

March 23, 2021

Wuxi Exanovo Medical Instrument Co., Ltd. % Diana Hong General Manager Mid-Link Consulting Co., Ltd P.O. Box 120-119 Shanghai, Shanghai 200120 China

Re: K203620

Trade/Device Name: Aneroid Sphygmomanometer

Regulation Number: 21 CFR 870.1120 Regulation Name: Blood pressure cuff

Regulatory Class: Class II Product Code: DXQ, LDE Dated: January 22, 2021 Received: January 22, 2021

Dear Diana Hong:

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/medical-devices/device-advice-comprehensive-regulatory-assistance) 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,

for LT Stephen Browning
Assistant Director
DHT2A: Division of Cardiac
Electrophysiology, Diagnostics
and Monitoring Devices
OHT2: 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: 06/30/2023 See PRA Statement below.

510(k) Number <i>(if known)</i>		
K203620		
Device Name		
Aneroid Sphygmomanometer		
1 78		
Indications for Use (Describe)		
neroid Sphygmomanometer is intended to be used by medical professionals or in the home for the measurement of		
systolic and diastolic pressure on children or adults. The device is in	ntended to be manually attached to a patient and	
manually inflated along with a manual method for detecting Korotk	off sounds.	
Type of Use (Select one or both, as applicable)		
	a	
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.

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Tab #6 510(k) Summary

This 510(k) Summary is being submitted in accordance with requirements of Title 21, CFR Section 807.92.

The assigned 510(k) Number: K203620

1. Date of Preparation: 12/15/2020

2. Sponsor Identification

Wuxi Exanovo Medical Instrument Co., Ltd.

No.42, Xixin Road, Zhangjing, Xibei Town, Wuxi City, 214194, China

Establishment Registration Number: Not assigned

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3. Designated Submission Correspondent

Ms. Diana Hong (Primary Contact Person)
Ms. Jing Cheng (Alternative Contact Person)

Mid-Link Consulting Co., Ltd

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Email: info@mid-link.net

4. Identification of Proposed Device

510(k) Summary: K203620

Trade Name: Aneroid Sphygmomanometer Classification Name: Blood pressure cuff

Regulatory Information

Classification Name: Blood pressure cuff

Classification: II; Product Code: DXQ

Regulation Number: 21CFR 870.1120

Review Panel: Cardiovascular

Regulatory Information

Classification Name: Stethoscope, manual

Classification: II; Product Code: LDE

Regulation Number: 21 CFR 870.1875

Review Panel: Cardiovascular

Indications for Use

Aneroid Sphygmomanometer is intended to be used by medical professionals or in the home for the measurement of systolic and diastolic pressure on children or adults. The device is intended to be manually attached to a patient and manually inflated along with a manual method for detecting Korotkoff sounds.

Device Description

The proposed device is composed of manometer, cuff, cuff bladder, inflation bulb and optioned stethoscopes. It is available in four models, MC-20A, MC-20B, MC-30 and MC-50, which are different in cuff material, cuff bladder material and stethoscope option. The aneroid sphygmomanometer should be used in conjunction with a stethoscope. For model MC-50, there are three types of stethoscope for option: Single Head, Dual Head and Sprague Rappaport stethoscope, while the other models of the proposed device do not have stethoscope in configuration. There are also six sizes of cuff for each model device in order to fit varies arm circumference of user. The proposed device is Over-The-Counter use, non-sterile, reusable device.

5. Identification of Predicate Device

510(k) Number: K190902

190902

Product Name: RH non-Automated Blood Pressure Meter, MODEL Max02 and RH non-Automated Blood Pressure Meter with Stethoscope, MODEL Max0201, Max0202, Max0203

6. Non-Clinical Test Conclusion

Non clinical tests were conducted to verify that the proposed device met all design specifications

as was Substantially Equivalent (SE) to the predicate device. The test results demonstrated that the proposed device complies with the following standards:

- ➤ ISO 81060-1:2007 Non-invasive sphygmomanometers Part 1: Requirements and test methods for non-automated measurement type.
- ➤ ISO 10993-5:2009 Biological Evaluation of Medical Devices-Part 5: Tests for in Vitro Cytotoxicity;
- ➤ ISO 10993-10:2010 Biological Evaluation of Medical Devices-Part 10: Tests for Irritation and Skin Sensitization;

7. Clinical Test Conclusion

No clinical study is included in this submission.

8. Substantially Equivalent (SE) Comparison

Table 1 Comparison of Technology Characteristics

ITEM	Proposed Device Aneroid Sphygmomanometer	Predicate Device K190902	Remark
Product Code	DXQ, LDE	DXQ, LDE	SE
Regulation No.	21 CFR 870.1120	21 CFR 870.1120	SE
Class	II	II	SE
Indication for Use	Aneroid Sphygmomanometer is intended to be used by medical professionals or in the home for the measurement of systolic and diastolic pressure on children or adults. The device is intended to be manually attached to a patient and manually inflated along with a manual method for detecting Korotkoff sounds.	RH non-Automated Blood Pressure Meter is intended to be used by medical professionals or in the home for the measurement of systolic and diastolic pressure on children or adults. The device is intended to be manually attached to a patient and manually inflated along with a manual method for detecting Korotkoff sounds.	SE
Over-The Counter Use	Yes	Yes	SE
Where used	Home, Hospital, healthcare facility, ambulance etc.	Home, Hospital, healthcare facility, ambulance etc.	SE
Target population	infants, children, young adults and adults	infants, children, young adults and adults	SE
Anatomical sites	Upper Arm (leg for child)	Upper Arm (leg for child)	SE
Measurement Method	Auscultatory Korotkoff sounds Method	Auscultatory Korotkoff sounds Method	SE
Inflation	Manual by inflation bulb	Manual by inflation bulb	SE

