BIOTELEMETRY SYSTEMS

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AND THE DESIGN OF A LOW COST

MICROPROCESSOR CONTROLLED RADIOTELEMETRY

SYSTEM

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BIOTELEMETRY SYSTEMS

AND THE DESIGN OF A LOW COST

MICROPROCESSOR CONTROLLED RADIOTELEMETRY

SYSTEM

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ÖΖΕΤ

Bu tezde, giriş bölümlerinde genel olarak Biotelemetri sistemleri hakkında bilgi verildikten sonra özel bir Biotelemetri tasarımı örneği verilmiş, çeşitli alt bloklarda karşılaşılan problemler ve bunların çözümü incelenmiştir.

Bu tezde tasarımı yapılan ve ortaya çıkarılan sistemin belirgin özellikleri:

- Solunum sinyalinin torax empedans değişimi metodu ile alınması,
- Ekg ve solunum sinyallerinin birlikte gönderilmesi,
- Alıcı sistemin mikroişlemci tarafından otomatik olarak hastaları takibi,
- Meydana getirilen sistemin tasarımı anlatılan birçok neden dolayısı ile ucuza mal edilmesidir.

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LIST OF ABBREVIATIONS

- AM :Amplitude modulation
- CCITT:The International Telegraph and Telephone Consultative Comittee
- CCU :Critical Care Unit
- CMRR :Common Mode Rejection Ratio
- CPU :Central Processing Unit
- CRT :Cathode Ray Tube
- ECG :Electrocardiogram
- EEG :Electroencephalogram
- FCC :Federal Communications Comittee
- FM :Frequency Modulation
- IEE :Institute of Electricity and Electronics (U.K.)
- MPU :Microprocessing Unit
- FLL : Phase Locked Loop
- RSGB :Radio Society of Great Britain
- VCO :Voltage Controlled Oscillator

CHAPTER 1

INTRODUCTION

1.1 What is Biotelemetry and radio telemetry?:

Biomedical telemetry, or Biotelemetry is a special branch of Bioinstrumentation which provides a means for transmitting physiologic information from men or animals to a recording or data processing station for medical purposes, usually with the aims of minimally encumbering the monitored organism.¹

The transmission medium may be either a radio link or a line. In the case of a line connection, the term "line telemetry" is used when the subject and station are in different locations. With the exception of some physiologic data transmission and monitoring by telephone lines, biomedical telemetry today mainly uses a radio link between the sites. In this case the term "Radio Telemetry" is used and the described techniques can easily be extrapolated to by wire implementations because the encoding and decoding techniques are similar¹.

1.2. History:

If we look at the history of biotelemetry, we will see that one of the earliest recorded uses of telemetry for medical purposes occured in 1921. The United States Army Signal Corps used a telemetry system to transmit heart sounds from ships to medical facilities on shore. Later Holter (1949), first used a portable instrument for transmitting physiological data(EEGs and ECGs) by

radio.Many other investigations using radio telemetry could be mentioned such as for intracranial pressure, temperature, FH, emg., respiratory ventilation, oxygen analysis of breath and bleeding localisation.However, most of these are for specific research investigations and few have been widely applied. 1.3 Uses of Radio Telemetry:

In clinical setting, biotelemetry can provide for total electrical patient isolation and ambulatory freedom, and is proliferating in dental research. Portable emergency care units may communicate with hospital base stations with voice and NOW physiologic data from remote emergency situations. Biotelemetry has also permitted physiologic monitoring in many research areas where freedom from restraint and attached wires is important to the study both with animal and human subjects.A broad spectrum of animal species has been monitored by biotelemetry. This includes lizards, snakes, fish, seals, elk, and birds in the wild as well as the more common monkey, dog, cat, rat, and rabbit laboratory animals.Human studies of the physiology of exercise and physical stress, and investigations of fetal and maternal physiology have found freedom of restraint provided by biotelemetry to be of great benefit.

1.4 Biotelemetry Systems:

There are essentially two classes of telemetry systems which can be used for both research and patient care.

a)Implantable' systems;These are primarily used for long term measurements in both humans and animals where an external system would be overly cumbersome.For humans an individual is not usually subjected to the trauma of surgery for the sole purpose

of implanting the unit , unless its use is necessary for the well being of the patient. An example of such a procedure would be the placement of an intracranial pressure telemetry unit in a hydrocephalic child to help keep the accumulation of cerebrospinal fluid under control . For some animal studies it is desirable to place the telemetry unit within the animal to avoid the possibility of damage caused by normal activities of the animal. An implanable telemetry system offers the following advantages:

1-It eleminates the need for percutaneous leads which can result in irritation and/or infection.

2-By placing the unit within the subject to be studied, it is protected from physical damage.

3-Because it is hidden from view, a pschological factor is removed.

The disadvantages of implantable systems are:

1-Repairs and design changes cannot be made.

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2-Severe limitations are placed on the power supply.

3-A packaging material which will protect the electronics for is yet to be found.

b)External systems; This second class is composed of external systems which can be placed on a belt, in a shoulder bag, or on the back of the animal. The maximum size of such a system iΞ dictated by the subject which is to be monitored. A human could function normally with a unit occupying a volume on the order of 100 in³ and weighing up to 1 kg. while a system intended for a ē. would have to be on the order of 10 cc weighing tens rat of.

grams.External systems are used primarily for short term tests and monitoring where the inconvenience of telemetry unit is easily tolerated.

External systems have the advantages of;

1-Complex circuits and systems are permissible since space is normally not a problem.

2-Frequent calibration, offset adjustments, and repairs are possible because all components are readily accesible.

3-Protective packaging is usually not necessary since the unit is not subjected to the harsh environment of the body.

4-Power consumption is not a major problem since batteries can easily be replaced or recharged.

5-Surgery is not required before the system can be used.

6-The system can be used more than once.

Some of the disadvantages of external systems are;

1-The leads can be pulled and/or chewed by animals who do not understand the importance of or the need for, such a foreign equipment attached to their bodies.

2-The measurement and transmission of some physiological signals, such as changes in heart dimension as measured by a set of ultrasonic crystals, require percutaneous connections which are susceptable to irritation and infection.

3-An interesting problem may be the psychological effect of the unit on a person who feels uneasy or awkward with such a unit on his or her body.

Although there are single channel and multi-channel biotelemetry systems, modern clinical and research telemetry systems are mostly multichannel systems due to the variety of physiologic

signals to be transmitted .

These systems generally introduce either a time division multiplex or frequency division multiplex method to achieve multichannel transmission. Since it will be beyond the scope of this thesis, I don't give the discussions on the various available systems, however, a collection of Fulse Amplitude Modulation, Fulse Width Modulation, Fulse Position Modulation and pulse code modulation systems are briefly introduced and a detailed comparison among these systems are carefully examined in chapter three.

Although most frequently used signals in biotelemetry are electrocardiogram (ecg), temperature, respiratory ventilation, mean blood pressure, electromyogram and electroencephalogram signals, for further research, I present the whole collection of physiologic signals from the human body, the electrical characteristics and methods for obtaining these signals.(see appendix A, table II)





a) Implantable unit (Coin is shown for comparison)

b) external unit.

Fig.1.Implantable and external Biotelemetry systems.

CHAPTER 2

SPECIFICATIONS OF THE BIOTELEMETRY SYSTEM TO BE PRESENTED IN THIS THESIS

2.1 Generalized Radio Telemetry System:

A radio telemetry system in most general way can be described as shown in figure 2. telemetry system



Fig.2. Block diagram of the generilized Biotelemetry System. Beginning from this simple block diagram, I am going to give the specifications of the system presented in this thesis. The design philosophy and the implementation will be explained in the next chapter.

After a heart attack, the patient is normally placed in æ coronary care unit for a few days.Unfortunately the CCU is very expensive and has a limited number of beds. Therefore the patient is only extensively monitored for a few days until he or she is moved to a room where there is little or no monitoring. The cardiologist may gather ECGs several times a day while the patient is in the hospital in an attempt to determine exactly what is wrong with the heart. During this period or after an operation, there comes the use of the Biotelemetry monitoring.

2.2 System specifications :

Although there are several physiological signals, that can be monitored, the ECG and respiration signals are chosen for telemetry monitoring, since temperature for a " step down unit " patient can be recorded twice a day, by a nurse, and there are very rare occasions that the patient's blood pressure or flow without disturbing the normal heart and respiration rates. In those cases the patient will feel the discomfort and/or a pain, and will call a nurse for care.

Monitoring the ECG and respiration rate has several applications at other fields such as exercise ECG examination and sports physiology where the subject can be monitored without limiting his capabilities of action.

For monitoring the ECG, in Biotelemetry systems, instead of 12 lead standard connection, the 3 lead augmented configuration is used to optimize the information obtained versus simplicity.

For respiration signal, there are two approaches in recent devices. One, picks up the respiration signal by using a thermistor placed close to the nose of the patient. As the patient breathes, the exhaled air causes a resistance change in the thermistor and therefore the respiration rate is detected.

The second method is to pick up the transthoracic impedance change to high frequency current due to the changes in the dimensions of thorax as the patient breathes.

To give the least disturbance to the patient, while 3 electrodes are connected to pick up the ECG, I found the most convenient way to obtain the respiration would be to use the transthoracic

impedance change method, since no extra transducers needed.

In the following page the complete block diagram of both the transmitter and receiver is shown. (Note Fig.3)



Fig.3 Complete block diagram of the designed system

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The ECG is then amplified by an A.C. coupled amplifier having a gain of 750, CMMR of 35 decibels, very high input impedance(in the order of 100 M ohms), and a frequency response of 0.6-90 Hz.

The respiration amplifier is preceeded by an ac bridge, amplifier and demodulator, and a filter to detect the impedance change.The frequency response of this amplifier is 0.07-0.7Hz, gain is approximately 470 and the sensitivity range is +/-0.5 ohms with a base resistance 500-800 ohms.

The ECG signal is then FM modulated where the center frequency is 1.2kHz and maximum swing is +600, -200 Hz, due to the voltage levels of the ECG. This waveform is then Fulse Width Modulated by the respiration signal that varies the pulse width between 0.6msec and 0.4 msec.

The composite signal is then level shifted and sent to the RF FM modulator-transmitter stage.

The composite signal modulates a 35 MHz crystal oscillator, and this frequency is doubled twice to obtain a 140 MHz operating frequency. This signal is then amplified and then fed to the transmitter antenna. There is a second order low pass filter on the antenna side to prevent the transmission of higher order harmonics.

