

1 **Diabetes Technology Society**

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Standard for Wireless Diabetes Device Security (DTSec)

November 25, 2017
Version 2.0

DTSEC-2017-11-001

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Foreword

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This version of DTSec (2.0) is a revised version based on suggestions from the DTSec working groups, steering committee, and the public (following a public review cycle). This standard and related Protection Profiles, which are managed by the DTSec Working Group (DWG), consists of scope of work, Protection Profile, and Assurance committees, all working under the auspices of Diabetes Technology Society.

53

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73 1 INTRODUCTION

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75

76 The following section is non-normative, with the exception of statements that include
77 the word “*shall*” in boldface italics.

78

79 The purpose of DTSec is to establish a standard used to provide a high level of
80 assurance that electronic products deliver the security protections claimed by their
81 developers and required by their users. While this standard is initially targeted for
82 networked life-critical devices, such as insulin pump controllers, used in the
83 treatment of diabetes, there is nothing inherent in this standard that precludes its
84 application to any medical product or component contributing to the protection of
85 high value assets, resources, and functions. Indeed, while Diabetes Technology
86 Society has a specific mission in diabetes-related electronic products, it is the express
87 intent of this standard’s authors that it can provide foundational work for effective
88 cybersecurity standards across not only other medical device classes, but other
89 connected devices and the broader “Internet of Things.”

90

91 In order to meet the goal above, participants in the creation of this standard share the
92 following objectives:

93

941. Enhance the likelihood that security evaluations of critical medical products are
95 performed to high standards, including the ability to achieve highly assured
96 protection and an overall contribution towards enhanced safety, privacy, and security
97 for electronic product stakeholders, including product manufacturers, regulators,
98 patients, and caregivers;
992. Increase the availability of critical electronic products that have been independently
100 evaluated and certified to meet such high standards;
1013. Reduce the use of ad-hoc, unreliable, and low assurance electronic product
102 development and evaluation methods that increase risk to electronic product
103 stakeholders;
1044. Continuously improve the efficiency (cost and time) of the evaluation and
105 certification of critical electronic products.

106

107 1.1 Scope

108

109

110 This section describes the scope of the DTSec standard.

111

112 Medical devices used for monitoring and managing diabetes provide life-saving
113 benefits to patients and effective implementation options to healthcare providers.

114 These devices include blood glucose monitor systems and continuous glucose
115 monitors, insulin pumps, pens and other insulin delivery devices, and closed loop
116 artificial pancreas systems. With ever-increasing connectivity and data exchange
117 between these diabetes devices, other devices (such as smart phones), and the
118 Internet, there is an increased risk to the safety and privacy of the patient and to the
119 integrity of the healthcare provider. Following the general framework of establishing
120 security standards for information and electronic systems (ISO/IEC 15408, described
121 in the following section), the DTSec program calls for the specification of security
122 requirements for wireless diabetes devices. These requirements are codified by the
123 use of Protection Profiles and Security Targets (explained later in this document), but
124 at a high level have the following objectives:

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- To establish the general requirements for connected devices that meet the balanced needs for security and clinical application.
- To identify possible and potential threats related to the various components and interfaces of the connected devices, such as network, storage, software, connected peer devices, and cryptography.
- To define a set of generalized requirements that apply to families of similar devices (these are formed into the Protection Profile)
- To define a set of specific mandatory requirements, derived from the generalized requirements, corresponding to specific connected-diabetes device products and components (these requirements are formed into the Security Target).
- To outline additional optional functional requirements for manufacturers to consider adding to their toolbox for future development.

141

142 In addition to security functional requirements, the Protection Profiles and Security
143 Targets specify assurance requirements to address the question of: “How can I be
144 sure that a wireless diabetes device actually delivers the security claimed in the
145 functional requirements?” Common assurance requirements are collected into an
146 assurance package, described in more detail later in this document, and formally
147 defined in the Protection Profiles and Security Targets themselves.

147

148 In addition to the program for creation and approval of security requirements
149 documents, this standard also defines the assurance program for evaluating and

150 certifying products against those requirements. The assurance program is defined
151 later in this document.

152

153 In summary, the DTSec scope includes a program for specifying security
154 requirements for wireless diabetes devices and a program for generating
155 independent assurance (by technical evaluation) that products meet the specified
156 requirements. The remainder of this standard document provides more detailed
157 information about these items and specific mandatory guidance for how this standard
158 is applied.

