April 8, 2026

Hangzhou AGS MedTech Co., Ltd.
Bingru Wang
Official Correspondent
Building 2, 5 and 7, No.389 Xingzhong Road, Linping District
Hangzhou, Zhejiang 311103
China

Re: K252270
Trade/Device Name: Hemoclip
Regulation Number: 21 CFR 876.4400
Regulation Name: Hemorrhoidal Ligator
Regulatory Class: Class II
Product Code: PKL
Dated: March 9, 2026
Received: March 9, 2026

Dear Bingru Wang:

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 (the 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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database available at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. 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.

Additional information about changes that may require a new premarket notification are provided in the FDA guidance documents entitled "Deciding When to Submit a 510(k) for a Change to an Existing Device" (https://www.fda.gov/media/99812/download) and "Deciding When to Submit a 510(k) for a Software Change to an Existing Device" (https://www.fda.gov/media/99785/download).

Your device is also subject to, among other requirements, the Quality Management System Regulation (QMSR) (21 CFR Part 820), which includes, but is not limited to, ISO 13485 clause 7.3 (Design controls), ISO 13485 clause 8.3 (Nonconforming product), ISO 13485 clause 8.5.2 (Corrective action), and ISO 13485 clause 8.5.3 (Preventative action). Please note that regardless of whether a change requires premarket review, the QMSR requires device manufacturers to review and approve changes to device design and production (ISO 13485 clause 7.3 and ISO 13485 clause 7.5) and document changes and approvals in the Medical Device File (ISO 13485 clause 4.2.3).

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 Part 803) for devices or postmarketing safety reporting (21 CFR Part 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the Quality Management System Regulation (QMSR) (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR Part 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR Parts 1000-1050.

All medical devices, including Class I and unclassified devices and combination product device constituent parts are required to be in compliance with the final Unique Device Identification System rule ("UDI Rule"). The UDI Rule requires, among other things, that a device bear a unique device identifier (UDI) on its label and package (21 CFR 801.20(a)) unless an exception or alternative applies (21 CFR 801.20(b)) and that the dates on the device label be formatted in accordance with 21 CFR 801.18. The UDI Rule (21 CFR 830.300(a) and 830.320(b)) also requires that certain information be submitted to the Global Unique Device Identification Database (GUDID) (21 CFR Part 830 Subpart E). For additional information on these requirements, please see the UDI System webpage at https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/unique-device-identification-system-udi-system.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-

assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

SIVAKAMI VENKATACHALAM -S

for
Shanil P. Haugen, Ph.D.
Assistant Director
DHT3A: Division of Renal, Gastrointestinal,
Obesity and Transplant Devices
OHT3: Office of Gastrorenal, ObGyn,
General Hospital, and Urology Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: 07/31/2026
See PRA Statement below.

510(k) Number *(if known)*
K252270

Device Name
Hemoclip

Indications for Use *(Describe)*
The Hemoclip is indicated for endoscopic clip placement within the digestive tract in adult populations only via a straight or side viewing flexible endoscope for the purpose of:

1. Endoscopic marking,
2. Hemostasis for:
- Mucosal/sub-mucosal defects <3cm
- Bleeding ulcers
- Arteries<2mm
- Polyps<1.5cm in diameter
- Diverticula in the colon
3. Anchoring to affix jejunal feeding tubes to the wall of the small bowel.
4. As a supplementary method, closure of GI tract luminal perforations <20mm that can be treated conservatively.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) Summary

We submit this 510(k) Summary as per 21 CFR 807.92, it meets the content and format regulatory requirements.

CH2.03.1 Submitter

Submitted by/Owner:	Hangzhou AGS MedTech Co., Ltd. Building 2, 5 and 7, No.389 Xingzhong Road, Linping District, 311103 Hangzhou, Zhejiang, PEOPLE'S REPUBLIC OF CHINA
Establishment Registration Number:	3010288205
Registration Status:	Active
Contact Person:	Bingru Wang Phone: +86-0571-87671223 Fax: +86-0571-87671225 Email: wangbr@bioags.com
Date Prepared:	March 6, 2026

CH2.03.2 Proposed Device

Trade Name:	Hemoclip
Common Name:	Hemorrhoidal ligator
Classification Name:	Hemostatic Metal Clip For The Gi Tract
Regulation Number:	876.4400
Regulation Class:	Class II
Review Panel:	Gastroenterology/Urology
Product Code:	PKL

CH2.03.3 Predicate Device

Trade Name:	Lockado™ Repositionable Hemostasis Clip
Common Name:	Hemorrhoidal ligator
Classification Name:	Hemostatic Metal Clip For The Gi Tract
Regulation Number:	876.4400
Regulation Class:	Class II
Review Panel:	Gastroenterology/Urology
Product Code:	PKL

CH2.03.4 Device Description

Hemoclip consists of Delivery system and Clip part. Clip part consists of Clip and Frap Tube. Delivery system consists of Spring End, Plastic Coated Spring Tube, Handle and Slider. The Hemoclip released could be removed with the specified removal device (510 Family only). EO Sterilization and use for single use only.

CH2.03.5 Indication for use statement

The Hemoclip is indicated for endoscopic clip placement within the digestive tract in adult populations only via a straight or side viewing flexible endoscope for the purpose of:

1. Endoscopic marking,
2. Hemostasis for:
   - Mucosal/sub-mucosal defects <3cm
   - Bleeding ulcers
   - Arteries<2mm
   - Polyps<1.5cm in diameter
   - Diverticula in the colon
3. Anchoring to affix jejunal feeding tubes to the wall of the small bowel.
4. As a supplementary method, closure of GI tract luminal perforations<20mm that can be treated conservatively.

