



DEPARTMENT OF HEALTH & HUMAN SERVICES

JUL 12 2002

Food and Drug Administration  
2098 Gaither Road  
Rockville MD 20850

Mr. Neil Stringer  
Managing Director  
Cheshire Diagnostics Limited  
7 Elm Street  
Ellesmere Port  
Cheshire  
CH65 3EN

Re: k021610  
Trade/Device Name: QA $\beta$ <sub>2</sub>A IgM Elisa Kit HRP  
Regulation Number: 21 CFR 866.5660  
Regulation Name: Multiple autoantibodies immunological test system  
Regulatory Class: Class II  
Product Code: MSV  
Dated: June 24, 2002  
Received: June 28, 2002

Dear Mr. Stringer:

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.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), 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 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

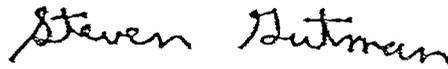
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); 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.

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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) 594-4588. 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" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,



Steven I. Gutman, M.D., M.B.A.  
Director  
Division of Clinical Laboratory-Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

# Indications for Use Statement

510(k) Number: K021610

Device Name: QAβ<sub>2</sub>A IgM Elisa Kit HRP

Indications for Use: The Cheshire Diagnostics Limited QAβ<sub>2</sub>A IgM Elisa Kit HRP is an Enzyme Linked Immunoassay for the *in vitro* semi-quantitative detection of IgM antibodies to β<sub>2</sub>-Glycoprotein-I in human serum.

The presence of β<sub>2</sub>-GPI antibodies can be used in conjunction with other serological tests and clinical findings to aid in the assessment of the risk from thrombosis in patients with Systemic Lupus Erythematosus or other lupus like disorders.

(Please do not write below this line – Continue on another page if needed)

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

J. Reeves for S. Altare  
Special Laboratory Devices  
Device Number K021610

Prescription Use  
(Per 21 CFR 801.109)



OR

Over-the-Counter Use

(Optional Format 1-2-96)