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1 Objective

This information sheet is valid under the new regulation that comes into force on 26 Mai 2021 and is intended for sponsors of clinical trials of medical devices, contract research organisations (CROs), and clinical investigators. It provides guidance on the authorisation process, reporting requirements of sponsors, and the surveillance of clinical trials by the Swiss Agency for Therapeutic Products, Swissmedic.

2 Introduction

The Human Research Act (HRA, SR 810.30) regulates biomedical research on human subjects at the Federal level and is based on internationally recognised principles. It shall in particular ensure that

- the investigational medical device must demonstrate a sufficient stage of development for its intended use on humans.
- the trial must satisfy scientific and ethical criteria
- the dignity, personality and health of trial subjects must be protected.

Medical devices include, for example, implants, therapeutic devices, diagnostic devices for use on patients and other products[1], but not medicinal products and transplant products with living cells. Information on clinical trials with medicinal products and transplant products can be found in separate documents at

- www.swissmedic.ch > Human medicines > Clinical trials
- www.swissmedic.ch > Human medicines, Special categories > Transplant products

3 Legal basis, standards, and guidance

The information in this document is in summarised form. For that reason, please consult the valid legal texts and standards in order to appraise a specific situation.

- European requirements applicable to medical devices:
  - Regulation (EU) 2017/745 on medical devices (MDR)
  - Guidance under the MDR, including guidance document MDCG 2020-10/1 (Safety reporting in clinical investigations of medical devices) and guidance document MDCG 2020-10/2 (Summary safety report form)

- European requirements applicable to in vitro diagnostic devices, in particular:
  - European Directive 98/79/EC on in vitro diagnostic medical devices (currently in force)
  - Regulation (EU) 2017/746 on *in vitro* diagnostic medical devices (transitional periods apply)

- National law, and in particular:
  - Federal Act on Research involving Human Beings (Human Research Act, HRA; SR 810.30)
  - Ordinance on Clinical Trials with Medical Devices (ClinO-MD; SR 810.306) and Ordinance on Clinical Trials in Human Research (ClinO; SR 810.305)
  - Ordinance on Organisational Aspects of the Human Research Act (HRA Organisation Ordinance, OrgO-HRA; SR 810.308)
  - Federal Act on Medicinal Products and Medical Devices (Therapeutic Products Act, TPA; SR 812.21)
  - Ordinance on the fees charged by the Swiss Agency for Therapeutic Products (FeeO-Swissmedic; SR 812.214.5)

[1] Definition of the term medical devices: Art. 4 para.1 let. 1b Federal Act on Medicinal Product and Medical Devices (SR 812.21), Art. 1 Medical Devices Ordinance (SR 812.213)

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The European Regulation (EU) 2017/746 on in vitro diagnostic medical devices is currently undergoing adaptation into Swiss national law

- Standards:
  - ISO 14155, Clinical investigation of medical devices for human subjects – Good Clinical Practice
  - Other standards that reflect the status of science and technology with regard to the development and manufacturing of medical devices

- International texts:
  - Declaration of Helsinki, Biomedicine Convention, Additional Protocol by the Council of Europe to the Biomedicine Convention, CIOMs Guidelines, etc.

4 ISO 14155 standard

Art. 3 to 5 ClinO-MD, Chapters 2 and 4 ClinO-MD; Art. 72 and Annex XV of Regulation (EU) 2017/745

The ISO 14155 standard defines internationally recognised terms and describes, for example, the content of the documents necessary and the obligations of involved persons.

Deviations from applicable standards must be laid open and explained in the "list of standards". You can see an example of a list of standards in www.swissmedic.ch/ci > Authorisation procedure. For clinical trials involving a particularly low risk, certain deviations are possible, particularly for post-market trials. However, the protection of the participants and data quality and security must not be affected by such deviations.

According to ISO 14155, all deviations must also be disclosed in the clinical investigation plan (CIP) of the clinical trial. The deviation must be described and the absence of effects of the deviation on the protection of the participants and data quality and security must be justified. A separate, dedicated section in the CIP is recommended for deviations (e.g. "Compliance with the ISO 14155 standard").

5 Authorisation of clinical trials of medical devices

5.1 Trial categories and responsible authorities

Arts. 6-7, 16-18, 21, 33-34, 38-39, 42, 49 und Annexes 1-5 ClinO-MD

Please be aware that with the MDR a new definition for clinical investigation has been introduced in Europe and in Switzerland on 26.5.2021. The term "clinical trial" is used in Swiss legal texts: "any systematic investigation involving one or more human subjects, undertaken to assess the safety or performance of a device".

Devices without a medical purpose listed in Annex XVI of the MDR and Annex I MedDO also fall under the clinical trials regulation. Examples include contact lenses, other products introduced into or onto the eye, products totally or partially introduced surgically into the body (except tattooing products and piercings), fillers, devices for liposuction, lipolysis or lipoplasty, high intensity lasers and intense pulsed light, brain stimulation equipment.

a) Applicable procedure

The applicable procedure for approval of a clinical trial of medical devices depends of the categorisation of the clinical trial. In case of doubt, contact the cantonal ethics committee, which in Switzerland is the responsible entity for categorisation:

- Category A clinical trials: For these trials, the investigational devices concerned may be placed on the Swiss market (i.e. the CE mark has been obtained) and the devices will be used in the trial as stated in the CE-marked instructions for use. In particular, for example, the relevant indications, contraindication, device settings and precautions must be observed. Such trials are often termed "post-market trials".

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These trials are reviewed and authorised by the competent cantonal ethics committee only. In Switzerland, the cantonal ethics committee also decides alone whether it is acceptable to carry out additional procedures with study subjects that are invasive or burdensome. For your applications, please follow the instructions of the cantonal ethics committee[2].