159 1.2 Role of DTSec in Medical Device Safety Risk Management

160

161 Numerous sources of commercial best practice guidance and regulations in the area
162 of medical device safety promote the use of risk assessment as an overarching
163 principle to properly and efficiently identify and mitigate risks to patient safety that
164 may arise through the use of medical devices. It is commonly understood that
165 cybersecurity threats are but one of the many factors that must be considered in this
166 risk assessment. As medical devices are increasingly connected to networks, the risk
167 associated with cyber threats grows. DTSec aims to provide manufacturers and
168 regulators with an efficient, standardized approach to effectively manage safety risk
169 attributable to cybersecurity threats. Specifically, the standard aims to provide,
170 through evaluation, confidence that the medical device is able to protect itself against
171 applicable security threats. Thus, DTSec becomes a valuable tool in the
172 manufacturer's risk assessment arsenal.

173

174 As an example of how DTSec may fit into a nation's medical device regulatory
175 guidance, consider recent FDA guidance described in *Content of Premarket*
176 *Submissions for Management of Cybersecurity in Medical Devices* (issued October 2,
177 2014). The "General Principles" section within this guidance document lists five
178 elements of a vulnerability and management approach in line with U.S. government
179 regulations. For each element, we explain here how DTSec helps manufacturers meet
180 the spirit of the guidance.

181

182 1. Identification of assets, threats, and vulnerabilities;

183

184 DTSec leverages ISO 15408 (described more later in this document) to help
185 developers identify and document, using the ISO 15408 standardized framework, the
186 threats applicable to medical device products and components.

187

188 The DTSec assurance-through-evaluation program (described in section 2 of this
189 standard) helps developers identify vulnerabilities by augmenting the developer
190 secure development lifecycle with independent vulnerability assessment by qualified
191 cybersecurity test labs.

192

193 2. Assessment of the impact of threats and vulnerabilities on device 194 functionality and end users/patients;

195

196 DTSec helps to assess the impact of threats and vulnerabilities on device functionality
197 and end users/patients by requiring developers to consider relevant threats and how
198 they might impact safe clinical use. For example, if a patient with diabetes makes
199 clinical decisions based on the readings from a wirelessly connected glucose monitor,
200 then the developer must consider how cybersecurity threats borne over the wireless
201 connection could potentially corrupt the integrity of these readings, leading to unsafe
202 clinical decisions. This assessment leads to the inclusion of appropriate mitigating
203 controls (security functional requirements) in the Security Target specification.

204

205 DTSec also helps assess the impact of vulnerabilities discovered during the security
206 evaluation program. For example, if a flaw in the wireless protocol is discovered, then
207 evaluator will assess the exploitability of this vulnerability. If the vulnerability cannot
208 be exploited to corrupt blood glucose data, this implies a reduced impact relative to a
209 protocol vulnerability the evaluator would be able to exploit to corrupt blood glucose
210 data.

211

212 DTSec also helps stakeholders (manufacturers, regulators, end users, healthcare
213 providers, payers, and independent cybersecurity experts) balance the need for
214 security with essential clinical performance. This balance is struck as part of the
215 process of authoring Protection Profiles and Security Targets, since this balance is
216 necessarily product specific: a specific control may be acceptable for one type of
217 product and completely unacceptable for another type of product. The applicable
218 stakeholder group weighs cybersecurity risk against the risk that a control may
219 hamper essential clinical performance. For example, while user authentication to a
220 medical device may seem an obviously important protection against unauthorized
221 tampering with the device, security functional requirements must ensure that such
222 controls do not add undue safety risk by preventing the user from accessing life-
223 critical functionality. Indeed, DTSec's focus on product-specific security requirements
224 ensures that these risk inputs will be rigorously considered by all relevant
225 stakeholders rather than ignored or undervalued in an environment that has relied
226 solely on product developers "doing the right thing." Cybersecurity history teaches us
227 that developers - whether because of economic pressures, lack of a complete picture
228 of all risks, or other reasons - often do not strike the proper balance.

