



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

August 29, 2014

Alma Lasers Ltd  
% Kathy Maynor  
Consultant  
26 Rebecca Court  
Homosassa, Florida 34446

Re: K140009

Trade/Device Name: The Modified Alma Lasers XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup> Soprano<sup>XL</sup> and Soprano<sup>ICE</sup>]

Regulation Number: 21 CFR 878.4810

Regulation Name: Laser surgical instrument for use in general and plastic surgery and in dermatology

Regulatory Class: Class II

Product Code: GEX, ILY

Dated: April 26, 2014

Received: June 3, 2014

Dear Ms. Maynor:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and 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) that do not require approval of a premarket approval application (PMA). 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**David Krause -S**

for Binita S. Ashar, M.D., M.B.A., F.A.C.S.  
Director  
Division of Surgical Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

|  |  |
|--|--|
| 510(k) Number (if known):  | <b>K140009</b>   |
| Device Name:   | The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano <sup>XL</sup> , Soprano <sup>XLi</sup> and Soprano <sup>ICE</sup> ] |
| <b><u>Intended Use</u></b>   |  |
| The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano <sup>XL</sup> , Soprano <sup>XLi</sup> and Soprano <sup>ICE</sup> ] is intended for use in dermatologic and general surgical procedures.  |  |
| <b><u>Indications for Use</u></b>  |  |
| The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano <sup>XL</sup> , Soprano <sup>XLi</sup> and Soprano <sup>ICE</sup> ] includes Diode Laser and NIR Modules  |  |
| <u>Diode Laser Modules:</u>  |  |
| The indications for use for the 810nm Modified Diode Laser Module 1.2 cm <sup>2</sup> include:   |  |
| <ul style="list-style-type: none"> <li>■ The Hair Removal (HR) and Super Hair Removal(SHR) Mode is intended for permanent reduction in hair regrowth, defined as a long term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen.</li> <li>■ The treatment of benign vascular and pigmented lesions.(The Laser Blanch (LB) Mode)</li> <li>■ Use on all skin types (Fitzpatrick I-VI), including tanned skin.(HR, SHR and LB Modes)</li> </ul>      |  |
| Optional Tapered Light Guide: It is intended for the same use as the device.   |  |
|  |  |
| The indications for use for the 810nm Modified Diode Laser Module 2 cm <sup>2</sup> include:   |  |
| <ul style="list-style-type: none"> <li>■ The Hair Removal (HR) and Super Hair Removal(SHR) Mode is intended for permanent reduction in hair regrowth, defined as a long term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen.</li> <li>■ Use on all skin types (Fitzpatrick I-VI), including tanned skin.(HR, and SHR Modes)</li> </ul>  |  |
|  |  |
| The indications for use for the 755nm Diode Laser Module include:  |  |
| <ul style="list-style-type: none"> <li>■ The Hair Removal (HR) and Super Hair Removal(SHR) Mode is intended for permanent reduction in hair regrowth, defined as a long term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen.</li> <li>■ The treatment of benign vascular and pigmented lesions.(The Laser Blanch Mode)</li> <li>■ Use on all skin types (Fitzpatrick I-VI), including tanned skin.(HR, SHR and Laser Blanch Modes)</li> </ul> |  |

**NIR Modules**

The Alma Lasers NIR Modules intended use is to emit energy in the near infrared (NIR) spectrum to provide topical heating. The indications for use for NIR Modules are :

- Elevating the tissue temperature for the temporary relief of minor muscle pain and joint pain and stiffness,
- The temporary relief of minor joint pain associated with arthritis,
- The temporary increase in local circulation where applied, and
- The relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain.

|                             |   |  |        |                        |  |
|-----------------------------|---|--|--------|------------------------|--|
| Prescription Use            | ✓ |  | AND/OR | Over-The-Counter Use   |  |
| (Part 21 CFR 801 Subpart D) |   |  |        | (21 CFR 801 Subpart C) |  |

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

For BSA

Neil R Ogden -S

2014.08.28 14:45:04 -04'00'

## Section 8 – 510(k) Summary or 510(k) Statement

### I. General Information

Submitter: Alma Lasers, Ltd,  
Halamish St. POB 302  
Industrial Park, 38900

Contact Person: Kathy Maynor  
Consultant  
352-586-3113 (cell)

Summary Preparation Date: Aug 28, 2014

### II. Names

Device Names: The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup>, Soprano<sup>XLi</sup> and Soprano<sup>ICE</sup>]