- Category C clinical trials: Clinical trials fall under category C, if the medical device carries a CE-mark but will not be used in accordance with the CE-marked instructions for use (off-label use, Category C1), or is not CE-marked (C2), or when its placing on the market or use is prohibited in Switzerland (C3). Such trials are often termed "pre-market trials".
  These trials can start in Switzerland once the authorisations of the cantonal ethics committee and of Swissmedic have been obtained. Applications for authorisation must be sent on the same day to both institutions. For submissions, Swissmedic runs a portal named eMessage (see Annex 6), and ethics committees run a portal named BASEC. In future, a one step European application might become possible.
  Before beginning a trial, please ensure that you have received Swissmedic authorisation and fulfilled any conditions stipulated in the letter of authorisation.

b) Considerations concerning specific groups of products

- Custom-made devices: Custom-made devices are not marketable[3] if the custom manufacturer systematically employs methods that have not been adequately validated from the preclinical or clinical standpoint. Clinical trials with non-marketable custom-made devices fall under category C.
- Non-conforming medical devices for in-vitro diagnosis (IVD): Where individual test results are not available to individuals able to influence medical decisions (patients, treating doctors, nurses, therapists, etc.) performance studies of IVDs do not involve a medical use. Such research projects are approved solely by the cantonal ethics committee.
  For medical use in clinical trials within Switzerland, IVDs normally need to be CE-marked based on analytical validation and user safety.
  In rare cases where an IVD cannot be CE-marked and the product needs to be used in subjects in a clinical trial, an application for a category C clinical trial can be submitted to Swissmedic. Please contact clinicaltrials.devices@swissmedic.ch if you plan to conduct a category C clinical trial with a non-CE-marked IVD. Corresponding forms and updated information will be provided to you.
  Regulatory changes will apply from 26.05.2022 with the implementation of new European IVD requirements in Switzerland. Requirements for CE-marking will then be more stringent.
  Interventional clinical performance studies with IVDs that are not CE-marked or used off-label will then need to be carried out and will require approval of both Swissmedic and the cantonal ethics committee.
- Therapeutic products with devitalised human tissues or cells: These products contain non-viable tissues or cells of human origin or their derivatives, they do not contain any living cells.
  Where the principal mode of action is achieved by pharmacological, immunological or metabolic means or in case of doubt about the principal mode of action, rules for clinical trials of medicinal products must be followed.
  Where the principal mode of action is not achieved by such means, four types of products need to be distinguished:
  1. Derivatives (extracted from human tissues or cells, not containing such tissues or cells).

[2] List and information on www.swissethics.ch

[3] In addition to the prescribing doctor, the custom manufacturer influences various aspects of the design and manufacture. However, the custom manufacturer is not free to choose its general custom manufacturing methods. The General Safety and Performance Requirements for medical devices must be demonstrably fulfilled, incl. the required clinical data. In medical practice, deviations from validated custom manufacturing methods are permitted to cover the individual needs of a particular patient. The situation is different in pre-market research. Product aspects that are not yet clinically validated are the subject of the investigation in category C clinical trials and are determined in advance according to the CIP (not individually by the treating physician).

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2. Integral combinations, where non-viable tissues or cells or their derivatives contribute an action ancillary to that of a medical device.
3. Non-viable tissues and cells.
4. Integral combinations with a medical device, where non-viable tissues or cells exert a principal mode of action.

Product types 1 and 2 in Europe fall under the MDR and need to fulfil the General Safety and Performance Requirements of the MDR. In Switzerland, clinical trials fall under the ClinO-MD. There is a transitional period for devices duly notified to Swissmedic until 26.5.2021; it is permissible to market and conduct category A clinical trials with such devices until 26.5.2025. Swissmedic authorisation is necessary for the conduct of category C clinical trials.

Product types 3 and 4 on the Swiss territory are currently considered medical devices. Please contact clinicaltrials.devices@swissmedic.ch if you plan to conduct a category C clinical trial with these products. Corresponding forms and updated information will be provided to you. The products currently need to fulfil Essential Requirements of directive 93/42/EEC and clinical trials in Switzerland fall under the ClinO. Please be aware that regulatory changes are being foreseen. As soon as new legislation and new transitional regulations have been issued, Swissmedic will publish the information on its website. Category A clinical trials can be conducted with products duly notified to Swissmedic (extensive documentation required, for notifications please refer to the Swissmedic website Notification of devitalised human tissue), while Swissmedic authorisation is required for the conduct of category C clinical trials.

5.2 Applications to Swissmedic for the authorisation of category C trials of medical devices

Arts. 16-19 and Annex 1 ClinO-MD; Art. 54 TPA; FeeO-Swissmedic

5.2.1 First submission to Swissmedic of an authorisation application

First submission of an authorisation application
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_10_021e_FO.

While the following documents are essential they are regularly missing in applications, leading to delays. Please make sure you submit the following documents, they need to show the name of the investigational device and identification of exact models and versions that are foreseen in the clinical trial:

- List of applicable standards and GSPR information, a template for the list and GSPR information is available at www.swissmedic.ch > Authorisation procedure.
- The statement of the manufacturer according to Annex XV of the MDR, and declaration for access of Swissmedic to additional technical documents during 10 years, or 15 years for implants (dated and signed by the manufacturer).
- For category C trials of devices that emit ionising radiation, please also submit documents according section 5.4 of this information sheet.

In case of incomplete requests, stringent deadlines apply for the completion of the application. Please make sure you or your deputy will be available for handling requests after the submission.

Under the conditions listed in article 17 para. 2 ClinO-MD, you may ask Swissmedic to perform a simplified review of your submission:

a. The clinical trial falls under category C1 or C2 and concerns the investigation of a non-invasive device classified as risk class I or IIa according to Art. 15 MedDO

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b. The use of the investigational device is at most associated with minimal risks to the trial participants
c. The investigators have agreed in written form to inform the Sponsor without delay of all serious adverse events or other (new) circumstances that could threaten the safety of trial participants or device users according to Art. 32 ClinO-MD (see also sections 7.2.2 and 7.2.3 of this information sheet)
d. The Sponsor has a risk management system in place to monitor safety

If your application meets these conditions, please complete and submit the form BW610_10_023e_FO in addition to the form BW610_10_021e_FO.

In case the application does not seem to meet the conditions for a simplified review, you will receive a preliminary letter from Swissmedic that a rejection of the application for simplified review is foreseen and the reasons why. Upon receipt of the preliminary letter, you have the opportunity to clarify any misunderstandings, submit corrections and missing information.

You will also have the option to withdraw the application for simplified review and switch to a regular review of the submission (fees for regular reviews will then be applicable, see below) or the option to withdraw the application for the clinical trial completely. Swissmedic will initiate a regular review only after a corresponding request is submitted.

5.2.2 Validation

A formal check of every new application will be carried out within 10 days to ensure that the trial falls under the competence of Swissmedic and that documents have been provided as required. Submissions that fail the validation step are considered to be incorrect, and may not be processed by Swissmedic. In such cases, Swissmedic requests you to complete the information/documentation within 10 days. If needed, you may request an extension of up to 20 days.

Swissmedic will acknowledge the validation in written, and inform that the review of the content is starting.

5.2.3 Review and authorisation

Swissmedic can ask for additional information. If a positive assessment is possible on the basis of the documentation submitted, Swissmedic will inform youfa and wait for the decision of the cantonal ethics committee. Swissmedic is only allowed to authorise a clinical trial when ethics committee approval is granted.

