GS1 Healthcare Newsletter

N° 29 – Q1 2014

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Special feature: GS1 Healthcare Conference in Seoul

Seoul welcomes the 25th Global GS1 Healthcare Conference

The latest global conference took place in Seoul during the first week of April. This conference was particularly exciting as it was the 25th edition since the first Healthcare User Group meeting. It all started in 2005 in Princeton, U.S., where the first meeting took place and gathered 22 participants for two half days. Since then, the conferences have evolved some what with the latest three day conference attended by 200 delegates from over 30 countries.

For more information on the conference and to view the presentations **click here.**

Australia - Healthcare Supply Chain Reform

In Seoul, Mark Brommeyer, Supply Chain Manager at the National E-Health Transition Authority (NEHTA), presented the latest updates on the eHealth supply chain reform and the launch of RecallNet in Australia.

NEHTA developed a National Product Catalogue (NPC) which provides suppliers with a single mechanism to communicate structured catalogue data to many health customers, as well as enabling synchronisation of product and pricing data for accuracy in electronic procurement. NPC is key to standardised data and uses global identifiers across all parties using a GS1 Global Trade Item Number (GTIN) and Global Location Number (GLN). To support New South Wales (NSW) Health business requirements, prospective Healthcare suppliers are advised that the publication of contract items and price information to NSW Health through the National Product Catalogue (NPC), prior to the commencement of the agreement, is mandatory for specified contracts.

Mark Brommeyer said, ***"The identification of Healthcare products and their physical location is critical in any safe and efficient Healthcare system".***

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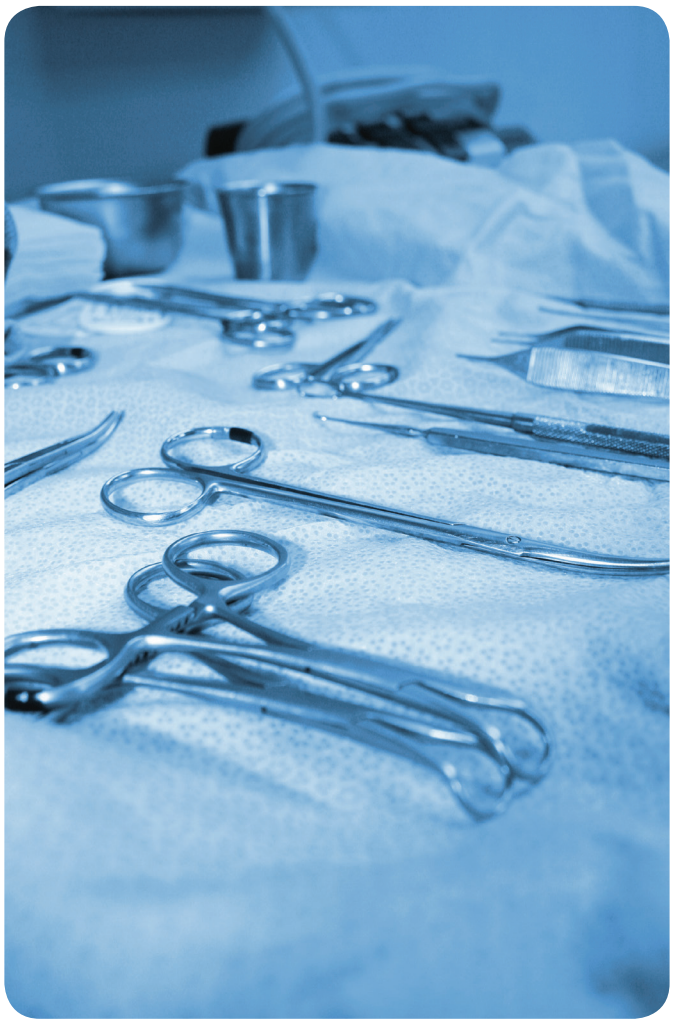
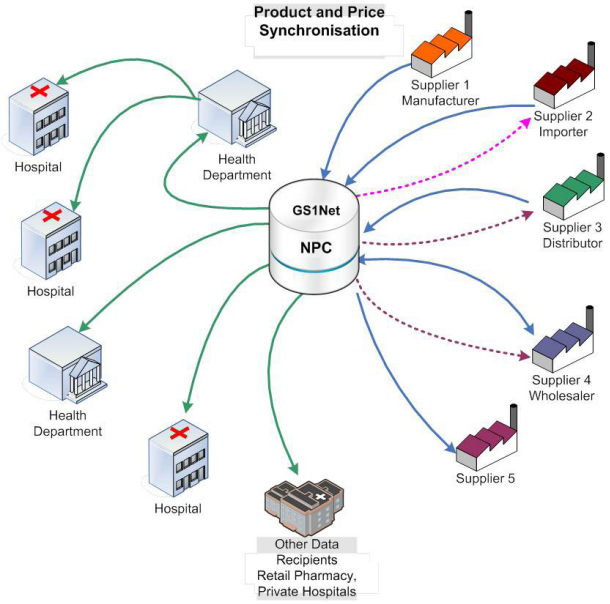
Adoption of Global GS1 Standards means the Australian Healthcare sector has aligned with global standards for identification and marking of Healthcare products, and associated product master data exchange, via the use of GS1 Global Trade Item Numbers (GTINs), the NPC and Global Location Numbers (GLNs)."

