

## 7.0 510(k) Summary

### 1. Sponsor

The Dezac group  
54-56 Bath Road  
Cheltenham  
Glos.  
GL53 7HG  
United Kingdom  
Registered in England No. 2186341

SEP 13 2002

Contact Person	Mr Kevin Herbert, Project Engineer
Phone	+44 1242 702300
Fax	+44 1242 702301
Email	kherbert@dezac.co.uk

### 2. Device Name

Trade Name of Device	Conductive Gel
Common Name	Electrolytic Gel
Classification name	Media, Electroconductive
Product Code	GYB
Regulation Class	IIa
Regulation Number	882.1275

### 3. Indications for Use

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

### 4. Device Description

The Conductive Gel is a colored gel used for reducing the impedance between electrodes and the skin. The gel is to be generously applied to the area under an electrode, which is to be used. The gel can be washed off the skin after use.

### 5. Basis for Substantial Equivalence

#### **Predicate Device**

Skylark Batch #6060 Conductive Gel

K983964  
Skylark Device Co Ltd.  
34 Chung Shan North Road  
12<sup>th</sup> Floor, Sec 3  
Taipei, Taiwan

The Conductive Gel is substantially equivalent to Class IIa gels that are also indicated for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). Conductive gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin. The gel is safe and effective for the conduction of electrical signals for the given indications.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

SEP 13 2002

The Dezac Group  
c/o Ms. Wendy Parsley  
Senior Associate, Regulatory Affairs  
M Squared Associates, Inc.  
719 A Street, NE  
Washington, DC 20002

Re: K022006  
Trade/Device Name: Conductive Gel  
Regulation Number: 21 CFR 882.1275  
Regulation Name: Electroconductive media  
Regulatory Class: Class II  
Product Code: GYB  
Dated: June 18, 2002  
Received: June 19, 2002

Dear Ms. Parsley:

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.

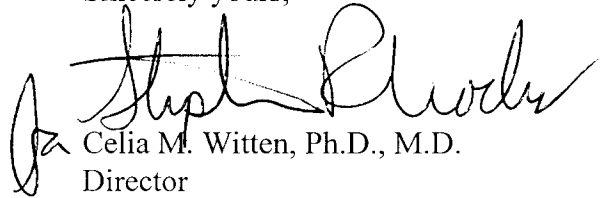
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's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

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 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4639. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). 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,

A handwritten signature in black ink, appearing to read "Celia M. Witten". The signature is written in a cursive style with a large initial "C" and "W".

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

510(k) Number (if known): K022006

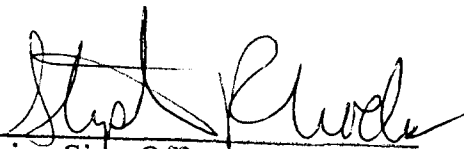
Device Name: Conductive Gel

Indications For Use:

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electronic muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

(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

(Optional Format 3-10-98)

510(k) Number K022006



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

SEP 13 2002

The Dezac Group  
c/o Ms. Wendy Parsley  
Senior Associate, Regulatory Affairs  
M Squared Associates, Inc.  
719 A Street, NE  
Washington, DC 20002

Re: K022006

Trade/Device Name: Conductive Gel  
Regulation Number: 21 CFR 882.1275  
Regulation Name: Electroconductive media  
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Product Code: GYB  
Dated: June 18, 2002  
Received: June 19, 2002

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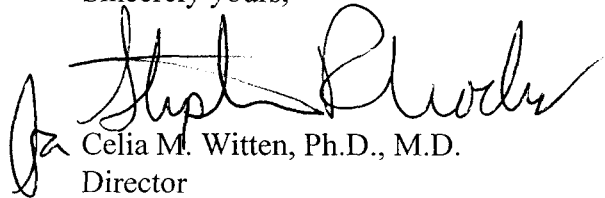
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Page 2 - Ms. Wendy Parsley

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Sincerely yours,



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

2

510(k) Number (if known):                     K022006

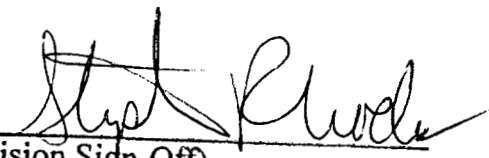
Device Name:   Conductive Gel

Indications For Use:

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electronic muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

(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

(Optional Format 3-10-98)

510(k) Number           K022006          

3



June 19, 2002

Food and Drug Administration  
 Center for Devices and  
 Radiological Health  
 Office of Device Evaluation  
 Document Mail Center (HFZ-401)  
 9200 Corporate Blvd.  
 Rockville, Maryland 20850

THE DEZAC GROUP  
 C/O M SQUARED ASSOCIATES, INC.  
 719 A STREET NE  
 WASHINGTON, DC 20002  
 ATTN: WENDY PARSLEY

510(k) Number: K022006  
 Received: 19-JUN-2002  
 Product: CONDUCTIVE GEL

The Center for Devices and Radiological Health (CDRH), Office of Device Evaluation (ODE), has received the Premarket Notification you submitted in accordance with Section 510(k) of the Federal Food, Drug, and Cosmetic Act (Act) for the above referenced product. We have assigned your submission a unique 510(k) number that is cited above. Please refer prominently to this 510(k) number in any future correspondence that relates to this submission. We will notify you when the processing of your premarket notification has been completed or if any additional information is required. YOU MAY NOT PLACE THIS DEVICE INTO COMMERCIAL DISTRIBUTION UNTIL YOU RECEIVE A LETTER FROM FDA ALLOWING YOU TO DO SO.

As a reminder, we would like to mention that FDA requires all 510(k) submitters to provide an indications for use statement on a separate page. If you have not included this indications for use statement in addition to your 510(k) summary (807.92), or a 510(k) statement (807.93), and your Truthful and Accurate statement, please do so as soon as possible. If the above mentioned requirements have been submitted, please do not submit them again. There may be other regulations or requirements affecting your device such as Postmarket Surveillance (Section 522(a)(1) of the Act) and the Device Tracking regulation (21 CFR Part 821). Please contact the Division of Small Manufacturers, International and Consumer Assistance (DSMICA) at the telephone or web site below for more information.

Please remember that all correspondence concerning your submission MUST be sent to the Document Mail Center (DMC)(HFZ-401) at the above letterhead address. Correspondence sent to any address other than the DMC will not be considered as part of your official premarket notification submission. Also, please note the new Blue Book Memorandum regarding Fax and E-mail Policy entitled, "Fax and E-Mail Communication with Industry about Premarket Files Under Review. Please refer to this guidance for information on current fax and e-mail practices at [www.fda.gov/cdrh.ode/A02-01.html](http://www.fda.gov/cdrh.ode/A02-01.html).

You should be familiar with the manual entitled, "Premarket Notification 510(k) Regulatory Requirements for Medical Devices" available from DSMICA. If you have other procedural or policy questions, or want information on how to check on the status of your submission (after 90 days from the receipt date), please contact DSMICA at (301) 443-6597 or its toll-free number (800) 638-2041, or at their Internet address <http://www.fda.gov/cdrh/dsmamain.html> or me at (301) 594-1190.

