.g. buffers) may repeatedly be exposed to high temperatures during the day while in use and exposed to lower temperatures when not in use and stored in the refrigerator. The actual use of the multiple use reagent – squeezing of bottles, exposure of the lid and tip to working surfaces, hands, exposure to dust and light – also affect stability. Stability studies should take into account all of these factors.
9 Production lots used in stability studies

Comments in this section apply equally to all types of studies described in this guidance.

9.1 Considering variability

As noted in 11.3. Consider variability, planning for stability studies must take into consideration all possible sources of variation within and between manufactured lots. For most IVDs it is likely that differences between batches of the biological reagents will cause the most variance. Factors to consider include apparently minor, technically-uncontrollable differences in culture and purification for recombinant antigens and antibodies; synthesis and purification for primers, probes and peptides; undocumented production changes of an outsourced buffer component and the lot of nitrocellulose membrane used in lateral-flow IVDs.

At a minimum, lots chosen for stability studies should be different in the critical constituents, e.g. different purification and/or culture batches for all recombinant antigens and monoclonal antibodies. If pilot or small scale lots are chosen, special attention must be paid to the potential for variability (see also 11.3). However, the sources of variation will depend on the particular process, product and component, and should be identified during product development risk analyses.

Use of different batches of critical components ensures that the stability evidence obtained is more likely to be representative of long-term manufacture. Any variability found can be taken into consideration when assessing the outcome of the studies against the design input requirements and when making claims. This minimizes user problems and hence complaints.

9.2 Testing the final configuration

Shelf-life, in-use and transport stability must be determined for the finalized, approved product in terms of:

- manufacturing specifications;
- release-to-market QA criteria;
- packaging and labelling; and
- validated manufacturing scale on qualified manufacturing equipment.

Testing methods should be as included in the IFU of the commercialized IVD.

WHO prequalification requirements: It is important that it can be established that the stability studies were conducted on the IVD as submitted to WHO for prequalification. Even changes perceived as small (e.g. change in production scale, bulk container materials, supplier of a critical biological, change in vial stopper) can have unexpected effects on stability and other performance characteristics. After such changes, a stability plan and study is needed again. Manufacturers should have change control procedures in place compliant with ISO 13485:2003 [12].

Stability studies undertaken in the R&D phase of the product lifecycle are important to understand how to design the product so it will meet the final stability requirements in the input documentation. However, these studies are not sufficient for submission to WHO since they might not reflect the final design and manufacture of the IVD.
9.2.1 Exceptions

If any of the above criteria are not met (for example if “pilot lots” or small scale lots are used, or if the IFU is not finalized), strong evidence must be provided that the evaluated materials will perform exactly the same as the final commercial product.

**WHO prequalification requirements:** In some exceptional circumstances, where it is not possible to sample from actual production lots, samples from pre-production or development lots might be used. If this is the case, manufacturers should justify why production lots were not used, and they should provide robust evidence that the lots chosen are expected to behave identically to the production lots. Data concerning lot-to-lot variability must still be submitted. Although WHO will consider the available evidence on its merits, this preliminary information must be followed by stability claims conducted on production lots. A post-prequalification commitment may be required to amend this situation when the manufacturer is able to produce fully qualified production lots.

9.3 Number of lots required for testing

Existing guidance [1,2] recommends that three product lots at a minimum must be used to verify shelf-life; in-use claims require testing on a minimum of one lot. The actual minimum number of lots to be used should be determined by a stringent risk assessment based on evidence of variability obtained during R&D, (see section 9.1). However, the minimum will never be less than three lots for shelf life verification.

**Note from WHO prequalification experience:** It is not acceptable to sample IVDs from a single production lot but label them so that they appear to have been taken from three separately manufactured production lots. This is true for all performance evaluation and regulatory submission purposes. This aspect will be investigated during an onsite inspection by WHO. Non-compliance with this requirement may result in a critical non-conformity grading.

9.4 Components of lots required for testing

Existing guidance [1,2] requires that stability work is performed using materials in their final packaging, with intended labelling. If there is more than one variant of the IVD (e.g. pack size differences, CE marked and non-CE marked) any potential effects on performance, including stability, must be assessed.

In particular, if different reagent-container sizes are used in packs intended for different numbers of use, stability evidence should be obtained on all variants, even if the contents of the containers are identical.

Once component shelf-lives are assigned use relatively fresh components and components which have progressed into their assigned shelf-life in the different production lots used in the establishment of the product shelf-life.
10 Stability plan

Stability studies should be well designed, scientifically sound, well implemented, well recorded and able to deliver meaningful conclusions about IVD performance. This will minimize the time and resources taken by the manufacturer to generate appropriate evidence and by the regulatory authority to assess it.

It is good practice to prepare, within the mechanisms of a quality management system (QMS), a plan for the investigation of each aspect of IVD stability. A well-developed study plan, with clearly defined objectives, responsibilities and pass/fail criteria should be developed, reviewed and internally approved in advance of testing. The plan should be associated with the design input requirements.

It is essential that the study plan takes into account the intended use of the product to ensure that these elements are covered within the stability studies. The results of the stability studies support the claims in the instructions for use. Careful forward planning will make a significant contribution to ensuring that sufficient resources are made available, effective experiments are performed and both experimental results and associated documentation are recorded in an appropriate manner.

10.1 Responsibilities

The study plan should outline responsibilities and applicable training for said responsibilities of all staff involved in the study. The R&D department is usually responsible for set up of the study and testing of newly developed IVDs, monitoring, and any equipment validation if required, and for the documentation of the testing plan and sample selection.

The R&D department should nominate a responsible person for investigating failures. The QA department should nominate a responsible person for conducting risk assessments if the IVD fails to meet the requirements of the design inputs. Performance evaluation is not to characterize an IVD but to show that it meets (or exceeds) predetermined qualities.

