

## SOCOTEC CERTIFICATION SINGAPORE PTE LTD

The power of foresight

### SS 620:2016 - Good Distribution Practice for Medical Devices - Requirements Transition Workshop (1/2 day)

Good Distribution Practice for Medical Devices is a mandatory requirement by the Health Science Authority (HSA) for any organizations involved with the handling, storage, delivery, installation, servicing, secondary assembly and other related activities (e.g. warehousing, logistics and freight forwarding services) of medical devices including in-vitro diagnostic devices.

The standard was recently revised by SPRING Singapore, in collaboration with Singapore Manufacturing Federation - Standard Development Organization (SMF-SDO) and HSA on 9 May 2017. Therefore, in conjunction with the transition from GDPMDS TS-01, Revision 2.1 to SS 620:2016, the management, executives and implementation person of GDPMDS are encouraged to attend the workshop to better understand the changes and undergo the transition process.

#### Objective: Providing participants with the knowledge;

- ⇒ Interpret the SS 620:2016 Good Distribution Practice of Medical Devices Requirements and amend the existing documentation.
- ⇒ Implement and comply with SS 620:2016 Good Distribution Practice in the organization
- ⇒ Review of the GDPMDS management system performance in preparation and conduct of Internal Audit
- ⇒ Continuous improvement of GDPMDS system

#### Who should attend:

- Management staffs
- Quality Managers/ Executives / Regulatory Officers
- Internal auditors & implementation person of SS 620:2016 GDPMDS

#### Course Structure:

- ✓ GDPMDS TS-01, Revision 2.1 requirements vs SS 620:2016 - GDPMDS requirements
- ✓ Incorporate the changes into the existing Site Master File and operational procedures.
- ✓ Fulfillment of SS 620:2016 requirements

#### Course Details:

Date: 2018: 14 Dec (AM)  
 2019: 30 Jan (AM)/ 22 Feb (AM)/ 20 March (AM)  
 Time: (AM) 9:30 AM - 12:30 PM  
 (PM) 2:15 PM - 5:15 PM  
 Venue: SCS Training Room  
 Fee: S\$100 (excl 7% GST)

Note: Discount of 10% awaits if you signed up for more than 3 participants)

\*Inclusive of:

- Summarized Notes & Certificate of Attendance

### Registration Form

Company: \_\_\_\_\_

Type of industry: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Session (Date): \_\_\_\_\_

#### Participants Details

1) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

3) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

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#### For more information:

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