# USER MANUAL FRONT END USER

Medical Device Centralised Online Application System (MeDC@St 2.0)

MODUL UTAMA - CLINICAL RESEARCH USE (FRONT-END USER)

**DISEDIAKAN OLEH :** 



alaysia User Manual Front End User - Notification Medical Device Centralised Online Application System (MeDC@St 2.0)

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#### 1.0 INTRODUCTION

This manual is prepared for the purpose of operational functions of Medical Device Centralised Online Application System.

MeDC@St is a web-based Online Application System for Notification. It is a centralized system where only one account needs to be created by an applicant to apply for Notification Registration. This module that allows all Notification programme operations to run online and monitoring can be carried out in real time.

#### 1.1 SYSTEM ACCESS

MeDC@st (Medical Device Centralised Online Application System) is developed using web-based method in which it utilizes the internet access via internet server. In order to access Medc@st, user has to key in the URL address onto the internet server as followed:

https://medcast.mda.gov.my

## 1.1.1 CREATE ACCOUNT

The screen below shows the expected webpage after the address has been key In.

For new user need to sign up a new account before login the account. User need to

click Sign Up for new registration.



Sign Up

Complete the form and click to sign up a new account. If you

registration account have success, user need to check the email for confirmation.

#### 1.1.2 LOGIN

The screen below shows the expected webpage after the address has been key In.

Username	Pengumuman ANNOUNCEMENT - ABOUT MeDC@St (2017-11-16) New!
Enter username	MeDC@St is a web-basRead More
Password	SEMINAR WITH MEDICAL DEVICE INDUSTRY 2017 (2017-11-10) New! Greetings from the ARead More
Enter password	
Password cannot be blank.	
Sign Up   Reset Password   FAQ   Helpdesk Login	$\triangleleft$

User has to log into the system using registered Username and its respective

Password. Click Login to proceed.

#### 2.0 FUNCTIONS

#### 2.1 DASHBOARD

Below show the Dashboard page that will appear once Notification Module has logged into the system successfully.



### 2.2 MENU NOTIFICATION REGISTRATION

Menu Notification Registration has four type of notification which are *Clinical Research Study, Demonstration/Education Purposes* and *Special Access.* However, Clinical Investigational have three type which are *Investigational Use, Clinical Research Use* and *Notification of Change*.User should click on menu **NOTIFICATION** at left side menu for drop list sub menu Notification module.



#### 2.2.1 NEW APPLICATION FORM

#### **CLINICAL RESEARCH USE**



a) New Application

-> The user should click at menu NOTIFICATION and list of module will be displayed which are Clinical Research Study, Demonstration/Education Purposes and Special Access.

-> The user should click at menu module Clinical Research Study and list of sub module will be displayed which are Device Study and Clinical Research Use.

3 -> The user should click at sub module Clinical Research Use and the New Application Form will be shown.

-> The user should click at New Application Form to make a new Clinical Research Use application..

The application form will appear.

	Circular Letter				
	Guideline Documents				
	Guidance Documents	► Us	er Management		
	User Manual	► De	eleted User		MALAY
MEDCOSt v2	Quick Search	Advance Search		ENGLISH	NEELOFA CO NEELOFA PU RIZ -
🕂 номе	Home / Notifice ons / Clinical	Research - Clinical Research Use (CRU-20220106-2)			
A NOTIFICATION	Clinical tesearch - (	Clinical Research Use (CRU-20220106-	2)		Notification Details
	SECTION AT APPLICANT INFO	RMATION			SECTION C : RESEARCH SITE INFORMATION
HELPDESK	1. Name Of Applicant :*				SECTION D : MEDICAL DEVICE INFORMATION
	+				SECTION E : IMPORTATION ENTRY POINT
	2. NRIC / Passport :* (		3. Designation :*		SECTION F : MULTIPLE SHIPMENT *This section is not applicable at this time. No information required
					SECTION G : ATTESTATION &
	4. Organisation Informiti Organisation Name*	on			Q PREVIEW AND SUBMIT
	_				< •
	Address Of Organisat n				
					<b>*</b>
				17	
Court for Exercise 1 Normal / Normalian	Oreal Research Consol Research Use (20) 2022/116-2	📾 Dučlich o 🐥 (#33) - MELOFA COHELOFA PV RE-	MCBCCCS v20 Continued	Adaman Genetil	NOLDH - 🌲 (+13) - MELOPA-COMELOPA-PU-N2 -
E Clinical Stittory A: APP	Research - Clinical Research Use (CRU-20220106-2)	Nutlification Details     Sectors A. Any state     Sectors A. Any state     Sectors A. Any state	A MOREGUENY     A Control MANAGEMENT     Control Management	Research - Cinical Research Use (CRU-20220106-2) In LCART INFORMATION	
2.5000 (75)	ngant <sup>ar</sup> <b>0</b> 3.0 migration <sup>ar</sup>	NOTING DA	Gaddeel Scoreen     Gadeel Scoreen     Gadeel Scoreen     Gadeel Scoreen     Gadeel Scoreen     Gadeel Scoreen	experti <sup>®</sup> 0 3.5mlgutin	
4. Organisatio Organisation	doe Information	SECTION (IMPORTANCE (IMPORT POINT "Character song point (IMPORT The action is not applicable of the could be obtained as given	a. dependent Organisatio	ation traffermation on Name <sup>®</sup>	
	Dramarian <sup>®</sup>	·	- Address Of	f Dynamication.*	<b>7</b> .
	Hide Maiı	n Menu	Hide	Notification	Details

The application details have eight sections which are:

- a) Section A: Applicant Information
- b) Section B: Research Information
- c) Section C: Research Site Information
- d) Section D: Medical Device Information
- e) Section E: Importation Entry Point
- f) Section F: Multiple Shipment (Disabled)
- g) Section G: Attestations & Declaration

## **Section A: Applicant Details**



1. Name of Applicant

The user should fill the name in the text box that provided.