229

230 **3. Assessment of the likelihood of a threat and of a vulnerability being**
231 **exploited;**

232

233 DTSec helps to assess the likelihood of a vulnerability being exploited. As part of the
234 vulnerability assessment requirement included in the Protection Profiles and
235 Security Targets, the security evaluator will attempt to understand not only whether
236 a vulnerability is exploitable but also what level of attack potential is required to
237 exploit. Attack potential takes into consideration how much time is required to devise
238 an exploit, what level of knowledge of the product's inner workings would be
239 required, what kind of sophisticated equipment might be needed to exploit, etc. The
240 attack potential helps developers assess the probability of a threat converting to

241 active exploit based on this potential. For example, a low potential exploit (one that
242 can be accomplished without sophisticated equipment or knowledge) is likely to have
243 a higher probability of exploit in practice than a high potential exploit that is beyond
244 the technical and economic reach of most attackers.

245

246 **4. Determination of risk levels and suitable mitigation strategies;**

247

248 DTSec helps to determine suitable mitigation strategies; as part of the protection
249 profile and Security Target authoring process, the DWG, evaluators, and developers
250 work together to ensure that the security functional requirements are carefully
251 chosen to mitigate security threats while balancing overall safe clinical use. For
252 example, it may be determined that a Bluetooth-connected diabetes device should use
253 a simple pairing scheme (one that is not known to be as secure as other pairing
254 schemes) in order to meet clinical usability requirements and to require documented
255 physical security controls and user training, augmenting the technical pairing
256 mechanism offered by the device, for an overall suitable security approach (as
257 documented in the Security Target).

258

259

260 **5. Assessment of residual risk and risk acceptance criteria.**

261

262 This is a central focus of the DTSec assurance program. During a security evaluation,
263 the evaluator must determine whether residual risks are acceptable relative to the
264 assurance requirements specified in the Security Target. For example, if a
265 vulnerability exploit requires an attack potential that is higher than what is required
266 in the Security Target, the evaluator will affirm that the residual risk associated with
267 this vulnerability is acceptable. The evaluation process provides all relevant
268 stakeholders, including the product manufacturer, its customers, healthcare
269 providers, and regulators, with an independent expert assessment of these risks.

270

271 **1.3 ISO/IEC 15408**

272

273 To be effective for critical electronic devices, especially those that are network
274 connected and may be subject to remote malicious attack, security standards must
275 delve deeply into the processes and techniques for developing and deploying security
276 technologies that provide high assurance of protection. A consortium of national
277 governments came together in the mid-1990s to create a framework for specifying
278 security requirements - for any electronic product, software component, or system -
279 and evaluating vendor claims of conformance to the requirements. The framework
280 that was developed is ISO/IEC 15408, known informally as the Common Criteria (CC),
281 which remains the only internationally accepted, generally applicable product
282 security framework. CC has been utilized to specify a wide variety of security
283 functionality over almost two decades. Requirements are specified in two
284 dimensions: functional requirements cover security features of a product or
285 component, while assurance requirements provide the confidence those features

286 actually do what they claim. CC is a powerful, scalable framework that permits
287 comparability and consistency between the results of independent security
288 evaluations that follow the standard’s methodology. CC assurance requirements can
289 be thought of as falling into two broad areas: product-independent, organizational
290 requirements (e.g. life-cycle processes, configuration management controls, a process
291 and common approach to design and specification, etc.) and product-dependent
292 requirements (e.g. design and requirements artifacts specific to a particular system,
293 functional test results, and vulnerability assessment).

294

295 Security functional requirements vary widely across products and product
296 components, depending on their threat profile. For example, the security functional
297 requirements for a wireless insulin controller may include:

298

- 299 • authentication to ensure the controller is only operated by authorized
300 users
- 301 • device and software authentication to ensure that only authentic,
302 trustworthy devices and their constituent software/firmware are used
303 to administer insulin
- 304 • data integrity and confidentiality to protect against corruption or other
305 unauthorized access to commands sent between controller and pump
- 306 • data confidentiality to safeguard the personal data (privacy) of patients
307 and other persons

308

309 1.4 Protection Profiles and Security Targets

310

311 The CC provides for the creation of product-specific requirements specifications,
312 against which individual commercial products or product components are evaluated.
313 The two types of specifications are Protection Profiles (PP) and Security Targets (ST).
314 PPs are intended to generalize the requirements for a wide range of similar products
315 and represent the appropriate security and assurance requirements for a class of
316 devices derived from a technical community of clinical and security experts. This
317 enables the purchaser of a device to acquire a secure product by specifying that the
318 device meet the requirements of the PP rather than detailing all requirements for
319 each device purchase. STs, in contrast, provide specific requirements for a specific
320 product or component from a specific manufacturer. For example, if there are
321 numerous manufacturers of insulin pump controllers, all of which have similar
322 security requirements, then a PP can be authored by a technical community of
323 manufacturers and other stakeholders (e.g. caregivers, regulators, independent
324 cybersecurity experts) to cover insulin pump controllers. A manufacturer can then
325 tailor an ST from the PP. Evaluations are performed against STs. PPs **shall**
326 be authored by DWG and used when significant efficiency is to be gained from a common
327 security specification and to reduce the subsequent resources required to develop
328 derived STs.

