

ShenZhen Mindray Bio-Medical Electronics Co., Ltd. % Shi Jufang
Engineer of Technical Regulation
Mindray Building, Keji 12th Road South
Hi-Tech Industrial Park
Shenzhen, Guangdong 518057
CHINA

April 2, 2020

Re: K200251

Trade/Device Name: Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System

Regulation Number: 21 CFR 892.1550

Regulation Name: Ultrasonic pulsed doppler imaging system

Regulatory Class: Class II Product Code: IYN, IYO, ITX Dated: January 20, 2020 Received: February 3, 2020

#### Dear Shi Jufang:

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 <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> 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

K200251 - Shi Jufang Page 2

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 <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). 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 (<a href="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</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

For

Thalia T. Mills, Ph.D.
Director
Division of Radiological Health
OHT7: Office of In Vitro Diagnostics
and Radiological Health
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)
K200251
Device Name Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System
Indications for Use (Describe)
Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in Fetal, Abdominal, Pediatric, Musculo-skeletal (conventional, superficial), Peripheral Vascular, Trans-rectal, Trans-vaginal, Small organ (breast, thyroid and testes), Cephalic (neonatal and adult), Cardiac (adult and pediatric) and Urology exams.
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.\*

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

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	Diagnostic	Ultr	asou	nd Ind	ication	s for Use	Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Diagno	ostic U	Itrasou	and Syste	em				
Transducer:	N/A								
Intended Use:	Diagnostic ultrasound imaging or fl	uid flo	w anal	ysis of t	he huma	n body as fol	lows:		
Clinical Applica	ntion	Mod	le of C	peration	ı				
General	Specific (Track 1 & 3)	D	M	PW	CW	Color	Amplitude	Combined	Other (Smeaify)
(Track 1 Only)		В	IVI	D	D	Doppler	Doppler	(specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging	Fetal	P	P	P		P	P	P	Note 1,2,3,6,7
& Other	Abdominal	P	P	P		P	P	P	Note 1,2,3,6,7
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Small Organ (Specify**)	P	P	P		P	P	P	Note 1,2,3,6
	Neonatal Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Adult Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Trans-rectal	P	P	P		P	P	P	Note 1,2,3,6
	Trans-vaginal	P	P	P		P	P	P	Note 1,2,3,6
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	P	Note 1,2,3,6
	Musculo-skeletal (Superficial)	P	P	P		P	P	P	Note 1,2,3,6
	Intravascular								
Cardiac	Cardiac Adult	P	P	P		P	P	P	Note 1,2,3,6
	Cardiac Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral	Peripheral vessel	P	P	P		P	P	P	Note 1,2,3,6
vessel	Other (Specify***)	P	P	P		P	P	P	Note 1,2,3,6
N=new indication	on; P=previously cleared by FDA;	E=add	ed und	er Appeı	ndix E				
Additional com	ments: Combined modesB+M, PW	/+B、(	Color +	- B、Po	wer + B	PW +Color	r+B, Power+	PW +B.	
*Int	traoperative includes abdominal, thora	cic, an	d vasc	ular.					
**S1	mall organ-breast, thyroid, testes.								
***(	Other use includes Urology.								
Note	e 1: Tissue Harmonic Imaging.								
	e 2: Biopsy Guidance								
Note	e 3: iScape								
	e 4: TDI								
	e 5: Color M								
	e 6: Smart3D								
Note	e 7:4D(Real-time 3D)								
	OT WRITE BELOW THIS LINE-CO						D)		
	f CDRH, Office of In Vitro Diagnost	ics and	l Radi	ological	Health	(OIR)			
Prescription US	E (Per 21 CFR 801.109)								

