

Public Health Service

Food and Drug Administration 10903 New Hampshire Avenue Document Contro! Room ~WO66-G609 Silver Spring, MD 20953-0002

Hersill, S.L.
% Underwriters Laboratories, Inc.
Mr. Jeff D. Rongero
12 Laboratory Drive
Research Triangle, North Carolina 27709

APR 2 7 2010

Re: K093241

Trade/Device Name: V7 Portable Suction Units

Regulation Number: 21 CFR 878,4780 Regulation Name: Powered suction pump

Regulatory Class: Class II Product Code: BTA Dated: April 09, 2010 Received: April 12, 2010

Dear Mr. Rongero:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to 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 Register</u>.

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)

## Page 2 - Mr. Jeff D. Rongero

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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 (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic

And Restorative Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure







## 3. INDICATIONS FOR USE STATEMENT

## **Indications for Use**

510(k) Number (if known):  Device Name: V7 portable suction units Indications for Use:
The V7 unit is an electrically powered portable suction equipment, intended for used in clinical institutions; the V7 m, V7 mx, V7 plus b, V7 plus b emergency models are specifically designed for transport and emergency field use.
It is indicated for taking out secretions, blood or vomits from the respiratory track of the patients to let air flow freely to the lungs.
There are a full range of V7 portable aspirators. There is a specific machine that adapts to each need as far as the vacuum and flow, the collection capacity, different modes and levels of electrical supply are concerned.
Prescription UseX Over-The-Counter Use (Part 21 CFR 801 Subpart D) AND/OR (21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER
PAGE OF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
(Posted November 13, 2003)  (Posted November 13, 2003)  (Division Sign-Off)  Division of Surgical, Orthopedic, and Restorative Devices  - 3.1 510(k) Number