



# VALIDATION OF A DSI / NOTOCORD HEM 3.5 TELEMETRY SYSTEM FOR USE IN DOGS

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## ABSTRACT

The validation of a DSI / Notocord telemetry system was conducted in order to confirm its function and performance with respect to data integrity, accuracy and reproducibility as per FDA GLP Regulations and the Electronic Records: Electronic Signatures (21 CFR Part 11). The intended use of the system is to collect electronic data records, with electronic signatures, based upon ITR's interpretation of the rule. The validation was assembled from Installation (IQ), Operational (OQ), Performance (PQ) Qualification Test Scripts (TS) and from the results obtained by the conduct of a study with conscious Beagle dogs implanted with telemetry transmitters. All test scripts were designed at ITR by members of the validation team (including pharmacology (scientific and technical), IT, QA and senior management). Following the IQ and OQ testing and as part of a PQ testing, positive control substances were administered to the dogs and the expected effects were detected by both pulse rate and heart rate following the administration of Isoproterenol. The second positive control substance, L-NNAME, induced the expected sustained increase in blood pressure in the four treated dogs. The results obtained from this validation study showed that reporting values over a period of 5 minutes for parameters acquired by telemetry, allows measurement over several heart beats and provides accurate results. The validation also included a retraceable Excel reporting workbook that links data in a flexible but secure manner.

## VALIDATION APPROACH

- According to an internal SOP (Computer System Validation)
- Qualification of the system with series of test scripts for Installation, Operation and Performance of the system
- Coverage of the Functional Requirements Specifications

## VALIDATION TEAM

A good collaboration between each group for a successful validation approach

- |                    |   |
|--------------------|---|
| <b>End users:</b>  | define and document user requirements, develop test plans, co-provide resource for qualification, methods for usability and practicability, system performance, system training                           |
| <b>MIS/IT:</b>     | informatics infrastructure, installation and maintenance, co-provide resource for qualification, develops test plans, tools for data security/back-up/archiving, system change control, networks training |
| <b>QA:</b>         | provides quality assurance expertise for the plan and deliverables, monitors compliance with regulations, audits, training for application of regulations   |
| <b>Management:</b> | provides sufficient resources, oversees validation  |

## QUALIFICATION

Using Test Scripts written at ITR, with the software user manual and in collaboration with the vendor

- IQ: by vendor and MIS/IT
- OQ: by end users and MIS/IT

Access manager  
Functionality (with a simulator = controlled tool)

Reporting  
Audit trail  
Configuration, connection and channel activation  
Security

- PQ: by end users and MIS/IT

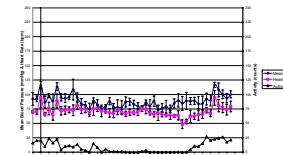
Challenge  
Recording with instrumented animals  
Monitoring of positive control substances  
Virus check  
Backup  
Power failure

All audited by QA

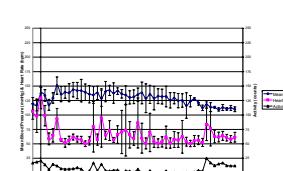
## PERFORMANCE QUALIFICATION

Monitoring of positive control substance effect on blood pressure and heart rate:

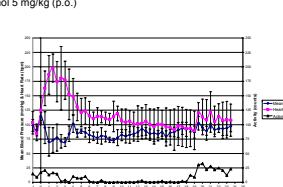
Empty capsule (p.o.)



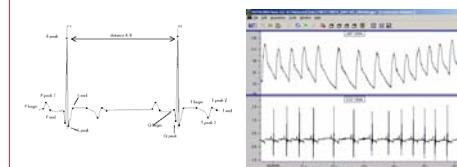
L-NNAME 40 mg/kg (p.o.)



Isoproterenol 5 mg/kg (p.o.)



## ECG: AUTOMATIC ANALYSIS BY THE SOFTWARE



## DELIVERABLES

- Test results
- Any incidents are reported with workaround and resolution
- SOP
- Training
- Maintenance / Change control
- Validation Report

## 21 CFR PART 11

### Approach:

- Checklist already in place which had been used for assessment of existing systems
- Checklist included a direct transcript of the requirements of the rule
- These were expanded upon to describe the company's interpretation of each requirement

### Assessment:

- Was made in relation to the system
- Justification was provided on the checklist for each requirement
- Assessment based on results of the validation process
- Assessment was made by and agreed upon by all members of the validation team

### Claim of Compliance:

- From the assessment it appeared that the system was compliant with the requirements of part 11
- Decision to claim full compliance made and agreed upon by all members of the validation team
- A milestone for the company (paper less system and electronic signatures)

## REPORTING WORKBOOK DESIGN

- Retraceable workbook (Excel audit trail/sharing track changes)
- Workbook protection for structure
- Validated link with acquired telemetry data
- Flexibility: duration and intervals to report
- Automatization of graphical data representation
- Change control procedure

INDIVIDUAL DATA - 10016																		
Time	Lead	Channel	Marker	Interp	Value	Unit	Min	Max	Std Dev	Mean	SD	Min	Max	Std Dev	Mean	SD	Min	Max
10:00:00	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:05	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:00:10	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:15	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:00:20	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:25	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:00:30	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:35	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:00:40	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:45	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:00:50	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:00:55	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:00	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:05	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:10	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:15	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:20	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:25	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:30	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:35	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:40	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:45	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:01:50	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:01:55	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:02:00	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:02:05	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:02:10	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
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10:02:35	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
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10:02:45	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:02:50	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:02:55	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:03:00	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:03:05	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:03:10	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
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10:03:25	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
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10:03:35	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:03:40	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:03:45	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:03:50	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:03:55	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
10:04:00	Frontal 1	BP			110	mmHg	100	120	10	110	10	100	120	10	110	10	100	120
10:04:05	Frontal 1	HR			100	bpm	90	110	5	100	5	90	110	5	100	5	90	110
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