

Life Systems
MEDICAL PTY LTD



WHY CHOOSE THE C3+ HOLTER MONITOR?

Undiagnosed atrial fibrillation (AF) increases the risk of stroke five-fold. AF related strokes can be prevented through earlier detection and timely treatment¹. Innovative technologies such as the C3+ can simplify and accelerate the diagnosis of AF.



3 channel ECG



Lightweight
and comfortable



7 days
recording
+ Patient
Activated Event



Bluetooth realtime
ECG-preview



Multi-analysis
options



Standard
electrodes



Flexible
arms



WHAT PHYSICIANS SAY

- ” We are particularly impressed by the good recording quality, the absence of cables and the automated analysis (AI). Dr. C. Frenzel
- ” We appreciate the possibility to control the signal quality via the Cortrium C3+ App immediately after the device is attached to the patient's body. Dr. S. Kleta

WHAT MEDICAL ASSISTANTS SAY

- ” Using the C3+ means a real saving of time and money. C. Veußen
- ” Our patients welcome the high wearing comfort of the wireless device and are very satisfied with the everyday usability. J. Bredemeyer

C3+ | Holter
Monitor



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IMPORTANT DETAILS	
Medical purpose	Ambulatory ECG
Recording format	Continuous ECG and patient activated event monitoring
Recording period	7 days
Charging	Rechargeable via micro-USB cable
Sample-Rate	256 Hz

WHICH cardiac arrhythmias can be recorded?

- Asystolic over 2.0 sec. duration
- Supraventricular Tachycardia
- Atrial Fibrillation (AF)
- Atrial Flutter
- Ventricular Extrasystoles
- Higher grade of tachycardia ventricular arrhythmia
- Ventricular Tachycardia
- Ventricular Flutter
- Ventricular Fibrillation



ECG

3-channels
24 bit @ $F_s = 256$ Hz



8 GB STORAGE

25 days
data storage possible



WEIGHT AND HEIGHT

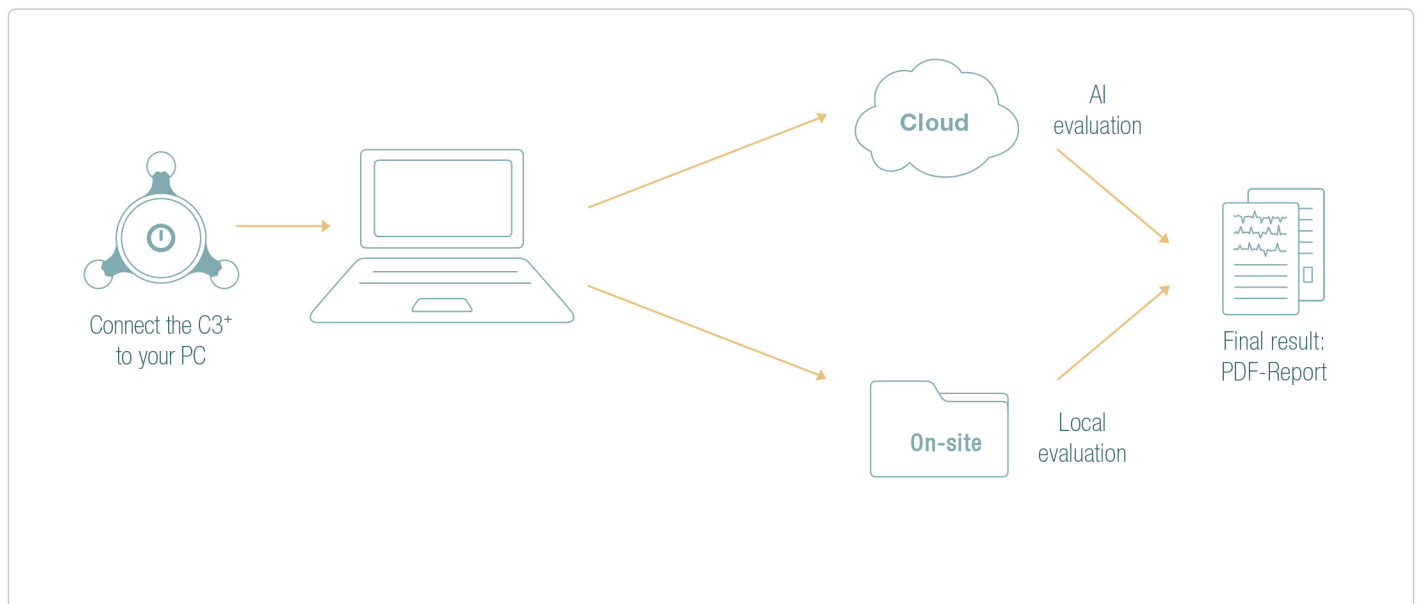
Weight: 32 gram
Height: 15 mm
Width: 85 mm



BATTERY

3.8 V Li-Ion
rechargeable battery,
giving 7 days of battery life

WHAT HAPPENS WHERE? From upload to download



1. Kirchof P et al.: 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. Eur Heart J 2016; 37(38): 2893–2962