

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

SEP 2 6 2006

Dr. Reza Jalinous Magstim Company US, LLC 304 Cambridge Road, Suite 502 Woburn, Massachusetts 01801

Re: K060847

Trade/Device Name: Magstim Model 200-2 with Double 70mm Remote Coil

Regulation Number: 21 CFR 882.1870

Regulation Name: Evoked response electrical stimulator

Regulatory Class: Class II Product Codes: GWF, JXE Dated: August 26, 2006 Received: August 28, 2006

Dear Dr. Jalinous:

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 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 such 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); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if

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applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 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), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

INDICATIONS FOR USE

510(K) Number (if known)	: Dev	vice Name: Magstim 200 ²
Indications for Use:		
Stimulation of peripheral nerves for diagnostic purposes.		
Concurrence of CDRH, Office of Device Evaluation (ODE)		
j	(Division Sign-O Division of Gener and Neurological	TAL ARESTOLATIVE
510(k) Mansher 1606 0847		
Prescription Use:	OR	Over-The-Counter Use: