AUDITORY EVOKED POTENTIALS

vivosonic

Which issues impact your clinic the most?

- ❑ Electromagnetic interference and myogenic artifacts
- ❑ Restricted patient movement and positioning
- ❑ Costs, inconvenience and risks of sedation
- ❑ Multiple appointments - Delayed diagnoses
- ❑ Difficulty with Bone Conduction Testing
- ❑ Inability to test in ICU and O.R.
- ❑ Poor waveform morphology
- ❑ Lack of portability
- ❑ Lengthy test times

With advanced **noise-reduction technology** and **wireless convenience,**

integrity™ V500

Auditory Diagnostic System

- Provides clear, reliable assessments (even in the NICU)
- Reduces the need for sedation

Innovation for Better Outcomes

ABR SCREENING and DIAGNOSTIC ASSESSMENTS

www.vivosonic.com

UNIQUE ADVANTAGES OF INTEGRITY™ V500

- Based on patented Amplitrode® technology, the **VivoAmp™** provides the latest advances in amplification and prefiltering, which reduce negative contributions from EOG, ECG, EEG and RF in order to provide maximum noise reduction.
- **SOAP™** Adaptive Processing, a patented noise-reducing algorithm, based on Kalman Weighted Averaging, cleans electrophysiological signals and ensures exceptional response detection.
- Unique, **VivoLink™ wireless** recording technology provides freedom of movement and enables caregivers to comfort, hold and stroll with infants during testing.
- Time-saving, simultaneous display of two statistically independent waveforms and built-in statistical tools help to quickly evaluate **waveform repeatability** and residual noise.

REDUCES THE NEED FOR SEDATION BY 66-92% [1,2]

REDUCES HEALTHCARE COSTS BY UP TO $5,000 USD PER PATIENT [3,4]

AVERAGE TIME FOR ABR ASSESSMENT REDUCED TO 1 HR. 20 MIN. INSTEAD OF 3 HR. [5]

Scan code to view our video:
Introduction to Vivosonic Integrity™ ABR
or contact us for a demonstration:

sales@vivosonic.com
+1 (416) 231-9997
Toll Free (USA/Canada): 1 (877) 255-7685

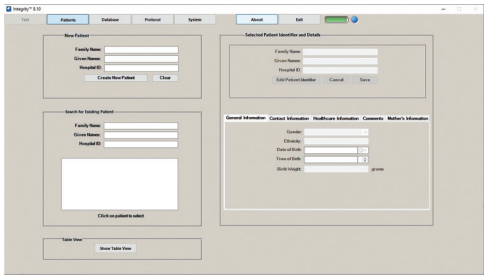
1. Hall JW III, Sauter T (2010). Clinical Experience with New Technology For Recording Un-Sedated ABRs.
2. Sebzda JM (2010). Pediatric ABR testing without sedation? Is it possible?
3. Cone B, Norrix LW. University of Arizona. "Measuring the Advantage of Kalman-Weighted Averaging for Auditory Brainstem Response Hearing Evaluation in Infants". American Journal of Audiology, May 22, 2015. doi:10.1044/2015_AJA-14-0021, 2015.
4. Cone B, Dean J, Norrix L, Velenovsky D (2013). Innovations in the Electrophysiologic Assessment of Infant Hearing: Cost Model.
5. Walker B (2012).Clinical Significance of Advanced ABR Technology for Newborn Hearing Screening Programs.

INNOVATION FOR BETTER OUTCOMES

integrity™ V500
Auditory Diagnostic System

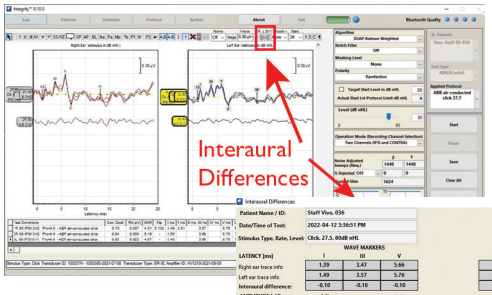
RECENTLY ADDED FEATURES:

