



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

AUG 3 1 2006

Anchor Products Company % Mr. Robert H. Thrun President 52 Official Road Addison, Illinois 60101-4589

Re: K061555

Trade/Device Name: Anchor Tissue Retrieval System

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope and accessories

Regulatory Class: II Product Code: GCJ Dated: August 4, 2006 Received: August 17, 2006

Dear Mr. Thrun:

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 <u>Federal Register</u>.

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. Robert H. Thrun

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) 276-0115. 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 (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if Known):K051	<u> 555</u>	٠
Device Name: Anchor Tissue F	<u>Retrieval System</u>	
Indications For Use:		
The Anchor Tissue retrieval system i introducer for the encapture and rem during laparoscopic surgery.	s a sterile disposabl oval of an organ or	le pouch used with a dedicated tissue from the body cavity
Prescription UseX	AND/OR	Over-The-Counter Use
(Part 21 CFR 801 Subpart D)	(2	1 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOW NEEDED)	V THIS LINE-CONT	INUE ON ANOTHER PAGE IF
Concurrence of CDRI	H, Office of Device I	Evaluation (ODE)

510(k) Number (if known):

Indications for Use

Device Name:
Indications For Use:
Prescription Use AND/OR Over-The-Counter Use
Prescription Use AND/OR Over-The-Counter Use (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)
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(v) (m)
(Division Sign-Off) Page 1 of
Division of General, Restorative,
and Neurological Devices
510(k) Number 12661555
510(k) Number



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

AUG 3 1 2006

Anchor Products Company % Mr. Robert H. Thrun President 52 Official Road Addison, Illinois 60101-4589

Re: K061555

Trade/Device Name: Anchor Tissue Retrieval System

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope and accessories

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Page 2 – Mr. Robert H. Thrun

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Sincerely yours

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):K061555
Device Name: Anchor Tissue Retrieval System
Indications For Use:
The Anchor Tissue retrieval system is a sterile disposable pouch used with a dedicated introducer for the encapture and removal of an organ or tissue from the body cavity during laparoscopic surgery.
Prescription UseX AND/OR Over-The-Counter Use
(Part 21 CFR 801 Subpart D) (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)

510(k) Number (if known):

Indications for Use

Device Name:	
Indications For Use:	•
Prescription Use AND/OR (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS L'NEEDED)	INE-CONTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, Office	of Device Evaluation (ODE)
Pap (kmo	
(Division Sign-Off)	Page 1 of
Division of General, Restorative,	
and Neurological Devices	
510(k) Number 1256 1555	

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

June 28, 2006

ANCHOR PRODUCTS CO. 52 OFFICIAL RD. ADDISON, IL 60101 ATTN: ROBERT H. THRUN 510(k) Number: K061555 Received: 27-JUN-2006

Product: ANCHOR LAPARSCOPIC

TISSUE RETIEVAL

SYSTEM

The Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH), has received the Premarket Notification, (510(k)), you submitted in accordance with Section 510(k) of the Federal Food, Drug, and Cosmetic Act(Act) for the above referenced product and for the above referenced 510(k) submitter. Please note, if the 510(k) submitter is incorrect, please notify the 510(k) Staff immediately. We have assigned your submission a unique 510(k) number that is cited above. Please refer prominently to this 510(k) number in all future correspondence that relates to this submission. We will notify you when the processing of your 510(k) 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.

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 one above will not be considered as part of your official 510(k) submission.

Please note the following documents as they relate to 510(k) review:
1) Guidance for Industry and FDA Staff entitled, "FDA and Industry Actions on Premarket Notification (510(k)) Submissions: Effect on FDA Review Clock and Performance Assessment". The purpose of this document is to assist agency staff and the device industry in understanding how various FDA and industry actions that may be taken on 510(k)s should affect the review clock for purposes of meeting the Medical Device User Fee and Modernization Act (MDUFMA). Please review this document at www.fda.gov/cdrh/mdufma/guidance/1219.html. 2) Guidance for Industry and FDA Staff entitled, "Format for Traditional and Abbreviated 510(k)s". This guidance can be found at www.fda.gov/cdrh/ode/guidance/1567.html. Please refer to this guidance for assistance on how to format an original submission for a Traditional or Abbreviated 510(k). 3) 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.

In all future premarket submissions, we encourage you to provide an electronic copy of your submission. By doing so, you will save FDA resources and may help reviewers navigate through longer documents more easily. Under CDRHs eCopy Program, you may replace one paper copy of any premarket submission (e.g., 510(k), IDE, PMA, HDE) with an electronic copy. For more information about the program, including the formatting requirements, please visit our web site at www.fda.gov/cdrh/elecsub.html.

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Lastly, you should be familiar with the regulatory requirements for medical devices available at Device Advice www.fda.gov/cdrh/devadvice/". If you have questions on the status of your submission, please contact DSMICA at (240) 276-3150 or the toll-free number (800) 638-2041, or at their Internet address http://www.fda.gov/cdrh/dsma/dsmastaf.html. If you have policy or procedural questions, please contact anyone on the 510(k) Staff at (301)594-1190.

Sincerely yours,

Marjorie Shulman Supervisory Consumer Safety Officer Office of Device Evaluation Center for Devices and Radiological Health

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

June 06, 2006

ANCHOR PRODUCTS CO. 510(k) Number: K061555 52 OFFICIAL RD. Received: 05-JUN-2006

ADDISON, IL 60101 Product: ANCHOR LAPARSCOPIC ATTN: ROBERT H. THRUN User Fee ID Number: E RETIEVAL

SYSTEM

The Food and Drug Administration (FDA) Center for Devices and Radiological Health (CDRH), 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. YOU MAY NOT PLACE THIS DEVICE INTO COMMERCIAL DISTRIBUTION UNTIL YOU RECEIVE A LETTER FROM FDA ALLOWING YOU TO DO SO.

The Act, as amended by the Medical Device User Fee and Modernization Act of 2002 (MDUFMA) (Public Law 107-250), specifies that a submission shall be considered incomplete and shall not be accepted for filing until fees have been paid (Section 738(f)). Our records indicate that you have not submitted the user fee payment information and therefore your 510(k) cannot be filed and has been placed on hold. Please send a check to one of the addresses listed below:

By Regular Mail

Food and Drug Administration
P.O. Box 956733
St. Louis, MO 63195-6733.

By Private Courier (e.g., Fed Ex, UPS, etc.)

U.S. Bank
956733
1005 Convention Plaza
St. Louis, MO 63101

(314) 418-4983

The check should be made out to the Food and Drug Administration referencing the payment identification number, and a copy of the User Fee Cover sheet should be included with the check. A copy of the Medical Device User Fee Cover Sheet should be faxed to CDRH at (301) 594-2977 referencing the 510(k) number if you have not already sent it in with your 510(k) submission. After the FDA has been notified of the receipt of your user fee payment, your 510(k) will be filed and the review will begin. If payment has not been received within 30 days, your 510(k) will be deleted from the system. Additional information on user fees and how to submit your user fee payment may be found at http://www.fda.gov/oc/mdufma.

Please note that since your 510(k) has not been reviewed, additional information may be required during the review process and the file may be placed on hold once again. If you are unsure as to whether or not you need to file an application with FDA or what type of application to file, you should first telephone the Division of Small Manufacturers, International and Consumer Assistance (DSMICA), for guidance at (301)443-6597 or its toll-fee number (800)638-2041, or contact them at their Internet address http://www.fda.gov/cdrh/dsmamain.html, or you may submit a 513(g) request to the Document Mail Center at the address above. If you have any questions concerning the contents of this letter, you may contact me at (301) 594-1190.

Sincerely yours,

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



ANCHOR PRODUCTS COMP

52 Official Road, Addison, IL 60101-4589

Telephone 630/543-9124

800/323-5134

www.anchorsurgical.com

FAX

630/543-9131

Email: info@anchorsurgical.com

June 1, 2006

U.S. Food and Drug Administration Center for Devices and Radiological Health Document Mail Center (HFZ-401) 1390 Piccard Dr. Rockville, MD 20850

RE:

Anchor Laparoscopic Tissue Retrieval Device

510(k) Notification

Anchor Products Company has redesigned its Anchor Laparascopic Tissue Retrieval System K982073. Enclosed are two copies of the 510(k) Summary of Anchor Products Company for Anchor Laparoscopic Tissue Retrieval System, as redesigned.

If you have any questions about this Summary or need any additional information, do not hesitate to contact me at 630/543-9124.

Sincerely,

Robert H. Thrun

President

RHT:j **Enclosures**

ANCHOR LAPAROSCOPIC TISSUE RETRIEVAL SYSTEM

Submitted To:

U.S. Food and Drug Administration Center for Devices and Radiological Health Document Mail Center (HFZ-401) 1390 Piccard Dr. Rockville, MD 20850

Submitted By:

Robert H. Thrun, President Anchor Products Company 52 Official Road Addison, IL 60101 630/543-9124

June 1, 2006



ANCHOR PRODUCTS COMPANY

52 Official Road, Addison, IL 60101-4589

Telephone 630/543-9124

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630/543-9131 Email: info@anchorsurgical.com

June 1, 2006

U.S. Food and Drug Administration Center for Devices and Radiological Health Document Mail Center (HFZ-401) 1390 Piccard Dr. Rockville, MD 20850

RE: 501(k) Notification - Anchor Laparoscopic Tissue Retrieval System

Anchor Products Company (Anchor) intends to market the Anchor Laparoscopic Tissue Retrieval System as redesigned. The prior device was approved in 1998 with the designation K982073.

1. Submitter

Anchor Products Company Attn: Robert H. Thrun, President 52 Official Road Addison, IL 60101 Telephone Number: 630/543.9124

الأعل

2. Device Name

(a) Trade name: Anchor Laparoscopic Tissue Retrieval System

(b) Common name: Laparoscopic Specimen Bag

(c) Classification name: 876-1500 Endoscope and Accessories

(d) Classification: Class II Gastroenterology-Urology

(f) Prior Designation of Device: K982073

U.S. Food and Drug Administration Center for Devices and Radiological Health June 1, 2006 Page Two

3. Redesign of Anchor Laparoscopic Tissue Retrieval Device

Anchor redesigned its Laparoscopic Tissue Retrieval Device as set forth in Exhibit A attached. This redesigned device performs the same function as device K982013; (b)(4)Trade Secret

4. Device Description

The Anchor redesigned tissue retrieval system is a sterile disposable polyamide nylon pouch which can be used with an introducer tube and will be available in five pouch sizes: The retrieval pouch is designed to fit into a previously placed trocar entry port and is inserted into the body cavity using either an introducer or standard laparoscopic instruments. Under direct visual control, the retrieval pouch is opened so that the tissue sample or organ may be placed into it. A portion of the pouch is pulled out of the body cavity along with the entry port and introducer tube; however, the main body of the pouch containing the tissue sample or organ remains inside the abdominal cavity thereby allowing the surgeon to either withdraw the pouch with the tissue or organ through the previously made opening in the abdomen, or insert surgical instruments into the retrieval pouch to morcellate or cut the tissue or organ into small pieces for aspiration.

