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Blood gas analyzers: retooled designs, more choices

Brendan Dabkowski

ew designs work wonders," says Mary Catherine Coyle, of Roche Diagnostics. And judging by the number of companies in CAP TODAY's in vitro blood gas analyzers guide that are offering new or upgraded products, others agree.

Appearing for the first time in the guide is Roche's Cobas b 123 point-ofcare system, which was launched last month at the American Association for Clinical Chemistry's annual meeting. The analyzer's fluid pack features fully integrated maintenance, says Coyle, director of point-of-care product marketing. The system also has four levels of clot protection. "The design of the sample port helps ensure clots do not enter the system," Coyle says. "We use specific design elements at the sensor and CO-oximeter path to prevent clots from impacting the flow of the sample. When flow sensors detect a clot, they will reverse the flow of the fluid and, effectively, expel the clot to the waste through the sample port."

New from Nova Biomedical is the Stat Profile pHOx Ultra blood gas/ critical care analyzer, which was cleared by the FDA late last year. The analyzer provides test results in 45 seconds and includes snap-in reagent cartridges, autocalibration, automated quality control, and long-life sensors, says marketing specialist Rick Rollins. The Ultra performs 20 measured tests, including pH, pO_2 , pCO_2 , SO₂%, ionized magnesium, and blood urea nitrogen/creatinine. It comes with built-in networking that allows users to connect multiple pHOx Ultra analyzers into a single, common database, a feature that Rollins says allows operators to access all patient and QC results as well as reports from all analyzers.

While the i-Stat wireless system from Abbott Point of Care is not new, the product now includes five "advanced quality features" to help organizations improve compliance, oversight, and control of their pointof-care programs, says Joe B. Freels, marketing manager of acute care and clinical support. The features, introduced in May, are liquid quality control pass/fail determination, which allows users to download electronic value-assignment information; liquid quality control scheduling and lockout, which ensures that QC is completed successfully and on schedule by halting further testing unless the QC check occurs on time; customizable reportable ranges, which allow the lab to set upper and lower measurement limits for better control of test reporting; operator competency notification, which informs operators when their recertification is due; and positive patient identification, which allows the system to display the patient's name, date of birth, and gender.

The company last year released the i-Stat learning system, which, Freels says, combines online delivery of educational content with "the best features of classroom interaction and live instruction to personalize learning, allow thoughtful reflection, and differentiate instruction from student to student."

Also released in May was Siemens

Healthcare Diagnostics' lactate assay for the company's RapidPoint 500 blood gas system. Among the planned enhancements for the RapidPoint 500 are wireless connectivity, support for ventilator settings, and 100-test measurement cartridges for customers with lower test volumes, says Peter Koerte, PhD, vice president of Siemens' point-of-care business unit. Last October, the company added neonatal total bilirubin to its RapidPoint 405 blood gas system. And for its RapidLab 1200 blood gas

system, Siemens has released software that allows for the simultaneous transmission of information from the serial and Ethernet port to multiple data/patient management systems. The software also includes a read/write application for the USB port and e-mail customization, Dr. Koerte says.

Siemens now has two free mobile blood gas resources for download: "RAPID Analysis—Blood Gases and More," an e-book reference manual

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Blood gas analyzers

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that covers such topics as blood gas testing, pre-exam considerations, and electrolytes; as well as ABG Guide, an interactive iPhone/iPad app to educate users about parameters commonly measured in critical care testing, including those for acid base balance, electrolytes, and metabolites. "It identifies normal and abnormal result ranges, corresponding clinical significance, and possible underlying causes for the specified result values of 18 different analytes," Dr. Koerte says.

Another company implementing mobile applications is Radiometer America, which, last month, released a preanalytical error prevention app for iPhone users. The app will be available for Android and Windows phones in September, says representative Jan Weaver. Also last month, the company released a 200-test sensor cassette, with an on-analyzer life of two months, for the ABL80 Flex (OSM version). In June, Radiometer released a 100-test sensor cassette for its ABL90 Flex point-of-care blood gas analyzer for sites that run fewer than 100 tests per month. The company released pleural fluid pH on the ABL800 Flex analyzer late last year.

