Technical Specifications

**Tympanometry and Reflex Modes**

**Probe Tone**
- **Frequency:** 226Hz, ±3%
- **Level:** 85.5dB SPL, ±2.0dB measured in a 2.0cm³ coupler

**Harmonic Distortion:** ≤5%

**Admittance (Compliance)**
- Uncompensated (ECV + Tym peak): 0.0 to 5.0cm³
- Compensated Range: 0.0 to 1.5cm³

**Pressure**
- **Volume Range:** 0.2 to 6.0cm³
- **Range:** +200 to -400daPa

**Tym Test Time**
- Approximately one second

**Gradient**
- Tym pressure width at 50% of peak admittance

**Reflex**
- **Frequencies:** 500, 1000, 2000, and 4000Hz
- **Accuracy:** ±3%
- **Total Harmonic Distortion:** ≤5%
- **Rise/Fall Time:** 5 to 10msec
- **Output Levels:**
  - IPSI: 500 and 4000Hz: 80, 90, 100dB HL
  - 1000 and 2000Hz: 85, 95, 105dB HL
- **Pressure:** Automatically set to pressure at peak compliance with an offset of -20daPa
- **Determination:** Compliance change of 0.05cm³ or greater
- **Test Time:** 1 to 12seconds

**Audiometry Mode**

**Frequency**
- **Discrete Frequencies:** 125, 250, 500, 750, 1000, 1500, 2000, 3000, 4000, 6000, 8000Hz
- **Intensity:** Measured in 6dB steps

**Ranges**
- 125Hz: -10 to 50dB HL
- 500 to 6000Hz: -10 to 90dB HL
- 250 and 8000Hz: -10 to 70dB HL

**Note:** An additional +10dB is available per frequency via the +10dB pushbutton

**Tone Presentation**
- **Continuous:** Steady when present bar depressed
- **Pulsed:** 2 Spots/sec (200msec ON, 200msec OFF)
- **FM:** Tone frequency-modulated ±5% of center frequency at a rate of 5Hz

**Standards**
- The TM 262 AutoTym meets the following:
  - ANSI S3.39-1987 Aural Acoustic Impedance/Admittance Standard, (Type 3)
  - ANSI S3.6-1989 Audiometric Standard, (Type 4)
  - IEC 1027-1991 Aural Acoustic Impedance Admittance, (Type 3)
  - IEC 645-1 Pure Tone Audiometers, (Type 4)
  - IEC 601-1 Medical Electrical Equipment Requirements for Safety,
  - CSA C22.2 No. 601-1 Electro-Medical Equipment Warrent Hockey Listed UL STD.
  - 544 Standard for Safety; ETI Listed

**Power Consumption**
- 15W maximum while printing

**Mechanical**
- **Dimensions:** 13.15”w x 14.5”d x 9.53”h
- **Weight:** 10bs (4.5kgs) net
- **Shipping:** 14lbs (6.4kgs)

**Ordering Information**

26200 TM 262 AutoTym with IPSI reflex, North America
26205 Same as 26200, but Export—Specify country/voltage
26230 TM 262 AutoTym with audiometer
26235 Same as 26230, but Export—Specify country/voltage
05260 Carrying Case
23220 Response Handswitch
23221 Patch Cord
23222 Earphone Sound Enclosures
26100 Earpins (probe) 6 sizes, 2 each
26240 TM 262 AutoTym Dust Cover
52600 TM 262 AutoTym Printer Paper (1 pkg., 5 rolls)

- Easy tympanometric seal
- Fast test and printout
- Program features to meet individual needs
- Memory capacity for eight tests

To learn more about the Welch Allyn TM 262 AutoTym, call your local Welch Allyn sales representative or Welch Allyn Customer Service at 1-800-535-6663 opt 3.
The Three-In-One Instrument That Brings Audioligic Screening to a New Level—Easily and Affordably.

The Welch Allyn TM 262™ AutoTymp® offers tympanometry and ipsilateral acoustic reflex testing—with optional manual audiometry—in one convenient, compact design. The TM 262 AutoTymp gives users more options and more data, for more complete diagnoses and documentation.

### Tympanometry with Total Confidence

Tympanometry provides the most accurate, objective means of determining middle ear status. Now, achieve the easiest ear seal ever with the TM 262’s unique probe design. The probe enhances both tympanometry and acoustic reflex testing—yielding an important advantage when testing very young or uncooperative patients. And the probe’s three LEDs give a step-by-step accounting of the test status—indicating proper ear seal, test mode and test completion—so users can put complete focus on the patient.

### Acoustic Reflex Testing—A Valued Plus

Capable of determining the presence or absence of the acoustic or stapedial reflex in the normal ear, acoustic reflex testing is used to further validate tympanometric results and to test the integrity of specific neuronal pathways, providing vital supplementary information on possible hearing loss. To better meet individual users’ specific needs, the TM 262 AutoTymp delivers the flexible option to test for an ipsilateral (same ear) reflex in any combination of four frequencies: 500, 1000, 2000 and 4000Hz.

### Audiometry—The Extra Option

The TM 262 AutoTymp can be purchased with manual audiometry or upgraded later to include audiometry, so it grows with the user’s needs. Use audiometry to test for hearing loss in a full range of frequencies (125 to 8000Hz) and intensity levels (-10 to 100dB HL).

The TM 262 AutoTymp provides the flexibility to display and print acoustic reflex results in one of three modes:

- Reflex curves and dB HL values (shown above)
- dB HL values only
- Yes/No responses instead of values

### Designed to Do More.

Here are a few more reasons to consider the new TM 262 AutoTymp the one choice for office practice, clinics, industrial testing and mass screenings:

- Three-in-one instrument with built-in display and printer saves space and the expense of buying separate units
- Improved ear seal via lightweight, handheld probe
- Advanced microelectronics deliver precision results with every use
- Test-parameter flexibility—lets user decide how to run tests

### Tympanogram

The TM 262 AutoTymp provides objective data to help detect and document a host of middle ear pathologies quickly and confidently:

- Otitis media
- Perforated tympanic membrane
- Patent tympanostomy tube
- Oscillatory disruption
- Tympanosclerosis
- Cholesteatoma

### Acoustic Reflex Results

The TM 262 AutoTymp provides the flexibility to display and print acoustic reflex results in one of three modes:

- Reflex curves and dB HL values (shown above)
- dB HL values only
- Yes/No responses instead of values

### Audiogram

Includes these advantages:

- Perform complete threshold testing
- Selection modes that let users choose steady, pulsed or frequency-modulated tones
- Easy-to-use controls
- Large, easy-to-read LCD screen
- Convenient printout options that let users choose audiogram or table format
- Response handswitch (optional)—helps operator stay focused on patient

An important note about the frequency-modulated or FM (warble) tones: users find children and older people often respond better to FM tones than to steady or pulsed tones, yielding more reliable results for patients in these age groups.