Primary Classification Names: Surgical Powered Light Instrument,  
Lamp, Infrared, Therapeutic Heating

### III. Predicate Devices

| K       | # | Predicate Device  |
|---------|---|---|
| K112031 |   | Alma Lasers Modified Diode Laser Module with SHR Treatment Mode for use with the family of Soprano XL Multi-Application Platforms |
| K102716 |   | Modified Alma Lasers Family of Soprano Family XL™ Multi Application Platform (Soprano <sup>XL</sup> , Soprano <sup>XLi</sup> ).   |
| K083848 |   | Alma Lasers Soprano XL Multi-Application Platform   |
| K080318 |   | Alma Lasers NIR Module  |
| K090571 |   | Alma Lasers Alex755 Module  |
| K101916 |   | Sciton Clear Scan   |
| K083207 |   | Quanta System Ultrawave III EX 1320   |

### IV. Product Description

The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup>, Soprano<sup>XLi</sup> and Soprano<sup>ICE</sup>] is a modification to previously cleared Soprano Family XL™ Multi Application Platform [Soprano<sup>XL</sup> and Soprano<sup>XLi</sup>]. The relevant K number is K102716

Soprano<sup>ICE</sup>, the new addition to the family has hand pieces with multiple wavelengths, spot sizes and supports both Diode Laser and Near Infrared (NIR) Technologies. The Soprano<sup>ICE</sup> comprises of the following major components:

1. The main console unit
2. Footswitch.
3. Modules

**V. Indications for Use**

The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano <sup>XL</sup>, Soprano <sup>XLi</sup> and Soprano <sup>ICE</sup>] is intended for use in dermatologic and general surgical procedures.

The Indications for Use are provided in **Section 7** of this submission.

## VI. Summary of Technical Characteristics

**Table 1: Salient Characteristics of the modified diode 810nm module spot size 1.2 cm<sup>2</sup> and the Predicate Devices**

|   | <b>K14</b><br>Alma Lasers Modified 810nm Diode Laser Module to be used with cleared Soprano XL and XLi Platform and proposed Soprano <sup>ICE</sup>   |  |          | <b>K112031</b><br>Alma Lasers Modified Diode Laser Module with SHR Treatment Mode used with the Soprano XL Multi-application Platforms |       |  | <b>K102716</b><br>Modified Alma Lasers Family of Soprano Multi-Application Platforms [Soprano XL <sup>TM</sup> , Soprano XLi <sup>TM</sup> ] |  | <b>K083848</b><br>Alma Lasers Soprano XL Multi-Application Platform |
|---|---|--|----------|--|-------|--|--|--|---|
| <b>Parameter</b>                              |   |  |          |  |       |  |  |  |   |
| <b>Product Code &amp; Regulation No.</b>      | GEX<br>21 CFR 878.4810  |  |          | GEX<br>21 CFR 878.4810   |       |  | GEX<br>21 CFR 878.4810   |  | GEX<br>21 CFR 878.4810  |
| Diode Module Modes                            | *SHR  | *HR  | *LB      | SHR  | HR    | LB   | HR   | LB   | HR  |
| Laser Wavelength [nm]                         | 810(nominal)  |  |          | 810(nominal)   |       |  | 810(nominal)   |  | 810(nominal)  |
| Light/Laser Source                            | Diode   |  |          | Diode  |       |  | Diode  |  | Diode   |
| Spot Size[mm*mm] or [cm <sup>2</sup> ]        | 12*10 or 1.2, optional 6mm round tapered light guide tip  |  |          | 12*10 or 1.2   |       |  | 12*10 or 1.2   |  | 12* 10 or 1.2   |
| Fluence (Energy Density) [J/cm <sup>2</sup> ] | 2-20  | 2-120  | Up to 40 | ≤10  | ≤120  | ≤80  | ≤ 120  | ≤80  | ≤120  |
| Rep Rate [Hz]                                 | 5-10  | 0.5-3  | 2        | ≤10  | ≤3    |  | ≤3   |  | ≤3  |
| Pulse Duration [ms]                           | 3.3-200   |  |          | ≤20  | 5-200 |  | 5-200  |  | 5-200   |
| Tissue Cooling                                | Contact continuous, thermo-electrical   |  |          | Contact continuous, thermo-electrical  |       |  | Contact continuous, thermo-electrical  |  | Contact continuous, thermo-electrical                               |
| How Supplied                                  | Non-sterile, cleanable  |  |          | Non-sterile, cleanable   |       |  | Non-sterile, cleanable   |  | Non-sterile, cleanable  |
| Exposure Indicator                            | Audible & visual indicator  |  |          | Audible & visual indicator   |       |  | Audible & visual indicator   |  | Audible & visual indicator  |
| Compatible Laser System                       | Family of Soprano XL, XLi (cleared) & proposed Soprano <sup>ICE</sup>   |  |          | Family of Soprano XL and XLi Multi Application   |       |  | Family of Soprano XL and XLi Multi Application Platforms   |  | Soprano XL System   |
| Dimensions [inches]                           | 6.69*4.8*1.9  |  |          | 6.75*5.75*2.5  |       |  | 6.75*5.75*2.5  |  | 6.75*5.75*2.5   |
| User Interface                                | 12" LCD touch screen  |  |          | 12" LCD touch screen   |       |  | 8" LCD touch screen  |  | 8" LCD touch screen   |
| Indications for Use                           | Permanent reduction in hair regrowth *  | Treatment of benign vascular and pigmented lesions |          | Hair Removal, Permanent hair reduction   |       | Treatment of benign vascular and pigmented lesions | Hair Removal, Permanent hair reduction   | Treatment of benign vascular and pigmented lesions | Hair Removal, Permanent hair reduction                              |
|   | Indicated for use on all Skin Types (Fitzpatrick Skin Types I-VI), including tanned skin * SHR-Super Hair Removal, HR-Hair Removal , LB-Laser Blanche   |  |          |  |       |  |  |  |   |
|   | ** Permanent Reduction in hair regrowth is defined as the long -term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen. |  |          |  |       |  |  |  |   |

