

**Project: IEEE P802.15 Working Group for Wireless Personal Area Networks (WPANs)**

**Submission Title:** Response to Issues Regarding EFC

**Date Submitted:** January 2010

**Source:** Jahng Sun Park, JongRim Lee, Chul-Jin Kim, Eun Tae Won – Samsung Electronics  
Jung-hwan Hwang, Hyung-il Park, Tae-young Kang, Sung-weon Kang – ETRI

**Re:**

**Abstract:** This document provides some measurements and test results of EFC.

**Purpose:** To clarify issues brought up by some of the TG6 members regarding EFC.

**Notice:** This document has been prepared to assist the IEEE P802.15. It is offered as a basis for discussion and is not binding on the contributing individual(s) or organization(s). The material in this document is subject to change in form and content after further study. The contributor(s) reserve(s) the right to add, amend or withdraw material contained herein.

**Release:** The contributor acknowledges and accepts that this contribution becomes the property of IEEE and may be made publicly available by P802.15.

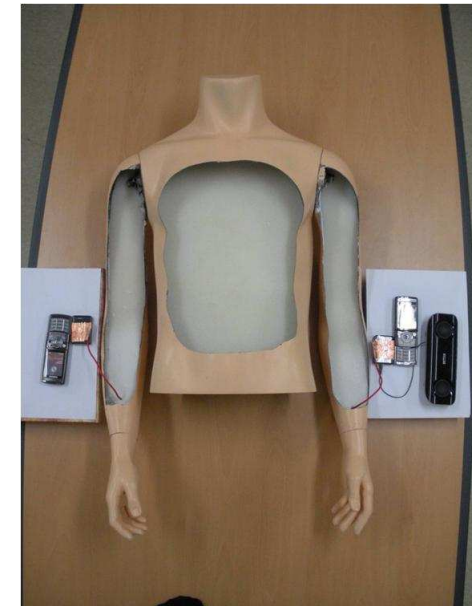
# Contents

- Part I  
(Samsung Electronics with Dankook University and EMC Compliance)
  - Phantom Body and Simulation Study
  - Certification Criteria Values
  - Coexistence Tests with Medical Devices
  
- Part II  
(ETRI with Seoul National University)
  - Skin Response and Cytotoxicity Tests

# Part I

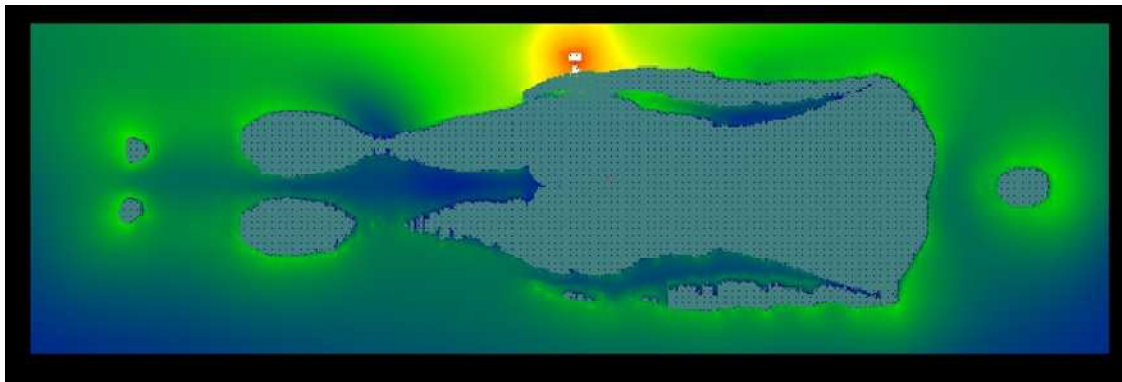
# Tests with a Phantom Body

- Dept. of Electronics and Electrical Engineering, Dankook University
  - Dr. Yoon-Myong Kim
- Made a jelly-type phantom body
  - The phantom is composed of dry skin and jelly that has similar conductive and dielectric characteristics of human skin and transverse muscle
- Used to make measurements needed for simulations
- Used for coexistence tests with a pacemaker and an insulin pump