329

330 The CC provides a large menu of common functional requirements, from which PP
331 and ST authors may choose. Whenever possible, requirements should be selected
332 from this menu. PP authors also have the freedom under the CC to define “extended”
333 requirements to address requirements not explicitly listed in the standard. For
334 example, embedded medical electronics may have requirements not initially
335 conceived by the CC standards authors targeting general IT systems. The complete
336 selection of requirements for PPs and STs must be carefully made based on the device
337 threat model, including the functional attack vectors (local/physical, local network,
338 wide-area network, supply chain, etc.) and the motivation and sophistication of
339 attackers to which the product’s security capabilities must be resistant.

340

341 STs may be derived from a single all-inclusive PP or from the combination of a base
342 PP and one or more Extended Packages (EPs). For example, if a class of devices
343 applies to multiple products that have varying assurance requirements, a base PP
344 may be used to specify the common functional requirements, and multiple EPs may
345 be used to specify the multiple different sets of assurance requirements. An ST may
346 then claim conformance to both a base PP and the selected EP.

347

348 Security evaluation and certification performed under the auspices of this standard
349 **shall** utilize international standard ISO/IEC 15408:2009 (general framework and
350 specification of requirements) and ISO/IEC 18045:2005 (companion document to
351 ISO 15408, covering evaluation methodology).

352 1.5 ISO 15408 Assurance Packages

353

354 Assurance requirements can be grouped into a package that is reused across different
355 PPs and STs. Standards bodies and developers can create customized assurance
356 packages. For example, packages may vary the rigor of vulnerability assessment,
357 depending upon the reasonably expected magnitude of anticipated threat (e.g. nation
358 state vs. amateur hackers).

359

360 Each assurance requirement originates from a particular assurance component,
361 where each component includes a selection of related requirements in increasing
362 levels of rigor, corresponding to the needs of increasing assurance. DWG may create
363 a package that adopts more rigorous requirements for testing and vulnerability
364 assessment activities that are tightly coupled to device implementation. However,
365 because medical device manufacturers often follow a mature, high quality software
366 development life-cycle process, such as one compliant to IEC 62304, an international
367 and widely adopted standard for medical device software lifecycle processes,
368 compliance (and associated audit) to IEC 62304 may be used as a cost-effective
369 replacement for evaluation of organizational lifecycle-related assurance
370 requirements for device software development.

371

372 DTSec assurance packages **shall** be defined and included within Protection Profiles
373 authored under this standard. If a combination of base and extended PPs is used to
374 derive an ST, then the assurance package must be defined in exactly one of the PPs

375 used to derive the ST. For example, a base PP may omit assurance requirements
376 entirely, relying on multiple extended PPs to include multiple different assurance
377 packages.

378
379 Security evaluation and certification for products and components performed under
380 the auspices of this standard **shall** target an assurance package that satisfies the aims
381 of protection against levels of attack potential consistent with assessed security risk
382 of that product or component. The precise selection of an assurance package depends
383 on numerous factors, including relative criticality, system tolerance to faults, and
384 specific selection of assurance requirements.

385 1.6 Custom STs and the role of DWG in ST Development

386
387 The primary initial audience for product evaluation is medical device manufacturers
388 and their suppliers, although patients, doctors, regulators, device purchasers, and
389 other stakeholders also will have an interest in the results of such evaluations. While
390 DWG is expected to author PPs for major classes of diabetes-related medical devices
391 with technical community input, suppliers of components that implement a subset of
392 security functions required by these devices, such as SSL protocol, BTLE, and
393 cryptographic libraries, are also encouraged to evaluate and certify these
394 components against custom STs (approved by DWG) so that device manufacturers
395 can efficiently incorporate them into a reduced scope and resource product
396 evaluation. Component STs **shall** be carefully defined so that they use the same
397 assurance level as the devices that will contain them, and functionality claims **shall**
398 be consistent with the relevant parts of the PPs.

