

DEC - 8 2004

XIII. SUMMARY OF SAFETY AND EFFECTIVENESS

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS ESTEEM BLUE POLYISOPRENE SURGICAL GLOVES WITH COATING (CONTAINING CHITOSAN, PROVITAMIN B, GLUCONOLACTONE AND GLYCEROL)

Regulatory Affairs Contact: Erica Sethi
Cardinal Health
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McGaw Park, IL 60085

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Date Summary Prepared: 9/13/04

Product Trade Name: Undetermined

Common Name: Surgical Glove

Classification: Glove, Surgeon's

Predicate Devices: Cardinal Health's Esteem Sterile Polyisoprene Surgical
Gloves (K011721)

Description: Esteem Blue Polyisoprene Surgical Gloves with coating are
formulated using Synthetic Rubber Latex. These are offered
powder-free and sterile.

Intended Use: Esteem Blue Polyisoprene Surgical Gloves with coating are
intended for use in environments within hospitals and other
healthcare facilities. The gloves are appropriate for use during
invasive and non-invasive medical procedures requiring
sterility. They are intended to be worn by operating room
personnel to protect a surgical wound from contamination.

Substantial Equivalence: Esteem Blue Polyisoprene Surgical Gloves with coating are substantially equivalent to Esteem Sterile Polyisoprene Surgical Gloves in that they provide the following characteristics:

- same intended use
- same sizes, product features, packaging
- both made of Synthetic Rubber Latex using similar manufacturing process

Summary of Testing:

<u>Test</u>	<u>Result</u>
Primary Skin Irritation	Gloves are non-irritating.
Guinea Pig Maximization	Gloves do not display any potential for sensitization.
Ultimate Elongation & Tensile Strength	Gloves exceed requirements for rubber surgical gloves per ASTM D3577-01a ^{e2} .
Barrier Defects	Gloves exceed requirements per 21 CFR §800.20 and ASTM D3577-01a ^{e2} , AQL = 1.5.
Data/Test Method	Gloves meet powder level requirements for “Powder Free” designation using ASTM Standard D6124-01-Standard test method for residual powder on medical gloves. Results generated values below 2 mg of residual powder per glove.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC - 8 2004

Cardinal Health
C/O Mr. Ned Devine
Responsible Third Party Official
Entela, Incorporated
3033 Madison Avenue, SE
Grand Rapids, Michigan 49548-1289

Re: K042574

Trade/Device Name: Esteem Blue Polyisoprene Surgical Glove with Coating
(Containing Chitosan, ProvitaminB, Gluconolactone and Glycerol)

Regulation Number: 21 CFR 878.4460

Regulation Name: Surgeon's Glove

Regulatory Class: I

Product Code: KGO

Dated: November 24, 2004

Received: November 26, 2004

Dear Mr. Devine:

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.

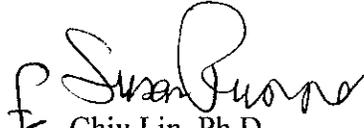
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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other 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.

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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. 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,



Chiu Lin, Ph.D.

Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K042574

Device Name: Esteem Blue Polyisoprene Surgical Glove with coating (containing Chitosan, ProvitaminB, Gluconolactone and Glycerol).

Indications For Use: These gloves are intended to be worn by operating room personnel to protect a surgical wound from contamination in environments within hospitals and other healthcare facilities. These gloves are appropriate for use during invasive as well as non-invasive medical procedures requiring sterility.

Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use X
(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)

Supte M. Chan MD

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

510(k) Number: K042574

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