The Anchor tissue retrieval system is assembled, packaged, sterilized, and sold by Anchor Products Company. The device will be packaged in a tyvek/polyester film package and will bear a label, similar to that in Exhibit B. This device will be sold sterile. The sterilization protocol will be to SAL, 10-6 AAMI method 13409 for infrequent production, or small batch guidelines. The sterilization will be in the range 25Kgy to 40Kgy, and be performed by the Sterilizer, Sterigenics, Inc. at its facility in Schaumburg, Illinois.

5. Characteristics of Device

03

Substantially, the materials and components for this device are the same as those used in device K982013 with the exception of the two metal arms and the stainless steel pusher rod.

U.S. Food and Drug Administration Center for Devices and Radiological Health June 1, 2006 Page Three

6. Safety Information

Safety and effectiveness information will be provided to interested parties.

Do not hesitate to contact me at 630/543-9124 if you have any questions about this Summary.

Respectfully submitted,

Robert H. Thrun

President

RHT:j Enclosures 510 (k) STATEMENT

I certify that, in my capacity as President of Anchor Products Company, I will make

available all information included in this premarket notification on safety and effectiveness

within thirty days of request by any person if the device described in the premarket notification

submission is determined to be substantially equivalent. The information I agree to make

available will be a duplicate of the premarket notification submission, including any adverse

safety and effectiveness information, but excluding all patient identifiers, and trade secret and

confidential commercial information, as defined in 21 CFR 20.61.

Dated: June 1, 2006

Robert H. Thrun, President

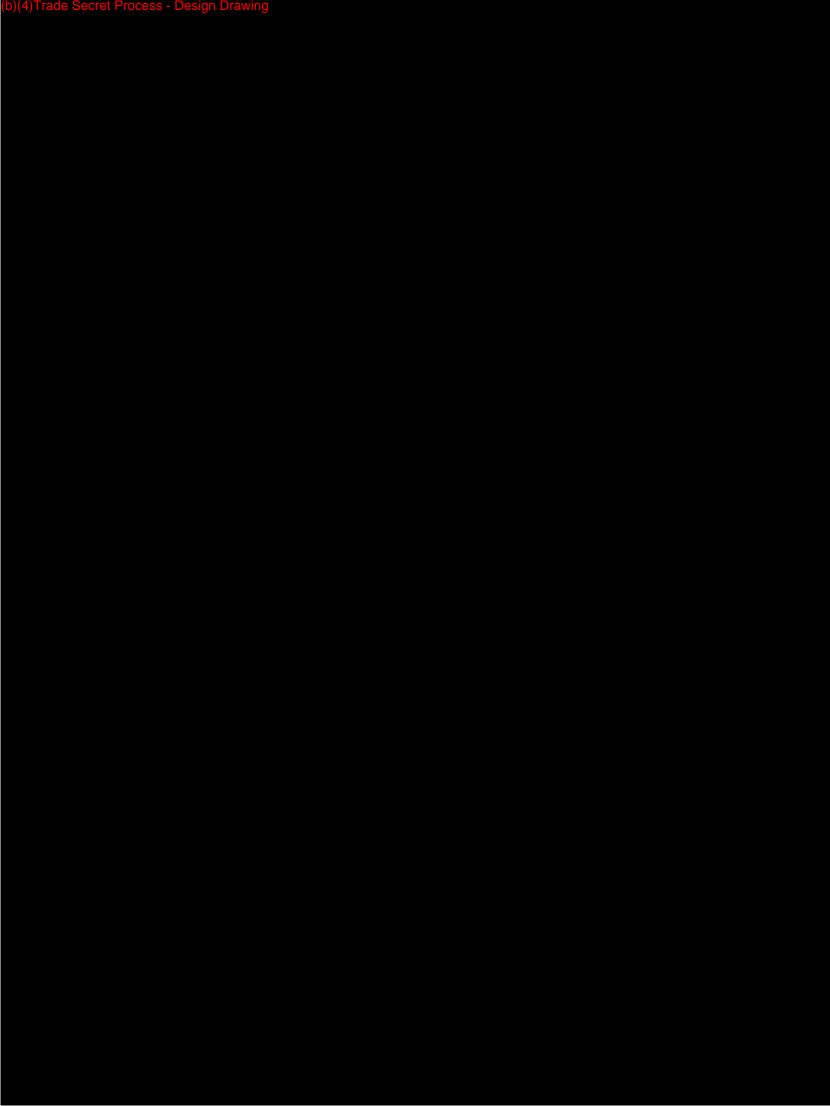


Exhibit B

anchor

Tissue Retrieval System Sterile Disposable

Code #

Lot#

Expiration Date

TRS-100 XL

XXXXX

XXXXXXXXXXX

Anchor Products Company 52 Official Road Addison, IL 60101 USA Phone 630 543 9124 Toll Free 800 323 5134 Fax 630 543 9131 anchorsurgical.com

Sterilized by Irradiation
Sterility guaranteed unless package is opened or damaged
Do Not Resterilize
Single Patient Use- See Instructions For Use
Product is Latex Free

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Memorandum

		-
From:	Reviewer(s) - Name(s) Della Hammond	
Subject:	510(k) Number K06/555/51	
To:	The Record - It is my recommendation that the subject 510(k) Notification:	
[[Refused to accept. Requires additional information (other than refuse to accept). It is substantially equivalent to marketed devices. NOT substantially equivalent to marketed devices. Other (e.g., exempt by regulation, not a device, duplicate, etc.)	
i !	Is this device subject to Section 522 Postmarket Surveillance? Is this device subject to the Tracking Regulation? Was clinical data necessary to support the review of this 510(k)? Is this a prescription device? Was this 510(k) reviewed by a Third Party? Special 510(k)? Abbreviated 510(k)? Please fill out form on H Drive 510k/boilers	NO NO NO NO NO NO NO NO
	Truthful and Accurate Statement Requested Enclosed A 510(k) summary OR A 510(k) statement The required certification and summary for class III devices The indication for use form	
•	Combination Product Category (Please see algorithm on H drive 510k/Boilers) N	
	Animal Tissue Source YES YNO Material of Biological Origin YES	NO
□ N	The submitter requests under 21 CFR 807.95 (doesn't apply for SEs): o Confidentiality	eding 90 day
Predi	Review: (Branch Chief) Additional Product Code(s) with panel (optional Code) Additional Product Code(s) with panel (optional Code) (Branch Code) Additional Product Code(s) with panel (optional Code) (Branch Code) (Branch Code) (Date)):
	Final Review: (Date) (Date)	5

Internal Administrative Form

		···
	YES	NO
Did the firm request expedited review?		
o Did we great expedited review?		V
Did we grant expedited review. Have you verified that the Document is labeled Class III for GMP		
3. Have you verified that the boothtone to table 2		
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?		"
- vivi testes subject to review by CURD?		1
8. Are you aware that this device has been the subject of a previous NSE		1
8. Are you aware that this device has been the subject the		
decision?		
9. If yes, does this new 510(k) address the NSE issue(s), (e.g.,		İ
performance data)?		1,/
10. Are you aware of the submitter being the subject of an integrity		
investigation?		•
11. If, yes, consult the ODE Integrity Officer.		1
11. If, yes, consult the ODE integrity Officer. 12. Has the ODE Integrity Officer given permission to proceed with the	:	
review? (Blue Book Memo #I91-2 and Federal Register 90N0332,		
September 10, 1991.		

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

REVISED:3/14/95

THE 510(K) DOCUMENTATION FORMS ARE AVAILABLE ON THE LAN UNDER 510(K) BOILERPLATES TITLED "DOCUMENTATION" AND MUST BE FILLED OUT WITH EVERY FINAL DECISION (SE, NSE, NOT A DEVICE, ETC.).

"SUBSTANTIAL EQUIVALENCE" (SE) DECISION MAKING DOCUMENTATION

	K 061555				
Revie	wer: Della Hammond				
Divis	sion/Branch: DGRND/GSDB				
Devi	e Name: Anchor Laparoscopic	Tissue	Retrieval Bag		
Produ	act To Which Compared (510(K) Number If		<u>-</u>		
		YES	NO		
1.	Is Product A Device	/	If NO = Stop		
2.	Is Device Subject To 510(k)?	/	If NO = Stop		
3.	Same Indication Statement?	/	If YES = Go To 5		
4.	Do Differences Alter The Effect Or Raise New Issues of Safety Or Effectiveness?		If YES = Stop NE		
5.	Same Technological Characteristics?	V	If YES = Go To 7		
6.	Could The New Characteristics Affect Safety Or Effectiveness?		If YES = Go To 8		
7.	Descriptive Characteristics Precise Enough?		If NO = Go To 10 If YES = Stop SE		
8.	New Types Of Safety Or Effectiveness Questions?		If YES = Stop NE		
9.	Accepted Scientific Methods Exist?		If NO = Stop NE		
10.	Performance Data Available?		If NO = Request Data		
1,,	Data Demonstrate Equivalence?		Final Decision:		

Note: In addition to completing the form on the LAN, "yes" responses to questions 4, 6, 8, and 11, and every "no" response requires an explanation.

1. Intended Use:

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:
- 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

The Conference of Control

Division of General and Restorative Devices General Surgical Devices Branch, HFZ-410

Food and Drug Administration Office of Device Evaluation Center for Devices and Radiological Health 9200 Corporate Boulevard Rockville, MD 20850

MEMORANDUM K061555

Date:

August 28, 2006

To:

The Record

From:

Della Hammond, MPH, Microbiologist, General Surgical Devices Branch,

DGRND *

Company: Anchor Products Company

Contact:

Robert H. Thurn

Phone:

630-543-9124 Fax: 630-543-9131

Email:

www.anchorsurgical.com

Device:

Anchor Laparoscopic Tissue Retrieval Device

Predicate: Anchor Laparoscopic Tissue Retrieval Device (original)

Dated:

June 1, 2006

Date Recd: June 5, 2006

PRODUCT SUMMARY

The following provides the identification and classification of the proposed device:

Proprietary Name:

Anchor Laparoscopic Tissue Retrieval Device

Device/Product Name:

Laparoscopic Specimen Bag

Regulation Name:

Endoscope and Accessories 876,1500

Regulation Number: Device Class:

Product Code:

GCJ

510(k)

K061555

Predicate Number(s):

K982073

*SE

INDICATION FOR USE

The Anchor Laparoscopic Tissue Retrieval System is intended for use by surgeons in laparoscopic and endoscopic surgical procedures when removal of tissue or debris from the abdominal cavity is desired.

Reason for This Submission

The proposed Anchor Laparoscopic Tissue Retrieval System is being introduced to incorporate minor modifications in the retrieval system.

SUMMARY

The firm has submitted an adequate 1) 510K Statement, 2) Indication for Use, 3) Device Description, 4) Engineering/Technical Drawing, 5) Truthful and Accurate Statement, and 7) Comparison Chart.