Sincerely yours,

Marjorie Shulman  
 Consumer Safety Officer  
 Premarket Notification Staff  
 Office of Device Evaluation  
 Center for Devices and Radiological Health

RO 22006

FDA/CDRH/OCE/DHC

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### CDRH SUBMISSION COVER SHEET

DATE OF SUBMISSION: June 18, 2002

FDA DOCUMENT NUMBER: \_\_\_\_\_

**Section A Type of Submission**

- |  |  |  |  |   |
|--|--|--|--|---|
| <p><b>PMA</b></p> <p><input type="checkbox"/> Original submission<br/> <input type="checkbox"/> Modular submission<br/> <input type="checkbox"/> Amendment<br/> <input type="checkbox"/> Report<br/> <input type="checkbox"/> Report Amendment</p> | <p><b>PMA Supplement</b></p> <p><input type="checkbox"/> Regular<br/> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Panel Track<br/> <input type="checkbox"/> 30-day Supplement<br/> <input type="checkbox"/> 30-day Notice<br/> <input type="checkbox"/> 135-day Supplement<br/> <input type="checkbox"/> Real-time Review<br/> <input type="checkbox"/> Amendment to<br/> <input type="checkbox"/> PMA Supplement</p> | <p><b>PDP</b></p> <p><input type="checkbox"/> Presubmission Summary<br/> <input type="checkbox"/> Original PDP<br/> <input type="checkbox"/> Notice of intent to start clinical trials<br/> <input type="checkbox"/> Intention to submit Notice of Completion<br/> <input type="checkbox"/> Notice of Completion<br/> <input type="checkbox"/> Amendment to PDP<br/> <input type="checkbox"/> Report</p> | <p><b>510(k)</b></p> <p><input checked="" type="checkbox"/> Original submission:<br/> <input type="checkbox"/> Traditional<br/> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Abbreviated<br/> <input type="checkbox"/> Additional Information:<br/> <input type="checkbox"/> Traditional<br/> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Abbreviated</p> | <p><b>Meeting</b></p> <p><input type="checkbox"/> Pre-IDE meeting<br/> <input type="checkbox"/> Pre-PMA meeting<br/> <input type="checkbox"/> Pre-PDP meeting<br/> <input type="checkbox"/> 180-Day meeting<br/> <input type="checkbox"/> Other (specify)</p> |
| <p><b>IDE</b></p> <p><input type="checkbox"/> Original submission<br/> <input type="checkbox"/> Amendment<br/> <input type="checkbox"/> Supplement</p>   | <p><b>Humanitarian Device Exemption</b></p> <p><input type="checkbox"/> Original-submission<br/> <input type="checkbox"/> Amendment<br/> <input type="checkbox"/> Supplement<br/> <input type="checkbox"/> Report</p>  | <p><b>Class II Exemption</b></p> <p><input type="checkbox"/> Original submission<br/> <input type="checkbox"/> Additional information</p>  | <p><b>Evaluation of Automatic Class III Designation</b></p> <p><input type="checkbox"/> Original submission<br/> <input type="checkbox"/> Additional information</p>   | <p><b>Other Submission</b></p> <p>Describe submission:</p>  |

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 FDA/CDRH/OCE/DMD

**Section B Applicant or Sponsor**

Company/ Institution name: The Dezac Group		Establishment registration number: England 2186341	
Division name (if applicable):		Phone number (include area code): ( 011 ) 44-1242-702300	
Street Address: 54-56 Bath Road		FAX number (include area code): (011) 44-1242-702301	
City: Cheltenham	State/Province: Glos., GL53 7HG	Country: United Kingdom	
Contact name: Mr. Kevin Herbert			
Contact Title: Project Engineer		Contact e-mail address: kherbert@dezac.co.uk	

**Section C United States correspondent (if different from above)**

Company/ Institution name: M Squared Associates, Inc.		Establishment registration number:	
Division name (if applicable):		Phone number (include area code): ( 202 ) 546-1262	
Street Address: 719 A Street, NE		FAX number (include area code): ( 202 ) 546-3848	
City: Washington	State/Province: D.C.	Country: United States of America	
Contact name: Wendy Parsley			
Contact title: Sr. Associate, Regulatory Affairs		Contact e-mail address: wparsley@msquaredassociates.com	

FROM FDA DRAFT 5/8/98

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<b>Section D1</b>	<b>Reason for Submission ----- PMA, PDP, or HDE</b>	
<input type="checkbox"/> New device <input type="checkbox"/> Withdrawal <input type="checkbox"/> Additional or expanded indications <input type="checkbox"/> Licensing agreement  <input type="checkbox"/> Process change <input type="checkbox"/> Manufacturing <input type="checkbox"/> Sterilization <input type="checkbox"/> Packaging <input type="checkbox"/> Other (specify below)  <input type="checkbox"/> Response to FDA correspondence <input type="checkbox"/> Request for applicant hold <input type="checkbox"/> Request for removal of applicant hold <input type="checkbox"/> Request for extension <input type="checkbox"/> Request to remove or add manufacturing site <input type="checkbox"/> Other reason (specify):	<input type="checkbox"/> Change in design, component, or specification: <input type="checkbox"/> Software <input type="checkbox"/> Color Additive <input type="checkbox"/> Material <input type="checkbox"/> Specifications <input type="checkbox"/> Other (specify below)  <input type="checkbox"/> Labeling change: <input type="checkbox"/> Indications <input type="checkbox"/> Instructions <input type="checkbox"/> Performance Characteristics  <input type="checkbox"/> Shelf life <input type="checkbox"/> Trade name <input type="checkbox"/> Other	<input type="checkbox"/> Location change <input type="checkbox"/> Manufacturer <input type="checkbox"/> Sterilizer <input type="checkbox"/> Packager <input type="checkbox"/> Distributor  <input type="checkbox"/> Report submission: <input type="checkbox"/> Annual or periodic <input type="checkbox"/> Post-approval study <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Device defect <input type="checkbox"/> Amendment  <input type="checkbox"/> Change in ownership <input type="checkbox"/> Change in correspondent
<b>Section D2</b>	<b>Reason for Submission ----- IDE</b>	
<input type="checkbox"/> New device <input type="checkbox"/> Addition of institution <input type="checkbox"/> Expansion/extension of study <input type="checkbox"/> IRB certification <input type="checkbox"/> Request hearing <input type="checkbox"/> Request waiver <input type="checkbox"/> Termination of study <input type="checkbox"/> Withdrawal of application <input type="checkbox"/> Unanticipated adverse effect <input type="checkbox"/> Notification of emergency use <input type="checkbox"/> Compassionate use request <input type="checkbox"/> Treatment IDE <input type="checkbox"/> Continuing availability  <input type="checkbox"/> Other reason (specify):	Change in: <input type="checkbox"/> Correspondent <input type="checkbox"/> Design <input type="checkbox"/> Informed consent <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturing process <input type="checkbox"/> Protocol-feasibility <input type="checkbox"/> Protocol-other <input type="checkbox"/> Sponsor  Report submission <input type="checkbox"/> Current Investigator <input type="checkbox"/> Annual progress <input type="checkbox"/> Site waiver limit reached <input type="checkbox"/> Final	Response to FDA letter concerning <input type="checkbox"/> Conditional approval <input type="checkbox"/> Deemed approval <input type="checkbox"/> Deficient final approval <input type="checkbox"/> Deficient progress report <input type="checkbox"/> Deficient investigator report <input type="checkbox"/> Disapproval <input type="checkbox"/> Request extension of time to respond to FDA <input type="checkbox"/> Request meeting
<b>Section D3</b>	<b>Reason for Submission ----- 510(k)</b>	
<input checked="" type="checkbox"/> New device <input type="checkbox"/> Additional or expanded indications <input type="checkbox"/> Other reason	<input type="checkbox"/> Change in technology <input type="checkbox"/> Change in design	<input type="checkbox"/> Change in materials <input type="checkbox"/> Change in manufacturing process

