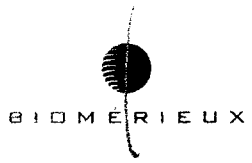
K032711

OCT 3 1 2003



510(k) SUMMARY

VITEK® Gram Negative Gatifloxacin

510(k) Submission Information:

Submitter's Name:	bioMérieux, Inc.
Address:	595 Anglum Road Hazelwood, MO 63042
Contact Person:	Nancy Weaver Staff Regulatory Affairs Specialist
Phone Number:	314-731-8695
Fax Number:	314-731-8689
Date of Preparation:	August 29, 2003

B. Device Name:

Formal/Trade Name:	VITEK® Gram Negative Gatifloxacin (1.5 - 10 µg/ml)
Classification Name:	Fully Automated Short-Term Incubation Cycle Antimicrobial Susceptibility Device, 21 CFR 866.1645
Common Name:	VITEK GNS Gatifloxacin

C. Predicate Device: VITEK® Gram Negative Susceptibility Card – Cefpodoxime (N50510/S073)

D. 510(k) Summary:

VITEK® Gram Negative Gatifloxacin is designed for antimicrobial susceptibility testing of *Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Acinetobacter lwoffii, Citrobacter koseri, Citrobacter freundii, Enterobacter aerogenes, Enterobacter cloacae, Klebsiella oxytoca, Morganella morganii* and *Proteus vulgaris.* It is intended for use with the VITEK® System as a laboratory aid in the determination of *in vitro* susceptibility to antimicrobial agents. The antimicrobial presented in VITEK GNS Card is in concentrations equivalent by efficacy to standard method concentrations in mcg/ml. The VITEK GNS Cards are essentially miniaturized versions of the doubling dilution technique for determining the minimum inhibitory concentration (MIC) my microdilution methodology.

The bacterial isolate to be tested is diluted to a standardized concentration in 0.45% saline before being used to rehydrate the antimicrobial medium within the card. The VITEK automatically fills, seals and places the card into the incubator/reader. The VITEK monitors the growth of each well in the card over a defined period of time (up to 15 hours). At the

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http://www.biomerieux-usa.com

completion of the incubation cycle, a report is generated that contains the MIC value along with the interpretive category result for each antibiotic contained on the card.

VITEK Gram Negative Gatifloxacin demonstrated substantially equivalent performance when compared with the NCCLS reference agar dilution method, as defined in the Class II Special Controls Guidance Document: Antimicrobial Susceptibility Test (AST) Systems; Guidance for Industry and FDA, February 5, 2003.

The Premarket Notification (510[k]) presents data in support of VITEK Gram Negative Gatifloxacin.

An external evaluation was conducted with fresh and stock clinical isolates and stock challenge strains. The external evaluations were designed to confirm the acceptability of VITEK Gram Negative Gatifloxacin by comparing its performance with the NCCLS agar dilution reference method. VITEK Gram Negative Gatifloxacin demonstrated acceptable performance of 97.9% overall Essential Agreement when compared to the agar dilution reference method. Reproducibility and Quality Control demonstrated acceptable results.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

OCT 31 2003

Ms. Nancy Weaver
Staff Regulatory Affairs Specialist
BioMerieux, Inc.
595 Anglum Road
Hazelwood, MO 63042-2320

Re: k032711
Trade/Device Name: VITEK® Gram Negative Gatifloxacin (1.5-10 µg/ml)
Regulation Number: 21 CFR 866.1645
Regulation Name: Fully Automated Short-Term Incubation Cycle Antimicrobial Susceptibility Devices
Regulatory Class: Class II
Product Code: LON
Dated: August 29, 2003
Received: September 2, 2003

Dear Ms. Weaver:

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,

Steven Gutman

Steven I. Gutman, M.D., M.B.A.
Director
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and
Radiological Health

Enclosure

Indications for Use Statement

510(k) Number (if known): K032711

Device Name: VITEK® Gram Negative Gatifloxacin (1.5 - 10 µg/ml)

Indications for Use:

The VITEK® Gram Negative Gatifloxacin is designed for antimicrobial susceptibility testing of *Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Acinetobacter lwoffii, Citrobacter koseri, Citrobacter freundii, Enterobacter aerogenes, Enterobacter cloacae, Klebsiella oxytoca, Morganella morganii* and *Proteus vulgaris.* It is intended for use with the VITEK® System as a laboratory aid in the determination of *in vitro* susceptibility to antimicrobial agents.

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Division Sign-Off

Office of In Vitro Diagnostic Device Evaluation and Safety

510(k) K032711

* For Prescription Use Only