# Simulation Study of EFC

- Dept. of Electronics and Electrical Engineering, Dankook University
- Tool: XFDTD of Remcom (3-D EM Simulation Software)
- Korean standard male model developed by ETRI in 2006
  - 167cm, 67kg
- Wave type: sinusoidal wave (3 cycles), Frequency = 16 MHz
- SAR & EF/EM density values were simulated
  - Unable to measure SAR for low frequency (16 MHz)
  - Used data measured from the jelly phantom



# EFC Certification Criteria

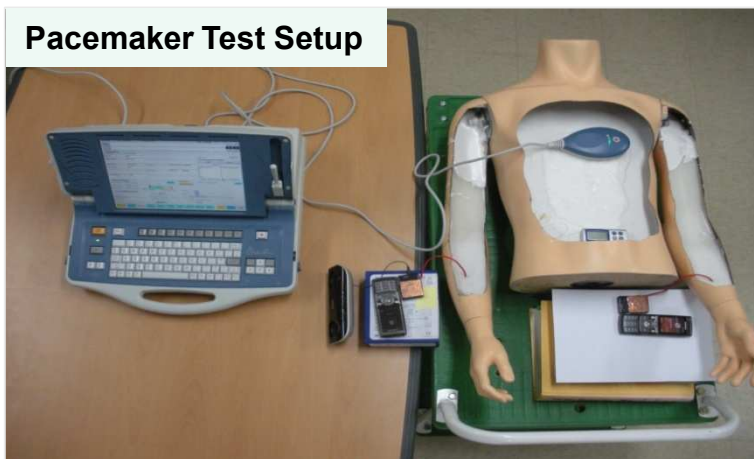
Category	Frequency	Guideline Limit	Results	P/F	Comments
<b>SAR<sup>1</sup></b>	<b>10M~10GHz</b>	<b>Localized SAR (Trunk): 2 W/kg</b>	<b>Trunk: 0.074μW/kg</b>	<b>Pass</b>	ICNIRP Guidelines (average over 10g of tissue)
			<b>Buttocks: 3.17μW/kg</b>	<b>Pass</b>	
		<b>Localized SAR (Limbs): 4 W/kg</b>	<b>Back of Hand - TX: 0.29W/kg</b>	<b>Pass</b>	
<b>Ultra Low Emission Device<sup>2</sup></b>	<b>&lt; 322MHz</b>	<b>≤ 500μV/m @ 3m</b>	<b>H: &lt; 9.04μV/m @3m V: &lt; 9.93μV/m @3m</b>	<b>Pass</b>	Korea EMI Certification
<b>Electric Field Density<sup>1</sup></b>	<b>10MHz ~ 400MHz</b>	<b>28V/m</b>	<b>Back of Hand - TX: 22.5V/m</b>	<b>Pass</b>	ICNIRP Guideline Limits for General Public
			<b>Back of Hand - RX: 0.0213V/m</b>	<b>Pass</b>	
			<b>Chest &amp; Abdomen: 0.531mV/m</b>	<b>Pass</b>	
			<b>Hips: 3.47mV/m</b>	<b>Pass</b>	
<b>Magnetic Field Density<sup>1</sup></b>		<b>0.073A/m</b>	<b>Back of Hand - TX: 18.3μA/m</b>	<b>Pass</b>	
			<b>Back of Hand - RX: 2.83μA/m</b>	<b>Pass</b>	

<sup>1</sup> Simulated values using measured data from the phantom body (electrodes in direct contact)

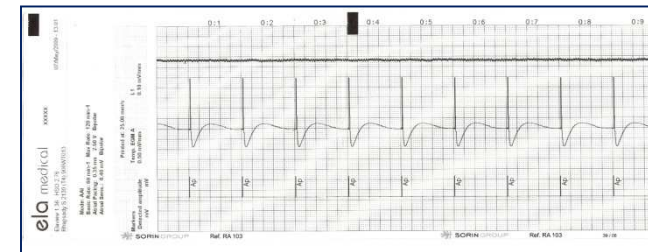
<sup>2</sup> Measured values using prototypes

