OCT 2 9 2004

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## 510(k) Summary

| According to the requirements of 21 CFR 807.92, the following information provides sufficient detail to understand the basis for a determination of substantial equivalence.   |
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| Roche Diagnostics<br>9115 Hague Road<br>Indianapolis, IN 46250<br>317-521-3723   |
| Contact Person: Theresa M. Ambrose   |
| Date Prepared: September 9, 2004   |
| Proprietary name: Tina-Quant CRP (Latex) HS Test System (C-reactive protein (latex) high sensitive)  |
| Common name: hsCRP test system   |
| Classification name: Cardiac C-reactive Protein, Antigen, Antiserum, and Control   |
| The Tina-quant® CRP (latex) HS Test System is substantially equivalent to<br>the currently marketed Roche Tina-quant® CRP (latex) HS Test System<br>cleared under K003400. For purposes of the extended intended use, we claim<br>equivalence to the currently marketed Dade Behring N High Sensitivity CRP<br>(K033908) |
| The Tina-quant® CRP (latex) HS Test System is a latex particle-enhanced immunoturbidimetric test for the measurement of C-reactive protein in human serum or plasma.   |
|  |

## 510(k) Summary, Continued

Intended use The Tina-quant® CRP (Latex) High Sensitive Immmunoturbidimetric assay is for the in vitro quantitative determination of C-reactive protein (CRP) in human serum and plasma on Roche automated clinical chemistry analyzers. Measurement of CRP is of use for the detection and evaluation of inflammatory disorders and associated diseases, infection and tissue injury. Highly sensitive measurement of CRP may also be used as an aid in the assessment of the risk of future coronary heart disease. When used as an adjunct to other laboratory evaluation methods of acute coronary syndromes, it may also be an additional independent indicator of recurrent event prognosis in patients with stable coronary disease or acute coronary syndrome.
 Comparison to The below table compares Tina-Quant® CRP (Latex) HS with the predicate

predicate device The below table compares Tina-Quant® CRP (Latex) HS with the predicate devices, Tina-Quant® CRP (Latex) HS (K003400), and Dade-Behring N High Sensitivity CRP (K033908).

510(k) Summary, Continued

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|   | Predicate device Predicate device | Tina-Quant® CRP (Latex) HS Dade-Behring N High Sensitivity<br>(K003400) CRP (K033908) | Immunoturbidimetric assay for the in<br>vitro quantitative determination of<br>CRP in human serum and plasma on<br>automated clinical chemistry analyzers.<br>CRP) in human serum, and heparin<br>automated clinical chemistry analyzers.<br>CRP) in human serum, and heparin<br>and EDTA plasma by means of<br>particle-enhanced<br>immunonephelometry using BN<br>Systems. In acute phase response,<br>increased levels of a number of plasma<br>proteins, including C-reactive protein,<br>are observed. Measurement of CRP is<br>useful for the detection and evaluation<br>of infection, tissue injury,<br>inflammatory disorders, and associated<br>diseases. Measurements may also be<br>used as an aid in the identification of<br>individuals at risk for future<br>cardiovascular disease. High sensitivity<br>CRP (hsCRP) measurements, when<br>used in conjunction with traditional<br>clinical laboratory evaluation of acute<br>coronary syndromes, may be useful as<br>an independent marker of prognosis for<br>recurrent events, in patients with stable<br>coronary disease or acute coronary |
|---|-----------------------------------|---|---|
| Substantial equivalence: comparison table | Tina-Quant® CRP (Latex) HS        | (modified intended use)   | The Tina-quant® CRP (Latex) High<br>Sensitive Immmunoturbidimetric<br>assay is for the in vitro quantitative<br>determination of C-reactive protein<br>(CRP) in human serum and plasma<br>on Roche automated clinical<br>chemistry analyzers. Highly sensitive<br>measurement of CRP is of use for the<br>detection and evaluation of<br>inflammatory disorders and<br>associated diseases, infection and<br>tissue injury. Measurement of CRP<br>may also be used as an aid in the<br>assessment of the risk of future<br>coronary heart disease. When used as<br>an adjunct to other laboratory<br>evaluation methods of acute coronary<br>syndromes, it may also be an<br>additional independent indicator of<br>recurrent event prognosis in patients<br>with stable coronary disease or acute<br>coronary syndrome.  |
| Substantial equiva                        | Characteristic                    |   | Intended Use  |

