APR 2 7 2005

К офз474

# 510(k) Summary

Introduction	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.
1) Submitter name, address, contact	Roche Diagnostics 9115 Hague Road Indianapolis, IN 46250 (317)845-2000
	Contact Person: Scott Thiel
	Date Prepared: December 15, 2004
2) Device name	Proprietary name: ACCU-CHEK® Aviva System
	Common name: Whole blood glucose test system
	Classification name: 75, LFR, Glucose dehydrogenase, glucose
3) Predicate device	We claim substantial equivalence to the ACCU-CHEK Advantage system, K010362 and K032552.
4) Device description	The ACCU-CHEK Aviva system utilizes reagent test strips stored within a desiccated vial. A test strip is removed from the vial and inserted into the meter. Upon insertion, the meter is activated. Blood is applied to the end of the test strip, and a glucose result is reported.
	The test principle is:
	Blood from the test site works with the chemicals in the test strip to make a small electrical current in the test strip. The meter reads the current and gives the blood glucose result.
	Continued on next page

5) Intended Use The ACCU-CHEK® Aviva system is designed to quantitatively measure the concentration of glucose in capillary whole blood by persons with diabetes or by health care professionals for monitoring blood glucose in the home or health care facility. The device is indicated for professional use and over-the-counter sale. Professionals may use the test strips to test capillary and venous blood samples; lay use is limited to capillary whole blood testing. Testing sites include traditional fingertip site along with palm, forearm, upper arm, thigh, and calf.

6) Comparison to predicate device The Roche Diagnostics ACCU-CHEK Aviva system is substantially equivalent to other products in commercial distribution intended for similar use. Most notably it is substantially equivalent to the currently marketed ACCU-CHEK Advantage system.

7) Similarities The ACCU-CHEK Aviva system is similar to the ACCU-CHEK Advantage system in the following ways: device

Comment	
Both systems are intended for testing glucose in whole blood by persons	
with diabetes or by health care	
professionals in the home or in	
health care facilities.	
Each systems' test strips and	
controls are designed to be used only	
with that system.	
Both systems utilize whole blood	
samples (capillary or venous).	
Both systems are intended to be used	
by persons in their home, or by	
health care professionals in health	
care facilities.	
Store at room temperature, less than	
90°F. Do not freeze.	

Continued on next page

Торіс	Comment	
Quality control procedure	Quality controls are tested when the	
	cap is left off the vial of test strips,	
	when a new vial is opened, if the	
	meter is dropped, if the result does	
	not agree with the way the user feels,	
	whenever the user wishes to check to	
	performance of the system.	
Reportable range	10 - 600  mg/dL	
Warnings and precautions	Both systems are for <i>in vitro</i>	
	diagnostic use only.	
Monitor coding process	Both systems use a code key,	
	included in the test strip vial,	
	inserted into the meter.	
Test strip packaging	Both systems provide test strips in a	
	desiccated vial.	

7) Similarities to predicate device (continued)

,

Continued on next page

8) Differences from predicate device The ACCU-CHEK Aviva system and the ACCU-CHEK Advantage system differ in the following ways:

Торіс	ACCU-CHEK Aviva	ACCU-CHEK Advantage
Identification of control solution results	Automatically distinguishes control solutions from whole blood samples.	User must identify (flag) the control solution result manually.
Test sample volume Test time	0.6 uL 5 seconds	4.0 uL 26 seconds (Comfort Curve test strips)
Expiration	In addition to information included in labeling, the code key contains expiration date of associated test strips. System informs user when code key has expired.	No notification of expiration beyond that included in labeling.
Test strip technology	The system utilizes both AC/DC electrical impedance information.	The system utilizes electrical biamperometry information.

Continued on next page

Торіс	ACCU-CHEK Aviva	ACCU-CHEK Advantage
Labeling instructions regarding expected results	The normal fasting blood glucose range for an adult without diabetes is 74 – 106 mg/dL. Two hours after meals, the blood glucose range for an adult without diabetes is less than 140 mg/dL. For people with diabetes: please consult your doctor for the blood glucose range appropriate for you.	The normal fasting adult blood glucose range for a non-diabetic is 70 – 105 mg/dL. One to two hours after meals, normal blood glucose levels should be less than 140 mg/dL. Doctors will determine the range that is appropriate for their individual patients.

8) Differences from predicate device (continued)

#### Benefits ACCU-CHEK Aviva's new test strip technology is convenient and easy-touse. Its look, feel, and handling are similar and familiar to conventional reagent test strip users.

ACCU-CHEK Aviva's new test strip technology also allows for the addition of several new test strip fail-safes:

- The ACCU-CHEK Aviva system performs more than 150 checks on the integrity of each test strip prior to use. Strips that have been exposed to excessive heat or humidity are not used to generate test results.
- The ACCU-CHEK Aviva system automatically compensates for some variation in temperature and hematocrit through the AC electrical information channel.
- The ACCU-CHEK Aviva system automatically locks out the user after the test strip expiration date has been exceeded.



APR 2 7 2005

Food and Drug Administration 2098 Gaither Road Rockville MD 20850

Mr. Scott Thiel Regulatory Affairs Program Principal Roche Diagnostics Corp. 9115 Hague Rd Indianapolis, IN 46260

Re: k043474 Trade/Device Name: ACCU-CHEK® Aviva System Regulation Number: 21 CFR 862.1345 Regulation Name: Glucose test system Regulatory Class: Class II Product Code: NBW, LFR, JJX Dated: March 28, 2005 Received: March 29, 2005

Dear Mr. Thiel:

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 (240)276-0484. 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 <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>

Sincerely yours,

Jean M. Cooper MS, DUM

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: K043474

Device Name: ACCU-CHEK® Aviva System

Indications For Use:

The ACCU-CHEK® Aviva system is designed to quantitatively measure the concentration of glucose in capillary whole blood by persons with diabetes or by health care professionals for monitoring blood glucose in the home or health care facility. The device is intended for professional use and over-the-counter sale. Professionals may use the test strip to test capillary and venous blood samples; lay use is limited to capillary whole blood testing. Testing sites include traditional fingertip site along with palm, forearm, upper arm, thigh, and calf.

Prescription Use \_\_\_\_\_ (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_X\_\_\_\_ (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)

Division Sign-Off

Office of In Vitro Diagnostic Device Evaluation and Safety 51000 KO43474

Page 1 of \_\_\_\_