

JUL 12 2002

 Owner Operator # 8010312	<b>PREMARKET NOTIFICATION SUBMISSION - 510 (k)</b>	Data: 05-10-2002
	<b>TOPCUT 510 (k) K021525</b>	Pag. 30 di 33

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## 510 (k) SUMMARY

**Applicant** : H.S. Hospital Service S.p.A.  
Via Naro, 81 - 00040 Pomezia (Roma) Italy

**Contact Person** : MMC International, LLC  
Mr. Lucio Improta  
10147 Umberland Place - Boca Raton, FL 33428  
Tel. (561) 477-1671 - Fax. (561) 477-0863  
e-mail : [mmcintern@aol.com](mailto:mmcintern@aol.com)

**Submission Date** : May 10-, 2002

**Trade Name** : TOPCUT™ Cutting Biopsy Needle

**Common Name** : Cutting Biopsy Needle

**Classification Name** : 876.1075 - Biopsy instrument

**Substantial Equivalence** : This product is identical to the following predicate device:

Company Name	Product Name	510(k) #
MANAN Medical Products	Automatic Cutting Needle	

### Indication for use :

This biopsy device can be used in, CT, Mammographic, Radiographic and Echographic procedures to obtain biopsies of various tissues including those from Prostate, Kidney, Breast and Liver using an automatic device.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

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H.S. Hospital Service, S.p.A.  
% Mr. Lucio Improta  
President & CEO  
MMC International, LLC  
10147 Umberland Place  
BOCA RATON FL 33428

Re: K021525  
Trade/Device Name: TOPCUT™ Biopsy Needle  
Regulation Number: 21 CFR 876.1075  
Regulation Name: Gastroenterology-urology  
biopsy instrument  
Regulatory Class: II  
Product Code: 78 FCG  
Dated: May 10, 2002  
Received: May 10, 2002

Dear Mr. Improta:

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); 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.

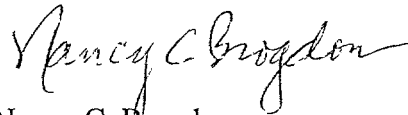
This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

8xx.1xxx	(301) 594-4591
876.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4616
884.2xxx, 3xxx, 4xxx, 5xxx, 6xxx	(301) 594-4616
892.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4654
Other	(301) 594-4692

Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,



Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal, and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure

 Owner Operator # 8010312	<b>PREMARKET NOTIFICATION  SUBMISSION – 510 (k)</b>	Data: 05-10-2002
	<b>TOPCUT™  510 (k) K021525</b>	Pag. 14 di 33

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510 (k) # K021525

**DEVICE NAME**

**TOPCUT™ Biopsy Needle**

**INDICATION FOR USE**

This device is a disposable biopsy needle and can be used in , CT, Mammographic Radiographic and Echographic procedures to obtain biopsies of various tissues including those from Prostate, Kidney, Breast and Liver using an automatic device.

PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use \_\_\_\_\_

David A. Lyman  
(Division Sign-Off)  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K021525