

FEB - 1 2005

Exhibit C

**VERTEBRON PSS™ Pedicle Screw System
Special 510(k) Summary – K043152
December 2004**

VIII. Summary of Safety and Effectiveness

SUBMITTER: VERTEBRON Inc.
400 Long Beach Blvd.
Stratford, CT 06615
(203) 380-9340

CONTACT PERSON: Luis Nesprido
Regulatory Affairs Manager

DATE PREPARED: December 2004

CLASSIFICATION NAME: 21 CFR §888.3050 Spinal Interlaminar Fixation Orthosis
21 CFR §888.3060 Spinal Intervertebral Fixation Orthosis
21 CFR §888.3070 Pedicle Screw Spinal System

COMMON NAME: Pedicle Screw Spinal System

PROPRIETARY NAME: VERTEBRON PSS™ Pedicle Screw System

PREDICATE DEVICES: VERTEBRON PSS™ Pedicle Screw System – K033352

DEVICE DESCRIPTION: The VERTEBRON PSS™ Pedicle Screw System is comprised of non-sterile, single use, titanium alloy components. The VERTEBRON PSS™ Pedicle Screw System attaches to the vertebral body by means of screws to the non-cervical spinal and allows a surgeon to build a spinal implant construct. This system's design is intended to stabilize the spinal operative site during the fusion process of a bone graft in the disc space. The VERTEBRON PSS™ Pedicle Screw System is made up of rods, multi-axial and standard screws, hooks and locking caps. This submission adds both adjustable and fixed cross connectors.

INTENDED USE: The VERTEBRON PSS™ Pedicle Screw System is intended for noncervical, nonpedicle fixation for the following indications: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma (i.e., fracture or dislocation);

spinal stenosis; curvatures (i.e., scoliosis, kyphosis, and/or lordosis); tumor; pseudoarthrosis; and failed previous fusion in skeletally mature patients. The VERTEBRON PSS™ Pedicle Screw System is intended for non cervical pedicle fixation for the following indications: spondylolisthesis (Grade 3 and 4 at L5-S1 or degenerative spondylolisthesis with objective evidence of neurologic impairment); trauma (i.e., fracture or dislocation); spinal stenosis; curvatures (i.e., scoliosis, kyphosis, and/or lordosis); tumor; pseudoarthrosis; and failed previous fusion in skeletally mature patients.

MATERIALS: The material used is medical grade titanium material that conforms to ASTM F136.

SUBSTANTIAL EQUIVALENCE: Testing in accordance with ASTM 1717 was performed and demonstrated that the VERTEBRON PSS™ Pedicle Screw System with cross connectors is substantially equivalent to the VERTEBRON PSS™ Pedicle Screw System without cross connectors (K033352), and Optima Spinal Fixation System; U&I America (K024096), which have received market clearance by the FDA.



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Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Luis Nesprido
Regulatory Affairs, Manager
Vertebron, Inc.
400 Long Beach Blvd.
Stratford, Connecticut 06615

Re: K043152

Trade/Device Name: Modification to VERTEBRON PSS™ Pedicle Screw System
Regulation Number: 21 CFR 888.3070, 21 CFR 888.3060, and 21 CFR 888.3050
Regulation Name: Pedicle screw spinal system, Spinal intervertebral body fixation orthosis,
and Spinal interlaminar fixation orthosis
Regulatory Class: Class II
Product Code: MNH, MNI, KWQ, and KWP
Dated: January 7, 2005
Received: January 10, 2005

Dear Mr. Nesprido:

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.

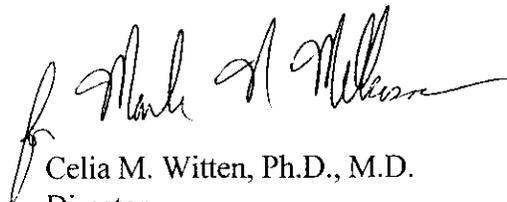
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's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

Page 2 – Mr. Nesprido

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) 276-0120. 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, appearing to read "Celia M. Witten". The signature is fluid and cursive, with a long horizontal stroke at the end.

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative and
Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

EXHIBIT A

V. Indications for Use

510(k) Number (if known): K043152

Device Name: VERTEBRON PSS™ Pedicle Screw System

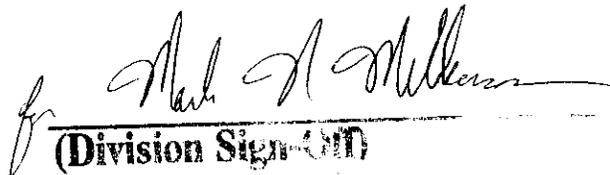
Indications For Use:

The VERTEBRON PSS™ Pedicle Screw System is intended for noncervical, nonpedicle fixation for the following indications: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma (i.e., fracture or dislocation); spinal stenosis; curvatures (i.e., scoliosis, kyphosis, and/or lordosis); tumor; pseudoarthrosis; and failed previous fusion in skeletally mature patients. The VERTEBRON PSS™ Pedicle Screw System is intended for non cervical pedicle fixation for the following indications: spondylolisthesis (Grade 3 and 4 at L5-S1 or degenerative spondylolisthesis with objective evidence of neurologic impairment); trauma (i.e., fracture or dislocation); spinal stenosis; curvatures (i.e., scoliosis, kyphosis, and/or lordosis); tumor; pseudoarthrosis; and failed previous fusion in skeletally mature patients.

Prescription Use: X AND / OR Over-The-Counter Use:
(Per 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)



(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

510(k) Number K043152