5.2.4 Rejection, restrictions, conditions

If a positive assessment is not possible, you will first receive preliminary decisions within 40 days of the validation acknowledgment of the application. The review of the contents by Swissmedic may, in certain cases, take up to 60 days (for first-in-man trials or manufacturing using a new procedure). Preliminary decisions are followed by final decisions. The cantonal ethics committee carries out its review independently. Swissmedic and the ethics committee will therefore send separate letters to you.

The preliminary letters will list
- the findings leading to rejection, restrictions or conditions,
- any missing information that must be provided,
- references to the current requirements.

Based on this information, you can clarify any misunderstandings, submit any missing information, and will also be allowed to correct application documents and resubmit these to Swissmedic and the cantonal ethics committee within approximately 30 calendar days. Please make sure you submit the same updated document versions on the same day to both institutions.

You may contact Swissmedic, if necessary, to ask questions regarding identified shortcomings and discuss required changes. If issues cannot be addressed in due time, you can request an extension of

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the deadline to Swissmedic and the cantonal ethics committee, or retract the application. After a retraction or a rejection, a new submission with corrected documents is possible at any later point in time.

5.2.5 Fees

The flat rate fee for handling an application for the authorisation of a clinical trial with a medical device amounts to CHF 5000.- (FeeO-Swissmedic) and is invoiced by Swissmedic. Relevant additional workload caused by shortcomings and corrections will be invoiced at a rate of CHF 200.- per hour.
The flat fee is not applicable to simplified reviews, or in case of withdrawal of an application before review has started. The actual work performed for the simplified review or until withdrawal will be invoiced at an hourly rate of CHF 200.-.

5.3 Submissions to Swissmedic for combined clinical trials

In combined trials, both medical devices and medicinal products (including e.g. transplant products) are the subject of investigation. The requirements for trials with medicinal products and those for trials of medical devices must both be met.
The following cases can be distinguished for submissions to Swissmedic:

Conforming medical device*	Conforming medicinal or transplant product**	How to submit to Swissmedic
No	No	Submit a full documentation for clinical trials of medical devices according to the submission procedure for medical devices. In addition, insert the form for clinical trials with medicinal or transplant products and all the additional documents required for medicinal or transplant products (in folder 18 of the standardised folder structure for medical device applications). The submission has to be uploaded via the eMessage portal, see Annex 6 for additional information.
No	Yes	Make a submission with the form and according to requirements for clinical trials of medical devices. In the CIP, describe pharmacovigilance reporting duties for the medicinal or transplant product.
Yes	No	Make a submission with the form and according to requirements for clinical trials of medicinal products. In the CIP, describe materiovigilance reporting duties for the medical device.
Yes	Yes	No submission of the clinical trial to Swissmedic. Refer to section 5.1 of this information sheet (information on category A clinical trials). Materiovigilance and pharmacovigilance reporting duties apply.

* is CE-marked, is used in the clinical trial according to its CE-marked instructions for use, and has not been forbidden in Switzerland

** is authorised by Swissmedic and is used in the clinical trial according to its authorised label

A product that is a combination is either a medical device (a medical device with an ancillary medicinal substance) or a different product (e.g. a medicinal product that includes a medical device component, a transplant product that includes a medical device component). The corresponding regulation is applicable to these trials. For borderline issues and combinations, Switzerland takes into account the European delimitation criteria between medicinal products and medical devices. You can

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find additional information with the following links:
- EU guidance on medical devices: MDCG endorsed documents
- EMA guidance on medical devices and combination products: www.ema.europa.eu
- Swissmedic "Guide to the Regulation of Medical Devices" (chapter on borderline issues)
- Swissmedic website Questions on delimitation

Box 1: Examples
- Example 1: A new parenteral hormone product (medicinal product) and a new pen injector (medical device) will both be tested in a clinical trial. This is a combined clinical trial involving a medicinal product and a medical device.
- Example 2: Drug-eluting coronary stents are considered to be medical devices. Clinical trials of these products are medical device trials. They need not be handled as combined trials nor as trials of medicinal products.
- Example 3: A single-use infusion device prefilled with a drug is considered to be a medicinal product. Clinical trials are medicinal product trials. They need not be handled as combined trials nor as trials of medical devices.

During a combined clinical trial please send reports about adverse events as follows:
- Send reports relating to medicinal products to SUSAR@swissmedic.ch, please observe the Information sheet “Safety relating to clinical trials - Compulsory notification”.
- Reports relating to medical devices:
  The forms can be found at www.swissmedic.ch/ci > Reporting during ongoing clinical trials.
  - Send tabular SAE reports according to MDCG 2020-10/2 by e-mail to clinicaltrials.devices@swissmedic.ch.
  - Send other reports via the Swissmedic portal (see Annex 6).

5.4 Radiation sources, ionising radiation, radiation protection

When using radiation sources, please note the dose levels, the procedures and the additional application documentation required in accordance with *Art. 18 and Annex 1 section 5 ClinO-MD, and Art. 28 of the Radiation Protection Ordinance (SR 814.50)*. These documents must be submitted to the cantonal ethics committee and, if required, to the Swiss Federal Office for Public Health and to Swissmedic.

For category C trials with therapeutic products that can emit ionising radiation, Swissmedic will forward a complete copy of the application to the Swiss Federal Office of Public Health.

6 Review and surveillance activities by Swissmedic

Art. 54 TPA; Art. 3 para 1 section f. und Art. 17 ClinO-MD; Arts. 46-48 ClinO

In order to authorise category C trials, Swissmedic checks the status of the fulfilment of General Safety and Performance Requirements (Annex I of Regulation (EU) 2017/745), if the product risks are duly considered in the clinical trial, and if the product data is in line with current scientific knowledge and correctly indicated in the protocol.

It is mandatory for sponsors of clinical trials to operate an appropriate quality assurance system. All duties need to be assigned to an individual, the sponsor should therefore check the following:
- whether written procedures are available and up to date,
- whether the notification duties and authorisation requirements for Switzerland are correctly implemented,
- whether the job descriptions of personnel are complete and up to date,
- whether written contracts are available with external parties,
- the appropriateness of the basic and advanced training of involved personnel.

