



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

MAR 3 1999

Ms. Suzanne Dennis  
Director, Regulatory Affairs/Quality Assurance  
McKinley, Incorporated  
4080 Youngfield Street  
Wheat Ridge, Colorado 80033 USA

Re: K982256  
Trade Name: Outbound Disposable Syringe Infuser/  
Outbound 2 Disposable  
Regulatory Class: II  
Product Code: MEB  
Dated: August 14, 1998  
Received: August 17, 1998

Dear Ms. Dennis:

This letter corrects our substantially equivalent letter of August 14, 1998, regarding the Indications for Use (enclosed).

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent [(for the indications for use stated in the enclosure)] to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Pre-market Approval) it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General (QS) regulation (21 CFR Part 820) and that, through periodic QS inspections, FDA will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, the Food and Drug

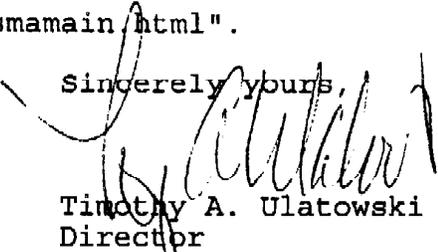
Page 2 - Ms. Dennis

Administration (FDA) may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at their toll free number (800) 638-2041 or at (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsmamain/html>".

Sincerely yours,



Timothy A. Ulatowski  
Director  
Division of Dental, Infection Control,  
and General Hospital Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

**Indications for Use**

510(k) Number (if known): K982256

Device Name: OutBound/OutBound II Disposable Infusion Pump

**Indications for Use:**

The OutBound DIP is indicated for intravenous, intra-arterial, subcutaneous, and epidural infusion of medications or fluids requiring continuous delivery at controlled infusion rates.

The OutBound pump is also intended to provide continuous infusion of a local anaesthetic directly into the intraoperative site for postoperative pain management.

**PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED**

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use  or Over-The-Counter Use

*Patricia Crescente*

(Division Sign-Off)  
Division of Dental, Infection Control,  
and General Hospital Devices

510(k) Number K982256