

May 7, 2020

Shenzhen Mindray Bio-medical Electronics Co., LTD. Yanhong Bai Manager Regulatory Affairs, Technical Regulation Department Mindray Building, Keji 12th Road South Hi-tech Industrial Park, Nanshan Shenzhen, China 518057

Re: K192972

Trade/Device Name: Patient Monitor Regulation Number: 21 CFR 870.1025

Regulation Name: Arrhythmia Detector And Alarm (Including ST-Segment Measurement And Alarm)

Regulatory Class: Class II

Product Code: MHX, DSI, MLD, DRT, DXN, DSK, FLL, DQA

Dated: April 7, 2020 Received: April 8, 2020

Dear Yanhong Bai:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. 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 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/training-and-continuing-education/cdrh-learn) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Jennifer Shih
Assistant Director (Acting)
Division of Cardiac Electrophysiology,
Diagnostics and Monitoring Devices
Office of Cardiovascular Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

510(k) Number (if known)

K192972

Device Name

BeneVision N Series Patient Monitors (Including BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1)

Indications for Use (Describe)

BeneVision N12/N15/N17/N19/N22

The BeneVision N12/N15/N17/N19/N22 patient monitors are intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration Rate (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO2), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure(IBP), Pulmonary Artery Wedge Pressure (PAWP), Cardiac Output (C.O.), Continuous Cardiac Output (CCO), Mixed/Central Venous Oxygen Saturation (SvO2/ScvO2), Carbon Dioxide (CO2), Oxygen (O2), Anesthetic Gas (AG), Impedance Cardiograph (ICG), Bispectral Index (BIS), Respiration Mechanics (RM), Neuromuscular Transmission Monitoring (NMT), Electroencephalograph (EEG), and Regional Oxygen Saturation (rSO2). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- The arrhythmia detection, BIS, RM, CCO, SvO2/ScvO2, PAWP, and NMT monitoring are intended for adult and pediatric patients only;
- C.O. monitoring is intended for adult patients only;
- ICG monitoring is intended for only adult patients who meet the following requirements: height: 122 to 229cm, weight: 30 to 155kg.
- rSO2 monitoring is intended for use in individuals greater than 2.5kg.

The monitors are to be used in healthcare facilities by clinical professionals or under their guidance. They should only be used by persons who have received adequate training in their use. The BeneVision N12/N15/N17/N19/N22 monitors are not intended for helicopter transport, hospital ambulance, or home use.

(Continue on next page for N1 Indications for Use)

Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) Number (if known): K192972

Indications for Use (con't)

BeneVision N1 Patient Monitor:

The BeneVision N1 Patient Monitor is intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO2), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Carbon Dioxide (CO2) and Oxygen (O2). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

• The arrhythmia detection and PAWP is intended for adult and pediatric patients only

The BeneVision N1 monitor is to be used in healthcare facilities. It can also be used during patient transport inside and outside of the hospital environment. It should be used by clinical professionals or under their guidance. It should only be used by persons who have received adequate training in its use. It is not intended for home use.

In accordance with 21 CFR 807.87(h) and (21 CFR 807.92) the 510(k) Summary for the Mindray BeneVision N Series Monitors is provided below.

1. SUBMITTER

Applicant: SHENZHEN MINDRAY BIO-MEDICAL

ELECTRONICS CO., LTD.

Mindray Building, Keji 12th Road South High-tech Industrial Park, Nanshan Shenzhen 518057, P.R. China

Tel: +86 755 81888998 Fax: +86 755 26582680

Contact: Contact Person: Yanhong Bai

Title: Manager Regulatory Affairs

Phone: +86 755 81885635 Fax: +86 755 26582680

E-mail: <u>baiyanhong@mindray.com</u>

Date Prepared: October 22, 2019

2. DEVICE

Device Trade Name: BeneVision N Series Patient Monitors (Including

BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1)

Device Common Name: Patient Monitor

Classification Name: 21 CFR 870.1025, Class II, Arrhythmia detector and

alarm (including ST-segment measurement and alarm)

Regulatory Class: Class II

Primary Product Code: MHX - Monitor, Physiological, Patient (with

arrhythmia detection or alarms)

Table 1: Secondary Product Codes

Regulation Number/Class	Product Code	Regulation description	Device Common Name
870.1025, II	DSI	Arrhythmia detector and alarm (including ST-segment measurement and alarm)	Detector and alarm, arrhythmia

Regulation Number/Class	Product Code	Regulation description	Device Common Name
870.1025, II	MLD	Arrhythmia detector and alarm (including ST-segment measurement and alarm)	Monitor, st segment with alarm
870.2300, II	DRT	Cardiac Monitor (including cardiotachometer and rate alarm)	Monitor, cardiac (incl. cardiotachometer & rate alarm)
870.1130, II	DXN	Noninvasive blood pressure measurement system	System, measurement, blood-pressure, non-invasive
870.1110, II	DSK	Blood pressure computer	Computer, blood-pressure
880.2770, II	DSB	Impedance plethysmograph.	Plethysmograph, impedance
880.2700, II	MUD	Oximeter	Oximeter, tissue saturation
870.2340, II	MLC	Electrocardiograph	Monitor, st segment
870.2370, II	KRC	Electrocardiograph surface electrode tester.	Tester, electrode, surface, electrocardiographic
880.2910, II	FLL	Clinical electronic thermometer	Thermometer, electronic, clinical
870.2700, II	DQA	Oximeter	Oximeter
870.2300, II	MSX	Cardiac monitor (including cardiotachometer and rate alarm).	System, network and communication, physiological monitors
870.2910, II	DRG	Radiofrequency physiological signal transmitter and receiver.	Transmitters and receivers, physiological signal, radiofrequency
868.1400, II	CCK	Carbon dioxide gas analyzer	Analyzer, gas, carbon-dioxide, gaseous-phase
870.1435, II	DXG	Single-function, preprogrammed diagnostic computer	Computer, diagnostic, pre- programmed, single-function
870.1100, II	DSJ	Blood pressure alarm	Alarm, blood-pressure
870.2850, II	DRS	Transducer, blood-pressure, extravascular	Extravascular blood pressure transducer.
868.1500, II	CBQ	Enflurane gas analyzer.	Analyzer, gas, enflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHO	Enflurane gas analyzer.	Analyzer, gas, desflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHP	Enflurane gas analyzer.	Analyzer, gas, sevoflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHQ	Enflurane gas analyzer.	Analyzer, gas, isoflurane, gaseous- phase (anesthetic concentration)
868.1620, II	CBS	Halothane gas analyzer.	Analyzer, gas, halothane, gaseous- phase (anesthetic conc.)
868.1700, II	CBR	Nitrous oxide gas analyzer.	Analyzer, gas, nitrous-oxide, gaseous phase (anesthetic conc.)
868.1720, II	CCL	Oxygen gas analyzer.	Analyzer, gas, oxygen, gaseous-phase