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6.1 Frequent objections

In category C clinical trials the following aspects have recurrently led to objections. Additional information regarding each of these aspects can be found in the annex:

- CRF for documentation of adverse events and device deficiencies
- Risk reduction measures
- Handling of mortality, disabilities, patients lost to follow-up
- Inclusion and exclusion criteria, particularly vulnerable persons
- Reflection period when consenting for invasive procedures

6.2 Inspections

Like other authorities in Europe, Swissmedic may carry out inspections. Clinical trials of all categories, compliance with all requirements, and all companies, institutions and persons involved may be inspected. If necessary, Swissmedic may withdraw or suspend an authorisation that has been granted, or make the continuation of a trial dependent on additional conditions.

7 Submissions during clinical trials (notification duties, authorisations)

The following sections describe duties of the sponsor in regard to Swissmedic. Requirements in regard to cantonal ethics committees must also be followed. These are not addressed in this information sheet; please follow the instructions of the cantonal ethics committees.

7.1 Category A clinical trials

Art. 33 para 4 letter b ClinO-MD

Serious incidents with the devices in post-market trials need to be reported to Swissmedic according to vigilance procedures, like for CE-marked medical devices used in the market. The definition of the term "serious incidents" is the same as in the EU.
Additional information and reporting forms can be found at www.swissmedic.ch/md-materiovigilance-en. Send the vigilance reports to materiovigilance@swissmedic.ch and also indicate the name of the trial.
For investigators: If necessary, please consult the vigilance contact person for medical devices at your trial site.

7.2 Category C clinical trials

7.2.1 Modifications (amendments)

Art. 15, 20 and 48 ClinO-MD; FeeO-Swissmedic

Amendments require Swissmedic authorisation/notification as well as ethics committee authorisation/notification. Before submitting an amendment, please check which documents and what information has already been provided to Swissmedic, which of these are affected by modifications, and if the modifications must be considered substantial. You only need to submit documents that are new or have been modified.

For amendments, you need to submit the following documents to Swissmedic:

- A cover letter explaining the reason for the amendment
- Documents affected by the amendment, with all modifications compared to the earlier version highlighted in the text. Please only submit the versions with the modifications highlighted/track-changed in the text; clean versions are not required.

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a) Amendments that must be submitted for authorisation (substantial modifications)

Submission of amendments requiring authorisation
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_021e_FO.

Modifications that are likely to have a substantial impact on the safety, health or rights of the subjects or on the robustness or reliability of the clinical data generated in the clinical trial must be authorised by the ethics committee and Swissmedic before they can be implemented. Substantial modifications notably include the following: Design modifications and modifications of product administration or use; modification of safety procedures, interim analyses, selection criteria or subject numbers foreseen; new Swiss centres or new principal investigators; changes to a primary or secondary endpoint, mode of measurement of endpoints or other aspects of the clinical trial design with a possible impact on trial results; changes in the subject information and consent forms; etc.

The European commission may publish examples of substantial modifications on its website.

According to art. 48 ClinO-MD, and if a clinical trial was approved in Switzerland before 26.5.2021 (under the old regulation), you need to ask for a re-categorisation of the project and deliver information according to Art. 4 ClinO-MD when submitting a substantial modification.

Submit the application to Swissmedic and to the ethics committee on the same day. Once a complete documentation has been submitted, it will be reviewed within 38 days. Within 10 days of your submission, you will receive a confirmation of receipt of complete documentation or a request to provide any missing documents. Swissmedic may extend its review period by 7 days if needed.

b) Change of sponsor, issuing of a letter of authorisation for the new sponsor

Submission of a change of sponsor
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_021e_FO.

Submit documents at least 38 days before the scheduled amendment date.

The following documents should be submitted:

- Cover letter signed by the previous sponsor or his representative, date when its activities in the trial end, explanations about the changes.
- The completed form BW610_10_021e_FO, with all the details of the new sponsor.
- Amended trial documents in “Track changes” mode.

c) Amendments subject to notification only

Submission of amendments requiring notification
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_021e_FO.

Amendments that do not fall under a) and b) must be notified to Swissmedic and will normally lead to no further correspondence. Please be aware that Swissmedic does not issue manual acknowledgements of receipt. Immediately after a submission, you can find an automatic acknowledgement of receipt in eMessage. See Annex 6 for additional information.

If modifications are found that are subject to approval (instead of notification), Swissmedic will contact you. If this is the case, you will need to stop implementation of the modifications in the

study and wait for authorisation. In case of gross errors or repetition, you may have to check your quality assurance system to improve submissions and implement corrective and preventive action (CAPA) under the surveillance of Swissmedic.

Fees: The flat rate fee for handling amendments that are subject to authorisation amounts to CHF 1000.- and is invoiced by Swissmedic. Relevant additional workload caused by shortcomings regarding the documentation and corrections will be invoiced at an hourly rate of CHF 200.-.

In case of withdrawal of an amendment before review has started, the flat rate fee is inapplicable. In this particular case, the work performed until withdrawal will be invoiced at a rate of CHF 200.- per hour. Likewise in case of change of sponsor requiring authorisation the provided work will be charged to the hourly rate of CHF 200.-.

7.2.2 Safety (risks and safety measures)

Arts. 12 and 15 HRA; Art. 34 and 36.4 ClinO-MD

Submission of new circumstances that could threaten the safety of the trial subjects, and the corresponding safety and protective measures
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_022e_FO.

A risk minimisation responsibility lies with the sponsor and the clinical investigator. The sponsor and the investigator themselves must take all necessary measures without delay in order to protect the trial subjects from immediate danger. Expedite reporting to Swissmedic lays in the responsibility of the sponsor.

The reporting deadline is 2 days for measures concerning ongoing trials, 24 hours for a temporary halt or early termination on safety grounds. The following situations in particular must be reported:

- device deficiencies requiring measures.
- previously underestimated risks, safety-related measures or amendments of the CIP in Switzerland or abroad (includes amendments agreed upon with foreign authorities or ethics committees or those imposed by them).
- temporary halt or early termination on safety grounds in Switzerland or abroad.

7.2.3 Serious adverse events (SAEs) and device deficiencies

Art. 4, 12 and 15 HRA; Art. 4, 32 and 33 ClinO-MD and Annex XV chapter III MDR; MDCG 2020-10; sections 3.1, 3.2, 3.45, 6.2, 7.4.3-7.4.4, C.2.4 and Annexes E and F of standard ISO 14155:2020

Adverse events (AE) and device deficiencies must be recorded by the investigator on the case report forms (CRFs). For all SAE and for all device deficiencies with an SAE potential[4], please make sure that all data necessary for timely fulfilment of the reporting duty with Swissmedic are present on the forms. You can find examples of templates in Annex 1.