Recently, GS1 Australia, with the support of the National E-Health Transition Authority, officially launched GS1 Recallnet Healthcare, an electronic product recall notification management system for therapeutic goods. The recall process for therapeutic goods in the Australian healthcare sector went live on the 1 April 2014 and is set to become streamlined with GS1 Recallnet Healthcare.

The portal allows users to create recall and non-recall notifications that follow the uniform recall procedure for therapeutic goods (URTPG) guidelines, as well as submit recall notifications directly to the Therapeutic Goods Administration for review and approval.





China - CFDA attaches great importance to the medical device UDI system

The China FDA gave an overview of the Chinese research for the implementation of a medical device UDI system research and implementation in their country. Mr. Yang, Director of Division II of the Department of Medical Device Registration, explained that the CFDA recently has restructured to strengthen policy research efforts.

CFDA has also been actively carrying out UDI system pilot studies such as the implantable medical devices coding pilot work, which started in 2006. In this pilot, CFDA used international coding standards for high-risk implants, which were uploaded on their central database, an application platform created specifically for that purpose. This allowed them to trace implants and instruments, for each individual patient.

China is also an active member of the International Medical Device Regulators Forum (IMDRF), whose purpose is to accelerate international medical device regulatory harmonisation and convergence. Mr. Yang concluded that all this research work, pilots and study will be important for developing UDI rules and an implementation programme for China.

CFDA will soon be drafting their regulation following open discussions with national counterparts and relevant international organisations.

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Hong Kong - How the Hospital Authority Hong Kong improved their supply chain with GS1 Standards

The Hospital Authority Hong Kong (HA) is a statutory body responsible for managing Hong Kong's public Healthcare system, which provides for 90% of public Healthcare needs in Hong Kong. Despite improvements made in the past, the procurement process was not fully automated. Several procedures including data checking and input of product batch numbers and expiration dates for receipt and storage were still handled manually. That is why in 2009, HA decided to undertake a Supply Chain Modernisation (SCM) project to facilitate automation of the pharmaceutical procurement process. By 2013, the project had been extended to all its 7 clusters of 42 hospitals. With the full project rollout accomplished, HA saw the operational efficiency of its supply chain greatly boosted. Through the implementation of GS1 Standards the organisation enhanced the tracking and traceability of pharmaceutical supplies moving across HA stores and automated the procurement and delivery processes.

"The SCM, through the GS1 Standards, is a successful initiative which enabled the automation in the pharmaceutical procurement process and track-and-trace capability in the supply chain process in our hospitals. This is essential for the achievement of medication safety, supply chain efficiency, and traceability," said Ms. S.C. Chiang, Senior Pharmacist, Chief Pharmacist's Office, Hospital Authority Hong Kong.

The GS1 Standards adopted include Global Trade Item Number (GTIN) for unique product identification; Global Location Number (GLN) to identify delivery location and a comprehensive set of Electronic Data Interchanges (EDI) messages such as Purchase Order, Purchase Order Response, and despatch advices. Upon receiving an order for pharmaceutical products from HA, the suppliers will pack the required goods and label them with a Serial Shipping Container Code (SSCC). This bar code associates with vital traceability data such as GTIN, batch number and expiration date for HA staff to scan at the point of reception.

Prior to product delivery, the suppliers will send a despatch advice separately by electronic means to HA for advanced validation. The despatch advice is an electronic document also containing the key procurement and traceability data about the products that HA has ordered, associating it to the SSCC labels. Upon arrival of the products at HA's warehouses, the pharmacy staff will validate the products against the information from a despatch advice, to make sure that the product data from these sources match.

