

AUG 06 2002

K022400

510(k) Summary of Safety and Effectiveness: 21 CFR 807.92

Submitter's Name: Toshiba America Medical Systems, Inc.
Address: PO Box 2068, 2441 Michelle Drive Tustin, CA 92781-2068
Contact: Michaela Mahl, Regulatory Affairs Specialist
Telephone No.: (714) 730-5000

Device Proprietary Name: SSA-700A, APLIO
Common Name: Diagnostic Ultrasound System

Classification:

Regulatory Class: II
Review Category: Tier II

Ultrasonic Pulsed Doppler Imaging System – Product Code: 90-IYN
[Fed.Reg.No.:892.1550]

Ultrasonic Pulsed Echo Imaging System – Product Code: 90-IYO
[Fed.Reg.No.:892.1560]

Diagnostic Ultrasonic Transducer – Product Code: 90-ITX
[Fed. Reg. No.: 892.1570]

Identification of Predicate Devices:

Toshiba America Medical Systems believes that this device is substantially equivalent to the UIDM-400A, 510(k) control number K992886 and SSA-770A APLIO, control number K013633.

Device Description:

The APLIO Ultrasound System is a mobile system. This system is a Track 3 device that employs a wide array of probes that include flat linear array, convex linear array, and sector array with a frequency range of approximately 2 MHz to 12 MHz.

Intended Use:

The APLIO is intended to be used for the following type of studies; fetal, abdominal, intraoperative, pediatric, small organs, neonatal cephalic, adult cephalic, cardiac, transrectal, transvaginal, transesophageal, peripheral vascular, musculo-skeletal (both conventional and superficial) and laparoscopic.

Safety Considerations:

This device is designed and manufactured in conjunction with the Quality System Regulation, IEC 60601 (applicable portions), IEC60601-2-37 (applicable portions), the AIUM-NEMA UD2 Output Measurement Standard as applied to Track 3 Ultrasound systems and the AIUM-NEMA UD3 Output Display Standard. This unit is same to that of the Toshiba SSA-770A Aplio cleared and engineering assessments identify no unmitigated issues of risk or safety.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Toshiba America Medical Systems, Inc.
% Mr. Mark Job
Program Manager
TÜV Product Services, Inc.
1775 Old Highway 8 NW, Suite 104
NEW BRIGHTON MN 55112-1891

AUG 06 2002

Re: K022400

Trade Name: SSA-700A, APLIO Diagnostic Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulation Number: 21 CFR 892.1560
Regulation Name: Ultrasonic pulsed echo imaging system
Regulation Number: 21 CFR 892.1570
Regulation Name: Diagnostic ultrasonic transducer
Regulatory Class: II
Product Code: 90 IYN, IYO, and ITX
Dated: July 22, 2002
Received: July 23, 2002

Dear Mr. Job:

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 SSA-700A, APLIO Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

PST-20CT
PST-25AT
PVT-375AT
PVT-661VT

PLT-805AT
PLT-1202S
PLT-1204AX
PET-704LA
PC-20M

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 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

Food and Drug Administration
Center for Devices and Radiological Health
Document Mail Center (HFZ-401)
9200 Corporate Boulevard
Rockville, Maryland 20850

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.

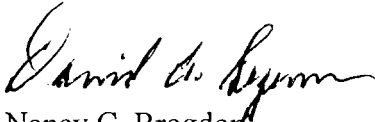
This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801, please contact the Office of Compliance at (301) 594-4591. 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 at (301) 443-6597 or at its Internet address “<http://www.fda.gov/cdrh/dsmamain.html>”.

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,


for Nancy C. Brogdon

Director, Division of Reproductive,
Abdominal and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure(s)

K022400

Diagnostic Ultrasound Indications For Use Form

System X Transducer _____

Model SSA-700A

510(k) Number(s) _____

K022400

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | P | P | P | | P | P | P | P | P |
| Abdominal | | P | P | P | | P | P | P | P | P |
| Intraoperative (Specify) ** | | P | P | P | | P | P | P | P | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | P | P | P | P | P | P | P | P | P |
| Small Organ (Specify)*** | | P | P | P | | P | P | P | P | P |
| Neonatal Cephalic | | P | P | P | P | P | P | P | P | P |
| Adult Cephalic | | P | P | P | P | P | P | P | P | P |
| Cardiac | | P | P | P | P | P | P | P | P | P |
| Transesophageal | | P | P | P | P | P | P | P | P | |
| Transrectal | | P | P | P | | P | P | P | P | P |
| Transvaginal | | P | P | P | | P | P | P | P | P |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | P | P | P | | P | P | P | P | P |
| Laparoscopic | | P | P | P | | P | P | P | P | |
| Musculo-skeletal Superficial | | P | P | P | | P | P | P | P | P |
| Musculo-skeletal Conventional | | P | P | P | | P | P | P | P | P |
| Other (specify) | | | | | | | | | | |

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FBI/CDRH/ODE/DAC

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____

Combined Modes: B/M; B/PWD;

BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI; 2D/CWD; BDF/CWD;

