AUG 1 9 2003

K 031917

SECTION C. 510(k) Summary

In accordance with the requirements of SMDA 1990, and 21 CFR 807.92, this 510(k) Summary is provided:

Submitter: Medtronic MiniMed, 18000 Devonshire St., Northridge, CA 91325

Contact: Mirielle Mengotto (818) 576-4112

Name of Device: Medtronic MiniMed Paradigm™ Polyfin® QR® Infusion set, Model MMT-312L and MMT-312S

Predicate Device: Polyfin™ QR® with Wings Infusion set, Model MMT-365 and MMT-366

Description of the Device: The Paradigm Polyfin QR MMT-312L and MMT-312S are disposable single-use infusion set intended for use with Medtronic MiniMed external micro-infusion pumps.

Intended Use of the Device: The Medtronic MiniMed Paradigm Polyfin QR MMT-312L and MMT-312S are intended for the subcutaneous infusion of medicine, including insulin, from a Medtronic MiniMed Paradigm infusion pump. The set is not intended for use with blood.

Comparison of the Technological Features of the New Device and Predicate Device: The new and predicate devices have similar materials and basic design. The new devices include a proprietary connector for connection to a Paradigm reservoir whereas the predicate devices use a standard luer connection.

Gerda Resch
Manager, Regulatory Affairs
Medtronic MiniMed

8/13/03
Date

R nd QR are Registered Trademarks of Medtronic MiniMed

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

AUG 19 2003

Ms. Mirielle Mengotto
Senior Regulatory Affairs Specialist
Medtronic MiniMed
18000 Devonshire Street
Northridge, California 91325-1219

Re: K031917
Trade/Device Name: Medtronic MiniMed Paradigm™ Polyfin® QR ® Model MMT-312L and MMT-312S Infusion Set
Regulation Number: 880.5440
Regulation Name: Intravascular Administration Set
Regulatory Class: II
Product Code: FPA
Dated: June 20, 2003
Received: June 24, 2003

Dear Ms. Mengotto:

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), please contact the Office of Compliance at (301) 594-4618. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act 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,

Susan Runner, DDDS, MA
Interim Director
Division of Anesthesiology, General Hospital
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K031917

INDICATIONS FOR USE

510(k) Number:

Device Name: Medtronic MiniMed Paradigm™ Polyfin® QR® Model MMT-312L and MMT-312S Infusion set

Indications for Use: The Medtronic MiniMed Paradigm Polyfin QR MMT-312L and MMT-312S are intended for the subcutaneous infusion of medicine, including insulin, from a Medtronic MiniMed Paradigm infusion pump. The set is not intended for use with blood.

Patricia Cascante

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

510(k) Number: K031917

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ **or** **Over-the-Counter Use** _____
(Per 21 CFR 801.109)