It is mandatory for sponsors to identify excessive risks rapidly in order to prevent harm to study subjects. For pre-market trials, CRF concerning SAE and device deficiencies must be sent to the sponsor rapidly, normally within 24 hours to 3 days, and malfunctioning or explanted devices should normally be returned for examination. The information needs to be monitored continuously by the sponsor. Queries for incomplete or non-plausible entries need to be issued rapidly. For unexpected

[4] A device deficiency with an SAE potential is a device deficiency that might have led to a serious adverse event if appropriate action had not been taken, intervention had not occurred, or circumstances had been less fortunate

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SAEs (with regard to type, severity or frequency of harm) and device deficiencies, it may be necessary to take precautionary measures. Typically, interventions may need to be temporarily suspended by the investigator and/or the sponsor. During suspension, the sponsor can carry out necessary investigations, check the design of the device, hypotheses for the trial, or adequateness of trial procedures with no additional risks to patients. See also section 7.2.2 (measures for safety reasons).

The following events must be reported to Swissmedic within 7 days

- any serious adverse event in Switzerland or abroad that has a causal relationship with the investigational device, the comparator or the investigation procedure or where such causal relationship is reasonably possible (i.e. serious and not obviously unrelated to the trial);
- any device deficiency with an SAE potential noted in Switzerland or abroad;
- any new finding in relation to events above.

To assess whether sending a report is mandatory, it is therefore necessary to clarify whether the issue is serious, and whether a causality with the investigational device or intervention/procedure can be excluded.
In case of a device deficiency that causes one or several SAE, the device deficiency and every single SAE need to be reported separately. The patients also need to be followed-up separately.

Seriousness criteria applicable to clinical trials of medical devices are more stringent than criteria normally used in clinical practice or those used in clinical trials of medicinal products. Therefore, please make sure

- study personnel are trained accordingly and use medical device criteria only;
- members of events committees or safety monitoring boards are trained accordingly and use medical device criteria only.

a. Is the event serious?

Criteria for serious adverse events[5] in clinical trials of medical devices:

- ☐ death
- ☐ life-threatening illness or injury
- ☐ permanent impairment of a body structure or a body function
- ☐ hospitalisation or prolongation of patient hospitalisation
- ☐ medical or surgical intervention to prevent life-threatening illness or injury or permanent impairment to a body structure or a body function
- ☐ chronic disease
- ☐ foetal distress, foetal death or a congenital physical or mental impairment or birth defect

A planned hospitalisation for a pre-existing condition or a procedure required by the Clinical Investigation Plan without a serious deterioration in health is not considered to be a serious adverse event.

Criteria for device deficiencies with an SAE potential

- ☐ Device deficiencies that might have led to a serious adverse event
  a) if appropriate action had not been taken,
  b) if intervention had not occurred, or
  c) if circumstances had been less fortunate.

[5] See also MDCG 2020-10/1

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b. Can a causal link between an SAE and the investigational device or the intervention/procedure be ruled out?

Causality cannot be ruled out and you must not describe an event as "not related" if for example

- there are insufficient information for causality assessment,
- no other clear cause can be identified, and there is a correlation in time or with the bodily part concerned,
- the investigational device or a procedure could affect the bodily part concerned,
- similar events have already been recorded as side effects or complications with other, similar devices and procedures, or
- user errors are involved, e.g. in case of an injury due to an operating error.

Four levels of causality are used in Europe: not related, possible, probable, causal relationship. You can find criteria for correct assessment of causality in MDCG 2020-10/1.

Timelines for notifications of sponsors to Swissmedic, forms for sponsors:

- Reportable SAEs and device deficiencies with an SAE potential must be reported to Swissmedic within 7 days.
- For multi-centre studies, submit a table in accordance with the MDCG 2020-10/2 template to clinicaltrials.devices@swissmedic.ch. Complete the Excel table cumulatively over the course of the trial, and highlight all changes compared with the last version.
- If a reportable SAE or a device deficiency with an SAE potential takes place in a Swiss centre, please also fill in and submit the following form that contains more detailed information:

Notification of serious adverse events and device deficiencies that occur in Swiss centres
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_023e_FO.

7.2.4 Annual safety report

Art. 35 and 38 ClinO-MD

Submission of the annual safety report
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_021e_FO.

From the date of approval of the trial, a report must be submitted annually to the cantonal ethics committee and Swissmedic. A typical report includes the following information:

- Data cut-off date up to which study data has been considered in the report, and the reporting period
- Status of recruitments: Current number of trial subjects worldwide and in Switzerland, duration of the currently existing follow-up observations
- Status of the clinical trial abroad (countries involved, any study interruptions or terminations)
- Anticipated serious adverse events: Description, occurrence in the trial arm versus control arm and medical literature, evaluation by the sponsor
- Serious unanticipated adverse events and any device deficiencies: causality with the investigational device or a procedure, possible causes, problems related to the use of the investigational devices at the trial centres
- Safety-relevant measures taken by the sponsor or imposed by ethics committees or authorities anywhere in the world
- Results from other clinical trials with the investigational device (if applicable)

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- Sponsor's conclusions regarding the safety of the trial subjects and the continuation of the trial
- Annex with the list per cut-off date of reportable serious adverse events and device deficiencies

The report must be up to date, a cut-off date older than 2 months is generally not considered adequate for pre-market clinical trials. You are allowed to submit annual reports to Swissmedic before the specified deadline, which especially in multinational trials allows to write and submit a joint annual report for all authorities and ethics committees involved.

7.2.5 Completion, discontinuation, interruption of the trial

Art. 36 to 39 ClinO-MD

Notification of trial completion, termination or temporary halt for reasons not related to safety
See Annex A6 for instructions on how to create an eDok and submit an application. Use the form BW610_20_021e_FO.

The sponsor must notify Swissmedic of the completion of a clinical trial within 15 days (as of last patient, last visit). A discontinuation or an interruption of the trial for reasons not related to safety, and the reasons for this, must also be notified within 15 days.

The final report, with contents in accordance with Annex XV, Art. 77(5) and Art.(6) of the MDR ("clinical investigation report" with summary presented in terms understandable to the intended user) must generally be submitted within one year of completion. Additional information concerning contents of the report are available in ISO 14155. Guidance regarding the summary of the clinical investigation report will be published on the website of the European Commission. In case of a temporary halt or early termination, the report is due within 3 months.

For clinical trials with radioactive sources, and in accordance with Art. 39 ClinO-MD, the final report needs to provide all relevant information concerning radiation protection, including – in particular – a retrospective estimation of the dose to which participating persons have been exposed to. Exemptions to the reporting requirement may be granted on request by the Swiss Federal Office of Public Health.

