BECKMAN

K971788

Summary of Safety & Effectiveness SYNCHRON® Systems Rheumatoid Factor (RF) Reagent

Submitted By: 1.0

Annette Hellie Sr. Regulatory Specialist, Product Submissions Beckman Instruments, Inc. 200 S. Kraemer Blvd., W-337 Brea, California 92822-8000 Telephone: (714) 993-8767 FAX: (714) 961-4457

2.0 **Date Submitted:**

13 May 1997

3.0 Device Name(s):

3.1 Proprietary Names

SYNCHRON® Systems Rheumatoid Factor (RF) Reagent SYNCHRON CX® Systems RF Calibrator

3.2 Classification Names

Rheumatoid factor immunological test system(21 CFR 866.5775) Calibrator (21 CFR 862.1150)

4.0 **Predicate Device(s):**

IMMAGE™ Immunochemistry System Rheumatoid Factor (RF) Reagent Test System K963048

5.0 Description:

The SYNCHRON Systems Rheumatoid Factor (RF) Reagent is designed for optimal performance on Beckman's SYNCHRON® Systems. It is intended for use in the quantitative determination of human meumatoid factor by rate nephelometry.

6.0 Intended Use:

The SYNCHRON® Systems Rheumatoid Factor (RF) Reagent, in conjunction with Beckman SYNCHRON Systems is intended for the quantitative determination of rheumatoid factor concentration in human serum or plasma.

The SYNCHRON CX® Systems RF Calibrator, a six level calibrator set, in conjunction with SYNCHRON® Systems RF Reagent, is intended for use on SYNCHRON CX Systems for the calibration of Rheumatoid Factor.

Beckman instruments, inc.

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7.0 Comparison to Predicate(s):

The following table shows similarities and differences between the predicates identified in Section 4.0 of this summary.

Reagent	Aspect/Characteristic	Comments
	SIMIL	ARITIES
	Latex particles coated with human IgG	*
SYNCHRON Systems RF Reagent	Shelf-life of 24 months (stored at 2-8°C)	Same as IMMAGE System RF Reagent
· ·	Initial analytic range of 20 to 800 IU/mL	
	DIFFEI	RENCES
SYNCHRON Systems RF Reagent	Calibrator	The SYNCHRON uses a six level system calibration while the IMMAGE uses a single cal point update
SYNCHRON Systems RF Reagent	Methodology	The SYNCHRON Systems RF utilizes a turbidimetric method while the IMMAGE System RF utilizes a nephelometric method.

8.0 Summary of Performance Data:

The data in the Premarket Notification on safety and effectiveness supports a finding of substantial equivalence to chemistry test systems already in commercial distribution. Equivalence is demonstrated through method comparison, stability, and imprecision experiments that relate results obtained from the SYNCHRON RF Reagent to the IMMAGE System RF Reagent.

Method Comparison Study Results
SYNCHRON RF Reagent vs. IMMAGE RF Reagent

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Analyte	Slope	Intercept		Predicate
RF	0.982	-3.43	0.953	IMMAGE RF

Estimated SYNCHRON RF Reagent Imprecision

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Sample	Mean (IU/mL)	S.D. (IU/mL)	%C.V.	N
	Within	-Run Imprecision		
Level 1	68.3	3.79	5.6	80
Level 2	220.7	5.07	2.3	80
Level 3	582.2	12.9	2.2	80
	Tot	al Imprecision	***************************************	4
Level 1	68.3	7.84	11.5	80
Level 2	220.7	6.46	2.9	80
Level 3	582.2	16.4	2.8	80

This summary of safety and effectiveness is being submitted in accordance with the requirements of the Safe Medical Device Act of 1990 and the implementing regulation 21 CFR 807.92.



Food and Drug Administration 2098 Gaither Road Rockville MD 20850

JUN - 3 1997

Re:

K971788

Trade Name: SYNCHRON® Systems Rheumatoid Factor (RF) Reagent

Regulatory Class: II Product Code: DHR Dated: May 13, 1997 Received: May 14, 1997

Dear Ms. Hellie:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to 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). 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 (Premarket Approval), 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 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal Laws or Regulations.

Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88), this device may require a CLIA complexity categorization. To determine if it does, you should contact the Centers for Disease Control and Prevention (CDC) at (770)488-7655.

This letter will allow you to begin marketing your device as described in your 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 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. 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" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll free number (800) 638-2041 or at (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html"

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Division of Clinical Laboratory Devices

Steven

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

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510(k) N umbe	(if known):			
Device Name:	SYNCHRON® Sy	ystems Rheu	umatoid Factor ((RF) Reagent
Indications for	Use:			
determinatior Rheumatoid f	of rheumatoid fa actor immunologi atification. A rheu	ictor concen	tration in huma tem(21 CFR 866 tor immunologi	or the quantitative n serum or plasma. 5.5775) cal test system is a

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OR

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

510(k) Number.

Division of Clinical Laboratory Devices

Over-the-Counter Use

Optional Format 1-2-96

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