



NSAI
Standards

Irish Standard
I.S. EN ISO 10993-6:2016

Biological evaluation of medical devices - Part 6: Tests for local effects after implantation (ISO 10993-6:2016)

I.S. EN ISO 10993-6:2016

Incorporating amendments/corrigenda/National Annexes issued since publication:

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This document is based on:

EN ISO 10993-6:2016

Published:

2016-12-14

*This document was published
under the authority of the NSAI
and comes into effect on:*

2017-01-01

ICS number:

11.100.20

NOTE: If blank see CEN/CENELEC cover page

NSAI
1 Swift Square,
Northwood, Santry
Dublin 9

T +353 1 807 3800
F +353 1 807 3838
E standards@nsai.ie
W NSAI.ie

Sales:
T +353 1 857 6730
F +353 1 857 6729
W standards.ie

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National Foreword

I.S. EN ISO 10993-6:2016 is the adopted Irish version of the European Document EN ISO 10993-6:2016, Biological evaluation of medical devices - Part 6: Tests for local effects after implantation (ISO 10993-6:2016)

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EUROPEAN STANDARD

EN ISO 10993-6

NORME EUROPÉENNE

EUROPÄISCHE NORM

December 2016

ICS 11.100.20

Supersedes EN ISO 10993-6:2009

English Version

Biological evaluation of medical devices - Part 6: Tests for local effects after implantation (ISO 10993-6:2016)

Évaluation biologique des dispositifs médicaux - Partie
6: Essais concernant les effets locaux après
implantation (ISO 10993-6:2016)

Biologische Beurteilung von Medizinprodukten - Teil 6:
Prüfungen auf lokale Effekte nach Implantationen (ISO
10993-6:2016)

This European Standard was approved by CEN on 4 November 2016.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the CEN-CENELEC Management Centre or to any CEN member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the CEN-CENELEC Management Centre has the same status as the official versions.

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EUROPEAN COMMITTEE FOR STANDARDIZATION
COMITÉ EUROPÉEN DE NORMALISATION
EUROPÄISCHES KOMITEE FÜR NORMUNG

CEN-CENELEC Management Centre: Avenue Marnix 17, B-1000 Brussels

EN ISO 10993-6:2016 (E)

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European foreword

This document (EN ISO 10993-6:2016) has been prepared by Technical Committee ISO/TC 194 "Biological and clinical evaluation of medical devices" in collaboration with Technical Committee CEN/TC 206 "Biological and clinical evaluation of medical devices" the secretariat of which is held by DIN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by June 2017, and conflicting national standards shall be withdrawn at the latest by June 2017.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN [and/or CENELEC] shall not be held responsible for identifying any or all such patent rights.

This document supersedes EN ISO 10993-6:2009.

This document has been prepared under a mandate given to CEN by the European Commission and the European Free Trade Association, and supports essential requirements of EU Directives.

For relationship with EU Directives, see informative Annex ZA and ZB, which are integral parts of this document.

According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Endorsement notice

The text of ISO 10993-6:2016 has been approved by CEN as EN ISO 10993-6:2016 without any modification.

The following referenced documents are indispensable for the application of this document. For undated references, the latest edition of the referenced document (including any amendments) applies. For dated references, only the edition cited applies. However, for any use of this standard 'within the meaning of Annex ZA', the user should always check that any referenced document has not been superseded and that its relevant contents can still be considered the generally acknowledged state-of-art.

When an IEC or ISO standard is referred to in the ISO standard text, this shall be understood as a normative reference to the corresponding EN standard, if available, and otherwise to the dated version of the ISO or IEC standard, as listed below.

NOTE The way in which these referenced documents are cited in normative requirements determines the extent (in whole or in part) to which they apply.

EN ISO 10993-6:2016 (E)**Table 1 — Correlations between undated normative references and dated EN and ISO standards**

Normative references as listed in Clause 2 of the ISO standard	Equivalent dated standard	
	EN	ISO or IEC
ISO 10993-1	EN ISO 10993-1:2009	ISO 10993-1:2009
ISO 10993-2	EN ISO 10993-2:2006	ISO 10993-2:2006
ISO 10993-4	EN ISO 10993-4:2009	ISO 10993-4:2002
ISO 10993-12	EN ISO 10993-12:2012	ISO 10993-12:2012
ISO 10993-16	EN ISO 10993-16:2010	ISO 10993-16:2010

NOTE This part of EN ISO 10993 refers to ISO 10993-1 which itself refers to ISO 14971. In Europe, it should be assumed that the reference to ISO 14971 is to EN ISO 14971:2012.