(b)(4)Trade Secret Process
PREDICATE DEVICE The firm is claiming substantial equivalence to their original device. K982013, the Anchor Laparoscopic Tissue Retrieval System. (b)(4) Trade Secret Process
(b)(4)Trade Secret Process
Differences
The proposed Anchor Laparoscopic Tissue Retrieval System is being introduced to incorporate minor modifications in the retrieval system. (b)(4)Trade Secret Process
DEVICE DESCRIPTION The proposed device is a redesigned, disposable, polyamide nylon pouch that is used with an introducer tube and is defined to fit into a previously placed trocar entry port and inserted into the body cavity during laparoscopic and endoscopic surgical procedures when removal of tissue or debris from the abdominal cavity is desired. (b)(4) Trade Secret Process
)(4)Trade Secret Process
MATERIALS
4)Trade Secret Process

Biocompatibility Data (see S1 dated August 4, 2006)

TECHNICAL [CQ7]

Performance Testing

<u>STERILITY</u>
The product will be sold as a sterile product.

The device is sterilized by (b)(4)Trade Secret Proc

Sterilization process

PACKAGING

Tyvek pouch

LABELING

The firm has provided adequate labeling as Exhibit B and Supplement of this submission.

COMMUNICATIONS LOG:

The firm was contacted via email on 07/17/06 to provide the following information:

- New materials
- o IFU
- T&A Statement
- Predicate Labeling
- Biocompatibility testing
- Performance testing
- o Device description

07/19/06: Firm sent email to inform me that they are in the process of providing the information requested.

08/16/06: Requested information received. (b)(4) Trad

08/17/06: This reviewer sent an email to the firm to request data for 08/24/06: The firm sent an email of a (b)(4)Trade Secret Process

This reviewer requested via email that the firm provide the data for these tests.

08/25/06: Requested data received.

RECOMMENDATION: SE, K061555

The proposed Anchor Laparoscopic Tissue Retrieval System shares similar features and functions with the corresponding predicate device with regard to function, indications, materials, sterilization, and labeling. The similarities and differences are comparable. My review of the imaged predicate did not reveal any significant characteristic differences. Therefore, I find the proposed device to be substantially equivalent to the predicate. There are no new safety and effectiveness issues.

Mul		8/31/	6	ILK oncur
Branch Chief, C		Date '		/ Do Not Concur
Division of Gene	ral, Restorative	and Neurologica	I Devices	
General Surgica				
				/ /Concur
Deputy Division	Director	Date		/ / Do Not Concur
Division of Gene	ral, Restorative	and Neurologica	l Devices	
				/ /Concur
Division Director		Date		/ / Do Not Concur
Division of Gene	ral, Restorative	and Neurologica	l Devices	

Comments:

Hammond, Della

Dear Ms. Hammond,

Sorry for any confusion. We weren't sure how much detail you wanted. These tests were all completed in July of this year. Please let me know if you have any questions.

Regards, Robert H. Thrun

From: Hammond, Della [mailto:della.hammond@fda.hhs.gov]

Sent: Wednesday, August 23, 2006 6:39 AM

To: 'Robert Thrun'

Subject: RE: Anchor tissue retrieval system K061555

Where is the data?

Della Hammond, Lead Reviewer General Surgical Devices Branch Division of General and Restorative Devices Office of Device Evaluation US Food and Drug Administration Center for Devices and Radiological Health Telephone: 301-594-3091

Tacsimile: 301-827-4350

dah@cdrh.fda.gov

med: della.hammond@fda.hhs.gov

This communication is consistent with 21 CFR 10.85 (k) and constitutes an informal communication that represents my best judgment at this time but does not constitute an advisory opinion, does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed. This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think you have received this e-mail message in error, please e-mail the sender immediately at dah@cdrh.fda.gov.

From: Robert Thrun [mailto:Rthrun@anchorsurgical.com]

Sent: Tuesday, August 22, 2006 4:52 PM

To: Hammond, Della

Subject: RE: Anchor tissue retrieval system K061555

Anchor Products Company Tissue Retrieval System 510K Submission # K061555

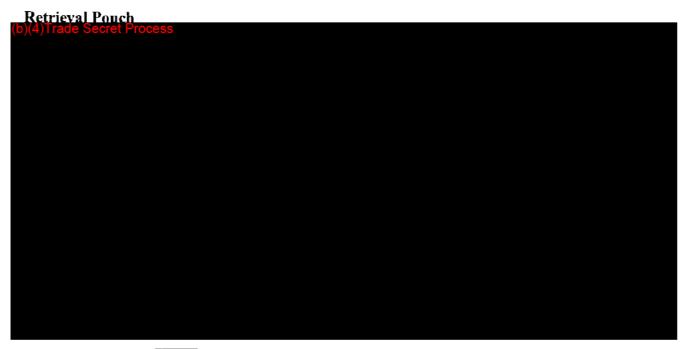
Retrieval Pouch Material Puncture/Burst Test Results

(b)(4)Trade Secret Process

Manufacture	b)(4)Trade Secret Proc	ess	Required standard 12 lbs
lot#			1
Lot # 1			Pass
Lot # 2			Pass
Lot # 3			Pass
Lot # 4			Pass
Lot # 5			Pass
Lot # 6			Pass
Lot # 7			Pass
Lot # 8			Pass
Lot # 9			Pass
Lot # 10			Pass
Lot # 11			Pass
Lot # 12			Pass
Lot # 13			Pass
Lot # 14			Pass
Lot # 15			Pass
Lot # 16			Pass
Lot # 17			Pass
Lot # 18			Pass
Lot # 19			Pass
Lot # 20			Pass
Lot # 21 4)Trade Secret			Pass

(b)(4)Trade Secret Process

Anchor Products Company Tissue Retrieval System 510K Submission # K061555

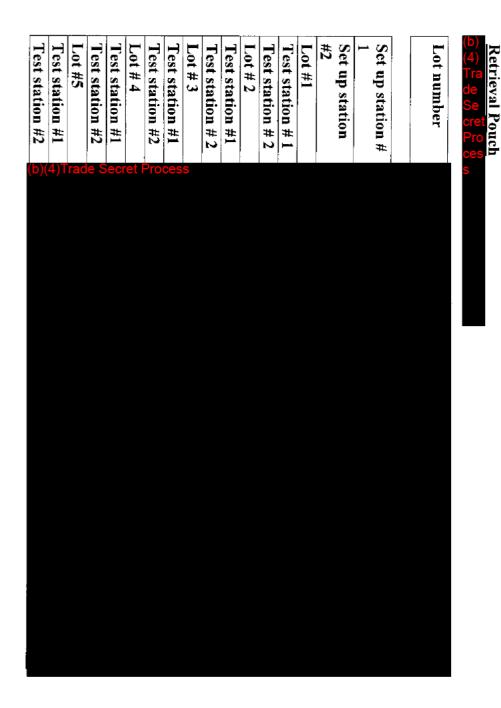


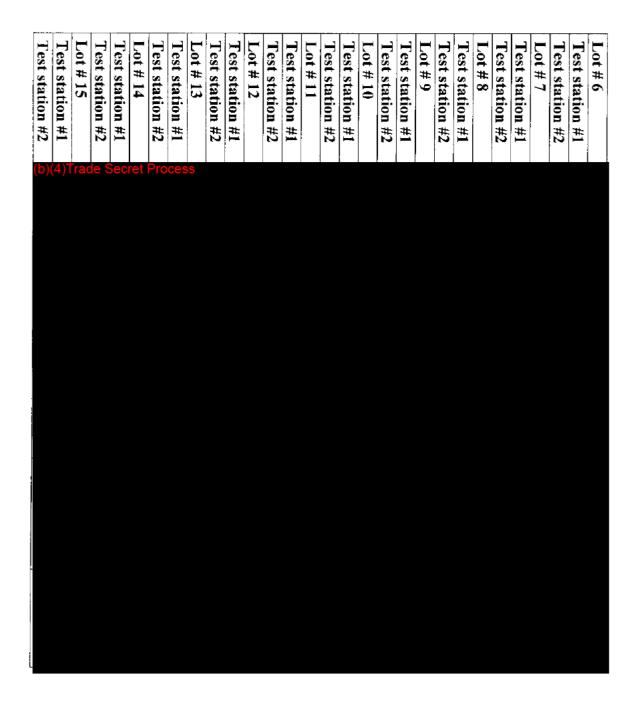
		_		
N 4 4		T - 4		1
- IV/LOT	erial	I OI	num	1301
TATCH	ULLUL.	LUL	1111111	

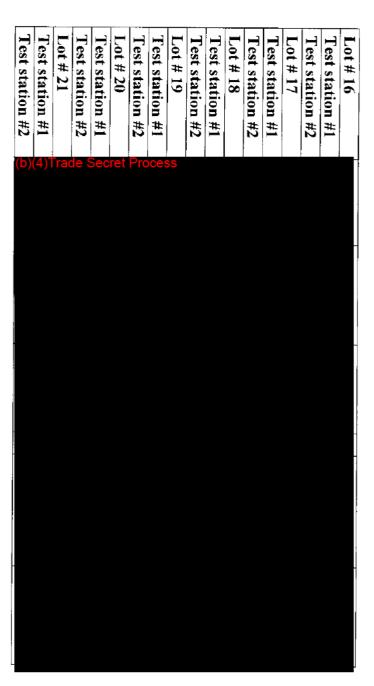
Roll # 1	Test 1	Test 2	Test 3	Passed
Roll # 2	Test 1	Test 2	Test 3	Passed
Roll # 3	Test 1	Test 2	Test 3	Passed
Roll #4	Test 1	Test 2	Test 3	Passed
Roll # 5	Test 1	Test 2	Test 3	Passed
Roll # 6	Test 1	Test 2	Test 3	Passed
Roll #7	Test 1	Test 2	Test 3	Passed
Roll # 8	Test 1	Test 2	Test 3	Passed

(b)(4)Trade Secret Process

Anchor Products Company Tissue Retrieval System 510K Submission # K061555







Hammond, Della

Dear Ms. Hammond,

In response to your request, I have included three attachments. Please let me know if you need more details or have any other questions.

Regards, Robert H. Thrun

From: Hammond, Della [mailto:della.hammond@fda.hhs.gov]

Sent: Thursday, August 17, 2006 9:08 AM

To: 'Robert Thrun'

Subject: RE: Anchor tissue retrieval system K061555

Dear Mr. Thrun:

I have reviewed the additional information you have provided for the device referenced above. I cannot determine the device to be substantially equivalent to a legally marketed device based solely on the information you have provided. To complete the review, please provide the following information:

(b)(4)Trade Secret Process

Please provide the data for these tests.

If you wish, you may send this information via email or to the fax number provided below.

Thank you,

Della Hammond, Lead Reviewer
General Surgical Devices Branch
Division of General and Restorative Devices
Office of Device Evaluation
US Food and Drug Administration
Center for Devices and Radiological Health
Telephone: 301-594-3091
Facstmile: 301-827-4350

MEW: della.hammond@fda.hhs.gov

This communication is consistent with 21 CFR 10.85 (k) and constitutes an informal communication that represents my best judgment at this time but does not constitute an advisory opinion, does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed. This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think you have received this

e-mail message in error, please e-mail the sender immediately at dah@cdrh.fda.gov.

