

K983848

NOV 16 1998

**510(k) Summary
Abbott AxSYM® Myoglobin**

**Summary of Safety and Effectiveness Information Supporting a
Substantially Equivalent Determination**

The following information as presented in the Premarket Notification [510(k)] for Abbott AxSYM® Myoglobin constitutes data supporting a substantially equivalent determination.

AxSYM Myoglobin is a Microparticle Enzyme Immunoassay (MEIA) for the quantitative determination of myoglobin in human serum or plasma. AxSYM Myoglobin is calibrated with Abbott AxSYM Myoglobin Calibrators. Abbott AxSYM Myoglobin Controls are assayed for the verification of the accuracy and precision of the Abbott AxSYM System.

Substantial equivalence has been demonstrated between the AxSYM Myoglobin assay and the Dade Stratus® Myoglobin Fluorometric Enzyme Immunoassay. The intended use of the AxSYM Myoglobin assay is for the quantitative determination of myoglobin in human serum or plasma. The intended use of the Dade Stratus Myoglobin assay is for the determination of myoglobin concentrations in serum and plasma to aid in the rapid diagnosis of acute myocardial infarction.

Both assays are automated, *in vitro* immunoassays that use antibodies specific for myoglobin. The fluorescent signal measured by both assays is directly related to the concentration of myoglobin in the sample. A least squares linear regression analysis between these two assays, using 383 specimens within the dynamic range of both assays, yielded a correlation coefficient of 0.981, a slope of 1.09 (95% confidence interval of 1.07 to 1.11), and a y-axis intercept of 1.0 ng/mL (95% confidence interval of -3.7 to 5.7).

In conclusion, these data demonstrate that the AxSYM Myoglobin assay is as safe and effective as, and is substantially equivalent to, the Dade Stratus Myoglobin Fluorometric Enzyme Immunoassay.

Prepared and Submitted October 29, 1998 by:

Laura Granitz

Senior Regulatory Specialist

ADD Regulatory Affairs

1-847-938-0092

Abbott Laboratories

200 Abbott Park Road

Abbott Park, IL 60064-3537



NOV 16 1998

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Ms. Laura L. Granitz
Senior Regulatory Specialist
ADD Regulatory Affairs
Abbott Laboratories
200 Abbott Park Road
Abbott Park, Illinois 60064-3537

Re: K983848
Trade Name: Abbott AxSYM® Myoglobin
Regulatory Class: II
Product Code: DDR
Dated: October 29, 1998
Received: October 30, 1998

Dear Ms. Granitz:

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 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). 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.

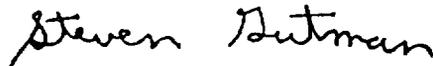
If your device is classified (see above) into either class II (Special Controls) or class III (Pre-market Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially 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.

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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/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in cursive script that reads "Steven Gutman".

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

510(k) Number (if known): K983848

Device Name: Abbott AxSYM® Myoglobin

Indications For Use:

AxSYM® Myoglobin is a Microparticle Enzyme Immunoassay (MEIA) for the quantitative determination of myoglobin in human serum or plasma on the AxSYM System. Measurements obtained by this device aid in the rapid diagnosis of heart or renal disease.


(Division Sign-Off)
Division of Clinical Laboratory Devices
510(k) Number K983848

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use
(Per 21 CFR 801.109)

OR

Over-The-Counter Use _____

(Optional Format 1-2-96)