

K120741

APR 27 2012



GE Healthcare  
510(k) Premarket Notification Submission

**510(k) Summary**

In accordance with 21 CFR 807.92 the following summary of information is provided:

Date: March 7, 2012

Submitter: GE Healthcare  
9900 Innovation Dr  
Wauwatosa, WI 53226

Primary Contact Person: Bryan Behn  
Regulatory Affairs Manager  
GE Healthcare  
T:(414)721-4214  
F:(414)918-8275

Device: Trade Name: Voluson S6, Voluson S8 Ultrasound System

Common/Usual Name: Voluson S6, Voluson S8

Classification Names: Class II

Product Code: Ultrasonic Pulsed Doppler Imaging System, 21CFR 892.1550 90-IYN  
Ultrasonic Pulsed Echo Imaging System, 21CFR 892.1560, 90-IYO  
Diagnostic Ultrasound Transducer, 21 CFR 892.1570, 90-ITX

Predicate Device(s): K103649 Voluson S6, Voluson S8 Diagnostic Ultrasound System  
K113758, K112213 Voluson E6E8E8ExpertE10  
K053435 Voluson i  
K113690 LOGIQ e

Device Description: The subject device consists of a mobile console with keyboard, specialized controls, a color video LCD display with electronic-array transducers. It has the same general appearance, dimensions and weight as the unmodified device, it is a Track 3 general-purpose imaging and analysis system providing real-time digital acquisition, processing and display capability intended for general radiology imaging and evaluation with some cardiology and vascular applications.

Intended Use: The device is a general-purpose ultrasound system. Specific clinical applications and exam types include: Fetal (Obstetrics); Abdominal (including renal and GYN/pelvic); Pediatric; Small Organ (breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients); Neonatal Cephalic; Adult Cephalic; Cardiac (adult and pediatric); Peripheral Vascular (PV); Musculo-skeletal Conventional and Superficial; Transrectal (TR); Transvaginal (TV).



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Technology: The Voluson S6, Voluson S8 employs the same fundamental scientific technology as its predicate devices

Determination of Substantial Equivalence: Summary of Non-Clinical Tests:

The device has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical, electromagnetic, and mechanical safety, and has been found to conform to applicable medical device safety standards. Voluson S6, Voluson S8 and its applications comply with voluntary standards as detailed in Section 9, 11 and 17 of this premarket submission. The following quality assurance measures were applied to the development of the system:

- Risk Analysis
- Requirements Reviews
- Design Reviews
- Testing on unit level (Module verification)
- Integration testing (System verification)
- Final Acceptance Testing (Validation)
- Performance testing (Verification)
- Safety testing (Verification)

Transducer materials and other patient contact materials are biocompatible.

Summary of Clinical Tests:

The subject of this premarket submission, Voluson S6, Voluson S8, did not require clinical studies to support substantial equivalence.

Conclusion: GE Healthcare considers the Voluson S6, Voluson S8 to be as safe, as effective, and performance is substantially equivalent to the predicate device(s).



Food and Drug Administration  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

APR 27 2012

Mr. Bryan Behn  
Regulatory Affairs Manager  
GE Healthcare, GE Medical Systems Ultrasound and Primary Care, LLC  
9900 Innovation Drive  
WAUWATOSA WI 53226

Re: K120741  
Trade/Device Name: Voluson S6, Voluson S8  
Regulation Number: 21 CFR 892-1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: II  
Product Code: IYN, IYO, and ITX  
Dated: March 7, 2012  
Received: March 12, 2012

Dear Mr. Behn:

We have reviewed your Section 510(k) premarket 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 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). 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.

This determination of substantial equivalence applies to the following transducers intended for use with the Voluson S6, Voluson S8, as described in your premarket notification:

Transducer Model Number

RAB4-8-RS  
4C-RS  
E8C-RS  
C1-5-RS  
12L-RS

AB2-7-RS  
RIC5-9W-RS  
RAB2-5-RS  
8C-RS  
ML6-15-RS

3Sc-RS  
9L-RS  
P2D

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), 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. 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); 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.

This letter will allow you to begin marketing your device as described in your 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 market.

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.

If you have any questions regarding the content of this letter, please contact Shahram Vaezy at (301) 796-6242.

