

Trouble-Free Compliance

Comprehensive IEC 60601-2-25 Testing Package

Save time studying the medical standard and training by completing all required Diagnostic ECG performance and database testing with just a few clicks.



Simulator & Tester

- (A) SECG 5.0 AIO** Multi Vital Sign Simulator includes IEC 60601-2-25 Assistant Software
- (B) MCEG 2.0** ECG Database Player
- (C) CMRR 3.0+** Common Mode Rejection Ratio Tester includes IEC 60601-2-25 Assistant Software

Package Contents

ECG Medical Database Comparison Software

- 1** CDCA (CTS/CSE Database Compliance Analyzer)
(6 month subscription)

ECG Medical Database

- 2** CSE Database

Accessories

- 3** Noise Reduction Metal Plate x 1
- 4** Compound Terminal x 35
- 5** Grounding Wire x 3
 - RCA to BNC Cable x 1
 - USB Cable x 2

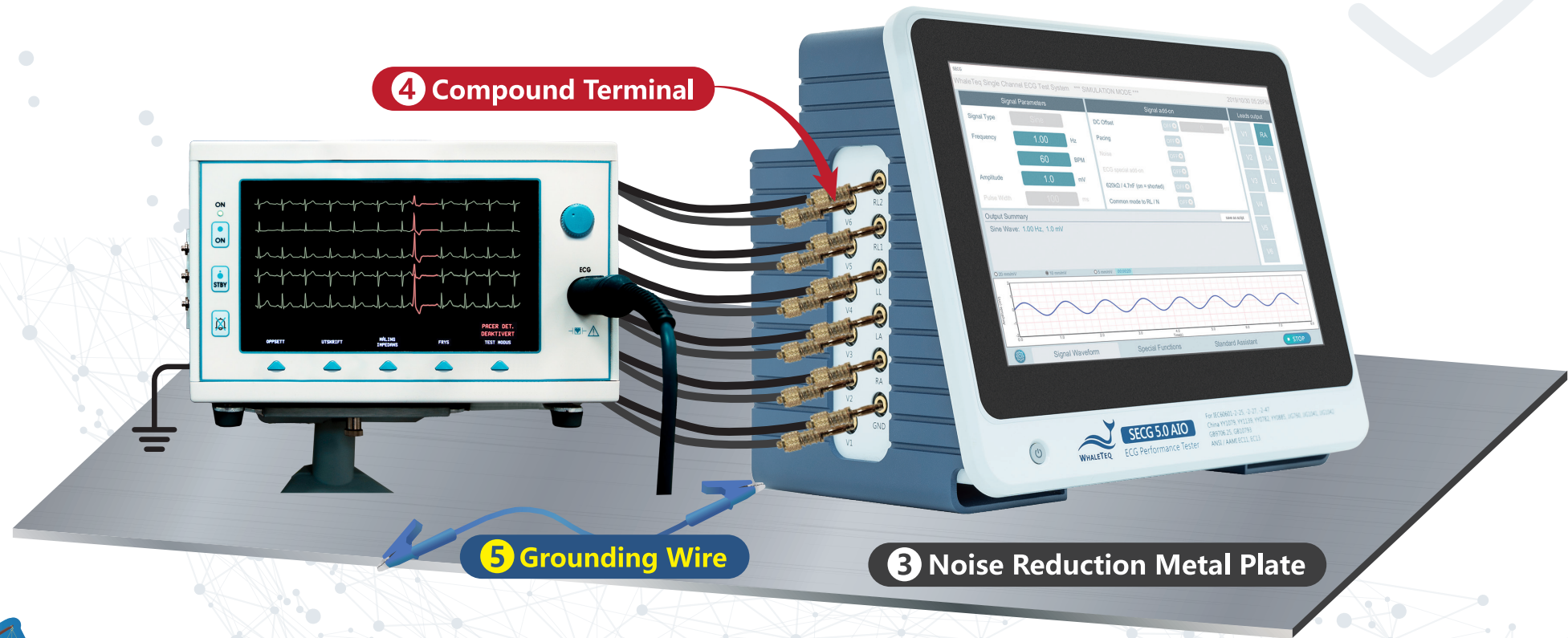
Training & Service

- Simulator & Tester Operation Training (3 hours)
- IEC 60601-2-25 Testing Training (2 hours)
- Testing Consultation (2 hours)

Optional Items • C3R3 3-Year Calibration Service and Warranty Extension • HFCN Electrical Burn Interference Fixture

A SECG 5.0 AIO Installation – ECG Hardware Design Verification

The standalone ECG simulator offers flexible parameter settings, including noise, respiration, and lead-off simulation, as well as embedded IEC 60601-2-25 standard assistant software.