510(k) Summary Page 3 of 28

Regulation Number/Class	Product Code	Regulation description	Device Common Name
868.2775, II	KOI	Electrical peripheral nerve stimulator.	Stimulator, nerve, peripheral, electric
882.1400, II	OLW	Electroencephalograph.	Index-generating electroencephalograph software
882.1400, II	OLT	Electroencephalograph	Non-normalizing quantitative electroencephalograph software
882.1400, II	OMC	Electroencephalograph.	Reduced- montage standard electroencephalograph
882.1400, II	ORT	Electroencephalograph	Burst suppression detection software for electroencephalograph
882.1320, II	GXY	Cutaneous electrode.	Electrode, cutaneous

3. PREDICATE DEVICES

• Predicate: K182075 – BeneVision N Series Patient Monitors (Including BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1)

4. REFERENCE DEVICES

- K190011 Passport 12m, Passport 17m, T1: provided a provided as reference devices for the BIS module that has been added to the subject BeneVision N Series Patient Monitors.
- K163381 Hemosphere Monitor: provided as a reference device in support the device integration functionality and PPV parameters.

5. DEVICE DESCRIPTION

The subject BeneVision N Series Patient Monitors includes six monitors:

- BeneVision N12 Patient Monitor
- BeneVision N15 Patient Monitor
- BeneVision N17 Patient Monitor
- BeneVision N19 Patient Monitor
- BeneVision N22 Patient Monitor
- BeneVision N1 Patient Monitor

Mindray's BeneVision N Series Patient Monitors provide a flexible software and hardware platform to meet the clinical needs of patient monitoring.

K192972 510(k) Summary Page 4 of 28

6. INTENDED USE/INDICATIONS FOR USE

BeneVision N12/N15/N17/N19/N22 Patient Monitors:

The BeneVision N12/N15/N17/N19/N22 patient monitors are intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration Rate (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO₂), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Cardiac Output (C.O.), Continuous Cardiac Output (CCO), Mixed/Central Venous Oxygen Saturation (SvO₂/ScvO₂), Carbon Dioxide (CO₂), Oxygen (O₂), Anesthetic Gas (AG), Impedance Cardiograph (ICG), <u>Bispectral Index (BIS)</u>, Respiration Mechanics (RM), Neuromuscular Transmission Monitoring (NMT), Electroencephalograph (EEG), and Regional Oxygen Saturation (rSO₂). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- The arrhythmia detection, <u>BIS</u>, RM, CCO, SvO₂/ScvO₂, PAWP, and NMT monitoring are intended for adult and pediatric patients only;
- C.O. monitoring is intended for adult patients only;
- ICG monitoring is intended for only adult patients who meet the following requirements: height: 122 to 229cm, weight: 30 to 155kg.
- rSO2 monitoring is intended for use in individuals greater than 2.5kg.

The monitors are to be used in healthcare facilities by clinical professionals or under their guidance. They should only be used by persons who have received adequate training in their use. The BeneVision N12/N15/N17/N19/N22 monitors are not intended for helicopter transport, hospital ambulance, or home use.

BeneVision N1 Patient Monitor:

The BeneVision N1 Patient Monitor is intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO₂), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Carbon Dioxide (CO₂) and Oxygen (O₂). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

• The arrhythmia detection and PAWP is intended for adult and pediatric patients only

The BeneVision N1 monitor is to be used in healthcare facilities. It can also be used during patient transport inside and outside of the hospital environment. It should be used by clinical

K192972 510(k) Summary Page 5 of 28

professionals or under their guidance. It should only be used by persons who have received adequate training in its use. It is not intended for home use.

7. SUBSTANTIAL EQUIVALENCE

Comparison of Indications

Both the predicate devices and the subject devices are multiparameter patient monitors intended to be used under the direction of clinical professionals.

The indications for use statement of the subject BeneVision N12/N15/N17/N19/N22 has been modified to include the BIS parameter used on adult and pediatric patients. Although this feature is not present in the primary predicate devices, it is present in other cleared multiparameter patient monitors such as the Passport series Patient Monitors (K190011, Passport 12m, Passport 17m, T1). The inclusion of BIS in the indications for use does not constitute a new fundamental intended use.

The indications for use statement of the subject BeneVision N1 has not been changed.

In conclusion, the minor difference in the indications for use statement does not change the fundamental intended use of the N Series monitors as multiparameter monitors.

Technological Comparison

The tables below compare the key technological feature of the subject devices to the predicate device (N series Patient Monitors, K182075). The features in gray are features which are different between the predicate devices and the subject devices.

