JUL - 3 2006

K061535

Special 510(k) Premarket Notification
GE Vivid-*i* and Compact Series Ultrasound
June 1, 2006

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: 414-721-3992; Fax: 414-721-3899

Date Prepared: June 1, 2006

2. Device Name: GE Vivid-i Diagnostic Ultrasound System
Ultrasonic Pulsed Doppler Imaging System, 21 CFR 892.1550, 90-IYN
Ultrasonic Pulsed Echo Imaging System, 21 CFR 892.1560, 90-IYO
Diagnostic Ultrasonic Transducer, 21 CFR 892.1570, 90-ITX

3. Marketed Device: GE Vivid-i Ultrasound System, K033139 currently in commercial distribution.

4. Device Description: The GE LOGIQ Twin is a compact and portable diagnostic ultrasound system with integrated keyboard, fold-up LCD type display and interchangeable electronic-array transducers. It has an overall size approximately 34 cm wide, 29 cm deep and 6 cm high in transport configuration and provides digital acquisition, processing and display capability. The user interface includes a computer keyboard, an intuitive layout of specialized controls, color GUI display and Doppler audio.

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); Transesophageal; Transrectal; Transvaginal; and Intraoperative (abdominal, thoracic, and vascular).

6. Comparison with Predicate Device: The modified GE Vivid-i is of a comparable type and substantially equivalent to the currently marketed GE Vivid-i. It is a compact and readily portable unit having the same design, construction, and materials; is comparable in key safety and effectiveness features. It has the same intended uses as the predicate device and additional software features are identical to that of other cleared GE Ultrasound systems.

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 and ISO13485 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 Medical Systems that the GE LOGIQ Twin 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

JUL - 3 2006

Mr. Allen Schuh
Manager, GE Ultrasound Safety and
Regulatory Engineering
General Electric Company
GE Healthcare
P.O. Box 414
MILWAUKEE WI 53201

Re: K061525
Trade Name: GE Vivid-*i*
Regulation Number: 21 CFR §892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Product Code: IYN
Regulation Number: 21 CFR §892.1560
Regulation Name: Ultrasonic pulsed echo imaging system
Product Code: IYO
Regulation Number: 21 CFR §892.1570
Regulation Name: Diagnostic ultrasonic transducer
Product Code: ITX
Regulatory Class: II
Dated: June 1, 2006
Received: June 2, 2006

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 Vivid-*i*, as described in your premarket notification:

Transducer Model Numbers

4C-RS 12L-RS 5S-RS

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 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 (240) 276-3150 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 Andrew Kang, M.D. at (301) 594-1212.

Sincerely yours,

for David C. Ingram

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

Enclosures

K061525

Diagnostic Ultrasound Indications for Use Form

GE Vivid-*i* Diagnostic 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		
Abdominal[1]	P	P	P	P	P	P	P	P	P		
Pediatric	P	P	P	P	P	P	P	P	P		
Small Organ (specify)[2]	P	P	P		P		P	P	P		
Neonatal Cephalic	P	P	P	P	P	P	P	P	P		
Adult Cephalic	P	P	P	P	P	P	P	P	P		
Cardiac[3]	P	P	P	P	P	P	P	P	P		
Peripheral Vascular	P	P	P	P	P		P	P	P		
Musculo-skeletal Conventional	P	P	P		P		P	P	P		
Musculo-skeletal Superficial	P	P	P		P		P	P	P		
Other[4]	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		
Transvaginal	P	P	P		P		P	P	P		
Transuretheral											
Intraoperative (specify)[5]	P	P	P		P		P	P	P		
Intraoperative Neurological											
Intravascular											
Laparoscopic											

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

Notes: [1] Abdominal includes GYN/Pelvic.
[2] Small organ includes breast, testes, thyroid.
[3] Cardiac is Adult and Pediatric.
[4] Other use includes Urology.
[5] Intraoperative includes abdominal, thoracic (cardiac), and vascular (PV).
[*] Combined modes are B/M, B/PWD, B/CWD, B/Color/PWD, B/Amplitude/PWD.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

David A. Lyon

(Division Sign-Off)
Division of **Reproductive, Abdominal,** and Radiological **Devices**
510(k) Number K061525

Prescription User (Per 21 CFR 801.109)

K061525

Diagnostic Ultrasound Indications for Use Form

GE Vivid-*i* with 4C-RS 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	E	E	E		E		E	E	E		
Abdominal[1]	E	E	E		E		E	E	E		
Pediatric	E	E	E		E		E	E	E		
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other[4]	E	E	E		E		E	E	E		
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/Pelvic;
[3] Cardiac is Adult and Pediatric.
[4] Other use includes Urology;
[*] Combined modes are B/M, B/PWD, B/CWD, B/Color/PWD, B/Amplitude/PWD.
[♦] Coded Pulse is for digitally encoded harmonics and B-flow.

(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 Reproductive, Abdominal, and Radiological Devices
510(k) Number K061525

Prescription User (Per 21 CFR 801.109)

K061525

Diagnostic Ultrasound Indications for Use Form

GE Vivid-*i* with 12L-RS 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											
Abdominal											
Pediatric	E	E	E		E		E	E	E		
Small Organ[2]	E	E	E		E		E	E	E		
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	E	E	E		E		E	E	E		
Musculo-skeletal Conventional	E	E	E		E		E	E	E		
Musculo-skeletal Superficial	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		
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.

[5] Intraoperative includes abdominal, thoracic (cardiac), and vascular (PV).

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

[†] Coded Pulse is for digitally encoded harmonics and B-flow.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

David G. Lyon

(Division Sign-Off)
Division of Reproductive, **Abdominal,**
and Radiological Devices
510(k) Number K061525

Prescription User (Per 21 CFR 801.109)

K061525

Diagnostic Ultrasound Indications for Use Form

GE Vivid-*i* with 5S-RS 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	E	E	E	E	E	E	E	E	E		
Abdominal[1]	E	E	E	E	E	E	E	E	E		
Pediatric	E	E	E	E	E	E	E	E	E		
Small Organ (specify)[2]											
Neonatal Cephalic											
Adult Cephalic	E	E	E	E	E	E	E	E	E		
Cardiac[3]	E	E	E	E	E	E	E	E	E		
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other[4]											
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transuretheral											
Intraoperative (specify)[5]											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

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

Notes: [1] Abdominal includes GYN.
[3] Cardiac is Adult and Pediatric.
[*] Combined modes are B/M, B/PWD, B/CWD, B/Color/PWD, B/Amplitude/PWD.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

David A. Lagomarsino

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number K061525

Prescription User (Per 21 CFR 801.109)