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**BS EN ISO 10993-6:2016**



**BSI Standards Publication**

# **Biological evaluation of medical devices**

Part 6: Tests for local effects after  
implantation (ISO 10993-6:2016)

**bsi.**

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This British Standard is the UK implementation of EN ISO 10993-6:2016. It supersedes BS EN ISO 10993-6:2009 which is withdrawn.

The UK participation in its preparation was entrusted to Technical Committee CH/194, Biological evaluation of medical devices.

A list of organizations represented on this committee can be obtained on request to its secretary.

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

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**Compliance with a British Standard cannot confer immunity from legal obligations.**

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## EUROPÄISCHE NORM

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

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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.

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**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.

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## **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.

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**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	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.  For ER 7.1 (first and second indent), flammability is not covered

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.



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**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.

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**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.

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