2. NRIC /Passport

The user must fill in the form according to the format displayed on the figure

below. The user should click at  $^{\it O}$  to appear the format.

3. Designation

The user should fill the designation in textbox that provided shown in figure above.

- 4. Organisation information
- Organisation name -> The user should fill the name in the textbox that provided shown in the figure below.
- Address of organisation -> the user should fill in the textbox with address of organisation.
- State -> User should click in textbox to drop down list and user should select the state that has shown in the figure below.
- City -> If user select the state, automatically the city will appear in form and user should select specific city in drop down list. The user should select the state before click city form to drop down list of city that shown in the figure below.
- Postcode -> The field must contain exactly five numeric. If user fill the form with the alphabet or more than five number, the message will appear "Field must contain exactly 5 numeric."



#### 5. Telephone No

The user must fill the Telephone No in an integer and user can see the format with click at <sup>(2)</sup>. The format will appear like shows in figure above. If user fills in the form except number or number more than eleven, the message "Field must have NUMBERS between 3 - 11 numeric" will appear.

6. Mobile No.

The user must fill the Mobile No in an integer. User can see the format which click at <sup>1</sup> . If user fill in the form except number or more than eleven number, the message "Field must have NUMBERS between 3 - 11 numeric" will appear.

7. Fax No.

The user must fill the Fax No in an integer. User can see the format which click at

If user fill in the form except number or more than eleven number, the message "Field must have NUMBERS between 3 - 11 numeric" will appear.

8. Email Address

User must fill the email based the format. User should click at <sup>(2)</sup> to see the format. The format will be appeared. The symbol "@" must have in email. If user fills the form incorrectly or not follow the format, the message will appear is "Email address is not valid.".

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- 9. Organization/company Role
  - Authorised representative of Foreign Sponsor -> user should click at radio button that provided.
  - Local sponsor
  - Contract Research Organization (CRO)
  - Others (Please Specify) -> Once user click this radio button, the user must specify the role in the text field
- 10. Foreign Sponsor Details, If Applicable
  - 1. Name of Contact Person

The user should fill the name in the textbox.

- 2. Organisation Details
- -
- Click at the "Tick, if the address is outside Malaysia" if the address is outside from Malaysia.

- Organisation Name -> The user should fill the name in the textbox that provided shown in the figure below.
- Address of organisation -> The user should fill in the textbox with address of organisation.
- State -> User should click in textbox to drop down list and user should select the state that has shown in figure above.
- City -> If user select the state, automatically the city will appear in form and user should select specific city in drop down list. The user should select the state before click city form to drop down list of city that shown in figure above.
- Postcode -> The field must contain exactly five numeric. If user fill the form with the alphabet, the message will appear "Organisation Postcode must be an integer.". If user fill in postcode more than five number, the message will appear "Field must contain exactly 5 numeric."

	[			
	Fill in the			
	box			
[				
11. Importer Details (if applicable)	mation.			
1. Company Name :	Fu	II Address		
		<b></b>		
	L		11	
EXTRA INFORMATION AND FILE UPLOAD				
If you have any additional information or documents relate Extra Information <b>@</b>	ed to this application (regardless o	of any Section), please state or upload it here:		
	•			
Extra Information Attachment @				
+ Select file * Supported File Type : pdf				
Upload d Files :-				
No re ults found.				
			Next 🎐	
Unload file	<b>_</b>	And Taken Information Attachment		Click for
opioad me	-	Any Extra Information Attachment		next section
L		•		

- 11. Importer Details (if applicable)
- Click at the "Tick, if the address is outside Malaysia" if the address is outside from Malaysia.
- Company Name -> The user should fill the name in the textbox that provided shown in the figure below.
- Full Address -> The user should fill in the textbox with address of organisation.

After that, the user should click at button to the next section. The form for section B will be appeared.

## Section B: Research Information



The symbol "\*" mean required field. The user must fill it.

1. Purpose for Research

- Companion Diagnostic Test (i.e. Clinical Drug Trial)
- Screening Diagnostic Test (i.e. Health Survey)
- Clinical Trial Of A Medical Technique (i.e. Surgical Technique))
- Others. Please Specify -> Once user click this radio button, the user must specify thepurpose in the text field.
- National Medical Research Registry (NMRR) Registration ID
   The user must fill in the textbox the registration ID with follow the format that

given in the figure below. User should click at <sup>2</sup> to see the format.

3. Protocol No.

The user must fill the protocol number in the textbox that provided.

