

December 13, 2021

Omega Medical Imaging, LLC % Mr. John Newman Regulatory Specialist 3400 St. Johns Parkway, Suite 1020 SANFORD FL 32771

Re: K212890

Trade/Device Name: Nyquist.IQ Regulation Number: 21 CFR 892.1650

Regulation Name: Image-intensified Fluoroscopic X-ray System

Regulatory Class: Class II Product Code: JAA, MQB Dated: November 10, 2021 Received: November 12, 2021

#### Dear John Newman:

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

K212890 - John Newman 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/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">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">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 (DICE@fda.hhs.gov) 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**

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

K212890				
Device Name Nyquist.IQ				
Indications for Use (Describe) The Omega Medical Imaging, LLC Nyquist.IQ Image Processor is intended for use in Radiographic/fluoroscopic applications including cardiac, vascular, general radiographic/fluoroscopic diagnostic, and interventional x-ray imaging. The Nyquist.IQ is intended solely to be integrated only with Omega Medical Imaging CS-series-FP Systems.				
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.

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# **Traditional 510(k) SUMMARY**

K212890

Company Name: Omega Medical Imaging, LLC

Address: 3400 St. Johns Parkway, Suite 1020, Sanford, FI 32771

Telephone No: 407-323-9400

Registration No: 1052701

Contact person: John Newman (Regulatory Affairs Specialist)

Date Prepared: 09/02/2021

Device (trade) name: Nyquist.IQ

Common/usual name: Image Processor

Classification Name: Image Processor

Classification Panel: Radiology

CFR section: 892.1650

Device Class: Class II

Primary Product code: JAA

Secondary product code: MQB

#### **Predicate Device K182834**

Company Name: Omega Medical Imaging, LLC

Address: 3400 St. Johns Parkway, Suite 1020

Telephone No: 407-323-9400

Registration No: 1052701

Contact person: John Newman

Date Prepared: 03/29/2019

Device (trade) name: CS-series-FP with Optional Accessory Device CA-100S (FluoroShield)

Common/usual name: Fluoroscopic/Radiographic X-ray system

Classification Name: System, X-Ray, Fluoroscopic, Image -Intensified

Classification Panel: Radiology

CFR section: 892.1650

Device Class: Class II

Primary Product code: JAA

Secondary Product code: OWB

## Reference Predicate Device K121293

Company Name: Omega Medical Imaging, LLC

Address: 675 Hickman Circle, Sanford, FI 32771

Telephone No: 407-323-9400

Registration No: 1052701

Contact person: John Newman

Date Prepared: 04/20/2012

Device (trade) name: CS-series-FP with 3030+ Option

Common/usual name: Fluoroscopic/Radiographic X-ray system

Classification Name: System, X-Ray, Fluoroscopic, Image -Intensified

Classification Panel: Radiology

CFR section: 892.1650

Device Class: Class II

Primary Product codes: JAA

Secondary Product code: OWB

Indication: of use

The Omega Medical Imlaginky qLulictIPOS ImagineteProdectisfsecorinis
Radiographic/fluoroscopic applications including cardiac, vascular, quality diagnostic, and intreary eim taginad x

The Nyquist.IQ is intended so helwly it to Come eignate Mg ead tice destelmines Reg is vg scCeSm

### Device description:

Nyquist.IQ is a dyimmaanguiec polriogoisteyaaslotienTimbye system application is based on operating styynsocteinoning on a P.C.T. beas coebody ie Qec. RP t.L.e.d software patient feoring sagreal processing and objust socreage. The DICOM compliant connectivity propatient demographics, examination, and image data digitally.

Nyqu. i Qut is not a standalone device, but functions as a -se mi-posent for platfor Nny.quist IQ is an image process too acton vaitre nate not actain actain stein superiors. Entropy of the Omega mesode inci-se in CS

The Nyquist.IQ operates in connection with the Varex s 303T0h bsr the isdemonstrated in the substantial equivalenTcheesNeycqiuo instolfQthise isnuthermoisescome gas & S-E-P with Optional Access 606 Sy/DFelvuioc neo Schaield platform.

Traditional 510(k) ISP 45 not 0n, a Nyy of or ist. IQ ImagRee 4 P. rope sp2s or

The Nyquist.IQ is intended sorhelwlyitho. Edogonea iMiteedgicaatle blase giiken Rog scySstems.