Sincerely Yours,



Janine M. Morris  
Acting Director  
Division of Radiological Devices  
Office of In Vitro Diagnostic Device  
Evaluation and Safety  
Center for Devices and Radiological Health



GE Healthcare  
510(k) Premarket Notification Submission

510(k) Number (if known):

Device Name: Voluson S6, Voluson S8

Indications for Use:

The device is a general-purpose ultrasound system. Specific clinical applications and exam types include: Fetal (Obstetrics); Abdominal (including renal and GYN/pelvic); Pediatric; Small Organ (breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients); Neonatal Cephalic; Adult Cephalic; Cardiac (adult and pediatric); Peripheral Vascular (PV); Musculo-skeletal Conventional and Superficial; Transrectal (TR); Transvaginal (TV).

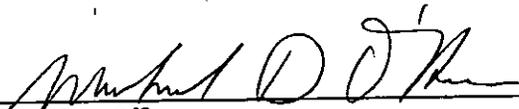
Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use NA  
(Part 21 CFR 801 Subpart C)

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IF NEEDED)

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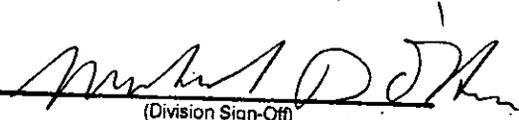
  
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(Division Sign-Off)  
Division of Radiological Devices  
Office of In Vitro Diagnostic Device Evaluation and  
Safety

510(k) Number K120741



*Indications for Use Forms*

The following forms represent indications with clinical applications and exam types along with the modes of operation for the Voluson S6, Voluson S8 system. Combinations identified "P" for the system represents those previously cleared in K103649. Combinations identified "N" for the system represents those that are new in this release. Combinations identified "P" for the transducers represents those previously cleared with this or another GE Ultrasound system. Combinations identified "N" for the transducers represents those not previously cleared any GE Ultrasound system. Please see section 11 Table 11.2.1 for information on previous clearance information on these transducers.

  
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Office of In Vitro Diagnostic Device Evaluation and Safety  
510K K120741



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 Ultrasound System**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P	N	P	P	P	P	P	P	[5,6,9]
Abdominal <sup>[1]</sup>	P	P	P	N	P	P	P	P	P	P	[5,6,9]
Pediatric	P	P	P	N	P	P	P	P	P	P	[5,6,9]
Small Organ <sup>[2]</sup>	P	P	P	N	P	P	P	P	P	P	[5,6,9]
Neonatal Cephalic	P	P	P	N	P	P	P	P	P	P	[5]
Adult Cephalic	P	P	P	N	P	P	P	P	P	P	
Cardiac <sup>[3]</sup>	P	P	P	N	P	P	P	P	P	P	[5]
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[5,6,9]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6,9]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[5,6,9]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>	P	P	P		P	P	P	P	P	P	[5,6,9]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6,9]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

*[Signature]*  
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 Division of Radiological Devices  
 Office of In Vitro Diagnostic Device Evaluation and Safety  
 B16K 5120741



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with RAB4-8-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P	P	P	[5,6]
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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 510K     K120741



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with 4C-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	[6]
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P	P	P	[6]
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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*[Signature]*  
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 510K K120741



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with E8C-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P			P	P	P	P	P	[6]
Abdominal <sup>[1]</sup>											
Pediatric											
Small Organ <sup>[2]</sup>											
Neonatal Cephalic	P	P	P			P	P	P	P	P	
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>	P	P	P			P	P	P	P	P	[6]
Transvaginal	P	P	P			P	P	P	P	P	[6]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

Notes: [1] Abdominal includes renal, GYN/Pelvic

[2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[3] Cardiac is Adult and Pediatric.

[5] 3D/4D Imaging Mode.

[6] Includes imaging of guidance of biopsy (2D/3D/4D).

[7] Includes infertility monitoring of follicle development.

[8] Includes urology/prostate.

[9] Elastography imaging- Elasticity

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Prescription User (Per 21 CFR 801.109)

*[Signature]*  
(Division Sign-Off)

Division of Radiological Devices  
Office of In Vitro Diagnostic Device Evaluation and Safety

*6120741*



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with C1-5-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	[6]
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P	P	P	[6]
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

Notes: [1] Abdominal includes renal, GYN/Pelvic

[2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[3] Cardiac is Adult and Pediatric.

[5] 3D/4D Imaging Mode.

[6] Includes imaging of guidance of biopsy (2D/3D/4D).

[7] Includes infertility monitoring of follicle development.

[8] Includes urology/prostate.