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**Section E Additional Information on 510(k) Submissions**

Product codes of devices to which substantial equivalence is claimed:

1 GYB	2	3	4
5	6	7	8

Summary of, or statement concerning safety and effectiveness data:

510(k) summary attached  
 510(k) statement

Information on devices to which substantial equivalence is claimed:

510(k) Number	Trade or proprietary or model number	Manufacturer
1 K983964	1 Batch #6060 Conductive Gel	1 Skylark
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6

**Section F Product Information ----- Applicable to All Applications**

Common or usual name or classification name:

Trade or proprietary or model number	Model number
1 Conductive Gel	1
2	2
3	3
4	4
5	5

FDA document numbers of all prior related submissions (regardless of outcome):

1	2	3	4	5	6
7	8	9	10	11	12

Data included in submission:  Laboratory testing  Animal Trials  Human trials

**Section G Product Classification ----- Applicable to All Applications**

Product code: C.R.F. Section: 882.1275

Classification panel:  
Gastroenterology / Urology

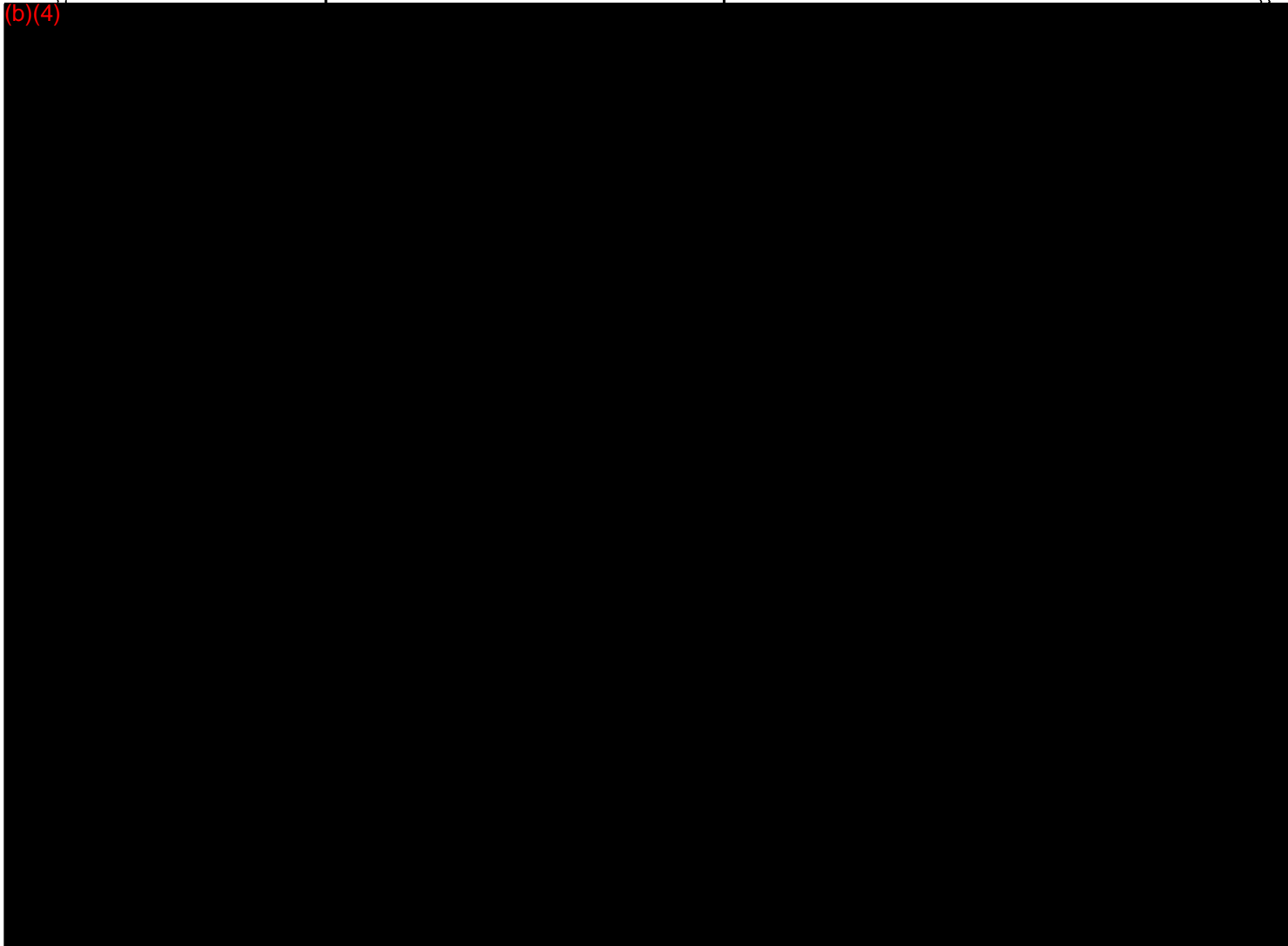
Device class:  
 Class I  Class II  
 Class III  Unclassified

Indications (from labeling): For use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). Conductive gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

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<p><i>Note: Submission of this information does not affect the need to submit a 2891 or 2891a Device Establishment Registration form.</i></p>		<p>FDA Document Number:</p>	
<p><b>Section H Manufacturing/Packaging/Sterilization Sites Relating to a Submission</b></p>			
<input type="checkbox"/> Original <input type="checkbox"/> Add <input type="checkbox"/> Delete	<p>FDA Establishment Registration Number:</p>		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Contract sterilizer <input type="checkbox"/> Contract manufacturer <input type="checkbox"/> Repackager/rebuilder
<p>Company/ Institution name: The Dezac Group</p>		<p>Establishment registration number: England 2186341</p>	
<p>Division name (if applicable):</p>		<p>Phone number (include area code): 011-41-1242-702300</p>	
<p>Street Address: 54-56 Bath Road</p>		<p>FAX number (include area code): 011-41-1242-702301</p>	
<p>City: Cheltenham</p>	<p>State/Province: Glos., GL53 7HG</p>	<p>Country: United Kingdom</p>	
<p>Contact name: Mr. Kevin Herbert</p>			
<p>Contact title: Project Engineer</p>		<p>Contact e-mail address: kherbert@dezac.co.uk</p>	
<input type="checkbox"/> Original <input type="checkbox"/> Add <input type="checkbox"/> Delete	<p>FDA establishment registration number:</p>		<input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Contract sterilizer <input type="checkbox"/> Contract manufacturer <input type="checkbox"/> Repackager/rebuilder

(b)(4)



FROM FDA DRAFT 5/8/98



M Squared Associates, Inc.

