

Supplier Qualification Questionnaire

Form:

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Supplier Information	
Vendor Name:	Website Address:
Address:	
City:	State: Zip:
Telephone:	Email Address:
Supplier Contact Name:	Supplier Contact Title:
Telephone:	Email Address:
Quality Assurance Contact:	Title:
Telephone:	Email Address:
Type of Facility: Material Supplier Manufacturing Service Distributor Other	
Description of Primary Products or Services:	
Is this the site the material or product is manufactured or service is performed? Yes No If No, please provide the address for the site below:	
How long has your company been in business?	
How many people does your company employ?	
What is the square footage of your facility? OFFICE MFG/DISTRIBUTOR	
Are you a global, national or regional supplier?	
Have you ever operated under a different name and/or declared bankruptcy?	



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Part A General Questionnaire (All Suppliers):
1. Have you been certified to ISO 13485:2016, ISO 9001:2015 or GMP? Yes No
If yes, please provide a copy of the certificate issued by the registrar.
2. Have you been accredited under another recognized quality standard? Yes No If yes, what standard have you been accredited under?
3. Is this facility registered with the FDA? Yes No If yes, please provide the FDA Registration Number:
4. Has the FDA inspected this facility? Yes No
If yes, please provide the last inspection date:
5. Manufacturers/Subcontractors/Distributors: Does your company have experience manufacturing, specifying, or distributing medical devices, or components used in medical devices? Yes No N/A Service Providers: Does your company have experience in providing services in the medical device or regulated industry? Yes No N/A Please provide a brief description of the company's experience in the medical device area or company's relevant experience in other related areas.
6. Can your organization accommodate on-site or desktop quality system audits? If so, how much advance notification would you require?
7. Do you agree to notify GeneproDx of changes to products or services that may impact product quality, or the ability of the product or service to continue to provide safe and effective products and treatments, or other?
NOTE: Changes <u>must</u> be communicated to GeneproDx with sufficient notice to allow an assessment by GeneproDx of the impact of a change <u>before</u> any such change is implemented.
Please attach any additional supporting information, such as a Company brochure, PowerPoint Presentation, or Organizational Chart that would help GeneproDx familiarize ourselves with your organization. Please list attachments:



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NOTE: If your company is <u>ISO certified</u> , please provide the company's ISO Certificate with this questionnaire and <u>do not complete Part B.</u>	
If you are providing a software service, including SaaS, software development, software engineering please complete <u>Part C.</u>	
Part B	
Questionnaire: Quality System Evaluation (Non-ISO Certified Suppliers Only)	
1. Do you have formal documented policies, procedures and instructions for managing quality and quality related issues?	
Yes No NA	
2. Does Executive Management periodically and formally review the effectiveness of your quality system?	
Yes No NA	
If yes, how frequently?	
3. Do you have a system for controlling quality related documents to prevent unauthorized use of	
uncontrolled or outdated documents?	
Yes No NA	
4. Do you have a system for controlling quality related records providing evidence of conformance to requirements?	
Yes No NA	
5. Have personnel whose work may impact quality been trained in basic good manufacturing practices, and in the impact of defects on product quality?	
Yes No NA	
6. Are suppliers evaluated to ensure they are capable of meeting your requirements for delivery and quality?	
Yes No NA	
7. Is the manufacturing/production process described in a plan documenting required equipment,	
maintenance, instructions, materials, personnel, process flow, inspections, tests, and records?	
YesNoNA	
8. Are facilities and equipment appropriate to meet GeneproDx requirements for quality?	
Yes No NA	
9. Is test and measurement equipment maintained in a calibrated state against authorized standards?	
☐ Yes ☐ No ☐ NA	



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10. Are products withheld from shipment until all requirements have been completed and approved?
11. Are products identified with a control number, and is traceability maintained throughout all stages of production, storage, and distribution?
Yes No N
12. Is product found not to conform to requirements identified, segregated, and disposed as nonconforming product?
☐ Yes ☐ No ☐ No
If nonconforming product is allowed to be repaired, re-classified, re-inspected, or to be used under concession, describe the process below or on an attached sheet.
13. Is there a formal system for receiving and resolving customer complaints?
Yes No No
Who is the contact for initial communication of complaints?
14. Is there a formal system for corrective action, preventive action, and continual improvement activity?
Yes No N
15. Are process results and trends analyzed statistically to identify negative trends or opportunities for improvement?
Yes No No



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	Part C Questionnaire	
	Software Service (Includes SaaS, Software Development, Software Engineering)	
	ftware Development Lifecycle	
1.	Please provide a high-level overview of the SDLC.	
2.	Does the SDLC include an assessment of the regulatory and compliance requirements of a system, including: GxP 21 CFR Part 11 HIPAA GDPR	
3.	Does the SDLC include the following activities/deliverables for the system/product, where warranted: Business Requirements System Design Specification? Configuration specification? Validation Plan? Installation Testing Script? Configuration Verification Testing Script? Unit, Integration, Regression, Functional, System Testing Scripts? Traceability Matrix? Validation Summary Report?	
4.	What other documentation is produced as part of a product/system: Installation Guide? Administration Guide? Database Design/Schema User Guide?	
5.	Is the SDLC documentation for the products/services available for review? Yes No	
6.	How is source code managed and controlled?	
7.	Do you have defect tracking and customer issue reporting processes in place? Yes No	
8.	Please confirm that company has a tested, documented backup procedure in place to protect client data from loss in the event of a system or application failure.	
9.	Is the quality organization independent from the IT organization? YesNo	
10	. Does the Quality group perform periodic audits of system quality, documentation, and procedural compliance? YesNo	



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11. Do formal coding standards and/or guidelines exist?
☐ Yes ☐ No
Software Change Control
1. Describe your Change Control process.
2. Is there a requirement for a quality and/or independent approval of change requests? YesNo
IT Environment
1. Provide a high-level overview of the IT environment that the product is hosted/served from.
2. What monitoring admin-reporting capabilities are available for system usage and license
management?
3. How does the company mitigate the risks of computer viruses?
4. a. How does the company securely exchange documents and data with customers (i.e. Secure Web Portal, VPN, etc.)?
b. How do you manage remote access to your corporate network?
5. Is support available internationally? YesNo
6. Describe the frequency of product releases. What is the current version of the proposed
products?
7. What monitoring admin-reporting capabilities are available for system usage and license management?