From: Robert Thrun [mailto:Rthrun@anchorsurgical.com]

Sent: Tuesday, August 08, 2006 1:10 PM

To: Hammond, Della

Subject: Anchor tissue retrieval system K061555

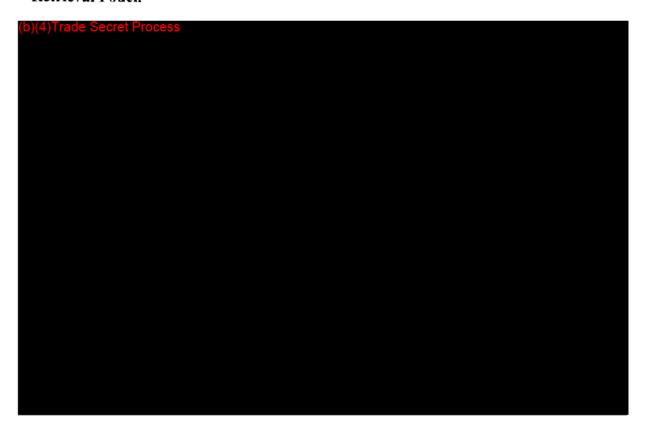
Hello Ms. Hammond,

Yesterday I sent a package to you via Fed Ex, which you should receive today. We had trouble converting everything to a format we could e-mail and were also concerned that some pages might not come through clearly by fax. I hope this is ok. Please let me know if there is anything more you need at this time.

Sincerely, Robert H. Thrun

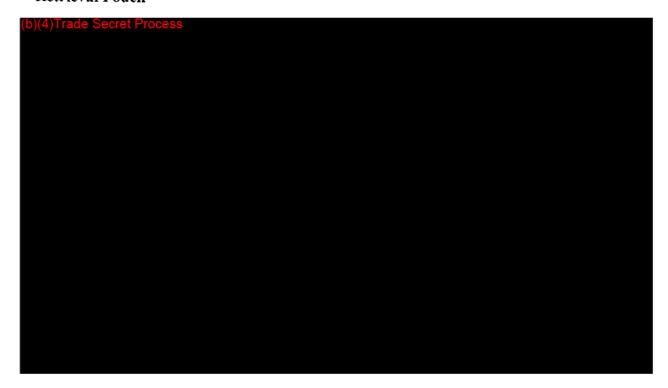
Anchor Products Company Tissue Retrieval System 510K Submission # K061555

Retrieval Pouch



Anchor Products Company Tissue Retrieval System 510K Submission # K061555

Retrieval Pouch



Anchor Products Company Tissue Retrieval System 510K Submission # K061555

Retrieval Pouch

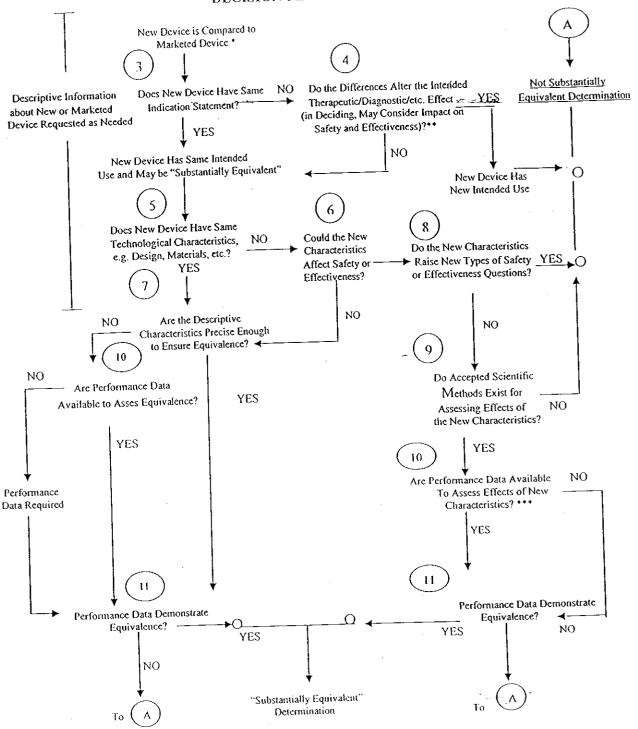


DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration
Memorandum

From: Reviewer(s) - Name(s) Della Hammond	·	
Subject: 510(k) Number		<u> </u>
To: The Record - It is my recommendation that the subject 510(k) No	fification:	
☐ Refused to accept. ☐ Requires additional information (other than refuse to accept). ☐ Is substantially equivalent to marketed devices. ☐ NOT substantially equivalent to marketed devices. ☐ Other (e.g., exempt by regulation, not a device, duplicate, etc.)		
Is this device subject to Section 522 Postmarket Surveillance? Is this device subject to the Tracking Regulation? Was clinical data necessary to support the review of this 510(k)? Is this a prescription device? Was this 510(k) reviewed by a Third Party? Special 510(k)? Abbreviated 510(k)? Please fill out form on H Drive 510k/boilers	☐ YES	□ NO □ NO □ NO □ NO □ NO
Truthful and Accurate Statement ☐ Requested ☐ Enclosed ☐ A 510(k) summary OR ☐ A 510(k) statement ☐ The required certification and summary for class III devices ☐ The indication for use form		
Combination Product Category (Please see algorithm on H drive 5 Animal Tissue Source YES NO Material of Biologica		NO BYNO
The submitter requests under 21 CFR 807.95 (doesn't apply for SEs		eeding 90 day
Predicate Product Code with class: Additional Product Code(s)) with panel (option	al):
Review: Tell Page GSDB (Branch Chief) (Branch Code)	7/26/0 (Date)	6
Final Review:(Division Director)	(Date)	83

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.

(3)

Internal Administrative Form

		·	٠
e we en 199	45. <u></u>	YES	NO
Did the firm request expedited review?			
o District great expedited review?		 	
 Did we grant expedited to Nov. Have you verified that the Document is labeled Class III for 	r GMP		
purposes?			
4. If, not, has POS been notified?			
F. to the product a device?		1	1
6 Is the device exempt from 510(k) by regulation or policy:		1	
The device subject to review by CDRH?	rovious NSE		1
8. Are you aware that this device has been the subject of a p	IGAIOR2 MOL		
decision?	a		
9. If yes, does this new 510(k) address the NSE issue(s), (e.	9.,		
performance data)?	-arity		
10. Are you aware of the submitter being the subject of an inte	5g(K)		
investigation?			-
11. If, yes, consult the ODE Integrity Officer. 12. Has the ODE Integrity Officer given permission to proceed	d with the		
review? (Blue Book Memo #l91-2 and Federal Register 90	ON0332,		·
September 10, 1991.			
September 10, 1001.			

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

510(k) Number:			
	· 4 - 1- 0 - 1.	entific	es the type of 510(k) subm	ission as (Check the
	Special 510(k)	-	Do Sections 1 and 2	
	Abbreviated 510(k)	-	Do Sections 1, 3 and 4	
	Traditional 510(k) or	no ide	ntification provided -	Do Sections 1 and 4

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

	Present or	Missing or
	Adequate	Inadequate
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.		
the new device with the predicate.		
510(k) Summary or 510(k) Statement. Description of the device (or modification of the device) including		
diagrams, engineering drawings, photographs or service manuals.		
diagrams, engineering drawings, photographs of oct-		
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 ***	<u> </u>	

⁻ 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.

	Present	Inadequate or Missing
Name and 510(k) number of the submitter's own, unmodified		
- 1 1-a		
A description of the modified device and a comparison to the		
2 dicate device		
that the intended lise(s) and indicadons of die		
	er er	
intended uses and indications for the submitter's unmodified	**************************************	
· •		
not allered the modification has not affered the		
fundamental scientific technology of the submitter's predicate		
		4 2 2 3 5 5 5 5 5
device. A Design Control Activities Summary that includes the following	3	
A Design Control Activities currently		
elements (a-c): a. Identification of Risk Analysis method(s) used to assess the		ļ
a. Identification of Kisk Marysis interiors, and impact of the modification on the device and its components, and		
impact of the modification on the device and the		
the results of the analysis. b. Based on the Risk Analysis, an identification of the required		
b. Based on the Risk Analysis, an identification of verification and validation activities, including the methods or		
verification and validation activities, including de-		
tests used and the acceptance criteria to be applied. c. A Declaration of Conformity with design controls that includes		
c. A Declaration of Conformity with design contacts		
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		
designated individual(s) and the restaurce criteria were 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.	_1	

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.]		
is posted with the stoke of the		V7

For a submission, which relies on a recognized standard without a		
declaration of conformity, a statement that the manufacturer		•
declaration of conformity, a statement and that supporting	į.	,
intends to conform to a recognized standard and that supporting		
E		
1 in a weekly accepted by HIIA. a statement that the	•	
c intende to conform to a recognized standard and		
that supporting data will be available before marketing the device.		
that supporting data will be available before the supporting data		
For a submission, which relies on a non-recognized standard that	95 <u>(2.5%)</u>	
has not been historically accepted by FDA, a statement that the	1	
c the stands to conform to a recognized standard and		1
l 1 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	1	
Any additional information, which is not obtained and/or non-	1	
document, special control, recognized standard and/or non-	\\\\\	
recognized standard, in order to determine substantial		
equivalence:		
L		

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.

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:		
dating information:		<u> </u>
i) sterilization process ii) validation method of sterilization process		
		<u> </u>
iii) SAL iv) packaging	<u> </u>	
v) specify pyrogen free		
vi) ETO residues		
viii) Traditional Method or Non-Traditional Method		
c) Software Documentation:		1

Items with checks in the "Present or Adequate" column do not require e additional information from the sponsor. Items with checks in the "Missing or Inadequate" column must be submitted before substantive review of the document.

Passed Screening	YesN	lo
Reviewer: Concurrence by R	eview Branch:	
Dates		

 $\overline{(7)}$

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

REVISED:3/14/95

THE 510(K) DOCUMENTATION FORMS ARE AVAILABLE ON THE LAN UNDER 510(K) BOILERPLATES TITLED "DOCUMENTATION" AND MUST BE FILLED OUT WITH EVERY FINAL DECISION (SE, NSE, NOT A DEVICE, ETC.).

"SUBSTANTIAL EQUIVALENCE" (SE) DECISION MAKING DOCUMENTATION

K	
Reviewer:	
Division/Branch:	
	•
Device Name:	
Product To Which Compared (510(K) Number If K	Kilowii,
	YES NO
1. Is Product A Device	If NO = Stop
2. Is Device Subject To 510(k)?	If NO = Stop
3. Same Indication Statement?	If YES = Go To 5
4. Do Differences Alter The Effect Or Raise New Issues of Safety Or Effectiveness?	If YES = Stop NE
5. Same Technological Characteristics?	If YES = Go To 7
6. Could The New Characteristics Affect Safety Or Effectiveness?	If YES = Go To 8
7. Descriptive Characteristics Precise Enough?	If NO = Go To 10 If YES = Stop SE
8. New Types Of Safety Or Effectiveness Questions?	If YES = Stop NE
9. Accepted Scientific Methods Exist?	If NO = Stop NE
10. Performance Data Available?	If NO = Request Data
11. Data Demonstrate Equivalence?	Final Decision:

Note:

In addition to completing the form on the LAN, "yes" responses to questions 4, 6, 8, and 11, and every "no" response requires an explanation.

