



R773025

NOV 20 1997

SUMMARY OF SAFETY AND EFFECTIVENESS

Common/Usual Name: Electronic monitor for gravity flow infusion systems.

Proprietary Name: Fluid Centurion

Classification: CLASS II

Materials:

All materials used to manufacture the Northgate Technologies Inc. Fluid Centurion have been previously used to manufacture other medical devices.

Description:

The Fluid Centurion is designed to be used where post-operative irrigation is required.

Substantial Equivalence:

Northgate's Fluid Centurion is comprised of a battery operated, stand alone unit that is substantially equivalent in design, materials, and intended use to the Smith & Nephew Dyonics Levelert™ Fluid Level Sensor.

Intended Use:

The Nortech Fluid Centurion Unit shall be used as a means of alerting hospital personnel if a low fluid condition arises during post-operative irrigation.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV 20 1997

Ms. Casey Kurek
Regulatory Manager
Northgate Technologies, Incorporated
600 Church Road
Elgin, Illinois 60123

Re: K973025
Trade Name: Fluid Centurion (4-100-00)
Regulatory Class: II
Product Code: FLN
Dated: October 6, 1997
Received: October 9, 1997

Dear Ms. Kurek:

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.

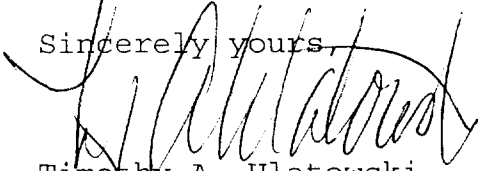
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) 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.

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) 594-4618. 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 (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



Timothy A. Ulatowski
Director
Division of Dental, Infection Control
and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K973025

Device Name: FLUID CENTURION

Indications For Use:

THE NORTECH FLUID CENTURION UNIT IS INDICATED FOR USE WHERE
POST-OPERATIVE IRRIGATOIN IS INDICATED.


C. Kurek, Regulatory Manager

(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 Dental, Infection Control,
and General Hospital Devices
510(k) Number K973025

Prescription Use ✓
(Per 21 CFR 801.109)

OR

Over-the-Counter Use _____