K082297



DEC 0 9 2008

# 510(k) Summary

Regulatory Affairs Contact:

Muhamad Ansari

Busse Hospital Disposables

PO Box: 11067 75 Arkay Dr.

Hauppauge NY 11788

Telephone:

631-435-4711 Ext: 254

Fax:

631-435-2849

**Date Summary Prepared:** 

August 6, 2008

**Product Trade Name:** 

**Busse Surgical Drapes** 

Common Name:

Surgical Drapes

Classification Name:

Surgical Drapes

Class II, 21 CFR 878.4370, Product code KKX

Predicate Device:

3M Company, Drapes, K031287

**Device Description:** 

Surgical drapes are intended to provide protection from microbial and other contamination. There are various sizes, with & without fenestration, and with & without adhesive strip/patch.

Intended Use:

A Surgical Drape is a protective patient covering, such as to isolate a site of surgical incisions from microbial

and other contamination.



## Technological Characteristics/Substantial Equivalence:

The surgical drapes are generally identical to 3M Surgical Drapes in design, material & intended use.

## Summary of Testing:

All materials used in the fabrication of the surgical drapes were evaluated through biological qualification safety tests.

The biocompatibility tests performed were:

- 1. Kligman Maximization Test
- 2. Intracutaneous Injection Test
- 3. Systemic Injection Test
- 4. Rabbit Pyrogen Test

These materials have met the testing requirements and were found to be acceptable for the intended use.

### Conclusion:

The above statements are accurate representations of the device Busse intents to market. Based on all the testing and comparison Busse believes the subject device is generally equivalent to the predicate device. All data and information submitted in this premarket notification is truthful and accurate and no material fact has been omitted.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## DEC 0.9 2008

Mr. Muhamad Ansari Director of Regulatory Affairs Busse Hospital Disposables, Incorporated 75 Arkay Drive Hauppauge, New York 11788

Re: K082297

Trade/Device Name: Busse Surgical Drape I Regulation Number: 21 CFR 878.4370

Regulation Name: Surgical Drape and Drape Accessories

Regulatory Class: II Product Code: KKX

Dated: November 13, 2008 Received: November 18, 2008

#### Dear Mr. Ansari:

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 <u>Federal</u> 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" (21 CFR 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 <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Chiu S. Lin, Ph. D

**Division Director** 

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

rette of Michael Ones

Office of Device Evaluation

Center for Devices and

Radiological Health

| Indications for Use Statement   |   |
|---|---|
|   | •   |
| 510(k) Number (if known): <u>K082297</u>  |   |
| Device Name: Busse Surgical Drape I   |   |
| Indication for Use: The Busse Surgical Drape covering, such as to isolate a site of surgical ir using ethylene oxide. | e is intended for external use only and is used is as a protective patient ncisions from microbial and other contamination. They are provided sterile |
| Prescription Use Al (Per 21 CFR 801Subpart D)   | .ND/OR Over-The-Counter Use X<br>(Per 21 CFR 801Subpart C)  |
| (PLEASE DO NOT WRITE BELO   | OW THIS LINE CONTINUE ON ANOTHER PAGE IF NEEDED)  |
|   |   |
| Concurrence of  | of CDRH, Office of Device Evaluation (ODE)  |
| (Division   | Stenly M mylight  |

Division of Anesthesiology, General Hospital Infection Control, Dental Devices