- 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 importing 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

- 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

Division of General and Restorative Devices General Surgical Devices Branch, HFZ-410

Food and Drug Administration Office of Device Evaluation Center for Devices and Radiological Health 9200 Corporate Boulevard Rockville, MD 20850

MEMORANDUM K061555

Date:

July 26, 2006

To:

The Record

From:

Della Hammond, MPH, Microbiologist, General Surgical Devices Branch,

DGRNI

Contact:

Company: Anchor Products Company

Robert H. Thurn

Phone:

630-543-9124 Fax: 630-543-9131

Email:

www.anchorsurgical.com

Device:

Anchor Laparoscopic Tissue Retrieval Device

Predicate: Anchor Laparoscopic Tissue Retrieval Device (original)

Dated:

June 1, 2006 Date Recd: June 5, 2006

PRODUCT SUMMARY

The following provides the identification and classification of the proposed device:

Proprietary Name:

Anchor Laparoscopic Tissue Retrieval Device

Device/Product Name:

Laparoscopic Specimen Bag Endoscope and Accessories

Regulation Name:

876.1500

Regulation Number: Device Class:

GCJ

Product Code:

510(k)

K061555

Predicate Number(s):

K982073

*HOLD

INDICATION FOR USE

The Anchor Laparoscopic Tissue Retrieval System is intended for use by surgeons in laparoscopic and endoscopic surgical procedures when removal of tissue or debris from the abdominal cavity is desired.

Reason for This Submission

The proposed Anchor Laparoscopic Tissue Retrieval System is being introduced to incorporate minor modifications in the retrieval system. (b)(4)Tr

SUMMARY

The firm has submitted an adequate 1) 510K Statement, 2) Indication for Use, 3) Device Description, 4) Engineering/Technical Drawing, 5) Truthful and Accurate Statement, and 7) Comparison Chart.

(b)(4)Trade Secret Process

PREDICATE DEVICE The firm is claiming substantial equivalence to their original device, K982013, the Anchor Laparoscopic Tissue Retrieval System. (b)(4) Trade Secret Process

Differences

The proposed Anchor Laparoscopic Tissue Retrieval System is being introduced to incorporate minor modifications in the retrieval system. (b)(4)Trade Secret Process

DEVICE DESCRIPTION

The proposed device is a redesigned, disposable, polyamide nylon pouch that is used with an introducer tube and is defined to fit into a previously placed trocar entry port and inserted into the body cavity during laparoscopic and endoscopic surgical procedures when removal of tissue or debris from the abdominal cavity is desired. (b)(4)Trade Secret Process

(b)(4)Trade Secret Process		

MATERIALS

Your submission states the material and components for the device are the same as those in the predicate device with the exception of (b)(4)Trade Secret Process (b)(4)Trade Secret Process



Biocompatibility Data (in the predicate?)

(b)(4)Trade Secret Process

TECHNICAL [CQ7] requested

Performance Testing

STERILITY

The product will be sold as a sterile product.



PACKAGING

Tyvek pouches -how many per box (Requested)

LABELING

The firm has provided adequate labeling as Exhibit B of this submission.

COMMUNICATIONS LOG:

The firm was contacted via email on 07/17/06 to provide the following information:

- New materials
- o IFU
- T&A Statement
- o Predicate Labeling
- Biocompatibility testing
- Performance testing
- Device description

<u>07/19/06</u>: Firm sent email to inform me that they are in the process of providing the information requested.

RECOMMENDATION: SE, K061555

No information has been received by the firm to date. A determination of SE cannot be made until the sponsor has provided adequate responses to the requested information. Therefore, this application will be placed on HOLD effective 07/26/06 until the requested information is received.

Branch Chief, Date // Do Not Concur

Division of General, Restorative and Neurological Devices

General Surgical Devices Branch

		/ /Concur
Deputy Division Directo	or Date	/ / Do Not Concur
	storative and Neurological Devices	i
		/ /Concur
Division Director	Date	/ / Do Not Concur
Division of General, Re	storative and Neurological Devices	3

Comments:

Hammond, Della

From: Robert Thrun [Rthrun@anchorsurgical.com]

Sent: Wednesday, July 19, 2006 5:27 PM

To: Hammond, Della

Subject: RE: Anchor Tissue Retrieval - K061555

Dear Ms. Hammond,

We are reviewing your questions and are in the process of answering all. I would like to ask you to resend the attachment which I believe is meant to be the appropriate form for providing the "indications for use statement". The attachment we opened only showed the FDA centennial insignia. Thank you for your help. Sincerely, Robert H. Thrun

From: Hammond, Della [mailto:della.hammond@fda.hhs.gov]

Sent: Monday, July 17, 2006 1:55 PM **To:** 'rthrun@anchorsurgical.com'

Subject: Anchor Tissue Retrieval - K061555

Dear Mr. Thrun,

I have reviewed your notification of intent to market the device referenced above; however, I cannot determine the device to be substantially equivalent to a legally marketed device based solely on the information you have provided. To complete the review, please provide the following information:





If you wish, you may email your response, or fax this information to the fax number given below.

Thank you,

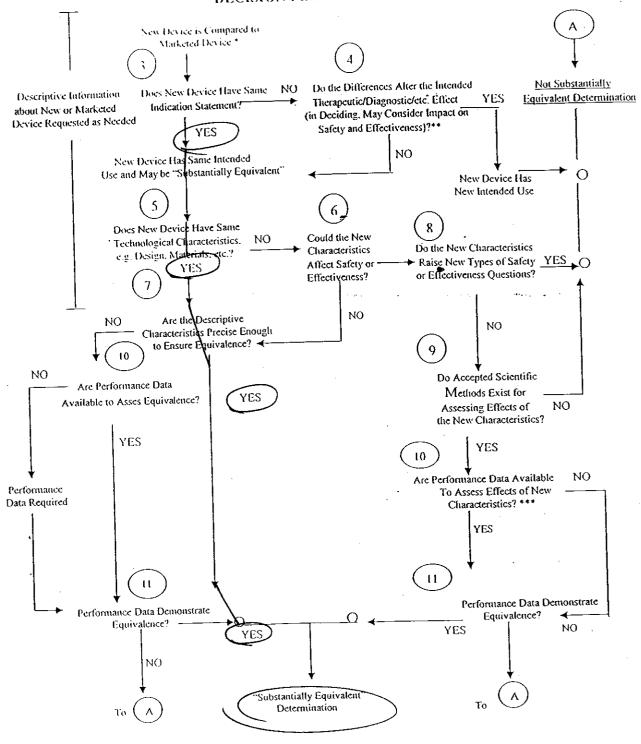
Della Hammond, Lead Reviewer
General Surgical Devices Branch
Division of General and Restorative Devices
Office of Device Evaluation
US Food and Drug Administration
(enter for Devices and Radiological Health
Telephone: 301-827-4350

dah@cdrh.fda.gov

NEX: della.hammond@fda.hhs.gov -

This communication is consistent with 21 CFR 10.85 (k) and constitutes an informal communication that represents my best judgment at this time but does not constitute an advisory opinion, does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed. This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think you have received this e-mail message in error, please e-mail the sender immediately at chhfda.gov.

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.

Public Health Service

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

August 17, 2006

ANCHOR PRODUCTS CO. 52 OFFICIAL RD. ADDISON, IL 60101 ATTN: ROBERT H. THRUN

510(k) Number: K061555 Product: ANCHOR

> LAPARSCOPIC TISSUE RETIEVAL

SYSTEM

The additional information you have submitted has been received.

We will notify you when the processing of this submission has been completed or if any additional information is required. Please remember that all correspondence concerning your submission MUST be sent to the Document Mail Center (HFZ-401) at the above letterhead address. Correspondence sent to any address other than the one above 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.
On August 12, 2005 CDRH issued the Guidance for Industry and FDA Staff: Format for Traditional and Abbreviated 510(k)s. This guidance can be found at http://www.fda.gov/cdrh/ode/guidance/1567.html. Please refer to this guidance for assistance on how to format an original submission for a Traditional or Abbreviated 510(k).

The Safe Medical Devices Act of 1990, signed on November 28, states that you may not place this device into commercial distribution until you receive a letter from FDA allowing you to do so. As in the past, we intend to complete our review as quickly as possible. Generally we do so in 90 days. However, the complexity of a submission or a requirement for additional information may occasionally cause the review to extend beyond 90 days. Thus, if you have not received a written decision or been contacted within 90 days of our receipt date you may want to check with FDA to determine the status of your submission.

If you have procedural or policy questions, please contact the Division of Small Manufacturers International and Consumer Assistance (DSMICA) at (301) 443-6597 or at their toll-free number (800) 638-2041, or contact me at (301) 594-1190.

Sincerely yours,

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



ANCHOR PRODUCTS COMPANY KO6/555/5/ 52 Official Road Addisce " The State of the Stat 52 Official Road, Addison, IL 60101-4589

Telephone 630/543-9124

800/323-5134 630/543-9131

www.anchorsurgical.com

Email: info@anchorsurgical.com

August 4, 2006

FAX

Ms.Della Hammond, Lead Reviewer General Surgical Devices Branch Division of General and Restorative Devices Office of Drug Evaluation US Food and Drug Administration

Re: Anchor Tissue retrieval System - K061555

Dear Ms. Hammond:

I am submitting with this letter an Indications for Use Statement, T & A Statement, Biocompatibility Testing with previous results listed as Exhibit A, Performance Testing, Predicate Labeling, Device Materials, Device Description, Comparison between old and new products, a set of Product Labels, and Exhibit B, instructions for use.

I trust that this information will permit you to complete your review, however, if you have any questions or comments about this information, do not hesitate to call me.

Respectfully Submitted,

Robèrt H. Thrun, President

RHT: EF encl.

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Indications for Use

510(k) Number (if known): <u>K061555</u>
Device Name: Anchor Tissue Retrieval System
Indications For Use:
The Anchor Tissue retrieval system is a sterile disposable pouch used with a dedicated introducer for the encapture and removal of an organ or tissue from the body cavity during laparoscopic surgery.
Prescription Use X AND/OR Over-The-Counter Use
(Part 21 CFR 801 Subpart D) (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)

August 4, 2006,

PREMARKET NOTIFICATION

TRUTHFUL AND ACCURATE STATEMENT

(As required by 21 CFR 807.87(i))

I certify that, in my capacity as the President of Anchor Products company, Inc., 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.

