

**Lanzhou Wanli Aviation Electromechanical Inc.**  
No.30, Wanli West Village, Anning West Rd., Anning District, Lanzhou City,  
Gansu Province, China, 730070, TEL/FAX: +0086-931-7612159

K110036

MAR 28 2011

## 510(k) Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with requirements of 21 CFR Part 807.92.

Date of summary was prepared: Dec. 27, 2010

### Device

Trade name: FX 222-02 powered wheelchair  
Common name: Powered wheelchair  
Classification name: Powered wheelchair  
Medical specialty (Panel): Physical Medicine Device  
Regulation number: 890.3860  
Product Code: ITI  
Classification: Class II

FDA CDRH DMC

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MOBILITY

U-37

### Predicate devices

Ruike 3421(K070501)/ Shanghai Ruike Sports Goods CO., LTD

### Intend use of device

To provide mobility to disabled or elderly persons limited to a seated position.

### Device description:

The FX 222-02 powered wheelchair is an indoor/outdoor powered wheelchair that is battery operated. The design of this wheelchair is basically similar to other powered wheelchairs that are already on the market.

### Statement of substantial equivalence

The FX 222-02 powered wheelchair is substantially equivalent to the Ruike 3421(K070501) manufactured by Shanghai Ruike Sports Goods CO., LTD..

There are minor differences in performance specifications of the powered wheelchairs, these differences do not alter the intended function and use of the device, nor do they raise any new questions pertaining to safety or effectiveness.

### Conclusion

In accordance with the Federal Food, Drug and Cosmetic Act, 21 CFR Part 807 and based on the information provided in this premarket notification, Lanzhou Wanli Aviation Electromechanical Inc. concludes that, FX 222-02 powered wheelchair is substantially equivalent to predicate devices as described herein.



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

Lanzhou Wanli Aviation Electromechanical, Inc.  
% IRC USA  
Junnata Chang  
16F-2 (16A), No. 462, Sec 2  
Chongde Road, Beitun District  
Taichung, Taiwan China

MAR 28 2011

Re: K110036

Trade/Device Name: FX 222-02 Powered Wheelchair  
Regulation Number: 21 CFR 890.3860  
Regulation Name: Powered wheelchair  
Regulatory Class: Class II  
Product Code: ITI  
Dated: December 27, 2010  
Received: January 05, 2011

Dear Junnata Chang:

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.

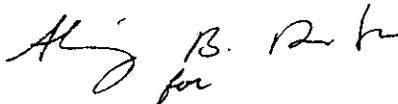
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further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



Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic  
And Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Statement of Indications for use

510(k) Number (if known): \_\_\_\_\_

Device Name: **FX 222-02 powered wheelchair**

Indications for use:

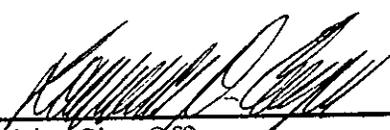
**To provide mobility to disabled or elderly persons limited to a seated position.**

Prescription Use \_\_\_\_\_ Over-The-Counter Use  X   
(Part 21 CFR 801 Subpart D) AND/OR (Part 21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE) Page  1  of  1

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\_\_\_\_\_  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number  K110036

*(Posted November 13, 2003)*