K052441

SEP 2 1 2005

Special 510(k) Premarket Notification
GE LOGIQ 7 Ultrasound BT05
September 2, 2005

Attachment B:

Summary of Safety and Effectiveness

Prepared in accordance with 21 CFR Part 807.92(c).

GE Healthcare
General Electric Company
P.O. Box 414, Milwaukee, WI 53201

Section a):

1. Submitter: GE Medical Systems, Ultrasound and Primary Care Diagnostics, LLC
PO Box 414
Milwaukee, WI 53201

Contact Person: Allen Schuh,
Manager, Safety and Regulatory Engineering
Telephone: 414-647-4385; Fax: 414-647-4090

Date Prepared: September 2, 2005

2. Device Name: GE LOGIQ 7 Diagnostic Ultrasound System, BT05
Ultrasonic Pulsed Echo Imaging System, 21 CFR 892.1560, 90-IYO
Ultrasonic Pulsed Doppler Imaging System, 21 CFR 892.1550, 90-IYN

3. Marketed Device: GE LOGIQ 7 Diagnostic Ultrasound System K010329, K032182, K041813
A device currently in commercial distribution.

4. Device Description: The GE LOGIQ 7 is a full featured general purpose diagnostic ultrasound system. It consists of a mobile console approximately 60 cm wide, 100 cm deep and 140-160 cm (adjustable) high that provides digital acquisition, processing and display capability. The user interface includes a computer keyboard, specialized controls and a color video CRT or LCD image display & LCD touch panel. This modification will provide real-time 3D/4D Volume Image acquisition, additional measurements and productivity enhancement.

5. Indications for Use: The device is intended for use by a qualified physician for ultrasound evaluation of Fetal; Abdominal; Pediatric; Small Organ (breast, testes, thyroid); Neonatal Cephalic; Adult Cephalic; Cardiac (adult and pediatric); Peripheral Vascular; Musculo-skeletal Conventional and Superficial; Urology (including prostate); Transrectal; Transvaginal; Transesophageal and Intraoperative (abdominal, thoracic, vascular and neurosurgical).

6. Comparison with Predicate Device: The GE LOGIQ 7 BT05 is of a comparable type and substantially equivalent to the current GE LOGIQ 7. It has the same technological characteristics, key safety and effectiveness features, physical design, construction, and materials, and has the same intended uses and basic operating modes as the predicate device.

Section b):

1. Non-clinical Tests: The device has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical and mechanical safety, and has been found to conform with applicable medical device safety standards.

2. Clinical Tests: None required.

3. Conclusion: Intended uses and other key features are consistent with traditional clinical practice, FDA guidelines, and established methods of patient examination. The design and development process of the manufacturer conforms with 21 CFR 820, ISO 9001:2000 and ISO 13485 quality systems. The device conforms to applicable medical device safety standards and compliance is verified through independent evaluation with ongoing factory surveillance. Diagnostic ultrasound has accumulated a long history of safe and effective performance. Therefore, it is the opinion of GE Healthcare that the GE LOGIQ 7 BT04 Diagnostic Ultrasound is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

SEP 2 1 2005

Mr. Allen Schuh
Manager, GE Ultrasound Safety and Regulatory Engineering
GE Electric Company
GE Medical Systems, Ultrasound and Primary Care Diagnostics, LLC
4855 West Electric Avenue
WEST MILWAUKEE WI 53219

Re: K052441
Trade Name: GE LOGIQ 7 Ultrasound System
Regulation Number: 21 CFR 892.1550, 892.1560, and 892.1570
Regulation Name: Ultrasonic pulsed doppler imaging system
Ultrasonic pulsed echo imaging system
Diagnostic ultrasonic transducer
Regulatory Class: II
Product Code: IYN, IYO, and ITX
Dated: September 2, 2005
Received: September 6, 2005

Dear Mr. Schuh:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we 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. 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.

