K073673

WEINMANN
medical technology

11. 510(k) Summary

SOYALA Full Face Mask GEL vented

MAR 2 8 2008

December 12, 2007

Submitter Information:

Weinmann - Geräte fur Medizin GmbH+Co. KG
Kronsaalsweg 40
22525 Hamburg
Germany

Submitter's Name:	Dr. Ralf Egenolf
Phone:	011 49 40 54 70 2 - 370
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Device Name:

Proprietary name:	SOYALA Full Face Mask GEL vented
Common Name:	Full Face Mask
Classification Name:	Accessory to non-continuous ventilator

Device Classification:

21 CFR 868.5905, Class II, Product Code BZD

Predicate Device Equivalence:

Substantial equivalence is claimed to SOYALA Full Face Mask, cleared for commercial distribution per K061653.

Device Description:

The SOYALA Full Face Mask GEL vented is a molded plastic mask, including an exhalation system, for the delivery of CPAP or Bi-level Positive Pressure therapy.

It consists of a gel mask cushion, gel forehead cushion, mask frame, coarse adjustment component, fine adjustment component, forehead support, headgear, headgear clip, ports for pressure measurement, port cap, rotating sleeve, elbow, and retaining ring.

The mask provides a swivel and securely attached elbow connection for simple and secure handling of the tubing between the mask and the therapy device.

Intended Use:

The Full Face Mask is intended for adult patients (>30kg) prescribed continuous positive airway pressure (CPAP) or bi-level therapy for multiple patient use in a hospital or clinic environment after high-level disinfection and for single-patient use in a home environment.

Comparison of Technological Characteristics

The SOYALA Full Face Mask GEL vented has the same technological characteristics as the predicate device.

The modified device has the following similarities to the previously cleared predicate device:

- Same intended use
- Same operating principle
- Same fundamental scientific technology
- Same mask design

Some materials of the modified device are changed. Safety and effectiveness are not affected by these changes.

Summary of Device Testing:

Biocompatibility testing was performed to verify the equivalent safety of the materials that are used. Bench testing was performed to verify equivalent performance. All tests were verified to meet acceptance criteria.

Conclusion:

Based on the above, we concluded that the SOYALA Full Face Mask GEL vented is substantially equivalent to legally marketed predicate device and is safe and effective for its intended use, and performs as well as the predicate device.

End of section.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR 2 8 2008

Dr. Ralf Egenolf
Head of Quality Management
and Regulatory Affairs Department
Weinmann Gerate fur Medizin GmbH + Company KG
Kronsaalsweg 40
22525 Hamburg
GERMANY

Re: K073673
Trade/Device Name: SOYALA Full Face Mask GEL Vented
Regulation Number: 21 CFR 868.5905
Regulation Name: Noncontinuous Ventilator (IPPB)
Regulatory Class: II
Product Code: BZD
Dated: February 28, 2008
Received: March 4, 2008

Dear Dr. Egenolf:

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) 276-0115. 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 (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

6. Indications for Use

510(k) Number (if known): K073673

Device Name: SOYALA Full Face Mask GEL vented

Indications For Use:

The Full Face Mask is intended for adult patients (>30kg) prescribed continuous positive airway pressure (CPAP) or bi-level therapy for multiple patient use in a hospital or clinic environment after high-level disinfection and for single-patient use in a home environment.

Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use ____ (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 Anesthesiology, General Hospital
Infection Control, Dental Devices

510(k) Number: K073673