399
400 This standard also allows for DWG-approved custom STs (not derived from any DWG-
401 approved PPs) for complete CDD products, although this is generally discouraged
402 unless the product fails to map to an existing DWG approved PP. In the same way that
403 the PP follows a multi-stakeholder, risk-based approach to deriving an appropriate
404 set of security threats, objectives, and requirements, a custom ST **shall** be carefully
405 created so as to consider a maximum practical selection of DWG stakeholder
406 perspectives (e.g. product developer, regulators, evaluators, caregivers, independent
407 security experts, professional organizations, etc.). In addition, the development
408 process for custom STs, like all other STs, should strive not to constrain product
409 design and implementation freedom while defining, via a risk-based approach, the
410 product's security objectives and requirements.

411

412 1.7 Composition

413
414 This standard allows for the evaluation of products that are composed of multiple
415 products, one or more of which may already have been evaluated under this standard
416 and also may have been developed by different product manufacturers. For example,
417 a closed loop “artificial pancreas” TOE may be composed of a CGM from one developer
418 and an insulin pump from another developer. It is recommended, although, not

419 required, that any constituent products be evaluated independently prior to
420 evaluation of the composed system. Doing so enables the creation of evidence (e.g.
421 test results, analysis documentation) and resulting assurance that can be used not
422 only for the standalone product but also reused for evaluation of the composed
423 product. For example, if an insulin pump is evaluated first, then the ability of the
424 insulin pump to defend itself against unauthorized access and unauthorized
425 information flows from a CGM will already be established. This should dramatically
426 reduce the lab resources required to evaluate a composed closed loop system that
427 uses the same insulin pump, especially if the same lab is used for both evaluations
428 because the lab will already have access and familiarity with shared evaluation
429 artifacts that another lab must reproduce. Note, however, that a composed TOE must
430 still be evaluated even if all of its constituent components have previously been
431 evaluated, since the ST corresponding to the composed system may include
432 requirements or other special considerations that preceding evaluations did not
433 consider.

2 ASSURANCE PROGRAM

While a standardized documentary approach to specification and evaluation of security requirements is important, the actual evaluation of products against these requirements is the cornerstone of DTSec's approach to enhanced cybersecurity assurance. As such, DTSec governs the accreditation of independent testing labs that perform evaluations against this standard and the certification of lab results under this standard.

2.1 Lab Accreditation

DWG **shall** publicize a list of independent labs approved by DWG to perform evaluations under DTSec. Labs that wish to provide evaluation services under DTSec must apply and be accepted into the program by DWG.

Labs approved under DTSec **shall** be accredited against the ISO 17025 lab accreditation standard, under a scope that includes information technology security testing or similar designation. In addition, DWG reserves the right to accept or reject lab applications based on numerous factors, including but not limited to the lab's experience in information technology and vulnerability assessment, the reputation and international acceptance of the lab's ISO 17025 accrediting body, and the lab's prevailing evaluation costs and resource availability.

Labs approved under DTSec **shall** be competent to perform vulnerability assessment consistent with AVA_VAN¹ requirements at AVA_VAN.4 or higher leveling, as described in ISO 15408 and ISO 18045. In addition, the lab must be capable of handling vulnerability assessment at these levels for a wide range of device software and hardware environments that are typical in the medical device industry. For example, some devices will run on simple microcontrollers with basic operating systems and small applications, while others may include sophisticated web interfaces and general-purpose operating systems and applications. Since such competence may not be included within the scope of the lab's accreditation, the lab must demonstrate its suitability during the application process to DWG. It is the responsibility of DWG to mandate and take reasonable steps to maximize effectiveness and consistency of AVA_VAN implementations across labs; however, DWG recognizes that vulnerability assessment is a function of evaluator skill and time invested, as well as specific device characteristics, and that perfect consistency (even with the same lab across different devices) is not realistic. DWG requires that labs document their assessment work and make themselves available to auditing and informal observation during evaluations by the DWG.

¹ These are vulnerability analyses under the Common Criteria.

