510(k) Summary

ArteriA Blood Filter

Date Prepared: July 31, 2002

This 510(k) summary is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR §807.92.

A. Submitter
ArteriA Medical Science, Inc.
The Presidio, Building 220, Suite 120
San Francisco, CA 94129

B. Company Contact
Alan Hinton, Quality Assurance

C. Device Name
Trade Name: ArteriA Blood Filter
Common Name: Blood administration filter
Classification Name: Intravascular Administration Set

D. Predicate Devices
Baxter healthcare Corporation, Blood Administration Set, K993120

E. Description of Device
The ArteriA Blood Filter device is a blood transfusion filter and drip chamber connected to flexible medical grade tubing having a connector on each end. The input side to the drip-chamber/filter has a three-way stopcock valve that has both a male and female Luer connections available for use. The outlet of the drip-chamber/filter has a male Luer connector that facilitates connection to a venous access device such as a catheter or sheath. It may also be connected to another stopcock.

F. Intended Use
The ArteriA Blood Filter is intended for use as an accessory in the administration of blood, blood components or solutions into a patient’s vascular system through a venous access device.

G. Comparison of Technological Characteristics
The basic technologies, design and function of ArteriA Medical Science, Inc.’s ArteriA Blood Filter are substantially equivalent in design, materials of construction, function, and intended use to the predicate device.
Mr. Alan Hinton  
Director, Quality Assurance  
Arteria Medical Science, Incorporated  
22 Hill Street  
Newburyport, Massachusetts 01950  

Re: K021293  
Trade/Device Name: Arteria Blood Filter  
Regulation Number: 880.5440  
Regulation Name: Intravascular Administration Set  
Regulatory Class: II  
Product Code: FPB and BRZ  
Dated: July 31, 2002  
Received: August 2, 2002  

Dear Mr. Hinton:

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 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.

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 Section 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 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. 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,

Timothy A. Ulatowski
Director
Division of Anesthesiology, General Hospital, Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure
Indications for Use:

The ArteriA Blood Filter is intended as an accessory for use in the administration of blood, blood components or solutions into a patient’s vascular system through a venous access device.

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ☑ OR Over-the-Counter ___

(Optional Format 1-2-96)

Division Sign-Off
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

510(k) Number: KO21293