

## Section 3 - 510(k) Summary

510(k) Number:

k 991893

**Date Prepared:** 

June 2, 1999

#### **Applicant Information:**

Applicant:

Parallax Medical, Inc.

453 Ravendale Drive, Suite B Mountain View, CA 94043

Contact:

Susan G. Marques

Manager, Regulatory Affairs

Phone: Fax:

(650) 934-6969 (650) 934-6965

#### **Device Information:**

Trade Name:

Parallax™ Tracer Radiopaque Particles

Common Name:

**Barium Sulfate** 

#### **Equivalent Devices:**

The subject device is substantially equivalent to Codman Cranioplastic™, Acrylic Cranioplasty Material (K8736989).

#### Intended Use:

Parallax™ Tracer Radiopaque Particles are intended for use as an additive to Codman Cranioplastic™ (Type 1 – Slow Set) to provide radiopacity for imaging purposes.

#### **Comparison to Predicate Devices:**

This device has the same functional characteristics as the predicate device.

#### Non-clinical Test Results:

Performance testing demonstrated that the end product (Cranioplastic and Tracer Particles) is substantially equivalent to Cranioplastic alone, with regards to functional characteristics.

## Summary:

Based on the product performance information provided in this notification, the subject device has been shown to be substantially equivalent to the currently marketed predicate device.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

AUG 13 1999

Ms. Susan G. Marques Manager, Regulatory Affairs Parallax Medical, Inc. 453 Ravendale Drive, Suite B Mountain View, California 94043

Re: K991893

Trade Name: Parallax Tracer Radiopaque Particles

Regulatory Class: II Product Code: MYU Dated: July 16, 1999 Received: July 19, 1999

Dear Ms. Marques:

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 control provisions of the Act. The general control 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 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.

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.

## Page 2 – Ms. Susan G. Marques

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4659. 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,

-Celia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices

Office of Device Evaluation

Center for Devices and Radiological Health

# Section 4 - Statement of Indications for Use

# Indications for Use

510(k) Number (if knov	vn): <u>K 99/89 3</u>
Device Name: Pa	rallax™ Tracer Radiopaque Particles
Indications for Use:	<b>∴</b> ∵
Parallax™ Tracer Radiopad Cranioplastic™ (Type 1 – S	que Particles are intended for use as an additive to Codman Slow Set) to provide radiopacity for imaging purposes.
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(PLEASE DO NOT WRITE	BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurre	nce of CDRH, Office of Device Evaluation (ODE)
	(Division Sign-Off) Division of General Restorative Devices K991893
Prescription Use X (Per 21 CFR 801.109)	OR Over-The Counter Use (Optional Format 1-2-96)