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28

510(k) Summary, Continued

**Predicate device** (continued)

| Characteristic  | Tina-Quant® CRP (Latex) HS  | Predicate device   | Predicate device  |
|-----------------|---|--|---|
|                 | (modified intended use)   | Tina-Quant® CRP (Latex) HS<br>(K003400)  | Dade-Behring N High Sensitivity   |
| Use<br>Use      | Measurement of CRP is of use for<br>the detection and evaluation of<br>inflammatory disorders and<br>associated diseases, infection and<br>tissue injury. Highly sensitive<br>measurement of CRP may also be<br>used as an aid in the assessment of<br>the risk of coronary heart disease.<br>When used as an adjunct to other<br>laboratory evaluation methods of<br>acute coronary syndromes, it may be<br>an additional independent indicator<br>of recurrent event prognosis in<br>patients with stable coronary disease<br>or acute coronary syndrome. | For the quantitative determination of<br>C-reactive protein in human serum and<br>plasma. In acute phase response,<br>increased levels of a number of plasma<br>proteins, including C-reactive protein,<br>are observed. Measurement of CRP is<br>useful for the detection and evaluation<br>of infection, tissue injury,<br>inflammatory disorders, and associated<br>diseases. | In acute phase response, increased<br>levels of a number of plasma proteins,<br>including C-reactive protein, are<br>observed. Measurement of CRP is<br>useful for the detection and evaluation<br>of infection, tissue injury,<br>inflammatory disorders, and associated<br>diseases. Measurements may also be<br>used as an aid in the identification of<br>individuals at risk for future<br>cardiovascular disease. High sensitivity<br>CRP (hsCRP) measurements, when<br>used in conjunction with traditional<br>clinical laboratory evaluation of acute<br>coronary syndromes, may be useful as<br>an independent marker of prognosis for<br>recurrent events, in patients with stable<br>coronary disease or acute coronary<br>syndromes |
| Assay principle | Same as K003400   | Latex particle-enhanced<br>immunoturbidimetric test  | Particle-enhanced agglutination<br>with nenhelometric detection   |
| Instrument      | Same as K003400   | Roche/Hitachi family of analyzers  | Dade-Behring BN Systems<br>(nepholometric systems)  |
|                 |   |  | (mmin a managed   |

| Regrent                  | Came 22 VOOT 100        |   |                                  |
|--------------------------|-------------------------|---|----------------------------------|
| Stability                |                         | • Unopened kit: up to the stated                                      | • Unopened kit: up to the stated |
| f                        |                         | expiration date at 2-8 °C   | expiration date at 2-8 °C        |
|                          |                         | • On board the analyzer (opened and                                   | Opened: 4 weeks at stored in     |
| -                        |                         | refrigerated): 90 days  | closed vial. Do not freeze       |
| Sample type              | Same as K003400         | Human serum and plasma  | Human serum, and heparin and     |
| T1 :1:/                  |                         |   | EDTA plasma                      |
|                          | Same as both predicates | IFCC/BCR/CAP reference  | IFCC/BCR/CAP reference           |
| standardization          |                         | preparation CRM 470 (RPPHS  | preparation CRM 470 (RPPHS       |
| Measuring                | Came of VOOTAOD         |   | 91/0019)                         |
| range                    | Datile as MUD400        | 0.1 - 20 mg/l_without dilution<br>  0.1 -300 mg/l extended range with | 0.175 - 1100  mg/L with dilution |
|                          |                         | dilution and rerun  |                                  |
| Lower<br>Detection Limit | Same as K003400         | 0.03 mg/L   | 0.175 mg/L                       |
| Within mu                | 0                       |   |                                  |
| w iuni-fun               | Same as K003400         | Control material  | • 2.5 % at 0.5 mg/L              |
|                          |                         | • 0.43% at 4.27 mg/L  | • 3.8 % at 1.3 mg/L              |
|                          |                         | • 0.41% at 11.62 mg/L   | • 2.1 % at 2.1 $mg/L$            |
|                          |                         | Human serum   | • $2.6\%$ at 14 mg/l             |
|                          |                         | • 1.34% at 0.55 mg/L  | = 3.0%  at  21  meV              |
|                          |                         | • 0.78% at 12.36 $m_{\alpha/1}$                                       |                                  |
|                          |                         |   | • 5.7% at 56 mg/L                |
| Between-run              | Same as K003400         | Control material  | • 3.1 % at 0 5 mo/I              |
| precision                |                         | • 2.70 % at 4.34 mg/L   | • 3 8 % at 1 1 mo/I              |
| (%CV)                    |                         |   |                                  |
|                          |                         |   |                                  |
|                          |                         |   | • 4.0 % at 12 mg/L               |
|                          |                         |   | • 2.3 % at 26 mg/L               |
|                          |                         | • 2.51% at 10.98 mg/L   | • 4.4% at 62 mg/L                |
| Functional               | Same as K003400         | 0 11 mo/I   | No+                              |
| Sensitivity              |                         | 0   | INUE AVAILAUIC.                  |
| (CV < 10%)               |                         |   |                                  |
|                          |                         |   |                                  |