CHI/2D; FEI/2D; CHI/BDF; FEI/BDF

** Abdominal

*** For example: thyroid, parathyroid, breast, scrotum and penis

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON OTHER PAGES IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Seymour AA

(Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number _____

K022400

SK391
RA
H

EXISTING TRANSDUCER TABLE

Transducer Model Number: PST-20CT

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | P | P | P | P | P | P | P | P | P |
| Adult Cephalic | | P | P | P | P | P | P | P | P | P |
| Cardiac | | P | P | P | P | P | P | P | P | P |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD;
 BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI; 2D/CWD; BDF/CWD;
 CHI/2D; FEI/2D; CHI/BDF; FEI/BDF

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Seymour

 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PST-25AT

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | P | P | P | P | P | P | P | P | P |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | P | P | P | P | P | P | P | P | P |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD;
 BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI; 2D/CWD; BDF/CWD;
 CHI/2D; FEI/2D; CHI/BDF; FEI/BDF

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Segura

 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PVT-375AT

510(k) Control Number: ~~K019653~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | P | P | P | | P | P | P | P | P |
| Abdominal | | P | P | P | | P | P | P | P | P |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | P | P | P | | P | P | P | P | P |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD;
 BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI; CHI/2D;
 FEI/2D; CHI/BDF; FEI/BDF

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Depina

 (Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices
 510(k) Number K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PVT-661VT

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|-----------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Other (Specify) |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | P | P | P | | P | P | P | P | P |
| Transvaginal | | P | P | P | | P | P | P | P | P |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: Combined Modes: B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PED; B-TDI; M-TDI

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Ferguson

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number

K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PLT-805AT

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify)*** | | P | P | P | | P | P | P | P | P |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | P | P | P | | P | P | P | P | P |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | P | P | P | | P | P | P | P | P |
| Musculo-skeletal Conventional | | P | P | P | | P | P | P | P | P |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD;
 BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI; CHI/2D;
 FEI/2D; CHI/BDF; FEI/BDF

*** For example: thyroid, parathyroid, breast, scrotum and penis

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,
 and Radiological Devices

510(k) Number K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PLT-1202S

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|-----------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Other (Specify) |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify)** | | P | P | P | | P | P | P | P | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify)*** | | P | P | P | | P | P | P | P | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | P | P | P | | P | P | P | P | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | P | P | P | | P | P | P | P | |
| Musculo-skeletal Conventional | | P | P | P | | P | P | P | P | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI

** Abdominal

*** For example: thyroid, parathyroid, breast, scrotum and penis

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Concurrence of CDRII, Office of Device Evaluation (ODE)

David H. Johnson

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

A-10

510(k) Number

K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PLT-1204AX

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|------------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Harmonic Imaging |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify)*** | | P | P | P | | P | P | P | P | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | P | P | P | | P | P | P | P | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | P | P | P | | P | P | P | P | |
| Musculo-skeletal Conventional | | P | P | P | | P | P | P | P | |
| Other (specify) | | | | | | | | | | |
| | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD;B-TDI; M-TDI

*** For example: thyroid, parathyroid, breast, scrotum and penis

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON OTHER PAGES IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Segman

(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number _____

K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PET-704LA

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|-----------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Other (Specify) |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | | | | | | |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | P | P | P | | P | P | P | P | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: B/M; B/PWD; BDF/PWD;
BDF/MDF; BDF/MDF/PWD; B-TDI; M-TDI

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

David A. Leggett

(Division Sign-Off)
 Division of Reproductive, Abdominal,
 and Radiological Devices

510(k) Number K022400

EXISTING TRANSDUCER TABLE

Transducer Model Number: PC-20M

510(k) Control Number: ~~K013633~~

| Clinical Application | Mode of Operation | | | | | | | | | |
|-------------------------------|-------------------|---|---|-----|-----|---------------|-------------------|------------------------|--------------------|-----------------|
| | A | B | M | PWD | CWD | Color Doppler | Amplitude Doppler | Color Velocity Imaging | Combined (Specify) | Other (Specify) |
| Ophthalmic | | | | | | | | | | |
| Fetal | | | | | | | | | | |
| Abdominal | | | | | | | | | | |
| Intraoperative (Specify) | | | | | | | | | | |
| Intraoperative Neurological | | | | | | | | | | |
| Pediatric | | | | | P | | | | | |
| Small Organ (Specify) | | | | | | | | | | |
| Neonatal Cephalic | | | | | | | | | | |
| Adult Cephalic | | | | | | | | | | |
| Cardiac | | | | | P | | | | | |
| Transesophageal | | | | | | | | | | |
| Transrectal | | | | | | | | | | |
| Transvaginal | | | | | | | | | | |
| Transurethral | | | | | | | | | | |
| Intravascular | | | | | | | | | | |
| Peripheral Vascular | | | | | | | | | | |
| Laparoscopic | | | | | | | | | | |
| Musculo-skeletal Superficial | | | | | | | | | | |
| Musculo-skeletal Conventional | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |

N= new indication; P = Previously Cleared by FDA; E = Added under Appendix E (LTF)

Additional Comments: _____ Combined Modes: _____

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

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510(k) Number K022400