Table 2: Device Comparison Table (BeneVision 22/N19/N17/N15/N12)

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		C	leared in K18207	5			•	Subject Device		
Primary display and touchscreen	22" 1680*1050 pixels.	19" 1680*1050 pixels.	18.5" 1920*1080 pixels.	15.6" 1920*1080 pixels.	12.1" 1280*800 pixels.	No change	No change	No change	No change	No change
Secondary display	Independent display.	control and	Independent control and display. Size:18.5"; Model: ET1919LM;	Mirrored disp Size:18.5"; Model: ET19	. •	No chang	ge 	Independent control and display. Size: 21.5"; Model:2203L	Mirrored Size: 21.: Model: 2	5";
iView	iView is an isolated PC platform that allows the user to run 3rd party applications using a limited set of functions. The iView system is not intended to be used as a primary alarm device. Capacity of RAM: 4GB Model of CPU: J1900 Windows 7			Not supporte	ed.	Change the PC platform Capacity of RAM: 8GB Model of CPU: N4200 Windows 10			No chan	ge
Wireless radio module			nnecting to a netwo		constructing a	a No change				
Module rack	Must be conn main unit to p 8 standard me	provide up to	Optional for the properties monitors, adding module slots to emeasurement capthe system.	8 standard xtend the	Not No change supported.					
Power supply	One recharge	able Lithium-ic	n battery or AC po	wer supply.	•	No chang	ge			

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12		
		C	Cleared in K18207	5		Subject Device						
Battery	Chargeable L 11.3 VDC, 56		Chargeable Lithi mAh.	/DC, 4500	Chargeable Lithium-Ion, 10.95 VDC Ion, 10.8 VDC, 5600 mAh. Chargeable Lithium-Ion, 10.95 VDC 4500 mAh.							
Data storage	Solid State Ha	ard Drive	Embedded Multi	Media Card (6	eMMC).	No change						
Data recorder	Supports the trecorder mode be plugged in	ule, needs to	the built-in thern	Supports the thermal recorder module and the built-in thermal recorder, but they cannot work at the same time.				No change				
Speaker			(45 to 85 dB), key el tone modulation	, ,	ones; support	t No change						
Alarm system		m volume escal	ation. The alarm larpe.	amp will light o	eyan, yellow,	v, No change						
Support T1/N1 as a Module	Support T1/N	1 acting as a m	odule.			No chang	e					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		(Cleared in K182	2075			•	Subject De	vice	•
ECG	segment ar point Auto threshold,	ead, 6-lead or 12-l nalysis, QT analys detection, Dual C Multi-lead ECG s	is, an interpreta Channel Pace de ynchronization	tion of resting tection, adjusta analysis and he	12-lead ECG, J- ble QRS eart rate (HR).	No char	nge			
		nfigured with either monitoring and a	•	_	rithm for ECG					
		PM 3.0, N1: supp	•							
		1, MPM 2.0, and 7	•	C	rtara algorithm					
	Supports in	ntelligent arrhythn	nia alarms							
		rement range: 15~ ccuracy: ±1 bpm o	• `		15~300 bpm					
		rement range: -2.0 or $\pm 10\%$, whichev								
	QT Measu	rement range: 200	~800ms; Accur	racy: ±30ms.						
	This measu	urement can be us	ed for adults, pe	ediatrics, and no	eonates, except					
	1.	The arrhythmia and pediatric pa		PM 3.0 is inten	ded for adult					
	2.	The arrhythmia algorithm in T1 K190011, MPM cleared in K183 patients only;	, MPM 2.0, and 1 2.0 is cleared in	TM80 (T1 is on K152902, a	and TM80 is					
	3.	The arrhythmia 2.0, and TM80 only;								
	4.	The ST Segmer 2.0, and TM80								

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		(Cleared in K182	075	<u> </u>			Subject De	vice	
Respiration rate (Resp)	thoracic implements Measureme Accuracy: 70 to 6 rpm:	e respiration way pedance method. ent range: Adult: 7 to 150 rpm: ±2 Not specified. rement can be us	0 to 120 rpm; Pe rpm or $\pm 2\%$, wh	diatric, neonat	No cha	nge				
Temperature (Temp)	Module to 1 Measureme Accuracy: =	This measurement can be used for adults, pediatrics and neonates. Uses the MPM (Multi Parameter Module), T1, N1 or the Temperature Module to measure temperature using the thermal resistance method. Measurement range: 0 to 50°C (32 to 122°F). Accuracy: ±0.1°C or ±0.2°F (without probe). This measurement can be used for adults, pediatrics and peopates.								
Pulse oxygen saturation (SpO ₂)	measure Pu with the fol Mindray Sp Measureme (Adult/pedi Masimo Sp Measureme ±2% ABS (specified; V Nellcor SpO Measureme	This measurement can be used for adults, pediatrics and neonates. Uses the MPM (Multi Parameter Module), T1, N1 or the SpO ₂ Module to measure Pulse oxygen saturation. N Series patient monitors are compatible with the following 3 types of modules to measure oxygen saturation: Mindray SpO ₂ module Measurement range: 0~100 % Accuracy: 70%~100%: ±2% ABS (Adult/pediatric); 70%~100%: ±3% ABS (neonate); 0~69%: not specified. Masimo SpO ₂ module Measurement range: 1~100 %, Accuracy: without motion 70%~100%: ±2% ABS (Adult/pediatric), 70%~100%: ±3%ABS (neonate), 1~69%: not specified; With motion 70%~100%: ±3% ABS, 1~69%: not specified. Nellcor SpO ₂ module Measurement range: 0~100 %, Accuracy: 70%~100%: ±2% ABS (Adult/pediatric); 70%~100%: ±3% ABS (neonate); 0~69%: not								