| Limitations:<br>interferences | Same as K003400                       | No significant interference up to<br>• I index of 60 (60 mg/dL bilirubin)    | No interference from<br>• Bilirubin un to 230 mg/L                               |           |
|-------------------------------|---------------------------------------|--|--|-----------|
|                               |                                       | • H index of 1000 (1000 mg/dL hemoglobin)                                    | <ul> <li>Hemoglobin up to 36 g/L</li> <li>Triglycerides up to 7.4 g/L</li> </ul> |           |
|                               |                                       | • L index of 1000 at CRP > 5mg/L   | Highly linemic country that accurat  |           |
|                               |                                       | • L index of 800 at CRP > 4mg/L  | be clarified by centrifugation (10 min at 15000 X G) must not be                 |           |
|                               |                                       | • Rheumatoid factors < 1200 IU/mL  | tested.  |           |
|                               |                                       | No high dose hook effect up to 1000<br>mg/L                                  | Particles that are formed in<br>incompletely clotted serum or                    |           |
|                               |                                       | 0  | plasma or due to protein   |           |
|                               |                                       | In rare cases, gammopathy, in  | denaturation must be removed by  |           |
|                               |                                       | particular IgM Waldenstrom's   | centringation prior to testing.  |           |
|                               |                                       | unreliable results   |  |           |
| Limitations:                  | Same as K003400                       | Increases in CRP values are non-   | Increases in CRP values are non-   | - <u></u> |
| Result                        |                                       | specific and should not be interpreted                                       | specific and should not be interpreted   |           |
| Interpretation                |                                       | without a complete clinical history.<br>When using CRP to assess the risk of | without a complete clinical history.   |           |
|                               |                                       | coronary heart disease results should  |  |           |
|                               |                                       | be compared to previous values. For  |  |           |
|                               |                                       | diagnostic purposes, results should  |  |           |
|                               |                                       | always be assessed in conjunction with                                       |  |           |
|                               |                                       | the patient's medical history and other                                      |  |           |
|                               |                                       | findings.  |  |           |
| Expected values               | Same as both predicates (both sets of | Adults: < 5.0 mg/L   | Relative risk/average hsCRP:   | r · -     |
|                               | information are provided)             | Neonates 0-3 weeks: 0.1 – 4.1 mg/L   | Low < 1 mg/L   |           |
|                               |                                       | Children (2 months-15 years) $0.1 - 2.8$ ms/l.                               | Average 1.0-3.0 mg/L<br>High $> 3.0$ mg/L  |           |

**DEPARTMENT OF HEALTH & HUMAN SERVICES** 



**Public Health Service** 

## OCT 2 9 2004

Food and Drug Administration 2098 Gaither Road Rockville MD 20850

Theresa M. Ambrose, Ph.D., DABCC, FACB, RAC Regulatory Principal Roche Diagnostics 9115 Hague Road Indianapolis, IN 46250

Re: k042485

Trade/Device Name: Tina-Quant® CRP (Latex) HS Regulation Number: 21 CFR 866.5270 Regulation Name: C-reactive protein immunological test system Regulatory Class: Class II Product Code: NQD Dated: September 10, 2004 Received: September 13, 2004

Dear Dr. Ambrose:

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 Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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 Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

Page 2

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 information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 594-3084. 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,

Jean M. Corper MS, DVM. Jean M. Cooper, MS, D.V.M.

Jean M. Cooper, MS, D.V.M. Director Division of Chemistry and Toxicology Office of *In Vitro* Diagnostic Device Evaluation and Safety Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): <u>N/A</u> K042485

Device Name: Tina-Quant® CRP (Latex) HS

Indications For Use:

The Tina-quant® CRP (Latex) High Sensitive Immmunoturbidimetric assay is for the in vitro quantitative determination of C-reactive protein (CRP) in human serum and plasma on Roche automated clinical chemistry analyzers. Measurement of CRP is of use for the detection and evaluation of inflammatory disorders and associated diseases, infection and tissue injury. Highly sensitive measurement of CRP may also be used as an aid in the assessment of the risk of future coronary heart disease. When used as an adjunct to other laboratory evaluation methods of acute coronary syndromes, it may also be an additional independent indicator of recurrent event prognosis in patients with stable coronary disease or acute coronary syndrome.

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR

Over-The-Counter Use (21 CFR 807 Subpart C)

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

> Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD) Page 1 of 1

Carol Benson Division Stan-Off

Office of In Vitro Diagnostic Device Evaluation and Safety

510(K) KOZY85