The bly quisitm Lange proof theses of undamental pochrationa montae moid set in bless quist. I Qinterventional fliumo aropsis no go princes of estes not room sists of:

- · Re-atilme image visualization of popatpineonote-admunate-osmy durin
- Imaging techniques and tools to assist interventional procedure
- · Posptrocessing functions after interventional procedures.
- · Storage of reference/control images for patient records.
- · Compatibility to images of other modalities via DICOM
- Compbaitlity twhitehalready FDCAA1c01@eSart/eactShoield Al Exposure Reduction Technol(cKg1y8.2834)

This array of functions provides the physician the imaging informational invasive interventional procedures.

The Nyquist. IQ image is parvous iels as bole alsP-38.0 Mocoben If iguration and is similar to marketed and ipmea object aptreoce-28.90 nm Mas Seri-TesP with a pto Clown 0.5 / Fluoro Shield Device

Patient Population

General Popuelatadinc, osn poerns must be taken for pediatric use.

Based on the information pN oy vqiudiessdy ksObeomiei, stotoen sidered substantially the current marketed presdeic idelle of which to the the current marketed presdeic idelle of the the samesfloored iucsaetion

Technological characteristics

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Integration of a New Flat Panel Detector (Trealye odlyentec X of m)e of swith the already FDASh cileeladreAd Ekupoorsoure Reduction Technology

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Summary of Nimoincal Performance

Nonclinical performance testing has NovequurisptelrOtolrmmae gola on pool to documents as to escatr compliance with the following International and FDA approved consedocuments:

- 1. IE 66 2 3 0 4 Medical devi6s eo fst nov fat rwear iepfoer o occyecs lise elisti(on 1.-10,6)2.0 FF 50 A/CDR H recognition nu7m9 ber 1 3
- 2. ISO 14971 Meevdiicce spplication of risk management to medie0a3l device 01). FDA/CDRH recognation number 5
- 3. Guidance for Industry-Gaunida Fn Doc As Sotraft fhe Content of premarket Subr Software Contained in Medilc, a 2 000e5vi (cdeosc, u Mn as yn t number 337).
- 4. Guidance for Industry Tahred 5 PLD (Ak)StParfof gram: Evaluating Substantia Premarket Notifications [510(k)], July 28, 2014 (document number)

Software verification testing on infulmection mean to reaction the antible and the antible antible and the antible antible and the antible ant

Nonclinical validation testing has been peNryfqumisetdl Qolmaaligoeba Perotoheaststohre conforms to the intendeuosteurs, ea, nodlasiem svice needs, effectively satisfying instruction for use.

The slyquisoliom Cootrequire clinical study data since substantial equivaler predicate Colenveiograes © rS-Fe Bevith Opt Acorocaels sory CDAte Ov Or CSe / Fluor woa Schield demonstrated with the following attributes:

- · Indication for use.
- Technological characteristics.
- Nonclinical performance testing; and
- · Safety and effectiveness.

Substantial equivalence Conclusion:

The syquissiy is Quem is substantially equivalent to the devirces not is Syews in table the Option IA ccessory CDA to DoSe or 15 Buhi ien loterms of indications for use, technocharactes r, is staitety and effectiveness.

The bly unist. Im Qage Proices switch in the controls and predetent modifities of as ploycifical substantial equivalence was of the imbonash pactive footh my anote in the heats ep 5 of v0 i (oke) depremarket not. if Tothactsientsests demon by the qautiests the attention on plies with the use requirements and the requirements coppendized by the documents.

Theref by requisits I so safe and effective as its predicate deveitoye and doe and/or effectiveness concerns.