# Coexistence w/Medical Devices (1/2)

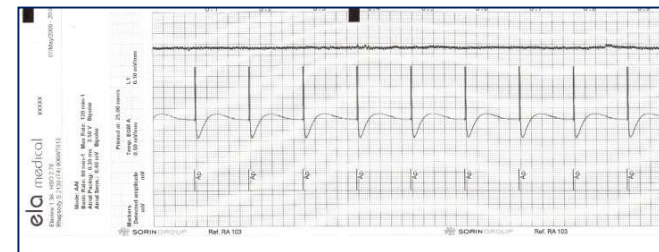
- Pacemaker Performance Test
  - Performed normally sending Atrial Pacing signal every one second as set
- Pacing signals current density: 50 mA/m<sup>2</sup> min.
- Current density of EFC
  - Back of Hand (TX): 0.28 mA/m<sup>2</sup>
  - Chest: 0.14 mA/m<sup>2</sup>



Rhapsody S2130  
Single chamber pacemaker  
ELA Medical, Sorin Group



Atrial Pacing signal plot without EFC



Atrial Pacing signal plot with EFC in use

# Coexistence w/Medical Devices (2/2)

- Insulin Pump Performance Test
  - The pump operated normally without any malfunction or alarms while EFC was in use



Best Life - 1  
Diamesco Co., Ltd



# Additional Analysis

- Ratio of EF and MF at TX point (max. signal strength)

$$\frac{E_{\max}}{H_{\max}} = \frac{22.5[V/m]}{1.83[mA/m]} = 12.3[k\Omega] \gg 377 [\Omega]$$

- Ratio of EF and MF at RX point (min. signal strength)

$$\frac{E_{\max}}{H_{\max}} = \frac{0.0213[V/m]}{2.83[\mu A/m]} = 7.63[k\Omega] \gg 377 [\Omega]$$

377[Ω]: surface wave impedance in free space

- Both values much greater than the surface wave impedance in free space
  - Indicates EF is the dominant transmission signal → an E-Field Communication
- Channel Loss calculation (TX : RX)