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		- 1	Cleared in K1820	75	•		•	Subject De	vice	- 1
Pulse rate (PR)	Measurem SpO ₂), 20 Accuracy: motion (M (Nellcor S	nent range: 20~2 ~300 bpm (Nello ± ±3 bpm (Mindra fasimo SpO ₂); 20 pO ₂); ±1 bpm or	from all sources of 54 bpm (Mindry Sp or SpO ₂), 25~350 b ay SpO ₂), ±3 bpm v 0~250 bpm ±3 bpm ±1%, whichever is used for adults, pedi	pO ₂), 25~240 ppm (IBP). vithout motio ; 251~300 bp greater (IBP	bpm (Masimo n, ±5 bpm with m, not specified).	No char	nge			
Non-invasive blood pressure (NIBP)	MPM uses pressure (1) Measurem Systolic: mmHg (N) Diastolic: mmHg (N) Mean: 15- (Neonate) PR: 30~30 Accuracy: NIBP: Ma PR: ±3 bp	s the oscillometri NIBP). nent range: 25~290 mmHg eonate). 10~250 mmHg eonate). ~260 mmHg (Acc.) 00bpm. ex mean error: ±5 m or ±3%, which	(Adult), 25~240 g (Adult), 10~200 dult), 15~215 mmH fmmHg; Max standanever is greater.	mmHg (Pe mmHg (Pe Ig (Pediatric)	diatric), 25~140 diatric), 10~115 , 15~125 mmHg : 8mmHg.		nge			

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		C	leared in K18207	5				Subject Dev	ice	
Invasive blood pressure (IBP)	measure invariable blood pressur waveform for The IBP supp Wedge Pressurement Accuracy of a sensor) This measure	sive blood pressures and displays reach pressure. ports Pulse Pressure (PAWP) fur trange: -50~300 module: ±2% o	OmmHg, r ±1mmHg, which ed for adults, pedia	can monitor up and mean press V) and Pulmon ever is greater	to 8 invasive sures and a arry Artery (without	No chang	ge			
Cardiac output (C.O.)	and other hen thermodilutio the C.O. split curve. The management C.O.: 0.1~20 TB: 23~43°C Accuracy:	nodynamic para on method. The escreen, and the onitor can store trange: 0 L/min. , TI: 0~27°C.	easurement invasive meters using the restemperature change monitor calculates up to 6 measurements ichever is greater.	ight heart (atria e is displayed a s the C.O. value	a) as a curve in	No chang	ge			
	TB, TI: ±0.1	$^{\circ}$ C (without sen	sor).							
Continuous cardiac output (CCO)	Vigilance II r K103094)/E' continuous ca	monitor (cleared V1000 monitor ardiac output (C	dule is used to into in K043103) / Vi (cleared in K1605 CO).	gileo monitor (52) which mea	cleared in	Edwards monitor (K160552 which me	Vigilance II cleared in K) / HemoSp easures conti	monitor (clear (103094)/ EV10 here monitor (inuous cardiac	used to interfaced in K043103 000 monitor (cleared in K10 output (CCO). dults and pedia)/ Vigileo eared in 63381)

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		(Cleared in K18207	5			Subject Device	;		
Mixed/central venous oxygen saturation (SvO ₂ /ScvO ₂)	Vigilance II r K103094)/ E venous oxyge (ScvO ₂).	monitor (cleared V1000 monitor en saturation (S	odule is used to intend in K043103) / Vi (cleared in K1605 vO ₂) and central ve	gileo Monitor (52) which meas enous oxygen s	The CCO/SvO2 interface module is used to interface with Edwards Vigilance II monitor (cleared in K043103)/ Vigileo monitor (cleared in K103094)/ EV1000 monitor (cleared in K160552) / HemoSphere monitor (cleared in K163381) which measures mixed venous oxygen saturation (SvO ₂) and central venous oxygen saturation (ScvO ₂). This measurement can be used for adults and pediatrics.					
Central venous oxygen saturation (ScvO ₂)	spectrophoton Measurement Accuracy: 50	metry. t range: 0 to 999 % to 80%: ±3%	ration (ScvO ₂) is m % %, Other ranges: No ed for adults and p	ot specified.		No chang	ge			