The staff collects the product shipment from suppliers and ensures that the right products are delivered. As the newly arrived pharmaceutical supplies will be distributed to different points of use, the SCM project will provide accurate tracking of the products from one location to another, across the HA supply chain. More validation happens than in the individual pharmacies by scanning the GS1 BarCodes on the products.

"The SCM, through the GS1 Standards, is a successful initiative which enabled the automation in the pharmaceutical procurement process and track-and-trace capability in the supply chain process in our hospitals".

Ultimately, the project aims at extending the traceability system beyond the pharmacy to the dispensing level, to each and every hospitalised patient.
This requires the checking of each pharmaceutical product at an individual product level during the bed scanning process.

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Korea - Ministry of Health and Welfare reveals latest serialisation updates

Mrs. Goun Lee, Deputy Director Division Office of Healthcare Policy, Korean Ministry of Health & Welfare presented the current status and plans for the Drug Serial Number System. The overall objective of the system is to establish an efficient and transparent drug distribution system, and to ensure the safe use of medicines.

Her presentation outlined the latest regulations, which are:

- all drugs should have a GS1 BarCode encoded with a GS1 NTIN (National Trade Item Number) and that all specified drugs must have a GS1 DataMatrix, a GS1-128 linear bar, or GS1 RFID tag, containing additionally to the product identification, the expiration date and lot/batch number. This requirement was already implemented at the end of 2013.
- From January 2015 onwards additionally the serial number has to be encoded in the GS1 DataMatrix bar code.

It is expected that the detailed requirements on the data flow related to traceability including aggregation will be published in a few months.

Saudi Arabia - On the way to 2D data matrix coding and serialisation legislation

Prof. Saleh A. Bawazir, Vice President for Drug Affairs, Saudi Food and Drug Authority (SFDA), presented the new regulation on their track-and-trace system. During his presentation, Professor Bawazir explained that all pharmaceutical products must carry a GS1 DataMatrix by the 21 March 2015. According to the latest guidelines, the system will be implemented in two phases:

- Phase one: for all drugs the 2D bar code will need to contain a Global Trade Item Number (GTIN), expiration date, batch number and pack size by 21 March 2015
- Phase two: all drugs will need to be serialised and contain a 2-D bar code by 12 March 2017.

The SFDA has also created a Saudi Drug Registration (SDR) system. After a drug is registered, the company will have to store the GTIN in the Drug Sector central database.

For imported drugs, SFDA released an "Import and Batch Release Clearance System" (IBRCS), which establishes that all importers need to comply with the IBRCS to receive a clearance permit by submitting the Global Trade Item Number (GTIN) of the imported drugs to allow the SFDA to track all products entering the Saudi Arabia market.

The ultimate goal of the SFDA is clearly to implement a full track-and-trace system. One final topic raised by Prof. Bawazir was the willingness and interest of other Gulf Region countries to follow the Saudi Arabian lead on implementing a serialisation and track-and-trace solution.

Taiwan - Implementing GS1 BarCodes to improve patient safety

In order to reduce medication errors effectively and ensure patient safety, hospitals need to elevate the security around medication management. That is why the Changhua Christian Hospital implemented a medication safety bar code system divided into three main processes:

- **Inventory management:** every new delivery is counted and checked by scanning the GS1 Global Trade Item Number (GTIN) marked on the cases. The information is then updated at each level into their database (reception, storage, delivering)
- **Dispensing patient verification:** prescriptions and patients are both identified with bar codes which allows the pharmacist to ensure that the patient is receiving the right drug and that there are no prescription errors
- **Medication administration:** patient wristband and medication are scanned and checked before the drug is administered to the patient, ensuring that the patient receives the right drug, at the right time with the right dose in the right way of administration.

During her presentation Mrs Chien, Director of the Changhua Christian Hopsital department of pharmacy, insisted on the importance of bar coding medications on primary packaging in order to prevent medication errors and urges government authorities to pass legislation for mandating a single unit bar coding system to ensure patient safety.

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U.S. - Get ready for UDI

GET READY FOR UDI!

UDI aims at establishing a single device identification system that is consistent, unambiguous, standardised and globally harmonised.

The U.S. Food and Drug Administration (FDA) published its regulation in September 2013 and is setting up a phased implementation plan based on a risk-based approach.