**Table 2: Salient Characteristics of the modified diode 810nm module spot size 2 cm2 and the Predicate Devices**

|  | <b>K13</b><br>Alma Lasers Modified 810nm Diode Laser Module to be used with cleared Soprano XL and XLi Platform and proposed Soprano ICE  |  | <b>K112031</b><br>Alma Lasers Modified Diode Laser Module with SHR Treatment Mode used with the Soprano XL Multi-application Platforms |       |  | <b>K102716</b><br>Modified Alma Lasers Family of Soprano Multi-Application Platforms [Soprano XLTM, Soprano XLiTM] |  | <b>K083848</b><br>Alma Lasers Soprano XL Multi-Application Platform |
|--|---|--|--|-------|--|--|--|---|
| <b>Parameter</b>                         |   |  |  |       |  |  |  |   |
| <b>Product Code &amp; Regulation No.</b> | GEX<br>21 CFR 878.4810  |  | GEX<br>21 CFR 878.4810   |       |  | GEX<br>21 CFR 878.4810   |  | GEX<br>21 CFR 878.4810  |
| Diode Module Modes                       | SHR   | HR   | SHR  | HR    | LB   | HR   | LB   | HR  |
| Laser Wavelength [nm]                    | 810(nominal)  |  | 810(nominal)   |       |  | 810(nominal)   |  | 810(nominal)  |
| Light/Laser Source                       | Diode   |  | Diode  |       |  | Diode  |  | Diode   |
| Spot Size[mm*mm] or [cm2]                | 20*10 or 2  |  | 12*10 or 1.2   |       |  | 12*10 or 1.2   |  | 12*10 or 1.2  |
| Fluence (Energy Density) [J/cm2]         | Up to 20  | Up to 60   | ≤10  | ≤120  | ≤80  | ≤ 120  | ≤80  | ≤120  |
| Rep Rate [Hz]                            | 5-10  | 0.5-3  | ≤10  | ≤3    |  | ≤3   |  | ≤3  |
| Pulse Duration [ms]                      | 3.3-200   |  | ≤20  | 5-200 |  | 5-200  |  | 5-200   |
| Tissue Cooling                           | Contact continuous, thermo-electrical   |  | Contact continuous, thermo-electrical  |       |  | Contact continuous, thermo-electrical  |  | Contact continuous, thermo-electrical                               |
| How Supplied                             | Non-sterile, cleanable  |  | Non-sterile, cleanable   |       |  | Non-sterile, cleanable   |  | Non-sterile, cleanable  |
| Exposure Indicator                       | Audible & visual indicator  |  | Audible & visual indicator   |       |  | Audible & visual indicator   |  | Audible & visual indicator  |
| Compatible Laser System                  | Family of Soprano XL, XLi (cleared) & Soprano Ice   |  | Family of Soprano XL and XLi Multi Application   |       |  | Family of Soprano XL and XLi Multi Application Platforms   |  | Soprano XL System   |
| Dimensions [“]                           | 6.69*4.8*1.9  |  | 6.75*5.75*2.5  |       |  | 6.75*5.75*2.5  |  | 6.75*5.75*2.5   |
| User Interface                           | 12" LCD touch screen  |  | 12" LCD touch screen   |       |  | 8" LCD touch screen  |  | 8" LCD touch screen   |
| Indications for Use                      | Permanent reduction in hair regrowth*   | Treatment of benign vascular and pigmented lesions | Hair Removal, Permanent hair reduction   |       | Treatment of benign vascular and pigmented lesions | Hair Removal, Permanent hair reduction   | Treatment of benign vascular and pigmented lesions | Hair Removal, Permanent hair reduction                              |
|  | Indicated for use on all Skin Types (Fitzpatrick Skin Types I-VI), including tanned skin  |  |  |       |  |  |  |   |
|  | *Permanent Reduction in hair regrowth is defined as the long-term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen |  |  |       |  |  |  |   |

