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ZODIAC™ Polyaxial Pedicle Screw System
510(k) SUMMARY
July 5, 2006

Company: Alphatec Spine, Inc.
2051 Palomar Airport Road#100
Carlsbad, CA 92011 USA
Telephone: (760) 431-9286
Fax: (760) 431-9132

JUL - 7 2006

Contact Person: Paula Morgan, Director of Regulatory Affairs

Trade/Proprietary Name: ZODIAC Polyaxial Pedicle Screw System

Common Name: Pedicle Screw Spinal System

Classification Name: Spinal Interlaminal Fixation Orthosis (888.3050)
Spondylolisthesis Spinal Fixation Device (888.3070)
Pedicle Screw Spinal System (888.3070)

Product Description:

Adjustable bridges function as transverse connectors. Transverse connectors are used in spinal constructs to add torsional rigidity. The devices come in a range of sizes to accommodate the patient's anatomy. The transverse connectors will be used as part of the ZODIAC Polyaxial Pedicle Screw System. Components are manufactured from titanium alloy, Ti-6Al-4V ELI (ASTM F 136) or stainless steel (ASTM F138).

Indications for Use:

It is intended that this device, in any system configuration be removed after development of solid fusion mass. Hook component indications are limited to T7-L5. Sacral screw indications are limited to the sacrum only.

1) The ZODIAC Polyaxial Pedicle Screw System, when used as a hook and sacral screw fixation system (nonpedicle screw) is intended for:

   a. Patients having fractures of the thoracic and lumbar spine.
   b. Patients having deformity (i.e., idioscoliosis, neuromuscular scoliosis, or kyphoscoliosis with associated paralysis or spasticity).
   c. Patients having spondylolisthesis (i.e., isthmic spondylolisthesis, degenerative spondylolisthesis, and acute pars fracture allowing spondylolisthesis).

2) The ZODIAC™ Polyaxial Pedicle Screw System, when used as a pedicle screw system in the thoraco-lumbo-sacral region of the spine is intended for degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor and failed previous fusion (pseudoarthrosis).

3) In addition, the ZODIAC™ Polyaxial Pedicle Screw System, when used as a pedicle screw fixation system is intended for:

   a. Patients receiving only autogenous bone graft.
   b. Patients having the device fixed or attached to the lumbar and sacral spine and having severe spondylolisthesis grade 3 or 4 at the fifth lumbar-first sacral (L5-S1) vertebral joint.

4) The ZODIAC™ Polyaxial Pedicle Screw System, when used as a laminar hook and bone screw system is intended for:

   a. Patients having fractures of thoracic and lumbar spine.
   b. Patients having thoracolumbar deformity (i.e., idioscoliosis, neuromuscular scoliosis, or kyphoscoliosis with associated paralysis or spasticity).
   c. Patients having spondylolisthesis (i.e., isthmic spondylolisthesis, degenerative spondylolistheses and acute pars fracture allowing spondylolisthesis).

Substantial Equivalence:

The ZODIAC™ Polyaxial Pedicle Screw System is substantially equivalent to the following predicate devices:

Trade/Proprietary Name	Manufacturer	Clearance
UCR Spinal System	SeaSpine	K043232
Moss-Miami Spinal System	Depuy Inc.	K982320
Universal Spine System	Synthes	K022949

Performance Data:

Mechanical and dynamic testing of the transverse connectors as part of a spinal construct using the ZODIAC™ Polyaxial Pedicle Screw System was performed. The test results demonstrate that the mechanical performance of the ZODIAC™ Polyaxial Pedicle Screw System is at least comparable to, if not better than, those of the predicate devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUL - 7 2006

Alphatec Spine, Inc.
% Paula Morgan
Director of Regulatory Affairs
2051 Palomar Airport Road, Suite 100
Carlsbad, California 92011

Re: K061321
Trade/Device Name: ZODIAC Polyaxial Pedicle Screw System
Regulation Number: 21 CFR 888.3070
Regulation Name: Pedicle screw spinal system
Regulatory Class: II
Product Code: MNI, MNH, KWP
Dated: June 9, 2006
Received: June 13, 2006

Dear Ms. Morgan:

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 (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Barbara Buchman for

Mark N. Melkerson
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): K061321

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c. Patients having spondylolisthesis (i.e., isthmic spondylolisthesis, degenerative spondylolistheses and acute pars fracture allowing spondylolisthesis).

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

(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 K061321