Instrumentation Laboratory in June added Plus Technology to its Gem Premier 4000 system. The technology includes integrated wireless and remote service and faster touchscreen response, says director of marketing William Manchester. An expanded test menu is being developed for the Gem Premier 4000; it will include blood urea nitrogen, creatinine, and measured tCO₂. IL continues to offer its Gem Premier family of critical care analyzers—including the Gem Premier 3000, 3500, and 4000—all of which measure blood gases, pH, CO-oximetry, electrolytes, metabolites, and more, from one whole-blood sample. All Gem Premier systems feature Intelligent Quality Management, which "automatically and continuously detects, corrects, and documents errors in real time," Manchester says.

Roche's Coyle predicts that in coming years customers will demand such services as remote functionality that not only performs instrument maintenance and tracks reagent levels but also automatically refills supply inventories before they become depleted. In her words: "Now that you know what I've sent you, can you dial into my instrument and know what I've used? And then can you auto-resupply me?" Clinicians will have to be able to remotely access and monitor instrument status and patient results simply, quickly, and securely via wireless connectivity throughout the hospital and other networked locations, says Siemens' Dr. Koerte. "It's becoming a requirement, and hospitals look to device manufacturers for this type of IT integration support."

CAP TODAY's guide to in vitro blood gas analyzers includes products from the aforementioned companies and from Alere, ITC, and Opti Medical. Readers interested in a particular system should confirm it has the stated features and capabilities.

Brendan Dabkowski is CAP TODAY associate editor.

	Part 1 of 8	Abbott Point of Care Joe Freels joe.freels@apoc.abbott.com 400 College Road East	Alere, Inc. Martin Berner martin.berner@alere.com 30 South Keller Road, Suite 100
5,	See captodayonline.com/productguides for an interactive version of guide	Princeton, NJ 08540 800-827-7828 www.abbottpointofcare.com	Orlando, FL 32810 888-893-6225 www.alere.com
s / s	Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	i-STAT System/1992/— 30,000+/20,000+/\$8,761 9.25 × 3.0 × 2.85 inches/22.4 ounces	epoc Blood Analysis System/2008/— —/—/\$7,500 3×3.4×8.5 inches/~1.5 pounds
5, :-	Analytes measured on device Parameters calculated on device	pH, pCO2, pO2, Hct, Na, K, Cl, iCa, lactate, glucose, creatinine, BUN, TCO2, cTnl, CK-MB, BNP, ACT, PT/INR Hb, HcT, O2SAT, BE, TCO2, HCO3	pH, pCO2, pO2, Hct, Na, K, iCa, lactate, glucose Hb, O2SAT, BE, TCO2, HCO3
:- - - s-	Barometric pressure Analytical method(s) or technologies employed	measured electrochemical for all analytes	recorded pH, iCa, pCO2, Na, K: potentiometry; pO2, lactate, glucose: amperometry; Hct: conductometric; Hb: calculated
e	Device is part of a series of related models Device warranty/Loaner devices provided	no 1-year replacement/yes	no initial 1-year warranty; extended warranty available
r p s	Average life expectancy of device Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	8 years closed/no point-of-care testing	closed/no point-of-care testing
e y n	Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package No. of samples analyzed per one disposable reagent,	reagent, electrode (single use) 25 1	reagent, electrode (single use) 50 1
e i-	electrode system Reagent unit storage requirements Shelf life of disposable units	refrigerate, two-month shelf life for blood gas cartridges, two-week shelf life for all others up to 6 months	room temperature up to 6 months
e s 0	Laboratory: No. of different disposable reagents required to maintain device Max. No. of analyte reagents that can reside in device at once		_
d -	Shelf life of components Cost per test/Reagent cost per test	_	_
l- 0 d	Calibrations required Calibration frequency Internal QC program recommended QC features/Capabilities of QC features	1 point (automatic) every test electronic QC, automated internal wet QC comparable plot/monthly cumulative reports (available with external system)	1 point (automatic) every test
r - d	Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes no	yes yes
n i	Specimen types suitable for device	whole blood, capillary, mixed venous, arterial, venous	whole blood, capillary, mixed venous, arterial,
ı- L of	Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results	heparin/injection, capillary transfer, and fill blood qas, 96 µL; electrolytes, 65 µL	venous heparin/injection, capillary transfer and fill ~92 mL
n	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum	no ~2 minutes 20 per unit/160	no ~35 seconds —
n h /, e	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences	no ~2 minutes	no ~35 seconds — — no
n h /, e }-	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	no ~2 minutes	no ~35 seconds —
	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences	no ~2 minutes	no ~35 seconds — — no
n h e s- rs	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem	no ~2 minutes 20 per unit/160 — — — — yes	no ~35 seconds —
n h //, e e e e e e e e e e e e e e e e e e	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided	no ~2 minutes 20 per unit/160 — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number	no ~35 seconds — no no no error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields
n h //es	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC	no ~2 minutes 20 per unit/160 — — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number no/— device-unique identifier, operator and patient IDs,	no ~35 seconds — no — no — no — error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields no/—
nh/vee	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report	no ~2 minutes 20 per unit/160 — — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number no/— device-unique identifier, operator and patient IDs, results, QC results, QC identifier LIS/HIS, via data-management system ASTM 1394 and 1238, HL7	no ~35 seconds — no no no error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields no/— all LIS/HIS, via data-management system HL7
n h // e s s g s s s s v l d s d s d s	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external	no ~2 minutes 20 per unit/160 — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number no/— device-unique identifier, operator and patient IDs, results, QC results, QC identifier LIS/HIS, via data-management system ASTM 1394 and 1238, HL7 hospital Ethernet or wireless network device-unique identifier, operator and patient IDs,	no ~35 seconds — no no no error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields no/— all LIS/HIS, via data-management system HL7 real-time wireless (RF) device-unique identifier, operator and patient
nhwests gastasstats ad as sadar.	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces	no ~2 minutes 20 per unit/160 — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number no/— device-unique identifier, operator and patient IDs, results, QC results, QC identifier LIS/HIS, via data-management system ASTM 1394 and 1238, HL7 hospital Ethernet or wireless network device-unique identifier, operator and patient IDs, results, QC identifier, others PrecisionWeb, Central Data Station 35+	no ~35 seconds — no no no error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields no/— all LIS/HIS, via data-management system HL7 real-time wireless (RF) device-unique identifier, operator and patient IDs, results, QC identifier, others software only customizable
nhwess gss-ss-vidsdssdr.	Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer	no ~2 minutes 20 per unit/160 — — yes keypad entry/bar-code scanner (customizable) code number error message code number error message code number error message operator and patient IDs, reagent lot number no/— device-unique identifier, operator and patient IDs, results, QC results, QC identifier LIS/HIS, via data-management system ASTM 1394 and 1238, HL7 hospital Ethernet or wireless network device-unique identifier, operator and patient IDs, results, QC identifier, operator and patient IDs, results, QC identifier, operator and patient IDs, results, QC identifier, others PrecisionWeb, Central Data Station 35+ valid operator IDs, device behavior customizations	no -35 seconds no no no no no no error code, rejection of card failure noted on final report card rejected operator and patient IDs, reagent lot number, all open fields no/ all LIS/HIS, via data-management system HL7 real-time wireless (RF) device-unique identifier, operator and patient IDs, results, QC identifier, others software only customizable valid operator IDs, others