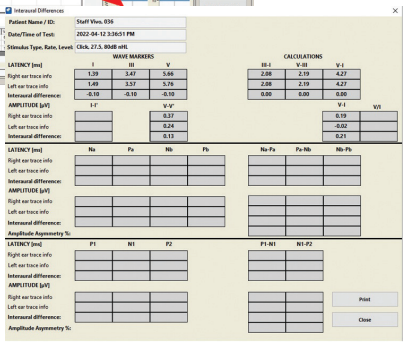
PATIENT SCREEN



- **Convenient Patient Data Entry**

TEST SCREEN





- **Improved Noise Handling**
- **Fsp and SNR** (In addition to Correlation Coefficient)
- **Waveform Sorting**
- **Addition/Subtraction of Waveforms**
- **Waveform Smoothing** (Choice of 4 levels)
- **One- or Two-Channel Operation Mode** (IPSI or IPSI/CONTRA)
- **Table of Interaural Differences** (For ABR, MLR and LLR)

PROTOCOL SCREEN

- **Frequency Specific VF Chirp** (Conforming to IEC 60645-3: 2020 Standard)
- **Cortical Mid-Latency and Late-Latency Response with CV-Amp**
- **6 and 8 kHz ABR Testing** (Using ER-2 Insert Earphones and TDH-39 (H-801) Headphones)

SYSTEM SCREEN

- **Choice of Waveform Nomenclature**
  - Option to choose standard or UK / NHSP Nomenclature
  - Cortical MLR markers (Na, Pa, Nb, Pb)

Check out the latest features!

View video: https://bit.ly/vivo-AEP-v3

PRINTOUTS

- **Export ABR Waveforms**
  - Export ABR waveforms in addition to the test results
- **Additional Printout Options, including a Custom Report**

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The Benefits of Sound Technology

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CUSTOMIZABLE SYSTEM

Allows You to Perform Screening and Diagnostic ABR, ECochG, Cortical AEP, ASSR, DPOAE and TEOAE Testing

The Integrity™ V500 ABR System is well suited for infant and special needs patients, and also works well for adult diagnostics in less than perfect test conditions. Our unique technology provides excellent performance in electrically noisy environments, even with awake but calm and quiet patients. The wireless patient module sends test data to the clinician's PC up to 30 ft away and provides safe physical distancing or patient mobility when necessary. The Integrity™ is portable and is well suited for teleaudiology applications.

STANDARD COMPONENTS

All Integrity™ V500 (ABR, OAE, Automated ABR) Systems include:

VivoLink™ Wireless Interface Module with Pediatric Shoulder Strap, Laptop Computer, Carrying Case, Battery Charger, 2 sets of custom battery packs, Integrity™ V500 User's Manual, Database Software Module

Also included in all Integrity™ Systems with

ABR / ECochG / ASSR

- VivoAmp with Snap-Clip Electrodes for G2 System
- ER3-C Insert Earphones
- B71 Bone Conductor
- ECochG Electrode Ear Tip Cable with Snap-Clip connector to Insert Earphones
- Starter set of disposables including Ear Tips and Electrodes

Also included in all Integrity™ Systems with

OAE

- Vivosonic General-use OAE Probe
- Probe Holder
- Probe Cleaning Tool Set
- Ear Tip Set

Also included in all Integrity™ Systems with

Automated ABR (Screening)

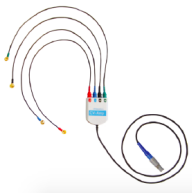
- Automated ABR Screening License
- Alligator Clip Lead Set and Snap-Clip Lead Set for VivoAmp™
- VivoTab™ Electrodes

Base ABR / ECochG Integrity™ V500 System

OPTIONAL ACCESSORIES FOR G2 SYSTEMS:

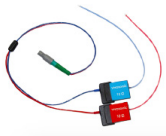
The single channel A81 or the 2-channel A82 Amplitrode® can be ordered as an optional extra, or as a replacement for the VivoAmp™

The VivoAmp™ has replaceable leads and interchangeable electrode options, plus the ability to detect 1 or 2 channels automatically



The CV-Amp is for Cortical MLR and LLR testing, and is supplied with a set of leads with reusable gold cup electrodes.

TDH-39 headphones are an alternative to the ER-3C earphone inserts, plus provide high-sensitivity, low distortion and a wide, smooth frequency response up to 8,000 Hz.



ER-2 Insert Earphones for high-frequency ABR testing at 6 and 8 kHz to identify 1) hearing loss from ototoxicity in infants and young children, and 2) high-frequency hearing loss in older children and adults.

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