

510(K) SUMMARY

NOV - 4 2005

K052182

The summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA and 21 CFR §807.92

1. Submitter's Name: **SHIAN JIA MEEI ENTERPRISE CO., LTD.**
Address: NO.5,HUA YUAN 2ND ST., PEI HUA VILLAG, KUANG MIAO HSIANG, TAINAN HSIEN , TAIWAN · R.O.C.
Tel: 886-6-5960879
Fax: 886-6-5950259
Contact: Mr. Michael Chen/General Manager
E-mail: sjm58129@ms65.hinet.net
2. Device Name
Trade Name: SHIAN JIA MEEI TWO Channel Digital T.E.N.S.
(Model no. TKL-008/168/268)
Common Name: TENS unit
Classification name: Transcutaneous Electrical Nerve Stimulator
3. Classification: Class II
4. Predicate Device: The predicate device is the **TRIO 300 Multi-mode Electrical Stimulator (k990787)** marketed by ITO CO., LTD.
5. Device Description: **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.**(Transcutaneous Electrical Nerve Stimulator), is of independent two channels output , designed for symptomatic relief and management of chronic intractable pain. It provides a combination of adjustable frequency , adjustable Pulse Width and adjustable output current intensity.

With large LCD panel. It is powered by 9V Battery. **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.** requires the use of two (2) set of lead-wire and two (2) pairs of cutaneous stimulation electrodes.

Model No. description
TKL-008/ TKL-168/ TKL-268 is all the same except the Housing printing artwork , model no. & destination.
6. Intended Use: The **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.** is intended for symptomatic relief and management of chronic intractable pain.
7. Performance Summary: In terms of operating specification, Safety & EMC requirements, the device conforms to applicable standards included EN 60601-1, EN 60601-1-2 & related FDA Output waveform requirements.

8. Conclusions:

The **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.** have the same intended use and similar technological characteristics as the **TENS Mode of TRIO 300 Multi-mode Electrical Stimulator (k990787)** marketed by ITO CO., LTD.. Moreover, bench testing contained in this submission demonstrate that any differences in their technological characteristics do not raise any new questions of safety or effectiveness. Thus, the **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.** is substantially equivalent to the predicate devices.



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Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Jennifer Reich
Representing Shian Jia Meei Enterprise Co., Ltd.
3892 South America West Trail
Flagstaff, Arizona 86001

Re: K052182

Trade/Device Name: Shian Jia Meei Two-Channel Digital TENS,
Model # TKL-008, TKL-168, and TKL-268

Regulation Number: 21 CFR 882.5890

Regulation Name: Transcutaneous electrical nerve stimulator for pain relief

Regulatory Class: Class II

Product Code: GZJ

Dated: August 8, 2005

Received: August 10, 2005

Dear Ms. Reich:

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.

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) 276-0295. 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/industry/support/index.html>.

Sincerely yours,



for Mark N. Melkerson
Acting Director
Division of General, Restorative, and
Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K052182

Device Name: SHIAN JIA MEEI TWO Channel Digital T.E.N.S.
(Model no. TKL-008/168/268)
SHIAN JIA MEEI ENTERPRISE CO., LTD.

Indications For Use:

The **SHIAN JIA MEEI TWO Channel Digital T.E.N.S.** is intended for symptomatic relief and management of chronic intractable pain.

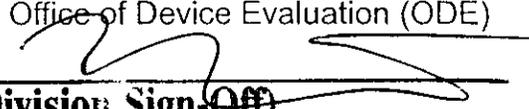
Prescription Use V
(Part 21 CFR 801 Subpart D)

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 Device Evaluation (ODE)


(Division Sign-Off)

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

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