$$10 \log\left(\frac{22.5}{0.0213}\right)^2 = 60.5 [dB]$$

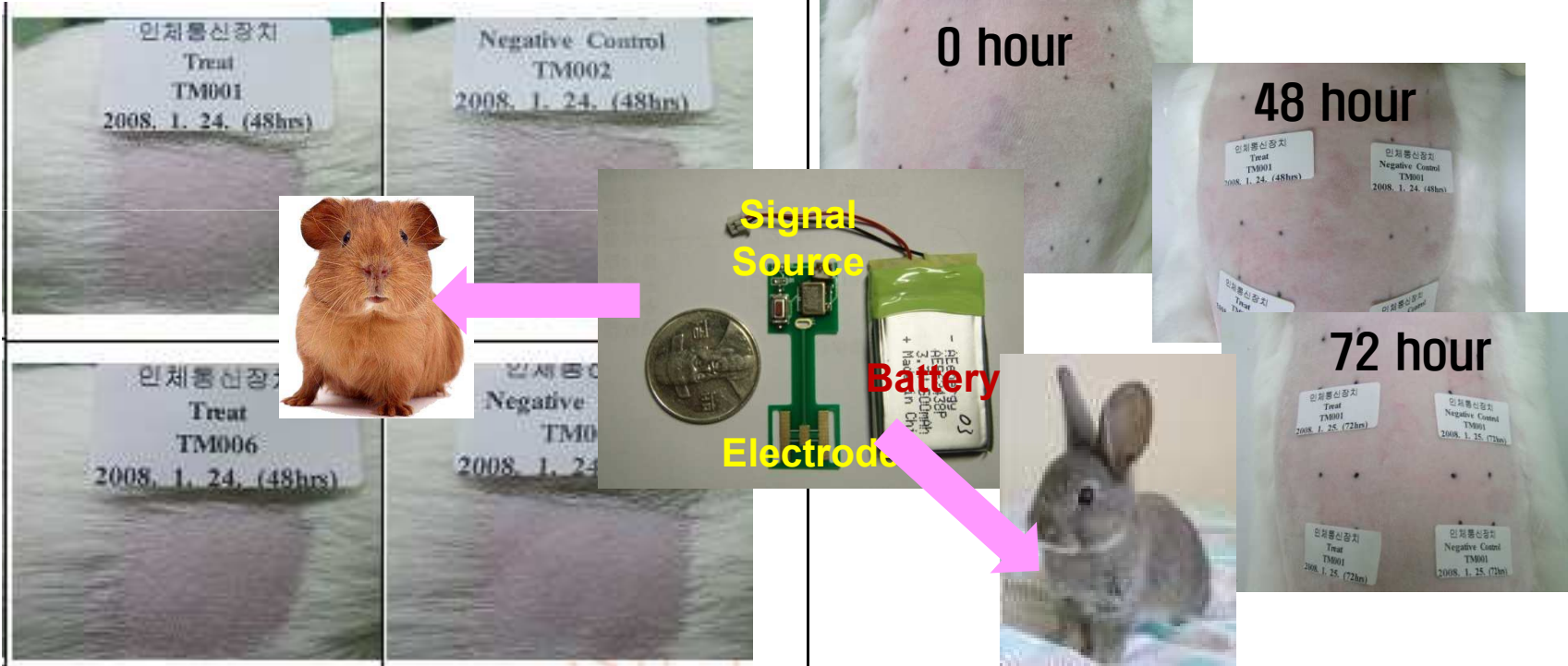

- Compare to ETRI's measurement: 54dB  
 Sec. 8.2.2. Body surface to body surface CM3 (Scenario S4 & S5) for 5-50 MHz  
 “Channel Model for Body Area Network (BAN)” [IEEE 802.15-08-0780-09-0006]

# EFC vs. Others

	SAR	TX Power	Comments
<b>Bluetooth</b>	<b>Meets Requirements (Depending on Device Types and Models) (A GSM Blackberry used at an ear : 0.25W/kg)</b>	<b>Class 1 : 100mW(20dBm) max. (~ 100m range)</b>	<ul style="list-style-type: none"> <li>• Most Bluetooth modules for mobile devices, headphones, etc. are Class 2</li> <li>• When TX power exceeds 20mW, SAR is measured following FCC guidelines</li> </ul>
		<b>Class 2 : 2.5mW (4dBm) max. (~ 10m range)</b>	
		<b>Class 3 : 1mW (0dB m) max. (~1 m range)</b>	
<b>Mobile Phones</b>	<b>0.5~1 W/Kg (Depending on models)</b>	<b>0.2~0.6 W</b>	Recommended SAR Levels: <ul style="list-style-type: none"> <li>• US/Korea: <math>\leq 1.6\text{W/kg}</math></li> <li>• EU/Japan: <math>\leq 2\text{W/kg}</math></li> </ul>
<b>EFC</b>	<b><math>0.074\mu\text{W/kg} \sim 0.29\text{W/kg}</math></b>	<b><math>\leq 0.26 \text{ mW}</math></b>	

# Part II

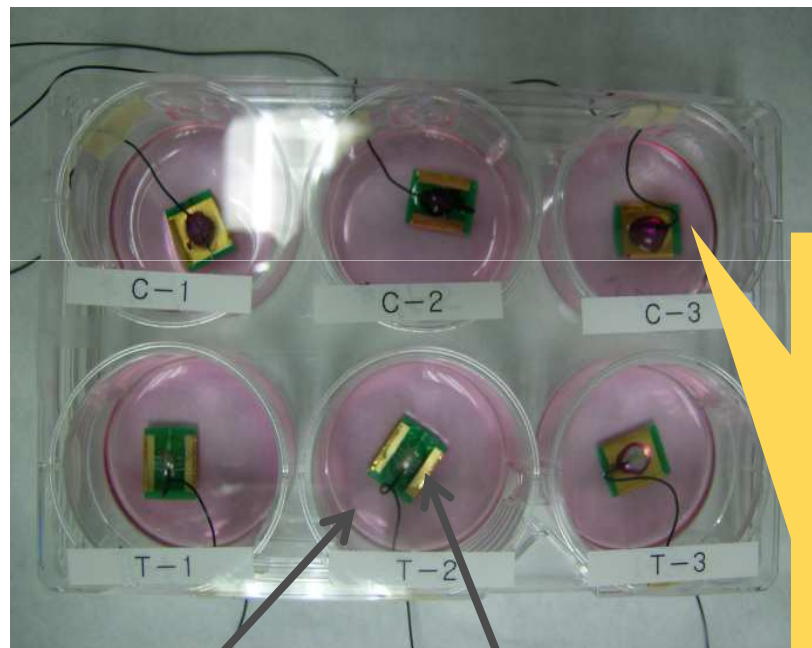
# Test for Skin's Response (ISO 10993-10)