Robert H. Thrun

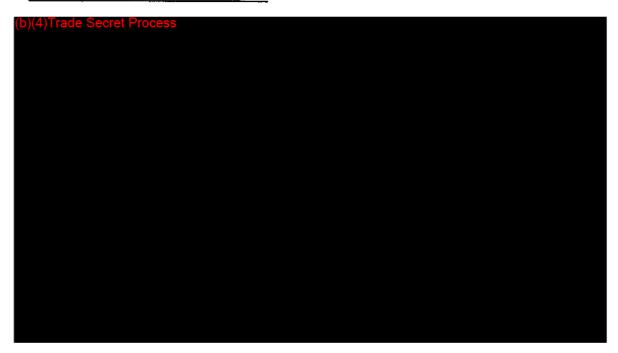
Cobert X. Shrun

August 4, 2006

K061555 [Premarket Notification (510K) K061555]

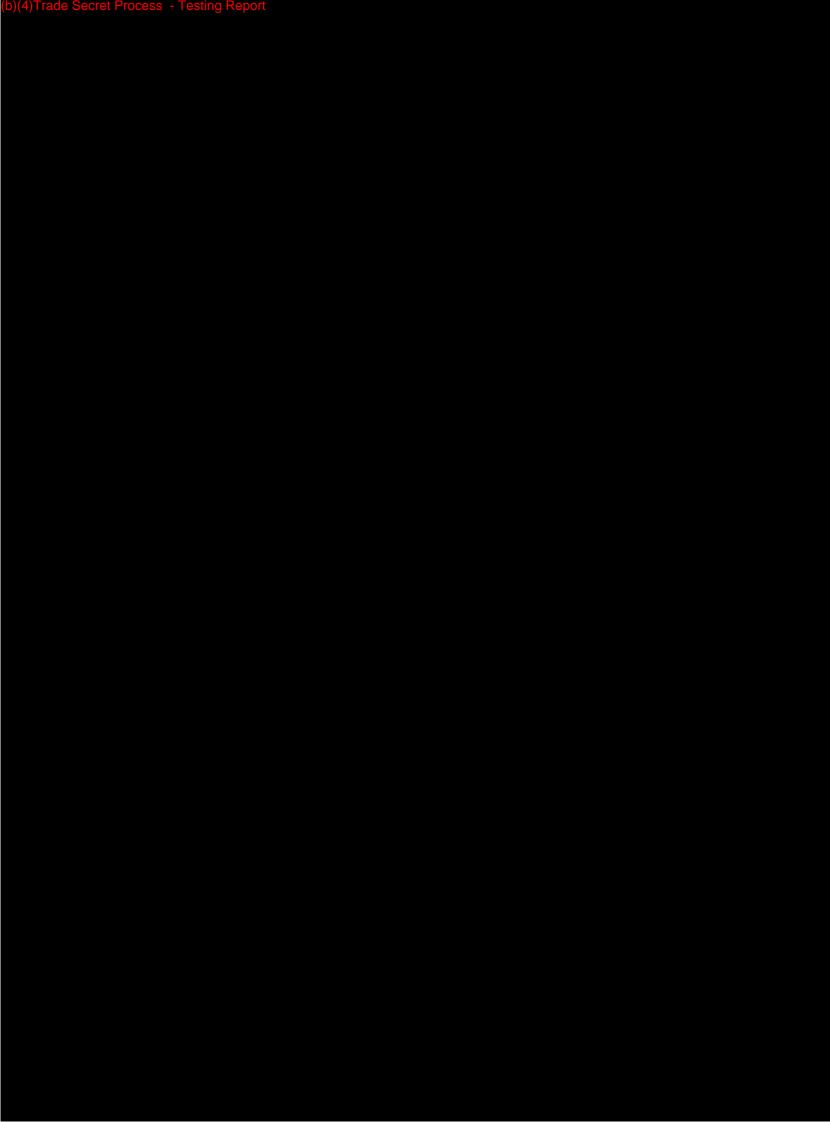
Anchor Products Company 510K number K061555