8 Data retention requirements

Art. 40 ClinO-MD

An archiving period of at least 10 years after the end of the trial is generally required and is applicable to sponsors and investigators; the period is at least 15 years for implants.

9 EUDAMED database

Availability of a new European database (new EUDAMED) under the MDR is expected in May 2022. However, the access of Swissmedic to that database might be postponed. Until further notice, the sponsor has the obligation to submit requests and reports via the Swissmedic portal eMessage, including information about different CIP versions used abroad, or safety measures taken abroad such as study interruptions and study terminations on safety grounds. In Annex 6 you can find information explaining how to make a submission to Swissmedic. BASEC needs to be used for submissions to cantonal ethics committees.

EUDAMED permits the identification of multinational clinical trials and the coordination among national surveillance authorities in Europe. EUDAMED is currently a depository for basic data on clinical trials with medical devices and any amendments and national measures and is only available to competent authorities. It will be updated according to new requirements introduced by the MDR. Pre-market clinical trials are assigned a EUDAMED identification number (the so-called EUDAMED CIV-ID). The number is always attributed by the first authority to process a clinical trial application

within Europe, and is communicated to the sponsor. If a EUDAMED CIV-ID has already been assigned to your trial, when submitting an application for authorisation in other countries you need to inform the competent authorities accordingly.

10 Sponsors with registered offices abroad, submissions by third parties

Art. 4 para 3 und Annex 1 Section 2.1 ClinO-MD

Sponsors headquartered in another country must specify a representative domiciled/headquartered in Switzerland to act as the direct contact for Swissmedic. Preliminary decisions, official decisions and invoices from Swissmedic are sent to the representative. Legal and natural persons domiciled or headquartered in Switzerland can be specified as representatives, e.g. distribution companies, a lawyer or the clinical investigator.

Swissmedic accepts submissions made by

- the sponsor,
- the Swiss representative of the sponsor or
- a third party, for example a clinical research organisation. For third parties, please submit a power of attorney dated and signed either by the sponsor or the Swiss representative of the sponsor.

11 Liability in the case of damage, coverage in the form of insurance

Arts. 19-20 HRA; Arts. 13-14 ClinO; Art. 15 Insurance Oversight Act (Versicherungsaufsichtsgesetz, VAG, SR 961.01) and implementing provisions in the Oversight Ordinance

An insurance company headquartered in Switzerland or with a branch office in Switzerland can be considered to offer an acceptable coverage as the trial subjects are able to assert their legal right of direct claim and the associated legal enforcement claims within Switzerland.

The fulfilment of the liability and coverage obligations will be reviewed by the cantonal ethics committee. Cantonal ethics committees have published information on insurance coverage requirements including templates for insurance policies (see www.swissethics.ch > Templates/Checklists).

12 Penal provisions

Penal provisions in the case of offences and infringements are described in the HRA and the TPA *(Arts. 62-64 HRA; Arts.86-90 TPA)*.

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ANNEX - Frequent objections

A1: Recording of adverse events and device deficiencies

Art. 12 and 15 HRA; Article 10 ClinO-MD and statement of the manufacturer according to Annex XV Chapter II Section 4.1 of Regulation (EU) 2017/745; Art. 32-33 ClinO-MD; MDCG 2020-10; Sections 3.1, 3.2, 3.45, 6.2, 7.4.3-7.4.4, and Annexes C, E and F of standard ISO 14155:2020

The sponsor needs to prepare adequate case report forms (CRF). He receives CRF filled in by the centres and must satisfy risk management requirements and reporting requirements in respect of adverse events and device deficiencies. Boxes 2 to 4 show typical examples of CRF for category C clinical trials of medical devices.

Box 2: Documentation of occurrence of adverse events and device deficiencies.
Texts need to be integrated in the following CRF: procedure CRF, CRF for follow-up visits, unscheduled visits, contacts by phone.

Have there been any adverse events?
☐ *Yes, please fill in an "Adverse events" form.* ☐ *No*

Have any device deficiencies been noted (e.g. malfunctions, use errors, inadequate labelling)?
☐ *Yes, please fill in an "Device deficiency" form.* ☐ *No*

Box 3: Adverse events form

Study title
Name of sponsor

Investigation site: ……...
Subject ID code: ……...
Age of the patient on date of event onset: ……..
Patient gender: ……..
Date the centre became aware of event:
Date of procedure/ First use: ……...
Date of event onset: ……...
Current location of the device: ……..

Criteria for seriousness
☐ *death*
☐ *life-threatening illness or injury*
☐ *permanent impairment to a body structure or a body function*
☐ *led to in-patient hospitalisation or prolongation of existing hospitalisation*
☐ *led to a medical or surgical intervention to prevent life-threatening illness or injury or permanent impairment to a body structure or a body function*
☐ *led to chronic disease*
☐ *led to foetal distress, foetal death or a congenital abnormality or birth defect*

Description of event
[blank space for extensive descriptions]

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Action/treatment/patient outcome
[blank space for extensive descriptions]

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Relationship to procedure
- ☐ *not related*
- ☐ *possible / unknown*
- ☐ *probable*
- ☐ *causal relationship*

Relationship to device
- ☐ *not related*
- ☐ *possible / unknown*
- ☐ *probable*
- ☐ *causal relationship*

Expectedness
☐ *Anticipated* ☐ *Unanticipated*

Investigation arm [for open-label comparative studies only]
☐ *Investigation arm* ☐ *Comparator arm*

Outcome
- ☐ *ongoing, medical condition is not stable, please provide updates on a regular basis*
- ☐ *resolved without sequelae, date of event resolution: ……...*
- ☐ *resolved with sequelae, medical condition is stable, date of event resolution: ……...*

[*Version number*] *[pagination]*

Box 4: Device deficiencyiy form (i.e. malfunction, use error, inadequate labelling)

Study title
Name of sponsor

Investigation site: ……...
Subject ID code: ……...
Date the centre became aware of event:
Date of procedure/ First use: ……...
Date of event: ……...
Current location of the device: ……..

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Nature of the problem (tick all that apply)

- ☐ *Malfunction*
- ☐ *Use error*
- ☐ *Inadequate labelling*
- ☐ *Other: ……..*

SAE potential

- ☐ *Led to a serious adverse event. Please complete an Adverse Event CRF.*
- ☐ *Is a Device deficiency that did not lead to an adverse event but could have led to a medical occurrence*
  a) if appropriate action had not been taken
  b) intervention had not occurred, or
  c) circumstances had been less fortunate
- ☐ *None*

Description of the deficiency (occurrence, measures taken, outcome of investigation):
[blank space for extensive descriptions]

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[Version number] *[Pagination]*

A2: Risk-reduction measures

In line with the stage of clinical development, innovation and the risk potential, the sponsor is obliged to implement risk reduction measures. Box 5 shows safety measures that need to be considered and, where necessary, included in the clinical investigation plan for pre-market clinical trials. The aim is to avoid problems, or identify them at an early stage, so that the trial subjects are not exposed to unnecessary risk. Additional measures may be necessary, depending on the specific project.