Delay Response (Sensitization)	Irritation
<p>Sensitization of skin is observed after applying electric signal for 3 weeks to an attached electrode</p> 	<p>The degree of skin's irritation is observed periodically</p> 

➤ Erythema and swelling caused by HBC(EFC) have not been observed  
 ⇒ No potential sensitization and Non-irritant !

# Test for Cytotoxicity (ISO 10993-5)

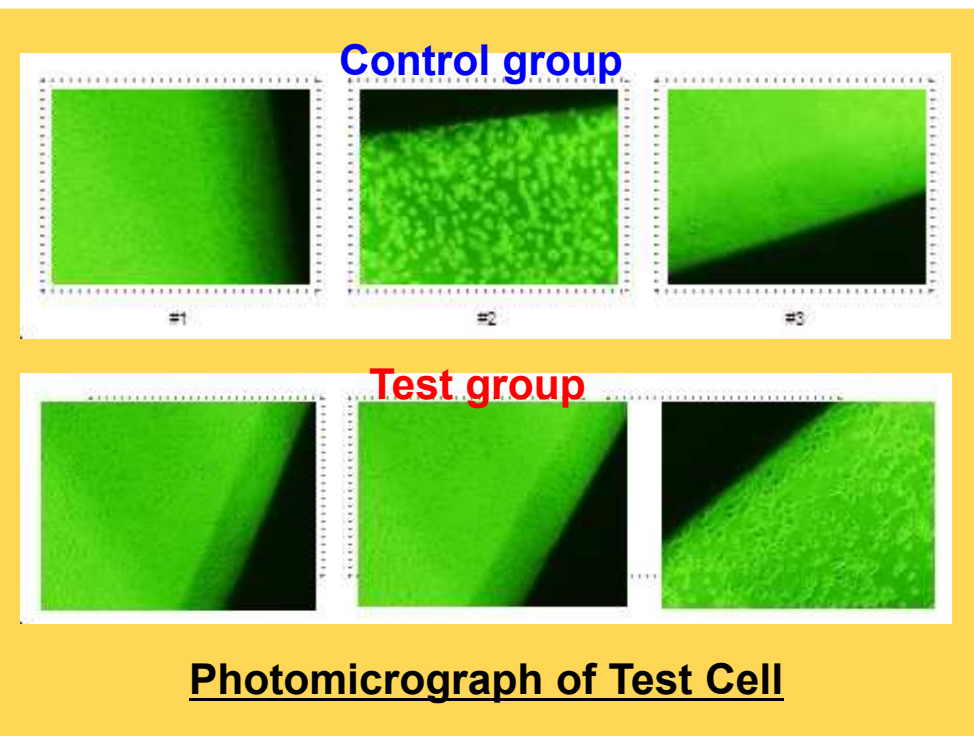
- Electrical signal is applied to the test cell commonly used for toxic test, and the cell's growth is monitored using microscope.



Cultured test cell  
(NCTC clone 929)

Electrode

⇒ Inhibition of growth by HBC(EFC)  
has not been observed !



Photomicrograph of Test Cell

# Summary

- Tests with a Phantom and Medical Devices
  - EFC did not interfere with the operation of pacemaker and insulin pump
- EFC Safety Certification Criteria
  - Meets ICNIPR requirements for SAR, electric field density, and magnetic field density
    - EFC's TX power level is 1/1000 of a mobile phone and 1/300 of a (Class-1) Bluetooth module
  - Meets Korean guideline for Ultra Low Emission Device
- The signal does get transmitted by E-Field → not an RF transmission
- Skin Response and Cytotoxicity Tests
  - No potential sensitization and Non-irritant
  - Passed cytotoxicity test → Inhibition of growth has not been observed