**Table 3-1: Salient Characteristics of 755nm diode module and the predicate devices**

|                                  | K13<br>Alma Lasers 755nm Diode Module                               |  |          | K090571<br>Alma Lasers ALEX755 Module                            |   | K083207<br>Quantum Ultrawave III  |
|----------------------------------|---|--|----------|--|---|---|
| Parameter                        |   |  |          |  |   |   |
| Product Code & Regulation No.    | GEX<br>21 CFR 878.4810  |  |          | GEX<br>21 CFR 878.4810   |   | GEX<br>21 CFR 878.4810  |
| Intended Use                     | HR and SHR<br>Permanent<br>reduction in<br>hair regrowth*           | LB Mode: Treatment of benign<br>vascular and pigmented lesions |          | HR and SHR Mode :Hair<br>removal and permanent<br>hair reduction | Treatment of benign vascular<br>and pigmented lesions | Intended for coagulation and hemostatis of vascular lesions and the removal and permanent reduction of unwanted hair in Fitzpatrick skin types I-VI, including suntanned skin types. Also indicated for pigmented Lesions and wrinkles. |
| Indicated for                    | all Skin Types (Fitzpatrick skin types I-VI), including tanned skin |  |          |  |   | all skin types (Fitzpatrick skin types I-VI), including tanned skin   |
| Wavelength [nm]                  | 755   |  |          | 755  |   | 755   |
| Light/Laser Source               | Diode   |  |          | Long Pulse Alexandrite   |   | Long Pulse Alexandrite  |
| Beam Delivery                    | Direct  |  |          | Direct   |   | Direct  |
| Pulse Width [msec]               | 3.3-200   |  |          | 3 - 100  |   | 3-100   |
| Pulse Repetition Rate [Hz]       | SHR:<br>5-10  | HR:<br>0.5-3   | LB<br>2  | 2, 4   |   | upto 1.5  |
| Spot Size cm2                    | 1.5   |  |          | 5mm round( .79cm2)   | 10mm(3.14cm2)   | upto 16mm   |
| Energy Density (Fluence) [J/cm2] | 2-20  | 2-120  | Up to 25 | 32   | 8   | up to 123J/cm2  |

\* Permanent Reduction in hair regrowth is defined as the long -term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen

