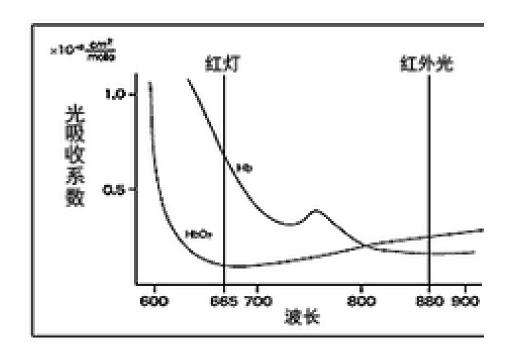
## **ChoiceMMed About SpO2** accuracy with dark skin

## Measuring principle of oximeter

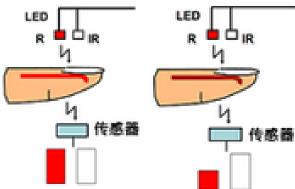


The graph on the right is called the absorbance curve, which shows what kind of light can be absorbed in a large amount of hemoglobin (HbO2) that binds to oxygen and hemoglobin (Hb) that releases oxygen. The color is represented by the wavelength on the horizontal axis. The two curves in the figure indicate which wavelengths HbO2 and Hb can absorb in large quantities, and which wavelengths are difficult to absorb. It means that the further below the line, the less likely it is to absorb its wavelength (good passability).





The hemoglobin bound to oxygen is red, because the red color is not absorbed and passes through. That is, the absorbance of red is low. On the other hand, the hemoglobin after the release of oxygen becomes dark. This is due to the large amount of light absorption. After the red (R) is irradiated to the blood, if hemoglobin is more combined with oxygen, a corresponding large amount of light passes through the finger, so the amount of light received by the sensor increases. Regardless of whether hemoglobin is combined with oxygen or not, infrared light (IR) will pass through the blood without much change. If HbO2 increases and Hb decreases, the red light (R) received by the sensor will increase, while the infrared light (IR) will not change much. On the contrary, the red light is reduced, and the infrared light still does not change much. In other words, if you know the ratio of R/IR received by the sensor, you can clarify the ratio of HbO2 to Hb, that is, oxygen saturation.



# Factors affecting the performance of oximeter



#### Inaccurate measurements may be caused by:

- Significant levels of dysfunctional hemoglobin (such as carbonyl hemoglobin or methemoglobin).
- Intravascular dyes such as indocyanine green or methylene blue.
- High ambient light. Shield the sensor area if necessary.
- Excessive patient movement.
- High-frequency electrosurgical interference and defibrillators.
- Venous pulsations.
- Placement of a sensor on an extremity with a blood pressure cuff, arterial catheter, or intravascular line.
- The patient has hypotension, severe vasoconstriction, severe anemia, or hypothermia.
- The patient is in cardiac arrest or is in shock.
- Fingernail polish or false fingernails.
- Weak pulse quality (low perfusion).
- Low hemoglobin.

### ChoiceMMed Oximeter



According to FDA's guidance information, we need to submit the clinical test report for the oximeter which needs a 510K number.

#### 4.1.1 In vivo testing for SpO<sub>2</sub> accuracy under laboratory conditions

We recommend you follow Clause 201.12.1.101.2 and Annex EE.2 of ISO 80601-2-61:2011 Procedure for invasive laboratory testing on healthy volunteers, or equivalent method to validate the  ${\rm SpO_2}$  accuracy specifications of your pulse oximeter system by comparing each value from your system and a simultaneous value from co-oximetry of an arterial blood sample. We recommend you submit a detailed clinical report for this testing. Your report should describe the device configuration tested and include the following:

- test apparatus used, including means for arterial catheterization and blood sampling, means for recording SpO<sub>2</sub> values, and means for delivering medical grade oxygennitrogen mixtures of varying fractional inspired oxygen (FiO<sub>2</sub>) levels;
- inclusion and exclusion criteria;
- · number of subjects;
- number of samples taken per subject;
- specific conditions of testing, including laboratory conditions, subject motion, low pulse amplitude;
- type and frequency of motion for testing under motion conditions, if applicable;
- criteria and methods for determining stability of reference arterial blood oxygen saturation (SaO<sub>2</sub>) at the pulse oximeter sensor site;
- · desaturation profile, including target saturation plateaus and ranges; and
- formula used for determination of root mean square difference (A<sub>rms</sub>). (See Clause 201.12.1.101.2.2 of ISO 80601-2-61:2011 for recommended formula.)