4. Title of Research

The user must fill the title in the textbox that provided.

5. Proposed start date of research

The user should select a date in the calendar that provided. The user should click in textbox to appear the calendar

 Proposed end date of research : The user should select a date in the calendar that provided. The user should click in textbox to appear the calendar.



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## Section C: Research Site Information

	SECTION O	C : RESEARCH SITE INFO	DRMATION		
	No	Site Name	Full Address	Name Of The Ethics Committee	
	No res	sults found.			
oad file	Please u Approva	upload authorisation r	esearch document (ie: Ethi	cal	
L	🔶 🕇 Sel	ect file *Supported	File Type : pdf		
	Uploade	ed Files :-			
	No re	esults found.			
	🔶 Pre	vious			Next 🔶
Click fr	n l				
previo	us				next sec
sectio	n				

Firstly, the user should click at **a stee** to fill the form of trial site. The form will be displayed within click at button. The figure below shows the form of trial site.



## Add trial site

1. Site Name

The user should fill in the textbox that provided that shown in figure above. If the user don't fill the name, the message "Trailsite Name cannot be blank." will appear.

2. Full Address

The user should fill in the textbox that provided that shown in figure above. If the user don't fill the address, the message "Trailsite Address cannot be blank." will appear.

3. Name of The Ethics Committee

The user should fill in the textbox that provided that shown in figure above. If the user don't fill the name, the message "Trailsite Name Committee cannot be blank." will appear.

Save

## After all the forms are completed, the user should click at

. The details of Site

will appear at table that shown in the figure below.



If user want to update the site, user should click at **Cupdate** and the form will be displayed.

Add Trial Site		×
1. Site Name*		
HOSPTAL KUALA LUMPUR		
2. Full Address *		
JALAN PAHANG, 50586 KUALA LUMPUR, WILAYAH PERSEKUTUAN KUALA LUMPUR		
4. Name Of The Ethics Committee : *		
DATO DR MOHAMED IBRAHIM BIN A WAHID		
	Click for save	Save

If user wants to delete the site, user should click at button "delete" and the alert message will be displayed.



Select file...

button.

#### After the user completely fill the site details, the user must upload the authorisation

research document (ie: Ethical Approval Letter) by clicking

The file must be in pdf. If the user upload file other than pdf, a pop-out message "File Type Not Allowed" appeared.

medcast.mda.gov.my says File Type Not Allowed	
ОК	
If user want back to previous section, user should click at button	
that shown in figure above. Then, user should click at button Next > to the next section.	

	Click radio					
	button	Pli ase uploi di medica Li ti of Devices by Pa Yes No + Upload Medical Devi No	I device details Ickaging (week/etc): Icce (XLSX) + Add N Package Name	* Manually Non I	nvestigational Medic	cal Devices
Upload Medi	al Device	No results round.	Brief Description			Add Nex Investigational Walkad Device Namually X a
How to upl [ EXCEL BAT 1. Please Do Template E	ad Medical Device list. CH UPCOAD ] wnload Template for Medical Device list below. cel For Batch Upload		& Intended Purpose	Identifier	Manufacturer Name	Bud Deception & Instantia Aurguss *
2. Fill in the 3. Upload ** WARNING : 1. PLEASE DO 7 2. YOU CAN RE Choose Fil	excel form and Save. OT CMMGE THE EXCIL TEMPLATE FORMAT. UPLOAD THE EXCIL FILE BUT THIS PROCESS WILL DELETE ALL EXC [] NO file chosen	STRUG DATA AND REPLACE IT WITH THE NEW DATA.				Kandabare Name *
UPLOAD						Und Of Measurement *
						Teal inportation *
1	List of Do	viens by Daelya	aina (walk	(0+0)	Thousor	should click in radio button
				Yes (		
Yes	5" OF "NO" . I	ne user choos	se "No"			
2	The user	should click	at <b>+</b> Uploa	d Medica	I Device (XL	<sup>5X)</sup> to fill the details of
Nor	n-Investigati	ional Medical	Devices in	excel.	The steps	s to upload the
Nor	n-Investigati	ional Medical	Devices in	excel	form disp	olayed in figure below.

#### **Section D: Medical Device Details**

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 $\frown$ 

Organice - New Folder ET - C  Organice - New College Application, 2011015, 10 Date modified Type Optimize Application, 2011015, 10 Date modified Optimize Application, 2011015	Upload Medical Device	×
Interp         Interface         I	How to upload Medical Device list. [EXCEL BATCH UPLOAD] 1mBlass-Download Template from Medical Device list below. Template Excel For Batch Upload	
Choose excel file from local	2. Fill in the excel form and Save. 3. Upload	
desktop	** WARNING : 1. PLEASE DO NOT CHANGE THE EXCEL TEMPLATE FORMAT.	
-	2. YOU CAN RE-UPLOAD THE EXCEL FILE BUT THIS PROCESS WILL DELETE ALL EXISTING DATA AND REPLACE IT WITH THE NEW DATA.	
		Click for
	UPLOAD	download excel
New to uplaad Medical Device list.		file template
1. Nease Dominical Template for Molical Device list below. Template Isocia for E Milital Update		
2 LEB in the real form and Saw. X House  ** NAME  ** NAME  . X HOUSE THE CONTRACT FORM: . X HOUSE THE DECL THEN AT FORM: . X HOUSE THE DECL THEN AT FORM: . X HOUSE THE DECL THE ATTENDED THE DECL THEN THE REP DECL		
unau	Click for	
After excel file is successfully uploaded, the excel file name appeared	Upload	
<b>3</b> The user should click a	+ Add Manually Non Investigational Medical Device	s to fill the

details of Non-Investigational Medical Device manually. The form will be displayed in figure below.