June 18, 2002

Food & Drug Administration  
Center for Devices and Radiological Health  
Office of Device Evaluation  
Document Mail Center (HFZ-401)  
9200 Corporate Blvd.  
Rockville, MD 20850

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JUN 19 10 42 AM '02

FDA/CDRH/OCE/DIC

RE: **The Dezac Group – 510(k) Premarket Notification**

This is to notify FDA of the intent of The Dezac Group to market the Conductive Gel (Classification name: Media, Electroconductive) indicated for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

This Premarket Notification is being submitted to allow this new device, the Conductive Gel, to be commercially distributed in the United States

Until such time that we are notified of clearance of this 510(k), we consider our intent to market this device as confidential commercial information and we request that it be considered as such by the FDA. We have not disclosed our intent to market this device to anyone, except employees and consultants of The Dezac Group, and we have taken precautions to protect this confidentiality.

In order to aid the reviewer, M Squared Associates will act as the U.S. correspondent. To eliminate time zone differences, please feel free to contact me questions or issues that requires immediate attention.

Sincerely,

Wendy Parsley  
Sr. Associate, Regulatory Affairs

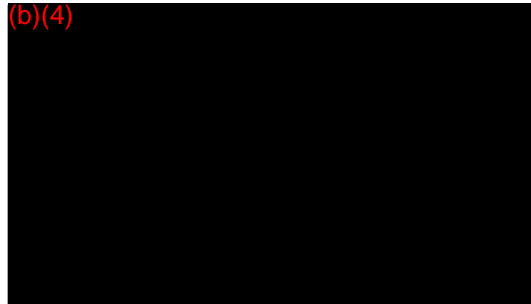
M Squared Associates, Inc.  
719 A Street, NE  
Washington, DC 20002  
Phone: 202-546-1262 • Fax: 202-546-3848  
www.msquaredassociates.com

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**510(k) PREMARKET NOTIFICATION  
CONDUCTIVE GEL  
THE DEZAC GROUP**

**Submitted By:** The Dezac Group  
54-56 Bath Road  
Cheltenham  
Glos.  
GL53 7HG  
United Kingdom  
Registered in England No. 2186341  
  
Mr. Kevin Herbert, Project Engineer  
Telephone: +44 1242 702300  
Fax: +44 1242 702301  
Email: kherbert@dezac.co.uk

**Device Manufacturer:**



**US Correspondent:** M Squared Associates, Inc.  
719 A Street, NE  
Washington, DC 20002  
Ms. Wendy Parsley  
Sr. Associate, Regulatory Affairs  
Telephone: 202-546-1262  
Fax: 202-546-3848

**Submission Date:** June 18, 2002

This submission contains CONFIDENTIAL material and information and should be restricted in its distribution.  
Do not copy without the permission of the Applicant.

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**APPENDICES**

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- Appendix C: Labeling – Conductive Gel
- Appendix D: Labeling – Predicate – Skylark Gel
- Appendix E: Home Care Technology Quality System Certificate

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**1.0 TRUTHFUL AND ACCURATE STATEMENT**

**PREMARKET NOTIFICATION**

**TRUTHFUL AND ACCURATE STATEMENT**

**[As Required by 21 CFR 807.87 (k)]**

I certify that, in my capacity as Project Engineer of The Dezac group, I believe to the best of my knowledge, that all data and information submitted in the premarket notification are truthful and accurate and that no material fact has been omitted.

*Kevin Herbert*

\_\_\_\_\_  
(Signature)

Mr Kevin Herbert

Date: \_\_\_\_\_

*10/5/02 (May 10, 2002)*

\_\_\_\_\_  
\*(Premarket Notification [510(k)] Number)

\* For a new submission, leave the 510(k) number blank. Must be signed by a responsible person of the firm required to submit the premarket notification [e.g., not the consultant for the 510(k) submitter].

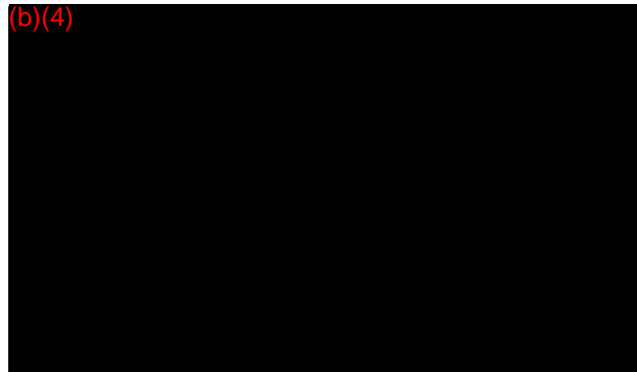
*26*

## 2.0 Device Information

### 2.1 Applicant / Manufacturer Information

Submitted by	The Dezac group 54-56 Bath Road Cheltenham Glos. GL53 7HG United Kingdom
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Device Manufacturer



Please address any written communication to Mr. Kevin Herbert, Project Engineer of The Dezac Group.

In order to aid the reviewer and eliminate time zone differences, please contact Ms. Wendy Parsley of M Squared Associates, Inc. at (202) 546-1262 or [wparsley@msquaredassociates.com](mailto:wparsley@msquaredassociates.com) with any verbal or email communication or issue that requires immediate attention.

### 2.2 Device Name

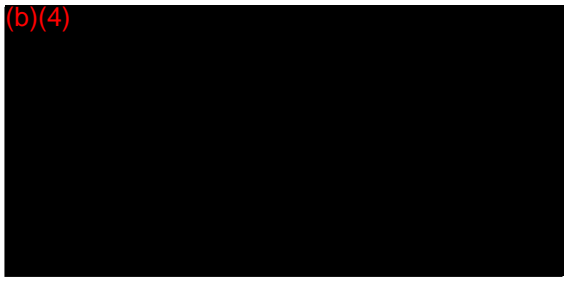
Trade / Propriety Name	Conductive Gel
Common Name	Electrolytic Gel
Classification name	Media, Electroconductive
Panel code	Neurology
Product Code	GYB
Regulation Class	IIa
Regulation Number	882.1275

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### 2.3 Predicate Device

Trade / Proprietary Name	Batch #6060 Conductive Gel
Classification Number	IIa
Product Code	GYB
510(k) Reference Number	K983964
Regulation Number	882.1275
Decision date	12/09/1998

Applicant	Skylark Device Co. Ltd. 34 Chung Shan North Road 12 <sup>th</sup> Floor, Sec 3. Taipei, Taiwan
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Manufacturer	(b)(4) 
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### 3.0 Special Controls and Standards

#### 3.1 Performance Standards

The gel is manufactured by (b)(4) and meets with all the acceptance criteria for irritation, sensitivity, preservation challenge or stability as required by 21 CFR 820.30. The Conductive Gel has CE & ISO9001 approval. A copy of certificate DNV is included in Appendix E.