This determination of substantial equivalence applies to the following transducers intended for use with the GE LOGIQ 7 Ultrasound System, as described in your premarket notification:

Transducer Model Number

4C
4D3C-L
4D10L
i739 or t739

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 determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

Food and Drug Administration
Center for Devices and Radiological Health
Document Mail Center (HFZ-401)
9200 Corporate Boulevard
Rockville, Maryland 20850

This letter will allow you to begin marketing your device as described in your 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 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) 276-0120. 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

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

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(s)

Diagnostic Ultrasound Indications for Use Form

GE LOGIQ 7 Ultrasound System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application *Anatomy/Region of Interest*	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other
Ophthalmic											
Fetal / Obstetrics	P	P	P	P	P	P	P	P	P	P	
Abdominal[1]	P	P	P	P	P	P	P	P	P	P	
Pediatric	P	P	P	P	P	P	P	P	P	P	
Small Organ[2]	P	P	P		P	P	P	P	P		
Neonatal Cephalic	P	P	P	P	P	P	P	P	P	P	
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	
Cardiac[3]	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	
Other[4]	P	P	P	P	P	P	P	P	P	P	
Exam Type, Means of Access											
Transesophageal	P	P	P	P	P	P	P	P	P		
Transrectal	P	P	P		P	P	P	P	P		
Transvaginal	P	P	P		P	P	P	P	P		
Transuretheral											
Intraoperative[5]	P	P	P	P	P	P	P	P	P	P	
Intraoperative Neurological	P	P	P		P	P	P	P	P	P	
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic
[2] Small organ includes breast, testes, thyroid.
[3] Cardiac is Adult and Pediatric.
[4] Other use includes Urology/Prostate
[5] Intraoperative includes abdominal, thoracic (cardiac), and vascular (PV).
[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD. System provides real-time 3D and 4D acquisition when used with special 4D probes.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

David R. Seyman

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K052441

Prescription Use (Per 21 CFR 801.109)

Diagnostic Ultrasound Indications for Use Form

GE LOGIQ 7 with 4C Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application *Anatomy/Region of Interest*	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other
Ophthalmic											
Fetal / Obstetrics	N	N	N		N	N	N	N	N	N	
Abdominal[1]	N	N	N		N	N	N	N	N	N	
Pediatric											
Small Organ (specify)	N	N	N		N	N	N	N	N		
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	N	N	N		N	N	N	N	N	N	
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other[4]	N	N	N		N	N	N	N	N	N	
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transuretheral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes GYN;
[4] Other use includes Urology;
[*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

David A. Feigal

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K052441

Prescription Use (Per 21 CFR 801.109)

Diagnostic Ultrasound Indications for Use Form

GE LOGIQ 7 with 4D3C-L Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application	Mode of Operation										
Anatomy/Region of Interest	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other
Ophthalmic											
Fetal / Obstetrics	N	N	N		N		N	N	N	N	
Abdominal[1]	N	N	N		N		N	N	N	N	
Pediatric	N	N	N		N		N	N	N	N	
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other[4]	N	N	N		N		N	N	N	N	
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transuretheral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes GYN;

[4] Other use includes Urology;

[*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

Probe has mechanical array motion in the elevational plane providing real-time 3D acquisition.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K052441

Prescription Use (Per 21 CFR 801.109)

Diagnostic Ultrasound Indications for Use Form

GE LOGIQ 7 with 4D10L Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application *Anatomy/Region of Interest*	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	N	N	N		N	N	N	N	N	N	
Abdominal	N	N	N		N	N	N	N	N	N	
Pediatric	N	N	N		N	N	N	N	N	N	
Small Organ[2]	N	N	N		N	N	N	N	N		
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	N	N	N		N	N	N	N	N	N	
Musculo-skeletal Conventional	N	N	N		N	N	N	N	N	N	
Musculo-skeletal Superficial	N	N	N		N	N	N	N	N	N	
Other (specify)											
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transuretheral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.
[*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.
Probe has mechanical array motion in the elevational plane providing real-time 3D acquisition.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

David A. Legrand

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K052441

Prescription Use (Per 21 CFR 801.109)

Diagnostic Ultrasound Indications for Use Form

GE LOGIQ 7 with i739 or t739 Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application *Anatomy/Region of Interest*	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric	E	E	E		E	E	E	E	E	E	
Small Organ[2]	E	E	E		E	E	E	E	E	E	
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	E	E	E		E	E	E	E	E	E	
Musculo-skeletal Conventional	E	E	E		E	E	E	E	E	E	
Musculo-skeletal Superficial	E	E	E		E	E	E	E	E	E	
Other (specify)											
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transuretheral											
Intraoperative [5] (specify)	E	E	E		E	E	E	E	E	E	
Intraoperative Neurological	E	E	E		E	E	E	E	E	E	
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.
[5] Intraoperative includes abdominal, thoracic, and vascular.
[*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K052441

Prescription Use (Per 21 CFR 801.109)