The European Medicines Agency
Evaluation of Medicines for Human Use

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COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE (CHMP)

ANNEXES[1] TO

GUIDELINE ON THE SCIENTIFIC DATA REQUIREMENTS FOR A PLASMA MASTER FILE (PMF) Revision 1

TABLE OF CONTENTS

[1] This document contains the Annexes to the Guideline on the Scientific Data Requirements for a Plasma Master File (PMF) Rev. 1

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ANNEX A: List of Plasma-Derived Products

Common name of the plasma-derived product (e.g. F VIII, F IX, IVIg, Human albumin) [2]	**If relevant**				
	Trade-name(s) [3]		**Marketing authorisation number(s),**	**Authorised by**	*[indicate if the authorisation is pending]*
	Medicinal product	**Medical device**			

Use separate listings for:

- plasma derived medicinal products (active ingredient)
- medical devices incorporating stable derivatives of human blood or human plasma
- investigational medicinal products
- intermediates including cryoprecipitates sold to other manufacturers
- medicinal products incorporating stable derivatives of human blood or human plasma (e.g. active substances, excipients)

[2] The products should be listed according to the active substances.
[3] Whenever the PMF holder differs to the MAH or the medical device holder(s), the name of the Company name should follow the trade-name e.g. “medicinal product / company name”.

ANNEX I: CHECK LIST ON THE ANNUAL UPDATE

Checklist to be used with the Annual Update of the PMF

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
Item: 1.1 Plasma-derived products' list								
Change								
Item: 1.2 Overall safety strategy								
Change								
Item: 1.3 General logistics								
Change								
Item: 2.1.1 Information on centres or establishments in which blood/plasma collection is carried out, including inspection and approval, and epidemiological data on blood transmissible infections								
Addition of country of blood/plasma collection centres or establishments								
Deletion of country of blood/plasma								

[4] Type IA/IB or type II as laid down in Commission Regulation (EC) 1085/2003
[5] Number of variation as per Commission Regulation (EC) 1085/2003
[6] Confirm that this change and the relevant data have been included in this current PMF annual update.

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
collection centres or establishments								
Change in the establishment								
Change in the name of establishment								
Addition of establishment								
Deletion of establishment								
Addition of a new blood/plasma collection centre for an establishment **already** included in the PMF.								
Addition of a blood/plasma collection centre for an establishment **not yet** included in the PMF								
Deletion of a blood/plasma collection centre								

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
Change of characteristics of donations								
Item: 2.1.2 Information on centres or establishments in which testing of donations and plasma pools is carried out, including inspection and approval status								
Addition or change of a centre testing the donations within an establishment **already** included in the PMF								
Addition or change of a centre testing the donations within an establishment **not yet** included in the PMF								
Deletion of a centre testing the donations within an establishment included in the PMF								
Addition or change of a centre testing mini-pools/plasma pools within an establishment **already** included in the PMF								
Addition or change of a centre testing mini-pools/plasma pools within an establishment **not yet** included in the PMF								
Deletion of a centre testing mini-pools/plasma pools within an								

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
establishment included in the PMF								
Item 2.1.4. System in place which enables the path taken by each donation to be traced from the blood/plasma collection establishment through to finished products and vice versa								
Change in the system in place, which enables the path taken by each donation to be traced from the blood/plasma collection centre through to finished products and vice versa								
Change in 'look-back' procedure								
Item: 2.2.2 Testing of blood/plasma donations and pools for infectious agents, including information on test methods and, in the case of plasma pools, validation data on the tests used								
Change of test performed on donations/mini-pools/plasma pools (specification)								
Change in kits/methods to test donations/mini-pools/plasma pools								
Item: 2.2.3 Technical characteristics of bags for blood and plasma collection, including information on anticoagulant solutions used								
Addition of or replacement with a CE marked blood bag								

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
Addition of or replacement with a **non-**CE marked blood bag								
Changes of the composition, production, shelf life and control of non-CE marked blood bags								
Deletion of CE marked blood bag								
Item: 2.2.4 Conditions of storage and transport of plasma								
Change in the centres/establishments involved in the storage and/or transport								
Change in storage and/or transport conditions								
Item: 2.2.5 Procedures for any inventory hold period								
Introduction (or extension) of a more stringent procedure e.g. release only after retesting of donors								
Removal or reduction in length of period								
Item: 2.2.6 Characterisation of the plasma pool								

Change/Update	Submitted with annual update (AU) or Notified/Approved during the year (N or A)	Scope and reason for change	Type[4]	Variation Number[5]	PMF procedural number	Date of Notification /Approval	Comment/ Implementation date	Implemented current PMF[6]
Change in plasma pool preparation (e.g. manufacturing method, pool size, storage, control procedures, sampling) and site(s) in which pooling takes place.								