	Diagnostic Ultrasound Indications for Use Format								
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Dia								
Transducer:	35C50EA								
Intended Use:	Diagnostic ultrasound imaging of	or fluio	d flow	analysis of	the huma	n body as fol	lows:		
Clinical Applicat	tion	Mo	de of (	Operation					
General (Track	Specific (Track 1 & 3)					Color	Amplitude	Combined	
1 Only)		В	M	PWD	CWD	Doppler	Doppler	(specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging	Fetal	P	P	P		P	P	P	Note 1,2,3,6
& Other	Abdominal	P	P	P		P	P	P	Note 1,2,3,6
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal	P	P	P		P	P	P	Note 1,2,3,6
	(Conventional)	Г	Г	Г		Г	Г	Г	11016 1,2,3,0
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral	Peripheral vessel	P	P	P		P	P	P	Note 1,2,3,6
vessel	Other (Specify***)								
N=new indication	n; P=previously cleared by FDA;	E=	added	under App	endix E				
	nents: Combined modesB+M				ower + B	PW +Color	+ B \ Power +	PW +B.	
*Intr	raoperative includes abdominal, the	oracic	, and v	ascular.					
**Sn	nall organ-breast, thyroid, testes.								
***C	Other use includes Urology.								
Note	1: Tissue Harmonic Imaging.								
Note	2: Biopsy Guidance								
Note	3: iScape								
	4: TDI								
	5: Color M								
	6: Smart3D								
	7:4D(Real-time 3D)								
	OT WRITE BELOW THIS LINE-						D)		
	CDRH, Office of In Vitro Diagn	ostics	and F	Radiologic	al Health (	(OIR)			
Prescription USE	E (Per 21 CFR 801.109)								

Systom   S		Diagnost	ic U	Iltras	ound In	dication	s for Use	Format		
Transducer   SCOIGA   Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:	System:									
Clinical Application					<u> </u>					
Clinical Application	Intended Use:		fluio	l flow	analysis of	f the huma	n body as fol	lows:		
Control   Cont										
Ophthalmic	**						0.1	A 1'4 1	0 1: 1	
Fetal Imaging   Refat	,		В	M	PWD	CWD				Other (Specify)
## Addominal   P   P   P   P   P   P   P   Note 1,2,3,6	Ophthalmic	Ophthalmic								
Intra-operative (Specify*)	Fetal Imaging	Fetal								
Intra-operative (Neuro)	& Other	Abdominal	P	P	P		P	P	P	Note 1,2,3,6
Laparoscopic		Intra-operative (Specify*)								
Pediatric		Intra-operative (Neuro)								
Small Organ (Specify**)		Laparoscopic								
Neonatal Cephalic		Pediatric	P	P	P		P	P	P	Note 1,2,3,6
Neonatal Cephalic	l	Small Organ (Specify**)							_	
Trans-rectal										
Trans-vaginal		Adult Cephalic								
Trans-urethral		Trans-rectal								
Trans-urethral		Trans-vaginal								
Musculo-skeletal (Conventional)										
Musculo-skeletal (Conventional)		Trans-esoph. (non-Card.)								
Musculo-skeletal (Superficial)										
Musculo-skeletal (Superficial)		(Conventional)								
Intravascular										
Cardiac Pediatric										
Intravascular (Cardiae) Trans-esoph. (Cardiae) Intra-cardiae Intra-cardiae Peripheral Peripheral vessel Other (Specify***) N=new indication: P=previously cleared by FDA: E=added under Appendix E Additional comments: Combined modes—B+M、PW+B、Color+B、Power+B、PW+Color+B、Power+PW+B.  *Intra-operative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	Cardiac	Cardiac Adult	P	P	P		P	P	P	Note 1,2,3,6
Trans-esoph. (Cardiac) Intra-cardiac  Peripheral Peripheral vessel Other (Specify***) N=new indication: P=previously cleared by FDA: E=added under Appendix E Additional comments: Combined modes-B+M、PW+B、Color + B、Power + B、PW+Color+B、Power + PW+B. *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology. Note 1: Tissue Harmonic Imaging. Note 2: Biopsy Guidance Note 3: iScape Note 4: TDI Note 5: Color M Note 6: Smart3D Note 7:4D(Real-time 3D) (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)		Cardiac Pediatric	P	P	P		P	P	P	Note 1,2,3,6
Intra-cardiac  Peripheral Peripheral vessel Other (Specify***) N=new indication; P=previously cleared by FDA; E=added under Appendix E Additional comments: Combined modes—B+M、PW+B、Color + B、Power + B、PW + Color+ B、Power + PW + B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology. Note 1: Tissue Harmonic Imaging. Note 2: Biopsy Guidance Note 3: iScape Note 4: TDI Note 5: Color M Note 6: Smart3D Note 7:4D(Real-time 3D) (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)		Intravascular (Cardiac)								
Peripheral vessel Other (Specify***) N=new indication: P=previously cleared by FDA; E=added under Appendix E Additional comments: Combined modes-B+M、PW+B、Color+B、Power+B、PW+Color+B、Power+PW+B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)		Trans-esoph. (Cardiac)								
N=new indication: P=previously cleared by FDA: E=added under Appendix E  Additional comments: Combined modesB+M. PW+B. Color+B. Power+B. PW+Color+B. Power+PW+B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)		Intra-cardiac								
Vessel Other (Specify***)  N=new indication: P=previously cleared by FDA: E=added under Appendix E  Additional comments: Combined modesB+M. PW+B. Color+B. Power+B. PW+Color+B. Power+PW+B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	Peripheral	Peripheral vessel								
Additional comments: Combined modes—B+M、PW+B、Color+B、Power+B、PW+Color+B、Power+PW+B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	vessel	Other (Specify***)								
Additional comments: Combined modes—B+M、PW+B、Color+B、Power+B、PW+Color+B、Power+PW+B.  *Intraoperative includes abdominal, thoracic, and vascular.  **Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	N=new indicatio	n; P=previously cleared by FDA;	E=	added	under App	endix E	•			
**Small organ-breast, thyroid, testes.  ***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	Additional comm	nents: Combined modesB+M \ P	W+F	3、Co	lor + B、P	ower + B	PW +Color	+ B \ Power +	PW +B.	
***Other use includes Urology.  Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	*Int	raoperative includes abdominal, tho	racic	, and v	ascular.					
Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	**Sn	nall organ-breast, thyroid, testes.								
Note 1: Tissue Harmonic Imaging.  Note 2: Biopsy Guidance  Note 3: iScape  Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)	***	Other use includes Urology.								
Note 2: Biopsy Guidance Note 3: iScape Note 4: TDI Note 5: Color M Note 6: Smart3D Note 7:4D(Real-time 3D) (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED) Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
Note 3: iScape Note 4: TDI Note 5: Color M Note 6: Smart3D Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
Note 4: TDI  Note 5: Color M  Note 6: Smart3D  Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
Note 5: Color M Note 6: Smart3D Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)		*								
Note 6: Smart3D Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
Note 7:4D(Real-time 3D)  (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE NEEDED)  Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)										
Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)			CONT	ΓINUE	ON ANO	THER PA	GE NEEDE	D)		
	Concurrence of	CDRH, Office of In Vitro Diagno	stics	and F	Radiologic	al Health	(OIR)			
					<u> </u>					

