

De Novo Checklist

As you plan to submit a De Novo Classification Request, check out the table below for a summary of the [FDA's Acceptance Checklist](#).

Note: Throughout the document, the term “product” refers to a digital health product that entails either a medical device and/or a combination product, unless indicated otherwise for specific reasons.

#	Information	Yes	No	N/A
Preliminary questions				
1	Is this product an FDA medical device (or combination) product that is subject to review by the De Novo process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the De Novo request filed appropriately with the right FDA center via either the Center for Devices and Radiological Health (CDRH) or Center for Drug Evaluation and Research (CDER)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has a Request for Designation (RFD) been submitted? If so, <ul style="list-style-type: none"> Does the product have the same design/formulation as that presented in the RFD submission? Are the products and indications for use the same? <i>Note: An RFD isn't required. The FDA is ensuring the application match.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	If the product is a combination product (device + drug), is the drug component currently approved with exclusivity (meaning competitive drugs cannot currently be approved)? Choose “N/A” if the product is not a combination product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the product type eligible for De Novo classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is the manufacturer currently on the FDA's Application Integrity Policy (AIP) list ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and administrative elements				
1	Does the De Novo request contain a table of contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are all pages numbered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is all content written in English (includes written or translated reports, literature, articles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	Does the request include all the pertinent information about the requester (name, address, phone, and email) and/or their U.S. representative for requesters outside the U.S.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the request include both the generic name and proprietary/trade (brand) name of the product?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the request describe the product indications for use and its designation of availability as prescribed and/or over-the-counter (OTC)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there any other open premarket submissions (510(k), PMA, reclassification petition, etc.) for the same product with the same indications for use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the request for a single product type? For multiple products (e.g. multiple sizes for the same product), mark "No."		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<p>If there were prior premarket submissions (e.g., if the product had an initial 510(k) submission where the product was not found to be substantially equivalent to a predicate device):</p> <ul style="list-style-type: none"> Are these submissions identified in the request? Has the requester properly addressed all the deficiencies found by the FDA in those submissions? <p><i>Note: If yes, include a separate section with the prior submission number(s), a copy of the FDA feedback (e.g., letter, meeting minutes), and a statement of how or where in the submission this prior feedback was addressed.</i></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Choose "N/A" if the product is not a combination product and skip to the next section	Is the product a combination product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<p>If the product is a combination product, are any drug portions of the product approved by the FDA?</p> <p><i>Note: Requests should include any patents or certificates for this drug.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product description					
1	Does the request include detailed descriptions (e.g. pictorial representations, device specifications, etc.)	Does the request include detailed descriptions (e.g. pictorial representations, device specifications, and engineering drawings) about the product's operation and how it will be used? (These descriptions include interfaces, the product's anatomical location, how it interacts with other devices, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	specifications, and engineering drawings) about the product's operation?	<i>Note: Include a statement to clarify that any images, diagrams, etc., are not applicable to the device to justify their omission.</i>			
		Describe the proposed conditions of use and/or how the device interacts with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the request describe how the device is relevant to the diagnosis, treatment, prevention, cure, or mitigation of a disease or condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the request provide a complete description of all the functional parts or components of the product? (This description should include any parts or accessories that are marketed with the device.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	If the product will be marketed with other devices (such as parts or accessories) that have already been approved by the FDA, does the request include a list of relevant FDA-assigned reference number(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative practices & procedures

1	Does the request reference any other existing treatments/alternatives for the diagnosis, treatment, prevention, cure, or mitigation of the disease or condition that the device addresses?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Classification summary and proposed classification

