



DEPARTMENT OF HEALTH & HUMAN SERVICES

AUG 10 1999

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Mr. Jemo Kang, Ph.D.
Director
Princeton BioMeditech Corp.
4242 U.S. RT. 1
Monmouth Junction, New Jersey 08852

Re: K992422
Trade Name: AccuSign® DOA3
AccuSign® DOA4
AccuSign® DOA5
AccuSign® DOA8
AccuSign® DOA10
Regulatory Class: II
Product Code: DJG
Dated: July 20, 1999
Received: July 21, 1999

Dear Dr. Kang:

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.

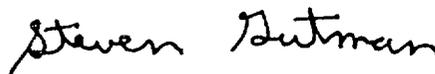
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Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88), this device may require a CLIA complexity categorization. To determine if it does, you should contact the Centers for Disease Control and Prevention (CDC) at (770) 488-7655.

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 style with a large initial 'S' and 'G'.

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

J(k) Number (if known): K992422

Device Name: AccuSign® DOA 10 (MET/OPI//COC/THC/PCP/BZO/BAR/MTD/TCA/AMP)

Indications For Use:

Immunoassay for the qualitative detection of methamphetamine, opiates, cocaine metabolites, THC metabolites, phencyclidine, benzodiazepines, barbiturates, tricyclic antidepressants, methadone, and amphetamine in human urine to assist in the screening of drugs of abuse samples. The detection cut-off concentrations are as follows:

MET	d-Methamphetamine	1000 ng/mL
OPI	Morphine	2000 ng/mL
COC	Benzoylcegonine	300 ng/mL
THC	11-nor- Δ^9 -9-carboxylic acid	50 ng/mL
PCP	Phencyclidine	25 ng/mL
Benzodiazepine	Oxazepam	300 ng/mL
Barbiturate	Secobarbital	300 ng/mL
Methadone	Methadone	300 ng/mL
TCA	Nortriptyline	1000 ng/mL
Amphetamine	d-Amphetamine	1000 ng/mL

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Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X

Prescription Use: X

(Per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96) _____

10(k) Number (if known): K992422

Device Name: AccuSign® DOA 8 (THC/OPI²⁰⁰⁰/COC/AMP/BZO/BAR/TCA/PCP)

Indications For Use:

Immunoassay for the qualitative detection of THC, opiates, cocaine, amphetamine, benzodiazepines, barbiturates, tricyclic antidepressants, and phencyclidine in human urine to assist in screening of drug of abuse samples.

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

Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X

Prescription Use: X

(per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96)

710(k) Number (if known): 1C992422

Device Name: AccuSign® DOA 5 (THC/OPI²⁰⁰⁰/COC/MET or AMP/PCP)

Indications For Use:

Immunoassay for the qualitative detection of THC, opiates, cocaine, methamphetamine (or amphetamine), phencyclidine and/or their metabolites in human urine to assist in screening of drug of abuse samples.

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

Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X
Prescription Use: X
(Per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96) _____

'0(k) Number (if known): K992422

Device Name: AccuSign® DOA 4 (THC/OPI²⁰⁰⁰/COC/MET or AMP)

Indications For Use:

Immunoassay for the qualitative detection of THC, opiates, cocaine, methamphetamine (or amphetamine), and/or their metabolites in human urine to assist in screening of drug of abuse samples.

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Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X

Prescription Use: X

(Per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96) _____

510(k) Number (if known): 1C 992422

Device Name: AccuSign® DOA 3 (THC/OPI²⁰⁰⁰/COC)

Indications For Use:

Immunoassay for the qualitative detection of THC, opiates, cocaine, and/or their metabolites in human urine to assist in screening of drug of abuse samples.

Jean Cooper
(Division Sign-Off)
Division of Clinical Laboratory Devices
510(k) Number K 992422

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Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X

Prescription Use: X

(Per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96) _____

Q(k) Number (if known): 1K992422

Device Name: Status Stik™(THC/OPI²⁰⁰⁰/COC/AMP or MET/PCP)

Indications For Use:

Immunoassay for the qualitative detection of amphetamine or methamphetamine, opiates, cocaine metabolites, THC metabolites, and phencyclidine in human urine to assist in screening of drugs of abuse samples. The detecting cut-off concentrations are as follows:

THC	11-nor- Δ^9 -9-carboxylic acid	50 ng/mL
OPI	Morphine	2000 ng/mL
COC	Benzoyllecgonine	300 ng/mL
AMP	Amphetamine	1000 ng/mL
MET	D-Methamphetamine	1000 ng/mL
PCP	Phencyclidine	25 ng/mL

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Concurrence of CDRH Office of Device Evaluation (ODE)

Professional Use: X
Prescription Use: X
(Per 21 CFR 801.109)

OR

Over The Counter Use: _____

(Optional Format 1-2-96)