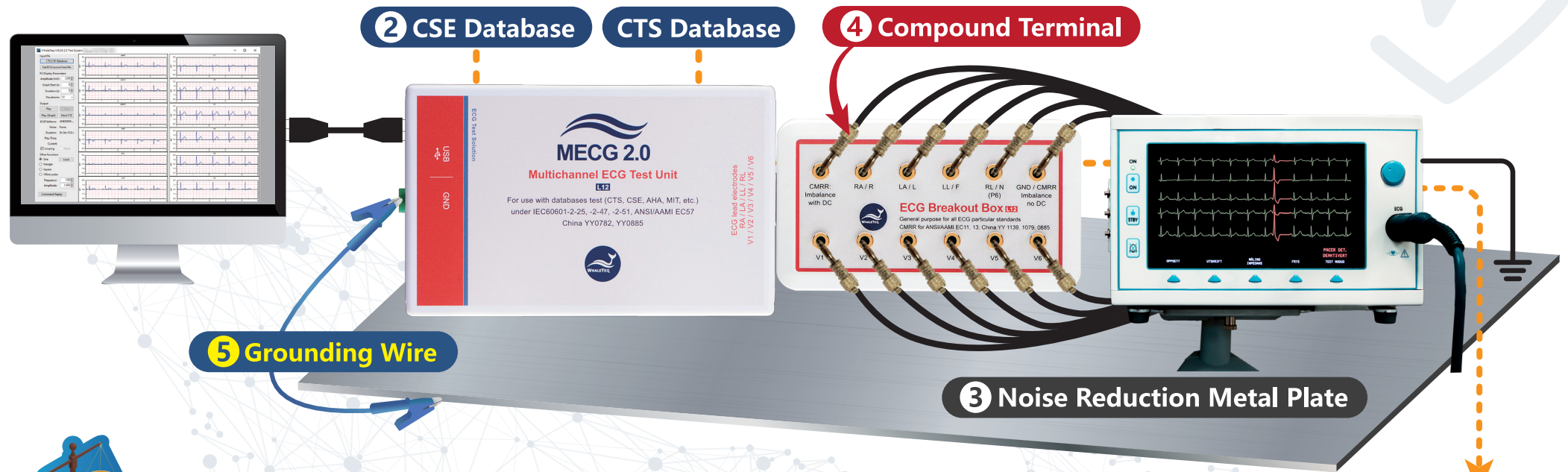


Supported IEC 60601-2-25 Test Clause

- 201.12.4.101 Indication of inoperable ELECTROCARDIOGRAPH
- 201.12.4.102.3.2 Goldberger and Wilson LEADS
- 201.12.4.102.4 Recovery time
- 201.12.4.103 Input impedance
- 201.12.4.105.2 Overload tolerance
- 201.12.4.106.2 CHANNEL crosstalk
- 201.12.4.107.1.1.1 High frequency response
- 201.12.4.107.1.1.2 Low frequency (impulse) response
- 201.12.4.107.1.2 Test with calibration ECGS
- 201.12.4.107.2 Linearity and dynamic range
- 201.12.4.108.3.2 Recording speed
- 201.12.4.109 Use with cardiac pacemakers

② MECG 2.0 Installation – ECG Algorithm Design Verification

The ECG database player converts raw data into analog signals to verify ECG interpretation algorithms.



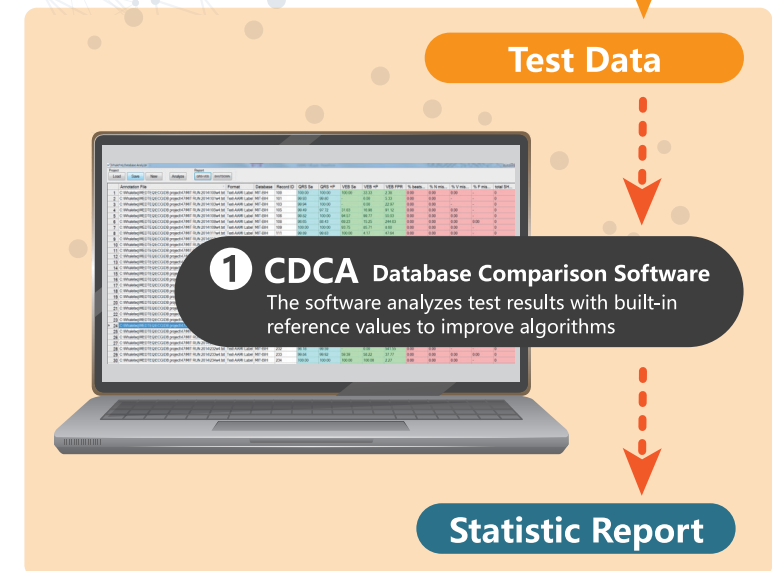
Supported IEC 60601-2-25 Test Clause

MECG 2.0

- 201.12.1.101.2 Requirements for amplitude measurements
- 201.12.1.101.3.1 Requirements for absolute interval and wave duration measurements
- 201.12.1.101.3.2 Requirements for interval measurements on biological ECGs
- 201.12.4.102.3.2 Goldberger and Wilson LEADS
- 201.12.4.105.3 FILTERS (including line frequency interference FILTERS)
- 201.12.4.107.1.2 Test with calibration ECGs

