510(K) Summary

In accordance with the Safe Medical Devices Act of 1990, a 510(K) summary is provided as outlined in 21 CFR 807.92.

Submitter	**Name:** Alfa Scientific Designs, Inc. **Address:** 11494 Sorrento Valley Road, Suite M San Diego, CA 92121 Telephone: (858) 350-9798 Fax: (858) 350-9709 Email: asdi@worldnet.att.net
Device Name	**Trade Name:** *Instant-View ™ Morphine (2000) Urine Cassette Test* **Common Name:** Morphine Test **Classification:** Class II
Predicate Device	Gas Chromatography/Mass Spectrophotometry (*GC/MS*)
Device Description	A one-step lateral flow chromatographic immunoassay.
Intended Use	This device is a qualitative immunoassay intended for use in drug rehabilitation clinics, physician offices and reference laboratories. It provides qualitative screening results for Morphine in human urine at a cutoff level of 2000 ng/ml.
Accuracy studies	The accuracy of the device was evaluated with 100 human urine specimens with GC/MS data at three POL sites and one reference laboratory. The correlation between the results from GC/MS and that from the *Instant-View ™ Morphine (2000) Urine Cassette Test* is 99%.
Discussion and Conclusion	• The correlation of results from the *Instant-View ™ Morphine (2000) Urine Cassette Test,* and the GC/MS method is 99%, indicating that the *Instant-View ™ Morphine (2000) Urine Cassette Test* is substantially equivalent to the existing legally marketed device. • The evaluation results from one Clinical Laboratory and the three Physician's Office's Laboratory (POL) sites conducted by personnel with diverse educational background and working experience agreed 99% with the expected

results, as well as with each other, indicating that the *Instant-View™ Morphine (2000) Urine Cassette Test* is suitable for use by health care professionals with diverse educational backgrounds and working experience.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

MAY 2 9 2001

Naishu Wang, MD, Ph.D.
President
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11494 Sorrento Valley Road
Suite M
San Diego, CA 92121

Re: 510(k) Number: K010080
Trade/Device Name: Instant-View™ Morphine (2000) Urine Cassette Test
Regulation Number: 862.3640
Regulatory Class: II
Product Code: DOE
Dated: January 7, 2001
Received: January 10, 2001

Dear Dr. Wang:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent to 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). You may, therefore, market the device, subject to the general controls provisions of the Act. 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.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven Gutman

Steven I. Gutman, M.D., M.B.A.
Director
Division of Clinical Laboratory Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

510(K) NUMBER (IF KNOWN): K010080

DEVICE NAME: **Instant-View™ Morphine (2000) Urine Cassette Test**

INDICATIONS FOR USE:

It is for health care professional, in-vitro diagnostic use only.

This device is a qualitative immunoassay intended for use in drug rehabilitation clinics, physician offices and reference laboratories. It provides qualitative screening results for Morphine in human urine at a cutoff level of 2000 ng/ml.

Instant-View ™ Morphine (2000) Urine Test provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas Chromatography/Mass Spectrophotometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

Fred Lacy

(Division Sign-Off)
Division of Clinical Laboratory Devices
510(k) Number K010080

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The-Counter Use _____
(Per 21 CFR 801.109) (Optional Format 1-2-96)