The receiver front end is a down converter block from 140 MHz to 10.7 MHz , and the second block is a narrowband FM demodulator with intermediate frequency of 455kHz. The center frequency of this narrowband FM receiver is controlled by a P.L.L. frequency synthesizer. The demodulated signal is then fed to a demodulator block that can demodulate FM and PWM signals to recover the ECG

and respiration signals. The demodulated signals are in the order of several hundred millivolts and then sent to an analog to digital block in order that the microprocessor unit can perform the following tasks;

-if the channel is set and the number of active channels are specified with their alarm limits, the processor scans the channels one by one in sequence.

-at the end of each cycle of the recovered signal per channel, the MPU calculates the rate and compares it with the set alarm levels.

-if the alarm limits are exceeded or the P.L.L. can not lock to the patient the MPU activates the alarm circuitry, and displays the channel that caused the alarm condition.

-if everything is smooth, displays the channels one by one in 15 sec. intervals.

The major points of the designed system making it special are; -The transthoracic impedance method for detecting the respiration rate.

-Scanning the patients with the frequency synthesizer.

-The microprocessor system that calculates and compares all the alarm conditions and enabling the system for use with one single CRT display making the system cost efficient.

CHAPTER 3

THEORETHICAL CONSIDERATIONS FOR THE PROPOSED BIOTELEMETRY SYSTEM AND DESIGN IMPLEMENTATION

3.1.1 The basic theory of the Electrocardiogram and the ECG amplifier:

The biopotentials generated by the muscles of the heart result in the electrocardiogram, abbreviated ECG. The heart is divided into four chambers.The two upper chambers , the left and right atria, are synchronised to act together. Similarly the two lower chambers, the ventricles, operate together. For the cardiovascular system to function properly, both the atria and the ventricles must operate in a proper time relationship.A cardiac cycle originates in the sinus node which is high in the right atrium.Pacemaker cells in the sinus node initiate a wave of cellular depolarization that moves across both atria, which in the contraction of the atria and filling of results the ventricles with blood. This wave of excitation penetrates the via the atrioventricular node. Here ventricles a delay iΞ introduced before the depolarization wave is passed through the Bundle of His, branches and Purkinje fibers to the ventricular cardiac muscle.During sinus depolarization both the left and right bundle branches will be activated simultaneously, producing a narrow QRS complex of approximately 60 msecs.During the T wave the ventricles repolarize, ready for activation the next sequence.

Some normal values for amplitudes and durations of important ECG

parameters are as follows:

Amplitude

P Wave 0.25 mV R Wave 1.60 mV Q Wave 25% of R wave T Wave 0.1 to 0.5 mV

Duration

P-R interval 0.12 to 0.20 sec Q-T interval 0.35 to 0.44 sec S-T segment 0.05 to 0.15 sec P Wave interval 0.11 sec QRS interval 0.09 sec



Fig.4 Normal ECG waveform.

3.1.2 Electrodes:

Although there are suction and plate types of electrodes available to pick up the ECG signal for the purpose of Biotelemetry and clinical practice, the disposable, self adhesive type of surface electrodes are best suited. I used the Ag-AgCl type of these electrodes since they were available on the market and not very expensive.

3.1.3 Lead configuration and electrode positioning: The three bipolar limb leads first introduced by Eindhoven, shown in the top row of the figure 5, are as follows:

Lead	1	:Left	arm	and	right arm
Lead	ΙI	:Left	leg	and	right arm
lead	II	I:Left	leg	and	left arm

· *



Fig.5 Standard ECG Lead configurations.

These three leads are bipolar because for each lead the ECG is recorded from two electrodes and the third electrode is not connected.

For unipolar leads, the ECG is recorded between a single exploratory electrode and the central terminal, which has a potential corresponding to the center of the body.

For the Unipolar chest leads, a single chest electrode is sequentially placed on each of the six predesignated points on the chest. These chest positions are called the precordial unipolar leads and are designated V1 through V6.

The most widely used modification for ongoing ECG monitoring is modified chest lead I (MCL1) also called the Mariotte lead, the named after its inventor. This lead system simulates the V1 position with electrode placement as follows; positive electrode, fourth intercostal space, right sternal border: negative electrode just below the outer portion of the left clavicle, with ground just about anywhere, but usually below the right clavicle, and a region where muscular activity is low.

However since we design the system to pick up the respiration, by using the same electrode set, the optimum positioning of the electrodes is shown on Fig. 6.



Fig.6 Optimum electrode positioning for picking up both the respiration and the ECG signals.

For Biotelemetry MCL1 is the most suitable lead configuration. However including the probability of applying a defibrillator during monitoring, the leads are connected as shown in figure 6.

3.1.4 ECG Amplifier:

As a standard in ECG amplifiers, I used a differential input three op-amp instrumentation amplifier configuration to achieve a high common mode rejection,⁹ high input impedance, and comperatively high gain stage. In order to prevent saturation of the front stage, because of the 250-300 mV d.c. offset due to the electrode half cell potential, the gain of the first stage is limited to 4.5/300mV=15. The gain of the both stages can be expressed as follows;

$$A_{v} = \frac{R_{f_{2}}}{R_{1}} \cdot \left(1 + \frac{2R_{f_{1}}}{R_{1}}\right)$$

it may be possible to apply the defibrillator to Since the patient while the amplifier is also being connected the amplifier is preceeded by a protection circuitry consisting nf. two Zener diodes, resistors and capacitors.Under worst Case conditions the diodes clamp the inputs of the op-amps to 3.9V DC level. the resistors limit the current to the diodes for 200 mW power dissipation and the capacitors filter the transients and This circuitry protects the inputs up to 4 kV.After that drift. diodes are burned out and may be the capacitors and op-amps the destroyed. The second and third stages are ac coupled stages are to get rid of the drift and offset problems and actually these the stages that set the frequency response of the amplifier. are





Fig.7 ECG Amplifier and the Power supply

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Fig.8

FM-FWM Subcarrier

modul ator

circuit

scematic.

J

With the values shown in the figure 7 , the lower cut off frequency is set by the serial capacitor and resistors to 0.6 Hz and the higher cut off frequency is set by the feedback capacitors and resistors to approximately 90 Hz.The common mode rejection ratio depends upon how well the indicated resistors are matched to eachother, and in my experimental setup the CMRR is approximately 35 dB as tested with the ECG Calibrator of Neurodyne.

3.1.5 F.M. Subcarrier Modulator:

The output of the ECG amplifier is in the order of a couple hundred mVs.This signal is used to FM modulate the ECG subcarrier. The subcarrier frequency shouldn't be high since we don't want to use expensive, high gain bandwidth product components.On the other hand not to cause the sideband foldover distortion, the carrier frequency should be kept high enough. In order to easily and accurately reconstruct the desired signal, the frequency of the pulses should be at least five to ten times frequency limit of the physiological signal the upper being monitored. I found that the optimum center frequency is a little bit higher than 1 kHz namely 1.2 to 1.5 Khz.The two op-amp circuit forms a good voltage controlled oscillator with minimum number of components. The first op-amp is an integrator which is controlled by the second op-amp that acts as a voltage comparator. Since this stage is followed by a pulse width modulator, the duty cycle is not selected as 50% to be competible with the next stage. The frequency of the VCO varies with a constant of approximately 1.4Hz/mV.

3.2.1 Basic theory of the electrical impedance measurements: When an electrode is connected to a biological tissue, because layer at the electrode interface a of the double capacitive effect observed. On the other hand there is finite can be а contact area specifying a contact resistance nf the interface. The tissue also has a certain resistivity per cm. and a capacitance due to the time varying electrical fields.

Ιf we consider these effects it is possible to draw the electrical equivalent circuit of the system. The true ohmic resistance of the biological specimen is taken to be the constant impedance which is approached as the frequency value of iΞ increased.At higher frequencies, the reactance of C will become significant , and theorethically it will eventually effectively short circuit the electrodes. (Note Fig 9)

In the measurement of the transthoracic impedance changes accompanying respiration, the change in impedance is produced by a resistive change, the magnitude of which is independent of frequency over the range of 50-600kHz.



Fig.9 Electrical equivalent circuit of bioelectrodes.

3.2.2 Practical measurement system:

The principle of the operation is to inject a constant, high frequency current to the tissue and demodulate the AM modulated $\frac{2}{5}$ signal due to the impedance change. (Fig 10)

In our system, the oscillator provides a 100 kHz, 20 V peak to peak signal to the ac respiration bridge.The current to the bridge is limited with a 10K ohm resistor and a series capacitor prevents the application of DC voltages to the tissue.



Fig.10 Two terminal method for respiration detection.

The balance resistors are chosen to allow a reasonably wide range of base chest impedances, since it can vary from one person to another depending upon the type of the tissue.With the values given, the amplifier can operate with base resistance range from 500 to 850 ohms with the sensitivity of 0.5 ohms.The output of the bridge is an AM modulated signal and demodulated by a rectifier and a filter. The following ac coupled stages employ a gain of 500 in the frequency band of 0.07-0.7Hz.

The output of this amplifier is used to Pulse Width Modulate the



Fig.11 Circuit Diagram of the respiration signal section

<u> </u>	Human			Dog		
Material	Specific resistance	Frequency	Reference	Specific resistance	Frequency	Reference
	Ωcm	kHz		Ωcm	kHz	
Muscle (skeletal)	240 (longitudinal)	0.02-5	BVD	760	10	SK
	675 (transverse)		· · ·	600-1200	10	S
Muscle (heart)	*****	*****		456/600	100/10	K/SK
		+		700-900	10	S
Lung				1345-2100	100	к
				800-1200/950	10/10	SL/SK
Bone	16000	EKG	L (temperature not	,	·	
		Spectrum	specified)			
CSF	64.6	1-30	R (24·5 °C)			
Spleen				885	Induct- orium	G
Kidney		<u> </u>		600	100	ĸ
Liver	<u> </u>	<u></u>		600/685/700-850	100/10/10	K/SK/S
Fat				1000-3000	100	ĸ
Blood	1 54	120	M (36·3 ℃)	155 (41 % hematocrit) 100	ĸ

Table 1. Values of tissue specific resistance measured at body temperature except where noted

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SK: Schwan and Kay, 1956 BVD: Burger and Van Dongen, 1960

S: Schwan, 1955

K: Kinnen *et al.*, 1964 SL: Schwan and Li, 1953 G: Galeotti, 1902 M: Molnar et al., 1953

R: Radvan-Ziemnowicz et al., :964

L: Lepeschkin, 1951



Fig.12 Components of transthoracic impedance vs. frequency

clock generated by the subcarrier oscillator of the ECG.