Deflation	Manual deflation via valve	Manual deflation via valve	SE
Display	Aneroid Manometer	Aneroid Manometer	SE
The monitor	From 0 to 300 mmHg with a	From 0 to 300 mmHg with a	SE
scale	minimum interval of 2 mmHg.	minimum interval of 2 mmHg.	
	The device comprises tubing	The device comprises tubing	SE
	attached to a soft inelastic cuff with	attached to a soft inelastic cuff with	
Design of blood	an integrated inflatable bladder that	an integrated inflatable bladder that	
pressure meter	is wrapped around the patient's limb	is wrapped around the patient's limb	
	and secured by hook and loop	and secured by hook and loop	
	closure.	closure.	
	Three types option:	Three types option:	SE
Design of	Single head	Single head	
Stethoscope	Dual head	Dual head	
	Sprague Rappaport	Sprague Rappaport	
	The manometer: aluminum and	The manometer: aluminum and	SE
	stainless steel materials.	stainless steel materials.	
	The tubing, inflation bulb: PVC or	The tubing, inflation bulb: PVC or	
Materials	nature latex.	nature latex.	
	Cuff: Nylon cloth or cotton cloth for	Cuff: Nylon cloth or cotton cloth for	
	outside layer.	outside layer.	
	Cuff bladder: PVC or nature latex	Cuff bladder: PVC or nature latex	
Accuracy	Pressure: +/- 3 mmHg of reading.	Pressure: +/- 3 mmHg of reading.	SE
Compatibility	It can be used from 50°F to 104°F	It can be used from 50°F to 104°F	SE
with environment	(10°C to 40°C) and	(10°C to 40°C) and	
with environment	15% ~ 85%RH humidity.	15% ~ 85%RH humidity.	
	21" × 5.7"(540mm*145mm)	20" × 5.5" (510mm*140mm)	Analysis 1
	26" × 6.9" (660mm*175mm)	21.7" × 6.3" (550mm*160mm)	
Cuff Sizes	30.7" × 8.67" (780mm*220mm)	24.4" × 6.9" (620mm*175mm)	
Cum Sizes	14.96" × 4.33" (380mm*110mm)	28.3" × 8.3" (720mm*210mm)	
	11.81" ×2.76" (300mm*70mm)	13.4" × 4.15" (340mm*105mm)	
	9.84" × 2.16"(250mm*55mm)	10.2" × 3" (260mm*75mm)	
	Fits arm circumferences 8.7" to	Fits arm circumferences 8.7" to	SE
	17.3" (220mm to 440 mm), The	17.3" (220mm to 440 mm), The	
Cuff	standard cuff should be available for	standard cuff should be available for	
Circumference	use in measuring a child's leg blood	use in measuring a child's leg blood	
	pressure and for children with larger	pressure and for children with larger	
	arms.	arms.	
Cuff bladder Size	8.7"×4.7" (220mm*120mm)	8.7" × 4.7"(220mm*120mm)	Analysis 2
	11.8"×5.9" (300mm*150mm)	11.8" × 5.9"(300mm*150mm)	
	14.76" × 7.28"(375mm*185mm)	13.4" × 6.7"(340mm*170mm)	
	6.9"×3.3"(175mm*85mm)	6.9" × 3.3"(175mm*85mm)	
	3.15" × 1.57"(80mm*40mm)	7.5" x 2"(190mm*50mm)	
	3.54" × 0.98"(90mm*25mm)	, , , , , , , , , , , , , , , , , , ,	

Cuff Color	Black	Blue, Pink, Black	Analysis 3
	Aneroid gauge, Arm Cuff, Inflation	Aneroid gauge, Arm Cuff, Inflation	SE
Contents (with	Bulb, Vinyl storage pouch and	Bulb, Vinyl storage pouch and	
accessories)	Instruction Manual, Stethoscope	Instruction Manual, Stethoscope	
	(option)	(option)	
Biocompatibility	biocompatible as requirement of	biocompatible as requirement of	SE
	ISO 10993-1, ISO 10993-5, ISO	ISO 10993-1, ISO 10993-5, ISO	
	10993-10	10993-10	
Performance	compatible as requirement of ISO	compatible as requirement of ISO	SE
	81060-1	81060-1	

Analysis 1 – Cuff Sizes

The cuff sizes of proposed device are different from predicate device. However, the cuff size of proposed device is similar to the predicate device and the Cuff Circumference of the two devices is the same. The Velcro on cuff is designed to fit varies arm circumference. This difference doesn't raise new problems on the safety and effectiveness of the proposed device. Therefore, this difference does not affect the substantially equivalence between the proposed device and predicate device.

Analysis 2 – Cuff bladder Size

The cuff bladder size of the proposed device is partly different from predicate device. However, the cuff bladder size of proposed device is similar to the predicate device. It could fit varies requirements of users. This difference doesn't raise new problems on the safety and effectiveness of the proposed device. Therefore, this difference does not affect the substantially equivalence between the proposed device and predicate device.

Analysis 3 – Cuff Color

The cuff color of the proposed device is different from the predicate device. However, the biocompatibility of the cuff of proposed device had been tested and the test results show no adverse effect of the material. Therefore, this difference does not affect the substantially equivalence between the proposed device and predicate device.

9. Equivalent (SE) Conclusion

Based on the comparison and analysis above, the proposed device are determined to be Substantially Equivalent (SE) to the predicate device.