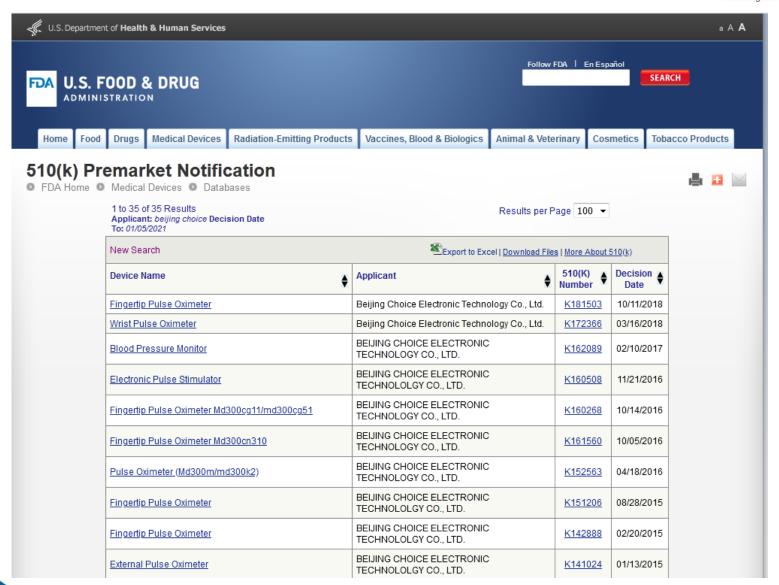
When ChoiceMMed submitted the 510K application for our oximeters, we provided the clinical test report; there are 4 participants with dark skin. And the result shows our oximeters are with the required measurement accuracy. If necessary, we can provide the corresponding clinical test report excerpts.

The study was conducted in accordance to ISO 14155-1, -2, ISO 9919:2005, EN ISO 9919:2009, BS EN ISO 80601-2-61:2011, and the FDA Guidance Document for Pulse Oximeters.

There were no adverse events during the study. The subject demographics included a total of 12 subjects, 6 females and 6 males. The subject ages ranged from 21 to 28 years. The subject weights ranged from 46 to 74kg. The skin tones included in the study were as follows: 4 subject with very dark pigmentation, 1 subjects with very light pigmentation. The remaining subjects with light skin tones of China origins. Subject #5 (male, light skin tones of China origins) and #12 (male, very dark pigmentation skin tones of African origins) too nervous, causing the heart rate more than 120 bpm. Based on the ECG sinus rhythm test result, declined from the study.

Compared to Reference CO-Oximeter, Functional SaO2	Functional SaO2 70-100%	# of Points	Specification 70-100% A <sub>RMS</sub>		
Apr <u>6-8, 2012</u>	A <sub>RMS</sub>				
MD300C2 Fingertip Pulse Oximeter	1.69	207	Pass A <sub>RMS</sub> of 3		







#### Compliance to ISO and IEC standard

Safety: IEC 60601-1

Specific standard of Pulse Oximeter: ISO 80601-2-61

Software: IEC 62304

Risk management: ISO 14971

EMC: IEC 60601-1-2

Biocompatibility: ISO10993-1, ISO10993-5, ISO10993-10

Usability: IEC 60601-1-6

Data transfer: RED、FCC



According to the sales data in 2020, ChoiceMMed has supplied 56,000 oximeters to the African market. And the complaints about measurement accuracy are zero.

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## ChoiceMMed Providing Better Life