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		,	Cleared in K18	2075	<u> </u>			Subject De	evice	•
Carbon dioxide (CO ₂)	Mindray A	be measured using AG module or thin am module.				No char	ıge			
	Type: Sid	lestream CO2 mod	lule.							
	Measuren	nent range: CO2:	0~150mmHg, a	wRR: 0~150rp	m.					
	mmHg: ± ±(3mmHg	: CO2: Full accur 5% of reading, 77 g + 8% of reading racy mode: Add ±	√99 mmHg: ±10),	% of reading,	100~150mmHg:					
	awRR: <6	60rpm, ±1rpm, 60	~150rpm, ±2rpn	1						
	Type: Mic	crostream CO2 me	odule							
	Measuren	nent range: CO2:	0~99mmHg, aw	RR: 0~150rpm						
	reading+0	: CO2: 0~38mmH 0.08% of (the read 21~150rpm: ±3rpr	ing-38); awRR:							
	Type: Ma	instream CO2 mo	dule.							
	Measuren	nent range: CO2:	0~150mmHg; av	vRR: 0~150rpr	n.					
		: CO2: $0\sim40$ mmH mHg: $\pm8\%$ of the lrpm								
	AG modu	ıle:								
	Measuren	nent range: 0~30%	⁄o ;							
	±0.2% ÅI	: Full accuracy mo BS, 5%< CO2≤7% O2 not specified,			· ·					
	ISO mode	e: Add ±0.3% AB	S.							
		nitoring is based on of infrared (IR) sector.								
	This meas	surement can be u	sed for adults, p	ediatrics and ne	eonates.					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		C	leared in K18207	5			Subject Device				
Oxygen (O ₂)	Oxygen values are measured by the Sidestream CO_2 module or the AG module using a paramagnetic method. Measurement range: $0\sim100\%$ (CO_2 and AG), Accuracy: $0\sim25\%$, $\pm1\%$; $26\sim80\%$, $\pm2\%$; $81\sim100\%$, $\pm3\%$ (CO_2 and AG). This measurement can be used for adults, pediatrics and neonates.						nge				
Anesthetic gas (AG)	O ₂ , N ₂ O, and respiratory ra	The AG module analyzes gas samples from the patient and calculates CO ₂ , O ₂ , N ₂ O, and AA waveforms and related numerics that include airway respiratory rate and MAC (minimum alveolar concentration). Measurement range:									
	HAL, ENF, I	SO, SEV, DES:	0~30 %,								
	N ₂ O: 0~100 °	%;									
	awRR: 2~100	0 rpm									
	Accuracy:										
	Full accuracy	mode:									
	N ₂ O: 0~20%	REL: $\pm 2\%$ ABS, 20	0~100% _{REL} : ±3% №	ABS;							
		HAL, ENF, ISO: $0\sim1\%_{REL}$: $\pm0.15\%_{ABS}$, $1\sim5\%_{REL}$: $\pm0.2\%_{ABS}$, $>5\%_{REL}$, not specified;									
		EL: ±0.15% ABS, not specified;	$1\sim5\%_{REL}$: $\pm0.2\%_{A}$	ABS, 5~8%REI	L: ±0.4%						
		DES: 0~1% _{REL} : ±0.15% _{ABS} , 1~5% _{REL} : ±0.2% _{ABS} , 5~10% _{REL} : ±0.4% _{ABS} , 10~15% _{REL} : ±0.6% _{ABS} , 15~18% _{REL} : ±1% _{ABS} , >18% _{REL} , not specified;									
	awRR:2~60rpm, ±1rpm, >60rpm, not specified										
	This measure	ement can be use	ed for adults, pedia	trics and neo	onates.						

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		Cleared in K182075						Subject Device			
Impedance cardiograph (ICG)	based on the Measurement C.O.:1.4~1. SV:5~250n HR: 44~18. Accuracy: I	5L/min; nl;	bioimpedance (TEB) technolog	No char	nge					
Bispectral index (BIS)	Not supported						ion of EEG ed EEG vari ing the effec ement range cy: not speci	signals. Bispe able that can b ets of certain and BIS, BIS L, E fied.	e of the brain b ctral index (BIS e used as an aid nesthetic agents BIS R: 0~100.	S) is a I in S.	
Respiration mechanics (RM)	•				No char	nge					
	Measurement range: Accuracy:										

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		(Cleared in K	182075		Subject Device				
	Infant: ± (0 PAW:-20~ MVe/MVi: Adult/Pedia Infant: 0.5 TVe/TVi: Adult/Pedia Infant: 0.5 Calculated awRR:4~12 I:E:4:1~1:8 FEV1.0: 0~ Pmean:0~1 PEEP:0~12 PIF:2~120 PIF:2~120 PIP: 0~120 Pplat:0~12	atric: 2~60L/min; to 15 L/min atric: 100~1500m to 15 L/min Parameters: 20rpm; 3; ~100%; 20 cmH ₂ O; 20 cmH ₂ O; 0L/min; L/min; 0 cmH ₂ O; 0 cmH ₂ O; 20 cmH ₂ O;	min;	FLOW: Adult/Pediatric: 1. of reading, whicher Infant: 0.5 L/min or reading, whicheve PAW: ±3% of read MVe/MVi: ±10% TVe/TVi: Adult/Pediatric: ± reading, whicheve Infant: ±6 ml or ± whichever is great Calculated Parame awRR:4~99rpm: ± 100~120rpm, ±2rp I:E: not specified; FEV1.0: not specified; PEEP: not specified; PEF: ±10%; PIF: ±10%; PIF: ±10%; Pplat: not specifie Compl: not specifie RSBI: not specifie	ever is greater; or ±10% of the r is greater ding; of reading; 15ml or ±10% of r is greater; 10%×reading, er eters: -1rpm, om; fied; ed; d; fed;					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		C	leared in K18207	5		Subject Device				
Neuromuscular transmission monitoring (NMT)	by measuring the dedicated Measuremen ST-Ratio:0 ~ TOF-Count: TOF-Ratio: 5 TOF-T1%: 0 PTC-Count:0	NMT evaluates muscle relaxation of patients under a neuromuscular block by measuring the strength of muscle reaction after electrically stimulating the dedicated motor nerve. Measurement range: ST-Ratio:0 ~ 200%; TOF-Count: 0~4; TOF-Ratio: 5%~160%; TOF-T1%: 0~200%; PTC-Count:0~20; DBS-Count:0~2;								
	DBS-Ratio:5									
	This measure	ement can be use	ed for adults and po	ediatrics.						
Electroencephalo graph (EEG)	the cortex. Tup to 4 chann	The EEG module	he spontaneous, rhe can continuously display Density Sp (CSA).	monitor EE	G signals from	No chan	ige			
	Frequency re	esponse: 0.5Hz~	50Hz(-3dB)							
	Input range:	4mVpp								
	DC offset: ±	500 mV								
	CMRR: ≥10	0 dB@51 kΩ an	d 60Hz							
	Noise level:	≤0.5 uVrms (1H	z to 30 Hz							
	Differential i	input resistance:	>15MΩ@10Hz							
	Electrode resistance: 0 to 90 k Ω , resolution: ± 1 K Ω or 10%, whichever is the greater									
	This measure neonates.	ement is intende	d to be used for ad	ults, pediatri	cs and					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		C	leared in K18207	5	•	Subject Device					
Regional oxygen saturation (rSO ₂)	changes in req place in real t critical balance Measurement	The rSO2 module provides noninvasive and continuous information of changes in regional oxygen saturation of blood. The measurement takes place in real time, providing an immediate indication of a change in the critical balance of regional oxygen delivery and oxygen consumption. Measurement range: rSO ₂ : 15~95. This measurement can be used for adults, pediatrics and neonates.					No change				
ECG 24h Summary	previous 24 ho ST statistics of	Provides an option to view a summary of a patient's ECG statistics from the previous 24 hours, including HR statistics, ARR event statistics, max and min ST statistics of each lead, QT/QTc measurement statistics, Pacer statistics (for patients being paced), and typical ECG strips.						No change			
Early Warning Score (EWS)	in recognizing and clinical ob Warning Score	The EWS is a set of early warning scores that are intended to assist clinicians in recognizing the early signs of deterioration in patients based on vital signs and clinical observations. The three types of EWS provided are Modified Early Warning Score (MEWS), National Early Warning Score (NEWS) and a user configurable Custom Score.						arly warning scor ognizing the early ital signs and clin rovided are Modif- onal Early Warnin ning Score2 (NE) Score.	y signs of det ical observat fied Early Wa g Score (NE	erioration ions. The arning WS),	
Glasgow Coma Scale (GCS)	consciousness		scoring system use b-components: eye tt.			The GCS a well-established scoring system used to assess the state of consciousness based three sub-components: eye-opening response, verbal response, and limb movement.			eye-		
SepsisSight	signs and sym published lite Guidelines fo and and The	The SepsisSight feature is intended to help clinicians recognize the early signs and symptoms of Sepsis based on recommendations from the published literature (Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012 and and The Third International Consensus Definition for Sepsis and Septic Shock (Sepsis-3)).					the early signdations from ampaign: Interest of Several Third Interest the Early state of the Third Interest of the Third Interest of the Early state of the Early st	re is intended to hears and symptoms in the published linternational Gurere Sepsis and Staternational Consock (Sepsis-3)) ² .	s of Sepsis batterature (Suridelines for Septic Shock	exiving	