With this arrangement we have the minimum power and space requirement compared with time division multiplex frequency division multiplex systems or pulse code modulation systems

The signal to noise ratio of this type of modulation is better than pulse height modulation systems and the required bandwidth is approximately 2 times the center frequency. See Fig. 13



 f_1 is the min. freq. of the ECG subcarrier f_2 is the min. width of the respiration subcarrier

Fig.13.Frequency spectra of the subcarrier signal.

3.3.1 The RF transmittion system:

While designing the transmitter stage, the following points are taken into consideration;

1-Maximum simplicity and relaibility

2-Minimum power consumption

3-Optimum adaptation to International standards

The choice of the transmitter frequency for implantable units may be dictated by the region of the body in which it is to be placed, since the attenuation factor in the body increases with

increasing frequency.

The above discussion would tend to suggest that a lower frequency system would be better , however for a fixed amplitude radiation source, the antenna gain increases due to the increase in the effective length, therefore the radiation distance is increased.

Since our power resources at the transmitter side are limited, we can not use a double side band AM modulation with carrier. The noise susceptibility of that kind of modulation is also rather poor compared with other modulation systems. SSB modulation will be more efficient for power supply considerations however would require more space, also both the transmitter and the receiver would be more complicated.

Unfortunately there are no international frequency for the allocation of Biomedical telemetry .The United states has a different set of regulations, accepted by FCC, and the European hemisphere has different allocations set by CCITT. In our country there are still some arguments going on and no channel allocations are set untill now. However it is very possible that for compatibility with the European countries, which we share the same standards for communications (CCITT Standards), will be accepted in the future. For this reason I concentrated on 40 MHz . MHz , and 470 MHz bands on the following table. With 40 151 MHz band, one has the bulky dimensions of the antenna and the space problems with the tuned circuit inductors on the transmitter board. It was also impossible for me to design the transmitter and receiver stages at 470 MHz band, since I don't have neither the

experience nor the special components that the design requires at this band.



MODULATING SIGNAL



FREQUENCY MODULATION



A



В

Waveform for conventional AM (A) and suppressed carrier AM signal (B).

تجنيب ا

Fig.14 Comparison of the different RF carrier signals.

In the following page, the two versions of the transmitter stage in shown.

In the old version fig.15 a, after the doubler stages, there is an output stage. With this configuration the range is increased but the power consumption is increased 3 to 5 times.

I presented it here, for the cases doesn't have a limited power source.

The new version fig.15 b, has less power consumption so operates in a short range, just for demonstration.



a) The former version with high power consumption



Q1,Q2 BF240 C1,C2 4-25pF Ll 1.7uH . L2 450nH , L3 180nH

b) The revised version

Fig. 15 Circuit diagram of the transmitter
So we are left with the 150 MHz band for experimenting. However working on any of these three locations, require a special permission from TGM, a special government agency responsible from the wireless communication systems.

Advantages of the 40 MHz band; a)Reduced capacitive coupling b)Less reflection from buildings and other obstacles.

Advantages of the 160 MHz band;

a)Easier aerial matching

b)Smaller in size

It is obvious that, in order to have a stable frequency, one has to use a crystal controlled oscillator.Therefore I used a 35.5 MHz. crystal for oscillation and used two frequency doublers to obtain 142 MHz. carrier.(This is less than 151 MHz. however since the techniques used are the same and I only intend to put together a demonstration set up, this is acceptable)

This kind of circuitry is also more stable since the parasitic elements are less effective at lower frequencies. The design of the doubler stages are made by using the large signal parameters of the transistors since the voltage levels are in hundreds of mV or in volts. The output stage delivers approximately 50mW to the 50 ohm antenna, and this power is sufficient at the operation frequency for use in the same building. The design details and the inductor specifications are available in appendix.

3.3.2 Aerial

The aerial presents several particular problems. It is short with respect to the wavelength, it is close to an absorbing or re emitting medium (the human Body), and the orientation is varying

not only in time but also from case to case.See Fig16

If we use one of the many formulas for field strength E at the receiver aerial;





Fig.16.Effect of aerial length and frequency on attenuation. 3.4.1 Transmitter power supply:

structure of the instrumentation the and the of Because respiration amplifier stages, we have to use split supply for the circuitry. Since the difference current drawn from positive and negative supplies is very small, we used the parallel regulator circuitry, with one op-amp, as shown in fig.7. This circuitry has advantages of simplicity and symmetry. The regulator the part very little energy, causes no voltage drops, and the consumes power limits the operation only. The battery can either battery

be a long life 9V mercury cell, or a rechargable NiCad one.

3.5.1 Receiver FM tuner:

The receiver front end is a down converter from 140 MHz. to 10.7 which consists of an RF preamplifier, mixer, an oscillator MHz. with automatic frequency control, and an IF amplifier. The design achieved by using the small signal y parameter equivalent is technique. The input sensitivity is approximately 1 microvolt/meter. Since 10.7 MHz is the standard IF frequeny of the commercial FM receivers it was easy to find parts and the narrowband FM receiver IC was designed for the 10.7 MHz input. Since the bandwidth requirement of each patient is approximately 2.5 kHz , and they are 10 kHz apart from each other it is obvious that I had to use a Narrow Band FM demodulator. The IF frequency of the narrow band FM receiver is 455 kHz, and has a scan control output for microprocessor scanner applications. In order to get the required frequency accuracy and stability the most suitable way is to use a digital frequency synthesizer for scanning the patients. The frequency synthesizer consists of a phase locked loop, a VCO with a center freq. of 10.245 MHz and a programmable divider section that is able to divide the vco freq. by 1000 to 1070 for comparison with the 10 kHz referance signal, obtained from a 2 MHz referance oscillator. The active low pass filter is chosen for better DC gain of the PLL. For simplicity and for the availibility of the parts, I used the Integrated circuits shown on the circuit diagram of the demonstration system.

3.6.1 ECG Demodulation Section:

The audio signal obtained from the NBFM receiver is first



Fig.17 Circuit Diagram of the FM Receiver



Fig. ; 00 Circuit Diagram of the PL freq. synthesizer

amplified and filtered and then fed to the voltage comparator to reconstruct the square wave .Then this signal is inverted end level shifted to be connected to the PLL demodulator.The Phase locked loop used here is a single chip PLL, with the center frequency of vco is set by the external resistor and capacitor, to 1.2 kHz, and the low pass filter of the loop is just a simple passive filter. PLL demodulator output is the original ECG requiring a little bit amplification and filtering At point B'. Therefore a one stage amplifeier with filter is cascaded to the PLL with pain 10 and cut off frequency of 100 Hz.

3.7.1 Respiration demodulation section:

In order to demodulate the FWM signal, a capacitor is charged with a constant current source and the discharge is controlled by a switch according to the input information. The peaks of the voltage of the capacitor are detected, filtered and amplified to reconstruct the respiration signal at point C'. This waveform is only useful for respiration rate and apnea monitoring but not calibrated for respiratory measurements.

3.8.1 MPU control section:

The function of this block is to lock to the patients one by one,to convert the incoming signals to digital form for processing, storage and displaying of the signals. For diagnosis 4 of an ECG signal, 100 Hz bandwith is the minimum requirement. In order to collect reasonable number of data for reconstruction, if the Nyquist rate is chosen for sampling, this means 200 bytes per second is used. For diagnosis purposes, at least ten to fifteen consistent cycles must be displayed. Therefore for each visual



Fig.19 Circuit Diagram of the Receiver, demodulator

4 (4 ECG strip, 15*200=3Kbytes of memory is required. A similar discussion for respiration will give 0.1Hz*2=0.2 Bytes per second,0.2*15=3 bytes per respiration strip.(A strip is defined as the cycles of signal displayed on the screen at the end of each scanning period.)

Since one may require to display the waveforms on some other analog device, an analog output channel must be available for convenience. Therefore the microprocessor section consists of a two channel 8 bits A/D converter chip, 16 Kbytes of memory, one 8 bit D/A converter, two parallel ports, and a CPU. The MPU is able to input the patient sequence, alarm limits, and other input commands and data. Via a lock detect logic circuitry, the MPU detects a channel is set. Since the time constant of the low pass filter approximately 5msec the oscillator locks to the selected patient. The MPU sets the A/D for ECG conversion and stores the result into that patient's ram area . Then switches the multiplexer of the A/D for Respiration signal conversion, converts the data and stores the result to that patient's area. If one cycle is completed, calculates the period and compares the result with the set alarm limits, and acts accordingly. Then gets a new channel and repeats the same procedure. If it is required to have a replay of the last 15 seconds records, the MPU uses the D/A for generation of the analog signal.



Fig.20 Flowchart of the main program



Fig.21 Bl ock Diagfam of the Microprocessor unit

CHAPTER 4

SYSTEM EVALUATION AND DISCUSSIONS

4.1 Electrode Placement:

Our experiments showed that the electrode placement positions are not very critical within +/-2cm range. However, the jelly coupling to the surface and the cleaning process do effect the quality of the ecg signal picked up with this system.

On the other hand, the electrode placement for obtaining the respiration signal is very critical, as one can observe the impedance change values from fig.22.



 ΔZ against thoracic level for subjects representative of three somatotypes

A pair of electrodes (silver discs of diameter 3.5 cm) were moved along the midaxillary lines and ΔZ and ΔV were measured at the levels indicated

Spacing between the thoracic levels = 3.5 cm

- a Subject: L.E.B., 5 ft 10 in 150 lb ectomorph
- b Subject: O.G., 5 ft 10 in 175 lb mesomorph
- c Subject: J.D.M., 6 ft 2 in 220 lb endomorph

Fig. 22. The impedance change ranges vs electrode placement.

Another problem occured during experiments, is the base impedance varies from one person to another depending upon the humidity of the skin and the fatty tissues of the patient. Therefore, for some people a variable resistor must be placed on one branch of the respiration bridge and should be adjusted before use.

4.2 ECG section ;

The amplifier and the voltage controlled oscillator of this section works properly with the given figures in chapter 3.Here, the timing and voltage waveforms of the subcarrier modulation signal is presented for illustration.



Fig.23 Subcarrier modulator waveform

4.3 Respiration section :

If one takes care of the points mentioned in section 4.1, the transmitter amplifier and the receiver demodulator presents no problems. However the offset potentiometer must be adjusted properly for not causing the overlapping of the fm and pwm periods.

