

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS
(21 CFR 807.92)
for CATHETER CONNECTIONS' DUALCAP™

SUBMITTER:

Catheter Connections, Inc.
25 White Pine Canyon Rd.
Park City, UT 84060

APR - 8 2010

ESTABLISHMENT REGISTRATION NUMBER:

(Will be completed within 15 days on 510(k) clearance)

CONTACT:

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DATE PREPARED:

October 12, 2009

NAME OF MEDICAL DEVICE:

Trade/Device Name:	<i>Catheter Connections' DualCap™</i>
Regulation Classification Name:	Pad, alcohol, device disinfectant
Common/Usual Name:	Alcohol Pad
Classification Advisory Panel:	General Hospital
Regulatory Class:	UNCLASSIFIED
Classification Product Code:	LKB
Regulation Number:	UNCLASSIFIED

PREDICATE DEVICES:

Substantial equivalence is claimed to the following devices as related to intended use and design characteristics:

Trade/Device Name:	Swab™ Cap (K083508), Excelsior Medical Corporation
Regulation Classification Name:	Pad, alcohol, device disinfectant
Common/Usual Name:	Alcohol Pad
Classification Advisory Panel:	General Hospital
Regulatory Class:	UNCLASSIFIED
Classification Product Code:	LKB
Regulation Number:	UNCLASSIFIED

Trade/Device Name:	Effectiv™ Cap (K080579), Hospira, Inc.
Regulation Classification Name:	Pad, alcohol, device disinfectant
Common/Usual Name:	Alcohol Pad
Classification Advisory Panel:	General Hospital
Regulatory Class:	UNCLASSIFIED
Classification Product Code:	LKB
Regulation Number:	UNCLASSIFIED
Trade/Device Name:	Curos™ Port Protector (K080466), Ivera Medical
Regulation Classification Name:	None
Common/Usual Name:	Pad, alcohol, device disinfectant
Classification Panel:	General Hospital
Regulatory Class:	UNCLASSIFIED
Classification Product Code:	LKB
Regulation Number:	None
Trade/Device Name:	Aplicare Alcohol Prep Pad (K833182), Aplicare, Inc.
Regulation Classification Name:	Pad, alcohol, device disinfectant
Common/Usual Name:	Alcohol Pad
Classification Advisory Panel:	General Hospital
Regulatory Class:	UNCLASSIFIED
Classification Product Code:	LKB
Regulation Number:	None
Trade/Device Name:	Dual Luer Lock Cap (K981318), Baxter Healthcare Corporation, Inc.
Regulation Classification Name:	Set, Administration, Intravascular
Common/Usual Name:	Male/female Luer port caps
Classification Product Code:	General Hospital
Regulatory Class:	II
Classification Product Code:	FPA
Regulation Number:	880.5440

DEVICE DESCRIPTION:

The DualCap™ is designed to fit securely on Luer access valves and IV administration line male Luer connections. The cap contains 70% isopropyl alcohol. The product is intended for single-use and is provided sterile, latex free, non-pyrogenic, preservative free and DEHP free.

Additionally DualCap™, the device will be marketed for use as an accessory in procedure kits. When being used in procedural kits, the product will be shipped bulk sterile to the kitting manufacturer (DualCap™ will be packaged in metalized unit container and will be impervious to ETO). The Catheter Connections' DualCap™ will be incorporated into the procedure kit.

INTENDED USE:

DualCap™ is intended for use on Luer access valves and the IV administration line male Luer connections. DualCap™ will disinfect and decontaminate the valve and male Luer and act as a barrier to contamination between IV administration line accesses.

DualCap™ will disinfect the connections within five (5) minutes after application and act as a physical barrier to contamination up to ninety-six (96) hours under normal conditions if not removed.

INDICATIONS FOR USE:

When left in place for five (5) minutes the female component of DualCap™ disinfects needleless Luer access valves and the male component of DualCap™ disinfects the IV administration line male Luer connections; thereafter the caps provide a physical barrier to contamination up to ninety-six (96) hours under normal conditions if not removed.

TECHNOLOGICAL COMPARISON TO PREDICATE DEVICES:

New device is compared to Marketed Device? Yes. It is compared to legally marketed predicates.

Does the new device have the same indication statements? Yes.

Do the differences alter the intended therapeutic/diagnostic/etc. effect (i.e. deciding may consider impact on safety and effectiveness)? No, the differences do not alter the intended use of the device.

Does the new device have the same technological characteristics, e.g. design, material, etc.? Yes. The Catheter Connections' DualCap™ is substantially equivalent design, materials, and method of use. The basic fundamental scientific technology of the device has not changed.

Could the new characteristics affect safety or effectiveness? No.

Do the new characteristics raise new types of safety and effectiveness questions? No.
There are no new types of safety and effectiveness questions.

Do accepted scientific methods exist for assessing effects of the new characteristics? Yes.

Sterilization requirements of ISO 11137: 2006, *Sterilization of health care products – Radiation*
Biocompatibility requirements according to of ISO-10993, *Biological Evaluation of Medical Devices Part 1: Evaluation and Testing*.

These and other standards were used to determine the appropriate methods for evaluating the device's performance.

Are performance data available to assess effects of new characteristics? Yes. Verification testing was performed according to protocols based on the above-referenced guidance document recommendations and additional standards and protocols.

Do performance data demonstrate equivalence? Yes. Performance data gathered demonstrated that the Catheter Connections' DualCap™ is substantially equivalent to the noted predicate devices.

CONCLUSION

The *Catheter Connections' DualCap™* will meet all established acceptance criteria for performance testing. This testing demonstrated that the *Catheter Connections' DualCap™* is safe and effective for its intended use, and based on FDA's decision tree is substantially equivalent to the above noted predicate devices.



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room -WO66-G609
Silver Spring, MD 20993-0002

Donald D. Solomon, Ph.D.
President and COO
Catheter Connections, Incorporated
25 White Pine Canyon Road
Park City, Utah 84060

APR - 8 2010

Re: K093229
Trade/Device Name: Catheter Connections DualCap™
Regulation Number: Unclassified
Regulation Name: Pad, Alcohol, Device disinfectant
Regulatory Class: Unclassified
Product Code: LKB
Dated: March 5, 2010
Received: March 9, 2010

Dear Dr. Solomon:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

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.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

<http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Anthony D. Watson, B.S., M.S., M.B.A.

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): _____

Device Name: *Catheter Connections' DualCap™*

Indications For Use:

When left in place for five (5) minutes the female component of DualCap™ disinfects needleless Luer access valves and the male component of DualCap™ disinfects the IV administration line male Luer connections; thereafter the caps provide a physical barrier to contamination up to ninety-six (96) hours under normal conditions if not removed.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off)

Division of Anesthesiology, General Hospital
Infection Control, Dental Devices

CONFIDENTIAL

10(k) Number: K093229