



September 11, 2018

Apple Inc.  
% Donna-Bea Tillman  
Senior Consultant, Biologics Consulting Group  
Biologics Consulting Group, Inc.  
1555 King St, Suite 300  
Alexandria, Virginia 22314

Re: DEN180044  
Trade/Device Name: ECG App  
Regulation Number: 21 CFR 870.2345  
Regulation Name: Electrocardiograph software for over-the-counter use  
Regulatory Class: Class II  
Product Code: QDA  
Dated: August 13, 2018  
Received: August 14, 2018

Dear Donna-Bea Tillman:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the ECG App, an over-the-counter device under 21 CFR Part 801 Subpart C, with the following indications for use:

The ECG app is a software-only mobile medical application intended for use with the Apple Watch to create, record, store, transfer, and display a single channel electrocardiogram (ECG) similar to a Lead I ECG. The ECG app determines the presence of atrial fibrillation (AFib) or sinus rhythm on a classifiable waveform. The ECG app is not recommended for users with other known arrhythmias.

The ECG app is intended for over-the-counter (OTC) use. The ECG data displayed by the ECG app is intended for informational use only. The user is not intended to interpret or take clinical action based on the device output without consultation of a qualified healthcare professional. The ECG waveform is meant to supplement rhythm classification for the purposes of discriminating AFib from normal sinus rhythm and not intended to replace traditional methods of diagnosis or treatment.

The ECG app is not intended for use by people under 22 years old.

FDA concludes that this device should be classified into Class II. This order, therefore, classifies the ECG App, and substantially equivalent devices of this generic type, into Class II under the generic name electrocardiograph software for over-the-counter use.

FDA identifies this generic type of device as:

**Electrocardiograph software for over-the-counter use.** An electrocardiograph software device for over-the-counter use creates, analyzes, and displays electrocardiograph data, and can provide information for identifying cardiac arrhythmias. This device is not intended to provide a diagnosis.

Section 513(f)(2) of the Food, Drug and Cosmetic Act (the FD&C Act) was amended by section 607 of the Food and Drug Administration Safety and Innovation Act (FDASIA) on July 9, 2012. This law provides two options for De Novo classification. First, any person who receives a “not substantially equivalent” (NSE) determination in response to a 510(k) for a device that has not been previously classified under the Act may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. On December 13, 2016, the 21st Century Cures Act removed a requirement that a De Novo request be submitted within 30 days of receiving an NSE determination. Alternatively, any person who determines that there is no legally marketed device upon which to base a determination of substantial equivalence may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act without first submitting a 510(k). FDA shall, within 120 days of receiving such a request, classify the device. This classification shall be the initial classification of the device. Within 30 days after the issuance of an order classifying the device, FDA must publish a notice in the Federal Register announcing the classification.

On August 14, 2018, FDA received your De Novo requesting classification of the ECG App. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the ECG App into class I or II, it is necessary that the proposed class have sufficient regulatory controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the De Novo request, FDA has determined that, for the previously stated indications for use, the ECG App can be classified in class II with the establishment of special controls for class II. FDA believes that class II (special) controls provide reasonable assurance of the safety and effectiveness of the device type. The identified risks and mitigation measures associated with the device type are summarized in the following table:

Table 1 – Identified Risks to Health and Mitigation Measures

<b>Identified Risks to Health</b>	<b>Mitigation Measures</b>
Poor quality ECG signal resulting in failure to detect arrhythmia	Clinical performance testing Human factors testing Labeling
Misinterpretation and/or over-reliance on device output, leading to: <ul style="list-style-type: none"> <li>• Failure to seek treatment despite acute symptoms</li> <li>• Discontinuing or modifying treatment for chronic heart condition</li> </ul>	Human factors testing Labeling
False negative resulting in failure to identify arrhythmia and delay of further evaluation or treatment	Clinical performance testing Software verification, validation, and hazard analysis Non-clinical performance testing Labeling

False positive resulting in additional unnecessary medical procedures	Clinical performance testing Software verification, validation, and hazard analysis Non-clinical performance testing Labeling
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In combination with the general controls of the FD&C Act, the electrocardiograph software for over-the-counter use is subject to the following special controls:

1. Clinical performance testing under anticipated conditions of use must demonstrate the following:
  - a. The ability to obtain an ECG of sufficient quality for display and analysis; and
  - b. The performance characteristics of the detection algorithm as reported by sensitivity and either specificity or positive predictive value.
2. Software verification, validation, and hazard analysis must be performed. Documentation must include a characterization of the technical specifications of the software, including the detection algorithm and its inputs and outputs.
3. Non-clinical performance testing must validate detection algorithm performance using a previously adjudicated data set.
4. Human factors and usability testing must demonstrate the following:
  - a. The user can correctly use the device based solely on reading the device labeling; and
  - b. The user can correctly interpret the device output and understand when to seek medical care.
5. Labeling must include:
  - a. Hardware platform and operating system requirements;
  - b. Situations in which the device may not operate at an expected performance level;
  - c. A summary of the clinical performance testing conducted with the device;
  - d. A description of what the device measures and outputs to the user; and
  - e. Guidance on interpretation of any results.

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device type. FDA has determined premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device type and, therefore, the device is not exempt from the premarket notification requirements of the FD&C Act. Thus, persons who intend to market this device type must submit a premarket notification containing information on the electrocardiograph software for over-the-counter use they intend to market prior to marketing the device.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact [CDRHProductJurisdiction@fda.hhs.gov](mailto:CDRHProductJurisdiction@fda.hhs.gov).

Please be advised that FDA's decision to grant this De Novo request does not mean that FDA has made a determination that your device complies with other requirements of the FD&C Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the FD&C 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/CombinationProducts/GuidanceRegulatoryInformation/ucm597488.htm>); 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 FD&C Act); 21 CFR 1000-1050.

A notice announcing this classification order will be published in the Federal Register. A copy of this order and supporting documentation are on file in the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852 and are available for inspection between 9 a.m. and 4 p.m., Monday through Friday.

As a result of this order, you may immediately market your device as described in the De Novo request, subject to the general control provisions of the FD&C Act and the special controls identified in this order.

For comprehensive regulatory information about medical devices and radiation-emitting products, please see Device Advice (<https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/>) and CDRH Learn (<http://www.fda.gov/Training/CDRHLearn>). 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 (<http://www.fda.gov/DICE>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

If you have any questions concerning the contents of the letter, please contact Luke Ralston at 301-796-6362.

Sincerely,

Angela C. Krueger  
Deputy Director, Engineering and Science Review  
Office of Device Evaluation  
Center for Devices and Radiological Health