(b)(4) sensitization trials have been conducted for the gel and show it to be safe and effective for the stated indications for use. The (b)(4) reports are included in Appendix B.

#### 3.2 Voluntary Standards

This gel has been manufactured and tested in accordance with the requirements of the EC Directive and international standards ISO9001 and EN46001. (b)(4) is in accordance with MIL-STD-105E Level 4 for its quality inspection of goods.

The Dezac Group adheres to recognized and established industry practices and following continual assessment by (b)(4) has achieved the requirements of the following standards.

##### ISO 9002

The Dezac Group Quality Management Systems have been assessed and registered as meeting the requirements of ISO 9002, (b)(4)

##### ISO 13488, EN 46002

The Dezac Group Quality Management Systems have been assessed and registered as meeting the requirements of ISO 13488, EN46002, (b)(4)

##### CE 0120

The Dezac Group have been assessed and registered as meeting the requirements of Directive 93/42/EEC Annex V.

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## 4.0 Device Description

### 4.1 Reason for 510(k) Premarket Notification

This Premarket Notification is being submitted to allow a new electroconductive media, the Conductive Gel, to be commercially distributed in the United States by The Dezac Group. The Conductive Gel is manufactured by (b)(4)

The Conductive Gel is substantially equivalent to the FDA-approved Skylark Batch #6060 Conductive Gel. The Skylark gel (K0983964) was cleared by the FDA for the same indication for us as the Conductive Gel. The Skylark gel is also manufactured by (b)(4)

The Dezac Group wishes to gain FDA clearance for sale of the Conductive Gel under new branding and without significant change in labelling or indications for use as outlined in this application.

The Dezac Group and (b)(4) have been designing and manufacturing Conductive Gel for over 10 years and has since the product launch sold (b)(4) to European and Canadian markets.

### 4.2 Indications for Use ✓

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

### 4.3 Device Description

The Conductive Gel is water-based to reduce the impedance of the contact between electrodes and the skin. It is supplied in 450 ml jars, 250 ml jars, 85 ml tubes, and 55 ml tubes. The gel is smeared across the skin in the area the electrode is to be placed.

### 4.4 Performance Specification / Technical Characteristics

The Conductive Gel is composed of the following ingredients:

- Carboxy Vinyl Polymer (b)
- Sodium Hydroxide (b)(4)
- Propylene Glycol ( )

- Glycerin (b)
- Methyl parahydroxy benzoate (b)(4)
- Pigments (b)
- Water

#### 4.5 Non-Clinical Testing

Comparisons of the compositions for the Conductive Gel and the predicate Skylark Batch #6060 show identical results. The Conductive Gel is manufactured to, and has been independently tested to ISO9001, 1994 and EN46001, 1996. The Dezac Group and (b)(4) adhere to recognized and established industry practices, and all devices are subject to a final performance testing. (b)(4) adheres to MIL-STD-105E Level 4 for the inspection of the manufactured gel. A (b)(4) sensitization trial was carried out for the Conductive Gel. This trial found the gel to be safe for external use, and that it provides appropriate conduction for electrical stimulation.

The Dezac Group and (b)(4) have been designing and manufacturing Conductive Gel for over 10 years and has sold (b)(4) to European and Canadian markets without any incident since the product launch.

##### 4.5.1 Financial Certification or disclosure Statement

In accordance with 21 CFR 807.87 (i) no financial certification or disclosure statement is necessary with this 510(k) application as no reference is made to clinical study data.

##### 4.5.2 Labelling

A complete copy of all labels for the Conductive Gel is provided in Appendix C. In order to aid the reviewer in the comparison of the labelling with the predicate device, a copy of Skylark Batch #6060 Labelling is provided in Appendix D.

The proposed device is indicated for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

To aid the reviewer, the contraindications, warnings, and precautions included in the labelling are repeated here.

##### Contraindications

- None



### Warnings

- For external use only.

### Precautions

- Apply a generous amount of gel to each pad.
- Ensure the pad remains moistened throughout use.

### **4.6 Clinical Testing**

A guinea pig sensitization positive control test has been conducted on the Conductive Gel at (b)(4) [REDACTED]. The report for this trial is included in Appendix B. The report shows the Gel to be safe and no irritation was observed. The primary Irritation Index for the test article was calculated to be 0.0. The response of the test article was categorized as negligible.

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## 5.0 Substantial Equivalence Comparison

The Conductive Gel is substantially equivalent to Class IIa devices such as the Skylark Batch #6060 Conductive Gel. The Conductive Gel has an identical formula to that of the predicate Skylark Conductive Gel and is manufactured by the same manufacturer to identical standards. Both gels have the same indications for use.

### 5.1 Technical Characteristics

The Conductive Gel is composed of the following ingredients:

- Carboxy Vinyl Polymer (b)(4)
- Sodium Hydroxide (b)(4)
- Propylene Glycol (b)(4)
- Glycerin (b)
- Methyl parahydroxy benzoate (b)(4)
- Pigments (b)(4)
- Water

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## 6.0 Indications for Use Statement

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

## 7.0 510(k) Summary

### 1. Sponsor

The Dezac group  
54-56 Bath Road  
Cheltenham  
Glos.  
GL53 7HG  
United Kingdom  
Registered in England No. 2186341

Contact Person	Mr Kevin Herbert, Project Engineer
Phone	+44 1242 702300
Fax	+44 1242 702301
Email	kherbert@dezac.co.uk

### 2. Device Name

Trade Name of Device	Conductive Gel
Common Name	Electrolytic Gel
Classification name	Media, Electroconductive
Product Code	GYB
Regulation Class	IIa
Regulation Number	882.1275

### 3. Indications for Use

The Conductive Gel is intended for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). The Conductive Gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin.

### 4. Device Description

The Conductive Gel is a colored gel used for reducing the impedance between electrodes and the skin. The gel is to be generously applied to the area under an electrode, which is to be used. The gel can be washed off the skin after use.

### 5. Basis for Substantial Equivalence

**Predicate Device**  
Skylark Batch #6060 Conductive Gel

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K983964  
Skylark Device Co Ltd.  
34 Chung Shan North Road  
12<sup>th</sup> Floor, Sec 3  
Taipei, Taiwan

The Conductive Gel is substantially equivalent to Class IIa gels that are also indicated for use with TENS (transcutaneous electrical nerve stimulators) and EMS (electrical muscle stimulators). Conductive gel is used with external electrodes to reduce the impedance of the contact between the electrode surface and the skin. The gel is safe and effective for the conduction of electrical signals for the given indications.