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12		
		Cleared in K182075						Subject Device				
Cardio- pulmonary resuscitation (CPR) Dashboard	The rescue (rescue dru	Records all operations during rescue. The rescue operations recorded can be customized and include treatment (rescue drug input, rescue treatment input, start/end rescue, rescue start condition, rescue end condition).						No change				
Device integration		Support BeneLink Module to connect Anesthesia, Ventilator, Pump, TcGas Monitor Device, and Single Paramer Device.						Support BeneLink Module to connect Anesthesia, Ventilator, Pump, TcGas Monitor Device, and Single Paramer Device. The types of the devices that can be connected are still only the five types listed above, but some types added newly approved devices.				
OxyCRG Function	Support the function of oxygen cardio-respirogram (OxyCRG) when the patient type is neonate, and simultaneously provide real-time OxyCRG interface and OxyCRG review interface to display parameter trends and waveforms						RG) when the cousty property of the cousty property of the course of the	ne patient type vide real-time	ardio-respirog s is neonate, an OxyCRG inte play parameter ts.	nd erface and		
Security of Patient Information	Support Mindray proprietary encryption algorithm (XOR algorithm)					Suppor	t AES128 e	ncryption alg	orithm			
Accessories			CG, SpO2, Temp BIS, NMT, rSO2,			Add ne	ew ECG, To	emp, C.O., an	d IBP accesso	ories		

Table 3: Device Comparison Table – N1

Feature	N1	N1
	Cleared in K182075	Subject Device
Primary display and touchscreen	5.5", 720*1280 pixels.	No change

Feature	N1	N1
	Cleared in K182075	Subject Device
External display	Allows the display of mirrored or independent data when connected to an external monitor through the video connector provided by the Dock.	No change
Power supply	Two rechargeable Lithium-ion batteries (without built-in CO2 module), one rechargeable Lithium-ion battery (with built-in CO2 module), or DC-in power supply.	No change
Battery	Chargeable Lithium-ion 7.56VDC, 2500mAh.	Chargeable Lithium-ion 7.2VDC , 2500mAh.
Data storage	Embedded Multi Media Card (eMMC)	No change
Speaker	Gives alarm tones (45 to 85 dB), key tones, QRS tones; support PITCH TONE and multi-level tone modulation.	No change
Alarm system	Supports Alarm Volume Escalation.	No change
	The alarm lamp will light cyan, yellow, or red depending on alarm type.	
Communication on Interface when N1 is working as a module	Infrared communication interface. Pogo pin communication interface.	No change

Feature	N1	N1
	Cleared in K182075	Subject Device
ECG	3-lead, 5-lead, 6-lead, or 12-lead selectable, arrhythmia detection, ST segment analysis, QT analysis, an interpretation of resting 12-lead ECG, J-point auto detection, Dual channel pace detection, adjustable QRS threshold, Multi-lead ECG synchronization analysis and heart rate (HR)	No change
	Supports intelligent arrhythmia alarm.	
	Measurement range:	
	ST: -2.0mV~+2.0mV;	
	QT: 200~800ms;	
	HR: 15~350bpm (neonate, pediatric), 15~300bpm (adult).	
	Accuracy:	
	ST: -0.8 mV \sim $+0.8$ mV, ± 0.02 mV or ± 10 %, whichever is greater, other range: not specified;	
	QT: ±30ms;	
	HR: ± 1 bpm or $\pm 1\%$, whichever is greater.	
	This measurement can be used for adults, pediatrics and neonates except for the arrhythmia detection. The arrhythmia detection is intended for adult and pediatric patients only.	
Respiration rate (Resp)	Measure the respiration waveforms and respiratory rate through trans- thoracic impedance method.	No change
	Measurement range: Adult: 0 to 120 rpm; Pediatric, neonate: 0 to 150 rpm. Accuracy: 7 to 150 rpm: ±2 rpm or ±2%, whichever is greater; 0 to 6 rpm: Not specified.	
	This measurement can be used for adults, pediatrics and neonates.	
Temperature	Measures temperature using the thermal resistance method.	No change
(Temp)	Measurement range: 0 to 50°C (32 to 122°F). Accuracy: ±0.1°C or ±0.2 °F (without probe).	
	This measurement can be used for adults, pediatrics and neonates.	