Annex ZA (informative)

Relationship between this European Standard and the essential requirements of Directive 93/42/EEC [OJ L 169] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 93/42/EEC of 14 June 1993 concerning medical devices [OJ L 169].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZA.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 93/42/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 2, 5, 6, 7, 8, 9, 11 and 12 of the Directive.

NOTE 3 This Annex ZA is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZA.1, it means that it is not addressed by this European Standard.

EN ISO 10993-6:2016 (E)

Table ZA.1 — Correspondence between this European Standard and Annex I of Directive 93/42/EEC [OJ L 169]

Essential Requirements of Directive 93/42/EEC	Clause(s)/sub-clause(s) of this EN	Remarks/Notes
7.1 (First and second indent)	4, 5, 6 and Annex A, Annex B, Annex C and Annex D	This part of ISO 10993 specifies test methods for the assessment of the local effects after implantation of biomaterials intended for use in medical devices.
7.2	4, 5, 6 and Annex A, Annex B, Annex C and Annex D	These implantation tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading.
7.5 (First paragraph)	4, 5, 6 and Annex A, Annex B, Annex C and Annex D	<p>This part of ISO 10993 does not deal with systemic toxicity, carcinogenicity, teratogenicity or mutagenicity. However, the long-term implantation studies intended for evaluation of local biological effects may provide insight into some of these properties. Systemic toxicity studies conducted by implantation may satisfy the requirements of this part of ISO 10993. When conducting combined studies for evaluating local effects and systemic effects, the requirements of this part of ISO 10993 and ISO 10993-11 shall be fulfilled.</p> <p>For ER 7.1 (first and second indent), flammability is not covered</p>

General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

WARNING 2 — Other Union legislation may be applicable to the products falling within the scope of this standard.

Annex ZB (informative)

Relationship between this European Standard and the essential requirements of Directive 90/385/EEC [OJ L 189] aimed to be covered

This European Standard has been prepared under a Commission's joint standardization request M/BC/CEN/89/9 concerning harmonized standards relating to horizontal aspects in the field of medical devices to provide one voluntary means of conforming to essential requirements of Council Directive 90/385/EEC of 20 June 1990 on the approximation of the laws of the Member States relating to active implantable medical devices [OJ L 189].

Once this standard is cited in the Official Journal of the European Union under that Directive, compliance with the normative clauses of this standard given in Table ZB.1 confers, within the limits of the scope of this standard, a presumption of conformity with the corresponding essential requirements of that Directive and associated EFTA regulations.

NOTE 1 Where a reference from a clause of this standard to the risk management process is made, the risk management process needs to be in compliance with Directive 90/385/EEC as amended by 2007/47/EC. This means that risks have to be reduced 'as far as possible', 'to a minimum', 'to the lowest possible level', 'minimized' or 'removed', according to the wording of the corresponding essential requirement.

NOTE 2 The manufacturer's policy for determining acceptable risk must be in compliance with Essential Requirements 1, 4, 5, 8, 9 and 10 of the Directive.

NOTE 3 This Annex ZB is based on normative references according to the table of references in the European foreword, replacing the references in the core text.

NOTE 4 When an Essential Requirement does not appear in Table ZB.1, it means that it is not addressed by this European Standard.

Table ZB.1 — Correspondence between this European Standard and Annex I of Directive 90/385/EEC [OJ L 189]

Essential Requirements of Directive 90/385/EEC	Clause(s)/sub-clause(s) of this EN	Remarks/Notes
9 (only first and second indent)	4, 5, 6 and Annex A, Annex B, Annex C and Annex D	<p>This part of ISO 10993 specifies test methods for the assessment of the local effects after implantation of biomaterials intended for use in medical devices.</p> <p>These implantation tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading.</p> <p>This part of ISO 10993 does not deal with systemic toxicity, carcinogenicity, teratogenicity or mutagenicity. However, the long-term implantation studies intended for evaluation of local biological effects may provide insight into some of these properties. Systemic toxicity studies conducted by implantation may satisfy the requirements of this part of ISO 10993. When conducting combined studies for evaluating local effects and systemic effects, the requirements of this part of ISO 10993 and ISO 10993-11 shall be fulfilled.</p>

General Note: Presumption of conformity depends on also complying with all relevant clauses/subclauses of ISO 10993-1.

WARNING 1 — Presumption of conformity stays valid only as long as a reference to this European Standard is maintained in the list published in the Official Journal of the European Union. Users of this standard should consult frequently the latest list published in the Official Journal of the European Union.