10.2 Preparing the testing plan

A complete, detailed description should be prepared that fully documents everything to be done and the expected outcomes. Authorization of the plan should be obtained internally in advance of starting work. The plan should include the following details:

- Qualification and training of technical staff performing the work
- Biohazard issues identified with reagents
- The instrumentation, including storage facilities or rooms, validation, calibration, monitoring, servicing
- The batch numbers of kits to be used with justification for any manufacturing anomalies or excursions from documented procedures
- The expected life of the kit from the input documentation
- Any proposal, with justification to launch a kit with a life based on accelerated data, or to launch with a shorter life than in the input
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10.3 Product storage

A sufficient number of product components from the identified lots should be reserved and stored separately to ensure that the study will be completed with identified products. Sufficient volumes should be retained to allow for the predetermined invalid rate.

10.4 Documentation

The plan should make reference to a study report which will be used to summarize interim, and ultimately, final study findings and conclusions. The study plan, the testing protocol and study report and all associated documentation (worksheets, etc.) should be controlled within the manufacturer’s QMS. At the end of the study, the manufacturer should be able to confirm that design input requirements have been met.

Any changes in method must be recorded and undergo risk assessment. It should refer to the development of a detailed and valid testing protocol which includes all information and material relevant to testing.

10.5 Statistical methods

Statistical methods are used to support stability claims by providing estimates of the probability of results being as stated. For example: prior to the stability studies on an EIA it has been documented that if a stability testing panel member has at least a particular optical density (OD) then that device will meet a particular claim. Given the results of the stability study using that stability testing panel member and showing the variability within and between lots of the IVD, the probability of future similar production of the device meeting claims at the assigned life can be estimated. The derivation of valid criteria and the probability of maintenance of all claims can be estimated by appropriate statistical methods.

There is a wealth of information on the statistical methods used in R&D of IVD from both ISO [17, 18, 19] and CLSI [2, 20, 21, 22]. Most of these methods apply
only to quantitative assays but information on statistic methods for qualitative assays is available also in Reference [23].

A fundamental problem is that of how many replicates should be used at each time point and from how many different production lots to produce acceptable overall probability estimates of the likelihood of all future production of similar devices and lots meeting claims (and hence user input requirements) at the end of the assigned life. There are two aspects to this – what is “acceptable” and “how many replicates?” “Acceptability” is a decision critical to quality and must be decided in advance from the user requirements – for example 80% confidence that 95% of all lots will meet the claims. This is in fact a tolerance interval as described in ISO 16269-6:2014 [19]. “How many replicates” can then be derived from the tolerance interval required but advice from a professional statistician is strongly advised – after defining the quality critical requirement but before beginning any experimental work.

The statistical methods to be used will be documented in the plans and protocols of any stability study and consideration given to treatment of unexpected and atypical results. In general all results must be used unless there is a documented physical reason (e.g. known operator error, too little volume, incorrect timing, use of an unqualified instrument such as lacking maintenance or calibration) why a result can be ignored – but even then that result must be recorded and included in the report of the stability work.

### 10.6 Stability testing protocol

As part of an approved study plan for the determination of IVD stability, a detailed testing protocol should be prepared (examples of stability protocols are provided in Appendix 1: Example stability protocols) including the following as a minimum, as appropriate.

- QMS identifiers (e.g. experiment name, document references, etc.) that allow traceability to both the overarching study plan and to subsequently generated records/documents such as result worksheets
- The name(s) of operator(s)
- The dates and times when the experiment was performed
- Signatures of the operator and supervisor(s)
- The objectives of the study (i.e. determination of shelf-life, determination of in-use stability of a component, etc.)
- The name and lot number of the IVD and/or components being investigated
- How the components will be sampled from the production department
- Stability testing panel members and their characterization to be used, including valid test methods which reflect the IFU claims
- The experimental method that will be used for testing. This must follow the finalized testing method from the IFU. It must describe clearly how the experiment was performed in terms of:
  - required storage and/or challenge conditions;
  - the duration of storage/challenge;
  - the schedule of testing intervals (see Reference [2] section 4.3);
  - the stability testing panel; and
  - the numbers of replicate tests performed for each stability testing panel member.
• How and where results are to be recorded
• Acceptance criteria
• How aberrant, discordant or invalid results will be dealt with
• How storage/challenge conditions are to be applied
  
  Example: For determination of stability during transportation it should be made clear that each IVD will be subjected to a sequence of stated temperatures.

• How actual storage/challenge conditions are recorded
  
  Example: Recording of temperature not as “room temperature” but as an actual numerical value obtained from calibrated instrumentation

Note: It can be unclear to a regulatory or WHO reviewer from a general statement such as “... Sample buffer was stored at the required temperature and tested each month...” whether (1) the bottles of sample buffer were stored open at the required temperature for the entire testing period, or (2) the bottles were stored capped and refrigerated, and only reopened briefly at the required temperature at each schedule test point.

10.7 Reading and recording results

10.7.1 Avoiding reader bias

It is good practice to use approaches to make the reading more objective, such as a scoring system. For IVDs where a subjective element forms part of the result, e.g. reading the intensity of an RDT band within a specified time frame, the results should always be reviewed by a first and second reader to avoid operator bias. Both readers must be blinded to the expected results; the second reader must be blinded to the first reader’s results. If a validated band intensity scoring tool is to be included in the final RDT kit, this should be used to record results.

10.7.2 Recording actual individual results

The results of a test, not only the test interpretation, should be recorded. An interpretation on its own has insufficient resolving power to allow degradation of a signal over time to be observed.

Some IVDs, e.g. line-blots, may require particular band patterns to allow an interpretation to be reached, and several different patterns may yield the same final result. Recording only the final interpretation of a test specimen may cause the failure of particular bands to go unnoticed while allowing the IVD to otherwise “pass”. Photographic records of qualitative tests are recommended, as appropriate.

This is particularly important when testing a panel of like specimens, e.g. “20 HIV antibody positive specimens” for which the acceptance criterion is “all 20 specimens must be positive”. It is not sufficient to simply record “all 20 positive” or “pass” without first recording the individual test result directly from the IVD for each specimen in the panel.

