

MAY 13 1999

**510 (k) Summary
Safety and Effectiveness**

This summary of safety and effectiveness information has been prepared in accordance with the requirements of SMDA 1990 and 21 CFR Part 807.92.

Name: Diagnostic Products Corporation
Address: 5700 West 96th Street
Los Angeles, California 90045-5597

Telephone Number: (310) 645-8200
Facsimile Number: (310) 645-9999

Contact Person: Edward M. Levine, Ph.D.
Director of Clinical Affairs

Date of Preparation: March 31, 1999

Catalog Number: L2KTG2 (200 tests), L2KTG6 (600 tests)

Device Name
Trade: IMMULITE® 2000 Anti-TG Ab

Common: Reagent system for the measurement of
autoantibodies to thyroglobulin (TG) in serum,
EDTA, and heparinized plasma

Classification: Class II device, 82-JZO (21CFR 866.5870)

Manufacturer: Diagnostic Products Corporation
5700 West 96th Street
Los Angeles, CA 90045-5597

Establishment
Registration #: DPC Registration number is 2017183

Substantially Equivalent
Predicate Device: IMMULITE® Anti-TG Ab (K980206)

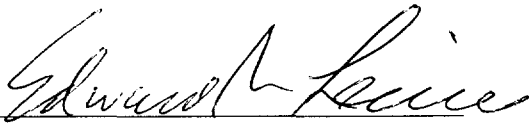
Description of Device: IMMULITE® 2000 Anti-TG Ab is a clinical use
device intended for use with the IMMULITE® 2000
Automated Immunoassay Analyzer

Intended Use of the Device:

IMMULITE® 2000 Anti-TG Ab is for *in vitro* diagnostic use with the IMMULITE 2000 Analyzer – for the quantitative measurement of autoantibodies to thyroglobulin (TG) in serum, EDTA, and heparinized plasma, as an aid in the clinical diagnosis of thyroid diseases.

Conclusion:

The data presented in this summary of safety and effectiveness is the data that the Food and Drug Administration used in granting DPC substantial equivalence for IMMULITE 2000® Anti-TG Ab.



Edward M. Levine, Ph.D.
Director of Clinical Affairs

3/31/99
Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

MAY 13 1999

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Edward M. Levine, Ph.D.
Director of Clinical Affairs
Diagnostic Products Corporation
5700 West 96th Street
Los Angeles, California 90045-5597

Re: K991094
Trade Name: IMMULITE® 2000 Anti-TG Ab
Regulatory Class: II
Product Code: JZO
Dated: March 31, 1999
Received: April 1, 1999

Dear Dr. Levine:

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 (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.

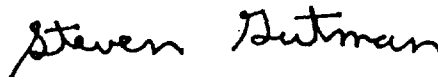
A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (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/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink that reads "Steven Gutman". The signature is written in a cursive, flowing style.

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

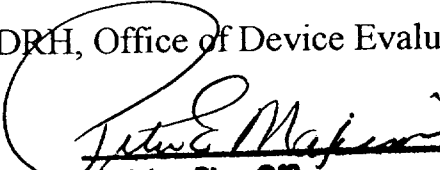
510(k) Number (if known): K 991094
Device Name: IMMULITE® 2000 Anti-TG Ab

Indications For Use:

IMMULITE 2000 Anti-TG Ab is for *in vitro* diagnostic use with the IMMULITE 2000 Analyzer – for the quantitative measurement of autoantibodies to thyroglobulin (TG) in serum, EDTA, and heparinized plasma, as an aid in the clinical diagnosis of thyroid diseases.

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NEEDED)

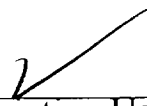
Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)

Division of Clinical Laboratory Devices

510(k) Number

K991094


Prescription Use
(Per 21 CFR 801.109)

OR

Over-The-Counter Use

(Optional Format 1-2-96)