4.4 RF transmitter :

The rf transmitter board is realised in a really small area, and

in the beginning the unwanted couplings caused problems.With the configuration shown in the circuit diagram, I was able to operate it in the frequency range of 88 MHz to 160 MHz by achieving different tuning points with the doubler and tripler stages. The output waveform could be controlled from 2V peak to peak, to 5 V peak to peak, however, the power consumption of the stage was varying from 10 mA to 30 mA also.

4.5 The receiver front end:

The configuration of the FM tuner is quite a standard one, however since the transmitter-receiver alignment sets were not available, I couldn't manage to tune the receiver to transmitter properly. Therefore in the beginning, I used a standard TV tuner to pick up the transmitted signal.A narrowband commercial receiver board would follow this tuner and recover the transmitted signal.However, after I worked on this system for more than a month, I saw that, practically it is impossible to realise this system. Therefore, I changed the design to a standard FM tuner section and set up the demonstration part with it.

4.6 Frequency synthesizer:

The circuit shown in fig.18 is breadboarded and shown that operating well.

4.7 Signal demodulation and microprocessor board:

The demodulator section also is working properly. However since there are many microprocessors available on the market, I planned to use a personel computer, having all the specifications that the board we presented on chapter 2., I used a CBM 64 for

generating most of the signals.
4.8 Packaging and power supply :

The packaging specifications; weight:235 gr. nominal

HT:2.5 cm, Lth:14 cm, Wdth:8.5 cm.

With these specifications, one can easily see that the transmitter packaging is completely ergonomic and suitable for our purposes. The weight can be decreased more, since it was the prototype, we used sockets for every IC.

The accesories are kept minimum, by using the leads for the pick up of both the respiration and ecg signals and as the antenna for the transmitter. The electrode jack is also used for power monitor and battery switch.

If we check the power consumption of the stages;

Power monitoring : 2mA

Transmitter : 15mA

ECG & Resp.Ampl : 3.5mA

Modulators : 2mA

These values add up to 22,5mA. (Since they were rather expensive, I didn't use the low power op amps in the transmitter, that are pin competible to the ones I used. The calculations, however are done according to the low power versions.)

So with a 75 mAHr rechargable battery, the unit can safely monitor a patient for three hours.

4.9 Range :

Our demonstration system, although it has many diffefences compared to the designed system, worked well, in the same building the range was approximately 50 m on the same flat.

CHAPTER 5

FUTUREWORK AND CONCLUSION

The history of the Biotelemetry is not very old in the area of bioinstrumentation and covered a long way since it first started. If we look at the changes in Turkey in the last few years, the release of CB equipment and the new import regime, one can expect that a useful area of bioinstrumentation, namely the biotelemetry may be adequetly come into use in many hospitals, perhaps according to the CCITT standards. Furthermore a line telemetry system in Istanbul city, has just getting started .

Taking these points into consideration the designed system is kept flexible enough to allow connections to a line telemetry system or an ambulatory arrythmia monitoring system easily.

As the designed system is rewieved, one can judge that this system is a comperatively simple and low cost system, requiring no special or extra components other than the ones available on the market, and most of the expensive research is done.

The disadvantages of the system is common to all other Biotelemetry systems such as the requirement of an allowed standard channel, composition of many different blocks of electronics, etc.

However I think throughout the thesis I was able to emphasize -the measurement of respiration signal, with the impedance change method,

-the scanning of the patients authomatically under the control of the microprocessor card.

-to check and analyze patient data with the use of the software written on the microprocessor system,

-finally the cost efficiency of the system due to the use of simple and standard design of the circuitry and the advantage of the ability of using one CRT display for the display of both the respiration and ECG signals of five patients.

APPENDIX A:

Some useful design equations and analysis of the special blocks, used in the design of the system.

ECG Amplifier:

The gain of the first stage, as explained in chapter three, cannot exceed 15.

So if we choose R1=10K, then RF1=150K.

Inorder to get rid of the D.C. offset and drift problems, when we a.c. couple the second stage to the first stage, the lower cut off frequency is set by C1 and R2. For obtaining a lower cut off frequency, R2 must be large since C1 cannot be larger than 1 uF practically as a nonpolar capacitor.

However the gain of the second stage decreases if R2 increases.For the selected lower cut off frequency as 0.6 Hz. the values are R2=390K and C1=680nF.

$$F = 1$$
 $F = 1$
 $2 * \pi * R2 * C1$ $F = 1$
 $2 * \pi * R3 * C3$

The higher cutoff frequency is set by the feedback capacitor resistor branch of the second and third stages as approximately to 90 Hz.



Oscillator stages, design and analysis:

For the general circuit configuration as shon in the figure below, the center frequency is set by the formula w=1/ LC The equivalent capacitor must be at least 10 times greater than the transistor's and other parasitic capacitors, that effect the frequency.

C = C + C1//C2

Also C1/C2 approximately sets the transformation ratio of the feedback network, n.

For stability conditions, the signal sent back must be in the order of several hundred mVs.

For this level of input, the transistor's large signal parameters are valid. The large signal gain is related to the small signal transconductance as shown in figure below. Once the small signal transconductance is determined, the stage gain and therefore the loss ratio n is known. Therefore C1, C2, and L is found from the frequency information and the set bias current IEQ must satisfy the small signal gain. An excellent discussion can be found in ref.7

RF transmitter stages;

The design of the rf transmitter section is rather standard and the only requirement is the special care taken in the design of the pcb and the component layout. For all of the frequency doubling stages and to the output stage the coupling network shown below is used.



🛹 🧳 Interstage coupling networks.

For
$$R_1 > R_1$$

(1) $X_{L_1} = \frac{R_1}{Q_L}$
(2) $X_{L_2} = \frac{R_2}{Q_L} \cdot \frac{\left[\sqrt{\frac{R_1}{R_2}} - 1\right]}{\left[1 - \frac{R_1}{Q_L X_{c_0}}\right]}$
(3) $X_{c_1} = \frac{R_1}{Q_L} \cdot \frac{\left[1 - \sqrt{\frac{R_2}{R_1}}\right]}{1 - \frac{R_1}{Q_L X_{c_0}}}$
(4) $X_{c_2} = \frac{R_1}{Q_L} \cdot \frac{\sqrt{\frac{R_2}{R_1}}}{\left[1 - \frac{R_1}{Q_L X_{c_0}}\right]}$

The frequency synthesizer;

The block diagram of the frequency synthesizer is shown below. Although a very good design guide is shown in bibliography, ref. 15, I wanted to give the main design formulas here. As it can be seen from the equations, one of the most important parameters of the PLL is the loop gain. The loop gain of the VCO is dependent upon the specific design of the stage.However if a standard CMOS circuit is going to be used in the system such as 4046 or 4044 4568 etc, the loop gain of the vco; KO=11*10E6 rad/sec/V, and for the phase comparator, KP=0.12 V/rad. can be used.





 $N_{max} = \frac{f_{o(max)}}{f_{REF}}$

$$N_{\min} = \frac{f_{o(\min)}}{f_{\text{REF}}}$$

$$\zeta_{\rm max} = \zeta_{\rm min} \left(\frac{N_{\rm max}}{N_{\rm min}} \right)^{1/2}$$

 $\omega_{\rm LPF} = \frac{1}{R_{\rm i}C} \quad (\rm rad/s)$

 $C_{\min} = \frac{K_{\phi}K_{\phi}}{N_{\max}R_{1}\omega_{n}^{2}}$

 $\mathbf{K}_{\phi}\mathbf{K}_{\circ}$ (often referred to as the *dc* loop gain)

Table II PARAMETERS OF PHYSIOLOGIC QUANTITIES

	Principal		Signal fr	equency	Require	ments for
Parameter or measuring	measurement range	Standard transducer	tar	ige	good re	cording
lettinique	or parameter	or method	(11	Z)	(812)	
Ballistocardiography (BCG)	0 7 mg	Accelerometer, strain gauge	DC	40	I	30
	$0 - 100 \mu m$	Displacement (LDVT)	DC	40	1	30
Bladder ptessute	0 - 100 cm H-O	Strain gauge manometer	DC	10	5	10
Blood flow	1 300 mt/sec	Howmeter (electromagnetic or ultrasonic)	I.	20	ł	20
Blood pressure; arterial)						
Direct	10-400 mm Hg	Strain gauge manometer	DC -	50	0.5	10
Indirect	25 400 mm Hg	Cuff, palpation	1	60	1	(4)
(Venous)	0-50 mm Hg	Strain gauge	DC	50	 DC 	30
Blood gates (0)	30- 110 mm Hg	Specific electrode, volumetric or manometric	DC	2	DC	2
Pco	40 - 100 mm Hg	Specific electrode, volumetric or manometric	DC	2	DC	2
PN 2	I-3 mm Hg	Specific electrode, volumetric or manometric	DC	2	110	2
Pco	0.1-0.4 mm Hg	Specific electrode, volumetric or manometric	DC	2	ÞC	2
Blood pH	6.8-7.8 pH units	Specific electrode	DC-	2	DC.	2
Cardiac output	425 L/min	Dve dilution, flowmeter	1-	20	3	20
Electrocardiography (FCG)	0.5-4 mV	Skin electrodes	0.01 -	250	01	100
Electroencephalography (EEG)	5—300 µV	Scalp electrodes	DC.	150	. 0.7	50
(Electrocorticography and braid depth)	10−5000 µV	Brain surface or depth electrodes	1/(-	1.00	02	,
Electrogestrography	10—1000 μV	Skin surface electrodes	D C		6.00	^ 6
	0.5-80 mV	Stomach surface electrodes		•	001	U.5 N
Electrongyography (EMG)	0.1-5 mV	* Needle electrodes	DC	10,000	20	KANA
Eye potentials EOG	50-3500 µV	Contact electrodes	DC -	50	0.2	15
	0900 µV	Contact electrodes	DC-	50	DC	- 20
Galvanie skin s c sponse (GSR)	1-500 KA	Skin electrodes	0.01-	- I .	01	- F
Gastric #H	3-13 pH units	pH electrode, antimony electrode	DC-	-1	DC	1

Gastrointestinal pressure Gastrointestinal forces Nerve potentials Paleencephalography Phonocardiography (PCG)	0	Strain gauge manometer Displacement system, LVDT Surface or needle electrodes Accelerometer on scalp Microphone	DC-10 DC-1 DC-10,000 0.2-50 \$-2000	DC - 10 DC - 1 20 - 20 1 - 20 20 - 300
Plethysmography (volume change)	dynes cm ² Varies with organ measured	Displacement chamber or impedance change	DC-30	DC-D
Circulatory	0 30 m2	Displacement chamber or impedance change	DC-30	DC -30
Respiratory functions: Pneumotachography (flow rate)	0 600 g min	Pneumotachograph head and differential pressure	DC40	0.1-5
Respiratory rate	2 50 min	Strain gauge on chest, impedance, nasal thermistor	0.1-10	0.1\$
Tidal volume Temperature of body	50 1000 mg breath 32 40° C 90 104° F	Above methods Thermistor, thermocouple	0,110 DC0,1	0.1-9 DC-61

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a) The transmitter unit is on the left, the receiver is in the middle, the frequency systhesizer is behind the receiver box.In front of the transmitter, the cables and electrodes

can be seen.



b) The internal structure and PCB assemblies of both the transmitter and the receiver is shown.

