

MAR 2 3 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Christian G. Dube President & CEO CardioMed Supplies, Inc. 5 Gormley Industrial Avenue P.O. Box 575 Gormley, Ontario L0H 1G0 CANADA

Re: K042672

Trade/Device Name: CardioMed-CMS 14F Dual Floating Dialysis Catheters

Regulation Number: 21 CFR §876.5540

Regulation Name: Blood access device and accessories

Regulatory Class: III Product Code: MSD Dated: February 22, 2005 Received: February 23, 2005

Dear Mr. Dube:

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). You may, therefore, market the device, subject to the general controls provisions of the Act. However, you are responsible to determine that the medical devices you use as components in the kit have either been determined as substantially equivalent under the premarket notification process (Section 510(k) of the act), or were legally on the market prior to May 28, 1976, the enactment date of the Medical Device Amendments. *Please note:* If you purchase your device components in bulk (i.e., unfinished) and further process (e.g., sterilize) you must submit a new 510(k) before including these components in your kit. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, and 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 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 <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 (21 CFR Part 807); 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 the labeling regulation, please contact the Office of Compliance at (240) 276-0115. 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 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/industry/support/index.html.

Sincerely yours,

For Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices Office of Device Evaluation

Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K042672

Device Name:	CardioMed-CMS 14F Dual Flo	oating Dialysis Catheters
Indications For Us	e:	
Hemodialysis and Aph jugular vein of an adultion	eresis treatments. The dévice is a t patient. Catheter greater than 40 is the subclavian vein as require	use in attaining vascular access sites for attended to be inserted into the internal Dem are intended for femoral vein d. This catheter is indicated for duration
Prescription Use (Part 21 CFR 801 Sus		Over-The-Counter Use(21 CFR 801 Subpart C)
(PLEASE DO NO NEEDED)	OT WRITE BELOW THIS LI	NE-CONTINUE ON ANOTHER PAGE IF
Col	ncurrence of CDRH, Office	of Device Evaluation (ODE)
(Division Sign- Division of Rep and Radiologic 510(k) Number	productive, Abdominal, al Devices	Page 1 of _/