Box 5: Safety measures for pre-market clinical trials

a. Prior training of every user: *Possibly with models, animals, cadavers.*

b. On-site supervision of every user: *Supervision (proctoring) while using the devices for the first time in a trial subject.*

c. Individual release: *The sponsor analyses the data after each use (or each trial subject) and clarifies any questions with the investigator. Depending on the data, the sponsor will either release the next use or evaluate needs for product checks, device improvements or IFU and training improvements. The minimum required duration of follow-up after the previous use needs to be defined. Complete information on AE, SAE, device deficiencies including resolution any queries should usually be foreseen. Other information might be necessary and need to be defined.*

d. Risk-adapted recruitment and interim analyses: *Do not expose an unnecessarily large number of trial subjects. Define phases, e.g. feasibility phase/ pivotal phase. Before each new phase, carry out an interim analysis, define the data needed for the interim analysis, incl. the minimum required follow-up of trial subjects who have already been treated. For interim analysis, 100% source data verification and resolution of queries (AE, SAE, device deficiencies, missing data) normally needs to be foreseen.*

e. Short deadlines for submitting AE and device deficiency CRF to the sponsor and for handling the CRF: *Foresee rapid submission and rapid checks of submitted CRF, including of attributions made by the investigators (serious/not serious, anticipated/unanticipated, level of relatedness, device deficiencies with/without SAE potential). If necessary, retrain centres. In case of unexpected issues temporarily suspend device use and/or foresee other measures.*

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f. Safety committees, *e.g. data monitoring committees (DMC), data safety monitoring boards (DSMB) or data safety monitoring committees (DSMC): In double-blind randomised trials with relevant risks, unblinded data need to be assessed periodically and in case of unexpected events. The committees oversee attributions made by investigators, may evaluate unblinded data and are expected to make independent evaluations; investigators should therefore not be part of the committees. Make sure members have been trained on seriousness criteria for medical device trials and criteria for correct attribution of European causality levels.*

g. Stopping criteria: *Define the type and number of incidents that will lead to the suspension of further use.*

h. Implant card for trial subjects: *In addition to standard information the card also needs to include information on participation in the research project, title of the trial, contact details of the investigator.*

i. Systematic return and examination of devices *in case of problems and explantations, if applicable evaluation of excised tissues.*

j. Sufficient duration of follow-up of trial subjects: *While short term observations may be the primary goal of certain feasibility studies, information that ensure the safety of the trial subjects and their adequate further management also need to be collected. Problems should be identified e.g. by observation of the entire healing process, any subsequent procedures and adaptations to the device intended by the manufacturer, the short, medium, longer-term outcomes of the subjects. Unforeseen issues need to be analysed centrally and communicated to the investigators in charge of the patients.*

k. Contact persons, retrieval of information on serious incidents: *Procedures to be followed before trial subjects are declared lost to follow-up should be determined in a risk-based approach. They should be timely, effective and in line with the data analysis that is planned. For details see Annex 3.*

l. Restrictions for access to individual diagnostic data: *Incorrect diagnostic data obtained with non CE-marked devices can cause wrong decisions on patient care. Foresee standard of care diagnostics to be used in parallel. Do not unnecessarily report investigational test results to treating doctors, nurses, patients or others. Do not include investigational data in medical records. Justify exceptions and define communication including recommendations for additional testing in case of alarming results and incidental findings.*

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A3: Handling of mortality, disabilities, patients lost to follow-up

Art. 4, 5, 10, 12 and 15 HRA; Art. 4, 32 and 33 ClinO-MD; Annex XV chapter II sections 3.6 and 4.1 and chapter III MDR; MDCG 2020-10; sections 3.1, 3.2, 3.45, 6.2, 7.4.3-7.4.4, C.2.4 and Annexes E and F of standard ISO 14155:2020

The trials must be planned in such a way that the endpoints foreseen by the sponsor can be recorded correctly. The course of various diseases and different interventions can lead to mortality, and to physical or mental disability. Such events can therefore be foreseen as endpoints and need to be retrieved.

Correctly recorded endpoints are relevant for the correct estimation of the efficacy and safety of the medical devices investigated and for determining the safety for the trial subjects. During pre-market trials with relevant risks, the events must be monitored continuously by the sponsor. It is the duty of the sponsor to rapidly identify and avert excessive risks. Deficient trial planning and missing data can moreover threaten the validity of the results.

Important aspects can be found in Boxes 6 and 7.

Box 6: Organisational aspects for trials with a mortality endpoint or endpoints that lead to a loss of independence

- Informed consent form: The form should include the consent for the sharing of medical information with a contact person, e.g. that the investigator may clarify the state of health with the subject's general practitioner and/or named individuals.
- Clinical Investigation Plan:
  - Procedures for follow-up visits: If a trial subject can no longer be traced, its address and state of health should quickly be clarified by the investigator with the contact person.
  - Monitoring plan: If a trial subject can no longer be traced, the monitor should check with the trial centre on the appropriateness of attempts made to contact the trial subject and his contact person.
  - Missing data and statistical considerations: If the occurrence of a death or other endpoints cannot be established, sensitivity analyses should usually be provided for (analyses on the effect of the missing data on the results).
- Reports: The number of *patients lost to follow-up* and the results of the sensitivity analyses should be included in final reports and publications.

Box 7: Examples of inadequate trial planning in the case of trials with a mortality endpoint or endpoints that lead to a loss of independence

- Clinical investigation plans that describe no measures for patients lost to follow-up.
- Insufficient measures e.g.
  - failing to obtain the written consent of the trial subject with regard to obtaining health information from third parties.
  - no sensitivity analysis (failure to take into consideration that subjects lost to follow-up may have experienced a fatal outcome or severe disabilities).

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A4: Inclusion and exclusion criteria, particularly vulnerable persons

Arts. 11 and 21-31 HRA; Arts.15-17 ClinO; Arts. 64-68 MDR

A research project involving particularly vulnerable persons may only be carried out if equivalent findings cannot be obtained in any other way. Particularly vulnerable persons are, for example, minors (children, adolescents), adults lacking the capacity in the consent procedure, patients in emergency situations, pregnant women or embryos / foetuses. Trials with own employees are also considered as problematic due to financial dependence.