BIOCOMPATIBILITY TESTING



TESTING ATTACHMENTS EXHIBIT A

- 1. (b)
 REPORT NUMBER X8B006G
- 2. (4)Trad REPORT NUMBER X8B007G
- 3. (4)Trade REPORT NUMBER V8B007G











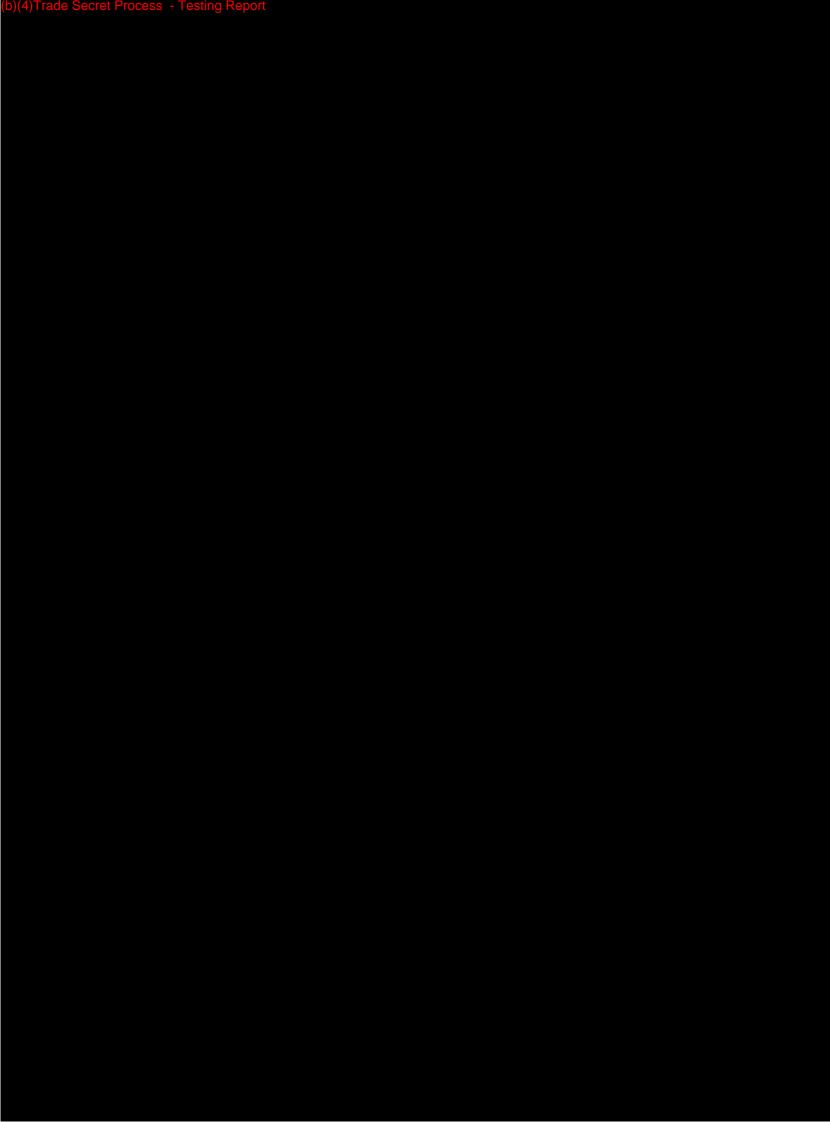


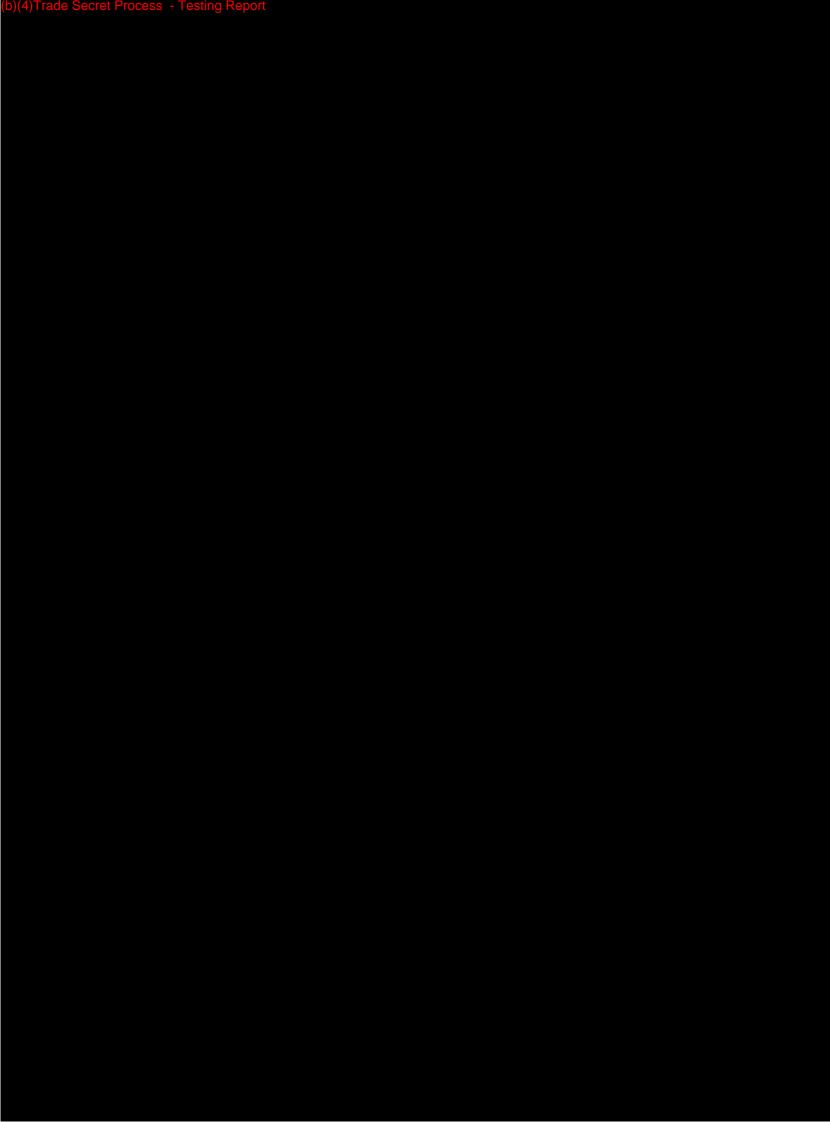


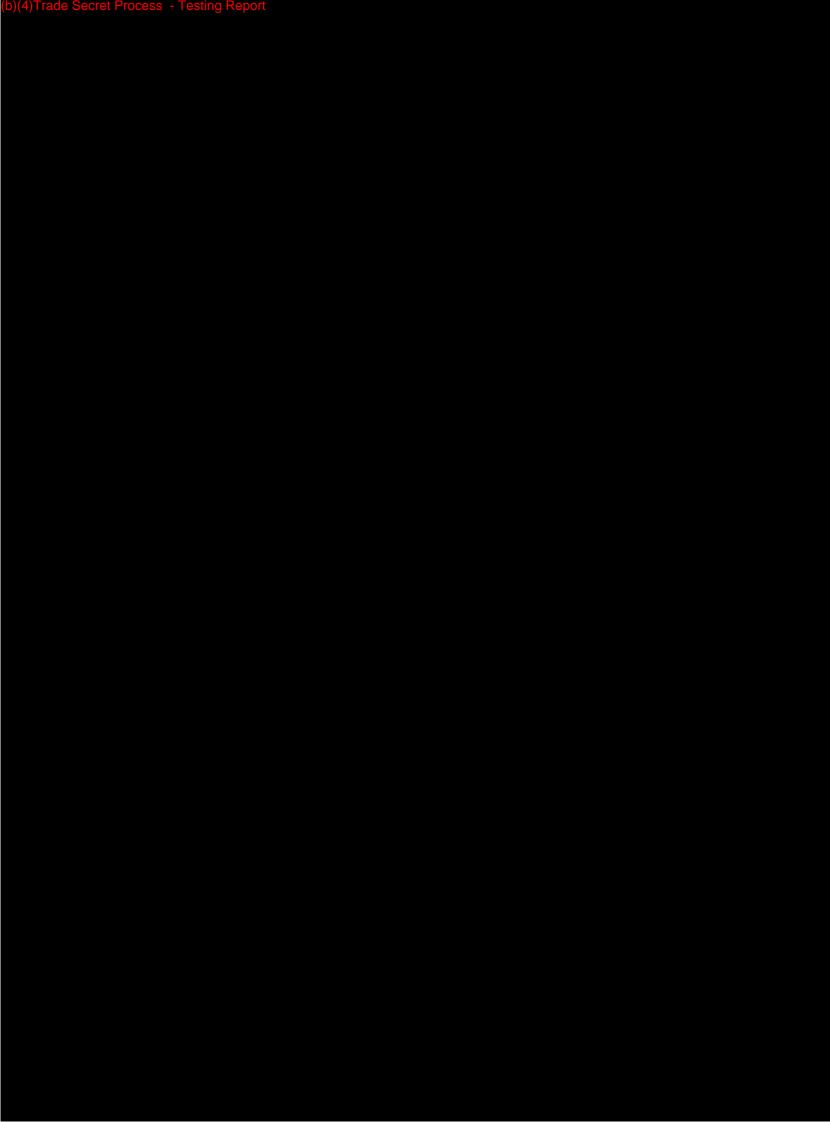




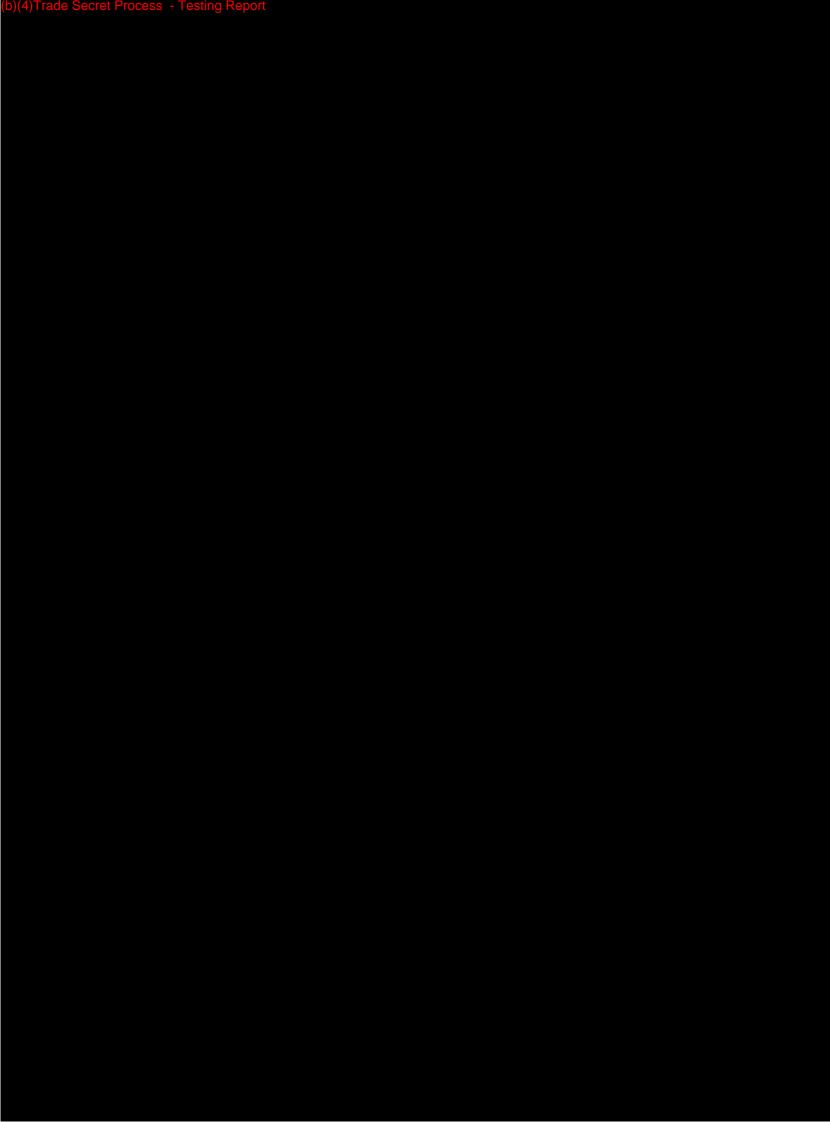




















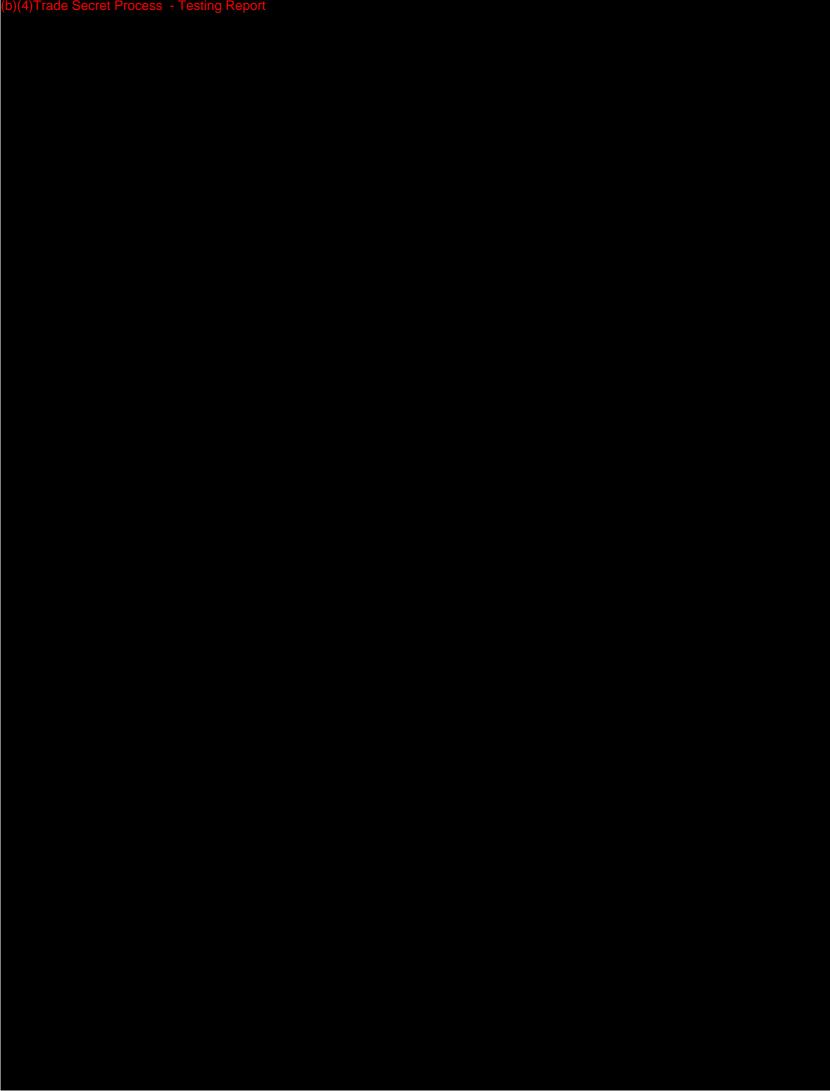






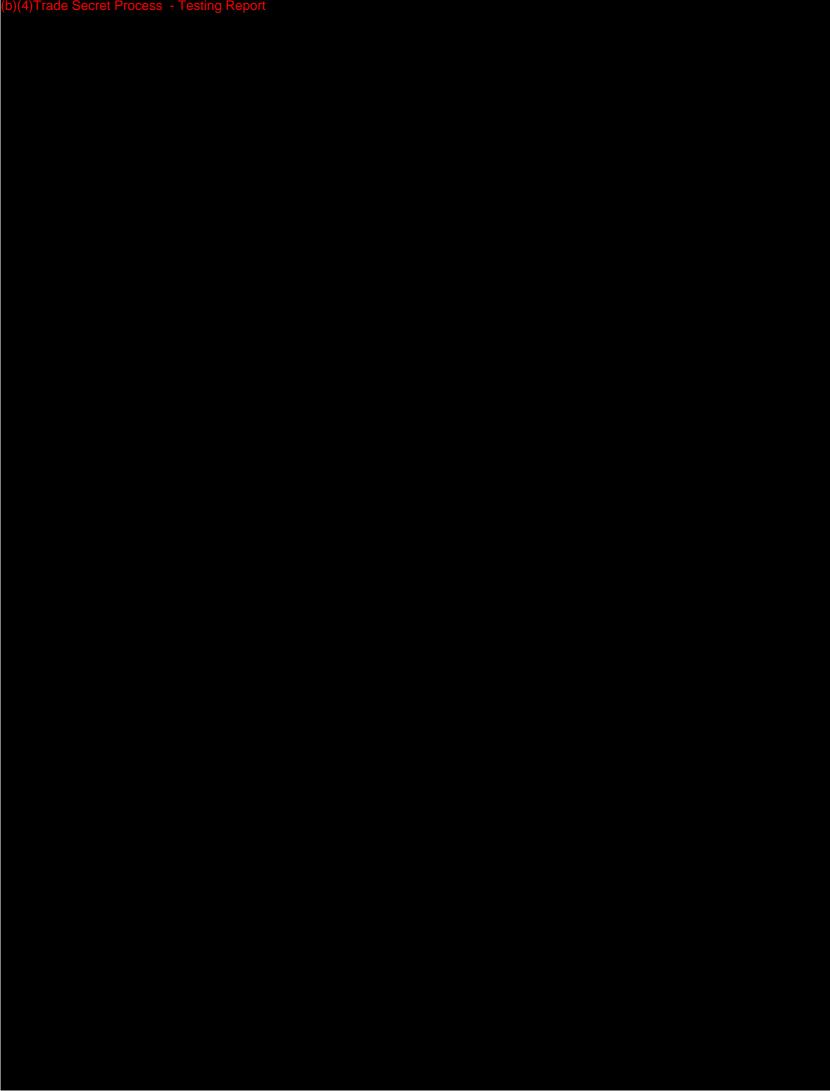










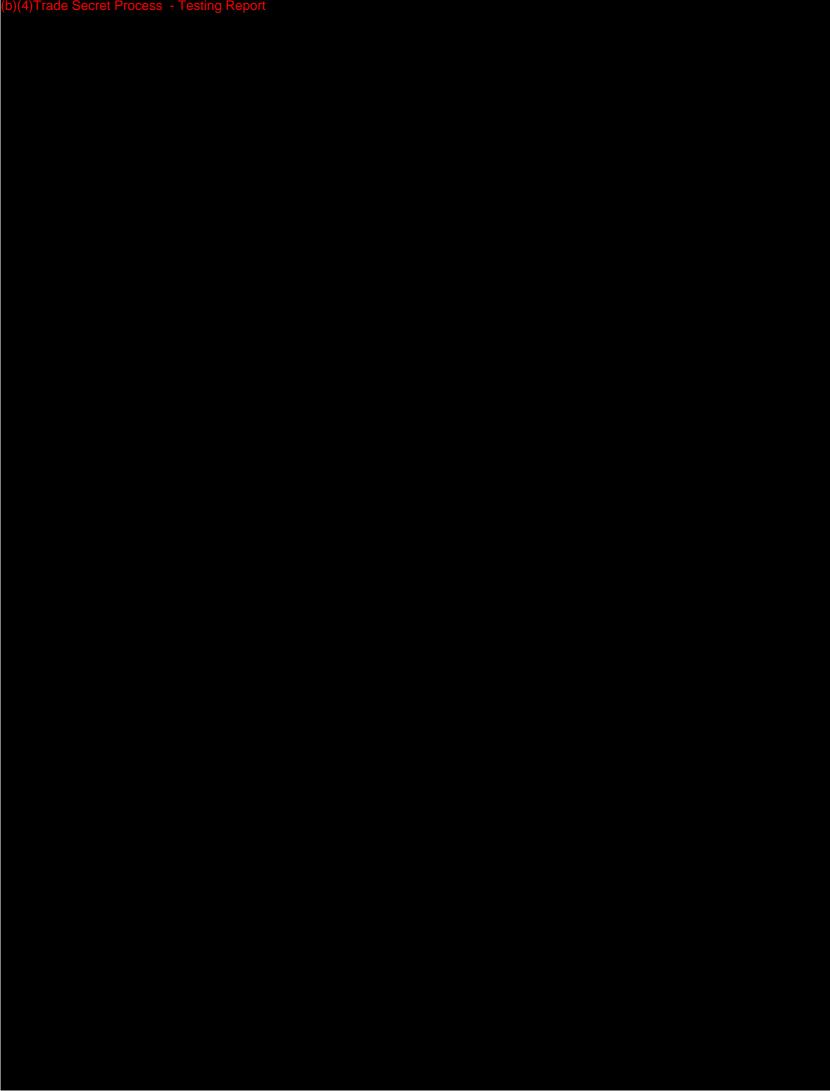
















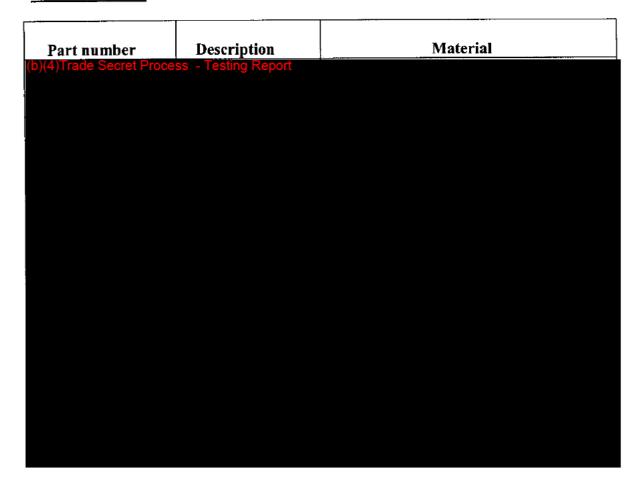
Anchor Products Company Anchor Tissue Retrieval Pouch 510 K Submission K061555

Predicated Labeling

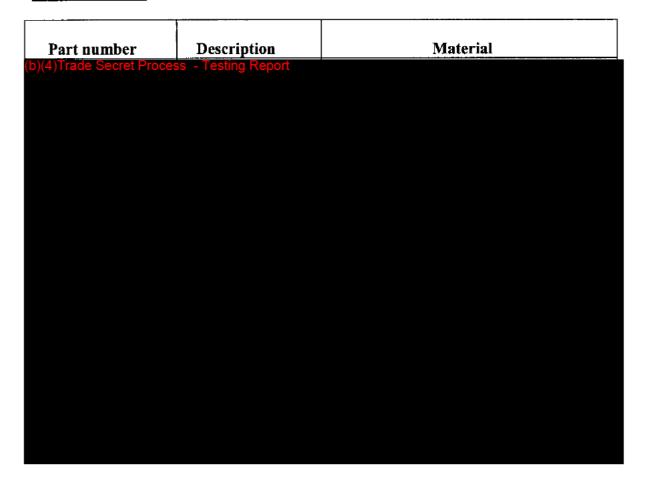
Similarity between commercially available products.

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Anchor Products Company 510K - K061555 Bill of Materials



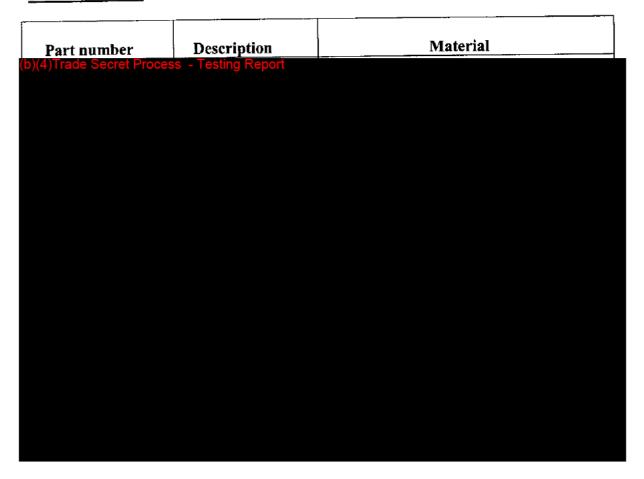
Anchor Products Company 510K – K061555 Bill of Materials



Anchor Products Company 510K – K061555 Bill of Materials

Part number (b)(4)Trade Secret Proce	Description	Material
(b)(4)Trade Secret Proce	ss - Testing Report	

Anchor Products Company 510K – K061555 Bill of Materials



Anchor Products Company 510K - K061555 Bill of Materials

Part number	Description	Material							
(b)(4)Trade Secret Process - Testing Report									
:									

Anchor Products Company Anchor Tissue retrieval System 510 K submission K061555

DEVICE DESCRIPTION

The Anchor tissue retrieval system is a sterile, disposable rip-stop nylon pouch coated with polyurethane, to be available in five (5) pouch sizes, with an introducer tube.

The pouch is suspended from two nitinol arms, which are connected to a stainless steel pusher rod. The pouch and stainless steel pusher rod are inserted into a polycarbonate introducer tube as shown in the illustration marked Exhibit B. The introducer tube containing the pouch then is inserted into the body cavity down an entry port, under direct visual control.

The pouch opens when the nitinol arms extend, after the surgeon pushes on the stainless steel pusher as illustrated. After the sample or organ is placed into the pouch, the stainless steel pusher and arms are removed and the mouth of the pouch is closed with the drawstring. The pouch is then removed through the entry port incision in the abdomen.

Anchor intends to produce five different pouch sizes depending on market demand with approximate capacities of 100ml, 150ml, 220ml, and 700ml and 850ml.

