K973630
Dec 5, 1997

510 (k) Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

I. General Information.

Establishment:

- Address: Siemens Medical Systems, Inc.
  186 Wood Avenue South
  Iselin, N.J. 08830

Registration Number: 2240869

Contact Person: Ms. Kathleen Rutherford
Manager, Regulatory Submissions
(732) 321-4779
(732) 321-4841

Date of Summary Preparation: 9/23/97

Device Name:

- Trade Name: CP Breast Array Coil for the Magnetom Harmony and Symphony
- Classification Name: Magnetic Resonance Diagnostic Device, CFR § 892.1000
- Classification: Class II
- Performance Standards: None established under Section 514 of the Food, Drug, and Cosmetic Act.

II. Safety and Effectiveness Information Supporting Substantial Equivalence.

• Device Description:
The CP Breast Array Coil is a receiver coil for the Magnetom Harmony and Symphony

•Intended Use
The Siemens Magnetom CP Breast Array Coil is indicated for use as a diagnostic imaging device accessory to produce transverse, saggital, coronal and oblique images of the internal structures of the breast.

• Technological Characteristics
The magnet, RF system, and gradient system, of the MAGNETOM Harmony and Symphony configured with the CP Breast Array Coil is substantially equivalent to the standard MAGNETOM Harmony and Symphony system.

• General Safety and Effectiveness Concerns:
Operation of the MAGNETOM Harmony and Symphony system with the new CP Breast Array Coil is substantially equivalent to standard operation of the MAGNETOM Harmony and Symphony system. The following safety parameter action levels:

- static field strength,
- RF exposure,

and performance levels:

- high contrast spatial resolution,
- slice thickness, and
- geometric distortion

specified by the FDA guidance document for MR Diagnostic Devices are unaffected by the modifications described within this notification. Additional SNR and image uniformity measurements were performed for the new imaging coil & presented in this documentation.

• Substantial Equivalence:
Laboratory and clinical testing were performed to support this claim of substantial equivalence and to show that the technological differences do not raise any new questions pertaining to safety and effectiveness.

Kathleen Rutherford

Kathleen M. Rutherford
Manager, Regulatory Submissions
9/23/97

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC - 5 1997

Ms. Kathleen Rutherford
Manager, Regulatory Submissions
Siemens Medical Systems, Inc.
Imaging Systems Group
186 Wood Avenue South
Iselin, NJ 08830

Re: K973630
CP Breast Array Coil for 1.0T Harmony
and 1.5T Symphony (MR Specialty Coil)
Dated: September 23, 1997
Received: September 24, 1997
Regulatory Class: II
21 CFR 892.1000/Procode: 90 MOS

Dear Ms. Rutherford:

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 through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply 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) 594-4613. 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,

Lillian Yin

Lillian Yin, Ph.D.
Director, Division of Reproductive,
Abdominal, Ear, Nose and Throat,
and Radiological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known) K973630

Device Name: CP Breast Array Coil

Indications for Use:

The Siemens Magnetom CP Breast Array Coil is indicated for use as a diagnostic imaging device accessory to produce transverse, saggital, coronal and oblique images of the internal structures of the breast.

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Concurrence of CDRH, Office of Device Evaluation

Prescription Use X OR Over-The-Counter Use____

(Division Sign-Off)
Division of Reproductive, Abdominal, ENT, and Radiological Devices
510(k) Number K973630