510(k) Summary

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

1.0 submitter's information

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Address: No 3, Jinping Street Ya An Road, Nankai District, Tianjin, P.R. China
Phone number: 86-22-6052 6161
Fax number: 86-22-6052 6162
Contact: Liu Yi
Date of Application: 01/27/2011

2.0 Device information

Trade name: Fully Automatic Electronic Blood Pressure Monitor
Common name: Noninvasive blood pressure measurement system
Classification name: Noninvasive blood pressure measurement system

3.0 Classification

Production code: DXN- Noninvasive blood pressure measurement system.
Regulation number: 870.1130
Classification: II
Panel: Cardiovascular

4.0 Predicate device information

Manufacturer: Andon Health Co., Ltd.
Device: KD-556 Fully Automatic Electronic Blood Pressure Monitor
510(k) number: K091500
5.0 Device description

KD-556J Fully Automatic Electronic Blood Pressure Monitor are for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The cuff circumference is limited to 22cm-48cm.

It is designed and manufactured according to ANSI/AAMI SP10—manual, electronic or automated sphygmomanometers.

The operational principle is based on oscillometric and silicon integrates pressure sensor technology. It can calculate the systolic and diastolic blood pressure, and display the result on the LCD. If any irregular heartbeat is detected, it can also be shown on the LCD. More over, it also calculates the average of the last three measurements.

6.0 Intended use

KD-556J Fully Automatic Electronic Blood Pressure Monitor are for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The cuff circumference is limited to 22cm-48cm.

The intended use and the indication for use of KD-556J, as described in the labeling are the same as their predicated device KD-556.

7.0 Summary comparing technological characteristics with predicate device

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8.0 **Discussion of non-clinical and clinical test performed**

Non-clinical Tests have been done as follows:

a. Electromagnetic compatibility evaluation according to IEC 60601-1-2;
b. Electrical safety test according test to IEC 60601-1;
c. Safety and performance characteristics of the test according to SP10

None of the test demonstrates that KD-556J bring new questions of safety and effectiveness.

**Clinical Test Concerning the Compliance of ANSI/AAMI SP10**

From the technical point of view, the subject device KD-556J is identical to its predicate device KD-556. The difference between the subject device and its predicate devices do not affect the clinical accuracy in terms of blood pressure detection. The clinical test report of KD-556(K091500) is applicable to our subject device.
9.0 Performance summary

KD-556J Fully Automatic Electronic Blood Pressure Monitor conforms to the following standards:

10.0 Comparison to the predicate device and the conclusion

Our device KD-556J Fully Automatic Electronic Blood Pressure Monitor is substantially equivalent to the Fully Automatic Electronic Blood Pressure Monitor KD-556 whose 510(k) number is K091500.

KD-556J is very similar with its predicate device in the intended use, the design principle, the material, the performance and the applicable standards. Only the appearance, the time format and the hypertension classification of KD-556J is changed. KD-556J will use the JNC hypertension classification while its predicate device KD-556 uses the WHO hypertension classification.

However, the test in this submission provides demonstration that these small differences do not raise any new questions of safety and effectiveness to the new devices.
Andon Health Co., Ltd.
c/o Mr. Liu Yi
President
No. 3, JinPing Street, Ya An Road, Nankai District
Tianjin, P.R. China, 300190

Re: K110330
Trade/Device Name: KD-556J Fully Automatic Electronic Blood Pressure Monitors
Regulation Number: 21 CFR 870.1130
Regulation Name: Non-invasive blood pressure measurement systems
Regulatory Class: Class II (two)
Product Code: DXN
Dated: January 31, 2011
Received: February 3, 2011

Dear Mr. Yi:

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.

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” (21 CFR 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,

[Signature]

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure
Statement of Indications for Use

510(k) Number: K110330

Device name: KD-556J Fully Automatic Electronic Blood Pressure Monitor

Indications for use:

KD-556J Fully Automatic Electronic Blood Pressure Monitor are for use by medical professionals or at home and is a non-invasive blood pressure measurement system intended to measure the diastolic and systolic blood pressures and pulse rate of an adult individual by using a non-invasive technique in which an inflatable cuff is wrapped around the upper arm. The cuff circumference is limited to 22cm-48cm.

Prescription use _______ AND/OR Over-The-Counter Use YES
Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

[Signature]
(Division Sign-Off) Division of Cardiovascular Devices

510(k) Number