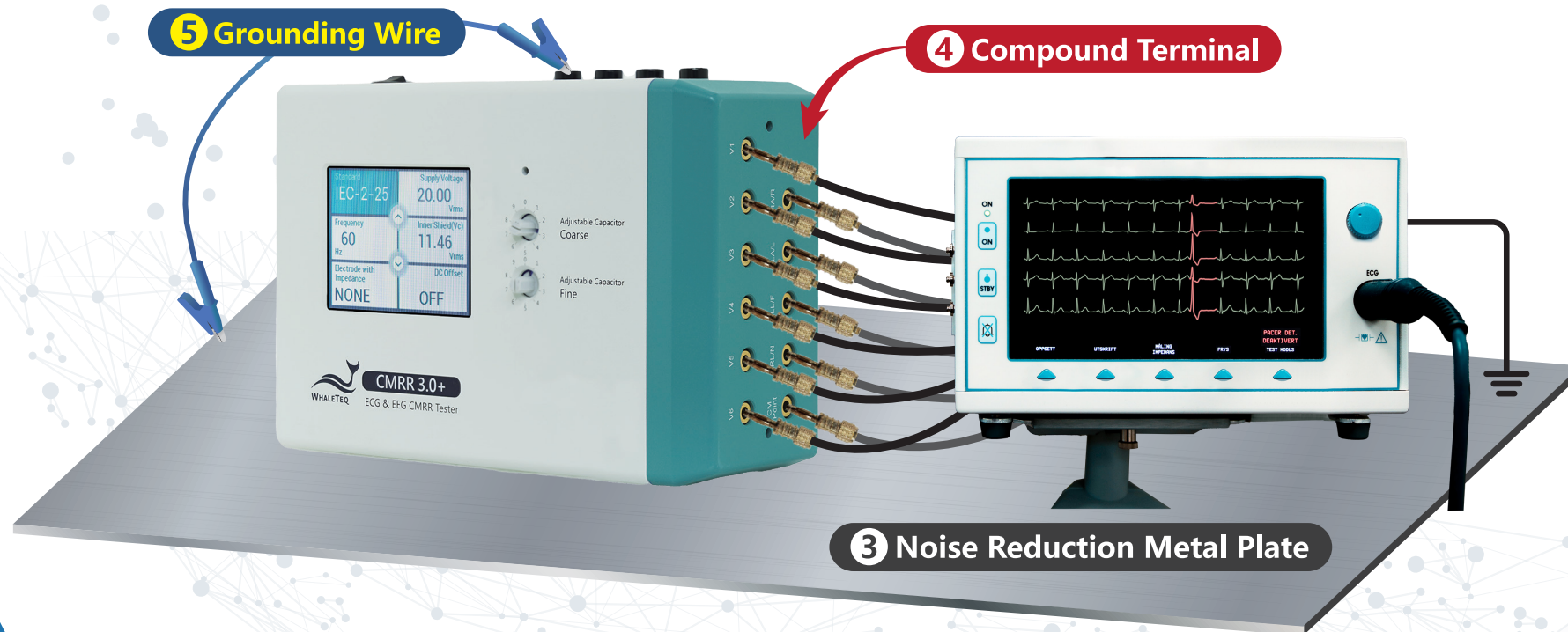
CDCA

- 201.12.1.101.2 Requirements for amplitude measurements
- 201.12.1.101.3.1 Requirements for absolute interval and wave duration measurements
- 201.12.1.101.3.2 Requirements for interval measurements on biological ECGs



© CMRR 3.0+ Installation – ECG Common Mode Rejection Ratio Verification

The tester mitigates mains frequency noise interference while helping save time on setting up a noise-free test environment.



Supported IEC 60601-2-25 Test Clause

- 201.12.4.105.1 COMMON MODE REJECTION
- 201.12.4.106.1 NOISE level



IEC 60601-2-25



Test Clause	SECG 5.0 AIO	MECG 2.0	CMRR 3.0+	CDCA	HFCN
201.12.1.101.2 Requirements for amplitude measurements		●		●	
201.12.1.101.3.1 Requirements for absolute interval and wave duration measurements		●		●	
201.12.1.101.3.2 Requirements for interval measurements on biological ECGS		●		●	
201.12.4.101 Indication of inoperable ELECTROCARDIOGRAPH	●				
201.12.4.102.3.2 Goldberger and Wilson LEADS	●	●			
201.12.4.102.4 Recovery time	●				
201.12.4.103 Input impedance	●				
201.12.4.105.1 COMMON MODE REJECTION			●		
201.12.4.105.2 Overload tolerance	●				
201.12.4.105.3 FILTERS (including line frequency interference FILTERS)		●			
201.12.4.106.1 NOISE level			●		
201.12.4.106.2 CHANNEL crosstalk	●				
201.12.4.107.1.1.1 High frequency response	●				
201.12.4.107.1.1.2 Low frequency (impulse) response	●				
201.12.4.107.1.2 Test with calibration ECGS	●	●			
201.12.4.107.2 Linearity and dynamic range	●				
201.12.4.108.3.2 Recording speed	●				
201.12.4.109 Use with cardiac pacemakers	●				
202.6.2.101 Electrosurgery interference					●