#### Comparison with Predicate Devices:

Indications for use comparison:				
510(k) Number and Device Name	K121293 (Ref. Predicate Device) CS-series-FP with 3030+ option	K182834 (Predicate Device) CS-series-FP with Optional Accessory Device CA-100S / FluoroShield	(This Submission) Nyquist.IQ	
Intended Use	The Omega Medical Imaging, LLC CS-series-FP with 3030+ Option systems are intended for use in radiographic/fluoroscopic applications including cardiac, vascular, general radiographic/fluoroscopic diagnostic, and interventional X-Ray imaging.	The Omega Medical Imaging, LLC CS-series-FP (SSXI) systems with optional accessory device CA-100S as a modification device to provide an automated Region of interest that manages exposure to the patient and operator. The system is intended for use in Radiographic/fluoroscopic applications including cardiac, vascular, general radiographic/fluoroscopic diagnostic, and interventional x-ray imaging for General Populations. At no time will the CA-100S be considered as a replacement for the primary collimator. The primary collimator shall always be used, in accordance with good medical practice, to define a Region of Interest	The Omega Medical Imaging, LLC IPS-100, Nyquist.IQ Image Processor is intended for use in Radiographic/fluoroscopic applications including cardiac, vascular, general radiographic/fluoroscopic diagnostic, and interventional X-Ray imaging. (The Nyquist.IQ is intended solely to be integrated only with Omega Medical Imaging CS-series-FP systems.)	
Classification Name:	Image-intensified Fluoroscopic X-ray system	Image-intensified Fluoroscopic X-ray system	Image-intensified Fluoroscopic X-ray system	
CFR Regulation #:	892.1650	892.1650	892.1650	
Device Class	Class II	Class II	Class II	
Classification Product Code:	JAA, OWB	JAA, OWB	JAA, MQB	

#### <u>PRODUCOTVERVI</u>EW

Substantial Equivalence:

Detailed in the Bench testing section of this submission.

#### Safety information:

- · The OmNeygopuisItmlaQge Proceensispeobswrith the applicable requi8e2m0ents of 2
- The OmNeygopuist.IQ Image o Promipe lowel his stone international safety soft, a hEd Cards 606 0142, EN ISO 145 n2 02 3EN ISO 14971.
- The OmNeygopuist.IQ ImagesyPsteronescsoomrply with aLhLd 600A6N0/1USA C2-2.2 No M90.
- The device is designed and manufacture attibute sQausaloituyt | Snye d 820 and ISO 13485 Standards. This device is in conform-tance standards and its collateral standards. All requirements of the as outlime2d CFR § 1020, that apply to this device will be met and

Safety is assured through a risk management process and manufactu System Regulations

#### Referenced Guidance Documents:

- Guidance for this submission of 510(k) for Indications of use as provided in: Pediatric Information for X-ray Imaging Device Premarket Notifications (Document issued on November 28<sup>th</sup>, 2017) Guidance for Industry and Food and Drug Administration Staff.
- Guidance for the Content of Premarket Submissions for Management of Cybersecurity in Medical Devices. (Document issued on October 2018)
- Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices (Document issued on May 11, 2005)
- Guidance for Industry and FDA Staff: Information to Support a Claim of Electromagnetic Compatibility (EMC) of Electrically -powered Medical Devices. (Document issued on July11, 2016)
- Guidance for this submission of 510(k) for (SSXID) Solid State X -ray Imaging Devices issued on: September 1, 2016 was used to establish substantial equivalence
- Guidance for industry and FDA Staff User Fees and Refunds for Premarket Notification Submissio ns 510(k)s, (Document issued on October 2, 2017)
- Guidance for industry and FDA Staff Refuse to A ccept Policy for 510(k) (Document issued on September 2019)
- Guidance for industry and FDA Staff -Format for Traditional and Abbreviated 510(k)s (Document issued on September 2019)
- Guidance for industry and FDA Staff Deciding when to submit a 510(k) for a change to an existing device. (Document issued on October 25, 2017)
- Guidance for industry and FDA Staff The 510(k) Program: Evaluating Substantial Equivalence in Premarket Notifications [510(k)] (Document Issued on July 28, 2014)
- Guidance for industry and FDA Staff Guidance for Off -The-Shelf Software Use in Medical Devices (Document issued on September 2019)
- Guidance for industry and FDA Staff Guidance for the Content of Premarket Submission for Software in Medical Devices. (Document issued May 11th, 2005)
- Guidance for industry and Food and Drug Administration Staff Policy Clarification for Certain Fluoroscopic Equipment Requirements (Document issued on May 8, 2019)
- Guidance for Industry and FDA Staff Medical X-Ray Imaging Devices Conformance with IEC Standards. (Document issued on May 8,2019)
- Guidance for Industry and FDA Staff Clarification of Radiation Control Regulations for Manufacturers of Diagnostic X -Ray Equipment. (Document issued on December 17, 2018)
- Guidance for Industry and FDA Staff Guidance for the submission of 510(k)s for Solid state X -ray
   Imagin g Devices. (Document issued on September 1, 2016)