by anandic

CardioMem® CM 4000

Multi-channel digital ECG recorder

Simplicity and reliability – two qualities of the CardioMem CM 4000 ECG recorder. This handy, lightweight recorder supports the user throughout all phases of recording and analysing Holter ECGs, from applying the electrodes and entering patient demographic data up to inspecting the ECG waveforms.



Compelling technology, easy to handle, ideal for everyday use

Helpful functions, such as the detection of faulty electrode contacts or continuous battery monitoring, helps reduce the risk of corrupted or shortened recordings and hence the costs and troubles associated with having to repeat examinations.

Auxiliary information that can aid in the final diagnosis, such as transthoracic impedance variations¹ (which show respiration activity during sleep) and pacemaker function.

A large, color display with touch screen offers an overview of all the necessary information.

Prior to recording, patient demographic data can be transferred to the recorder via USB, or entered manually using the recorder interface provided. A further feature is the built-in voice recorder¹, which allows the user to dictate relevant patient information to the recorder, thereby helping to prevent any mix-up of data that could occur.

1. To benefit from voice recording and transthoracic impedance the CM 4000 B Advanced Clinical Pack must be ordered.

Interrogation for clinical signs of OBSTRUCTIVE SLEEP APNOEA should be considered in ALL AF PATIENTS. ESC Guidelines²



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Technical Specifications

| Dimensions (W x H x D) | 65 x 108 x 16.5 mm |
|--------------------------|--|
| Weight (CM 4000 B) | 78 g (without battery) 99 g (with battery) |
| Battery Type (CM 4000 B) | 1 x 1.5 V Alkaline (AA) 1 x 1.2 V NiMH (AA) |
| Operating time | Up to 120 h³ (CM 4000 B) (alkaline battery) |
| Controls | Event key and touch screen, multi-lingual |
| Display | 2.4"color display, 320 x 240 pixel |
| Connectors | Patient cable Data transfer (Mini-USB) |
| Available patient cables | 2 channels (5 leads) 3 channels (7 leads) |

Parameters

| ECG channels | 2 or 3 independent, bipolar channels |
|----------------------|--|
| Bandwidth | 0,05 100 Hz |
| Input dynamic range | ±6mV |
| Offset voltage range | ± 300 mV |
| Pacemaker detection | unipolar, bipolar and biventricular systems |
| Pulse width | 0,1 2 ms |
| Pulse amplitude | 2 250 mV |
| Open lead detection | Yes |
| Additional channels | Thoracic impedance variations |

Distributed by: GE Healthcare



Manufactured by: GETEMED Medizin- und Informationstechnik AG Oderstraße 77 14513 Teltow Germany

Not commercially available in all markets. Not for sale in the U.S. Not cleared by the U.S. FDA.

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Storage

| Storage Type | Integrated micro-SD card (non-removable) |
|--------------------|---|
| Sampling Rate | 1024 Hz |
| Resolution | 12 Bit |
| Data storage | 256 Hz |
| Memory capacity | ≥1GByte |
| Data transfer mode | Hi-speed USB 2.0 |
| Data transfer time | 30 s (for 24 h, 3 channel ECG) |

Classification

| Product classification | IIa in accordance with 93/42/EEC |
|-----------------------------------|----------------------------------|
| Classification of applied part | Type CF (Cardiac Floating) |
| Ingress protection | IP 64 |
| UMDNS code | 12-388 |

Environmental conditions

| Operating conditions | Temperature +5 °C +45 °C; Relative humidity 5 95 %, noncondensing |
|----------------------------------|--|
| Storage and transport conditions | Temperature -25 °C +70 °C; Relative humidity 0 90 %, noncondensing |

Scope of delivery

Recorder, pouch with waist belt, start-up kit with ECG electrodes and batteries, user manual, quick start guide, transport box



ANANDIC MEDICAL SYSTEMS AG Stadtweg 24, 8245 Feuerthalen

www.anandic.com info@anandic.com Tel. 0848 800 900

3. 120 hours achieved using the Panasonic EVOiA battery.

^{2.} Kirchhof, P. Benussi, S. Kotecha, D. Ahlsson, A. Atar, D. Casadei, B. Castella, M. Diener, H-C. Heidbuchel, H. Hendriks, J. Hindricks, G. Manolis, A. Oldgren, J. Popescu, B.A. Schotten, U. Van Putte, B. Vardas, P. (2016) ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. European Heart Journal (2016) 37, 2893-2962.