- The first compliance deadline will be 24 September 2014, focusing on high-risk devices ("Class III" devices under the FDA classification).
- The second compliance deadline will be 24 September 2015 for life supporting and life sustaining devices, followed by 24 September 2016 for the rest of Class II devices.
- Class I devices will have to be labelled and registered with a UDI by 24 September 2018. The FDA will allow some case-by-case exemptions.

As the deadline is getting very close for Class III devices, Jay Crowley insisted in Seoul that ***"Class III and PHS Act devices need to comply with the UDI Rule by 24 September 2014".***

The UDI system has the potential to improve medical device adverse events reporting, which will help the FDA identify product problems more quickly, better target recalls and improve patient safety. The FDA has worked closely with the U.S. Healthcare industry, the Healthcare providers and patient groups in the development of this rule.

In December 2013, GS1 became the first issuing agency approved by the U.S. FDA for unique device identifiers (UDIs). Global GS1 Standards meet the government's criteria for UDIs and will help manufacturers comply with the requirements of the new FDA UDI regulation, to support patient safety and supply chain security.

During the Global GS1 Healthcare conference in Seoul, Jay Crowley (formerly Senior Advisor at the U.S. FDA and main author of the UDI rule) presented the new legislation and explained in detail what device manufactures and labellers needed to do to comply with the rule.

"Class III and PHS Act devices need to comply with the UDI Rule by **24 September 2014**".

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In summary, the UDI includes two segments:

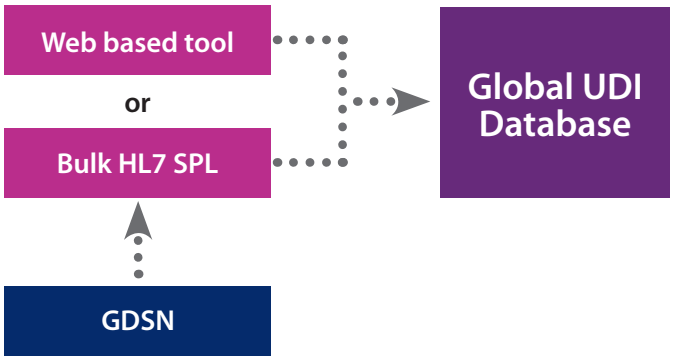
- **Device Identifier (DI):** a unique number assigned by the medical device labeller to identify the labeller and the specific version or model of a device
- **Production Identifier (PI):** a conditional, variable portion of a UDI that identifies one or more of the following: the lot or batch number within which a device was manufactured, the serial number and expiration date of the specific medical device. GS1 Standards provide for several different data carrier that can be used as the UDI AIDC format.

For the UDI labelling, the rule requires that UDIs be captured in both a human readable format and AutoID format on the label of each uniquely identified device.

Whenever a device must bear a UDI, the labeller will need to submit the device information to an online database administered by the FDA, called the Global UDI Database (GUDID). The latter will serve as a reference catalogue for every medical device. The FDA UDI rule includes the list of core data attributes to be stored in the GUDID. There are different options for registering data in the U.S. FDA GUDID

- Manual data entry via the web based tool
- Bulk data registration direct from a manufacturer's internal application using the HL7 Standard

GS1 Global Data Synchronisation Network (GDSN) Data Pools can register data on behalf of the manufacturers using the HL7 Structured Product Labeling (SPL) Standard



Device manufacturers and labellers need to be ready and plan ahead following the 6 suggested steps by Jay Crowley:

1. Understand the UDI final rule and GUDID guidance
2. Develop Corporate UDI policy and strategy
3. Establish Enterprise-wide UDI programme/plan
4. Apply to device portfolio and compliance timeline
5. Develop master data management plan
6. Establish/develop GUDID interface plan

Once fully implemented, the UDI system is expected to beneficially affect patients, the Healthcare system and the medical device industry. It will enhance the ability to quickly and efficiently identify devices when recalled, improve the accuracy and specificity of adverse event reports and provide a foundation for a global, secure distribution chain, helping to address counterfeiting and diversion. It will also offer a clear way of documenting device use in electronic health records and clinical information systems.

For more information,
click here.