**APPENDIX A**

**MATERIAL SAFETY DATA SHEETS**

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**APPENDIX B**

(b) (4)  **SENSITIZATION TRIALS**

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**APPENDIX C**

**LABELING**

**CONDUCTIVE GEL**

**CONDUCTIVE GEL**

**450ml**


1-66-450/1 15.8 fl oz

**DIRECTIONS**  
Apply a generous amount of gel to each pad.  
Ensure the pad remains moistened throughout use.

**For external use only.**

**INGREDIENTS**  
Aqua (Water), Carboxy Vinyl Polymer, Sodium Hydroxide, Glycerol,  
Menthyl-P-Hydroxy Benzoate Ester, Dye (CI42045 Azure BlueX)

The Dezac Group Ltd  
Cheltenham Spa, Glos. GL53 7HG



5 019487 080172 >

**CONDUCTIVE GEL**

**250ml**


1-66-250/1.0 8.8 fl oz

**DIRECTIONS**  
Apply a generous amount of gel to each pad.  
Ensure the pad remains moistened throughout use.

**For external use only.**

**INGREDIENTS**  
Aqua (Water), Carboxy Vinyl Polymer, Sodium Hydroxide, Glycerol,  
Menthyl-P-Hydroxy Benzoate Ester, Dye (CI42045 Azure BlueX)

The Dezac Group Ltd  
Cheltenham Spa, Glos. GL53 7HG



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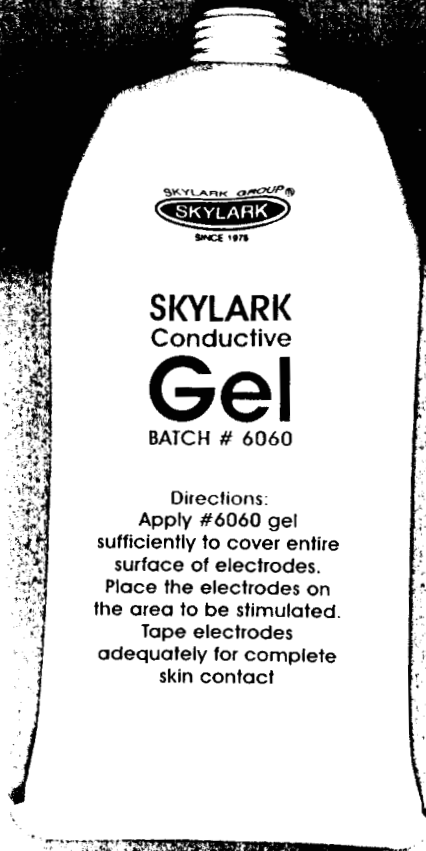
**APPENDIX D**

**LABELING**

**PREDICATE – SKYLARK GEL**

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**APPENDIX E**

(b)(4)



**QUALITY SYSTEM CERTIFICATE**

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**510(k) REVIEW MEMORANDUM**

**Re:** K022006: Conductive Gel, The Dezac Group  
**From:** Michael A. Eudy, Electrical Engineer, REDB/DGRD/ODE/CDRH  
**Date:** 9/12/02  
**Contacts:** Wendy Parsley/Marie Marlow, M Squared Associates, Inc.  
202-546-1262

**Device Summary:**

This submission is for an electrode gel to be used with TENS and powered muscle stimulators.

The sponsor has clarified that this gel is identical in composition to the cleared as K983964, and they are repackaging the product, the gel is manufactured by (b)(4) [REDACTED]. The sponsor has also provided the necessary biocompatibility testing information.

I requested that the sponsor clarify that this was the same gel and also make some additions to their labeling. The sponsor has faxed in this information and has agreed to add the following statements to their labeling:

Warnings:

- The long-term effects of electrode gel are unknown.
- Apply the electrode gel only to normal, intact, clean skin. Do not apply electrode gel over open wounds or over swollen, infected, or inflamed areas or skin eruptions, e.g., phlebitis, thrombophlebitis, varicose veins, etc.
- Do not apply electrode gel over, or in proximity to, cancerous lesions.

Precautions:

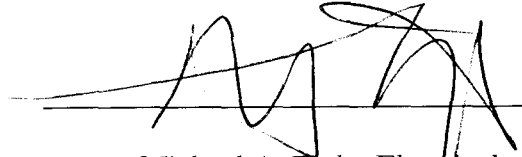
- Some persons may experience skin irritation or hypersensitivity due to the electrode gel.
- Keep the electrode gel out of the reach of children.

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**RECOMMENDATION:**

Based upon the submission content to date, this device should be found substantially equivalent (SE) to legally marketed devices as follows;

Conductive Gel should be found substantially equivalent to legally marketed Electroconductive media (classified under 21 CFR 882.1275, class II, panel/product code 84/GYB).

A handwritten signature in black ink, appearing to read 'M. Eudy', is written over a horizontal line.

Michael A. Eudy, Electrical  
Engineer, REDB/DGRD/ODE



**M Squared  
Associates, Inc.**

September 12, 2002

Michael Eudy  
DGRND  
ODF / CDRH / FDA  
9200 Corporate Blvd.  
Rockville, MD 20850

**VIA TELEFAX: 301-827-4349**

**RE: The Dezac Group – 510(k) Premarket Notification  
Conductive Gel**

Dear Mr. Eudy,

This fax follows up our telephone conversations and your e-mail this afternoon regarding the above referenced 510(k).

1. The Dezac Group Conductive Gel that is the subject of this 510(k) is identical in composition to the predicate product, Batch #6060 Conductive Gel distributed by Skylark (K983964). Both products are manufactured by (b)(4)
2. The following statements will be added to the labeling for the Conductive Gel:

Warnings:

- The long-term effects of electrode gel are unknown.
- Apply the electrode gel only to normal, intact, clean skin. Do not apply electrode gel over open wounds or over swollen, infected, or inflamed areas or skin eruptions, e.g., phlebitis, thrombophlebitis, varicose veins, etc.
- Do not apply electrode gel over, or in proximity to, cancerous lesions.

Precautions:

- Some persons may experience skin irritation or hypersensitivity due to the electrode gel.
- Keep the electrode gel out of the reach of children.

Thank you for your cooperation and assistance throughout the review of this 510(k).

