

MAY 26 1998

K981200

**Section 3**

**IL Test™ Plasminogen - 510(k) SUMMARY  
(Summary of Safety and Effectiveness)**

**Submitted by:**

Carol Marble  
Senior Regulatory Affairs Specialist  
Instrumentation Laboratory Company  
113 Hartwell Avenue  
Lexington, MA 02173  
Phone: (781) 861-4467  
Fax: (781) 861-4464

**Contact Person:**

Carol Marble  
Phone: (781) 861-4467

**Summary Prepared:**

April 1, 1998

**Name of the device:**

IL Test™ Plasminogen

**Classification name(s):**

864.7290 Factor Deficiency Test Class II  
81GGP Test, Qualitative and Quantitative Factor Deficient

**Identification of predicate device(s):**

K864212/A IL Test™ Plasminogen

**Description of the device/intended use(s):**

IL Test™ Plasminogen is an *in vitro* diagnostic test for the quantitative determination of plasminogen in human citrated plasma based on a synthetic chromogenic substrate. Dysplasminogenemia is associated with recurrent venous thrombosis. Acquired deficiencies of Plasminogen are associated with thrombolytic therapy, sepsis and Disseminated Intravascular Coagulation.

**Statement of How the Technological Characteristics of the Device Compare to the Predicate device:**

The new IL Test™ Plasminogen uses the same test principle as the predicate IL Test™ Plasminogen and is substantially equivalent in performance, intended use and safety and effectiveness.

**Summary of Performance Data:**

In method comparison studies evaluating 51 plasma samples, the correlation (*r*) of the new IL Test™ Plasminogen to the predicate IL Test™ Plasminogen on the ACL 300 was 0.983 and on the ACL Futura was 0.989.

On the ACL 300, within run precision assessed over multiple runs using 2 levels of plasma gave a CV of 4.4% (at a mean of 50.1% activity) and 2.8% (at a mean of 95.7% activity). On the ACL Futura, within run precision assessed over multiple runs using 2 levels of plasma gave a CV of 1.8% (at a mean of 52.5% activity) and 1.7% (at a mean of 97.6% activity).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAY 26 1998

Food and Drug Administration  
2098 Gaither Road  
Rockville MD 20850

Carol Marble  
Senior Regulatory Affairs Specialist  
Instrumentation Laboratory Company  
113 Hartwell Avenue  
Lexington, Massachusetts 02173-3190

Re: K981200  
II Test Plasminogen  
Regulatory Class: II  
Product Code: GGP  
Dated: April 1, 1998  
Received: April 2, 1998

Dear Ms. Marble:

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.

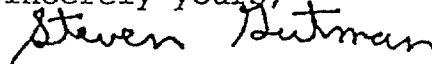
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, 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.

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 (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  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use Statement

510(k) Number (if known): \_\_\_\_\_

Device Name: IL Test™ Plasminogen

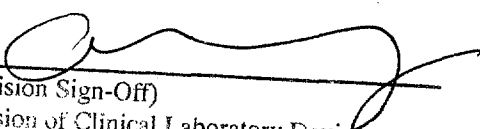
### Indications for Use:

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(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Clinical Laboratory Devices

510(k) Number         K981200        

Prescription Use  \_\_\_\_\_  
(Per 21 CFR 801.019)

OR Over-The-Counter Use \_\_\_\_\_