The three smaller sizes, 100ml, 150ml, and 220ml fit down a 10mm entry port and the two larger sizes fit down a 15mm entry port. The entry ports are not supplied.

Anchor Products Company
Comparison between the Anchor Tissue Retrieval System set forth in 510(K) #982073 ("OLD DEVICE") and the redesigned

Anchor Tissue retrieval System set forth in 510(K) #061555 ("NEW DEVICE").



anchor

Tissue Retrieval System Sterile Disposable

Code#

Lot #

Expiration Date

TRS-065 XL

XXXXX

XXXXXXXXXXX

Approximate capacity 100ml

Anchor Products Company 52 Official Road Addison, IL 60101 USA Phone 630 543 9124 Toll Free 800 323 5134 Fax 630 543 9131 anchorsurgical.com

anchor

Tissue Retrieval System Sterile Disposable

Code #

Lot #

Expiration Date

TRS-085 XL

XXXXX

XXXXXXXXXXX

Approximate capacity 150ml

Anchor Products Company 52 Official Road Addison, IL 60101 USA Phone 630 543 9124 Toll Free 800 323 5134 Fax 630 543 9131 anchorsurgical.com

anchor

Tissue Retrieval System Sterile Disposable

Code #

Lot #

Expiration Date

TRS-100 XL

XXXXX

XXXXXXXXXXX

Approximate capacity 220ml

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anchor

Tissue Retrieval System Sterile Disposable

Code #

Lot#

Expiration Date

TRS-180 XL

XXXXX

XXXXXXXXXXX

Approximate capacity 700ml

Anchor Products Company 52 Official Road Addison, IL 60101 USA Phone 630 543 9124 Toll Free 800 323 5134 Fax 630 543 9131 anchorsurgical.com

anchor

Tissue Retrieval System Sterile Disposable

Code #

Lot #

Expiration Date

TRS-200 XL

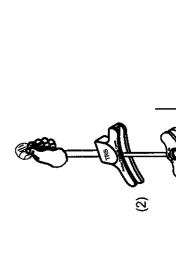
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XXXXXXXXXXX

Approximate capacity 850ml

Anchor Products Company 52 Official Road Addison, IL 60101 USA Phone 630 543 9124 Toll Free 800 323 5134 Fax 630 543 9131 anchorsurgical.com

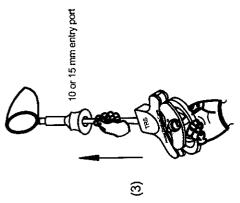
Exhibit B Instructions for Use



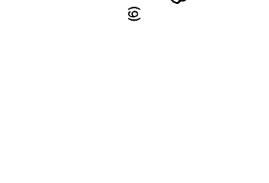
Squeeze excess air out of retrieval pouch as it enters introducer tube. Pouch is now ready for deployment.

Pull pouch into introducer tube.

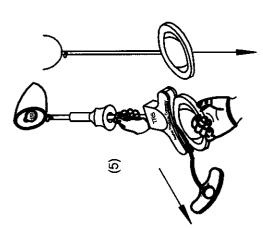
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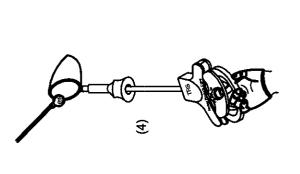
Deploy device down in-place entry port, retrieval pouch opens automatically



Pull draw-string to close pouch mouth. Remove introducer tube, entry port and at the same time pull mouth of pouch to outside of abdomen.



Remove drawstring holder prior to removing pusher rod assembly



Using grasping instrument place captured tissue or organ into pouch