

FORM KK-2: Single-Use Technical Communication Guide for Mechanical Hose Barb Connection Qualification

Introduction

The purpose of this questionnaire is to serve as a communication tool between assembly manufacturer and owner/user to detail methods by which mechanical hose barb connections are qualified by the assembly manufacturer as part of single-use products including assemblies and systems. The information provided herein by the assembly manufacturer is meant solely as a guide.

KK-2.1 General Questions

1. This questionnaire applies to the following: *(please specify pressure range or a subset of tubing sizes, types, or retention device types etc.)*:

2. Is there a documented procedure for joining the hose barb, flexible tubing, and retention device? ☐ Yes or ☐ No
 - a. If yes, are there controls in place to ensure repeatable connections are made such that qualification results are representative of everyday manufacturing operations? *(please specify)*:

3. Is there an established testing program to substantiate performance of the mechanical connection? ☐ Yes or ☐ No
 - a. If yes, what method(s) is used? *(list all standards/test methods that apply, otherwise please specify refer to SJ-2.3 Qualification)*:

KK-2.2 Test Parameters

1. Test Type *(check all that apply)*
 - ☐ Burst Pressure *(indicate range, set value, ramp rate, test to failure, other)*: _____
 - ☐ Tensile (Pull-off) Test
 - ☐ Leak Test:
 - ☐ Dye penetrant
 - ☐ Bubble emission *(indicate range, set value, ramp rate, test to failure, other)*:

 - ☐ Pressure hold/Decay *(indicate range, set value, ramp rate, test to failure, other)*:

 - ☐ Tracer gas *(please specify gas type and indicate range, set value, ramp rate, test to failure, other)*:

 - ☐ Other *(please specify)*: _____
2. Temperature of Test Fluid *(indicate unit)*:
 - ☐ Ambient
 - ☐ Other *(please specify)*: _____
3. Test Duration:
 - ☐ Range *(e.g., time-based pressure hold, or dependent on ramp rate; explain)*:

 - ☐ Set Value: _____
 - ☐ N/A
4. Test Fluid:
 - ☐ Air
 - ☐ Water
 - ☐ Other *(please specify)*: _____
5. Sample Sterilization Method:
 - ☐ No Treatment
 - ☐ Ionizing Irradiation *(add detail, e.g., dose)*: _____
 - ☐ Thermal Sterilization *(add detail, e.g., Temperature °C and duration)*: _____
 - ☐ Other *(please specify)*: _____

6. Additional Considerations (*please specify, e.g., accelerated aging, manipulation details, any test method that emulates e.g., pump pulsations*):

a. External Environment (*generally mimics target application conditions*):

☐ Temperature (*indicate units*): _____

☐ Pressure (*e.g., ambient, vacuum; indicate units*): _____

☐ pre-conditioned (*e.g., accelerated aging, maximum irradiation dose; please describe*): _____

b. Mechanical Test Constraints:

☐ Dynamic / Force Applied (*please describe*): _____

☐ Static / No Force Applied

☐ Other (*please specify*): _____

KK-2.3 Acceptance Criteria

1. Quantitative:

☐ Maximum Allowable Leakage Limit (*indicate units*): _____

☐ Mass Flowrate: _____

☐ Pressure Drop: _____

☐ Other (*please specify*): _____

☐ Minimum Pressure Requirement (*please describe, indicate units*): _____

☐ Minimum Pull-off Force (*please describe, indicate units*): _____

☐ Other (*please specify*): _____

☐ N/A

2. Qualitative (*passing observation, check all that apply*):

☐ No Visible Leak (*please describe; e.g., no bubbles indicating leak locations at 30psi (2 bar) underwater during manipulation*): _____

☐ All other acceptance criteria met (*please describe all other acceptance criteria; e.g., positive engagement of tubing to hose barb, appropriately applied retention device, reinforcing filament intact, etc.*): _____

3. Minimum Sample Size: _____

4. How is failure or performance defined in the scope of this assessment? (*please describe*): _____

KK-2.4 Other Notes/Additional Considerations (*e.g., is this initial qualification or a time-based system, lot-based, or 100%?*):