Sincerely,

Marie Marlow  
Consultant to The Dezac Group

cc: Kevin Herbert

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## SCREENING CHECKLIST FOR ALL PREMARKET NOTIFICATION [510(k)] SUBMISSIONS

510(k) Number:     K 0 22006    

The cover letter clearly identifies the type of 510(k) submission as (Check the appropriate box):

- Special 510(k) - Do Sections 1 and 2
- Abbreviated 510(k) - Do Sections 1, 3 and 4
- Traditional 510(k) or no identification provided - Do Sections 1 and 4

**Section 1: Required Elements for All Types of 510(k) submissions:**

	Present	Inadequate or Missing
Cover letter, containing the elements listed on page 3-2 of the Premarket Notification [510] Manual.		
Table of Contents.		
Truthful and Accurate Statement.		
Device's Trade Name, Device's Classification Name and Establishment Registration Number.		
Device Classification Regulation Number and Regulatory Status (Class I, Class II, Class III or Unclassified).		
Proposed Labeling including the material listed on page 3-4 of the Premarket Notification [510] Manual.		
Statement of Indications for Use that is on a separate page in the premarket submission.		
Substantial Equivalence Comparison, including comparisons of the new device with the predicate in areas that are listed on page 3-4 of the Premarket Notification [510] Manual.		
510(k) Summary or 510(k) Statement.		
Description of the device (or modification of the device) including diagrams, engineering drawings, photographs or service manuals.		
Identification of legally marketed predicate device. *		
Compliance with performance standards. * [See Section 514 of the Act and 21 CFR 807.87 (d).]		
Class III Certification and Summary. **		
Financial Certification or Disclosure Statement for 510(k) notifications with a clinical study. * [See 21 CFR 807.87 (i)]		
510(k) Kit Certification ***		

- \* - May not be applicable for Special 510(k)s.
- \*\* - Required for Class III devices, only.
- \*\*\* - See pages 3-12 and 3-13 in the Premarket Notification [510] Manual and the Convenience Kits Interim Regulatory Guidance.

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Section 2: Required Elements for a SPECIAL 510(k) submission:

	Present	Inadequate or Missing
Name and 510(k) number of the sponsor's own, unmodified predicate device.		
A description of the modified device and a comparison to the sponsor's predicate device.		
A statement that the intended use(s) and indications of the modified device, as described in its labeling, are the same as the intended uses and indications for the sponsor's unmodified predicate device.		
A statement that the modification has not altered the fundamental technology of the sponsor's predicate device.		
A Design Control Activities Summary that includes the following elements (a-e):		
a. Identification of Risk Analysis method(s) used to assess the impact of the modification on the device and its components, and the results of the analysis.		
b. Based on the Risk Analysis, an identification of the required verification and validation activities, including the methods or tests used and the acceptance criteria to be applied.		
c. A Declaration of Conformity with design controls that includes the following statements:		
A statement that, as required by the risk analysis, all verification and validation activities were performed by the designated individual(s) and the results of the activities demonstrated that the predetermined acceptance criteria were met. This statement is signed by the individual responsible for those particular activities.		
A statement that the manufacturing facility is in conformance with the design control procedure requirements as specified in 21 CFR 820.30 and the records are available for review. This statement is signed by the individual responsible for those particular activities.		

Section 3: Required Elements for an ABBREVIATED 510(k)\* submission:

	Present	Inadequate or Missing
For a submission, which relies on a guidance document and/or special control(s), a summary report that describes how the guidance and/or special control(s) was used to address the risks associated with the particular device type. (If a manufacturer elects to use an alternate approach to address a particular risk, sufficient detail should be provided to justify that approach.)		
For a submission, which relies on a recognized standard, a declaration of conformity [For a listing of the required elements of a declaration of conformity, SEE Required Elements for a Declaration of Conformity to a Recognized Standard, which is posted with the 510(k) boilers on the H drive.]		
For a submission, which relies on a recognized standard without a declaration of conformity, a statement that the manufacturer intends to conform to a recognized standard and that supporting data will be available before marketing the device.		
For a submission, which relies on a non-recognized standard that has been historically accepted by FDA, a statement that the manufacturer intends to conform to a recognized standard and that supporting data will be available before marketing the device.		
For a submission, which relies on a non-recognized standard that has <u>not</u> been historically accepted by FDA, a statement that the manufacturer intends to conform to a recognized standard and that supporting data will be available before marketing the device and any additional information requested by the reviewer in order to determine substantial equivalence.		
Any additional information, which is not covered by the guidance document, special control, recognized standard and/or non-recognized standard, in order to determine substantial equivalence.		

- \* - When completing the review of an abbreviated 510(k), please fill out an Abbreviated Standards Data Form (located on the H drive) and list all the guidance documents, special controls, recognized standards and/or non-recognized standards, which were noted by the sponsor.

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Section 4: Additional Requirements for ABBREVIATED and TRADITIONAL 510(k) submissions (If Applicable):

	Present	Inadequate or Missing
a) Biocompatibility data for all patient-contacting materials, OR certification of identical material/formulation:		
b) Sterilization and expiration dating information:		
i) sterilization process		
ii) validation method of sterilization process		
iii) SAL		
iv) packaging		
v) specify pyrogen free		
vi) ETO residues		
vii) radiation dose		
c) Software Documentation:		

*Items with checks in the "Present but Deficient" column require additional information from the sponsor. Items with checks in the "Missing" column must be submitted before substantive review of the document.*

Passed Screening  Yes  No  
 Reviewer: [Signature]  
 Concurrence by Review Branch: [Signature]  
 Date: 7-02

The deficiencies identified above represent the issues that we believe need to be resolved before our review of your 510(k) submission can be successfully completed. In developing the deficiencies, we carefully considered the statutory criteria as defined in Section 513(i) of the Federal Food, Drug, and Cosmetic Act for determining substantial equivalence of your device. We also considered the burden that may be incurred in your attempt to respond to the deficiencies. We believe that we have considered the least burdensome approach to resolving these issues. If, however, you believe that information is being requested that is not relevant to the regulatory decision or that there is a less burdensome way to resolve the issues, you should follow the procedures outlined in the "A Suggested Approach to Resolving Least Burdensome Issues" document. It is available on our Center web page at: <http://www.fda.gov/cdrh/modact/leastburdensome.html>

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## Internal Administrative Form

	YES	NO
1. Did the firm request expedited review?		✓
2. Did we grant expedited review?		✓
3. Have you verified that the Document is labeled Class III for GMP purposes?		
4. If, not, has POS been notified?		
5. Is the product a device?	✓	
6. Is the device exempt from 510(k) by regulation or policy?		✓
7. Is the device subject to review by CDRH?	✓	
8. Are you aware that this device has been the subject of a previous NSE decision?		✓
9. If yes, does this new 510(k) address the NSE issue(s), (e.g., performance data)?		
10. Are you aware of the submitter being the subject of an integrity investigation?		✓
11. If, yes, consult the ODE Integrity Officer.		
12. Has the ODE Integrity Officer given permission to proceed with the review? (Blue Book Memo #191-2 and Federal Register 90N0332, September 10, 1991.		

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1. Intended Use:
2. Device Description: Provide a statement of how the device is either similar to and/or different from other marketed devices, plus data (if necessary) to support the statement. Is the device life-supporting or life sustaining? Is the device implanted (short-term or long-term)? Does the device design use software? Is the device sterile? Is the device for single use? Is the device over-the-counter or prescription use? Does the device contain drug or biological product as a component? Is this device a kit? Provide a summary about the devices design, materials, physical properties and toxicology profile if important.

