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DEC 18 2008

510(K) SUMMARY
Summary of Safety and Effectiveness Information
Supporting a Substantially Equivalent Determination

Submitted by: MediCult a/s
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Contact person: Ronald G. Leonardi, Ph.D.

Date Submitted: January 23, 2008

Device Identification

Trade name: BlastAssist[®] and BlastAssist[®] with Phenol Red
Common name: BlastAssist[®] and BlastAssist[®] with Phenol Red
Classification name: Reproductive media and supplements (21 CFR 884.6180, Product Code MQL)

Predicate device:

BlastAssist[®] System (K003156) from MediCult.

Description

BlastAssist[®] and BlastAssist[®] with Phenol Red are defined sterile media, used by assisted reproduction professionals and intended for culture of embryos from the 4-8 cell stage to blastocyst stage and for embryo transfer.

The design of BlastAssist[®] and BlastAssist[®] with Phenol Red is based on BlastAssist[®] System Medium 2 (K003156). The BlastAssist[®] medium is a salt solution added SSR (Synthetic Serum Replacement), HSA, ethanolamine, amino acids, a stable form of L-glutamine, vitamins and antibiotics.

BlastAssist[®] is supplied in 10 ml polyethylene plastic vials with screw top closures

Intended use

BlastAssist[®] and BlastAssist[®] with Phenol Red are used for culture of embryos from the 4-8 cell stage through to blastocyst stage. Can also be used for transfer.

Technological Characteristics

The technological characteristics of BlastAssist[®] are essentially similar to those of the predicate device as they have the same intended use and are based on a physiological salt solution with SSR and amino acids. However, BlastAssist[®] differs in the composition in containing vitamins and ethanolamine. This change does not affect the safety or effectiveness of the device. To prolong the stability of the product a stable form of glutamine has been added.

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Performance data

BlastAssist® has been tested in a human study. The results showed that the product is effective and safe for its intended use. During our study no complaints and no adverse events has been registered in connection with the intended use.

Product Testing Controls

Each batch of BlastAssist® is tested according to Ph. Eur. and USP for sterility, osmolality, pH, endotoxin and Mouse embryo Assay (MEA). Stability studies have been performed.

Conclusion

It is concluded that the safety and the effectiveness of the product for its intended use is shown in the present submission and that the product is substantial equivalence to the predicated device MediCult's BlastAssist® System (K003156).



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Medicult a/s
% Ronald G. Leonardi, Ph.D.
President
R & R Registrations
9915 Camino Chirimolla
SAN DIEGO CA 92131

DEC 18 2008

Re: K080172
Trade/Device Name: BlastAssist®
Regulation Number: 21 CFR §884.6180
Regulation Name: Assisted Reproductive Media and Supplements
Regulatory Class: II
Product Code: MQL
Dated: December 1, 2008
Received: December 2, 2008

Dear Dr. Leonardi:

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.

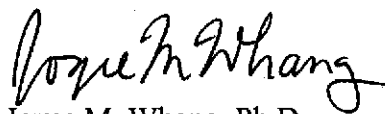
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to 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 one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 894.xxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometrics' (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. 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,



Joyce M. Whang, Ph.D.
Acting Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K080172

Device Name:

BlastAssist®

Indications For Use:

BlastAssist® is for culture from the 4-8 cell stage through to blastocyst stage. Can also be used for embryo transfer.

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)

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(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices

510(k) Number K080172

Indications for Use

510(k) Number (if known): K080172

Device Name:

BlastAssist® with Phenol Red

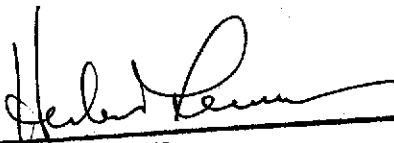
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Prescription Use x AND/OR Over-The-Counter Use
(Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

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