New & Improved Software Version

- Updated user interface
- Two channel option
- Patient database shared with other Bio-logic applications
- Expanded automated data collection stopping rules
- Enhanced patient reports

Why Professionals choose

**MASTER II**
Multiple Auditory Steady-State Evoked Response

**M•A•S•T•E•R II** is a must have addition to the clinical electrophysiological test battery especially when testing patients for whom behavioral audiometry may be unreliable, such as:

- Infants and young children
- Children or adults with special needs
- Workers’ compensation cases

**M•A•S•T•E•R II** program offers:

- Patented technology that obtains frequency-specific auditory threshold information
- Test 8 frequencies at the same time resulting in data collection that is 3 times faster
- View real-time EEG and the response spectrum
- Easy tracking of results. Table on the collection screen records the f-ratio for each frequency collected at each intensity level
- Printing of physiological audiogram with air conduction, bone conduction, and soundfield data on the same audiogram
- Test both ears using a Cz to Nape or Cz to Mastoids montage
- Masking is available for bone conduction or unilateral hearing loss

**M•A•S•T•E•R II** was developed in cooperation with Sasha John, Ph.D., Terence Picton, M.D., Ph.D. and additional researchers at the Rotman Research Institute of Baycrest Centre, Toronto, Ontario. The research validating the **M•A•S•T•E•R II** technology, from facilities worldwide, is available at www.mastersystem.ca.

**Exponential Modulation**

This stimulus option enhances the response amplitude at low (500 Hz) and high (4000 Hz) frequencies so that responses can be obtained closer to threshold.

**F-Ratio**

The most accurate Auditory Steady State Response (ASSR) method of response detection to assist in predicting behavioral audiometric thresholds even for normal hearing and mild hearing loss.

**Weighted Averaging**

Improves data collection accuracy and reduces test time.

**User Defined Averaging Time**

**M•A•S•T•E•R II** allows you to use your clinical judgment to determine the averaging time, shorter for severe to profound losses and longer for mild and moderate losses.

**Calculation of Noise Floor & Response Amplitude**

Monitoring the noise floor and amplitude per ear and per frequency assists you in determining if continued averaging is needed in order to obtain a response, therefore reducing test time and increasing the ability to obtain true thresholds.