



Registration Number k081971

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

BioClean Chemo Ultimate

1. Submitter's name	Nitritex (M) Sdn. Bhd.
2. Submitter's address	Lot 2935B, Kampung Bataui 9 Kebun Baru, Jalan Masjid, 42500 Teluk Panglima Garang, Selangor Darul Ehsan, Malaysia
3. Telephone	603-3122 2614
4. Fax	603-3122 6331
5. Date of preparation	17 November 2008
6. Name of device:	
Trade Name	BioClean Chemo Ultimate
Common name	Patient examination glove
Classification name	Glove, Patient Examination, Specialty – 80LZC
7. Legally marketed device to which equivalency is claimed	The BioClean Chemo Ultimate is substantially Equivalent to the current Class 1 Patient Examination Glove bearing the product code 80LZC, 21 CFR 880.6250. It meets the current specifications ASTM D 6977-04 and has been tested for chemotherapy agent permeation performance according to ASTM D 6978-05
8. Description of device	The BioClean Chemo Ultimate is a powder free, sterile, Polychloroprene examination glove, tested for use with chemotherapy agents.
9. Intended use of the device	A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner. Tested for use with Chemotherapy Drugs



10. Summary of Technological characteristics of the device	Non-clinical tests	Standard	Performance	
	Dimensions	ASTM D 6977-04	Met	
	Physical properties	ASTM D 6977-04	Met	
	Freedom from pinholes	ASTM D 6977-04	Met	
		ASTM D 5151-06	Met	
	Powderfree	ASTM D 6124-06	Met	
	Biocompatibility	ISO 10993-10: 2002	Met	
	Resistance to permeation	ASTM D 6978-05	See Data Below	
	Chemotherapy agent tested and concentration		Breakthrough detection time (minutes)	
	Cisplatinum, 1.0 mg/mL		No Breakthrough up to 480	
	Carmustine, 3.3 mg/mL		2.0	
	Cyclophosphamide, 20.0 mg/mL		No Breakthrough up to 480	
	DoxorubicinHydrochloride		No Breakthrough up to 480	
	5-Fluorouracil, 50.0 mg/mL		No Breakthrough up to 480	
Methotrexate, 25.0 mg/mL		No Breakthrough up to 480		
Etoposide, 20.0 mg/mL		No Breakthrough up to 480		
Paclitaxel (Taxol), 6.0 mg/mL		No Breakthrough up to 480		
Thio-Tepa, 10.0 mg/mL		47.7		
11. Brief description of clinical tests	No new clinical tests were required to support this 510(k) application			
12. Conclusions from the non-clinical and clinical tests	The testing carried out confirms that the BioClean Ultimate is as safe, as effective and perform as well as the glove performance standards referenced in 10, above and can, therefore be classified as: Glove, Patient Examination, Specialty – 80LZC			
13. Other information deemed necessary by FDA	None			



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Derek Watts
Director
Nitritex (M) Sdn. Bhd.
Lot 2935B, Kg. Batu 9
Kebun Baru, Jln Masjid
Telok Panglima Garang
Kuala Langat, Selangor DE
MALAYSIA 42500

DEC 23 2008

Re: K081971

Trade/Device Name: BioClean Chemo Ultimate
Regulation Number: 21 CFR 880.6250
Regulation Name: Patient Examination Glove
Regulatory Class: Class I
Product Code: LZC
Dated: November 27, 2008
Received: December 5, 2008

Dear Mr. Watts:

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,



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

Indications for use

510(k) Number (if known) **K081971**

Device Name **BioClean Chemo Ultimate**

Indications For Use

A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

Tested for use with Chemotherapy Drugs

Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use **x**
(21 CFR 807 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

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