



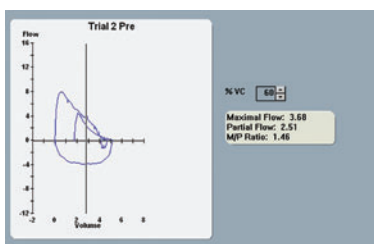
Vmax[®]

Pulmonary Function Testing

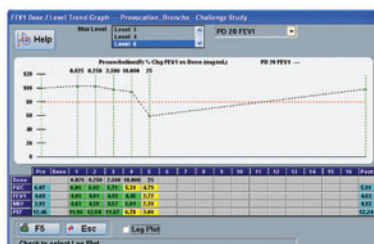
Vmax Encore, the third generation Vmax brings more innovation, quality, and efficiency to your laboratory. The mass flow sensor's automated circuitry corrects for variances in electrical circuit resistance as well as automatically corrects for changing environmental conditions (Vmax Real-Time BTPS). The Vmax Encore now makes collecting data fast, accurate, more reliable and easier than ever before. The Vmax Encore enables you to obtain quality data with less effort for the patient. For example, our optional, fully integrated impulse oscillometry (IOS) collects reliable resistance data and bronchodilator response data with normal tidal breathing. Additionally, there is less effort on your part because of Encore's fast testing capability and low maintenance. Obtaining quality data has never been easier because the Vmax Encore uses the latest ATS/ERS and NLHEP standards with real time prompting to help ensure collecting data of the highest quality. After the test has been completed, 100% of the Vmax Encore patient circuit can be disinfected: An industry first! Of course, a VIASYS MicroGard[®] disposable filter should always be used.

Spirometry

- Simple to perform
- Real-Time volume of extrapolation improves quality and saves patient energy
- Partial flow volume loops can unmask hidden obstructive components
- Incentive spirometry that can be adjusted for each patient's ability



Partial Flow Volume Loop



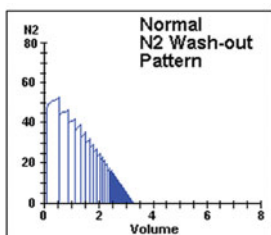
Bronchoprovocation Software



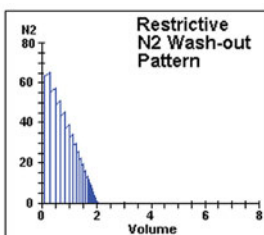
Incentive Spirometry

Lung Volumes by Nitrogen Washout

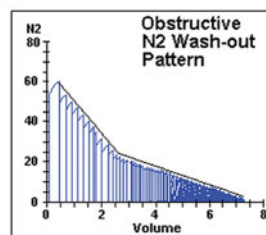
- Automatic leak detection
- No pumps, vacuum pressure adjustments, oil changes or noise
- Nitrogen provides diagnostic curves that can be correlated with spirometry data
- Differentiation of fast and slow lung compartments



Normal washout pattern



Restrictive washout pattern



Obstructive washout pattern

Diffusing Capacity, Single Breath

- Adjustment of discard and sample volumes immediately after the test to ensure true alveolar sample collection
- Real-Time gas analyzer allows for testing those patients with very small lung volumes
- Real-Time mouth pressure monitoring to alert to possible Valsalva (decrease DLCO) or Mueller maneuvers (increase DLCO)
- Single Breath Lung Volume determination

Diffusing Capacity, Intra-Breath

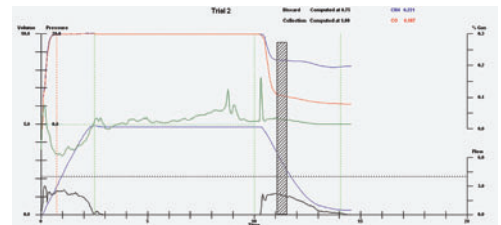
- Validated alternative for patients having difficulty with the single breath method
- Exercise DLCO for uncovering mild diffusion defects (early pulmonary vascular disease) that a standard DLCO might not detect
- C₂H₂ single breath cardiac output*

Distribution

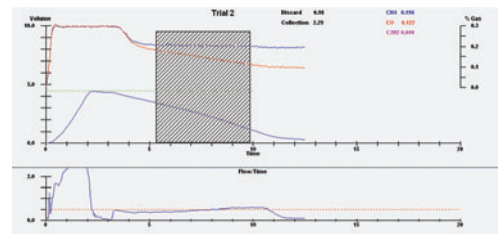
- Closing Volume
- Distribution of ventilation (slope of phase three)

Respiratory Mechanics

- Maximal Inspiratory and Expiratory Pressures for measuring respiratory muscle strength
- Static and Dynamic Compliance (in the U.S., an Autobox is necessary for this test)
- P0.1 for measuring CO₂ response
- Tidal breathing analysis
- IOS (Impulse Oscillometry)
 - Determines airway resistance with tidal breathing
 - Differentiates between central and peripheral airway obstruction



Single breath DLCO with integrated mouth pressure tracing



Intra-breath DLCO

*For investigational use only

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