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	Fill in the box	
Non Investigational Medical Device Manually		×
Device Name (As Per Label) *	•	
		11
Brief Description & Intended Purpose *		
		11
loentitier *		
Manufacturer Name *		
		11
Unit Of Measurement *		
		11
Total Quantity/Site *		
Total Importation *		
Update	]	
Click for	or	

#### Add Non Investigational Medical Device

- Device Name (As Per Label) -> The user should fill in the textbox that provided. If the user don't fill the name, the message "Device Name (As Per Label) cannot be blank." will appear.
- Brief Description & Intended Purpose -> The user should fill in the textbox that provided. If the user don't fill the description, the message "Brief Description & Intended Purpose cannot be blank." will appear.
- 3. Identifier -> The user should fill in the textbox that provided. If the user don't fill the identifier, the message "Model Name cannot be blank." will appear.
- Manufacturer Name -> The user should fill in the textbox that provided. If the user don't fill the form, the message "Manufacturer Name cannot be blank." will appear.

- 5. Unit of Measurement ->the user should fill in the textbox that provided.
- Total Quantity/Site -> the user should fill in the textbox that provided. If the user don't fill the total, the message "Total Quantity (units) cannot be blank." will be appeared.
- 7. Total Importation->the user should fill in the textbox that provided.

After that, user should click at to save the details and the details will be displayed in table that shown in the figure below.



If user want to update details, the user should click at button "Update" that shown in figure above. The form will be displayed. Besides that, if user want to delete the details, user should click button "Delete" that shown in figure above. The alert message will be displayed.



If user want to proceed delete, user should click at button "OK".

If user wants to cancel the deleted, user should click at button "Cancel".

			C	lick rad button	10					
			SECTIO	N D : MI DICAL	DEVICE INFORMATION	4				
				ase uplo d medi of DeWes by Yes O No	ical device details Packaging (week/etc):	*				•
Fill	in the box		Pad	ckage Name : *			Add f	Package		Click butt
			No		Package Name				Action	
			No	results found.						
			No	Device Name (As Per Label)	Brief Description & Intended Purpose	Identifier	Manufacturer Name	Unit Of Measurement	Total Quantity (units)	Total Importation
			No	results found.						
TION	I D : MEDICAL	DEVICE		Previous						Next 🔶
TION Pleas List ( Pack	I D : MEDICAL se upload medi of Devices by I Yes O No	DEVICE ical devic Packagii	INFORMATION e details ng (week/etc):	*revious					•	Next 🗲
Pleas List ( Plack	ID: MEDICAL se upload medi of Devices by I Yes No Kage Name : *	DEVICE cal devic Packagii	INFORMATION e details ng (week/etc):	*revious	Add Pa	ıckage			•	Next 🗲
Pleas List ( Pack	I D : MEDICAL se upload medi of Devices by I Yes O No kage Name : *	DEVICE cal devic Packagin	INFORMATION e details ng (week/etc):	*revious	Add Pa	uckage				Next 🔶
Pleas List ( Pack	ID: MEDICAL se upload medi of Devices by I Yes No kage Name : *	DEVICE ical devic Packagin n. ame	INFORMATION e details ng (week/etc):	*	Add Pa	uckage			Clic	Next >
TION Pleas List ( Pack howin No	ID: MEDICAL se upload medi of Devices by I Yes No kage Name : * ng 1-1 of 1 iten Package Na PACKAGE 1	DEVICE ical devic Packagin m. ame	INFORMATION e details ng (week/etc): Action + Upload Me	Previous	Add Pa KLS, XLSX] + Add d	ıckage evice manual	ly [2] Update	Delete	Clic	Next >
TION Pleas List C Pack howin No 1	ID: MEDICAL se upload medi of Devices by I Yes No cage Name : * Ng 1-1 of 1 iten Package Na PACKAGE 1 Device Name (As Per Label)	DEVICE cal devic Packagin m. ame Brief & Int Purp	Action Action Description ended ose	Previous	Add Pa KLS, XLSX] + Add d Manufacturer Name	evice manual Unit Of Measurer	ly C Update Tetal Click for	Delete	Clic de	Next ♪



The user should click at

Upload Medical Device (XLSX)

to fill the details of

Non-Investigational Medical Devices in excel. The steps to upload the Non-Investigational Medical Devices in excel form displayed in figure below.



3

2

The user should click at

+ Add Manually Non Investigational Medical Devices

to fill the

details of Non-Investigational Medical Device manually. The form will be displayed in figure below.