Fig.A. Photographs of the prototype of the designed system.

APPENDIX B:

The data sheets of the special components and ICs used in this thesis.



^{*} Address latches needed for 8085 and SC/MP interfacing the ADC0808 to a microprocessor

MICROPROCESSOR INTERFACE TABLE

PROCESSOR	READ	WRITE	INTERRUPT (COMMENT)
8080	MEMA	MEMW	INTR (Thru RST Gircuil)
8065	R D	WR	INTR (Thru RST Circuit)
Z-80	RD	WR	INT (Thru RST Circuit, Mode 0)
SC/MP	NRDS	NWDS	SA (Thru Sense A)
6800	VMA:#2.R/W	VMA-#2-R/W	IROA or IROB (Thru PIA)

ming Information

TEMPERATURE RANGE		– 40°C	- 40°C to +85°C		
Error	± 1/2 Bit Unadjusted	ADC0808CCN	ADC0808CCJ	ADC0808CJ	
ETTOR	±1 Bit Unadjusted	ADC0809CCN			
	Package Outline	N28A Molded DIP	J28A Hermetic DIP	J28A Hermetic DIP	

KA Semiconductor

ADC0808, ADC0809 8-Bit μ P Compatible A/D Converters With 8-Channel Multiplexer

General Description

Ne ADC0808, ADC0809 data acquisition component is a monolithic CMOS device with an 8-bit analog-to-digital inverter, 8-channel multiplexer and microprocessor investible control logic. The 8-bit A/D converter uses sucmasive approximation as the conversion technique. The inverter features a high impedance chopper stabilized inverter features a high impedance chopper sta

The device eliminates the need for external zero and fullscale adjustments. Easy interfacing to microprocessors e provided by the latched and decoded multiplexer adsets inputs and latched TTL TRI-STATE® outputs.

In design of the ADC0808, ADC0809 has been optimized in incorporating the most desirable aspects of several a conversion techniques. The ADC0808, ADC0809 ofwe high speed, high accuracy, minimal temperature moendence, excellent long-term accuracy and repeatabling and consumes minimal power. These features make has device ideally suited to applications from process and mechine control to consumer and automotive applicaters. For 16-channel multiplexer with common output memple/hold port) see ADC0816 data sheet.

Features

- Resolution 8-bits
- Total unadjusted error ± 1/2 LSB and ± 1 LSB
- No missing codes
- Conversion time 100 µs
- Single supply 5 V_{DC}
- Operates ratiometrically or with 5 V_{DC} or analog s adjusted voltage reference
- 8-channel multiplexer with latched control logic
- Easy interface to all microprocessors, or opera "stand alone"
- Cutputs meet T²L voltage level specifications
- OV to 5V analog input voltage range with single supply
- No zero or full-scale adjust required
- Standard hermetic or molded 28-pin DIP package
- Temperature range -40°C to +85°C or -55°C +125°C
- Low power consumption 15 mW
- Latched TRI-STATE® output



Supply Voltage (VCC) (Note 3)
Voltage at Any Pin - Except Control Inputs
Voltage at Control Inputs (START, OE, CLOCK, ALE, ADD Å, ADD B, ADD C)
Storage Temperature Range
Package Dissipation at TA = 25°C
Lead Temperature (Soldering, 10 seconds)

•	- he are not all a concern Show (1	totes I and zr
6.5V	Temperature Range (Note 1)	TMINSTAS
V to Ncc + 0.3V)	ADC0808CJ	-55°C \$ TA \$ + 7
	ADC0808CCJ, ADC0808CCN,	
-0.3V to + 15V	ADC0809CCN	-40°C≤TA 5+₽
-85°C to + 150°C	Range of V _{CC} (Note 1)	4.5 VDC to 8: -

Electrical Characteristics

Converter Specifications: $V_{CC} = 5 V_{DC} = V_{REF(+)} V_{REF(-)} = GND$, $T_{MIN} \le T_A \le T_{MAX}$ and $f_{CLK} = 640 \text{ kHz}$ unless otherwise stated.

-0.3V to (Vcc + 0.3)

875 mW 300°C

·	Parameter	Conditions	Min	Тур	Max	Um
	ADC0808 Total Unadjusted Error (Note 5)	25°C T _{MIN} to T _{MAX}			± 1/2 ± 3/4	. 1
	ADC0809 Total Unadjusted Error (Note 5)	0°C to 70°C T _{MIN} to T _{MAX}		•	±1 ±11/4	. 2 I
	Input Resistance Analog Input Voltage Range	From Ref(+) to Ref(-) (Note 4) V(+) or V(-)	1.0 GND-0.10	2.5	V _{CC} +0.10	•
V _{REF(+)}	Voltage, Top of Ladder	Measured at Ref(+)		Vcc	V _{CC} +0.1	•
V _{REF(+)} +V _{REF(-)} 2	Voltage, Center of Ladder		V _{CC} /2-0.1	V _{CC} /2	V _{CC} /2+0.1	
V _{REF(-)}	Voltage, Bottom of Ladder	Measured at Ref(-)	0.1	0		1
	Comparator Input Current	f _c = 640 kHz, (Note 6)	-2	± 0.5	2	-*

Electrical Characteristics

Digital Levels and DC Specifications: ADC0808CJ 4.5V ≤ V_{CC} ≤ 5.5V, - 55°C ≤ T_A ≤ + 125°C unless otherwise noted ADC0808CCJ, ADC0808CCN, and ADC0809CCN $4.75 \le V_{CC} \le 5.25V$, $-40^{\circ}C \le T_A \le +85^{\circ}C$ unless otherwise noted

	Parameter	Conditions	Min	Тур	Max	Unit
ANALOG MU	JLTIPLEXER					
OFF(+)	OFF Channel Leakage Current	$V_{CC} = 5V, V_{IN} = 5V,$ $T_A = 25^{\circ}C$ T_{MIN} to T_{MAX}		10	200 1.0	و. م
OFF(-)	OFF Channel Leakage Current	$V_{CC} = 5V, V_{IN} = 0,$ $T_A = 25 °C$ T_{MIN} to T_{MAX}	- 200 - 1.0	-10		و. م
CONTROL II	NPUTS	,		.		
VIN(1)	Logical "1" Input Voltage	and the second se	V _{CC} -1.5			
VINO	Logical "0" Input Voltage		1	ł	1.5	•
IN(T)	Logical "1" input Current	V _{IN} =15V			1.0	

Continued)

Access and DC Specifications: ADC0808CJ 4.5V ≤ V_{CC} ≤ 5.5V, -- 55°C ≤ T_A ≤ + 125°C unless otherwise n MUSOBCCJ, ADCOBOBCCN, and ADCOBOSCCN 4.75 ≤ V_{CC} ≤ 5.25V, - 40°C ≤ T_A ≤ + 85°C unless otherwise not 36 M. S.

Parameter		Conditions	Min	Тур	Ma
MA OUTPUT	IS AND EOC (INTERRUPT)		مرد العربية (Charles)	- ,	
S#*{1):	Logical "1" Output Voltage	I _O = - 360 μA	V _{CC} -0.4	J.	
- KTO 4. 25	Logical "0" Output Voltage	1 ₀ = 1.6 mA			0.4
NT (0).	Logical "0" Output Voltage EOC	$I_0 = 1.2 \text{ mA}$			0.4
- Mart 12	TRI-STATE Output Current	$V_0 = 5V$			3
		V ₀ ≠0	-3		

Sectrical Characteristics

ming Specifications: V_{CC} = V_{REF(+)} = 5V, V_{REF(-)} = GND, t_r = t_f = 20 ns and T_A = 25°C unless otherwise noted

bol	Parameter	Conditions	Min	Тур	Max
79 a	Minimum Start Pulse Width	(Figure 5)		100	200
	Minimum ALE Pulse Width	(Figure 5)	[100	200
at . tea	Minimum Address Set-Up Time	(Figure 5)		25	50
	Minimum Address Hold Time	(Figure 5)	}	25	50
e pre persetation	Analog MUX Delay Time From ALE	R _S =0Ω (Flgure 5)		1	2.5
0	OE Control to Q Logic State	C _L = 50 pF, R _L = 10k (<i>Figure 8</i>)		125	250
 4	OE Control to HI-Z	C _L = 10 pF, R _L = 10k (<i>Figure 8</i>)		125	250
	Conversion Time	f _c = 640 kHz, (<i>Figure 5</i>) (Note 7)	90	100	116
	Clock Frequency		10	640	128
	EOC Delay Time	(Figure 5)	0	•	8+2
	Input Capacitance	At Control Inputs		10	15
	TRI-STATE* Output Capacitance	At TRI-STATE® Outputs, (Note 12)		10	15

🕬 🛠 Absolute maximum ratings are those values beyond which the life of the device may be impaired.

sime & All voltages are measured with respect to GND, unless otherwise specified.

柳秋 ネ A zener diode exists, internally, from V_{CC} to GND and has a typical breakdown voltage of 7 V_{DC}.

👐 🎕 Two on-chip diodes are tied to each analog input which will forward conduct for analog input voltages one diode drop below ground or or within the VCC supply. The speciallows 100 mV forward bias of either diode. This means that as long as the analog VIN does not excee 🖙 🕸 by more than 100 mV, the output code will be correct. To achieve an absolute 0 VDC to 5 VDC input voltage range will therefore require a m Hereitage of 4.900 Vpc over temperature variations, initial tolerance and toading.

