



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Kevin Howard  
Regulatory Officer  
Ellex Medical Pty. Ltd.  
74 to 86 Gilbert Street  
Adelaide SA 5000  
Australia

OCT 6 - 2004

Re: K041598

Trade/Device Name: Laserex LP4532  
Regulation Number: 21 CFR 886.4390  
Regulation Name: Ophthalmic laser  
Regulatory Class: II  
Product Code: HQF  
Dated: September 10, 2004  
Received: September 16, 2004

Dear Mr. Howard:

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.

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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 (240) 276-0115. 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,

*for Miriam C. Provost*

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): K041598

Device Name: Laserex LP4532

**Indications for Use:**

The Laserex LP4532 Ophthalmic Laser is intended for use in the treatment of ocular pathology.

The Laserex LP4532 is indicated for use in photocoagulation of both anterior and posterior segments of the eye including:

- Retinal photocoagulation, pan retinal photocoagulation and intravitreal endophotocoagulation of vascular and structural abnormalities of the retina and choroid including:
  - proliferative and nonproliferative diabetic retinopathy;
  - choroidal neovascularization;
  - branch retinal vein occlusion;
  - age-related macular degeneration;
  - retinal tears and detachments;
  - retinopathy of prematurity;
  - macular grid;
  - macular focal;
- Iridotomy, iridectomy, suturelysis and trabeculoplasty in angle closure glaucoma and open angle glaucoma

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Miriam C. Provost  
(Division Sign-Off)

**Division of General, Restorative,  
and Neurological Devices**

Prescription Use  510(k) Number K041598 OR Over-The-Counter Use   
(Per 21 CFR 801.109)