Example 1: For most enzyme-linked immunoassays (EIAs) if the sample-to-cut-off ratio is > 1 then the result is interpreted as “positive” or “reactive”. In this case three pieces of information should be recorded: (1)
the numerical value of the assay sample-to-cut-off ratio, (2) the numerical value of the signal for the specimen and (3) the final interpretation.

**Example 2:** Some rapid diagnostic tests (RDTs) may stipulate that the strength of test band is not correlated with the strength of antibody titre. Nevertheless, the following should be recorded: (1) the intensity of observed patterns according to a predetermined, validated intensity scoring system with as fine a gradation as possible, and (2) the final result interpretation.

**Example 3:** A qualitative NAT assay may report “positive” and “negative” for a particular analyte, but the underlying decisional parameter is often quantitative (e.g., a PCR signal-based cycle number). The quantitative parameter should be recorded.

### 10.7.3 Retention of records

WHO encourages retention of photographic records, machine printouts, electronic data or physical retention of membranes from opened cassettes, as appropriate. Records should be retained for the period of time equivalent to the commercial lifetime of the IVD but not less than two years. (Modified from Reference [12] para 4.2.4)

### 10.8 Degradation vs deterioration

Testing at more than two time points can be important to avoid confusion between imprecision and stability. For example, if the end testing shows 10% decrease, one may not judge if the difference was due to imprecision or degradation. If tested one or more times in between are used, fluctuation caused by imprecision can be distinguished from drift due to instability. This can be ameliorated by increasing the number of replicates and runs.

All studies should support precisely defined periods of in-use stability claims.

**Example:** An RDT test cassette – may be labelled “Use immediately on opening”. In such cases it is still necessary to determine the interval (one hour, one day, etc.) over which the IVD performance remains stable after the component is opened.

### 10.9 Testing schedule

Testing intervals should be selected to detect any trending activity over the testing period. Concurrent testing of separate types of components may be approached with different intervals. For example, it may be appropriate to test an IVD test cassette against a stability testing panel on a monthly or quarterly basis.

### 10.9.1 Acceptance criteria for results

The acceptance criteria to establish what is acceptable or not acceptable should be defined according to the stability testing panel criteria for both qualitative and quantitative test methods. Results from failed (invalid) test runs must not be used in the determination of the stability claim. However the invalid results should also be recorded.
11 Stability report

11.1 General

After testing has been completed, the findings should be summarized in a stability study report. The report should clearly identify the IVD that was tested, the objectives of the study, the conditions under which the IVD was tested and conclusions that were drawn from findings. The report should be traceable to the study plan, testing protocol and user needs. It should make clear references to other supporting documentation (e.g. result worksheets).

11.2 Link to claims

The results and conclusions of stability studies presented in the study report must support the claims of IVD stability reported in the IFU and elsewhere in the dossier.

11.3 Consider variability

An overall stability claim (whether for shelf-life, in-use stability, or stability during transportation) must be based on the expected stability when taking into account inter-lot variability.

Example: The manufacturer should evaluate the variability between the different lots studied (see 9.1) and assume that any differences in shelf-life are inherent to the manufacturing process. The claimed life should be calculated so that a known and stated proportion of all lots (usually >95%) will meet the claimed shelf-life. Frequently more than three lots are needed to obtain a realistic idea of the variability of the results.

11.4 IVD stability versus component stability

A claim of stability for an IVD as a whole must not exceed any individual component stability.

Example: For an IVD claimed to detect HIV-1 and HIV-2 antibodies – if detection of HIV-1 antibodies is stable to 24 months but that of HIV-2 to only 18 months, then the shelf-life must be based on the shorter time.
12 Changes to a Prequalified IVD

12.1 Dealing with change

Any critical or major modification to a prequalified IVD or to its process of manufacturing will require provision of direct evidence of stability. An appropriate risk analysis and an accelerated stability study comparing the original product and the modified product for usability, performance and lot-to-lot variation may serve to assess the impact of the changes to a product formulation or manufacture. It would be necessary to validate the stability of the modified IVD in at least one lot of the IVD (subject to risk analysis) in order to demonstrate equivalence between the original and modified IVDS. More lots may be appropriate depending on the product nature, variability of components and failure risk. (Reference [2] section 7.1.2). WHO expects results of accelerated testing to be confirmed by real-time studies.

If there are different presentations, the stability of each one must be assured (see also 9.4).

The following examples seek to illustrate the scope for considering the performance evidence from one IVD as support for performance in another:

Examples:

1) For an HIV RDT which uses an identical cassette and physical components of a manufacturer’s existing, fully validated HCV RDT, the reagent formulations are different (antigen/antibodies, buffers, conjugates, etc.). Evidence of stability of the HCV RDT would not suffice for the HIV RDT. Even if the manufacturer claims that both IVDS have been sold in a number of countries for several years and no adverse feedback has been reported, this would not constitute evidence in support of the stability of either IVD.

2) For an HIV RDT that has been fully validated for detection of HIV-1 antibodies; a new product is developed which includes detection of HIV-2 antibodies. The stability of any sample buffers that are identical between the two IVDS would probably not need to be validated. However, other components (conjugates, antigens, antibodies) that are different between the two IVDS would need to be tested; it would not be sufficient to assume that HIV-1 reagents will have the same stability in the new IVD. A modification of this nature is likely to require substantial validation of stability.

3) An HIV RDT IVD previously intended for testing serum/plasma has added to it a claim for detection of HIV-1 in whole blood. The only substantive design change associated with the new claim is the addition of a small pad of some suitable material near the sample port which acts as filter for whole blood specimens. Depending on the nature of the material it may be reasonable to argue that the material would not be expected to age; that it is not, in any practical sense, chemically labile. Consequently, shelf-life and in-use stability may not necessarily need to be retested in full. However, stability during transportation may need to be determined to provide confidence that the modification is able to withstand likely shipping conditions (e.g. that the extra square of filter paper doesn’t dislodge when packages are jostled and bumped in transit).
4) Based on an HIV RDT that has been fully validated for detection of HIV-1 antibodies, a new IVD is developed which includes detection of antibodies to Treponema pallidum (TP). Detection of TP specific antibodies occurs on a completely separate membrane (and associated architecture) to that of HIV antibody detection. Additional handling steps may have an impact on the stability of the HIV-1 antibodies and it may be required to retest. It may be necessary to review evidence of stability during transportation to ensure that new components are not affected by transport (for example a new packaging concept is used).