**Table 3-2: Salient Characteristics of 755nm diode module and the predicate device**

|  | <b>K13</b><br>Alma Lasers 755nm Diode Module   | <b>K090571</b><br>Alma Lasers ALEX755 Module   | <b>K101916</b><br>Sciton   |
|--|--|--|--|
| <b>Parameter</b>                                   |  |  |  |
| <b>Product Code &amp; Regulation No.</b>           | GEX<br>21 CFR 878.4810   | GEX<br>21 CFR 878.4810   | GEX<br>21 CFR 878.4810   |
| <b>Intended Use</b>                                | HR and SHR Mode<br>LB Mode: Treatment of benign vascular and pigmented lesions<br>Permanent reduction in hair regrowth * | HR and SHR Mode :Hair removal and permanent hair reduction<br>Treatment of benign vascular and pigmented lesions | The Clearscan ALX 755nm alexandrite laser system with its accessories is indicated for stable long term or permanent hair reduction for all skin types (Fitzpatrick I-VI) including tanned skin. It is also indicated for the treatment of vascular lesions, benign pigmented lesions and wrinkles |
| <b>Indicated for</b>                               | all Skin Types (Fitzpatrick skin types I-VI), including tanned skin  |  | all skin types (Fitzpatrick skin types I-VI), including tanned skin  |
| <b>Wavelength [nm]</b>                             | 755  | 755  | 755  |
| <b>Light/Laser Source</b>                          | Diode  | Long Pulse Alexandrite   | Long Pulse Alexandrite   |
| <b>Beam Delivery</b>                               | Direct   | Direct   | Direct   |
| <b>Pulse Width [msec]</b>                          | 3.3-200  | 3 - 100  | Up to 200msec  |
| <b>Pulse Repetition Rate [Hz]</b>                  | SHR: 5-10<br>HR: 0.5-3<br>LB 2   | 2, 4   | unk  |
| <b>Spot Size cm<sup>2</sup></b>                    | 1.5  | 5mm round(.79cm <sup>2</sup> )<br>10mm(3.14cm <sup>2</sup> )   | 3mm, 6mm single spot, up to 30mm x 30mm scanned area   |
| <b>Energy Density (Fluence) [J/cm<sup>2</sup>]</b> | 2-20<br>2-120<br>Up to 25  | 32<br>8  | Up to 140j/cm <sup>2</sup>   |

\* Permanent Reduction in hair regrowth is defined as a long -term, stable reduction in the number of hairs re-growing when measured at 6, 9 and 12 months after the completion of a treatment regimen

**Table 4: Salient Characteristics of Alma Lasers NIR Large Module and the predicate devices**

|  | <b>K13<br/>Alma Lasers NIR LargeModule</b>  | <b>K080318<br/>Alma Lasers NIR Module</b>   | <b>K050370<br/>Palomar LuxIR Hand piece</b>   | <b>K042165<br/>Cutera Titan Tabletop Product<br/>K033768 – Altus Medical<br/>Optional Infrared Handpiece*</b>   |
|--|---|---|---|---|
| <b>Parameter</b>                           |   |   |   |   |
| <b>Product Code &amp; Regulation No.</b>   | ILY<br>21CFR 890.5500   | ILY<br>21 CFR 890.5500  | ILY<br>21 CFR 890.5500  | ILY<br>21 CFR 890.5500  |
| <b>Wavelength [nm]</b>                     | 1300  | 800-1,800   | 800-1,800 (Cleared)<br>850-1350 (marketing material)  | 850-3,000<br>(filtered 1,100-1,800)   |
| <b>Lamp Type</b>                           | Quartz Tube   | Quartz tube   | Quartz tube   | Quartz tube   |
| <b>Intended Use</b>                        | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   |
| <b>Indications for Use</b>                 | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. |
| <b>Power Control</b>                       | Time control  | Time control  | Time control  | Exposure time   |
| <b>Mode</b>                                | Pulsed  | Pulsed  | Pulsed  | Pulsed  |
| <b>Fluence [J/cm<sup>2</sup>]</b>          | 0.55-5.5  | 5.5   | Up to 100   | 5 – 65  |
| <b>Pulse Width [sec]</b>                   | 1-5   | 1 - 5   | 2.5 – 5   | Not available   |
| <b>Spot Size [mm*mm] or cm<sup>2</sup></b> | 18  | 60 x 30   | 12 x 28   | 10 x 15; 10 x 30  |
| <b>Cooling</b>                             | Contact cooling<br>Thermo-electric (TEC)  | Contact cooling<br>Thermo-electric (TEC)  | Contact Cooling   | Temperature regulated contact cooling   |
| <b>Treatment Mode</b>                      | In-motion   | In-motion   | Stationary  | Stationary  |
| <b>Exposure Indicator</b>                  | Audible & visual indicator  | Audible & visual indicator  | Not available   | Audible tone and LED indicator  |
| <b>How Supplied</b>                        | Non-sterile, cleanable  | Non-sterile, cleanable  | Non-sterile, cleanable  | Non-sterile, cleanable  |
| <b>Module Dimensions</b>                   | 190*80*56mm (L*W*H)   | 190*80*56mm (L*W*H)   | Not Available   | Not Available   |

