



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 21 2005

Carl Youngmann, Ph.D., RAC
Director, Regulatory and Quality Affairs
FemSpec™
The Presidio, HQ, Bldg 220,
Suite 120, P.O. Box 29450
SAN FRANCISCO CA 94129-0450

Re: K051294
Trade/Device Name: FemTest™ Endometrial
Suction Curette
Regulation Number: 21 CFR 884.1175
Regulation Name: Endometrial suction curette
and accessories
Regulatory Class: II
Product Code: HHK
Dated: October 31, 2005
Received: November 2, 2005

Dear Dr. Youngmann:

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 (Premarket Approval), 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.

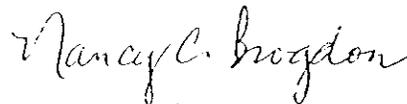
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to 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 one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 892.xxxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 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,



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 Statement

510(k) Number: K051294

Device Name: FemSpec, LLC, FemTest™ Endometrial Suction Curette

Indications for Use:

FemSpec, LLC, FemTest™ Endometrial Suction Curette is a sterile, disposable curette indicated for single patient use in obtaining tissue samples for histological analysis from the endocervical canal and uterus. Histological analysis of the uterine mucosal lining is indicated for:

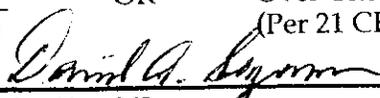
- Cancer screening
- Endometrial dating
- Determining response to estrogen replacement therapy
- Bacterial culturing
- Detection of pathology resulting in infertility
- Monitoring patients receiving Tamoxifen therapy
- Evaluating secondary amenorrhea

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR §801 subpart D)

OR

Over-The-Counter Use _____
(Per 21 CFR §801 subpart C)



(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number K051294