If a new machine is used for striping of the HIV-1/TP IVD, validation of the new machine (installation qualification, operational qualification and performance qualification) would be required to show that the stability studies are still valid.

If the IVD is designed in a way that HIV and TP detection occurs either on the same membrane and/or using most of the same architecture (and assuming that sample buffers are identical between IVDs) it is likely that this new IVD would need to be fully validated.

It should be noted that these observations pertain specifically to IVD stability. Other aspects of IVD performance should still be validated as appropriate.
13 Authors and acknowledgements

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The draft guidance has been posted on the WHO website for public consultation from the 11 December 2015 to 31 January 2016.
14 References


Appendix 1: Example stability protocols

This appendix contains examples for a wholly fictitious IVD, illustrating the kinds of experimental design to determine the following:

1. Stability of whole kit during transport
2. Stability of whole kits during shelf-life, and
3. In-use stability of whole kits including reagents

The information provided in these examples should not be taken as a checklist of sufficient conditions, but should be used as a guide on possible approaches to generate evidence of a standard sufficient to satisfy the requirements of the WHO Prequalification Programme. Additional examples can be found in the WHO sample CD4 dossier available on the WHO prequalification website.

It is recommended that transportation stress studies are undertaken prior to the shelf-life studies.

Description of fictitious IVD

The fictitious IVD used for the purpose of the examples is a RDT for the detection of antibodies to HIV-1, HIV-2 and Treponema pallidum in serum, plasma and whole blood. It is recommended that the kit is stored at 8–40°C, but components of the kit must be used at 15–30°C. The product is supplied as a kit with each test cassette sealed in a foil pouch (with desiccant). The pouch must be brought to 15–30°C. Once opened, it is recommended that the cassette is used immediately.

The IVD includes a bottle of specimen buffer/diluent for use with all three specimen types. The specimen buffer is expected to have similar stability as the test cassette in its unopened form. The stability of the opened bottle of specimen buffer is determined below (see Example 3: In-use stability protocol).

The manufacturer of this product proposes to determine the stability of its product and has written a stability plan. As part of this plan a preliminary determination of accelerated stability has been conducted at several extremes of temperature and suggests that the IVD would be stable to an equivalent of 12 months following manufacture. The plan now calls for the development of real-time stability protocols that will form the basis of subsequent testing of the IVD.

Preliminary work has shown that the variability between lots is minimal so that three independent lots (no critical constituents in common) will suffice to enable a reasonable estimation of shelf-life taking lot variation into account.
Example 1: Evaluation of stability during transportation

Objective

To determine the stability during transportation of the HIV RDT in real-time using simulated shipping conditions and to generate stressed components to be used in real-time shelf-life studies as proposed in Stability Study Plan XZY00001.

Preparation

Acquire sufficient numbers of kits from three independent production lots using a predetermined sampling protocol (e.g. random, first X kits in first box, every 100th kit, etc.). Allow at least 10% for unexpected requirements and re-testing.

Note 1: To provide security against unforeseen events, duplicate tests should be performed as a minimum. Testing in triplicate as a minimum provides a level of statistical confidence in the observed test result.

Testing will be conducted at 0, 3, 6, 9, 12 and 13 months.

Note 2: Testing beyond 13 months will allow an understanding of when, in real-time, the IVD is likely to ‘fail’ and may allow an extension of the proposed shelf-life.

Note 3: For determination of shelf-life a fresh bottle of specimen buffer must be opened at each testing point – although there may be circumstances in which multiple sampling could be taken from the same bottle after it has been opened.

Acquire sufficient volume of each stability testing panel member for the duration of the testing schedule.

The protocol for these studies specifies the number of devices to be picked, the statistical sampling plan to be used and the required stability testing panel members and their volumes.

In Worksheet XYZ00001 record the following:

- The lot numbers from which kits were sampled
- The number of kits sampled from each lot
- Details (including manufacturing/lot information) for each of the kit components that will be tested as part of this protocol:
  - Test cassette:
  - Bottle of Sample Buffer:

The product kits chosen to be tested are in their final packaging including all labelling.

The IVDs are stored so that the reagents are in contact with all elements of the packaging (e.g. the bottles in the product kits are stored horizontal lying flat on their sides).

Kits will be divided into two groups. One group will be stored at 42±2°C, the other at 4±2°C. Kits from each group will then be subjected to the following conditions.

Testing schedule: for transport simulation

Condition 1, Temperature and humidity sequence: all kits will be taken through a temperature and humidity sequence consisting of:

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Humidity (X% RH)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambient</td>
<td></td>
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</tr>
<tr>
<td>Put at IFU storage temperature</td>
<td>for 24±4 hours</td>
<td></td>
</tr>
<tr>
<td>30 ± 5°C</td>
<td></td>
<td>for 24±4 hours</td>
</tr>
</tbody>
</table>

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45 ± 5°C for 24±4 hours, followed by
8 ± 5°C for 24±4 hours, followed by
IFU storage temperature for 24±4 hours

Followed by

Desert humidity (30% RH)

Put at IFU storage temperature for 24±4 hours followed by
30 ± 5°C for 24±4 hours, followed by
45 ± 5°C for 24±4 hours, followed by
8 ± 5°C for 24±4 hours, followed by
IFU storage temperature for 24±4 hours

Followed by

Tropical humidity (85% RH)

Put at IFU storage temperature for 24±4 hours followed by
30 ± 5°C for 24±4 hours, followed by
45 ± 5°C for 24±4 hours, followed by
8 ± 5°C for 24±4 hours, followed by
IFU storage temperature for 24±4 hours

Followed by

Ambient humidity (X% RH)

Put at IFU storage temperature for 24±4 hours followed by
30 ± 5°C for 24±4 hours, followed by
45 ± 5°C for 24±4 hours, followed by
8 ± 5°C for 24±4 hours, followed by
IFU storage temperature for 24±4 hours

Note 1: It is important to make clear that the above complete sequence of

temperatures will be used as opposed to separate kits held at individual
temperatures. The actual temperatures, durations and the nature of the sequence,

will depend on the IVD and the kinds of conditions expected to be encountered
during shipping

Note 2: Freezing temperatures are not considered in this example but would

need to be if the kits could be exposed to freezing temperatures during transport.

