510(k) Summary

Applicant Name and Address: Collagen Matrix, Inc.
509 Commerce Street
Franklin Lakes, New Jersey 07417

Contact Person: Peggy Hansen, RAC
Director, Clinical, Regulatory, and Quality Assurance
Tel: (201) 405-1477
Fax: (201) 405-1355

Date of Summary: March 21, 2003

Device Common Name: Collagen Topical Wound Dressing

Device Trade Name: To be determined

Device Classification Name: Bandage, Liquid
Class I
880.5090
KMF

Predicate Device(s):
Medifil® Kollagen Particles, K910944
Collatek® Powder, K012990
HeliDerm™ Collagen Wound Dressing, K990086
hyCure® Advanced Collagen Wound Care, K955506
FIBRACOL™ Collagen-Alginate Dressing, K925548

Description of the Device

The Collagen Topical Wound Dressing is a white to off-white, absorbent, microfibrillar particulate collagen matrix intended for topical use. The product is supplied sterile and for single use only.

Indications for Use

Collagen Topical Wound Dressing is indicated for the management of moderately to heavily exuding wounds and to control minor bleeding.

Collagen Topical Wound Dressing may be used for the management of exuding wounds such as:

- Pressure ulcers
- Venous stasis ulcers
- Diabetic ulcers
Collagen Matrix, Inc.
510(k) Summary of Safety and Effectiveness
Collagen Topical Wound Dressing

- Acute wounds, for example trauma and surgical wounds
- Partial-thickness burns

Summary/Comparison of Technical Characteristics

Collagen Topical Wound Dressing and its predicates have similar technological characteristics. In particular, the Collagen Topical Wound Dressing and its predicates are similar with respect to intended use, material, form, size, etc.

Safety

Collagen Topical Wound Dressing has been evaluated by a number of tests to assess its safety/biocompatibility. The device passed all applicable ISO 10993-1 testing for the biological evaluation of medical devices.

Conclusion

The results of the in vitro product characterization studies and biocompatibility studies show that the Collagen Topical Wound Dressing is safe and substantially equivalent to its predicate devices.
Ms. Peggy Hansen, RAC  
Director, Clinical, Regulatory,  
and Quality Assurance  
Collagen Matrix, Inc.  
509 Commerce Street  
Franklin Lakes, New Jersey 07417

Re: K030921  
Trade/Device Name: Collagen Topical Wound Dressing  
Regulatory Class: Unclassified  
Product Code: KGN  
Dated: March 21, 2003  
Received: March 24, 2003  

Dear Ms. Hansen:

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) 594-4659. 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) you may obtain. 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,

Miriam A. Novotny
Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure
510(k) Number (if known): K030921

Device Name: Collagen Topical Wound Dressing

Indications for Use:

Collagen Topical Wound Dressing is indicated for the management of moderately to heavily exudating wounds and to control minor bleeding.

Collagen Topical Wound Dressing may be used for the management of exuding wounds such as:

- Pressure ulcers
- Venous stasis ulcers
- Diabetic ulcers
- Acute wounds, for example trauma and surgical wounds
- Partial-thickness burns

Meeam C. Provost
(Division Sign-Off)
Division of General, Restorative and Neurological Devices

510(k) Number K030921

(Please do not write below this line – continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter Use
(Per 21 CFR 801.109)