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	Fill in the box	
Non Investigational Medical Device Manually		×
Device Name (As Per Label) *	•	
		1
Brief Description & Intended Purpose *		
		11
Identifier *		
Manufacturer Name *		//
		11
Unit Of Measurement *		
		11
Total Quantity/Site *		
Total Importation *		
Click for		

#### Add Non Investigational Medical Device

- Device Name (As Per Label) -> The user should fill in the textbox that provided. If the user don't fill the name, the message "Device Name (As Per Label) cannot be blank." will appear.
- Brief Description & Intended Purpose -> The user should fill in the textbox that provided. If the user don't fill the description, the message "Brief Description & Intended Purpose cannot be blank." will appear.
- 10. Identifier -> The user should fill in the textbox that provided. If the user don't fill the identifier, the message "Model Name cannot be blank." will appear.
- Manufacturer Name -> The user should fill in the textbox that provided. If the user don't fill the form, the message "Manufacturer Name cannot be blank." will appear.

- 12. Unit of Measurement ->the user should fill in the textbox that provided.
- 13. Total Quantity/Site -> the user should fill in the textbox that provided. If the user don't fill the total, the message "Total Quantity (units) cannot be blank." will be appeared.
- 14. Total Importation->the user should fill in the textbox that provided.

After that, user should click at to save the details and the details will be displayed in table that shown in the figure below.



If user want back to previous section, user should click at butt	on Free	vious
that shown in figure above. Then user should click at button	Next 🔶	to the
next section.		

Below shows a pop-out message "Data list of medical devices will be eliminated if changing the type of packaging !!" when the user want to change the "Yes" or 'No radio button.

Data list of medical devices will be eliminated if changing the type of packaging !!		×
Canc	el	ОК

## Section E: Entry Point

Clinical Research - Clinical R	esearch Use (CRU	-20220113-11)
SECTION E: IMPORTATION ENTRY POINT	Click in checkbox	
(please tick the appropriate box)		
Lapangan Terbang Antarabangsa Ku	ala Lumpur 1	Lapangan Terbang Antarabangsa Kuala Lumpur 2
Lapangan Sultan Abdul Aziz Shah Su	ibang	Pelabuhan Pulau Pinang
🗌 Pelabuhan Johor Pasir Gudang		Dethers
Previous		Next →
Click for previous section		next section

The user should click in checkbox based the place of entry point that user chosen. After that, If user want back to previous section, user should click on button





## Section F: Multiple Shipment (Disabled)

Section F: Multiple Shipment is disabled. The user unable to click Section F

>	Notification Details
	SECTION C : RESEARCH SITE INFORMATION
	SECTION D : MEDICAL DEVICE
	SECTION E : IMPORTATION ENTRY POINT
	SECTION F : MULTIPLE SHIPMENT *This section is not applicable at this time. No information required
	SECTION G : ATTESTATION & IMPORTATION
	<b>Q</b> PREVIEW AND SUBMIT
	< →

#### Section G: Attestations & Importation



The user should click in checkbox that shown in figure above to agree of term and conditions.

The user also can click at

to back the previous section and if user

complete the form, user should click at

Q PREVIEW AND SUBMIT to preview details of

application. The figure below shows the details of application with status "Complete" or Not Complete".

Previous



The button "submit" will be displayed, if all the form status "complete". The user should complete all the form of application.

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After user click button "Submit", the alert message will be displayed.

Confirm Submit Application?	×
	Cancel OK

The user click "OK" to proceed to submit application and click "Cancel" to cancel the submitted application.

Once the user click "OK" button, the user will get the two notification emails which are the submitted application notice and the payment notice. Figure belows the email that received by the user. Medical Device Authority, Ministry of Health Malaysia User Manual Front End User - Notification Medical Device Centralised Online Application System (MeDC@St 2.0)



After the application is successfully submitted, a message "Please submit the payment fee to ensure this submission can proceed to the next stage. For payment using Bank Draft, it is **COMPULSORY** to key-in Bank Draft number and amount." appeared.



The Figure below shows the page once the user click . The user click . The user

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	FPX met	nod		Bankdraft method	
	Ļ			Ļ	
on (SUBMISSION ID : CRU-20220121	-21)		× Notification (SUBMISSION	ID : CRU-20220121-21)	×
TION PAYMENT DETAILS			APPLICATION PAYMENT DI FPX ACCOUNT TYPE : 2 KOD HASIL FAST MEDIA :	ETAILS 172210	1
tion (Submission ID : CRU-20220121	-21)		Application (Submission	ID : CRU-20220121-21)	
yment Amount	: RM 300.00		Payment Amount	: RM 300.00	
ment Description	: APPLICATION F	EE	Payment Description	: APPLICATION FEE	
yment Options	:  ● FPX	) bankdraft	* Payment Options	: O FPX 🖲 BANKDRAFT	
Pay with Online Banking	FPX Operating Hours 24 Hour / 7 Click On The Link To Go To FPX Website	What ISPR? A real-time payment solution from your internet banking account. Benefits of FPX SIMPLE: only in a single click. - CONVENTINT payment anytime, anywhere. - SURVE: FPX uses authentication and certification to ensure safe transaction. - Beal-time transaction.	1. Bayaran boleh di *KUMPULAN WAN alamat saparti yang Payment shall be printe and bring this 2. Bayaran atas tali Online payment sh	bud téngan menggunakan Bank Deraf tata nama MINAM BERKLASKA DERAMT PERUBATAN". Sila cetak dan bawa invois ini bersama Bank Deraf ke tertera da tata: stau ade through Bank Draft to TKIMBUL AWAG PIAK BERKLASK PERAMT PERUBATAN". Please mixele tegethere with the Bank Draft to our address shown above: or an boleh dibuat melalui laman sesawang www.mda.gov.my dan mengikut arahan yang diberikan. ali be made through www.mda.gov.my and foliow the test succions given.	
ount Type	Personal Account      C	prporate Account	3. Bayaran hendakla Päyment must be n	ah dibuat dalam tempoh 30 hari dari tarikh invois ini. nade within 30 days of the date shown on this invoice.	
····· 01.			4. Untuk pembayara     dimasukkan kedala	an Bank Deraf, maklumat Bank Deraf (no. bank deraf dan amaun bank deraf) mestilah m sistem sebelum menghantar Bank Deraf asal ke Pihak Berkuasa Peranti Perubatan.	