**EXPLANATIONS TO "YES" AND "NO" ANSWERS TO QUESTIONS ON PAGE 1 AS NEEDED**

1. Explain why not a device:
2. Explain why not subject to 510(k):
3. How does the new indication differ from the predicate device's indication:
4. Explain why there is or is not a new effect or safety or effectiveness issue:
5. Describe the new technological characteristics:
6. Explain how new characteristics could or could not affect safety or effectiveness:
7. Explain how descriptive characteristics are not precise enough:
8. Explain new types of safety or effectiveness questions raised or why the questions are not new:
9. Explain why existing scientific methods can not be used:
10. Explain what performance data is needed:
11. Explain how the performance data demonstrates that the device is or is not substantially equivalent:

ATTACH ADDITIONAL SUPPORTING INFORMATION

Memorandum

From: Reviewer(s) - Name(s) Michael Eudy

Subject: 510(k) Number K022006

To: The Record - It is my recommendation that the subject 510(k) Notification:

Refused to accept.

Requires additional information (other than refuse to accept).

Is substantially equivalent to marketed devices.

NOT substantially equivalent to marketed devices.

De Novo Classification Candidate?  YES  NO

Other (e.g., exempt by regulation, not a device, duplicate, etc.)

Is this device subject to Postmarket Surveillance?  YES  NO

Is this device subject to the Tracking Regulation?  YES  NO

Was clinical data necessary to support the review of this 510(k)?  YES  NO

Is this a prescription device?  YES  NO

Was this 510(k) reviewed by a Third Party?  YES  NO

Special 510(k)?  YES  NO

Abbreviated 510(k)? Please fill out form on H Drive 510k/boilers  YES  NO

This 510(k) contains:

Truthful and Accurate Statement  Requested  Enclosed  
(required for originals received 3-14-95 and after)

A 510(k) summary OR  A 510(k) statement

The required certification and summary for class III devices

The indication for use form (required for originals received 1-1-96 and after)

Animal Tissue Source  YES  NO

The submitter requests under 21 CFR 807.95 (doesn't apply for SEs):

No Confidentiality  Confidentiality for 90 days  Continued Confidentiality exceeding 90 days

Predicate Product Code with class: Additional Product Code(s) with panel (optional):

G4B 882.1275 Class II

Review: [Signature] REDS 9/13/02  
(Branch Chief) (Branch Code) (Date)

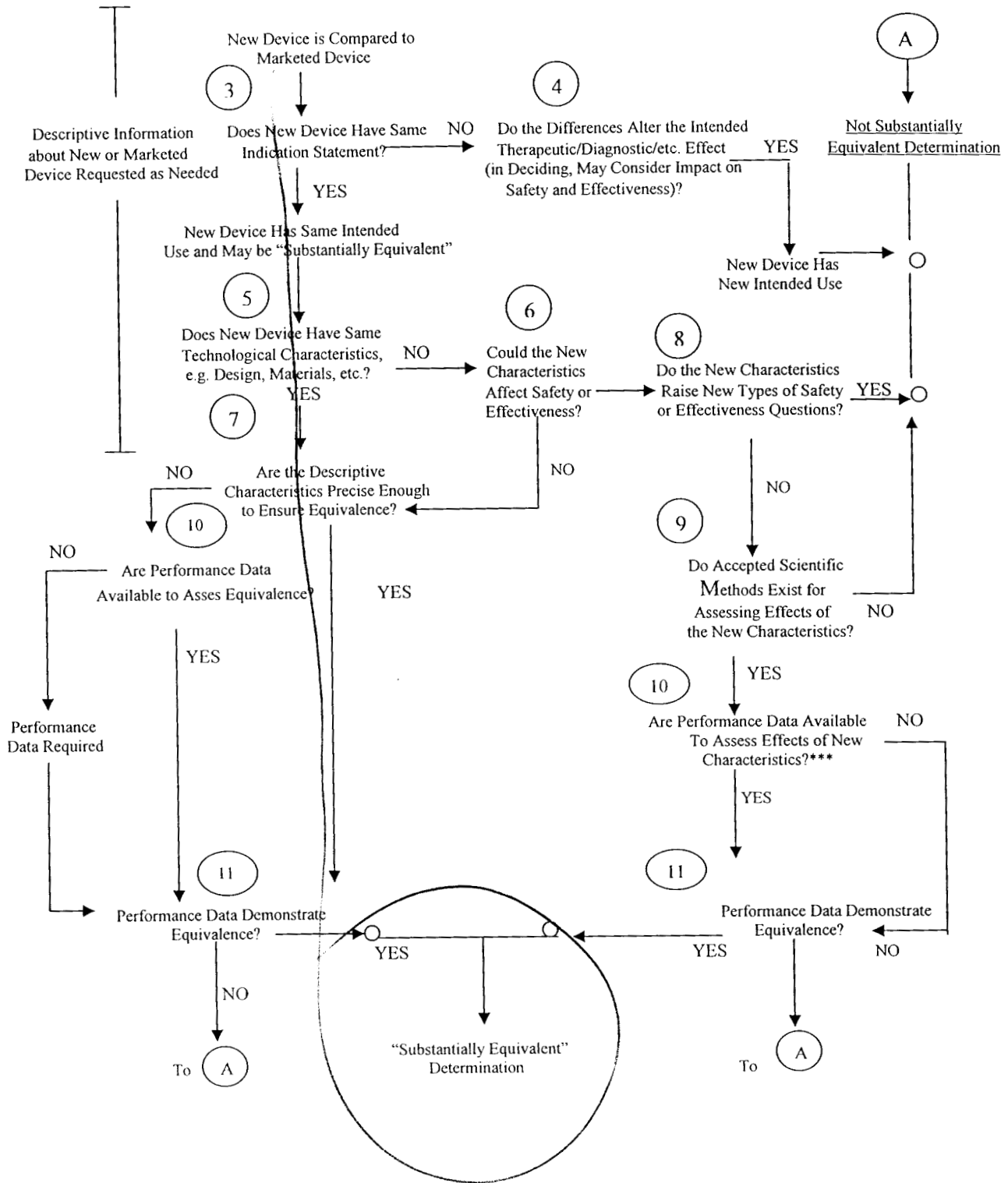
Final Review: [Signature] [Signature] 9/13/02  
(Division Director) (Date)

Revised: 8/17/99

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### 510(k) "SUBSTANTIAL EQUIVALENCE" DECISION-MAKING PROCESS



❖ 510(k) Submissions compare new devices to marketed devices. FDA requests additional information if the relationship between marketed and "predicate" (pre-Amendments or reclassified post-Amendments) devices is unclear.

❖❖ This decision is normally based on descriptive information alone, but limited testing information is sometimes required.

❖❖❖ Data maybe in the 510(k), other 510(k)s, the Center's classification files, or the literature.

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