

3/23/99

K 983229

## **Section 2 - Summary & Certification**

### **A. 510(k) Summary of Safety and Effectiveness**

#### **Classification**

Electroencephalograph, 21 CFR 882.1400, Class II, OMA, OMC, Neurology

#### **Device Name**

Proprietary: Olympic Medical Lectromed Cerebral Function Monitor System

Common Name: EEG Monitor

#### **Company**

Olympic Medical  
5900 First Ave. S.  
Seattle, WA 98108

#### **Contact**

Edward B. (Ted) Weiler, Ph.D.  
Director of Special Projects  
Phone (206) 767-3500; Fax (206) 762-4200

#### **Intended Use**

The Olympic Medical Lectromed Cerebral Function Monitor System is intended to monitor the state of the brain by acquisition of EEG signals in the intensive care unit, operating room, and for clinical research.

#### **Predicate Device**

Aspect Medical Systems A-2000 EEG Monitor with BIS. (K974496)  
SpaceLabs 90482 EEG BIS Module (K973596)

#### **Device Description**

The Olympic Medical Lectromed Cerebral Function Monitor System consists of three modules. A header amplifier module is used to connect the patient electrode leads to a plug-in module which produces three outputs which may be monitored or recorded on a 2-channel strip-chart recorder. The three outputs are cerebral function (activity), impedance, and raw EEG.

#### **Safety and Standards**

The device meets the following safety standards:

- BS EN 60601-1-1
- BS EN 60601-1-2: 1993 Medical Electrical Equipment  
Part 1. General requirements for safety  
Section 1.2 Collateral Standard for EMC



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room - WO66-G609  
Silver Spring, MD 20993-0002

APR - 9 2012

Edward B. Weiler, Ph.D.  
Engineering Manager  
Olympic Medical Corporation  
5900 First Avenue South  
Seattle, Washington 98108

Re: K983229

Trade/Device Name: Olympic Medical Lectromed Cerebral Function Monitor System  
Regulation Number: 21 CFR 882.1400  
Regulation Name: Electroencephalograph  
Regulatory Class: II  
Product Code: OMA, OMC  
Dated (Date on orig SE ltr): December 29, 1998  
Received (Date on orig SE ltr): December 30, 1998

Dear Mr. Weiler:

This letter corrects our substantially equivalent letter of March 23, 1999.

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

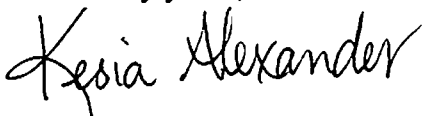
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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 (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

  
*for* Malvina B. Eydelman, M.D.  
Director  
Division of Ophthalmic, Neurological,  
and Ear, Nose and Throat Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

INDICATION FOR USE

510(k) NUMBER (IF KNOWN): K983229

DEVICE NAME: Olympic Medical Lectromed Cerebral Function Monitor System

INDICATIONS FOR USE:

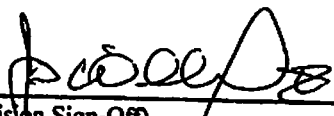
The Olympic Medical Lectromed Cerebral Function Monitor System is intended to monitor the state of the brain by acquisition of EEG signals in the intensive care unit, operating room, and for clinical research.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X  
(Per 21 CFR 801.109)

OR Over-the-Counter Use \_\_\_\_\_  
(Optional Format 1-2-96)

  
(Division Sign-Off)  
Division of General Restorative Devices  
510(k) Number K983229