Note 3: If transport by air is anticipated the effect of reduced pressure must be

included in this protocol (ASTM D4169 section 16) and should be for at least 10% longer than the longest anticipated flight at a pressure expected in aircraft holds.

Note 4: The protocol will call for testing at least five individual devices after each stress condition with the stability panel members giving the most informative results. This will verify that the devices are sufficiently stable to progress to the next condition but that should already be certain from preliminary experiments and R&D work.

Condition 2, Shaking. Each kit will be placed on a shaking table at X rpm for

X hours/days at 42 ± 5°C as defined by ASTM D4169 section 12 (Reference [11]).

After the simulated shipping challenge each kit will be returned to its

corresponding storage temperature (42 ± 5°C or 8 ± 5°C).
Testing will be conducted at 0, 3, 6, 9, 12 and 13 months. At each scheduled time point the allotted number of IVDs will be brought to room temperature and used to test each member of the panel in triplicate.

Note 1: the test at 0 months will provide evidence that the device is stable under extreme (but quite likely) conditions of shipping, the testing at later time points will give evidence to support the claimed shelf-life after transport, that beyond the claimed shelf-life will provide evidence that the device is stable and not close to a failure point.

Documentation for transport stress conditions

In Worksheet XYZ00001 record:

- The lot numbers of the IVD used to conduct the test
- The Operator(s) name(s)
- The dates of testing
- Identifying details for each member of the stability testing panel being tested
- The temperature that kits are stored at
- The values of temperature and humidity for each of the challenge conditions
- Instrument settings for the shaking apparatus and duration of operation
- The ambient temperature and humidity during testing
- Each test result as an interpretation according to the IFU
- Each test result as a band intensity. Band intensity should be scored using the calibrated scale described in ProtocolZXY0001 (e.g. 0, faint/trace, +1, +2, +3 ... +10) (even though the IFU does not give scores to results)
- Any aberrations or deviations from the protocol, the reason for the deviation and any remedial action undertaken. Results from invalid assays must be recorded but not included in calculations of shelf-life. Apparently aberrant results, unless the underlying cause can be positively identified as not related to a problem with the device, must be included in the calculations of life.

Stability testing panel

See the suggestions in Appendix 2: Specimens for the stability testing panel.

Acceptance criteria

Each stability testing panel member should exhibit a band intensity at each time which matches its expected result. The expected result must be validated so that if the device would fail to meet claims (e.g. fail to detect critical specimens, have unacceptable performance at medical decision concentrations, have unacceptable specificity) the stability testing panel member would also fail to meet its specified result.

The stability after transportation of the IVD will be taken as the time point before the last time point to have met the acceptance criteria, e.g. if the IVD is stable to 13 months, the stability during transportation will be deemed to be 12 months.

The stability after transportation should be identical to the claimed shelf-life of the IVD, i.e. the extremes of possible conditions to which the IVD is likely to subjected during transport must not affect the shelf-life of the IVD.

Calculation of results

It is not the intent of this guide to provide detailed statistical instruction: that must be obtained from a professional statistician with an understanding of the requirements expressed herein. Professional statistical guidance is especially
recommended when calculating confidence limits for discrete data such as readings from a graduated scale.

The following applies separately at each time point.

The variance of the results for all replicates within and between all the lots must be calculated for each stability testing panel member. From the overall variance between lots the confidence with which future lots of the device will detect the panel member at that time point after manufacture and transport can be calculated. If the confidence of the panel member meeting its specification is less than some pre-defined value (normally 95%) then it must be deemed to have failed at that time point and the life of the device restricted accordingly.

If regression analysis is used to define the time point at which a panel member would not meet its criterion then lot-to-lot variation must be included when setting the confidence limits around the regression line. However, real time data must extend beyond the claimed shelf-life so the intercept of the regression confidence limit and the expected value must be at a time longer than the claim. It is usually more appropriate to calculate as in the previous paragraph particularly if the regression cannot be proven to be linear.

The stability of a device is not governed by the least stable lot that happens to have been tested – shelf-life must be supported by statistical evidence that all lots manufactured in that way will achieve the claimed life. This, of course, is true of all performance claims.

Example 2: Shelf-life protocol

Objective

To determine the shelf-life of the HIV/TP RDT in real-time when stored at 8–40°C as proposed in Stability Study Plan XZY00001.

Acquire sufficient numbers of kits from three separate production lots using a predetermined sampling protocol (e.g. random, first X kits in first box, every 100th kit, etc.).

Acquire sufficient volume of each stability testing panel member for the duration of the testing schedule. Establish a method for randomising the panel members for IVD testing. Stability data of the panel members should already be established and recorded.

Documentation

In Worksheet XYZ00001 record the following:

- The lot numbers kits were sampled from
- The number of kits sampled from each lot
- Details (including manufacturing/lot information) for each of the kit components that will be tested as part of this protocol:
  - Test cassette: ...
  - Bottle of Specimen Buffer: ...

Note: The stability of an opened bottle of specimen buffer must be determined (see Example 3: In-use stability). For determination of shelf-life a bottle of specimen buffer should be unopened (i.e. fresh) at each testing point – there may
be circumstances in which multiple sampling could be taken from the same bottle after it has been opened.

**Preparation**

The product kits chosen to be tested are in their final packaging including labelling.

