



JAN 3 0 2005

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Pack & Proper Company Limited  
C/O Dr. Jen Ke-Min  
Official Correspondent  
ROC Chinese-European Industrial Research Society  
No. 58 Fu-Chiun Street  
Hsin Chu City  
CHINA (TAIWAN) 300

Re: K042653

Trade/Device Name: Pack & Proper, Ear-Thermometer Probe Cap  
Regulation Number: 880.2910  
Regulation Name: Clinical Electronic Thermometer  
Regulatory Class: II  
Product Code: FLL  
Dated: December 2, 2004  
Received: December 17, 2004

Dear Dr. Ke-Min:

This letter corrects our substantially equivalent letter of November 26, 2004, regarding the trade name for your device.

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 (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 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.

Page-2 Mr. Ken-Min

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

#### 4. INDICATIONS FOR USE STATEMENT

Applicant : PACK & PROPER CO., LTD.

510(k) Number : K042653

Device Name : ~~PACK & PROPER~~ Pack & Proper, Ear-Thermometer  
Probe Cap

#### Indications for Use :

*The disposable PACK & PROPER Ear-Thermometer Prove Cap is used to protect probe of ear thermometer and prevent cross-infection.*

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

Concurrence of CDRH Office of Device Evaluation (ODE)

Prescription Use \_\_\_\_\_  
Per 21 CFR 801.109

OR

Over-The-Counter   
(Optional Format 1-2-96)

*Ant K. M.*  
(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

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