K052855

OCT 2 8 2005

GE Healthcare

3000 N. Grandview Blvd. W-1140
Waukesha, WI 53188

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

This 510(k) summary of Safety and Effectiveness information is submitted in accordance with the requirement of 21 CFR Part 807.87(h).

Submitter: Lekshmi Nair
FCT Safety and Regulatory Engineer
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Date Prepared: September 20, 2005

PRODUCT IDENTIFICATION

Name: StarSpeed Series CT Scanner Systems

Classification Name: Computed Tomography X-ray System
21CFR892.1750, 90-JAK

Manufacturer: GE Medical Systems LLC (GE Healthcare)
3000 N. Grandview Blvd.
Waukesha, WI 53188

GE YOKOGAWA MEDICAL SYSTEMS
7-127 Asahigaoka 4-chome
Hino-shi, Tokyo, JAPAN 191

GE HANGWEI MEDICAL SYSTEMS CO., LTD.
No.1, Yong Chang North rd.
Beijing economic & technological development zone
Beijing, PR CHINA 100176

Distributor: Same as Manufacturer

Marketed Devices: The StarSpeed Series CT Scanner Systems are of comparable type and substantially equivalent to GE's currently marketed Computed Tomography X-ray Systems that comply with the same or equivalent standards and have the same intended uses, such as the previous LightSpeed CT Scanners.

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DEVICE DESCRIPTION

The StarSpeed Series CT Scanner Systems are composed of a gantry, patient table, operator console, computer, and PDU and includes image acquisition hardware, image acquisition and reconstruction software, and associated accessories. StarSpeed Series is evolutionary modification to LightSpeed 5.0 (K030420) and incorporates the features, function, and some hardware of our current production LightSpeed 4.0 (K013561)16 slice system, the LightSpeed 3.0 (K002978) 8 slice system, and LightSpeed 2.0 (K000300) 4 slice system.

The StarSpeed Series is designed to be a head and whole body CT scanner incorporating the same basic fundamental operating principles and Indications for Use. Materials and construction are equivalent to our existing marketed products, which are compliant with UL 2601-1, IEC 60061-1 and associated collateral and particular standards, and 21CFR Subchapter J.

Indications for Use:

The StarSpeed Series CT Scanner Systems are indicated for head and whole body X-ray Computed Tomography applications.

Comparison with Predicate:

StarSpeed Series is evolutionary modification to LightSpeed 5.0 (K030420) and incorporates the features, function, and some hardware of our current production LightSpeed 4.0 (K013561)16 slice system, the LightSpeed 3.0 (K002978) 8 slice system, and LightSpeed 2.0 (K000300) 4 slice system. It has the same technological characteristics and operating principles, is comparable in key safety and effectiveness and QA features, and uses the same basic design, construction, and materials.

In the opinion of GE Healthcare, the StarSpeed Series CT Scanner Systems are of comparable type and substantially equivalent to currently marketed head and whole body X-ray computed tomography systems that comply with the same or equivalent standards and have the same intended uses. StarSpeed Series will be certified to comply with the X-ray requirements of 21CFR1020.30 and1020.33, as well as the safety requirements of UL2601-1, and IEC 60601-1 and associated collateral and particular standards.

Adverse Effects on Health:

Potential electrical, mechanical and radiation hazards are identified in a risk management summary (hazard analysis) and controlled by:

- System verification and validation to ensure performance to specifications, Federal Regulations, and user requirements.
- Adherence and certification to industry and international standards. (UL/CSA and IEC).

CONCLUSIONS

StarSpeed Series is evolutionary modification to LightSpeed 5.0 (K030420) and incorporates the latest features, function, and some hardware of our current production LightSpeed 4.0 (K013561)16 slice system, the LightSpeed 3.0 (K002978) 8 slice system, and LightSpeed 2.0 (K000300) 4 slice system and does not result in any new potential safety risks and performs as well as or better than devices currently on the market. GE considers the StarSpeed Series CT Scanner Systems to be equivalent to other marketed devices with the same indications for use and meeting similar standards.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 2 8 2005

General Electric Co.
c/o Mr. Tamas Borsai
Division Manager, Medical Division
TUV Rheinland of North America
12 Commerce Road
NEWTOWN CT 06470

Re: K052855
Trade/Device Name: StarSpeed Series CT Scanner System
Regulation Number: 21 CFR §892.1750
Regulation Name: Computed tomography x-ray system
Regulatory Class: II
Product Code: JAK
Dated: October 5, 2005
Received: October 11, 2005

Dear Mr. Borsai:

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	(Gastrocnterology/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

Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

STATEMENT OF INTENDED USE

510(k) Number (if known): K052855

Device Name: StarSpeed Series CT Scanner System

Indications For Use:

The StarSpeed Series CT Scanner Systems are indicated for head and whole body X-ray Computed Tomography applications.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ -OR- Over-The-Counter Use _____
(Per 21 CFR 801.109)

David R. Lagomarsino

(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K052855