	Diagno	stic	Ultra	sound I	ndicatio	ns for Use	Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Dia								
Transducer:	65C15EA								
Intended Use:	Diagnostic ultrasound imaging of	or fluic	l flow	analysis o	f the huma	n body as foll	ows:		
Clinical Applica		1		Operation		<u> </u>			
General (Track	Specific (Track 1 & 3)					Color	Amplitude	Combined	
1 Only)		В	M	PWD	CWD	Doppler	Doppler	(specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging	Fetal								
& Other	Abdominal	P	P	P		P	P	P	Note 1,2,3,6
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Small Organ (Specify**)								
	Neonatal Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Adult Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal								
	(Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral	Peripheral vessel								
vessel	Other (Specify***)								
N=new indication	on; P=previously cleared by FDA	; E=	added	under Ap	pendix E				
Additional com	ments: Combined modesB+M\	PW+I	3、Co	lor + B、	Power + B	. PW +Color	+ B \ Power + P	PW +B.	
*Int	traoperative includes abdominal, th	oracio	, and v	vascular.					
**S1	mall organ-breast, thyroid, testes.								
***(	Other use includes Urology.								
Note	e 1: Tissue Harmonic Imaging.								
Note	e 2: Biopsy Guidance								
Note	e 3: iScape								
Note	e 4: TDI								
Note	e 5: Color M								
Note	e 6: Smart3D								
Note	e 7:4D(Real-time 3D)								
(PLEASE DO N	NOT WRITE BELOW THIS LINE	-CON	ΓINUI	E ON ANO	OTHER PA	GE NEEDEI	D)		
	f CDRH, Office of In Vitro Diagr	ostics	and I	Radiologic	cal Health	(OIR)			
Prescription US	E (Per 21 CFR 801.109)								

