Device Classification Name	pump, infusion
510(k) Number	K982020
Device Name	METRON QA-IDS I.V. PUMP TESTER
Applicant	METRON U.S., INC. p o box 4341 crofton, MD 21114 434
Contact	e.j. smith
Regulation Number	880.5725
Classification Product Code	FRN
Date Received	06/09/1998
Decision Date	09/30/1998
Decision	substantially equivalent (SE)
Classification Advisory Committee	General Hospital
Review Advisory Committee	General Hospital
statement	statement
Type	Traditional
Reviewed by Third Party	No
Expedited Review	No