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U.S. On the way to a more secure pharmaceutical supply chain

The Drug Quality and Security Act (DQSA) signed into law by President Obama on 27 November 2013, outlines critical steps to build an electronic, interoperable system to identify and trace prescription drugs as they are distributed in the United States of America. On day 2 of the conference Connie Jung, pharmacologist at the U.S. FDA, explained the DQSA to the delegates. The new law gives the U.S. Food and Drug Administration (FDA) a national system for tracking prescription medicines from manufacturers to pharmacies while securing the pharmaceutical supply chain. The requirements are phased in over a period of 10 years by providing a migratory path from lot traceability to serialisation to item-level traceability, and are split into three main phases:

- **1 January 2015:** paper or electronic pedigree. Manufacturers, wholesaler drug distributors, repackagers, and many dispensers (primarily pharmacies beginning 1 July 2015) in the drug supply chain will provide information about a drug and who handled it each time it is sold in the U.S. market
- **November 2017:** serialisation
- **November 2023:** full track-and-trace down to item level

The new system will enable verification of the legitimacy of the drug product identifier down to the package level, enhance detection and notification of illegitimate products in the drug supply chain and facilitate more efficient recalls.

Related to the same concern to develop recommendations to secure the pharmaceutical supply chain, GS1 facilitates the Track and Trace Systems Work Group (TTWG) of the Asia Pacific Economic Cooperation (APEC) project on supply chain integrity. Launched in July 2013, the group adopted the work plan in November 2013 and is now in the process of identifying best practices country-by-country based on the requirements defined in the primary analysis.

By the end of 2014, the TTWG should have identified all the best practices and methodology in order to develop recommendations and training kits based on them.

U.K. Department of Health published eProcurement Strategy for the NHS

The U.K. department of health published on 7 May 2014 their latest National Health System (NHS) e-procurement strategy. This document provides details of actions to improve NHS data and information as part of the NHS Procurement Development Programme, which aims to help the NHS save £1.5 billion by the financial year 2015 to 2016.
The actions are to:

- define standards to ensure NHS e-procurement systems work together
- require the adoption of standards such as GS1 Standards
- invest in technology solutions that will support e-procurement implementation by the NHS
- establish a single NHS spend analysis and price benchmarking service

"NHS Procurement Development Programme aims to help the NHS save £1.5 billion by the financial year 2015 to 2016"

The document also sets out how e-procurement can better support the NHS procurement processes that manage transactions and pricing with suppliers.
For more information, https://www.gov.uk/government/publications/nhs-e-procurement-strategy

Special feature: GS1 Healthcare Conference in Seoul

GS1 now liaison member of AHWP

GS1 has been appointed as Liaison Member to the Asian Harmonisation Working Party (AHWP), a non-profit inter-governmental organisation.

As a liaison member, GS1 will share knowledge and expertise with regulators from the 23 member economies of the Asian Harmonisation Working Party (AHWP) and contribute to their effort for harmonisation of medical device identification and data submission through the appropriate use of global systems. At the conference in Seoul, Mrs Joanna Koh, chair of the technical committee of AHWP explained that the AHWP's goals were to study and recommend ways to:

- **Harmonise** medical device regulations in the Asian and other regions
- **Establish** harmonised requirements, procedures and standards.
- **Coordinate** with the International Medical Device Regulators Forum (IMDRF), the Asia-Pacific Economic Cooperation (APEC) and other related organisations.

To this end, GS1 and AHWP will work together to reach their common goal of improving patient safety and ensuring a safer and more efficient supply chain. Joanna Koh stated ***"AHWP recognises the many benefits of harmonisation or convergence of legislative controls for medical devices."***

AHWP is also a member of the International Medical Device Regulators Forum (IMDRF) UDI working group and conducts workshops on UDI implementation at the AHWP & Association of Southeast Asian Nations meetings.

AHWP has also launched a new initiative, named Playbook, which is to develop a set of guidelines for Member Economies (ME's) for a harmonised medical device (MD) regulatory framework in their implementation of controls. The objective of Playbook is to help member economies across Asia in implementing a basic medical device framework in areas like post-market vigilance/surveillance, establishment licencing and product registration.

Special feature: GS1 Healthcare Conference in Seoul

GS1 presents HPAC's awards

Early in 2013, the GS1 Healthcare Provider Advisory Council (HPAC) introduced two awards:

- **The Provider Recognition Award**, for an individual who has contributed highly to the GS1 Healthcare work efforts over the years.
- **The Provider Implementation Best Case Study Award**, for provider organisations or individuals who have implemented GS1 Standards for at least one process in their Healthcare department or provider (e.g., hospital, clinic, care home, pharmacy) with clear and demonstrable return on investment.