The IVDs are stored so that the reagents are in contact with all elements of the packaging (e.g. the bottles in the product kits are stored horizontal lying flat on their sides).

Kits will be divided into two groups. One group will be stored at 42 ± 5°C, the other at 8 ± 5°C. Kits from each group will then be subjected to the following conditions.

**Testing schedule**

At each scheduled time point the allotted number of IVDs will be brought to room temperature (20 ± 2°C) and used to test each member of the stability testing panel (see below) in triplicate.

*Note: To provide surety against unforeseen events, duplicate tests should be performed as a minimum. Testing in triplicate as a minimum provides a level of statistical confidence in the observed test result.*

Testing will be conducted at 0, 3, 6, 9, 12 and 13 months.

*Note: Testing beyond 13 months would allow an understanding of when, in real-time, the IVD is likely to ‘fail’ and may allow an extension of the proposed shelf-life. It may be useful to know the “fail” point of an assay as it is the best measure of stability. However if it is obvious that the kit performance is decreasing over time, it can also be estimated visually and statistically when it will fail.*

**Documentation**

In Worksheet XYZ00001 record:

- The lot number(s) of the IVD(s) used to conduct the test
- The Operator(s) name(s)
- The dates of testing
- Identifying details for each member of the stability testing panel being tested
- Each test result as a band intensity. Band intensity should be scored using the calibrated scale described in Protocol ZXY0001 (e.g. 0, faint/trace, +1, +2, +3 ... +10)
- Each test result as an interpretation according to the IFU
- Any aberrations or deviations from the protocol, the reason for the deviation and any remedial action undertaken
- The temperature that kits are stored at
- The ambient/room temperature during testing

**Stability Testing Panel**

See the suggestions in Appendix 2: Specimens for the stability testing panel.

**Acceptance Criteria**

Each stability testing panel member should exhibit a band intensity at each time point which matches its expected result.

The shelf-life of the IVD will be taken as the time point before the last time point to have met the acceptance criteria.
Example: If the IVD is stable to 13 months, the shelf-life will be deemed to be 12 months.

Example 3: In-use stability protocol

Objective
To determine the stability of opened bottles of HIV RDT/TP Sample Buffer in real-time when stored at 15–30°C as proposed in Stability Study Plan XZY00001.

[In this example the manufacturer recommends that the test cassette be used immediately upon opening; this claim should also be validated in a separate experiment, such that it can be established that the IVD will still perform satisfactorily after the test cassette has been removed from its pouch and open at room temperature for 1, 2, 6, 24 hours, etc., as appropriate.]

Acquire sufficient numbers of kits from one production lot using a predetermined sampling protocol (e.g. random, first X kits in first box, every 100th kit, etc.).

Acquire sufficient volume of each stability testing panel member for the duration of the testing schedule. Establish a method for randomising the stability testing panel for IVD testing.

In Worksheet XYZ00001 record the following:
- The lot numbers kits were sampled from
- The number of kits sampled from each lot
- Details (including manufacturing/lot information) for each of the kit components that will be tested as part of this protocol:
  - Test cassette: ...
  - Bottle of Sample Buffer: ...

Preparation
Two sets of sample buffer are to be tested. One set of the component must be freshly made, the other towards the end of the assigned shelf-life of the device.

The component is to be tested are in its final packaging including labelling.

The IVDs are stored so that the reagents are in contact with all elements of the packaging (e.g. the bottles in the product kits are stored horizontal lying flat on their sides).

Half of each set will be stored at 30± 5°C, the other half at 15± 5°C. At the start of testing each bottle will be brought to room temperature (20 ± 2°C), opened, used for testing and then recapped and returned to the stated storage temperature.

Note 1: It is important that the components under test are opened and used under circumstances likely to occur in users’ laboratories (i.e. not in rooms with HEPA filtered air) mimicking as far as possible genuine use.

Testing schedule
At each subsequent scheduled time point the allotted number of bottles will be brought to room temperature and used to test each panel member in triplicate.
Testing will be conducted at 0, 1, 2, 3, 4 weeks up to the end of the claimed in-use life.
Documentation

In Worksheet XYZ00001 record:

- The lot number of the IVD used to conduct the test
- The Operator(s) name(s)
- The dates of testing
- Identifying details for each member of the stability testing panel being tested
- Each test result as a band intensity. Band intensity should be scored using the calibrated scale described in ProtocolZXY0001 (e.g. 0, faint/trace, +1, +2, +3 … +10)
- Each test result as an interpretation according to the IFU
- Any aberrations or deviations from the protocol, the reason for the deviation and any remedial action undertaken
- The temperature at which kits are stored
- The ambient temperature during testing

Stability Testing Panel

See the suggestions in Appendix 2: Specimens for the stability testing panel.

Acceptance Criteria

Each stability testing panel member should exhibit a band intensity at each time which matches its expected result.

The in-use stability of the sample buffer will be taken as the time point before the last time point to have met the acceptance criteria.

Example: If the IVD is observed to be stable to 5 weeks, the in-use stability will be deemed to be 4 weeks.
Appendix 2: Specimens for the stability testing panel

Examples in this section

Not all of the specimens in the examples that follow will be necessary for all IVDs, nor is the list exhaustive. Panels must be composed according to strict risk management principles, and all decisions must be documented and traceable.

The minimum specimens to be included in a testing panel for the different products are outlined below.

1 Nucleic acid test (NAT)

If a proprietary nucleic acid preparation/extraction system is provided, the recovery must be shown to meet claims for each genotype from each of the specimen types claimed (e.g. dried blood spots, whole blood, plasma). Successful removal of inhibitory substances, if intended, must be demonstrated for appropriate specimen types. Unless potentially variable biological reagents are involved this system would be expected to be verified in manufacture and not necessarily tested at release.