	Diagnos	tic U	ltras	ound Ir	dication	ns for Use	Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System								
Transducer:	65EC10EA								
Intended Use:	Diagnostic ultrasound imaging o	r fluic	lflow	analysis o	f the huma	n body as foll	ows:		
Clinical Application	n	Mo	de of 0	Operation					
General (Track 1 Only)	Specific (Track 1 & 3)	В	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging &	Fetal	P	P	P		P	P	P	Note 1,2,3,6
Other	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	P	Note 1,2,3,6
	Trans-vaginal	P	P	P		P	P	P	Note 1,2,3,6
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal								
	(Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)	P	P	P		P	P	P	Note 1,2,3,6
N=new indication;	P=previously cleared by FDA;	E=ad	ded ur	nder Appe	ndix E				
Additional comme	nts: Combined modesB+M \ PV	V+B、	Colo	r + B, Po	wer + B	PW +Color+	B. Power + PW	+B.	
*Intra	operative includes abdominal, thora	acic, a	nd vas	scular.					
**Sma	ll organ-breast, thyroid, testes.								
***Otl	ner use includes Urology.								
Note 1	: Tissue Harmonic Imaging.								
Note 2	: Biopsy Guidance								
Note 3	: iScape								
Note 4	: TDI								
Note 5	: Color M								
Note 6	: Smart3D								
Note 7	:4D(Real-time 3D)								
(PLEASE DO NO	T WRITE BELOW THIS LINE-CO	ONTI	NUE (	ON ANOT	HER PAG	E NEEDED)			
Concurrence of C	DRH, Office of In Vitro Diagnos	tics a	nd Ra	diological	Health (C	OIR)			
Prescription USE (	Per 21 CFR 801.109)								

	Diagnos	tic U	Iltras	sound I	ıdicatioı	ns for Use	Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System								
Transducer:	10L24EA								
Intended Use:	Diagnostic ultrasound imaging o	r fluic	l flow	analysis o	f the huma	n body as foll	ows:		
Clinical Applicatio	n	Mo	de of (	Operation					
General (Track 1 Only)	Specific (Track 1 & 3)	В	М	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging &	Fetal								
Other	Abdominal	P	P	P		P	P	P	Note 1,2,3,6
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Small Organ (Specify**)	P	P	P		P	P	P	Note 1,2,3,6
	Neonatal Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	P	Note 1,2,3,6
	Musculo-skeletal (Superficial)	P	P	P		P	P	P	Note 1,2,3,6
	Intravascular								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	P	P	P		P	P	P	Note 1,2,3,6
	Other (Specify***)								
N=new indication;	P=previously cleared by FDA;	E=ad	ded ui	nder Appe	ndix E				
Additional comme	nts: Combined modesB+M \ PV	V+B、	Colo	r + B、Po	wer + B	PW +Color+	B Power + PW	′ +B.	
*Intra	operative includes abdominal, thora	acic, a	nd vas	scular.					
**Sma	ll organ-breast, thyroid, testes.								
***Oth	ner use includes Urology.								
Note 1	: Tissue Harmonic Imaging.								
Note 2	: Biopsy Guidance								
Note 3:	: iScape								
Note 4	: TDI								
Note 5	: Color M								
Note 6	: Smart3D								
Note 7	4D(Real-time 3D)								
(PLEASE DO NO	Γ WRITE BELOW THIS LINE-CO	ONTI	NUE (	ON ANOT	HER PAG	E NEEDED)			
Concurrence of C	DRH, Office of In Vitro Diagnos	tics a	nd Ra	diologica	Health (C	OIR)			
Prescription USE (	Per 21 CFR 801.109)								