474 2.2 Product Certification

475

476 If a product passes evaluation by a DTSec-approved lab, the lab must submit an
477 Evaluation Technical Report to DWG. The report must provide enough detail to satisfy
478 DWG that the evaluation of the product against the ST was performed to a high
479 standard, especially with respect to AVA_VAN vulnerability assessment. A product
480 **shall** not be considered certified under DTSec until the evaluation report is formally
481 accepted by DWG and the product is listed under the DTSec evaluated products list.

482 2.3 Evaluated Products List

483

484 Any products that have successfully passed an evaluation under DTSec and whose
485 evaluation results have been certified by DWG shall be listed under a publicly
486 disclosed DTSec evaluated products list. However, if certified products are
487 subsequently reported to contain vulnerabilities that conflict with the applicable ST
488 requirements, DWG reserves the right to remove those products from the evaluated
489 products list until the vulnerabilities are remediated to a level of acceptable residual
490 risk, as originally intended and agreed upon in the ST by its developers and DWG.
491 DWG reserves the right to remove products from the evaluated products list if they
492 suffer from a large volume of recurring vulnerabilities, even if all reported
493 vulnerabilities have been remediated; similarly, a lab that has successfully evaluated
494 a product that suffers from such recurring vulnerabilities may be subject to removal
495 from the list of approved labs.

496 2.4 Protection Profile and Security Target Approval

497

498 DWG **shall** author and publish PPs, incorporating public review and feedback prior
499 to their formal acceptance and use to derive any STs.

500

501 An ST **shall** be used for any evaluations performed under DTSec. Public review and
502 formal publication under DTSec of STs are encouraged but not required. An ST **shall**
503 be reviewed and approved by DWG before it may be used in any evaluation under
504 DTSec.

505 2.5 Assurance Maintenance Program

506

507 When a product developer wishes to gain reuse of a product certification for new
508 versions of the product (hardware and/or software changes), then the developer
509 must submit an assurance maintenance request form, which documents the
510 differences between the certified product and the new, modified product. If the
511 changes are sufficiently minor, as determined via risk assessment performed by
512 evaluator in coordination with the product developer and DWG, DWG may accept the
513 form without any further actions and simply append the new product version
514 information to the applicable entry in the evaluated products list.

515

516 Product developers should notify DWG of high severity vulnerabilities that could be
517 exploited to subvert the asserted security functional requirements in evaluated
518 products. Developers should include a plan to mitigate such problems. If such
519 vulnerabilities, whether reported by developers or third parties, are not adequately
520 and promptly mitigated, DWG reserves the right to remove the product from the
521 evaluated products list. Because the overall impact of vulnerabilities and their
522 potential mitigations in specific products vary greatly, this standard does not include
523 guidance for when DWG may take this action. DWG would consider the perspective
524 of all stakeholders, including developers, regulators, patients, and caregivers. DWG
525 advocates prompt mitigation of vulnerabilities (e.g. via an authorized software
526 update if such updates are supported by the manufacturer) that may directly impact
527 patient safety. Notification of DWG regarding vulnerabilities in evaluated products
528 should not be treated as higher priority than the clinical mitigation required for
529 patient safety.

530

531 Recognizing that threat actors and techniques rapidly evolve, DWG reserves the right
532 to request the submission of an assurance maintenance request form to specifically
533 address new threats that the DWG and/or applicable DTSec-approved labs feel may
534 invalidate an active approval. The above process for product modifications will be
535 used by DWG to determine, by working with appropriate stakeholders including the
536 developer, whether product changes and re-evaluation are necessary.

537

538 DWG reserves the right to institute random audits of the developer by DWG personnel
539 and/or DTSec-approved labs in order to obtain assurance that the new product
540 satisfies the original requirements documented in the applicable ST or in an approved
541 ST that has minor revisions from an ST that was previously applied in a full evaluation
542 of the earlier revision product. Such audits aim to sample requirements compliance
543 and require a small percentage of the cost and time of a full evaluation. If a product
544 developer cannot support the audit activities for any reason or if the changes
545 documented in the assurance maintenance request form are deemed sufficiently
546 major by DWG, then DWG reserves the right to require a full revalidation of the new
547 product. DWG and its accredited labs will enter into agreements as needed in order
548 to meet confidentiality requirements of vendors bringing their products into
549 evaluation against this standard.

550

551 This standard does not stipulate a lifetime or expiration for product evaluations; a
552 product evaluation shall remain in effect as long as it continues to meet the assurance
553 maintenance requirements defined herein.

554