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens to demonstrate maintenance of sensitivity and/or limit of detection, and/or accuracy, and precision</td>
<td>Traceability is probably required to one of the WHO international standards (e.g. 3rd HIV-1 International Standard NIBSC code: 10/152; 4th International Standard for hepatitis C virus for Nucleic Acid Amplification Techniques NIBSC code: 06/102; 3rd International Standard for HBsAg NIBSC code: 12/226). More than one genotype may be required to validate these claims: see 1st WHO International Reference Panel for HBV Genotypes for NAT-Based Assays, PEI code 5086/08. This may be required on each of the claimed specimen types.</td>
</tr>
<tr>
<td>Specimens to demonstrate specificity and validity of runs</td>
<td>Sufficient negative specimens should be included to ensure that the claims will be met at end of shelf life.</td>
</tr>
<tr>
<td>Specimens (or reagents) to demonstrate stability of each of the critical components of the IVD</td>
<td>If more than one part of the genome is to be detected, both systems must be shown to be stable. If both DNA and RNA are measured the complete system must be shown to be stable.</td>
</tr>
</tbody>
</table>
2 Stability testing panel for CD4 measuring IVDs

Rationale

CD4 measurements are quantitative, and accuracy at the clinical decision points is important. The design input should have information on the accuracy and other parameters required, and the panel must be designed to provide evidence that these parameters are maintained over the assigned-life of the reagent and measuring IVD.

Parameters

The stability testing panel used in stability work must be able to demonstrate the following.

- Stability of all the antibodies used in the IVD (frequently anti-CD4 and anti-CD3 antibodies; any other critical components must be covered).
- Accuracy and trueness of measurement maintained at the critical level (at least five specimens required).
- Claimed linearity over the required range of CD4 count (at least five specimens required).
- Measure drift

Specimens

Artificial specimens, such as stabilized blood specimens, can be used if a risk assessment based on R&D work indicates that they are effective. Fresh specimens are usually required. Measurements should be compared to an approved reference system.

Examples of approaches

Aged or in-use lots may be compared with a reference, e.g. a new lot. Precision studies can be performed as described in Reference [24].

More information is found in the “Sample Product Dossier for WHO Prequalification Simu POC CD4 System”, which is available on the WHO Prequalification Team’s website http://www.who.int/diagnostics_laboratory/evaluations/140314_simu_poc_cd4_dossier_web.pdf?ua=1.

3 Specimens to monitor tests for HIV antibodies

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| IgM first seroconversion specimens and IgG first seroconversion specimens | Possible approaches to obtain samples:  
  - Study the early data from commercial seroconversion panels where the seroconversion was frequently monitored by IgM and IgG blots  
  - Study the responses to second and third generation assays or protein A and protein L assays (this approach is less useful). |
| All other parts of the HIV proteome included, e.g. reverse transcriptase (RT) |                                                                                                                                                                                                       |
| Late stage specimens – usually a high dilution set near the sample-to-cut-off ratio | This might serve to monitor any kit run control. HIV type serology is not particularly genotype dependent. It is usually not necessary to include controls for genotype detection unless risk or experiment shows that it is for a particular IVD. |
| HIV-2, diluted to near the sample-to-cut-off ratio | Seroconversion specimens are very rare                                                                                                                                                               |
| HIV-1 (0), if claimed                          |                                                                                                                                                                                                       |
| Difficult specimens to monitor specificity and invalid rates | 100 negatives at release subject to risk analysis and statistical analysis of the allowable (relative to the claimed) false reactive rate and invalidity rate                                                   |
### Specimens to monitor tests for antibodies for HIV-1/2 and *Treponema pallidum* (TP)

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens to detect HIV</td>
<td>See 3. Specimens to monitor tests for HIV antibodies</td>
</tr>
<tr>
<td>Specimens to detect all the critical epitopes</td>
<td>Note: Each of these epitopes play a role in detecting syphilis in different stages of the infection. It is necessary to have a stability testing panel member to monitor each epitope system present (and possibly each stage of infection), even if poly-fusion proteins are used. This can be avoided if the manufacturer can demonstrate that each epitope system is equally stable.</td>
</tr>
<tr>
<td>in the IVD, for example TpN47, TpN17 and TpN15</td>
<td></td>
</tr>
<tr>
<td>Specimens able to show that the invalidity</td>
<td>Note: It would not be sufficient for WHO prequalification to extrapolate to the stability of HIV-2/TP detection by testing only HIV-1 positive specimens.</td>
</tr>
<tr>
<td>and specificity rates do not fall outside the</td>
<td></td>
</tr>
<tr>
<td>claims, particularly if whole blood is a</td>
<td></td>
</tr>
<tr>
<td>claimed specimen type</td>
<td></td>
</tr>
</tbody>
</table>

### Specimens to monitor tests for hepatitis C (HCV) virus antibodies

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS3 first seroconversion specimens and core</td>
<td>Results can be obtained from line immunoassays that differentiate antibody responses to the different proteins.</td>
</tr>
<tr>
<td>first seroconversion specimens</td>
<td></td>
</tr>
<tr>
<td>Specimens to monitor any other antibodies</td>
<td>Note: HCV serology is not particularly genotype-dependent in terms of anti-core and anti-NS3, but it is possible to make serotyping assays based on NS4 that mimic genotyping reasonably well. It is usually not necessary to include controls for genotype detection, unless risk assessment or experiment for a particular IVD show otherwise</td>
</tr>
<tr>
<td>claimed (frequently against NS5 and NS4)</td>
<td></td>
</tr>
<tr>
<td>A late stage dilution near the sample-to-cut-</td>
<td></td>
</tr>
<tr>
<td>off ratio</td>
<td></td>
</tr>
<tr>
<td>Difficult specimens to monitor specificity and</td>
<td>100 negatives at release subject to risk analysis and statistical analysis of the allowable false reactive rate and invalidity rate (relative to the claimed rates)</td>
</tr>
<tr>
<td>invalid rates</td>
<td></td>
</tr>
</tbody>
</table>
### Specimens to monitor for tests for hepatitis B surface antigen (HBsAg)