WARNING 2 — Other Union legislation may be applicable to the products falling within the scope of this standard.

INTERNATIONAL STANDARD

**ISO
10993-6**

Third edition
2016-12-01

Biological evaluation of medical devices —

Part 6: Tests for local effects after implantation

Évaluation biologique des dispositifs médicaux —

Partie 6: Essais concernant les effets locaux après implantation



Reference number
ISO 10993-6:2016(E)

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ISO 10993-6:2016(E)



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ISO copyright office
Ch. de Blandonnet 8 • CP 401
CH-1214 Vernier, Geneva, Switzerland
Tel. +41 22 749 01 11
Fax +41 22 749 09 47
copyright@iso.org
www.iso.org

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ISO 10993-6:2016(E)

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the WTO principles in the Technical Barriers to Trade (TBT) see the following URL: [Foreword - Supplementary information](#)

The committee responsible for this document is ISO/TC 194, *Biological and clinical evaluation of medical devices*.

This third edition cancels and replaces the second edition (ISO 10993-6:2007), which has been technically revised with the following changes:

- a) addition of guidance on biological evaluation of absorbable medical devices;
- b) new [Annex D](#).

ISO 10993 consists of the following parts, under the general title *Biological evaluation of medical devices*:

- *Part 1: Evaluation and testing within a risk management process*
- *Part 2: Animal welfare requirements*
- *Part 3: Tests for genotoxicity, carcinogenicity and reproductive toxicity*
- *Part 4: Selection of tests for interactions with blood*
- *Part 6: Tests for local effects after implantation*
- *Part 7: Ethylene oxide sterilization residuals*
- *Part 9: Framework for identification and quantification of potential degradation products*
- *Part 10: Tests for irritation and skin sensitization*
- *Part 11: Tests for systemic toxicity*
- *Part 12: Sample preparation and reference materials*
- *Part 13: Identification and quantification of degradation products from polymeric medical devices*
- *Part 14: Identification and quantification of degradation products from ceramics*

- *Part 15: Identification and quantification of degradation products from metals and alloys*
- *Part 16: Toxicokinetic study design for degradation products and leachables*
- *Part 17: Establishment of allowable limits for leachable substances*
- *Part 18: Chemical characterization of materials*
- *Part 19: Physico-chemical, morphological and topographical characterization of materials* [Technical specification]
- *Part 20: Principles and methods for immunotoxicology testing of medical devices* [Technical specification]
- *Part 33: Guidance on tests to evaluate genotoxicity — Supplement to ISO 10993-3* [Technical Report]

The following parts are under preparation:

- *Part 5: Tests for in vitro cytotoxicity*

Biological evaluation of medical devices —

Part 6: Tests for local effects after implantation

1 Scope

This part of ISO 10993 specifies test methods for the assessment of the local effects after implantation of biomaterials intended for use in medical devices.

This part of ISO 10993 applies to materials that are

- solid and non-absorbable,
- non-solid, such as porous materials, liquids, gels, pastes, and particulates, and
- degradable and/or absorbable, which may be solid or non-solid.

The test sample is implanted into a site and animal species appropriate for the evaluation of the biological safety of the material. These implantation tests are not intended to evaluate or determine the performance of the test sample in terms of mechanical or functional loading. This part of ISO 10993 can also be applied to medical devices that are intended to be used topically in clinical indications where the surface or lining might have been breached, in order to evaluate local tissue responses.

The local effects are evaluated by a comparison of the tissue response caused by a test sample to that caused by control materials used in medical devices whose clinical acceptability and biocompatibility characteristics have been established. The objective of the test methods is to characterize the history and evolution of the tissue response after implantation of a medical device/biomaterial including final integration or absorption/degradation of the material. In particular for degradable/absorbable materials, the degradation characteristics of the material and the resulting tissue response should be determined.

This part of ISO 10993 does not deal with systemic toxicity, carcinogenicity, teratogenicity or mutagenicity. However, the long-term implantation studies intended for evaluation of local biological effects might provide insight into some of these properties. Systemic toxicity studies conducted by implantation might satisfy the requirements of this part of ISO 10993. When conducting combined studies for evaluating local effects and systemic effects, the requirements of both standards is to be fulfilled.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 10993-1, *Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process*

ISO 10993-2, *Biological evaluation of medical devices — Part 2: Animal welfare requirements*

ISO 10993-4, *Biological evaluation of medical devices — Part 4: Selection of tests for interactions with blood*

ISO 10993-12, *Biological evaluation of medical devices — Part 12: Sample preparation and reference materials*

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