Summary of Safety and Effectiveness

Submitter:	Zimmer, Inc. P.O. Box 708 Warsaw, IN 46581-0708
Contact Person:	Anthony Francalancia Senior Associate, Regulatory Affairs Telephone: (574) 372-4570 Fax: (574) 372-4605
Date:	March 15, 2006
Trade Name:	*Zimmer*® Universal Locking System
Common Name:	3.5mm Locking Plate System
Classification Name and Reference:	Plate, Fixation, Bone (21 CFR § 888.3030) Screw, Fixation, Bone (21 CFR § 888.3040)
Predicate Devices:	*Zimmer*® *ECT*® Internal Fracture Fixation system (Pre-amendment device). Synthes Small Fragment Dynamic Compression Locking (DCL) System (K000684, cleared April 28, 2000).
Device Description:	The *Zimmer* Universal Locking System is a plate and screw system intended for internal fracture fixation. The plate selection consists of dual compression, reconstruction, tubular, straight "T" and oblique "T" configurations. Plates accommodate either standard or locking screws via figure-8 shaped holes.
Intended Use:	The Universal Locking System is indicated for temporary internal fixation and stabilization of osteotomies and fractures, including comminuted fractures, supracondylar fractures, extra-articular fractures, fractures in osteopenic bone, nonunions and malunions.
Comparison to Predicate Device:	The Zimmer Universal Locking System plates have the same intended use, similar performance

	characteristics, are manufactured from similar materials and are similar in design to the predicate devices.
Performance Data:	The results of non-clinical (laboratory) performance testing demonstrate that the device is safe and effective.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 26 2006

Zimmer, Inc.
c/o Mr. Anthony Francalancia
Senor Associate, Regulatory Affairs
P.O. Box 708
Warsaw, Indiana 46581-0708

Re: K060710
Trade/Device Name: Zimmer Universal Locking Plate System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: II
Product Code: HRS, HWC
Dated: March 15, 2006
Received: March 16, 2006

Dear Mr. Francalancia:

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) 276-0120. 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/dsma/dsmamain.html

Sincerely yours,

Mark N. Melkerson for
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):

Device Name:

Zimmer Universal Locking Plate System

Indications for Use:

The Universal Locking Plate System is indicated for temporary internal fixation and stabilization of osteotomies and fractures, including;

- Comminuted fractures
- Supracondylar fractures
- Extra-articular fractures
- Fractures in osteopenic bone
- Nonunions
- Malunions

Prescription Use _X_ AND/OR Over-The-Counter Use ____
(Part 21 CFR 801 Subpart D) (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

510(k) Number K060710