MAR - 2 2000

K993610

510 (k) SUMMARY

I. ADMINISTRATIVE

Submitter: Osteogenics Co.
3234 64th Street
Lubbock, TX 79413
(806) 792-2311

Contact Person: Chad Bartee

Date of Preparation: October 22, 1999

II. DEVICE NAME

Proprietary Name: Cytoplast™ Resorb

Common Name: Resorbable Regenerative Membrane

Classification Name: Implant, Endosseous For Bone Filling And/Or Augmentation.

III. PREDICATE DEVICES

Gore Resolut XT Regenerative Material (K973594, W.L. Gore & Associates, Inc.)

IV. DEVICE DESCRIPTION

Cytoplast™ Resorb is a bioresorbable material. Specifically, the device is designed to be biocompatible, cell occlusive, spacemaking, and clinically manageable. The product is supplied sterile and packaged individually in various sizes.

V. INTENDED USE

Cytoplast Resorb Barrier Membrane is intended for use as a spacemaking barrier in the treatment of periodontal defects and guided tissue regeneration procedures. It is also intended for use as a grafting material containment membrane.

VI. COMPARISON TO PREDICATE DEVICES

The Cytoplast Resorb Barrier Membrane is similar in composition, and identical in function and intended use to legally marketed devices such as the Gore Resolut XT Regenerative Material.

Accordingly, Osteogenics Biomedical, Inc. has concluded that the Cytoplast Resorb Barrier Membrane is safe and effective for its intended use and performs at least as well as the legally marketed predicate device.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR - 2 2000

Osteogenics Biomedical, Inc.
C/O Mr. Richard A. Hamer
Regulatory Consultant
Richard Hamer Associates, Inc.
6401 Meadows West Drive
Fort Worth, Texas 76132

Re: K993610
Trade Name: Cytoplast™ Resorb
Regulatory Class: Unclassified
Product Code: LYC
Dated: February 7, 2000
Received: May 8, 2000

Dear Mr. Hamer:

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 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 Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP 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.

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) 594-4690. 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,

Timothy A. Ulatowski
Director
Division of Dental, Infection Control,
and General Hospital Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K993610

Device Name: Cytoplast™ Resorb

Indications for Use:

As a space-making barrier in the treatment of periodontal defects and guided tissue regeneration procedures;

As a grafting material containment membrane.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Susan Runner

(Division Sign-Off)
Division of Dental, Infection Control,
and General Hospital Devices
510(k) Number K993610

Prescription Use ✓ OR Over-the-Counter Use _____
(Per 21 CFR 801.109)

(Optional Format 1-2-96)