



NOV 10 2005

NIPRO MEDICAL CORPORATION  
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Tel.: (305) 599-7174  
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**SUMMARY OF SAFETY AND EFFECTIVENESS  
NIPRO DISPOSABLE NEEDLES**

807.92 (a)(1)

Contact Person: Cary Goldsmith  
Marketing Manager  
Date of Summary Preparation: August 31, 2005

807.92 (a)(2)

Trade Name: Nipro Hypodermic Needles  
Common Name: Hypodermic Needles  
Classification Name: Needle, Hypodermic, Single Use (880.5570)  
Panel: 80

807.92 (a)(3)

Legally Marketed Substantially Equivalent Device:  
Nipro Branded Disposable Syringes and Needles (K944355)

807.92 (a)(4)

Description of Device:  
The subject devices can be classified as single use hypodermic needles as described in 21 CFR 880.5570. Needle sizes include 16 –30 Gauge, lengths of ½ to 1 ½ inches, and regular or short bevels.

807.92 (a)(5)

Intended Use: The Nipro Hypodermic Needles are intended for use to inject fluids into or withdraw fluids from the parts of the body.

807.92 (a)(6)

Comparison of Technical Characteristics:

The Nipro subject and predicate devices are very similar in materials, design and technological characteristics. Performance, voluntary standards, and biocompatibility tests demonstrate that the devices are substantially equivalent.



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Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Nipro Medical Corporation  
C/O Ms. Kaelyn B. Hadley  
Consultant  
1384 Copperfield Court  
Lexington, Kentucky 40514-1268

Re: K052474  
Trade/Device Name: Nipro Hypodermic Needle  
Regulation Number: 880.5570  
Regulation Name: Hypodermic Single Lumen Needle  
Regulatory Class: II  
Product Code: FMI  
Dated: August 31, 2005  
Received: September 9, 2005

Dear Ms. Hadley:

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) 276-0115. 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,



Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

### Indications for Use

510(k) Number (if known): K052474

Device Name: Nipro Hypodermic Needle

Indications For Use: The Nipro Hypodermic Needle is intended for use to inject fluids into or withdraw fluids from parts of the body below the surface of the skin.

*Antonia D. Miller*  
\_\_\_\_\_  
(Signature)  
Department of Anesthesiology, General Anesthesia,  
Pain Control, Dental Devices  
510(k) Number: K052474

Prescription Use  X   
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)