



**July 8, 2019**

Micro Typing Systems Inc.  
Attention: Nickita Naik, PharmD, RPh  
Ortho-Clinical Diagnostics, Inc.  
1001 U.S. Highway 202 North  
Raritan, New Jersey 08869-0606

Re: BK190339  
Device Name: MTS™ Buffered Gel Card  
Regulation Number: 21 CFR 864.9175  
Regulation Name: Automated blood grouping and antibody test system  
Regulatory Class: II  
Product Code: KSZ  
Dated: July 3, 2019  
Received: July 3, 2019

Dear Dr. Naik:

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 a legally marketed predicate device 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 (the 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.

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 Federal Register.

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-devices/medical-device-safety/medical-device-reporting-mdr-how-report-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>) 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 questions about this letter, please contact Cherry Geronimo, Regulatory Project Manager, at (240) 402-9555 or [cherry.geronimo@fda.hhs.gov](mailto:cherry.geronimo@fda.hhs.gov).

Sincerely,

Orieji Illoh, MD  
Director  
Division of Blood Components and Devices  
Office of Blood Research and Review  
Center for Biologics Evaluation and Research

Enclosure  
Indications For Use

**Indications for Use**

510(k) Number: BK190339

Device Name: MTS™ Buffered Gel Card

Indications for Use:

- For the detection of antibodies to red blood cells
- For in vitro diagnostic use only
- For use with the ID-Micro Typing System™
- Contains: 6 tests per card

Prescription Use   X   AND/OR  
(Part 21 CFR 801 Subpart D)

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)  
Concurrence of CBER, Office of Blood Research and Review (OBRR)

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Division Sign-Off, OBRR