ANNEX II: INFORMATION ON CENTRES OR ESTABLISHMENTS IN WHICH BLOOD/PLASMA COLLECTION IS CARRIED OUT

Address (indicate the centres collecting plasma for which special criteria have been defined)	Sequential Number[7]	Collection and Processing Activities			Inspection by an EEA competent authority			Inspection by a non-EEA competent authority			Audit		Compliance with Ph Eur Labile/Non Labile (L/NL)
		Plasma-pheresis	Whole blood	Blood processing (incl. Freezing) (Y/N)	Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[8])	Auditor Scope Outcome	Date & (Frequency)	
Establishment1 responsible for collection (Suppliers of plasma should also indicate the address, duties, and approval status by EU competent authorities of their look back department)													
Country 1													
Full address centre 1 Establishment 1 Country1													
Full address centre 2 Establishment 1 Country 1													
Full address centre 3 Establishment 1 Country 1													
Establishment 2 responsible for collection													
Country 1													
Full address centre 1 Establishment 2 Country 1													
Full address centre 2 Establishment 2 Country 1													
Country 2													
Full address centre 3 Establishment 2 Country 2													

[7] Number should identify links between collection and testing, storage and distribution centers

[8] Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.

ANNEX II: INFORMATION ON CENTRES OR ESTABLISHMENTS IN WHICH BLOOD/PLASMA COLLECTION IS CARRIED OUT

(NON OPERATIONAL CENTRES)[9]

Address (indicate the centres collecting plasma for which special criteria have been defined)	Sequential Number[10]	Activity					Inspection by an EEA competent authority			Inspection by a non-EEA competent authority			Audit		Compliance with Ph Eur Labile/Non Labile (L/NL)
		Plasma-pheresis/ Whole blood (P/W)	Blood processing (incl. Freezing) (Y/N)	Date stopped delivering plasma	Reason for closing and/or stopping active supply	Closed/ Temporary suspended supply (C/T)	Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[11])	Auditor Scope Outcome	Date & (Frequency)	
Establishment 1 responsible for collection (Suppliers of plasma should also indicate the address, duties, and approval status by EU competent authorities of their look back department)															
Country 1															
Full address centre 1 Establishment 1 Country1															
Full address centre 2 Establishment 1 Country 1															
Full address centre 3 Establishment 1 Country 1															
Establishment 2 responsible for collection															
Country 1															

[9] All non operational centres - i.e. permanently closed or temporarily suspended but from which plasma is still available.
[10] Number should identify links between collection and testing, storage and distribution centers.
[11] Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.

Address (indicate the centres collecting plasma for which special criteria have been defined)	Sequential Number[10]	Activity					Inspection by an EEA competent authority			Inspection by a non-EEA competent authority			Audit		Compliance with Ph Eur Labile/Non Labile (L/NL)
		Plasma-pheresis/ Whole blood (P/W)	Blood processing (incl. Freezing) (Y/N)	Date stopped delivering plasma	Reason for closing and/or stopping active supply	Closed/ Temporary suspended supply (C/T)	Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[11])	Auditor Scope Outcome	Date & (Frequency)	
Establishment 1 responsible for collection (Suppliers of plasma should also indicate the address, duties, and approval status by EU competent authorities of their look back department)															
Country 1															
Full address centre 1 Establishment 2 Country 1															
Full address centre 2 Establishment 2 Country 1															
Country 2															
Full address centre 3 Establishment 2 Country 2															