The Figure below shows the page if the user click the  $\times$  icon to make a payment later.

- 1. The user at the notification list page.
- 2. Status of the submitted application -> APPLICATION FEE (UNPAID)
- 3. The user click **Payment** button or **Add To Bulk Payment** to make a payment.
- 4. The user can pay using FPX method or Bankdraft method.

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The user also can view and print the submitted application by go to [Notification List] then,





Then, after the application goes through all the stages, the user will get email notification once the application is approved or rejected. Figure below shows the "Approval" and "Rejection" notification email that received by the user.

When the status of the application is "PRINT LETTER OF ACKNOWLEDGEMENT". To

proceed to make a subsequent notification, The user must click for the page is refreshed, the

<sup>C</sup> Subsequent Notification appeared and the status of the application is changed to "COMPLETE".



**5** The user click at Notification List to view all the ACTIVE applications. applications. Several actions that can be made in the Notification List such as

- The user can update the application in the draft by clicking the button.

- The user can delete the application in the draft by clicking the button.
- The user can print e-Letter if the application is approved by clicking the Print Letter button.
- The user can make a subsequent notification for completed application by

clicking the Subsequent Notification button.

6

The user click at History to view all the Inactive 'COMPLETE' and rejected applications for both First Application and Subsequent. Activeness for rejected application is marked as 'ARCHIVED'.

	Notification						
Showi	ng <b>1-15</b> of <b>15</b> items.						
No	Submission ID	Submitted At	Application Type Name	Application Status Name	Created By	Activeness	Action
1	CRU-20211222-2 (6)	22-12-2021	SUBSEQUENT CLINICAL RESEARCH USE	REJECT	AQILAH ALIAH	ARCHIVED	Q View
2	CRU-20211222-2 (5)	22-12-2021	SUBSEQUENT CLINICAL RESEARCH USE	COMPLETE	AQILAH ALIAH	ACTIVE	Q View
3	CRU-20211222-4 (5)	22-12-2021	SUBSEQUENT CLINICAL RESEARCH USE	COMPLETE	AQILAH ALIAH	ACTIVE	Q View

## b) Subsequent application

User click on the Application List at Clinical Investigation > Clinical Research Use.

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The system will display page of list application of Clinical Research Use..

	Noti	fication List					
12	Bulk Pa	ayment List					
how	ing <b>1-</b> 2	20 of 21 items.					
	No	Submission ID	Submitted At	Applicant	Notification Type Name	Notification Status	Action
		CRU-20220120-			CLINICAL RESEARCH		Q View P.advice & Receipt
	1	16	20-01-2022	AQILAH ALIAH	USE	COMPLETE	Subsequent Notification
	2	CRU-20211222-2	22-12-2021	AQILAH ALIAH	CLINICAL RESEARCH USE	APPLICATION FEE (BANK DRAFT	Q View P.advice & Receipt
						SUBMITTED)	
	3	CRU-20211222-2	22-12-2021	AQILAH ALIAH	SUBSEQUENT CLINICAL RESEARCH	COMPLETE	Q View E Subsequent Notification
		(/)			USE		Print Letter 📜 Notification History

User click on **Subsequent Application**. Next step is click OK and the system will display *Subsequent Application* where the data has been copied from the previous application.

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номе 👻	Home / Notifications / Clinical Research - Clinical	al Research Use (CRU-20220120-16 (1))		
	= Clinical Persoarch - Clinical Pers	arch Lice (CPU-20220120.16 (1))	<b>&gt;</b>	Notification Details
ACCOUNT MANAGEMENT 🔫				
ONLINE HELP -	SECTION A : APPLICANT INFORMATION			INFORMATION
HELPDESK	1. Name Of Applicant :*			SECTION B : RESEARCH INFORMATION
	DR. SHARIFAH FARIDAH BINTI SYED ON	IAR		SECTION C : RESEARCH SITE INFORMATION
•	2. NRIC / Passport :* 🖗	3. Designation :*		SECTION D : MEDICAL DEVICE
	990406107777	PRINCIPAL INVESTIGATOR		SECTION E : IMPORTATION ENTR POINT
	4. Organisation Information			SECTION F : MULTIPLE SHIPMEN *This section is not applicable at th
	Organisation Name*			time. No information required
	MEDICAL RESEARCH ETHICS COMMITT	E, UNIVERSITY MALAYA MEDICAL CENTRE		٠

If the subsequent application is in draft and the user click the **Subsequent Notification** button again, a "You have drafted (**No. Submission ID**) subsequent application for this notification." message appeared.

You have drafted (CRU-20211222-2 (8)) subsequent application for this notification.	×
	ОК

The user click "OK" to close the message.

Also, if the subsequent application is in process, if the applicant click the subsequent button, a "You have in process (**No. Submission ID**) subsequent application for this notification."message appeared.

You have in process (CRU-20220120-16 (1)) subsequent application for this notification.	×
	ОК

The user click "OK" to close the message.

Then, the user complete the Subsequent Application form. The user can make any changes in Section A, B, C, D, E and G. But in Section B, there a 3 fields are are which are **"Purpose Of Research"**, **"National Medical Research Registry (NMRR)** Registration ID" and **"Protocol No"**. Therefore, the user are unable to make any changes to that 3 fields.

CTION B : RESEARCH INFORMATION		$\sim$	Notification Details
1. Purpose Of Research :*			SECTION A : APPLICANT INFORMATION
Companion Diagnostic Test (i.e. Clini	ical Drug Trial)		SECTION B : RESEARCH
Screening Diagnostic Test (i.e. Health Screening Diagnostic Test (i.e. Health	h Survey)		INFORMATION
<ul> <li>Clinical Trial Of A Medical Technique</li> <li>Others. Please Specify</li> </ul>	(i.e. Surgical Technique)		SECTION C : RESEARCH SITE INFORMATION
OTHERS (PLEASE SPECIFY)			SECTION D : MEDICAL DEVICE INFORMATION
			SECTION E : IMPORTATION ENTRY POINT
2. National Medical Research Registry (NMI	2. National Medical Research Registry (NMRR) Registration ID : 🕢		
21-1539-60937			* This section is not applicable at this time. No information required
3. Protocol No : *	4. Title of Research : *		4
JH-COR-003	A RANDOMIZED, DOUBLE-BLIND, PLACEBO- CONTROLLED, PHASE III STUDY TO EVALUATE THE	* •	<b>Y</b> <

Next, the user review all information in Section A, B C, D, E and G and the user click

on button

EVIEW AND SUBMIT

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Clinical Research Application	×
SUBMIT	
SECTION A : APPLICANT DETAILS	Complete
SECTION B : RESEARCH INFORMATION	Complete
SECTION C : RESEARCH SITE INFORMATION	Complete
SECTION D : MEDICAL DEVICE INFORMATION	Complete
SECTION E : IMPORTATION ENTRY POINT	Complete
SECTION F : MULTIPLE SHIPMENT	Not Applicable
SECTION G : ATTESTATIONS & DECLARATION	Complete
🖺 SUBMIT	

The status of application will be on evaluation stage.

•	Noti	fication List					
how	ing 1-	20 of 22 items.					
0	No	Submission ID	Submitted At	Applicant	Notification Type Name	Notification Status	Action
	1	CRU-20220120- 16 (1)	20-01-2022	AQILAH ALIAH	SUBSEQUENT CLINICAL RESEARCH USE	EVALUATION	Q, View III Notification History
	2	CRU-20220120- 16	20-01-2022	AQILAH ALIAH	CLINICAL RESEARCH USE	COMPLETE	Q, View P.advice & Receipt Solosequent Notification

And the user will get the submitted subsequent application notice emails. Figure belows the email that received by the user.

'EXEMPTION CERTIFICATE' OF from:No Reply MedcastV2 <medcast_mail@mdb.gov.my> received: Today - 602 pm</medcast_mail@mdb.gov.my>	CLINICAL RESEARCH USE	
APU Descrivered DAPU	Asia Pacific University (APU) Dual Awards with De Montfort University (DMU), UK.	Φ×
22 - 25 JANUARY 2022	Asia Pacific University	Open >
Dear Sir Madam, EXEMPTION CERTIFICATE NOTIFICATION D: (MDA/CRU/2022/1779) With reference to the above matter, we are pleased to inform you that your m conditions as stated in Appendix 1 of the Exemption Certificate. You shall aw Please log into your MED/C@St account to view your Exemption Certificate recorded against the Notification ID shown at the top of the letter, which we Thank you. Sincerely, Chief Executive Medical Device Authority Ministry of Health Malayaia (This is an auto-generated email. Please do not reply.)	otification has been recorded based on your declaration. In accepting your notification, yo vare that it is an offence to place on the market medical device that does not comply with Copy document can be downloaded and printed. The information provided in the Exemp ask you to quote in all future correspondence and communications.	u shall comply with all the the Act. tion Certificate has been

Then, after the application goes through all the stages, the user will get email notification once the application is approved or rejected. Figure below shows the "Approval" and "Rejection" notification email that received by the user.

