

1092919

OCT 23 2009

Page 1 of 1

510(k) Summary

510(k) Submission Information:

Device Manufacturer: Siemens Healthcare Diagnostics
Contact name: Shannon Popson, Regulatory Affairs Senior Technical Specialist
Fax: 916-374-3330
Date prepared: September 11, 2009
Product Name: Microdilution Minimum Inhibitory Concentration (MIC) Panels
Trade Name: MicroScan® Synergies plus® Gram-Positive MIC/Combo Panels
Intended Use: To determine antimicrobial agent susceptibility
510(k) Notification: Device Modification – Evaluation of Vancomycin (K060312) versus *S. aureus* interpretive criteria ($S \leq 2$, $I = 4 - 8$, $R \geq 16$).
Predicate device: MicroScan® Synergies plus® Gram-Positive MIC/Combo Panels

510(k) Summary:

MicroScan® Synergies plus Gram-Positive MIC/Combo Panels, utilizing both the MicroScan® Rapid Fluorogenic Identification and Dried Overnight Antimicrobial Susceptibility Testing (AST) technologies, are designed for use in determining quantitative and/or qualitative antimicrobial agent susceptibility of colonies grown on solid media of rapidly growing aerobic and facultative anaerobic gram-positive staphylococci and enterococci.

The antimicrobial susceptibility tests are miniaturizations of the broth dilution susceptibility test that have been diluted in water and dehydrated. Various antimicrobial agents are diluted in water, buffer, or minute concentrations of broth, to concentrations bridging the range of clinical interest. Panels are rehydrated with Synergies plus® Pos Broth, after inoculation with a standardized suspension of the organism. After incubation in the WalkAway® SI System, or equivalent, for 4.5 - 18 hours, the minimum inhibitory concentration (MIC) for the test organism is read by determining the lowest antimicrobial concentration showing inhibition of growth.

The proposed MicroScan® Synergies plus® Gram-Positive MIC/Combo Panel demonstrated substantially equivalent performance when compared with a frozen Reference Panel, as defined in the FDA document "Class II Special Controls Guidance Document: Antimicrobial Susceptibility Test (AST) Systems; Guidance for Industry and FDA", dated March 5, 2007. The Premarket Notification (510[k]) presents data in support of the MicroScan® Synergies plus® Gram-Positive MIC/Combo Panel with vancomycin.

Vancomycin has been cleared for susceptibility testing via Premarket Notification submissions. The Special Premarket Notification (510{k}) presents support of a request for a device modification, the updating of the product labeling with *S. aureus* interpretive criteria of ($S \leq 2$, $I = 4 - 8$, $R \geq 16$).

The *S. aureus* data from the previously cleared vancomycin external evaluation (K060312) was compared to the performance of a CLSI frozen Reference panel utilizing the revised interpretive criteria ($S \leq 2$, $I = 4 - 8$, $R \geq 16$). Challenge strains were compared to Expected Results determined prior to the evaluation. The Synergies plus® Gram-Positive Panel demonstrated acceptable performance with an overall Essential Agreement of 97.6% for vancomycin when compared with the frozen Reference panel.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Building 66
Silver Spring, MD 20993

OCT 23 2009

Ms. Shannon Popson
Regulatory Affairs Senior Technical Specialist
Siemens Healthcare Diagnostics
2040 Enterprise Blvd
West Sacramento, CA 95691

Re: k092919
Trade/Device Name: MicroScan[®] Synergies plus[®] Gram – Positive MIC/Combo Panels
with Vancomycin (0.25 – 64 mcg/ml)
Regulation Number: 21 CFR 866.1640
21 CFR 866.1645
Regulation Name: Antimicrobial Susceptibility Test Powder
Fully automated short-term incubation cycle antimicrobial
susceptibility system
Regulatory Class: Class II
Product Code: LON, JWY
Dated: August 24, 2009
Received: September 23, 2009

Dear Ms Popson:

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.

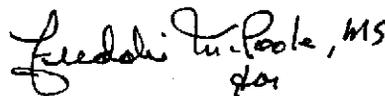
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish 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 Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

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 information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 594-3084. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained 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/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in black ink that reads "Sally A. Hojvat, M.Sc., Ph.D." with a small flourish at the end.

Sally A. Hojvat, M.Sc., Ph.D.
Director
Division of Microbiology Devices
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and
Radiological Health

Enclosure

Indication for Use

510(k) Number (if known): K092919

Device Name: MicroScan[®] Synergies plus[®] Gram-Positive MIC/Combo Panels with Vancomycin (0.25 – 64 mcg/ml)

Indication For Use:

The MicroScan[®] Synergies plus[®] Gram-Positive MIC/Combo Panel is used to determine quantitative and/or qualitative antimicrobial agent susceptibility of colonies grown on solid media of rapidly growing aerobic and facultative anaerobic gram-positive staphylococci and enterococci. After inoculation, panels are incubated for 4.5 – 18 hours at 35°C +/- 1°C, in a WalkAway[®] SI, or equivalent, and read by the MicroScan[®] Instrumentation. Additionally, the panels may be incubated in a non-CO₂ incubator and the Antimicrobial Susceptibility Testing (AST) portions can be read visually, according to the Package Insert.

This particular submission is for the addition of the antimicrobial vancomycin, at concentrations of 0.25 to 64 µg/ml, to the test panel.

The gram-positive organisms which may be used for vancomycin susceptibility testing in this panel are:

- *Enterococcus* spp. (e.g., *Enterococcus faecalis*)
- *Staphylococcus* spp.
- *Staphylococcus aureus* (including methicillin-resistant strains)
- *Staphylococcus epidermidis* (including methicillin-resistant strains)

Prescription Use (21 CFR Part 801 Subpart D)

And/Or

Over the Counter Use (21 CFR Part 801 Subpart C)

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

Concurrence of CDRH, Office of In Vitro Diagnostic Device Evaluation and Safety (OIVD)



Division Sign-Off
Office of In Vitro Diagnostic Device
Evaluation and Safety

510(k) K092919