##教 Total unadjusted error includes offset, full-scale, linearity, and multiplexer errors. See Figure 3. None of these A/Ds requires a zero or fullerrow fil an all zero code is desired for an analog input other than 0.0V, or if a narrow full-scale span exists (for example: 0.5V to 4.5V full-scale) Anima can be adjusted to achieve this. See Figure 13.

🐜 👁: Comparator input current is a bias current into or out of the chopper stabilized comparator. The bias current varies directly with clock fr will wrote temperature dependence (Figure 6). See paragraph 4.0.

and the outputs of the data register are updated one clock cycle before the rising edge of EOC

THREE-STATE ENABLE/DISABLE DELAYS

Set, Reset, and Switch Conditions for 3-State Tests.

1				MC140438		MC	140448		
Į	TEST	8	R	S1	52	a	S1	S2	٥
ł	tEn	VDD	VSS	Open	Closed	A	Closed	Open	8
1	tEn	VSS	VDD	Closed	Open	B	Open	Closed	A
	^t Dis	VDD	V _{SS}	Open	Closed	A	Closed	Open	8
	^t DH	Vss	VDD	Closed	Open	B	Open	Closed	A





Box 20912 . PHOENIX, ARIZONA 85036

PHASE-LOCKED LOOP

The MC14046B phase-locked loop contains two phase comparators, a voltage-controlled oscillator (VCO), source follower, and zener diode. The comparators have two common signal inputs. PCAin and PCBin. Input PCAin can be used directly coupled to large voltage signals, or indirectly coupled (with a series capacitor) to small voltage signals. The self-bias circuit adjusts small voltage signals in the linear region of the amplifier. Phase comparator 1 (an exclusive OR gate) provides a digital error signal PC1out, and maintains 90° phase shift at the center frequency between PCAin and PCBin signals (both at 50% duty cycle). Phase comparator 2 (with leading edge sensing logic) provides digital error signals PC2out and PCPout. and maintains a 0° phase shift between PCAin and PCBin signals (duty cycle is immaterial). The linear VCO produces an output signal VCOout whose frequency is determined by the voltage of input VCOin and the capacitor and resistors connected to pins C1A, C1B, R1, and R2. The source-follower output SFout with an external resistor is used where the VCOin signal is needed but no loading can be tolerated. The inhibit input Inh, when high, disables the VCO and source follower to minimize standby power consumption. The zener diode can be used to assist in power supply regulation.

Applications include FM and FSK modulation and demodulation, frequency synthesis and multiplication, frequency discrimination, tone decoding, data synchronization and conditioning, voltage-tofrequency conversion and motor speed control.

- VCO Frequency = 1.4 MHz Typical @ VDD = 10 Vdc
- VCO Frequency Drift with Temperature = 0.04%/°C Typical
 VDD = 10 Vdc
- VCO Linearity = 1% Typical
- Quiescent Current = 5.0 nA/package typical @ 5 Vdc
- Low Dynamic Power Dissipation -- 70 μW Typical @ f₀ = 10 kHz, VDD = 5.0 Vdc, R1 = 1.0 MΩ, R2 = ∞, Rsc = ∞
- Buffered Outputs Compatible with MHTL and Low-Power TTL
- Diode Protection on All Inputs
- Supply Voltage Range = 3.0 to 18 Vdc
- Pin-for-Pin Replacement for CD4046







L SUFFI CERAMIC PA CASE 6

ORD

MC14XXXB.

This devic the inputs voltages c advised th to avoid : then maximpedence is recomm constraine Vour] < \ Unused i approprie VSS or 15 if unu



	1.00	0.5 (0.1)	1 vin
Input Veltage All leputs	Vin	-05 to V00 + 05	Vde
OC Current Orain per Pin	1	10	mAn
Operating Temperature Range - AL Device	TA	-55 to +125	٥¢
CL/CP Device	1	-40 to +85	
Storage Temperature Bange	Tstg	-65 to +150	°¢

ECTRICAL CHARACTERISTICS

		VDD	Tie	~**	25°C			Thigh		
Characteristic	Symbol	Vde	Min	Mgx	Min	Тур	Ман	Min	Max	Unit
rtput Voltage "0" Level	VOL	5.0	-	0.05	-	0	0.05	-	0.05	Vdc
Vin = VDD or 0		10	-	0.05	-	0	0.05	-	0.05	
		15	-	0.05		0	0.05	-	0.05	
"1" Level	VOH.	5.0	4,95	-	4.95	5.0	-	4.95	-	Vdc
Vin * 0 or VDD		10	9.95	-	9.95	10	-	9.95	-	
······		15	14.95	-	14.95	15	-	14.95		
out Voltage # "O" Level	YIL									Vdc
(Vo = 4.5 or 0.5 Vdc)		5.0	1 - 1	1,5	-	2.25	1.5	-	1.5	
(VO = 9.0 or 1.0 Vde)		10	-	3.0	-	4.50	3.0	-	3.0	
(Vo = 13.5 or 1.5 Vdc1		15		4.0		6.75	4.0	-	4.0	
"1" Level	⊻ін		. .		ł					
(VO = 0.5 or 4.5 Vdc)		5.0	3.5	-	3.5	2.75	-	3,5	-	Vdc
		10	7.0	-	7.0	5.50	-	7.0	-	
1VO = 1.5 ar 13.5 Vdc)		15	11.0		11.0	8.25	-	11.0	-	
reput Drive Current (AL Device)	′он		1							mAdc
(VOH = 2.5 Vdc) Source		5.0	-1.2	-	-1.0	-1.7	-	-0.7	-	
(VOH + 4.6 Vde)		5.0	-0.25	-	-0.2	-0.36	-	-0.14	-	
(VOH = 9.5 Vdc)		10	-0.62	-	-0.5	-0.9	-	-0 35	-	
(VOH = 13.5 vde)		15	-1.8		-1.5	-3.5		-1,1		
(VOL = 0.4 Vde) Sink	10L	5.0	0.64	-	0.51	0.88		0.36	-	mAde
(VOL = 0.5 Vde)		10	1.6	-	1.3	2.25	-	0. 9	-	
(VOL = 1,5 Vdc)		15	4.2		3,4	8.8	-	2.4	-	
tout Drive Current (CL/CP Device)	OH									mAdc
(VOH = 2.5 Vdc) Source		5.0	-1.0	-	-0.8	-1.7	-	-0.8	-	
(V _{OH} = 4.6 Vde)		5,0	-0.2	-	-0.16	0.36	-	-0.12	-	
(V _{OH} = 9.5 Vdc)		10	-0.5		-0.4	-0.9	-	-0.3	-	
(VOH = 13.5 Vdc)		15	-1.4	_	-1.2	-3.5	-	-1.0	-	
(VOL = 0.4 Vdc) Sink	'OL	5.0	0.52	-	0,44	0.88	-	0.36	-	mAdc
(V _{OL} = 0.5 Vdc)		10	1.3	-	1.1	2.25	-	0,9	-	
(VOL # 1.5 Vdc)		15	3.6	-	3.0	8.8	-	2.4	-	
nut Current (AL Device)	lin	15	-	±0,1		±0.00001	±0.1		±1.0	µAdc
out Current (CL/CP Device)	lin	15		±0.3	-	±0.00001	±0.3	-	±1.0	#Adc
out Capecitance	Cin	-	~		-	5.0	7.5	-	-	pF
(V _{in} = 0)			I							
perscent Current (AL Device)	100	5.0	-	5.0		0.005	5.0	_	150	Adc
(Per Package)		10	-	10	- 1	0.010	10	-	300	
Inh = "1" and PCA = "1"}	•	15	-	20	-	0.015	20	- 1	600	
rescent Current (CL/CP Device)	100	5.0	-	20	-	0.005	20	_	150	uAde
(Per Package)		10	_	40	- 1	0,010	40		300	
Inh = "1" and PCA = "1")		15	-	80	-	0.015	80		600	
tal Supply Current 1	١ _T	5.0	[]		1 /1	46 "A/kH») f + lo-			#Adc
inh = "0", fa = 10 kHz, CL = 50 pF	·	10			IT = (2	91 µA/kHz	11+100			
1 = 1 MD, R2 = +, Rsp = -, and		15			1 (4	37 µA/kHz) f + Ino			
0% Duty Cycle		·			•					
البون بر بها الجمعينات أحيا " « جو مجروع من الثالث جن بين التشماك مسرد . « " الا " الجمعين - " جد المواد بالا "										

ow - -55°C for AL Device, -40°C for CL/CP Device.

not = +125°C for AL Device, +85°C for CL/CP Device.

orse immunity specified for worst-case input combination.

oise Margin for both "1" and "0" level = 1.0 Vdc min @ Vpp = 5.0 Vdc

2.0 Vdc min @ V_{DD} = 10 Vdc 2.5 Vdc min 와 V_{DD} = 15 Vdc

o Calculate Total Current in General:

 $\frac{1}{1 \times 10^{-1} \text{ VDD}} \left(\frac{\text{VCO}_{\text{in}} - 1.95}{\text{R1}} + \frac{\text{VDD}}{\text{R2}} - \frac{1.35}{\text{R2}} \right)^{3/4} + 1.6 \times \left(\frac{\text{VCO}_{\text{in}} - 1.85}{\text{R}_{\text{SF}}} \right)^{3/4} + 1 \times 10^{-3} (\text{C}_{\text{L}} + 9) \text{ VDD} \text{ f} + 1 \times 10^{-1} \text{ VDD}^2 \left(\frac{100 \cdot \text{\% Duty Cyde of PCA}_{\text{in}}}{100} \right) + 1_{\Omega} \text{ where: } 1_{\text{T}} \text{ in } \mu\text{A}, \text{C}_{\text{L}} \text{ in } p\text{F}, \text{VCO}_{\text{in}}, \text{V}_{\text{DD}} \text{ in Vdc}, \text{f in KHz, and} \\ \text{R1, R2, RSF} \text{ in } \text{M}\Omega, \text{C}_{\text{L}} \text{ on VCO}_{\text{out}}. \right)$ A MOTOROLA Semiconductor Products Inc.