CH2.03.6 A description of the accessories

For this proposed device, no other medical devices and no other products are provided with it as accessories.

In clinical use, the distal-end of the product needs to enter the digestive tract through the working channel of the straight or side viewing flexible endoscope, though there's no physical connection.

And our proposed device Hemoclip have been designed to be used with "Polypectomy snare" and "Polypectomy snare(cold)" from Hangzhou AGS MedTech Co., LTD.

Table CH2.03.6 Compatible device

Device Name:	510(k) Number/ Listing Number:
Polypectomy snare	K221713
Polypectomy snare(cold)	D320785

CH2.03.7 Comparison of Technology Characteristics

Our proposed device Hemoclip is substantially equivalent to the predicate devices. The differences between the Hemoclip and the predicate devices do not raise any questions regarding its safety and effectiveness. The differences are listed in the table below:

Table CH2.03.7 Comparison of technical characteristics

Item		Proposed device Hangzhou AGS MedTech Co., Ltd.	Predicate device (K202333) Micro-Tech (Nanjing) Co., Ltd.	Comparison
Tec hni	**Principl e of**	The clip is opened or closed by operating the sliding handle. After positioning and	The clip is opened or closed by operating the handle. After positioning and clamping	Different. Our proposed

Item		Proposed device Hangzhou AGS MedTech Co., Ltd.	Predicate device (K202333) Micro-Tech (Nanjing) Co., Ltd.	Comparison
cal	**operation**	clamping the related tissues, the sliding handle is operated to separate the clip components from the delivery device components, and the delivery device then exits the human digestive tract. The clip remained in the alimentary tract for about 1-2 weeks, fell off naturally and was discharged through the intestine and anus. For 510 series, the released clip could be removed by “Polypectomy snare (cold)” and “Polypectomy snare” manufactured by AGS. There is a locking hook at the end of the clips, the locking hook forms a buckle with the groove at the lower end of the frap tube, making the two clips self-locking and closing, so as to achieve mechanical suture of the tissue at the lesion. Intraoperative, when operators find close position is not ideal, need to be adjusted to remove the released and closed clip head, they could take a snare product, since the endoscopic clamp inserts, in the perspective of endoscopic, the snare loop goes into the grooves, gradually tightening the snare loop, apply a pressure to the locked hook, press the hooks in, release the lock buckle, so that the two closed clips open, and the closed clip head leave the original lesion site; The snare loop tightens the opened clip head and exits from the human digestive tract together with the endoscope. Then the endoscope was reintroduced into the human digestive tract and the operation continued.	the related tissues, the handle is operated to separate the clip components from the handle components, and the sheath then exits the human digestive tract. The clip remained in the alimentary tract for about 1-2 weeks, fell off naturally and was discharged through the intestine and anus.	device can be removed from tissue immediately after procedure. And our already cleared 510k K211787 can also be removed from tissue immediately after procedure. Bench tests have been done for proposed device.
	Claw angle	90°, 135°	Unknown	Different. Our already cleared 510k K211787 has claw angle 90°and 135°. Claw angle test

Item		Proposed device Hangzhou AGS MedTech Co., Ltd.	Predicate device (K202333) Micro-Tech (Nanjing) Co., Ltd.	Comparison
				been done for proposed device.
	Performance	1. Rotation performance 2. Removability	/	Different. Our proposed device has Rotation performance and Removability performance. Bench tests have been done for proposed device.
	MRI Conditional	 MR Unsafe	MRI Safety Information  MR Conditional A person with the Lockado™ Repositionable Hemostasis Clip may be safely scanned under the following conditions. Failure to follow these conditions may result in injury. Device Name: Lockado™ Repositionable Hemostasis Clip Static Magnetic Field Strength (B0): 1.5 T or 3.0 T Maximum Spatial Field Gradient: 40 T/m or 4000 gause/cm RF Excitation: Circularly Polarized (CP) RF Transmit Coil Type: Volume RF body coil Operating Mode: Normal Operating Mode	Different. The proposed device can't be used in MRI environments and we have clarified in the IFU, Label and Patient implant card.

Item		Proposed device Hangzhou AGS MedTech Co., Ltd.	Predicate device (K202333) Micro-Tech (Nanjing) Co., Ltd.		Comparison
			Maximum Whole-Body SAR	2 W/kg (normal operating mode)	
			Maximum Head SAR	3.2 W/kg (first level control mode)	
			Scan Duration	2 W/kg whole-body average SAR for 60 minutes of continuous RF with less than 2 degrees temperature rise	
			MR Image Artifact	The pressure of this implant may produce an image artifact at 25mm away from the device.	
Biological	**Main Patient contact Material**	Stainless steel and polymer	Stainless steel and polymer		Different. The composition of the predicate device's stainless steel and polymer are unknown. Biocompatibility tests have been done for the proposed device. Biological risks are acceptable.
Shelf life		Three years	Two years		Different. Shelf life verification have been done for the proposed device.

CH2.03.8 Applicable Guidance Document

NA

CH2.03.9 Performance Data

The Hemoclip meets all design specifications and medical device standards for biocompatibility (ISO 10993) and sterility (ISO 11135). The non-clinical performance meets the design specification and shows substantial equivalence to the predicated device.

CH2.03.10 Clinical Test

No Clinical test is included in this submission.

CH2.03.11 Conclusion

In accordance with the Federal Food, Drug and Cosmetic Act, 21 CFR Part 807, Based on the information provided in this premarket notification, Hangzhou AGS MedTech Co., Ltd has demonstrated that proposed device Hemoclip is substantially equivalent to the predicate devices.