

Traditional 510(k) Notification

MAR 1 8 2011

Section 6 - 510(k) Summary

Contact Persons for this submission:

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Date prepared: June 25, 2010

Trade Names

LIV (Linde Integrated Valve)

- 1. LIV Portable Oxygen System with a 2000 psi service pressure rating
- 2. LIV Portable Oxygen System with a 3000 psi service pressure rating

Device Classification

Common Name	Classification Number	Class	Regulation Number
Portable Oxygen Delivery System	unclassified		

Predicate Device Identification

Legally marketed devices to which equivalence is being claimed	510(k) #
LIV	K063354
Medicyl-E-lite	K033897



Traditional 510(k) Notification

Device Description:

The Linde Integrated Valve® ("LIV") is a portable oxygen delivery system, consisting of a fully integrated cylinder, valve, regulator, flow meter, and shock-absorbing guard. A range of user-selectable flow settings is available, including low flows that may be clinically appropriate for certain classes of patients. An additional DISS-1240 connection provides standard 50 psig oxygen delivery, while an optional bed hanger allows the LIV to be readily attached to a bed. The LIV is suitable for use in all healthcare settings including, but not limited to, hospital, outpatient, imaging center, ambulatory, and home healthcare.

Intended Use of the Device:

The LIV is an integrated portable oxygen delivery system intended to provide supplemental oxygen to pediatrics and adults. The device is MR-conditional (per ASTM standard 2503-05), and intended for use during MR imaging for MRI systems up to 3.0T. Rx only. Compressed gas cylinders in service or in storage shall be stabilized or otherwise secured to prevent falling and rolling

Comparison to Predicate Devices:

A summary comparison of technological characteristics, including design and materials is provided in the table below:

Parameter	Medicyl-E-lite (K033897) ~) ~ LIV	
	·	(Linde Integrated Valve)	
Flow selector and flow outlet	yes	yes	
Fixed pressure outlet	no .	yes	
Cylinder On/Off	yes	yes (with optional open close indication)	
Contents Gauge	non-active Active		
Excess Flow Device	No No		
MR Compatibility	yes; tested up to 3.0T yes; tested up to 3.0T		
Cylinder Sizes	D,E D,E		
Cylinder materials construction	Aluminium	Aluminium	
Guard colour	green	green	
Guard hand grip	2 grips	2 grips	

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Traditional 510(k) Notification

Based on the Medicyl-E-lite - K033897, the new LIV valves have been revised to comply with ISO 10524-3 (valid standard for Medical Valve Integrated Pressure Regulator - ratified April 2006). The modified devices also have the same intended use and indications for use as the aforementioned predicate device. Linde believes that the technological characteristics of the LIV (Linde Integrated Valve) is substantially similar to those of the predicate device.

Non-Clinical Performance Summary:

In terms of operating and safety specification the device conforms to applicable standards including

- 1. ISO 10524-3:2005 Pressure regulators for use with medical gases -- Part 3: Pressure regulators integrated with cylinder valves
- 2. ISO 15996:2005 Gas cylinders -- Residual pressure valves -- General requirements and type testing
- 3. BS EN 1789:2007 Medical vehicles and their equipment. Road ambulances
- 4. ISO 9227:2006 Corrosion tests in artificial atmospheres -- Salt spray tests
- 5. DOT 49 CFR 178.46. Specification SAL seamless aluminum cylinder (Aluminium cylinders)
- 6. CE marking; Council Directive 93/42/EEC of 14. June 1993, concerning medical devices.
- 7. ISO 11117:2008 Gas cylinders-valve protection caps and valve guards for industrial and medical gas cylinder- Design, construction and tests

Conclusion:

Based upon the safety and performance testing and compliance with voluntary standards, the manufacturer believes that the LIV (Linde Integrated Valve) is substantially equivalent to the predicate device, and does not raise any new questions of safety or effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Mr. Michael Piacenza Medical and FDA Compliance Manager Linde Gas North America LLC 575 Mountain Avenue Murray Hill, New Jersey 07974

MAR 1 8 2011

Re: K101792

Trade/Device Name: Linde Integrated Valve - LIV

Regulatory Class: II Product Code: ECX Dated: February 4, 2011 Received: February 7, 2011

Dear Mr. Piacenza:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and 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) that do not require approval of a premarket approval application (PMA). 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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital, Infection control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure



Traditional 510(k) Notification

Traditional 3 To(k) Hoti	Tred troil	
Section 5 - Indications for Use	Statement	
5 10(k) Numbe r: k101792		
evice Name: Linde Integrated	Valve - LIV	
ndications for Use:		
o pediatrics and adults The de or use during MR imaging for <i>N</i>	vice is MR-cond IRI systems up to	ry system intended to provide supplemental oxygen litional (per ASTM standard 2503-05), and intended o 3.0T. Rx only. Compressed gas cylinders in service cured to prevent falling and rolling.
rescription UseX	AND/OR	Over-The-Counter Use
Part 21 CFR 801 Subpart D)		(21 CFR 807 Subpart C)
PLEASE DO NOT WRITE BELOW THIS	S LINE-GONTINUE (UN ANOTHER PAGE IF NEEDEU)
		ffice of Device Evaluation (ODE) I shall r
Concurre	ence of CDRH. Of	ffice of Device Evaluation (ODE)

(Division Sign-Off)

Division of Anesthesiology, General Hospital

Infection Control, Dental Devices