ELECTRICAL CHARACTERISTICS* (CL = 50 pF, TA = 25°C)

		<u> </u>	Min	imum	<u>1</u>	Ma
	1	VDD	AL	CL/CP	Typical	AL
Characteristic	Symbol	Vdc	Device	Device	All Types	Device
Output Hise Fime	¢,				1	
$f_{\rm T} = (3.0 \text{ns/pF}) \text{CL} + 30 \text{ns}$		5.0	-		180	350
$t_{\rm F} = (1.5 {\rm ms/pr}) {\rm G}_{\rm L} + 15 {\rm ms}$	1	10	-	-	90	150
		15	-	-	65	110
	14					
te # (0.75 ns/pF) CL + 25 ns		5.0	-	1 -	100	175
te = (0.55 ns/nF) C + 9.5 ms	1	10	- 1		50	75
PHASE COMPARATORS 4		15	<u> </u>		37	55
THASE CONFARATORS Fand 2						
Input Resistance - PCAin	Bin	5.0	1.0	1.0	2.0	
		10	0.2	0.2	0.4	
		15	0.1	0,1	0.2	_
- PCB in	Bin	15	150	15	1500	
Minimum Input Sensitivity	Vin	5.0	-		200	300
AC Coupled - PCAin		10	-	_	400	600
C series # 1000 pF, f = 50 kHz		15	_		700	1050
DC Coupled - PCAin, PCBin	-	5 to 15			See Noise I	mmunit
VOLTAGE CONTROLLED OSCILLATOR (VCO)						
Maximum Frequency	Imay	50	0.50	0.25	0.70	
(VCO _{in} = V _{DD} , C1 = 50 pF,	1 max	10	10	0.35	14	-
$R1 = 5 k\Omega$, and $R2 = \infty$ }	1	15	1.4	1.0	19	_
Temperature – Frequency Stability		50			0.17	
(R2 =)		10			0.04	-
		15	_	_	0.015	-
Linearity (R2 = m)	-					
(VCO _{in} = 2.50 V ± 0.30 V, R1 > 10 kΩ)	· 1	5.0	-	_	,	_
(VCO _{in} = 5.00 V ± 2.50 V, R1 ≥ 400 kΩ)	1	10	-	-	;	-
(VCO _{in} = 7.50 V ± 5.00 V, R1 ≥ 1000 kΩ)		15	-		1	-
Output Duty Cycle	-	5 to 15	-		50	
Input Resistance - VCOin	Rin	15	150	15	1500	
SOURCE FOLLOWER			······		t	
Offset Voltage		50			LEE T	2.2
$(VCO_{in} minus SF_{out}, R_{SF} > 50 k\Omega)$		10	_		1.65	2.2
		15	_	_	1.65	77
Linearity						
$(VCO_{in} = 2.50 V \pm 0.30 V, R_{SF} > 50 k\Omega)$		5.0	_	_	01	
$(VCO_{in} = 5.00 V \pm 2.50 V, R_{SF} > 50 k\Omega)$		10	_ {	- 1	0.6	_
(VCO _{in} = 7.50 V ± 5.00 V, R _{SF} > 50 kΩ)		15	-	_	0.8	-
ZENER DIODE			L			
Zener Voltage (Iz = 50 µA)	V, 1		67	61	70	7.7
Dynamic Resistance (Iz = 1 mA)	87			<u> </u>		/.3

"The formula given is for the typical characteristics only.



FIGURE 3 -- GENERAL PHASE-LOCKED LOOP CONNECTIONS AND WAVEFORMS





Note: for further information, see

(1) F. Gardner, "Phase-Lock Techniques", John Wiley and Son, New York, 1966.

(2) G. S. Moschytz, "Miniature RC Filters Using Phase-Locked Loop", BSTJ, May, 1965.

Waveforms-



Phase Comparator 2



MOTOROLA Semiconductor Products Inc.



Advance Information

PHASE COMPARATOR AND PROGRAMMABLE COUNTERS

The MC14568B consists of a phase comparator, a divide by 4, 16, 64 or 100 counter and a programmable divide by N 4-bit binary counter (all positive-edge triggered) constructed with MOS P-channel and N-channel enhancement mode devices (complementary MOS) in a single monolithic structure.

This device can be used with:

- Both counters cascaded and the output of the second counter connected to the phase comparator (CTL high).
- Separate use of the programmable divide by N counter, for example cascaded with MC14569B (CTL low), MC14522B or MC14526B.

The MC14568B has been designed for use in conjunction with a programmable divide-by-N counter for frequency synthesizers and phase locked loop applications requiring low power dissipation and/or high noise immunity.

Quiescent Current = 5.0 nA typ/pkg @ 5 Vdc

MAXIMUM RATINGS (Voltages referenced to Vss.)					
Rating	Symbol	Value	Unit		
DC Supply Voltage	VDD	-0.5 to +18	Vde		
nput Voltage, All Inputs	V _i e ¹	-0.5 to Vop + 0.5	Vdc		
DC Current Drain per Pin	1	10	mAdr		
Operating Temperature Range - AL Device	а ^т а	-55 tc +125 -40 tr +85	°C		
torage Temperature Range	1,10	-65 to +150	°C		



MC14568B

McMOS MSI

(LOW-POWER COMPLEMENTARY MOS)

PHASE COMPARATOR AND PROGRAMMABLE COUNTERS



OPERATING CHARACTERISTICS

The MC14568B contains a phase comparator, a fixed divider (\div 4, \div 16, \div 64, \div 100) and a programmable divide-by-N 4-bit counter.

PHASE COMPARATOR

The phase comparator is a positive edge controlled logic circuit. It essentially consists of four flip-flops and an output pair of MOS transistors. Only one of its inputs (PCin, pin 14) is accessible anternality. The second is connected to the output of one of the two counters D1 or D2 (see block diagram).

Duty cycles of both input signals (at A and B) need not be taken into consideration since the comparator responds to leading edges only.

If both input signals have identical frequencies but different phases, with signal A (pin 14) leading signal B (Ref.), the comparator output will be high for the time equal to the phase difference.

If signal A lags signal B, the output will be low for the same time. In between, the output will be in a three state condition and the voltage on the capacitor of an RC filter normally connected at this point will have some intermediate value (see Figure 4). When used in a phase ocked loop, this value will adjust the Voltage Controlled Oscillator frequency by reducing the phase difference to tween the reference signal and the divided VCO frequency to zero.

FIGURE 4 - PHASE COMPARATOR WAVEFORMS



If the input signals have different frequenc put signal will be high when signal A has a quency than signal B, and low otherwise.

Under the same conditions of frequency difoutput will vary between VOH (or VOL) and mediate value until the frequencies of both equal and their phase difference equal to zer locked condition is obtained.

Capture and lock range will be determined the frequency range. The comparator is provided indicator output, which will stay at logic 1 conditions.

The state diagram (Figure 5) depicts the in transitions. It assumes that only one transitio signal occurs at any time. It shows that a ch output state is always associated with a positiv of either signal. For a negative transition, the or not change state. A positive transition may no output to change; this happens when the s different frequencies.

DIVIDE BY 4, 16, 64 OR 100 COUNTER (D1

This counter is able to work at an input fr 5 MHz for a V_{DD} value of 10 volts over th temperature range when dividing by 4, 64 an gramming is accomplished by use of inputs F 10 and 11) according to the truth table shown ing the Control input (CTL, pin 15) to V_{DD} cading this counter with the programmable counter provided in the same package. If operation is obtained when the Control in nected to VSS.

The different division ratios have been choerate the reference frequences corresponding nel spacings normally required in frequency applications. For example, with the division and a 5 MHz crystal stabilized source a re quency of 50 kHz is supplied to the compalower division ratios permit operation with lo crystals.



rypical Performance Characteristics (Continued)



National Semiconductor

LF353 Wide Bandwidth Dual JFET Input Operational Amplifier

General Description

These devices are low cost, high speed, dual JFET input operational amplifiers with an internally trimmed input offset voltage (BI-FET IITM technology). They require low supply current yet maintain a large gain bandwidth product and fast slew rate. In addition, well matched high voltage JFET input devices provide very low input bias and offset currents. The LF353 is pin compatible with the standard LM1558 allowing designers to immediately upgrade the overall performance of existing LM1558 and LM358 designs.

These amplifiers may be used in applications such as high speed integrators, fast D/A converters, sample and hold circuits and many other circuits requiring low input offset voltage, low input bias current, high input impedance, high slew rate and wide bandwidth. The devices also exhibit low noise and offset voltage drift.

Typical Connection



Simplified Schematic



Operational Amplimers/During



Features

- Internally trimmed offset voltage
- Low input bias current
- 16 nV Low input noise voltage 0.01 pA
- Low input noise current
- Wide gain bandwidth
- High slew rate
- Low supply current
- High input impedance
- Low total harmonic distortion Av = 10, < 1RL = 10k, Vo = 20 Vp p, BW = 20 Hz-20 kHz
- Low 1/f noise corner
- Fast settling time to 0.01%

Connection Diagrams











See NS Package NO8A











Output Impedance

	_	
	-	
-	_	

Supply Voltage	±18V	
Power Dissipation (Note 1)	500 mW	
Operating Temperature Range	S ¹ 0°C to +70°C ≤	
Ti(MAX)	115°C	
Differential Input Voltage	±30V	
Input Voltage Range (Note 2)	±15V	
Output Short Circuit Duration (Note 3)	Continuous	
Storage Temperature Range	-65°C to +150°C	
Lead Temperature (Soldering, 10 seconds)	300°C	
	,	•





Negative Common-Mode Input Voltage Limit 28

0°C ≤ TA ≤ +70 C

6

Voltage Swing

Bode Plot

GAIN

1

FREQUENCY (MHz)

TUAN

GATIVE COMMON-MODE VOLTAGE LIMIT (V)

ž 38

DWINS

VOLTAGE

TURTU

78

20

18

-76

-- 36

0.1

ŝ

MIN

18





18

Output Voltage Vg = +15V **Z**5 Ta + 75"C 26 15 11 0.1 1

RL - OUTPUT



DC Electrical Charac	cteristics	(Note 4
-----------------------------	------------	---------