ANNEX III: INFORMATION ON CENTRES OR ESTABLISHMENTS IN WHICH TESTING OF DONATIONS AND PLASMA POOLS IS CARRIED OUT

Address	Specify the sequential number(s) of the collection centre(s) for which the testing is performed	Testing					Inspection by an EU competent authority			Inspection by a non-EU competent authority			Audit	
		Viral Marker		NAT testing			Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[12])	Auditor Scope Outcome	Date
		Dona-tions	Plasma Pools	Dona-tions	Mini Pools	Plasma Pools								
Establishment 1 responsible for testing														
Country 1														
Full address centre 1 Establishment 1 Country 1		☐	☐	☐	☐	☐								
Full address centre 2 Establishment 1 Country 1		☐	☐	☐	☐	☐								
Country 2														
Full address centre 3 Establishment 1 Country 2		☐	☐	☐	☐	☐								
Establishment 2 responsible for testing														
Country 1														
Full address centre 1 Establishment 2 Country 1		☐	☐	☐	☐	☐								
Full address centre 2 Establishment 2 Country 1		☐	☐	☐	☐	☐								

[12] Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.

ANNEX III: INFORMATION ON CENTRES OR ESTABLISHMENTS IN WHICH TESTING OF DONATIONS AND PLASMA POOLS IS CARRIED OUT

(NON OPERATIONAL TESTING CENTRES) [13]

Address	Specify the sequential number(s) of the collection centre(s) for which the testing is performed	Testing					Inspection by an EU competent authority			Inspection by a non-EU competent authority			Audit	
		Viral Marker Donations Plasma Pools (DN/PP)	NAT testing Donations, Mini Pools, Plasma Pools (DN/MP/PP)	Date stopped testing plasma	Reason for closing and/or stopping testing	Closed/ Tem-porary suspen-ded (C/T)	Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[14])	Auditor Scope Outcome	Date
Establishment responsible for testing														
Country 1														
Full address centre 1 Establishment 1 Country 1														
Full address centre 2 Establishment 1 Country 1														
Country 2														
Full address centre 3 Establishment 1 Country 2														
Establishment 2 responsible for testing														
Country 1														
Full address centre 1 Establishment 2 Country 1														
Full address centre 2 Establishment 2 Country 1														

[13] All non operational testing centres - i.e. permanently closed or temporarily suspended but where the tested plasma is still available.
[14] Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.

Address	Specify the sequential number(s) of the collection centre(s) for which the testing is performed	Testing					Inspection by an EU competent authority			Inspection by a non-EU competent authority			Audit	
		Viral Marker Donations Plasma Pools (DN/PP)	NAT testing Donations, Mini Pools, Plasma Pools (DN/MP/PP)	Date stopped testing plasma	Reason for closing and/or stopping testing	Closed/ Tem-porary suspen-ded (C/T)	Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[14])	Auditor Scope Outcome	Date

ANNEX IV: INFORMATION ON ESTABLISHMENTS OR CENTRES IN WHICH STORAGE OF PLASMA IS CARRIED OUT

Address	Specify the sequential number(s) of the collection centre(s) for which the storage is performed	Inspection by an EU competent authority			Inspection by a non-EU competent authority			Audit		Conditions of storage
		Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[15])	Auditor Scope Outcome	Date	• Compliance with Ph Eur with respect to freezing and storage • Temperature and maximum time
Establishment 1 responsible for storage										
Country 1										
Full address centre 1 Establishment 1 Country 1										• •
Full address centre 2 Establishment 1 Country 1										• •
Country 2										
Full address centre 3 Establishment 1 Country 2										• •
Establishment 2 responsible for storage										
Country 1										
Full address centre 1 Establishment 2 Country 1										
Full address centre 2 Establishment 2 Country 1										

[15] Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.

ANNEX V: INFORMATION ON ORGANISATIONS INVOLVED IN TRANSPORT OF PLASMA

Address	Specify the sequential number(s) of the collection centre(s) for which the transport is performed	Inspection by an EU competent authority			Inspection by a non-EU competent authority			Audit		Conditions of transport (temperature and maximum time) Compliance with Ph. Eur. (Y/N) Validation (Y/N)
		Member State	Date of last inspection	Final outcome (observations)	Country	Date of last inspection	Final outcome (observations[16])	Auditor Scope Outcome	Date	
Organisation 1 responsible for transport										
Country 1										
Full address site 1 Organisation 1 Country 1										
Full address site 2 Organisation 1 Country 1										
Country 2										
Full address site 3 Organisation 1 Country 2										
Organisation 2 responsible for transport										
Country 1										
Full address site 1 Organisation 2 Country 1										
Full address site 2 Organisation 2 Country 1										

[16]Reference to any "Form 483" or "Warning Letter" in the USA should be included and relevant follow-up should be included.