

NOV 22 2006

## Section 4. 510(k) Summary

### General Provisions

Submitter's Name and Address: EKOS Corporation  
11911 North Creek Pkwy South  
Bothell, WA 98011

Contact Person: Jocelyn Kersten  
425-415-3132  
425-415-3101 (fax)  
[jkersten@EKOSCORP.com](mailto:jkersten@EKOSCORP.com)

Classification Name: Catheter, Continuous Flush (KRA)

Common or Usual Name: Continuous Flush Catheter

Proprietary Name: Micro-Infusion System

Name of Predicate Device: Micro-Infusion System

510(k) Reference No.: K060084  
K053437  
K053432

### Device Description

The system consists of a disposable infusion/ultrasound catheter and an instrument that generates and controls the delivery of energy to the catheter. The catheter contains a single ultrasound transducer, located at the distal tip, a thermal sensor and a distal end hole for placement over a guide wire and fluid infusion.

### Intended Use

The EKOS Micro- Infusion System is intended for the controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature.

The EKOS Micro- Infusion System is intended for regional infusion of contrast materials into selected vessels in the neurovasculature. The EKOS Micro- Infusion System may be used for controlled, regional infusion into selected vessels and is not intended for use in the coronary vasculature.

### Summary of Technological Characteristics

The device modifications described in this notification do not affect the technological characteristics for the Micro-Infusion System.

### Test Summary

Electrical safety and system testing confirmed the PT-2B operates as intended with the Micro-Infusion Catheters.

## **Section 5. General Information**

### **Trade and Common Names**

Trade Name: Micro-Infusion System  
Common Name: Continuous Flush Catheter

### **Establishment Registration**

3001627457

### **Manufacturing Facility**

EKOS Corporation  
11911 North Creek Pkwy South  
Bothell, WA 98011

### **Device Classification**

Continuous flush catheters have been classified by the FDA Cardiovascular Panel as Class II (KRA).

### **Purpose of Notification**

The purpose of this SPECIAL 510(k) notification is to seek clearance for a device modification that will implement a 2<sup>nd</sup> generation of the PT-2 Control Unit, the PT-2B.

### **Predicate Device**

The Micro-Infusion System is similar in design and composition and identical in function and intended use to the previously cleared Micro-Infusion System (K053437, K053432 and K060084).

### **Performance Standards**

Performance standards have not been promulgated for continuous flush catheters.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

NOV 22 2006

Jocelyn Kersten  
Vice-President of Regulatory Affairs  
EKOS Corporation  
11911 North Creek Pkwy South  
Bothell, WA 98011

Re: K062507

Trade Name: EKOS Micro-Infusion System-Peripheral Indication  
Regulation Number: 21 CFR 870.1210  
Regulation Name: Continuous flush catheter  
Regulatory Class: Class II  
Product Code: KRA  
Dated: November 2, 2006  
Received: November 6, 2006

Dear Ms. Kersten:

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 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4586. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained 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,



 Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K062507

Device Name: Micro-Infusion System

Indications For Use: The EKOS Micro-Infusion System is intended for the controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature.

The EKOS Micro-Infusion System is intended for regional infusion of contrast materials into selected vessels in the neurovasculature. The EKOS Micro-Infusion System may be used for controlled, regional infusion into selected vessels and is not intended for use in the coronary vasculature.

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(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)

Diana E. Cochran  
(Division Sign-Off)  
Division of Cardiovascular Devices

510(k) Number K062507