Feature	N1	N1
	Cleared in K182075	Subject Device
Pulse oxygen	Integrates one of the 3 kinds of SpO ₂ modules:	No change
saturation (SpO ₂)	Mindray SpO ₂ module board	
	Measurement range: SpO ₂ :0~100 %, Accuracy: 70%~100%: ±2% ABS (Adult/pediatric); 70%~100%: ±3% ABS (neonate); 0~69%: not specified.	
	Masimo SpO ₂ module board	
	Measurement range: 1~100 %, Accuracy: without motion 70%~100%: ±2% ABS (Adult/pediatric), 70%~100%: ±3% ABS (neonate), 1~69%: not specified; With motion	
	70%~100%: ±3% ABS, 1~69%: not specified.	
	Nellcor SpO ₂ module board	
	Measurement range: SpO ₂ :0~100 %,	
	Accuracy: SpO ₂ :70%~100%: ±2% ABS (Adult/pediatric); 70%~100%	
	: ±3% ABS (neonate); 0~69%: not specified.	
	This measurement can be used for adults, pediatrics and neonates.	
Pulse rate (PR)	Obtains pulse rate from SpO ₂ or IBP.	No change
	Measurement range: 20~254bpm (Mindray SpO ₂), 25~240bpm (Masimo SpO ₂), 20~300bpm (Nellcor SpO ₂), 25~350bpm (IBP).	
	Accuracy: ± 3 bpm (Mindray SpO ₂), ± 3 bpm without motion, ± 5 bpm with motion (Masimo SpO ₂); $20 \sim 250$ bpm ± 3 bpm; $251 \sim 300$ bpm, not specified (Nellcor SpO ₂); ± 1 bpm or $\pm 1\%$, whichever is greater (IBP).	
	This measurement can be used for adults, pediatrics and neonates.	

Feature	N1	N1
	Cleared in K182075	Subject Device
Non-invasive blood pressure (NIBP)	The N1 uses the oscillometric method for measuring non-invasive blood pressure (NIBP). Measurement range: Systolic: 25~290mmHg (Adult), 25~240mmHg (Pediatric), 25~140mmHg (Neonate); Diastolic: 10~250mmHg (Adult), 10~200mmHg (Pediatric), 10~115mmHg (Neonate); Mean: 15~260mmHg (Adult), 15~215mmHg (Pediatric), 15~125mmHg (Neonate); PR:30~300bpm. Accuracy: Max mean error: ±5mmHg; Max standard deviation: 8mmHg; PR: ±3 bpm or ±3%, whichever is greater. This measurement can be used for adults, pediatrics, and neonates.	No change
Invasive blood pressure (IBP)	The monitor can monitor up to 2 invasive blood pressures and displays the systolic, diastolic, and mean pressures and a waveform for each pressure. The IBP supports Pulse Pressure Variation (PPV) and Pulmonary Artery Wedge Pressure (PAWP) function. Measurement range: -50~300mmHg. Accuracy: ±2% or ±1mmHg, whichever is greater (without sensor). This measurement can be used for adults, pediatrics and neonates except that PAWP is not for neonates.	No change

Feature	N1	N1
	Cleared in K182075	Subject Device
Carbon dioxide (CO2)	CO2 can be measured using a built-in Sidestream CO2 2.0 module, or it can also connect to an external Sidestream CO2 2.0 module (when used with a rack). Alternatively, third-party CO2 modules, Microstream module and Mainstream module, can be used. Type: Sidestream CO2 module Measurement range: CO2 :0~150mmHg, awRR: 0~150rpm. Accuracy: CO2: Full accuracy mode: 0~40 mmHg: ±2mmHg, 41~76 mmHg: ±5% of reading, 77~99 mmHg: ±10% of reading, 100~150mmHg: ±(3mmHg + 8% of reading), ISO accuracy mode: Add ±2mmHg to the full accuracy mode awRR: <60rpm, ±1rpm, 60~150rpm, ±2rpm. Type: Microstream CO2 module Measurement range: CO2: 0~99mmHg, awRR: 0~150rpm. Accuracy: CO2: 0~38mmHg: ±2mmHg; 39~99mmHg: ±5% of the reading+0.08% of (the reading-38). awRR: 0~70rpm: ±1rpm, 71~120rpm: ±2rpm,121~150rpm: ±3rpm. Type: Mainstream CO2 module Measurement range: CO2: 0~150mmHg; awRR: 0~150rpm. Accuracy: CO2: 0~40mmHg: ±2mmHg, 41~70mmHg: ±5% of the reading, 71~100mmHg: ±8% of the reading, 101~150mmHg: ±10% of the reading; awRR: ±1rpm. CO2 monitoring is based on calculations that come from measuring the absorption of infrared (IR) light of specific wavelengths using a photodetector This measurement can be used for adults, pediatrics and neonates.	No change