1	If the product did not have a prior 510(k) submission done, have you provided:	Searches that informed no " predicate device " exist to prove substantial equivalence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Information about potential predicate devices that were examined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Rationale as to why this product is different?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If the product had a prior 510(k) submission where no substantial equivalence was determined, does the request include the details of that decision along with confirmation that the product has not been classified or reclassified since the original FDA determination?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Benefit-Risk : Does the request properly detail	Is valid scientific evidence included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Does the request demonstrate how the benefits of the product outweigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	the expected health benefits and risks associated with the product?	the potential risks of injury or illness?			
4	Does the request outline a summary of all the probable health risks associated with the product? Does it include controls or mitigation for these risks? Learn more.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the request recommend a Class I or Class II classification for the product? For each class designation, does the request document the appropriate level of safety and effectiveness for the product?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study summaries					
1	Does the request include a summary of results of the technical data?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does each study summary include the objectives, a description of the experimental design, data collection, and analysis method, and results?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does it include a summary of each non-clinical study? Learn more.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does it include a summary of each clinical investigation and identify any clinical investigations under an Investigational Device Exemption (IDE)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does it include a summary of each clinical study with human subjects, including subject selection, exclusion criteria, investigation population, time period, safety and effectiveness data, adverse reactions or complications, subject complaints or discontinuations, product failures, contraindications, precautions of use, and other information as appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the request provide a complete test report (including results) for any non-clinical studies? Learn more. Note: if an applicant is appropriately declaring conformity with a voluntary consensus standard, it may not be necessary to submit full test reports with respect to those requirements. Learn more.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If the product is intended to be sterile	Identification of components and/or accessories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	and/or reusable, does the request include information on:	Sterilization method, parameters, validation method, and sterility assurance level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Reprocessing information, including protocols and test reports of validation of instructions for reprocessing? Learn more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Pyrogenicity test information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Packaging information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the request include information on the product's shelf life or proposed shelf life, i.e. an evaluation of product performance demonstrating the product is not adversely affected by aging, or an explanation of why storage conditions are not expected to affect shelf life or device safety?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	In regards to biocompatibility, If the product includes patient-contact components, have you:	Identified each component that is patient-contacting and its associated materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Identified contact classification of the component that is patient-contacting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Provided biocompatibility patient-contacting components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	In regards to electrical safety or Electromagnetic Compatibility (EMC), have you:	Provided an evaluation for electrical safety or an evaluation using alternate methods or standards with a rationale explaining why those alternate methods or standards were used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Provided an evaluation for EMC or an evaluation using alternate methods or standards with a rationale explaining why those alternate methods or standards were used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Software information

1	Is all the relevant software information provided, including:	The level of concern and rationale for such concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		The hazard analysis, hardware, and system information? Learn more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standards and declaration of conformity





1	Does the request include the Declaration of Conformity? Learn more.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are the non-FDA recognized consensus standards included?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal studies					
1	Does the request include a statement that the study was conducted in compliance with Good Laboratory Practice, or if not, the reason for the noncompliance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical studies					
1	Does the request contain results from each clinical investigation of the device, including:	All study protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Number of investigators and subjects per investigator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Investigation design, including study population and investigation period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Subject selection and exclusion criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Data from individual subject report forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Effectiveness data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Safety data (includes adverse reactions, death subject complaints, product failures, and replacements)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		List of individual subject report forms for patients who died and did not complete the investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		A statement for each investigation that has been completed or a summary of any protocol deviation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Results of any statistical analyses performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statements on contraindications, warnings, precautions, etc., that are relevant to the use of the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If the request relies primarily on data from a single investigator at one investigation site, a justification showing that these data and other information are sufficient to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	demonstrate the safety and effectiveness of the product when subject to general controls or general and special controls?			
	Explanation of clinical investigation data representing significant results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A statement of Compliance for Clinical Investigations? Select N/A if there is no clinical data required. For multicenter clinical investigations outside of the US: Learn more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial disclosure				
1	Have you provided financial information if clinical studies were performed by submitting either a Certification Form (Form FDA 3454) or Disclosure Form (FDA 3455)? Learn more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information				
1	Does the submission include a bibliography of all published reports, whether adverse or supportive, that addresses the safety or effectiveness of the product? If not, does it include a statement to justify the omission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does it include an identification, discussion, and analysis of any other data, information, or report relevant to an evaluation of the safety and effectiveness of the product, foreign or domestic, including information derived from investigations other than those in the request and from commercial marketing experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For IVD				
1	For an IVD (in vitro diagnostic) product, does the submitted labeling describe the performance characteristics of the device including precision, accuracy, specificity, and sensitivity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeling				
1	Does the request include labels, labeling, and advertisements sufficient to describe the product, its intended use, and the directions for its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



De Novo Toolkit

Search FDA De Novo Database	<i>DiMe Resources</i>			
	 At-a-Glance	 Preparation Guide	 Checklist	 FAQs

Access DiMe's Digital Health Regulatory Pathway Resources



Identify your regulatory pathway



Build your regulatory strategy



Interact with regulators