For that reason, please check the wording of the inclusion and exclusion criteria. If particularly vulnerable groups of persons are not explicitly excluded from the trial, the necessary justifications must be in the documentation. Information texts and consent forms are needed for all persons taking part in the trial, as is a written description of the procedure for enrolment / consent / post hoc consent.

Flow charts or diagrams, for example, may also be appropriate as a written description. These should show which person, at which point, using which documents, carries out which activities that lead to inclusion in the trial and, if in case of enrolment in an emergency situation, to obtain a correct post hoc consent.

In practice, trials under mixed conditions present particular difficulties, and especially if both vulnerable and non-vulnerable trial subjects are to be enrolled or if a temporary, particular vulnerability exists. In such cases, please pay particular attention to correct trial planning. Considerations and examples can be found in Box 8.

Box 8: Considerations regarding clinical trials with both vulnerable and non-vulnerable subjects

Example 1, mixed populations
A trial of a coronary stent is to be conducted. The devices can in principle be used for elective interventions and for emergency patients with acute myocardial infarction. According to inclusion and exclusion criteria, emergency patients are not excluded from the trial:
- Are you sure the trial should involve emergency patients with acute myocardial infarction?
- Does the documentation state which research question can only be investigated using the emergency patients, and why?
- Has the necessary number of emergency patients, that is needed to investigate these particular research questions, been calculated?
- For enrolment, how do you make sure that the correct number of emergency patients and elective patients will be included (stratification)?

Example 2, emergency situation at the beginning of a trial
A coronary stent is used on emergency patients with myocardial infarction, and the trial is then continued with a follow-up under regular clinical conditions.
- Who clarifies the emergency patient's capacity to consent, and how?
- When and how are the patients themselves and / or their representatives involved?
- At what point is the independent doctor involved?
- When and how, after implantation, does the post hoc consent and the consent to continue taking part in the clinical trial take place (now administered with the appropriate reflection period)?
- Is the written description of the whole consenting procedure available?
- Are the necessary documents for the various steps available (information and consent forms for use under emergency conditions, documented decision of the independent doctor, post-hoc information and consent forms for use of previously collected data and continued participation in the trial)?

Specific provisions also apply regarding research involving prisoners *(Art. 28 HRA).*

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A5: Reflection period when consenting for invasive procedures

Art. 16 HRA

The trial subject must be given an appropriate reflection period. For procedures that can be planned, the question of the time required arises in particular in the case of

- implants,
- a permanent modification to bodily parts or
- invasive examinations with relevant risks.

The reflection period should in general be rather too generous than too short, and must be described by the sponsor in the CIP. Guidance and case descriptions are available on the subject:

- Swissethics: „Leitfaden Bedenkfrist“ (available at www.swissethics.ch).
- Decisions of the Federal Supreme Court: As a result of legal disputes, the Federal Supreme Court has commented on aspects regarding consent to invasive procedure in daily clinical practice (considerations available e.g. in the judgement of the Federal Supreme Court no. 4P.265/2002, free of charge at www.bger.ch). These aspects can also be taken into consideration when determining the reflection period for clinical trials.

Box 9: Consent to invasive procedures: the following procedures are not considered appropriate for elective invasive interventions and will be classified by Swissmedic as critical findings when carrying out inspections of clinical trials

- Give information regarding a trial and obtain the written consent during the same consultation.
- Give information regarding a trial after the patient has admitted to the hospital for an elective intervention.

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A6: How to make a submission

You can find an explanation video and information sheets on the eGov Service eMessage in various languages at *www.swissmedic.ch/ci* and *www.swissmedic.ch/ci* > How to submit

While tabular serious adverse event reports can still be sent by email (tables according to MDCG 2021-10/2, see section 7.2.3), all other documents need to follow the eGov submission procedures. In oder for your submission to be handled correctly, standardised forms and a standardised folder structure are necessary and always need to be used.

Electronic submissions consist of three steps:

a) **Prepare the standardised form and download the standardised folder structure**
To pepare a submission, go to www.swissmedic.ch/ci > "How to submit", choose and fill in the correct form. Go to www.swissmedic.ch/ci > "How to submit" > "Electonic eDok Submission", and download the standardised folder structure.

b) **Generate an eDoc**
Copy the form, an accompanying letter if needed and every document into the correct folder. Your files should be in pdf or Excel format. Zip the whole structure (the standardised folders with all your files). This is called an "eDok". One eDok includes one entire submission. In rare cases of errors due to size overload, you can split the submission (two eDoks for one submission).

c) **Submit the eDoc**
Send eDoks for clinical trials of medical devices to Swissmedic via the Swissmedic Portal eMessage (www.swissmedic.ch/emessage-en). Swissmedic also runs other portals which should not be used for medical devices.

For initial registration, you need an email-address and a mobile phone. Immediately after the registration step, you can submit to Swissmedic. A two-way identification procedure will be carried out for safety reasons each time you access the portal, with a code that is sent to your mobile phone.

For a submission, answer the questions on the screen, select your eDok, select the "Submit" button and confirm. After the submission, check the message you receive. If the submission is successful, an automatic confirmation of receipt will be generated for you and stored in eMessage. In case of problems, there will be an automatic error message for you.

Correspondence of Swissmedic should normally be downloaded and stored in the trial master file, so that all authorised persons can access it during the clinical trial and the mandatory archiving period.
You can adapt the filter option in eMessage to see unread messages only (default setting), or all messages. Please be aware that you will only see messages and other correspondence made under your ID, not correspondence concerning the same clinical trial sent to other users that have used a different ID.
If you are unable to register or to submit, you can contact eSubmission@swissmedic.ch for help.

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Contact in case of questions

- General questions: questions.devices@swissmedic.ch, tel. +41 58 462 02 23
- Case related questions: clinicaltrials.devices@swissmedic.ch, contact person that is mentioned on Swissmedic correspondence
- Questions concerning the Swissmedic eMessage portal: eSubmission@swissmedic.ch

Further information from Swissmedic on clinical trials of medical devices can be found on the Internet: www.swissmedic.ch/ci

Change history

Version	Valid and binding as of:	Description, comments (by author)	Author's initials
1.2	06.05.2021	Updated links of the forms	haj
1.1	03.05.2021	Box3 completed according to MDCG 2020-10/1	sci, raa
1.0	01.04.2021	Doc newly created owing to revision of MD regulatory provisions; old doc ID: BW510_00_001e_MB	sci, raa

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