**Table 5: Salient Characteristics of Alma Lasers NIR Small Module and the predicate devices**

|  | <b>K13<br/>Alma Lasers NIR Small Module</b>   | <b>K080318<br/>Alma Lasers NIR Module</b>   | <b>K050370<br/>Palomar LuxIR Hand piece</b>   | <b>K042165<br/>Cutera Titan Tabletop Product<br/>K033768 – Altus Medical Optional<br/>Infrared Handpiece*</b>   |
|--|---|---|---|---|
| <b>Parameter</b>                             |   |   |   |   |
| <b>Product Code &amp; Regulation No.</b>     | ILY<br>21 CFR 890.5500  | ILY<br>21 CFR 890.5500  | ILY<br>21 CFR 890.5500  | ILY<br>21 CFR 890.5500  |
| <b>Wavelength [nm]</b>                       | 1300  | 800-1,800   | 800-1,800 (Cleared)<br>850-1350 (marketing material)  | 850-3,000<br>(filtered 1,100-1,800)   |
| <b>Lamp Type</b>                             | Quartz tube   | Quartz tube   | Quartz tube   | Quartz tube   |
| <b>Intended Use</b>                          | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   | Intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating the tissue temperature   |
| <b>Indications for Use</b>                   | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. | For the temporary relief of minor muscle pain and joint pain and stiffness, the temporary relief of minor joint pain associated with arthritis, the temporary increase in local circulation where applied, and the relaxation of muscles; may also help muscle spasms, minor sprains and strains, and minor muscular back pain. |
| <b>Power Control</b>                         | Time control  | Time control  | Time control  | Exposure time   |
| <b>Mode</b>                                  | Pulsed  | Pulsed  | Pulsed  | Pulsed  |
| <b>Fluence [J/cm<sup>2</sup>]</b>            | .55-5.5   | 5.5   | Up to 100   | 5 – 65  |
| <b>Pulse Width [sec]</b>                     | 1-5   | 1 - 5   | 2.5 – 5   | Not available   |
| <b>Spot Size [mm*mm] or [cm<sup>2</sup>]</b> | 6.4   | 60 x 30   | 12 x 28   | 10 x 15; 10 x 30  |
| <b>Cooling</b>                               | Contact cooling<br>Thermo-electric (TEC)  | Contact cooling<br>Thermo-electric (TEC)  | Contact Cooling   | Temperature regulated contact cooling   |
| <b>Treatment Mode</b>                        | In-motion   | In-motion   | Stationary  | Stationary  |
| <b>Exposure Indicator</b>                    | Audible & visual indicator  | Audible & visual indicator  | Not available   | Audible tone and LED indicator  |
| <b>How Supplied</b>                          | Non-sterile, cleanable  | Non-sterile, cleanable  | Non-sterile, cleanable  | Non-sterile, cleanable  |

## **VII. Safety and Effectiveness Information**

The review of the indications for use and technical characteristics provided demonstrates that the Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup>, Soprano<sup>XLi</sup> and Soprano<sup>ICE</sup>] is substantially equivalent to the predicate devices. Additional safety testing was done as discussed in **Section 18** of this submission.

The Soprano ICE was tested by a certified testing laboratory according to:

IEC 60601-1: 1988+A1:1991+A2:1995: Medical Electrical Equipment Part 1: General Requirements for basic safety and essential performance;

IEC 60601-1-2: Medical electrical equipment: Part 1-2: General requirements for safety- Collateral Standard: Electromagnetic compatibility - Requirements and tests (2001 + A1(4));

IEC 60601-2-22:1995 Medical electrical equipment - Part 2-22: Particular requirements for the safety of diagnostic and therapeutic laser equipment 1995; and

IEC 60825-1:2007 (2nd edition) Safety of Laser Products-Part 1: Equipment Classification and Requirements.

The software was documented, verified and validated (test reports in submission) in accordance with IEC 62304:2006 – Medical Device Software: Software Life Cycle Processes and ISO 14971:2012 – Medical Devices: Application of Risk Management to Medical Devices.

The optional tapered light guide was verified and validated (test reports in submission) for operation and safety in accordance with the design control and quality system principles of ISO 13485: 2012 – Medical Devices: Quality Management Systems and FDA federal regulation 21 CFR 820.

## **VIII. Conclusion**

The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup>, Soprano<sup>XLi</sup> and Soprano<sup>ICE</sup>] was found to be substantially equivalent to the predicate devices.

The Modified Alma Lasers Soprano XL™ Family of Multi-Application and Multi-Technology Platforms [Soprano<sup>XL</sup>, Soprano<sup>XLi</sup> and Soprano<sup>ICE</sup>] shares the same or similar indications for use, similar design features, and functional features with, and thus is substantially equivalent to the predicate devices.