

AUG 30 1999

FDA 510(k), Premarket Notification

K992162

Safeskin Corporation

June 24, 1999

[1] 510(k) Summary of Safety and Effectiveness Information

[2] Safeskin Corporation
12671 High Bluff Drive
San Diego, CA 92130

Telephone: 619-794-8111
Fax: 619-350-2382

Contact: Eugene V. Goorchenko
Telephone: 619-509-7010
Fax: 619-350-2382

[3] Trade Name: Safeskin Purple Nitrile Examination Gloves
Common Name: Patient Examination Gloves
Classification Name: Patient Examination Gloves

[4] The predicate is a Safeskin blue Nitrile Examination Glove which meets all of the requirements of ASTM D 6319-99, Standard Specification for Nitrile Examination Gloves for Medical Application.

[5] The Safeskin Purple Nitrile Examination Glove will meet all the current specifications for ASTM D 6319-99.

[6] Safeskin Purple Nitrile Examination Gloves are disposable devices intended to be worn by healthcare and similar personnel to prevent contamination between such personnel and the patient and for use with chemotherapeutic agents.

[7] Safeskin Purple Nitrile Examination Gloves possess the following technological characteristics (as compared to ASTM or equivalent standards):

| <u>Characteristics</u> | <u>Standards</u> |
|------------------------|---|
| Dimensions | Meets ASTM D 6319-99 |
| Physical Properties | Meets ASTM D 6319-99 |
| Freedom from pinholes | Meets ASTM D 6319-99 Meets ASTM D 5151 |
| Powder-Free | Meets ASTM D 6124 2 mg/glove maximum |

Biocompatibility

| | |
|------------------------------------|--------|
| Primary Skin Irritation in Rabbits | Passes |
| Guinea Pig Sensitization | Passes |

Permeation Testing with

| | |
|-------------------------|----------------------|
| Chemotherapeutic Agents | Passes ASTM F 739-96 |
|-------------------------|----------------------|

- [8] The performance test data that support a determination of substantial equivalence are described above.
- [9] Clinical data are not needed for examination gloves.
- [10] It can be concluded that the Safeskin Purple Nitrile Examination Glove is safe and effective for use with chemotherapeutic agents and will perform according to the glove performance standards referenced in Section 7 above, thereby meeting ASTM standards, FDA requirements, and the labeling claims for the product. Consequently, this device is substantially equivalent to currently marketed devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

AUG 30 1999

Mr. Eugene V. Goorchenko
Director of Regulatory Affairs
Safeskin Corporation
12671 High Bluff Drive
San Diego, California 92130

Re: K992162
Trade Name: Safeskin Purple Powder-Free Nitrile
Examination Gloves For Use With Chemotherapeutic Drugs
Labeling Claim
Regulatory Class: I
Product Code: LZC
Dated: June 24, 1999
Received: June 25, 1999

Dear Mr. Goorchenko:

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 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.

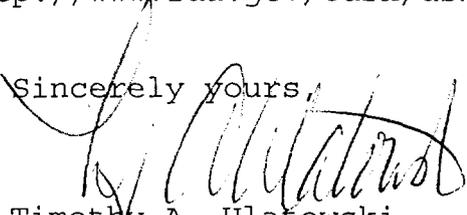
If your device is classified (see above) into either class II (Special Controls) or class III (Pre-market Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will Verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, 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. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (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

Enclosure

K992162

INDICATIONS FOR USE

Applicant: Safeskin Corporation

510(k) Number: K992162

Device Name: Purple Nitrile Patient Examination Glove for use with Chemotherapeutic Agents

Indications for Use:

A medical glove intended to be worn on the hands of healthcare and similar personnel to prevent contamination between such personnel and the patient and for use with chemotherapeutic agents.

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 (Signature Sign-Off)
 Director of Dental, Infection Control,
 and General Hospital Devices
 510(k) Number K992162

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

Concurrence of CDRH Office of Device Evaluation (ODE)

Over-The-Counter X