Feature	N1	N1
	Cleared in K182075	Subject Device
Oxygen (O2)	Oxygen values are measured by the Sidestream CO2 (only for external Sidestream CO2 2.0 module) module using a paramagnetic method. Measurement range: O2: 0~100% Accuracy: 0~25%, ±1%; 26~80%, ±2%; 81~100%, ±3%. This measurement can be used for adults, pediatrics and neonates.	No change
Dock, Rack and Transport Dock	The Dock is used to connect either the N1 without a Rack or the N1 docked inside a Rack, in order to extend ports such as USB, VGA, or wired network. The Rack can connect an external parameter module, such as CO2, to N1. The Transport Dock is used to provide DC voltage to N1 when N1 is used for out-of-hospital transportation on the ambulance vehicle or aircraft. The Transport Dock is fixed on the ambulance vehicle or aircraft and converts an AC input to DC output.	No change
Wireless radio module	The Wireless radio module is used for connecting to a wireless monitoring network with a central monitoring system (CMS).	No change
Helicopter and ambulance transport	ECG, RESP, Temp, SpO2, PR, NIBP, and IBP can be monitored in helicopters and ambulances.	No change
Early Warning Score (EWS)	The EWS is a set of early warning scores that are intended to assist clinicians in recognizing the early signs of deterioration in patients based on vital signs and clinical observations. The three types of EWS provided are Modified Early Warning Score (MEWS), National Early Warning Score (NEWS) and a user configurable Custom Score.	The EWS is a set of early warning scores that are intended to assist clinicians in recognizing the early signs of deterioration in patients based on vital signs and clinical observations. The three types of EWS provided are Modified Early Warning Score (MEWS), National Early Warning Score (NEWS), National Early Warning Score2 (NEWS2), and a user configurable Custom Score.
Glasgow Coma Scale (GCS)	The GCS a well-established scoring system used to assess the state of consciousness based three sub-components: eye-opening response, verbal response, and limb movement.	No change

Feature	N1	N1
	Cleared in K182075	Subject Device
Cardio- pulmonary resuscitation (CPR) Dashboard	Records all operations during rescue. The rescue operations recorded can be customized and include treatment (rescue drug input, rescue treatment input, start/end rescue, rescue start condition, rescue end condition).	No change
OxyCRG Function	Support the function of oxygen cardio-respirogram (OxyCRG) when the patient type is neonate, and simultaneously provide real-time OxyCRG interface and OxyCRG review interface to display parameter trends and waveforms	Support the function of oxygen cardio-respirogram (OxyCRG) when the patient type is neonate, and simultaneously provide real-time OxyCRG interface and OxyCRG review interface to display parameter trends and waveforms, and OxyCRG events.
Security of Patient Information	Support Mindray proprietary encryption algorithm (XOR algorithm)	Support AES128 encryption algorithm
Accessories	The accessories including ECG, SpO2, Temp, NIBP, IBP, C.O., ScvO2, ICG, CO2, AG, RM, EEG, BIS, NMT, rSO2, CCO/SvO2 accessories.	Add new ECG, Temp, C.O., and IBP accessories

In conclusion, the differences in technological characteristics do not raise new questions of safety and effectiveness.

K192972 510(k) Summary Page 27 of 28

8. PERFORMANCE DATA

To establish the substantial equivalence of the BeneVision N Series Patient Monitors, Mindray conducted functional and system level testing on the subject device. The testing provided an evaluation of the performance of the device relevant to each of the differences between the subject device and the predicate device. The functional and system level testing showed that the devices continue to meet specifications and the performance of the device is equivalent to the predicate.

Mindray complies with the FDA Special Controls Document relevant to this device "Class II Special Controls Guidance Document: Arrhythmia Detector and Alarm Guidance for Industry and FDA (10/28/2003)"

Mindray has conducted testing to ensure the subject device meets relevant consensus standards.

Biocompatibility Testing

The N Series Patient Monitors are not patient contacting. There are no new patient contacting accessories of components, therefore biocompatibility testing is not applicable.

Software Verification and Validation Testing

Software verification and validation testing was conducted and documentation was provided as recommended by FDA's Guidance for Industry and FDA Staff, "Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices." Verification of the BeneVision N Series Patient Monitors was conducted to ensure that the product works as designed. Validation was conducted to check the design and performance of the product.

Electromagnetic Compatibility and Electrical Safety

The BeneVision N Series Patient Monitors were assessed for conformity with the relevant requirements of the following standards and found to comply:

- ANSI/AAMI ES 60601-1:2005/(R) 2012 and A1:2012, C1:2009/(R) 2012 and A2:2010/(R) 2012 Medical electrical equipment Part 1: General requirements for basic safety and essential performance.
- IEC 60601-1-2:2014 (Fourth Edition) Medical electrical equipment Part 1-2: General requirements for basic safety and essential performance Collateral Standard: electromagnetic disturbances Requirements and tests.
- IEC 62133-2:2017 Secondary cell and batteries containing alkaline or other non-acid electrolytes safety requirements for portable sealed secondary cells, and for batteries made from them, for use in portable applications Part 2: lithium systems.

Bench Testing

To establish the substantial equivalence of the BeneVision N Series Patient Monitors, Mindray conducted functional and system level testing to validate the performance of the devices. The

K192972 510(k) Summary Page 28 of 28

results of the bench testing show that the subject device meets its accuracy specification and is substantially equivalent to the predicate device.

In addition, Mindray has conducted testing to ensure the subject devices meet relevant consensus standards.

• IEC 60601-2-26:2012 Medical electrical equipment - Part 2-26: Particular requirements for the basic safety and essential performance of electroencephalographs

9. CONCLUSION

Based on the detailed comparison of specifications for each of the modifications to the previously cleared BeneVision N Series Patient Monitors (K182075), the performance testing and conformance with applicable standards, the BeneVision N Series Patient Monitors (including BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1) can be found substantially equivalent to the predicate devices.