These awards were presented at the Global GS1 Healthcare Conference in Seoul to two exceptional contributors. Kevin Capatch, Director of Supply Chain Technology and Process Engineering at Geisinger Health System received the Provider Recognition Award for his long-standing involvement in the promotion and implementation of GS1 Standards. Mr Capatch has been key to the implementation of GS1 Standards in his organisation including Global Location Number (GLN), Global Trade Item Number (GTIN) and now Global Data Synchronisation Network (GDSN). As a founding member of the U.S. Healthcare Transformation Group, he actively drives adoption of GS1 Standards.

Janice Kite (GS1 GO), Michael Pheney- on behalf of Kevin Capatch (GS1 U.S.), Ulrike Kreysa (GS1 GO), Feargal McGroathy (St James's Hospital)

MS Chiang (Hong Kong Hospital Authority) - Ulrike Kreysa (GS1 GO)

Ms S. C. Chiang, on behalf of the Hospital Authority Hong Kong, received the Provider Implementation Best Case Study Award. The case study details how they have adopted a suite of GS1 Standards, built within an e-commerce framework; enabling sustainability, interoperability, advancement of innovation, adoption of automation and most importantly the foundation for patient safety and health system quality.

Their adoption levels to date (across 41 hospitals) and roadmap plans are well on the path to critical mass adoption. This case study will be a role model for other countries to consider.

Congratulations to Mr Capatch and Ms Chiang on their well deserved awards!

Submit your case study or your candidature for the next awards before 30 June 2014 by contacting janice.kite@gs1.org

For more information,
click here.

Government & regulatory news

Sweden – moving to GTIN

The LIF (Swedish Association of Pharmaceutical Manufacturers) agreed in February 2014 to recommend to pharmaceutical manufacturers and supply chain partners in Sweden to transition from a national code to the globally harmonised GS1 Global Trade Item Number (GTIN) in order to facilitate the introduction of 2D bar codes on the Swedish market.

This recommendation should positively influence the other Nordic countries toward a move to GTIN for identification of drugs.

EU - Delegated Act on FMD

During the Healthcare plenary at the GS1 Global Forum held in Brussels on 17 February 2014, a representative from the European Commission shared the findings of the impact assessment on the benefits and cost-effectiveness of the options for the technical characteristics of the unique identifier, the modalities of verification of the safety features and the repository for the unique identifiers. This impact assessment was finalised at the end of December 2013 and the European Commission is now starting the drafting process of the Delegated Acts on the safety features to support the implementation of the EU Falsified Medicines Directive.

The European Commission is considering the following proposals:

1. The unique identifier will be fully harmonised across the EU and will be placed in a 2D data matrix code, encoding the manufacturer code, a serialisation number, a national reimbursement number (if present), the batch/lot number and the expiration date.

2. Medicine authenticity will be guaranteed by an end-to-end verification system supplemented by risk-based verifications by wholesale distributors. Medicines will be systematically verified before being dispensed to patients.

3. The repository system containing the unique identifiers will be set up and managed by stakeholders.

The EU Delegated Act on the safety features should be released by end 2014 or early 2015.

EAHP – Single unit identification at point-of-care

The European Association of Hospital Pharmacists (EAHP) has recently published a report from the EAHP event held in Leuven, Belgium in October.

In particular, this report is leveraging the importance of the use of global standards for single unit identification at point-of-care. The GS1 Standard on Level-Below-the-Each has been adopted and was released in mid-2013, hence helping to improve the prevention of medication errors. The report is available at www.eahp.eu/content/report-leuven-meeting-bedside-scanning

GS1 Standards support UDI compliance

GS1 Healthcare U.S. Releases Implementation Guideline
GS1 U.S. has published an implementation guideline for using GS1 Standards to address the U.S. Food and Drug Administration's new regulation for Unique Device Identification (UDI). The guideline, entitled "Using the GS1 System for FDA Unique Device Identification (UDI) Requirements", is designed for medical device trading partners, including medical/surgical manufacturers, and is available as a free download at: http://www.gs1us.org/industries/healthcare/gs1-healthcare-us/fda-udi/udi-guide

GS1 was named as the first accredited issuing agency by the FDA for UDIs in December 2013. ***"With the UDI rule now final, and implementation deadlines just around the corner, industry partners are transitioning from educating themselves about the regulation to implementing the multiple components to meet the requirements"*** says Michael Pheney, Vice President of Healthcare, GS1 U.S.

