DEPARTMENT OF HEALTH & HUMAN SERVICES



Public Health Service

Food and Drug Administration 10903 New Hampshire Avenuc Document Control Room -WO66-G609 Silver Spring, MD 20993-0002

Trilliant Surgical Limited
% The OrthoMedix Group, Incorporated
Mr. J. D. Webb
Authorized Contact Person
1001 Oakwood Boulevard
Round Rock, Texas 78681

AUG 2 0 2012

Re: K121452

Trade/Device Name: Gridlock Plating System Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and

accessories

Regulatory Class: Class II Product Code: HRS, HWC Dated: August 9, 2012 Received: August 14, 2012

Dear Mr. Webb:

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. 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

Page 2 - Mr. J. D. Webb

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); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. 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

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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 (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

NO. 8706 P. 3/3 p. 1/1

INDICATIONS FOR USE

510(k) Number (if known):		
Device Name: Gridlock Plating System	m	
Indications for Use:		
The Gridlock Plating System is inten- bones in the hand/foot, ankle, and other	ded for use in trauma her bones appropriate	and reconstructive procedures of the small e for the size of the device.
The plates and screws are intended t	for single use only.	
Prescription Use X (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOW	THIS LINE-CONTINU	UE ON ANOTHER PAGE OF NEEDED)
C	CDPU Office of Davi	ice Evaluation (ODE)

(Division Sign-Off)

Division of Surgical, Orthopedic,

and Restorative Devices

510(k) Number K121452



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration 10903 New Hampshire Avenus Document Control Center - WO66-G609 Silver Spring, MD 20993-0002

February 15, 2013

Trilliant Surgical Ltd % The Orthomedix Group, Incorporated Mr. J.D. Webb 1001 Oakwood Boulevard Round Rock, Texas 78681

Re: K123525

Trade/Device Name: Gridlock Plating System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and

accessories

Regulatory Class: Class II Product Code: HRS, HWC Dated: December 14, 2012 Received: January 30, 2013

Dear J.D. Webb:

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. 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.

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Page 2 - Mr. J.D. Webb

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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Sincerely yours,

Erip Deith

Mark N. Melkerson
Director
Division of Orthopedic Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE

510(k) Number (if known): __K123525_

Device Name: __Gridlock Plating System

Indications for Use:

The Gridlock Plating System is intended for use in trauma and reconstructive procedures of the small bones in the hand/foot, ankle, and other bones appropriate for the size of the device.

The plates (implant), screws (implant), ofive wires (instrument), and guide wires (instrument) are intended for single use only.

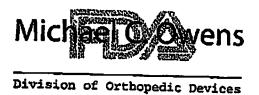
Prescription Use X (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____(21 CFR 807 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center - WC66-G609 Silver Spring, MD 20993-0002

May 8, 2013

Trilliant Surgical LTD
% The OrthoMedix Group, Incorporated
Mr. J.D. Webb
Authorized Correspondent
1001 Oakwood Boulevard
Round Rock, Texas 78681

Re: K130964

Trade/Device Name: Gridlock Plating System Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and

accessories

Regulatory Class: Class II Product Code: HRS, HWC Dated: April 3, 2013 Received: April 8, 2013

Dear Mr. Webb:

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. 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.

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Page 2 – Mr. J.D. Webb

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Sincerely yours,

Eri Ekeith

Mark N. Melkerson
Director
Division of Orthopedic Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE

510(k) Number (if known): K1309	64			
Device Name: Gridlock Plating System				
Indications for Use:				
The Gridlock Plating System is int the small bones in the hand/foot device.	ended for use in , ankie, and othe	trauma and reconstructive procedures of er bones appropriate for the size of the		
The plates (implant), screws (implant), clive wires (instrument), and guide wires (instrument) are intended for single use only.				
		•		
Prescription Use X (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CFR 807 Subpart C)		
(PLEASE DO NOT WRITE BELOW T	HIS LINE-CONTI	NUE ON ANOTHER PAGE OF NEEDED)		
Concurrence of CE	ORH, Office of De	ovice Evaluation (ODE)		

Elizabet Frank -S

Division of Orthopedic Devices