	Approval letter notice email			Rejection letter notice email	]
	Ļ			Ļ	
'SUBSEQUENT NOTIFI from:No Reply MedcastV2 <medcast_mail@mdb.g received: Jan 24 10:40 am</medcast_mail@mdb.g 		RESEARCH USE )	REJECTION NOTICE from/No Reply MedcastV2 <medcast_mail@mdb.gov.x received: ian 24 1043 am</medcast_mail@mdb.gov.x 	ny>	
Save Upto 45% on Bus Tickets Book Now	Bus Tickets At Best Price	Bitform. Book Your Bus Tickets.	Save Upto 45% on Bus Tickets Book Now	Bus Tickets At Best Price	BK
	redBus.my	Book Now >		redBus.my	Book Now >
Dear Sir/Madam,			Daar SieMadam		
SUBSEQUENT NOTIFICATION NOTICE SUBSEQUENT ID : CRU-20211215-535 (1)			NOTIFICATION ON IMPORTATION OF MEDICAL DI 2016	EVICES FOR THE PURPOSE OF CLINICAL RESEARCH USE UN	DER THE MEDICAL DEVICE (EXEMPTION) ORDER
With reference to the above matter, We are pleased to int with all the conditions as stated in Appendix 1 of the firs the Act.	form you that your subsequent notification has been recorded based on your d t notification's Exemption Certificate. You shall aware that it is an offence to p	sclaration. In accepting your notification, you shall comply place on the market medical device that does not comply with	Thank you for notifying the Authority for the above matter. A careful consideration, we regret to inform that this notification	fter assessing your notification, we found that your notification is not full n is rejected.	filling the criteria for the above exemption. Therefore with
Please log into your MeDC@St account to view your Ex recorded against the Notification ID shown at the top of	temption Certificate. Copy document can be downloaded and printed. The info the letter, which we ask you to quote in all future correspondence and commu	remation provided in the Exemption Certificate has been nications.	Thank you.		
Thank you.			Sincerely,		
Sincerely,			Chief Executive Medical Device Authority		
Chief Executive Medical Device Authority Ministry of Health Malaysia (This is an auto-generated email. Please do not reply.)			Ministry of Health Malaysia (This is an auto-generated email. Please do not reply.)		

## 2.2.2 RETURN FOR CHANGES

If back end user make the process "RETURN FOR CHANGES" to front end user, the user will get the "RETURN FOR CHANGES" notification email. The Figure belows shows the "RETURN FOR CHANGES" notification email that received by the user.



Also, the status of application will be changed and the Front End User should make the changed at application form that applied.

## The figure below shows the application status that changed in front end user.

	Noti	fication List					
<b>F</b>	Sulk P.	ayment List					
	No	20 of 21 items. Submission ID	Submitted At	Applicant	Notification Type Name	Notification Status	Action
	1	CRU- 20220120-16	20-01-2022	AQILAH ALIAH	CLINICAL RESEARCH USE	RETURN FROM MDA (REQUIRE CHAN	Q View Vipdare Padvice & B
	2	CRU- 20211222-2	22-12-2021	AQILAH ALIAH	CLINICAL RESEARCH USE	APPLICATION FEE (BANK DRAFT SUBMITTED)	Q View P.ac rice & Receipt
	3	CRU- 20211222-2 (7)	22-12-2021	AQILAH ALIAH	SUBSEQUENT CLINICAL RESEARCH USE	COMPLETE	Q View Subsequent N tiffcation Print Letter Motification H story

After that, user should click at <sup>Update</sup> to update or make changes at application form. The details of information that user click "NO" at EVALUATION process will be

Details for update	
Clinical Research - Clinical Research Use (CRU-20220120-16)	•
Comment By MDA Officer	
Dear Sir/Madam, You need to provide following information based on the comments given. Only the following Information Section has been opened for the purpose of updating information.	
SECTION A : APPLICANT INFORMATION	
1. Name of Applicant 2. NRIC / Passport	
SECTION A : APPLICANT INFORMATION  1. Name Of Applicant :*	

displayed that shown in the figure below.

Then, user should update the details of application information at the form. The user can edit at detail that changed only.

SECTION A : APPLICANT INFORMATION 1. Name of Applicant 2. NRIC / Passport	Details can be edited
CTION A : APPLICANT INFORMATION	
1. Name Of Applicant :*	▼
DR. SHARIFAH FARIDAH BINTI SYED OMAR	٤
2. NRIC / Passport :* 🛛	3. Designation :*
990406107777	PRINCIPAL INVESTIGATOR
4. Organisation Information Organisation Name*	
4. Organisation Information Organisation Name* MEDICAL RESEARCH ETHICS COMMITTEE,	UNIVERSITY MALAYA MEDICAL CENTRE

And then, click

**Q** PREVIEW AND SUBMIT

to submit the application.

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Clinical Research Application	×	
SECTION A : APPLICANT DETAILS Comple	te 1	
SECTION B : RESEARCH INFORMATION Comple	te	
SECTION C : RESEARCH SITE INFORMATION Comple	te	
SECTION D : MEDICAL DEVICE INFORMATION Comple	le	
SECTION E : IMPORTATION ENTRY POINT Comple	te	
SECTION F : MULTIPLE SHIPMENT Not Applicat	le	
SECTION G : ATTESTATIONS & DECLARATION	le	
PRINT APPLICATION		
Click for submitted	ļ	

The status will be changed to EVALUATION again that shown in figure below.



The user should make the process EVALUATION at back end user.