The guideline, developed by a collaboration of medical device industry members, introduces the applicable GS1 Standards, including the GS1 Global Trade Item Number (GTIN), GS1 Data Carriers, GS1 Application Identifiers, direct part marking and the Global Data Synchronisation Network™ (GDSN) and provides detailed guidance on how to implement these standards in the context of the UDI regulation.

In addition, the detailed document provides guidance in the following areas:

- Assigning, encoding and storing GTINs for UDI (Unique Device Identifiers)
- Defining and encoding GS1 Application Identifiers for UDI Production Identifiers, including serial number, batch/lot, production date and expiration date
- Encoding GS1 BarCodes for UDI AIDC format
- Helpful tips for suppliers and data "receivers"

GS1 GDSN Implementation Guide for UDI now available
As part of the U.S. FDA UDI rule, the labeller will need to submit the device information to an online database administered by the FDA, called the Global UDI Database (GUDID).

To assist manufacturers and GDSN Data Pools, a GDSN Implementation Guide for UDI Databases has also been created. This guide explains how to use the GDSN to securely provide data to the GUDID; it focuses currently on the United States of America as the U.S. FDA is the only regulator to issue a UDI rule for medical devices. As other regulators introduce UDI regulation, the document will be updated.

The GDSN Implementation Guide for UDI Databases is available on the GS1 healthcare website at http://www.gs1.org/healthcare/implementation/gdsn

Events

EDMA and Eucomed joint UDI workshop

15 May 2014 / Brussels, Belgium

Focusing on U.S. FDA rules for the implementation of UDI, this truly interactive workshop is essential for those preparing for the FDA UDI deadline (24 September 2014). It is aimed at providing attendees with practical advice and will answer their questions. Jay Crowley (former U.S. FDA Senior Advisor) will provide participants with the latest insights on U.S. FDA UDI implementation requirements.

To get all workshop details, find out how to submit your questions, and register, please **click here.**

Unique Device Identification Conference

20-22 May 2014 / 28-29 October 2014
Baltimore, Maryland, USA

Bringing the UDI Regulation & the Global UDI Database (GUDID) to Life!
The UDI Implementation Workshop is for Class III Medical Device Manufacturers who are in immediate need of information and guidance to meet the 24 September 2014 compliance deadline, or those that need to jumpstart their UDI adoption effort!

The FDA UDI Team will be in Baltimore 20-22 May for a roll-up-your sleeves / deep-dive workshop covering all components of the UDI Regulation and the GUDID Guidance. This workshop is strictly focused on critical information exchange, expanded interaction and heightened networking designed to deliver immediate and actual results in your UDI implementation initiative.

GS1 Members Receive a $100 Discount
Seating will be limited and will be assigned on a first-come, first-served basis. Go to http://udiconference.com/register.html and enter "GS1G" in the promotional code field line during online registration to receive $100 off of the workshop rate.

For the complete workshop agenda and latest information, please visit: **www.UDIconference.com**

The unSUMMIT for Healthcare barcoding conference 2014

17-19 September 2014 / New Orleans, Louisiana, USA

The unSUMMIT is the premier educational event for hospitals interested in barcoding at the Point-of-Care (BPOC), informing pharmacists, nurses, information technology directors, and patient safety officers. Produced by the TerraPharma Project since 2005, unSUMMIT gathers the nation's foremost thought leaders on BPOC system planning, implementation and optimisation. As part of the larger VARTECH CodeZone Exhibit Hall, featuring The unSUMMIT Pavilion, The unSUMMIT will offer attendees direct access to advanced BPOC solutions from top technology solutions suppliers.

For more information, please visit **http://www.unsummit.com/**

Global GS1 Healthcare speaking at events

SMi's Clinical Trial Logistics conference
20 May 2014, London, UK

Medical Device UDIs & Traceability Forum
20-22 May 2014, Munich, Germany

Pharmaceutical Packaging & Labelling Summit
10-12 June 2014, Basel, Switzerland

Global Pharmaceutical Supply Chain Summit
25-26 September, Geneva, Switzerland

PDA Europe Conference on Pharmaceutical Cold & Supply Chain Logistics
14-15 October, Berlin, Germany

Join us in Copenhagen for the next Global GS1 Healthcare Conference

21-23 October 2014

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