<table>
<thead>
<tr>
<th>Specimens</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens to define sensitivity relative to the claim</td>
<td>This will almost certainly be one or more specimens with traceability to the HBsAg international standards and probably also to the ( \text{ad} ) and ( \text{ay} ) standards available from PEI. Seroconversion specimens commercially available are almost all of the ( \text{adw}2 ) serotype, different from the 3(^{\text{rd}}) international standard – so claims of critical threshold specimen detection must be proven by specimens in the stability testing panel.</td>
</tr>
<tr>
<td>Specimens to monitor the maintenance of the claims of a variety of serotypes / genotypes and mutant forms</td>
<td>These will almost certainly be traceable to the “1st International Reference Panel for HBV genotypes for HBsAg—based assays” (WHO/BS/2011.2180).</td>
</tr>
<tr>
<td>Specimens to control against prozone effect if found or if theoretically an issue</td>
<td></td>
</tr>
<tr>
<td>If detection of HBsAg in the presence of anti-HBsAg is claimed (current best practise) proof of maintenance of the claim</td>
<td></td>
</tr>
<tr>
<td>Specimens to monitor the critical components of the IVD</td>
<td>If the monoclonal antibodies used have particular function or bias, such as against the ayr or adr serotypes (not controlled by the standards) or to detect mutant forms of the antigen, each must be monitored to ensure viability at end of life. These might well be the same specimens as in the previous paragraphs. If there are critical dissociation chemicals or red-cell capture or rupture agents used these must be monitored.</td>
</tr>
<tr>
<td>Difficult specimens to monitor specificity and invalid rates</td>
<td>100 negatives at release, subject to risk analysis and statistical analysis of the allowable (relative to the claimed) false reactive rate and invalidity rate.</td>
</tr>
</tbody>
</table>
### Appendix 3: Summary table of standards relevant for stability studies

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Comment</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies must be fully documented with risk evaluations, plans and protocols prior to initiation</td>
<td>Risk assessment must be specific to the analyte, type of physical device and assay format, and previous manufacturing experiences, not generic nor by rote</td>
<td>ISO 23640:2011 Section 2</td>
</tr>
<tr>
<td>Studies and risk management must take into consideration conditions likely to be encountered in the geographies and healthcare settings in which the device is intended to be used</td>
<td>This is particularly important for transport stress where extreme conditions must be evaluated</td>
<td>ISO 14971:2007</td>
</tr>
<tr>
<td>Devices must be subjected to simulation of transport stress before being used to establish any form of stability</td>
<td>This is particularly important to WHO-PQ as transport will always be involved before use of a device and transport conditions cannot be guaranteed nor predicted</td>
<td>CLSI EP25A paragraph 4.2.3 &amp; 5.2 [1]</td>
</tr>
<tr>
<td>Transport simulation must cover the extremes of environmental conditions ascertained during risk evaluations</td>
<td>It is most unlikely that actual transport will involve all extreme conditions that might occur during the marketing life of the device, nor that the conditions during actual transport can be adequately documented</td>
<td>CLSI EP25A Section 4.2.3</td>
</tr>
<tr>
<td>Devices used in any stability studies must be made to finalised manufacturing specifications, to final scale and in the packaging, including all labelling, in which the devices will be made available</td>
<td>If devices are not made to final validated and documented manufacturing scales a stringent proof that scale change will not affect any parameters of the device, nor any of the manufacturer’s claims, must be presented. Pre-production lots can only be used for stability work if these conditions are met</td>
<td>Good manufacturing practice (GMP) CLSI EP25A</td>
</tr>
<tr>
<td>If several presentations of the device are to be presented all aspects of stability must be shown for each</td>
<td>If, for example two pack sizes are to be provided, even though the contents are identical except for vial size, each pack size must be evaluated completely</td>
<td>CLSI EP25A</td>
</tr>
<tr>
<td>Expectation</td>
<td>Comment</td>
<td>Standard</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sufficient numbers of independent lots of the device must be evaluated to</td>
<td>“Independent lots” means lots with different critical reagents (e.g. biological reagents prepared in different syntheses, growths or purifications; other risk-defined critical reagents from different manufactured lots, or different suppliers if applicable). CLSI EP25A and ISO 23640 specify <em>minimum</em> numbers of lots to be used but give no guidance to recommended numbers beyond documented risk evaluation</td>
<td>CLSI EP25A Section 4.4</td>
</tr>
<tr>
<td>enable each form of stability to be evaluated in terms of inter-lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>variability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If critical components of the device are assigned lives independently of</td>
<td>It must be documented that stored materials, e.g. freeze thawed biological reagents operate as expected during the whole of the assigned lives</td>
<td>CLSI EP25A Section 4.4</td>
</tr>
<tr>
<td>the life of the device the various forms of stability of the device must</td>
<td></td>
<td></td>
</tr>
<tr>
<td>be proven with those reagents at different stages of their lives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each form of stability must be defined statistically with respect to any</td>
<td>If any lot-to-lot variability is found the manufacturer must provide evidence that subsequent lots will not have worse stability than that claimed</td>
<td>CLSI EP25A Section 4.4</td>
</tr>
<tr>
<td>inter-independent lot variability, not just assigned to the minimum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stability found among the lots that happened to be evaluated experimentally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If any control material with a claim to prove the functionality of the</td>
<td>If the analytic function of the device is out of specification from any cause, including stability failure, the control material must be demonstrated to be able to alert the user to that fact</td>
<td>CLSI EP25A Section 7.3 &amp; Appendix B ISO 23640:2011 para 5.3.1 notes 1 &amp; 2</td>
</tr>
<tr>
<td>device is provided to users that claim must be justified in stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>studies in addition to any other studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of accelerated stability, even to provide interim life assignments,</td>
<td>Accelerated stability is acceptable to provide interim life if the parameters of the Arrhenius equation, or any other method used, are adequately proven and documented</td>
<td>CLSI EP25A Section 7.3 &amp; Appendix B ISO 23640:2011 para 5.3.1 notes 1 &amp; 2</td>
</tr>
<tr>
<td>must justified scientifically</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>