SYMBOL	PARAMETER	CONDITIONS		LF353A			LF3530			LF353		UN
			MIN	TYP	MAX	MIN	TYP	MAX	MIN	TYP	MAX	
Vos	Input Offset Voltage	Rs = 10 kΩ, TA = 25°C		1	2		3	5		5	10	
		Over Temperature			4			7			13	
∆v _{os} /∆t	Average TC of Input Offset Voltage	Rs = 10 kΩ		10	20		10	30		10		ÿ۷
los	Input Offset Current	Tj = 25°C, (Notes 4, 5)		25	100		25	100		25	100	
		τ _j < 70°C	I]	2			4			4	
18	Input Bras Current	Tj = 25°C, (Notes 4, 5)		50			50	200		50	200	
		Tj ≤ 70° C		{	4			8			8	
RIN .	Input Resistance	Ti = 25°C		1012			1012			1012	,	
AVOL	Large Signal Voltage Gain	VS = ±15V, TA = 25°C	50	100		50	100		25	100		ν.
		$V_0 = \pm 10V$, $H_L = 2 k\Omega$										
		Over Temperature	25			25			15			v
۷o	Output Voltage Swing	\cdot Vs = ±15V, RL = 10 k Ω	±12	-13.5		±12	±13.5		±12	±13.5		ĺ
VcM	Input Common-Mode Voltage Range	Vs ≠ ±15V	+11	+15 -12		±11	+15 -12		±11	+15 -12		
CMRR	Common Mode Rejection Ratio	$R_S \le 10 k\Omega$	80	100		80	100		70	100		
PSRR	Supply Voltage Rejection Ratio	(Note 6)	80	100		80	100		70	100		
15	Supply Current			36	5.6		36	5.6		3.6	6.5	

AC Electrical Characteristics (Note 4)

SYMBOL PARAMETER			LF353A			LF3538			LF353			
	PARAMETER	CONDITIONS	MIN	TYP	MAX	MIN	TYP	MAX	MIN	TYP	MAX	1 UN-
	Amplifier to Amplifier Coupling	TA = 25°C, f = 1 Hz- 20 kHz (input Referred)		-120			-120			-120		
SR	Siew Rate	VS = ±15V, TA = 25°C	10	13	1	[13		}	13		
GBW	Gain-Bandwidth Product:	Vs = ±15V, TA ≈ 25"C	3	4		.	4			4		
en.	Equivalent Input Noise Voltage	TA ≂ 25°C, RS ≃ 100Ω, f = 1000 Hz		16			16			16		nV .
in	Equivalent Input Noise Current	Tj = 25°C, f = 1000 Hz	{	0.01	• • • • •	·	0.01	1	1	0.01		pA .

Note 1: For operating at elevated temperature, the device must be derated based on a thermal resistance of 160°C/W junction to ambient to the N package, and 150° C/W junction to ambient for the H package.

Note 2: Unless otherwise specified the absolute maximum negative input voltage is equal to the negative power supply voltage.

Note 3: The power dissipation limit, however, cannot be exceeded.

Note 4: These specifications apply for VS = ±15V and $0^{\circ}C \le T_A \le \pm 70^{\circ}C$. VOS, IB and IOS are measured at VCM = 0.

Note 5: The input bias currents are junction leakage currents which approximately double for every 10°C increase in the junction temperature Ti, Due to limited production test time, the input bias currents measured are correlated to junction temperature. In normal operation the junction temperature rises above the ambient temperature as a result of internal power dissipation, PD. Tj = TA + OJA PD where OJA is the thermal result tence from junction to ambient. Use of a heat sink is recommended if input bias current is to be kept to a minimum.



Positive Common-Mode Input Voltage Limit





~ 19

1

4.5

3.5 z

8 18

28 38 45 58 60 78

TEMPERATURE ("C)

륁

Gain Bandwidth



Ve -- 15V

CL = 100 #F

8 - 2k



26

18

168

BF 229 · BF 230

an a	•	Min.	Тур.	Max,
Vierpol Kenngrößen · Two port ch	naracteristics			
Umgebungstemperatur $t_{amb} = 25^{\circ}C$				
Emitterschaltung $U_{CB} = 10 \text{ V}, I_{C} = 1 \text{ mA}, \text{ f} = 100 \text{ Mi}$	BF 230 Hz		,	•
Kurzschluß-Eingangsadmittanz	9 _{ie}		7,5	mS
	C _{ie}		25	pF
Kurzschluß-Rückwärtssteilheit	yre		600	μS
	-φ _{re}	÷	93°	
Kurzschluß-Vorwärtssteilheit	yfe		31	mS
	[−] Ψfe		30°	
Kurzschluß-Ausgangsadmittanz	9 _{0e}		10	μS
	C _{oe}	-	1,6	pF
Basisschaltung	BF 230	· . •		
$U_{CB} = 10 \text{ V}, I_{C} = 1 \text{ mA}, f = 100 \text{ M}$	Hz			
Kurzschluß-Eingangsadmittanz	gib		33	mS
	-b _{ib}		5,7	mS
Kurzschluß-Rückwärtssteilheit	y _{rb}		480	μS
	$-\varphi_{rb}$		92°	•
Kurzschluß-Vorwärtssteilheit	yfb		31	mS
	-φ _{fb}	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	150°	
Kurzschluß-Ausgangsadmittanz	9 _{ob}	-	12	μS
	Coh	· · ·	1,6	pF



Silizium-NPN-Epitaxial-Planar-HF-Transistor für geregelte AM- und FM-Stufen in Emitterschaltung.

Silicon NPN epitaxial planar RF transistor for controlled AM and FM stages in common emitter configuration.

Abmessungen · Dimensions

Maße in mm M 2:1



Kunststoffgehäu ≈ TO (Gèwicht · Weig max. 0,2

Absolute Grenzdaten · Absolute maximum ratings

Kollektor-Basis-Sperrspannung	UCBO	40
Kollektor-Emitter-Sperrspannung	UCEO	40
Emitter-Basis-Sperrspannung	UEBO	4
Kollektorstrom	IC IC	25
Rasisstrom	lg i	2
Gesamtverlustleistung		
$t_{amb} \leq 45^{\circ} C$	Ptot	300
Sperrschichttemperatur	4	150
Lagerungstemperatur	tota	-55+150



BF 240



AEG_TELEFIINKEN





MU3351



This is advance information and specifications are subject to change without posice
The Uniens of herwise onteril

Rating	Pin	Symbol	Value	Unn - Vdc
Power Supply Voltage	4	Vcc(max)	12	
Operating Supply Voltage Range	4	Vcc	4 to 8	Vokc
Detector Input Voltage	8	-	1.0	Vp-p
Input Voltage (VCC > 6.0 Volta)	16	V16	1.0	VEMS
Mute Function	14	V14	-0.5 to 5.0	Vnk
Junction Temperature	·	T ₁	150	°C
Operating Ambient Temperature Range	- 1	ΤA	- 30 to + 70	°c
Storage Temperature Range		Tero	-65 to +150	°C

Characteristic	Pin	Min	Τγρ	Max	U- 1
ain Current	4				TT A
Squeich Off	1 1		2.0	-	1
Squeich On			3.5	5.0	
out Limiting Voltage	16	-	5.0	10	·
(-3 dB Limiting)	1 1				
nector Output Voltage	9	_	30	-	Vit.
rector Output Impedance	-	-	400		:.
covered Audio Output Voltage	9	200	350		m\
(Vin + 10 mV)					ļ
Iter Gain (10 kHz)		40	46	-	dB
(Vin = 5 mV)				1	
iter Output Voltage	11	18	2 0	2.5	Vrt.
igger Hysteresis	-	-	100	-	mv
ute Function Low	14		15	50	::
ute Function High	14	10	10	-	Mil
an Function Low (Mute Off)	13	-	0	0.5	Vdc
(V12 - 2 Vdc)					
can Function High (Mute On)	13	5.0		-	Vdc
(V12 = Gnd)				1	1
exer Conversion Gain	3	-	20	-	96
ixer Input Resistance	16	-	3.3	-	kΩ
exer Input Capacitance	16		22	-	pF
rael impor capacitance				1	. L

FIGURE 2 - TEST CIRCUIT VCC = 6.0 Vdc ±0.1 µF 100 oF ± 10.245 MH Input 16 -101-10.7 MHz 50 p! 120 pF 15 14 1 10 k 455 k Hz 4 13 Filter 10 k 0---- 2 0 Vdc 12 100 nF 100 nF Op Amp Output 11 390 k 1.0 µF 1.0 k + -O Filter In 10 10 DF 51 8.2 k o Audio Out + 0.01 µF 20 01 -11-MURATA **Lp = 1.0 mH 11 CEU C- - 100 - F

CIRCUIT DESCRIPTION

The MC3357 is a low power FM IF circuit designed semarily for use in voice communication scanning

The mixer-oscillator combination converts the input receivers. twoquency (e.g., 10.7 MHz) down to 455 kHz, where, ener external bandpass filtering, most of the amplification done. The audio is recovered using a conventional wadrature FM detector. The absence of an input signal is indicated by the presence of noise above the desired and o frequencies. This "noise band" is monitored by an active filter and a detector. A squetch trigger circuit indicates the presence of noise (or a tone) by an output which can be used to control scanning. At the same time, internal switch is operated which can be used to

mute the audio. The oscillator is an internally-biased Colpitts type with the collector, base, and emitter connections at pins 4, 1, and 2 respectively. A crystal can be used in place of the

usual coil. The mixer is doubly-balanced to reduce spurious responses. The input impedance at pin 16 is set by a ${\bf 3}$ k Ω internal biasing resistor and has low capacitance, allowing the circuit to be preceded by a crystal filter. The collector output at pin 3 must be dc connected to B+, below which it can swing 0.5 V.

After suitable bandpass filtering loeramic or LC) the signal goes to the input of a five-stage limiter at pin 5. The output of the limiter at pin 7 drives a multiplier, bot internally directly, and externally through a quadratur coil, to detect the FM. The output at pin 7 is also used t supply dc feedback to pin 5. The other side of the fir: limiter stage is decoupled at pin 6.

The recovered audio is partially filtered, then buffere giving an impedance of around 400 Ω at pin 9. The sign

still requires detemphasis, volume control and furth amplification before driving a loudspeaker.

A simple inverting op amp is provided with an outp

at pin 11 providing de bier (externally) to the input pin 10 which is referred internally to 2 V. A filter can made with external impedance elements to discrimina between frequencies. With an external AM detector t filtered audio signal can be checked for the presence noise above the normal audio band, or a tone signal. T information is applied to pin 12.

An external positive bias to pin 12 sets up the sque

trigger circuit such that pin 13 is low at an impedalevel of around 60 k $\!\Omega,$ and the audio mute (pin 14 open circuit. If pin 12 is pulled down to 0.7 V by noise or tone detector, pin 13 will rise to approximation 0.5 Vdc below supply where it can support a load cur of around 500 μA and pin 14 is internally short-circu to ground. There is 100 mV of hysteresis at pin 12 prevent jitter. Audio muting is accomplished by connec pin 14 to a high impedance ground-reference point in audio path between pin 9 and the audio amplifier.

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