

MAY 12 2004

8.0 510(k) Summary

This summary of 510(k) safety and effectiveness information is submitted in accordance with the requirements of the Safe Medical Devices Act of 1990 and 21 C.F.R. §807.92.

1. The submitter of this premarket notification is:

Philips Medical Systems

This summary was prepared on 12 April, 2004.

2. The name of this device is the M3290A IntelliVue Information Center Software Release E.01 and IntelliVue Clinical Network on VLAN. Classification names are as follows:

Classification	ProCode	Description
None	74 MHX	Physiological Monitor, Patient Monitor
870.1025, II	74 DSI	Arrhythmia Detector and Alarm
870.1025,, II	74 MLD	Monitor, ST Alarm
870.2800, II	74 DSH	Recorder, Magnetic Tape, Medical
870.2300, II	74 MSX	System, Network and Communication, Physiological Monitors

3. The new device is substantially equivalent to the previously cleared IntelliVue Information Center Software and IntelliVue Clinical Network cleared under K993171, K993907, K001057, K001664, K011093, K021422, K023698, K030038, K031403, & K040357.

4. The modification is a change that permits operation of the IntelliVue Clinical Network on customer provided IEEE 802.1q compatible VLAN network infrastructure.

5. The new device has the same Indications for Use as the legally marketed predicate device. For central monitoring of multiple adult, pediatric, and neonatal patients; and where the clinician decides to monitor cardiac arrhythmia of adult, pediatric, and neonatal patients and/or ST segment of adult patients to gain information for treatment, to monitor adequacy of treatment, or to exclude causes of symptoms.

6. The new device has the same technological characteristics as the legally marketed predicate device.

7. Verification, validation, and testing activities establish the performance, functionality, and reliability characteristics of the new device with respect to the predicate. Testing involved system level tests, integration tests, environmental tests, and safety testing from hazard analysis. Pass/Fail criteria were based on the specifications cleared for the predicate device and test results showed substantial equivalence. The results demonstrate that IntelliVue Clinical Network on VLAN infrastructure meets all reliability requirements and performance claims.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY 1 2 2004

Philips Medical Systems
c/o Mr. Dave Osborn
Quality Program Manager
3000 Minuteman Road
Andover, MA 01810

Re: K040955

Trade Name: M3290A Intellivue Information Center Software, Release E.01, and Intellivue
Clinical Network on VLAN

Regulation Number: 21 CFR 870.1025

Regulation Name: Patient Physiological Monitor (With Arrhythmia Detection or Alarms)

Regulatory Class: Class II (two)

Product Code: MHX

Dated: April 12, 2004

Received: April 13, 2004

Dear Mr. Osborn:

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.

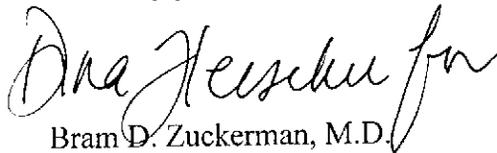
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Page 2 – Mr. Dave Osborn

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 (301) 594-4646. 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 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,



Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K040955

Device Name: M3290A IntelliVue Information Center Software,
Release E.01, and IntelliVue Clinical Network on VLAN

Indications for Use:

Indicated for central monitoring of multiple adult, pediatric, and neonatal patients; and where the clinician decides to monitor cardiac arrhythmia of adult, pediatric, and neonatal patients and/or ST segment of adult patients to gain information for treatment, to monitor adequacy of treatment, or to exclude causes of symptoms.

Prescription Use

yes
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use

No
(21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Max Leuler
Division Sign-Off
Division of Cardiovascular Devices

Device Number K040955