	Diagno	stic	Ultra	asound	Indicati	ons for Us	e Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Dia								
Transducer:	75L38EA			·					
Intended	Diagnostic ultrasound imaging of	r fluid	l flow	analysis o	f the huma	n body as foll	ows:		
Use:									
Clinical Applic	ation Mode of Operation								
General	Specific (Track 1 & 3)					Color	A montitudo	Combined	
(Track 1		В	M	PWD	CWD	Doppler	Amplitude Doppler	(specify)	Other (Specify)
Only)						Doppiei	Doppiei	(specify)	
Ophthalmic	Ophthalmic								
Fetal	Fetal								
Imaging &	Abdominal	P	P	P		P	P	P	Note 1,2,3,6
Other	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	P	P	P		P	P	P	Note 1,2,3,6
	Small Organ (Specify**)	P	P	P		P	P	P	Note 1,2,3,6
	Neonatal Cephalic	P	P	P		P	P	P	Note 1,2,3,6
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal	P	P	P		P	P	P	Note 1,2,3,6
	(Conventional)	1	1	1		1	1	1	Note 1,2,3,0
	Musculo-skeletal (Superficial)	P	P	P		P	P	P	Note 1,2,3,6
	Intravascular								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral	Peripheral vessel	P	P	P		P	P	P	Note 1,2,3,6
vessel	Other (Specify***)								
N=new indicat	ion; P=previously cleared by FDA	λ; Ε	=adde	d under A	ppendix E				
Additional con	nments: Combined modesB+M\	PW-	+B、C	Color + B	Power +	B、PW +Col	or+B, Power+	PW +B.	
*1	ntraoperative includes abdominal, t	horac	ic, and	l vascular.					
	Small organ-breast, thyroid, testes.								
	*Other use includes Urology.								
	te 1: Tissue Harmonic Imaging.								
	te 2: Biopsy Guidance								
	Note 3: iScape								
	te 4: TDI								
	te 5: Color M								
	te 6: Smart3D								
	te 7:4D(Real-time 3D)								
`	NOT WRITE BELOW THIS LINE						ED)		
	of CDRH, Office of In Vitro Diag	nosti	cs and	Radiolog	gical Healt	h (OIR)			
Prescription U	SE (Per 21 CFR 801.109)								

	Diagno	stic	Ultra	asound	Indicati	ons for Us	e Format		
System:	Z5/Z50/Z50T/Z50S/Z50 Pro Dia								
Transducer:	D6-2EA								
Intended	Diagnostic ultrasound imaging of	r fluid	l flow	analysis o	f the huma	n body as foll	ows:		
Use:				,		•			
Clinical Applic	ation Mode of Operation								
General	Specific (Track 1 & 3)							~	
(Track 1		В	M	PWD	CWD	Color	Amplitude	Combined	Other (Specify)
Only)						Doppler	Doppler	(specify)	
Ophthalmic	Ophthalmic								
Fetal	Fetal	N	N	N		N	N	N	Note 1,2,7
Imaging &	Abdominal	N	N	N		N	N	N	Note 1,2,7
Other	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal								
	(Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Cardiac Adult								
Cardiac	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Daniala and									
Peripheral vessel	Peripheral vessel								
	Other (Specify***)			. d d A					
	ion; P=previously cleared by FDA					D DW (C.1	+ D - D - +	DW + D	
	nments: Combined modesB+M				Power +	B. PW +Col	or+ B、 Power +	PW +B.	
	ntraoperative includes abdominal, t	norac	ic, and	ı vascular.					
	Small organ-breast, thyroid, testes.								
	*Other use includes Urology.								
	te 1: Tissue Harmonic Imaging.								
	Note 2: Biopsy Guidance								
	Note 3: iScape								
	te 4: TDI								
	te 5: Color M								
	te 6: Smart3D								
	te 7:4D(Real-time 3D)								
	NOT WRITE BELOW THIS LINE						ED)		
	of CDRH, Office of In Vitro Diag	nosti	cs and	Radiolog	gical Healt	h (OIR)			
Prescription US	SE (Per 21 CFR 801.109)								

# 510(K) SUMMARY

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR §807.92(c).

The assigned 510(k) number is: K200251

# 1. Submitter:

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**Date Prepared:** January 20, 2020

# 2. <u>Device Name</u>: Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System

#### Classification

Regulatory Class: II

Review Category: Tier II

21 CFR 892.1550 Ultrasonic Pulsed Doppler Imaging System (IYN)

21 CFR 892.1560 Ultrasonic Pulsed Echo Imaging System (IYO)

21 CFR 892.1570 Diagnostic Ultrasound Transducer (ITX)

# 3. Device Description:

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System is a general purpose, portable, software controlled, ultrasonic diagnostic system. Its function is to acquire and display ultrasound data in B-Mode, M-Mode, PW-Mode, Color-Mode, Power/Dirpower Mode, THI, Smart3D, 4D, iScape, Biopsy Guidance or the combined mode (i.e. B/M-Mode, B/PW-mode, B/PW/Color).

This system is a Track 3 device that employs an array of probes that include Linear array, Convex array probe.

# 4. Intended Use:

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in Fetal, Abdominal, Pediatric, Musculo-skeletal (conventional, superficial), Peripheral Vascular, Trans-rectal, Trans-vaginal, Small organ (breast, thyroid and testes), Cephalic (neonatal and adult), Cardiac (adult and pediatric) and Urology exams.

