

**Special 510(k) Summary  
for the Tiger™ Spine System**

APR - 2 2012

In accordance with 21 CFR 807.92 of the Federal Code of Regulations the following Special 510(k) summary is submitted for the Tiger™ Spine System

**1. GENERAL INFORMATION****Date Prepared:** February 29, 2012**Trade Name:** TIGER™ Spine System**Common Name:** pedicle screw system**Classification Name:** orthosis, spinal pedicle fixation  
orthosis, spondylolisthesis spinal fixation**Class:** II**Product Code:** MNI  
MNH**CFR section:** 21 CFR section 888.3070**Device panel:** Orthopedic

**Legally Marketed** TIGER™ Spine System (K110321)  
**Predicate Device:** Viper™ Spine System (K061520/K111571)  
 Synergy VLS – open (K000236)  
 DePuy Spine - Moss Miami SS (K950697)  
 DePuy Spine - Moss Miami (K955348)  
 Viper – DePuy (K061520/K111571)  
 Click'X – Synthes (K992739)  
 Pangea – Synthes (K052123)

**Submitter:** Corelink, LLC  
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 St. Louis, MO 63127

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**2. DEVICE DESCRIPTION**

The TIGER™ Spine System is composed of rods, connectors, and pedicle screws. It can be used for single or multiple level fixations.

**Change from Predicate:**

The purpose of this submission is to make modifications/additions to the components of the TIGER™ Spine System cleared in K110321. The standard construct is modified by the addition of a variety of additional/modified screws and rods.

**3. SUBSTANTIAL EQUIVALENCE CLAIMED TO PREDICATE DEVICES**

The TIGER™ Spine System is substantially equivalent to the predicate devices in terms of intended use, design, materials used, mechanical safety and performances.

#### **4. INTENDED USE**

The TIGER™ Spine System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudarthrosis).

When used as a pedicle screw system, the TIGER™ Spine System is intended for the treatment of severe spondylolisthesis (Grade 3 and 4) of the L5-S1 vertebrae in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion.

#### **5. NON-CLINICAL TEST SUMMARY**

The following tests were conducted:

- Static and dynamic compression per ASTM F1717
- Static torsion per ASTM F1717

The results of this testing indicate that the TIGER™ Spine System is equivalent to predicate device(s).

#### **6. CLINICAL TEST SUMMARY**

No clinical studies were performed

#### **7. CONCLUSIONS NONCLINICAL AND CLINICAL**

This summary includes the conclusions drawn from the nonclinical tests (discussed above) that demonstrate that the TIGER™ Spine System is as safe, as effective, and performs as well or as better than the predicate device(s).



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

Corelink, LLC  
% The OrthoMedix Group, Incorporated  
Mr. J.D. Webb  
1001 Oakwood Boulevard  
Round Rock, Texas 78681

APR - 2 2012

Re: K120696  
Trade/Device Name: Tiger™ Spine System  
Regulation Number: 21 CFR 888.3070  
Regulation Name: Pedicle screw spinal system  
Regulatory Class: Class II  
Product Code: MNI, MNH  
Dated: February 29, 2012  
Received: March 7, 2012

Dear Mr. Webb:

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.

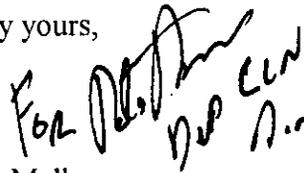
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's 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,

Handwritten signature of Mark N. Melkerson in black ink. The signature is cursive and includes the initials "M.N.M." and "Dir. CDRH".

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

Enclosure

### INDICATIONS FOR USE

510(k) Number (if known): K120696

Device Name: TIGER™ Spine System

**Indications for Use:**

The TIGER™ Spine System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudarthrosis).

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Prescription Use  X   
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

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

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Concurrence of CDRH, Office of Device Evaluation (ODE)

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

510(k) Number K120696