

MAR 10 2004

**510(k) Summary - Tina-quant IgG Gen.2**

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**Introduction** According to the requirements of 21 CFR 807.92, the following information provides sufficient detail to understand the basis for a determination of substantial equivalence

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**Submitter name, address, contact** Roche Diagnostics  
9115 Hague Rd  
Indianapolis IN 46250  
(317) 521-3831

Contact person: Sherri L. Coenen

Date prepared: February 17, 2004

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**Device Name** Proprietary name: Roche Diagnostics Tina-quant IgG Gen.2  
  
Common name: Tina-quant IgG Gen.2  
  
Classification name: IgG (Gamma chain specific) antigen, antiserum, control

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**Device description** The Tina-quant IgG Gen.2 is an immunoturbidimetric assay. Anti-IgG antibodies react with antigen in the sample to form an antigen/antibody complex which is measured turbidimetrically.

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**Intended use** Immunoturbidimetric assay for the quantitative in vitro determination of IgG in human serum and plasma on Roche automated clinical chemistry analyzers.

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**Predicate Device** We claim substantial equivalence to the currently marketed Roche Diagnostics Tina-quant IgG assay. (K955906).

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## 510(k) Summary – Tina-quant IgG Gen.2, continued

**Reagent  
Summary**

The following table describes the similarities and differences between the Tina-quant IgG Gen.2 and the predicate device.

Topic	Tina-quant IgG (K955906)	Tina-quant IgG Gen.2 (Modified Device)
Intended Use	Immunoturbidimetric assay for the quantitative in vitro determination of IgG in human serum and plasma on automated clinical chemistry analyzers.	Same
Method	Immunoturbidimetric assay	Same
Sample type	Serum Plasma: Heparin, EDTA	Same
Measuring range	<ul style="list-style-type: none"> <li>• Roche/Hitachi 902: 300 - 3100 mg/dL</li> <li>• Roche/Hitachi 904/911/912/917/Modular: 301 - 3500 mg/dL 100 - 19300 mg/dL with rerun</li> </ul>	Roche/Hitachi 902: 300 - 3500 mg/dL Roche/Hitachi 904/911/912/917/Modular: 300 – 5000 mg/dL 40 – 28100 mg/dL with rerun
Expected values	700 - 1600 mg/dl	Adults: 700 - 1600 mg/dl Additional ranges for children 0 – 19 years



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration  
209B Gaither Road  
Rockville MD 20850

MAR 10 2004

Ms. Sherri L. Coenen  
Regulatory Submissions, Centralized Diagnostics  
Roche Diagnostics Corporation  
9115 Hague Road  
P.O. Box 50457  
Indianapolis, Indiana 46250-0457

Re: k040434  
Trade/Device Name: Roche Diagnostics Tina-quant IgG Gen.2  
Regulation Number: 21 CFR § 866.5510  
Regulation Name: Immunoglobulins A, G, M, D, E Immunological Test System  
Regulatory Class: II  
Product Code: DEW  
Dated: February 17, 2004  
Received: February 19, 2004

Dear Ms. Coenen:

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.

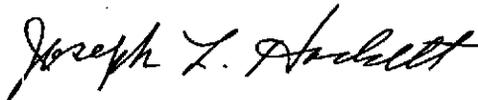
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish 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 Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 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.

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If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 594-3084. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act 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,

A handwritten signature in black ink that reads "Joseph L. Hackett". The signature is written in a cursive style with a large initial 'J'.

Joseph L. Hackett, Ph.D.  
Acting Director  
Division of Immunology and Hematology Devices  
Office of In Vitro Diagnostic Device Evaluation and Safety  
Center for Devices and Radiological Health

Enclosure

## Indications for Use Statement

510(k) Number (if known): ~~N/A~~ K 040434

Device Name: Tina-quant IgG Gen.2

### Indications For Use:

Immunoturbidimetric assay for the quantitative in vitro determination of IgG in human serum and plasma on Roche automated clinical chemistry analyzers.

Measurement aids in the diagnosis of abnormal protein metabolism and the body's lack of ability to resist infectious agents.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)  
Prescription Use  X  OR Over-The-Counter Use \_\_\_\_\_  
(Per 21 CFR 801.109) (Optional Format 1-2-96)

Marie Chan  
Division Sign-Off

Office of In Vitro Diagnostic Device  
Evaluation and Safety

510(k) K040434