



JAN 29 2009

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Maico Diagnostics  
c/o Mr. Daniel Eggan  
Quality and Regulatory Compliance Manager  
7625 Golden Triangle Drive  
Eden Prairie, MN 55344

Re: K082035

Trade/Device Name: MB11 with BERAPhone Probe, MB11 Standard  
Regulation Number: 21 CFR 882.1900  
Regulation Name: Evoked response auditory stimulator  
Regulatory Class: Class II  
Product Code: GWJ  
Dated: January 15, 2009  
Received: January 16, 2008

Dear Mr. Eggan:

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.

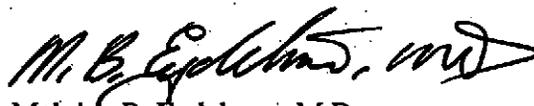
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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 Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (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,



Malvina B. Eydelman, M.D.  
Director  
Division of Ophthalmic and Ear, Nose  
and Throat Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

K082035

Section A

Indications for Use Statement

Applicant(s): Maico-Diagnostics

510(k) Number (if known): K082035

Device Name: Maico MB 11 with BERAphone Probe, MB 11 with BERAphone Probe, or MB 11 Standard

Indications For Use:

The Maico MB 11 with BERAphone and the MB 11 Standard are intended to generate evoked auditory brainstem response (ABR) – based measurements for newborn hearing screening, providing a PASS/REFER result. This does not require special technical skills or interpretation of the results.

Prescription Use  X   
(Part 21 CFR 801 Subpart D)

AND/OR

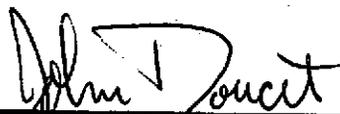
Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Per 21 CFR 801.109)

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(Division Sign-Off)  
Division of Ophthalmic and Ear,  
Nose and Throat Devices

510(k) Number K082035