[9] Elastography imaging- Elasticity

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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*[Signature]*  
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*K120741*



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**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with 12L-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>											
Abdominal <sup>[1]</sup>											
Pediatric	P	P	P		P	P	P	P	P	P	[6,9]
Small Organ <sup>[2]</sup>	P	P	P		P	P	P	P	P	P	[6,9]
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[6,9]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
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 [5] 3D/4D Imaging Mode.  
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 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with AB2-7-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	[6]
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P	P	P	[6]
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

*[Handwritten Signature]*  
 (Division Sign-Off)

Division of Radiological Devices  
 Office of In Vitro Diagnostic Device Evaluation and Safety

510K 61207A1



**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with RIC5-9W-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	[ 5,6]
Abdominal <sup>[1]</sup>											
Pediatric											
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>	P	P	P		P	P	P	P	P	P	[ 5,6]
Transvaginal	P	P	P		P	P	P	P	P	P	[ 5,6]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

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**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with RAB2-5-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

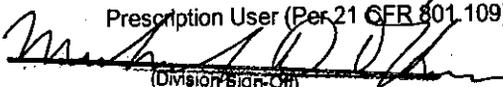
Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	P	P	P	P	P	(5,6)
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P	P	P	(5,6)
Pediatric											
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	(5,6)
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA (K053435)

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)  
  
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**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with 8C-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	P	P	P		P	N	P	P	P	N	
Abdominal <sup>[1]</sup>	P	P	P		P	N	P	P	P	N	
Pediatric	P	P	P		P	N	P	P	P	N	
Small Organ <sup>[2]</sup>	P	P	P		P	N	P	P	P	N	(9)
Neonatal Cephalic	P	P	P		P	N	P	P	P	N	
Adult Cephalic											
Cardiac <sup>[3]</sup>	P	P	P		P	N	P	P	P	N	
Peripheral Vascular	P	P	P		P	N	P	P	P	N	
Musculo-skeletal Conventional	P	P	P		P	N	P	P	P	N	(9)
Musculo-skeletal Superficial	P	P	P		P	N	P	P	P	N	(9)
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA(K113690)

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with ML6-15-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>											
Abdominal <sup>[1]</sup>	N	N	N		N	N	N	N	N	N	(6,9)
Pediatric	N	N	N		N	N	N	N	N	N	(6,9)
Small Organ <sup>[2]</sup>	N	N	N		N	N	N	N	N	N	(6,9)
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular	N	N	N		N	N	N	N	N	N	(6,9)
Musculo-skeletal Conventional	N	N	N		N	N	N	N	N	N	(6,9)
Musculo-skeletal Superficial	N	N	N		N	N	N	N	N	N	(6,9)
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with 3Sc-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>(7)</sup>	N	N	N	N	N	N	N	N	N	N	
Abdominal <sup>[1]</sup>	N	N	N	N	N	N	N	N	N	N	
Pediatric	N	N	N	N	N	N	N	N	N	N	
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic	N	N	N	N	N	N	N	N	N	N	
Cardiac <sup>[3]</sup>	N	N	N	N	N	N	N	N	N	N	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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**GE Healthcare**  
510(k) Premarket Notification Submission

**Diagnostic Ultrasound Indications for Use Form**  
**GE Voluson S6/S8 with 9L-RS Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other (Notes)
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>	N	N	N		N	N	N	N	N	N	
Abdominal <sup>[1]</sup>	P	P	P		P	N	P	P	P	P	
Pediatric	P	P	P		P	N	P	P	P	P	
Small Organ <sup>[2]</sup>	P	P	P		P	N	P	P	P	P	(9)
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>											
Peripheral Vascular	P	P	P		P	N	P	P	P	P	
Musculo-skeletal Conventional	P	P	P		P	N	P	P	P	P	
Musculo-skeletal Superficial	P	P	P		P	N	P	P	P	P	(9)
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA(K113690)

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson S6/S8 with P2D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics <sup>[7]</sup>											
Abdominal <sup>[1]</sup>											
Pediatric											
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic					P						
Cardiac <sup>[3]</sup>					P						
Peripheral Vascular					P						
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal <sup>[8]</sup>											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA(K112213)

- Notes: [1] Abdominal includes renal, GYN/Pelvic  
 [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients  
 [3] Cardiac is Adult and Pediatric.  
 [5] 3D/4D Imaging Mode.  
 [6] Includes imaging of guidance of biopsy (2D/3D/4D).  
 [7] Includes infertility monitoring of follicle development.  
 [8] Includes urology/prostate.  
 [9] Elastography imaging- Elasticity  
 [\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/PWD

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Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

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