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8.	Please explain the physical measures takes to protect any network or server infrastructure used		
to proc	ess or s	store Client data.	
	a.	Does the company regularly conduct penetration testing on computer syst	ems?
	b.	Does the company regularly conduct vulnerability scanning on computer s	ystems?
	c. regula	Please explain how the company keeps all computer systems updated and or basis.	patched on a
9.	How do	o you assess the security of the software that you develop and acquire?	
10. Web Po		oes the company securely exchange documents and data with customers (i PN, etc.)?	.e., Secure
	a.	Please explain how the company uses encryption to protect data at rest ar	nd in transit.
	b.	Do you offer multi-factor authentication?	Yes No
	c.	Does the company support single sign-on with SAML 2.0?	Yes No
11.	Provide	e a high-level overview of the IT environment that the product is hosted/se	rved from.
	a.	Do you own the servers and space?	Yes No
	b.	What software packages are used? Are there any cloud based service pro-	viders?
	c.	If cloud based service providers are used, have they been qualified and apvendors?	proved as a



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12.	12. What monitoring admin-reporting capabilities are available for system usage and license management?			
IIIaiia	management:			
13.	Please confirm that the Company has technical, physical and organizational meas	_		
-	es, procedures, processes, controls and training programs, that meet industry stand	-		
	feguard and back up data, whether stored on a server, in the cloud or on a mobile d	evice,		
includ	ding personal data, and that the Company keeps the data confidential.			
Busin	ess Continuity Plan and Recovery			
1.	Does the company have formal Business Continuity and Disaster Recovery Plans?			
		YesNo		
2.	Is your Business Continuity Plan approved by executive management?			
	a your business community man approved by encountry managements	☐ Yes ☐No		
3.	In the event of a regional disaster or crisis, will the plans allow for the recovery of	all critical		
	business products and services?			
		YesNo		
4.	Is your Business Continuity Plan formally reviewed and updated on a routine basis	s?		
		☐ Yes ☐ No		
5.	Is your Business Continuity Plan tested on a routine basis?			
		YesNo		
6.	Describe your data backup policy, backup procedures, data recovery capabilities,	backup		
	technology and data retention policy	•		



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EU General Data Protection Regulation (GDPR)			
1. Is your company in compliance with GDPR? Tyes No			
If yes, describe the process you used to ensure compliance. If no, describe the actions you are taking			
and provide a date when you will become compliant.			
2. Please attach the GDPR compliance statement that you are providing to your clients?			
3. List your data classifications including specific classifications for Personal Data?			
4. If you are collecting or receiving personal data, describe the systems and data-stores where this			
data resides (Database, email, fileshares, etc.)?			
5. Where is personal data physically located (hosted)? Provide third party vendor that may apply			
and include physical address and country			
6. Why is personal information being collected and how is it being used?			
, special control of the control of			
7. List third party entities that personal information is or has been shared with			
Cocurity			
Security 1. Do you have a dedicated security officer? Ves No.			
1. Do you have a dedicated security officer? Yes No			
If so, please describe their role in the organization?			
Does the company carry at least \$2 million in cybersecurity insurance coverage?			
2. Does the company carry at least \$2 million in cybersecurity insurance coverage:			
3. Provide a high-level overview of the company's physical security system and cybersecurity			
framework?			
Hamework:			



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4.	Are there formal, written information security policies and procedures?	Yes No
5.	Does the company require all employees and subcontractors to comply with all so	ecurity policies
and cu	ustomer agreements?	
		Yes No
7.	Does the company have a formal breach procedure?	
		Yes No
	a. In the event of a breach, does the company have a tested, documented in response procedure in place to follow?	cident
	b. How will company notify and communicate with customers in the event of information security incident?	f an
8.	Do you have a dedicated training process related to Security and Privacy?	Yes No
8.	What is the contingency plan if systems are temporarily unavailable?	
9.	Please explain how the company segregates client data from other customers' da	nta in their
compu	uter systems.	
9.	Are highly privileged accounts (such as administrator accounts) periodically a	udited?
11.	Please confirm that the company will agree to respond and cooperate during an i	nformation
security investigation/assessment or audit.		
12.	Are systems and applications protected by individual user IDs and passwords?	Yes No



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13.	Are user accounts access to information periodically reviewed?	Yes No
14.	Please confirm that the company has documentation that describes how, in the extermination of the customer agreement, upon the successful return or destruction data present on servers and other redundant storage locations will be certified as	n of all client
15.	Are the development and manufacturing facilities adequately secured against una entry?	uthorized Yes No
	Is there a documented authorization list? How is access authorized?	Yes No



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Please check all parts completed:		
Supplier Information (Required)		
Part A Supplier General Questionnaire (Required)		
Part B Supplier (Required if not ISO Certified)		
Part C Software Service (Required if providing a type of software service)		
Printed Name:	Title:	
Signature:	Date:	



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This Section is Completed by GeneproDx Only

Review and Approval: Additional Actions Required Yes No			
Disposition: Accept Reject			
If Reject, provide reason:	□ N / A		
GeneproDx Quality:			
Printed Name:	Title:		
Signature:	Date:		