K082238

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NEOMED incorporated

This 510(k) summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

APPLICANT	NeoMed FDA Owner/Operator #10022926 507 Hickory Ridge Trail Suite 120 Woodstock, GA 30188 Tony Lair, President Tel: 770-516-2225 Fax: 770-516-2448 Email: lair1@concentric.net
OFFICIAL CORRESPONDENT	Penny Northcutt, RAC, CQA Regulatory Consultant for NeoMed, Inc. REGSolutions, LLC Tel: 678-428-6978 Fax: 678-513-0937 Email: pennynorthcutt@theregsolutions.com
TRADE NAME:	NeoMed Polyurethane Feeding Tube
CLASSIFICATION NAME:	Gastrointestinal Tube and Accessories
DEVICE CLASSIFICATION	Class II per 21 CFR §876.5980
AND PRODUCT CODE	Product Code: 78 FPD
PREDICATE DEVICE NAME	NeoMed Silicone Enteral Feeding Tube (K072881) Cleared January 8, 2008

SUBSTANTIAL EQUIVALENCE:

The NeoMed Polyurethane Feeding Tube is substantially equivalent to the NeoMed Silicone Enteral Feeding Tube cleared under K072881.

Both devices have the same method of operation, delivery of liquid nutrition media through a single lumen catheter. Bench testing has demonstrated that the NeoMed Polyurethane Feeding Tube is functionally equivalent to predicate NeoMed Silicone Enteral Feeding Tube, and that any minor differences do not affect safety or effectiveness.

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DESCRIPTION OF THE DEVICE:

The NeoMed Polyurethane Feeding Tube is a polyurethane single lumen catheter that is used to deliver liquid nutritional media.

The device consists of the following main components: a feeding tube single lumen catheter, a hub with tethered connection closure plug, and a connector.

INDICATIONS FOR USE:

The NeoMed Polyurethane Feeding Tube is intended for nasogastric or orogastric delivery of various types of liquid nutritional media through the gastro intestinal tract of neonatal and small pediatric patients, and is not intended for use beyond 30 days.

PERFORMANCE DATA:

The NeoMed Polyurethane Feeding Tube materials that come in direct contact with the patient have a long history of use in catheter and feeding tube manufacture and are biocompatible according to ISO 10993. Design verification performance test results demonstrate that the NeoMed Polyurethane Feeding Tube performs its intended use and is equivalent to the predicate device.

CONCLUSION:

Based on the performance testing, it can be concluded that the NeoMed Polyurethane Feeding Tube is equivalent to the predicate NeoMed Silicone Enteral Feeding Tube with respect to intended use and technological characteristics.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

OCT 01 2008

NeoMed, Inc.
c/o Ms. Penny Northcutt, RAC
Official Correspondent
Regsolutions, LLC
717 Lakeglen Drive
SUWANEE GA 30024

Re: K082238
Trade/Device Name: NeoMed Polyurethane Feeding Tube
Regulation Number: 21 CFR §876.5980
Regulation Name: Gastrointestinal tube and accessories
Regulatory Class: II
Product Code: FPD, BSS
Dated: September 17, 2008
Received: September 19, 2008

Dear Ms. Northcutt:

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" (21CFR 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): K082238

Device Name: **NEOMED POLYURETHANE FEEDING TUBE**

Indications For Use:

The NeoMed Polyurethane Feeding Tube is intended for nasogastric or orogastric delivery of various types of liquid nutritional media through the gastro intestinal tract of neonatal and small pediatric patients, and is not intended for use beyond 30 days.

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 Reproductive, Abdominal,
and Radiological Devices
510(k) Number K082238