

K062833

5. 510(k) Summary

NOV 30 2006



722 Isom Road  
San Antonio, TX 78216  
210-375-8500

SUMMARY

Submitter's name: VidaCare Corporation  
 Address: 722 Isom Road  
 San Antonio, TX 78216  
 Phone: 210-375-8500  
 Fax number: 210-375-8537

Name of contact person: Grace Holland  
 Regulatory Specialists, Inc  
 3722 Ave. Sausalito  
 Irvine, CA 92606  
 Phone: 949-262-0411  
 Fax: 949-552-2821

Date the summary was prepared: September 7, 2006

Name of the device: Powered EZ-IO Bone Marrow Aspiration System  
 Trade or proprietary name: Bone Marrow Aspiration System  
 Common or usual name: Aspiration Needle  
 Classification name: Gastroenterology-urology biopsy instrument.

The legally marketed devices to which we are claiming equivalence [807.92(a)(3)]:

	510(k) Number		Trade or Proprietary or Model Name		Manufacturer
1	K032885	1	VidaPort Intraosseous Infusion System	1	VidaCare Corp.
2	K980196	2	Manan Biopsy Set for Bone and bone Marrow	2	Medical Device Technologies, Inc.

Description of the device:

The Powered EZ-IO Bone Marrow Aspiration System consists of a reusable battery powered driver connected to a disposable intraosseous (IO) needle assembly. Upon activation, the drill penetrates through the cortex of the bone to a desired depth within the bone marrow. The driver then is separated from the hub of the IO needle assembly, leaving the cannula securely seated in the bone. The trocar/stylet containing the drill bit is then removed. A standard Luer lock (part of the needle assembly) then permits attachment of standard syringe for aspiration. The needle is 15 gauge and 60mm long.

Indications:

For Bone Marrow Aspiration of the Iliac Crest.

Summary of the technological characteristics of our device compared to the predicate device:

The predicates and the Powered EZ-IO Bone Marrow Aspiration System were compared in the following areas and found to have similar technological characteristics and to be equivalent.

- Indications for Use
- Target Population
- Driver Design Features
- Needle Design
- Technique
- Sterility
- Biocompatibility
- Anatomical Sites
- Where Used



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Vidacare Corporation  
% Regulatory Specialists, Inc.  
Ms. Grace Holland  
Regulatory Specialist  
3722 Avenue Sausalito  
Irvine, California 92606

NOV 30 2006

Re: K062833

Trade/Device Name: Powered EZ-IO Bone Marrow Aspiration System  
Regulation Number: 21 CFR 876.1075  
Regulation Name: Gastroenterology-urology biopsy instrument  
Regulatory Class: II  
Product Code: FCF  
Dated: October 20, 2006  
Received: October 26, 2006

Dear Ms. Holland:

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

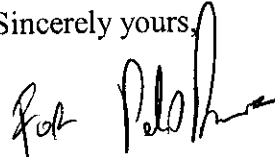
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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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) 276-0115. 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,



Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**4. Indications for Use Statement**  
**Indications for Use**

510(k) Number (if known): \_\_\_\_\_

Device Name: Powered EZ-IO Bone Marrow Aspiration System

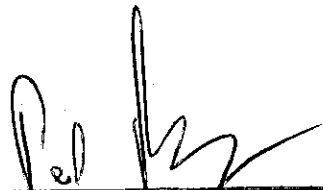
Indications for Use:

For Bone Marrow Aspiration of the Iliac Crest.

Prescription Use   X   AND/OR Over-The-Counter Use \_\_\_\_\_  
(Part 21 CFR 801 Subpart D) (21 CFR 801 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**

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