

MICRO 5000 PFS and MICRO 6000 Spirometry

with Lilly heated Pneumotach



THE IDEAL CHOICE OF ACCURATE, VALIDATED TRANSDUCERS FOR DESKTOP SPIROMETRY



FEATURING PREVENT®
FLOW SENSOR TECHNOLOGY
ON THE MICRO 5000

- Saves time between patients with no warm-up or recalibration needed between changes and provides maximum infection control
- No moving parts or electronics

The preVent® flow sensor (PFS) is based on an **exclusive** design which is small, durable and lightweight. The preVent® flow sensor has been validated to meet or exceed the ATS/ERS specifications. It is used worldwide in thousands of labs on MGCD devices and provides accurate testing results with safety and infection control in mind.

- No warm-up or recalibration needed between patients, can be verified with 3L cal syringe at any time to comply to standards.
- Practical Snap-in setup, no moving parts or electronics.

We give you three options for infection control, you make the choice that is right for you!

- 1. Change:** simply change the filter and keep the same preVent® flow sensor.
- 2. Re-Use:** change the flow sensor between patients and replace with disinfected components.
- 3. Dispose:** dispose of the flow sensor after each patient.



MICRO 5000 PFS

Expandable table-top spirometry: reliability, accuracy and modularity in one compact module, based on the PFS technology, the starting point of your complete pulmonary function lab.

Complete basic Spirometry:

Forced Vital Capacity, Slow Vital Capacity, Maximum Voluntary Ventilation and Minute Tidal Ventilation including bronchochallenge testing software.

- Small, compact module.
- Low cost of operation, low maintenance.
- Expir II software suite, with complete operator and patient guidance.

OR ADD AT ANY TIME ONE OF THE BELOW OPTIONS:

Bronchoprovocation & special resistance testing:

- **PROVO4 Provocation System** for automated, software controlled, accurate and safe bronchial provocation testing.
- **RINT:** resistance measurement using interrupter technique, ideal for children.
- **NEP:** this measurement (negative expiratory pressure) is an alternative method to detect expiratory flow limitation, which does not require performance of forced expiratory efforts on the part of the patient, or a body plethysmography test.

Can be combined with the following devices:

ECG, FeNO+, FOT Resmon Pro, BodyBox, HypAir, SpiroAir, Ergocard Professional, Ergocard Clinical.

Respiratory Mechanics testing:

- **MIP/MEP:** maximum inspiratory and expiratory pressure as an indicator of respiratory muscle strength.
- **SNIP:** measurement of the maximal nasal inspiratory pressure using a nasal cannula. A non-invasive indicator of diaphragmatic muscle fatigue.
- **P01:** inspiratory occlusion pressure at 0.1 seconds, for respiratory muscle drive evaluation, even with CO2 stimulation option.
- **Static and dynamic compliance and resistance:** measured by intra-esophageal balloon catheters.



MICRO 6000 Spirometry

Micro 6000, the economical choice, for basic spirometry, clinical trials or just simple office spirometry, based on the well proven *Lilly* heated pneumotachograph.

Complete basic Spirometry:

Forced Vital Capacity, Slow Vital Capacity, Maximum Voluntary Ventilation and Minute Tidal Ventilation including bronchochallenge testing software.

- Includes a built-in complete weather station with pressure, temperature, humidity sensors with direct automatic reading.
- Small, compact module.
- High precision, reliable, accurate, stable gold standard Lilly heated pneumotachograph with, no moving parts.
- Low cost of operation, low maintenance
- Expir II software suite, with complete operator and patient guidance.

Can be combined with the following devices:
ECG, FeNO+, FOT Resmon Pro, BodyBox, HypAir, SpiroAir, Ergocard Professional, Ergocard Clinical.



OPTIONS: the gold standard Body Plethysmograph or HypAir for true lung volumes, FRC, RV & TLC to confirm hyperinflation conditions.

Complete the diagnostic picture with the Resmon Pro Full V3 for accurate pulmonary resistance measurements.

The Resmon Pro Full V3 is a revolutionary and validated Forced Oscillation Technique (Oscillometry) stand-alone device. Get the full picture of asthma, COPD and Post-Covid patients. Testing includes fast (10 breath tidal breathing) assessment of sensitive small airways, lung recruitment and tidal expiratory flow limitation (EFL).



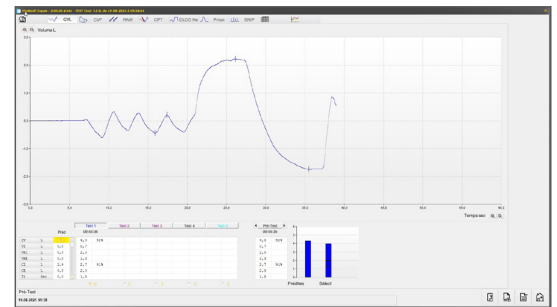
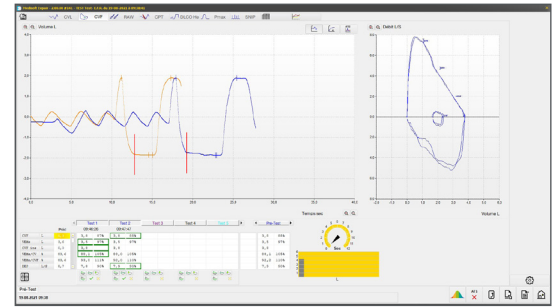
Resmon Pro Full V3 is a product from Restech srl



EXPAIR II SOFTWARE

The driving force of the system is **Expair II**, a powerfully intuitive, user-friendly and complete software package. Available for all devices.

- Advanced, powerful database function and electronic storage, full networking, HL7 and MySQL options
- Trend Reporting of any parameter
- New interpretation algorithm based on LLN, ULN, Z-Score and percentile
- Comments and Offline data input such as arterial blood gases
- Online data transfer
- Report designer
- Predicted value editor
- Choice of languages and units of measurement
- Bronchial challenge testing software
- Measurement sequencing configuration
- Full calculation function: display of calculation points with manual correction capability
- Quality control automated software, diagnostic functions and full program control



TECHNICAL SPECIFICATIONS:

Physical Dimensions Micro 5000

(H x W x D) cm 19 x 13 x 29,5
 inches 7,5 x 5 x 11,6

Weight: 4,2 Kg / 9,2 lbs

Physical Dimensions Micro 6000

(H x W x D) cm 15 x 9 x 18,6
 inches 6 x 3,5 x 7,3

Weight: 1,9 Kg / 4,2 lbs

Power supply: 230 VAC 50 Hz or 115 VAC 60 Hz

Power consumption: 10 VA (module)

Meets all electrical safety requirements: IEC60601-1

Classification: IIa

CE MARK: CE 1434

MDD: 93/42/EC and harmonized standards

Computer interfacing: Windows 10™ Pro
 RS232 (Micro 5000) USB (Micro 6000)
 with electrical isolation

Ambient conditions for use

Temperature: 10 - 35°C

Relative humidity: 25 to 85 % (non condensed)

Barometric pressure: No restriction



Micro 5000 PFS



Micro 6000 with Pneumotach

Intended users: Medical diagnostic device, Class IIa, should only be used by doctors, physiologists, trained respiratory technicians/nurses or under supervision of such. Data obtained must be interpreted and reported by trained medical staff only.

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