# 5. Summary of Modifications

Newly Added Models:

Z50, Z50T, Z50S, Z50 Pro;

Newly Added Transducers:

D6-2EA;

# • Main Added Features and Modifications:

- 1. Appearance change;
- 2. Add host with three probe board;
- 3. Add 4D and Smart 3D;
- 4. Add Free Xros M:
- 5. Add iLive;
- 6. Add iWorks:
- 7. Add iNeedle;
- 8. Add Smart Face;
- 9. Add Smart OB;
- 10. Add mobile trolley UMT-170.

# **6. Comparison with Predicate Devices:**

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System is comparable with and substantially equivalent to these predicate devices:

Predicate Device	Manufacturer	Model	510(k) Control Number
Primary predicate device	Mindray	Z5	K130695
2. Reference device	Mindray	Z6	K182603
3. Reference device	Mindray	DC-40	K183377

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System has the same technological characteristics, is comparable in key safety and effectiveness features, and has the same intended uses and basic operating modes as the predicate devices. All systems transmit ultrasonic energy into patients and perform post processing of received echoes to generate onscreen display of anatomic structures and fluid flow within the body. All systems allow for specialized measurements of structures and flow, and calculations.

### Subject device

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System has the same intended uses as the predicated device Z5 (K130695)

Subject Device	Predicate device
The Z5/Z50/Z50T/Z50S/Z50 Pro	Z5 (K130695)
The Diagnostic Ultrasound System	The Diagnostic Ultrasound System
is applicable for adults, pregnant women,	is applicable for adults, pregnant women,
pediatric patients and neonates. It is	pediatric and neonates. It is intended for
intended for use in Fetal, Abdominal,	use in Fetal, Abdominal, Pediatric,
Pediatric, Musculo-skeletal	Musculo-skeletal (conventional,
(conventional, superficial), Peripheral	superficial), Peripheral Vascular,
Vascular, Trans-rectal, Trans-vaginal,	Trans-rectal, Trans-vaginal, Small organ

Small organ (breast, thyroid and testes),
Cephalic (neonatal and adult), Cardiac
(adult and pediatric) and Urology

(breast, thyroid and testes), Cephalic (neonatal and adult), Cardiac (adult and pediatric) and Urology exams.

- The acoustic power levels of Z5/Z50/Z50T/Z50S/Z50 Pro are below the limits of FDA, which is the same as the predicated device Z5 (K130695)
- The Z5/Z50/Z50T/Z50S/Z50 Pro is designed in compliance with the FDA recognized electrical and physical safety standard, which is the same as the predicated device Z5 (K130695)

The Z5/Z50/Z50T/Z50S/Z50 Pro has similar probes as the predicated device.

# 7. Non-clinical Tests:

The Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical and mechanical safety, and has been designed to conform with applicable medical safety standards. This device has been tested and evaluated under the following standards:

- AAMI/ANSI ES60601-1: Medical electrical equipment Part 1: General requirements for basic safety and essential performance
- IEC 60601-1-2: Medical electrical equipment Part 1-2: General requirements for basic safety and essential performance - Collateral standard: Electromagnetic compatibility - Requirements and tests (Edition 3)
- IEC 60601-2-37: Medical electrical equipment Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment
- IEC 62304: Medical device software Software life cycle processes
- IEC 62366:Medical devices application of usability engineering to medical devices
- IEC 60601-1-6: medical electrical equipment part 1-6: general requirements for basic safety and essential performance collateral standard: usability.
- ISO14971: Medical devices Application of risk management to medical devices
- ISO 10993-1: Biological evaluation of medical devices -- Part 1: Evaluation and

testing within a risk management process

These non-clinical tests relied on in this premarket notification submission can support the determination of substantial equivalence of the subject device.

# 8. Clinical Studies

Not applicable. The subject of this submission, Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System, does not require clinical studies to support substantial equivalence.

# **Conclusion:**

Intended uses and other key features are consistent with traditional clinical practices, FDA guidelines and established methods of patient examination. The design, development and quality process of the manufacturer confirms with 21 CFR 820, ISO 9001 and ISO 13485 quality systems. The device conforms to applicable medical device safety standards. Therefore, the Z5/Z50/Z50T/Z50S/Z50 Pro Diagnostic Ultrasound System is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.