Note: a dash in lieu of an answer means company did not answer question

or question is not applicable

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Part 2 of 8	Instrumentation Laboratory	Instrumentation Laboratory	Instrumentation Laboratory
See captodayonline.com/productguides for an interactive version of guide	Customer Service customerservice@ilww.com 180 Hartwell Road, Bedford, MA 01730 800-955-9525 www.ilus.com	Customer Service customerservice@ilww.com 180 Hartwell Road, Bedford, MA 01730 800-955-9525 www.ilus.com	Customer Service customerservice@ilww.com 180 Hartwell Road, Bedford, MA 01730 800-955-9525 www.ilus.com
Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	GEM Premier 3000/2000/1,700 >3,000/>9,000/\$39,995 17 × 12 × 12 inches/29.5 pounds	GEM Premier 3500/2009/— >1,100 worldwide/\$45,000 17.5 × 13 × 11.8 inches/31.2 pounds	GEM Premier 4000/2006/— >4,300 worldwide/\$50,000 18 × 12 × 15 inches/44 pounds
Analytes measured on device	pH, pO2, pCO2, Hct, Na+, K+, Ca++, glucose, lactate	pH, pO2, pCO2, Hct, Na+, K+, Ca++, glucose, lactate	pH, pCO2, pO2, Hct, Na, K, CI, iCa, lactate, glucose,
Parameters calculated on device	A-aDo2, Hb, pAO2, paO2/pAO2, RI, O2cap*, O2Ct*, CtO2*, CaO2*, CvO2*, CcO2*, a-vDO2*, Qsp/Qt, P5O, HCO3-, BEb, BEcecf, SO2c	A-aDo2, Hb, pAO2, paO2/pAO2, RI, O2cap*, O2Ct*, CtO2*, CaO2*, CvO2*, CcO2*, a-Qsp/Qt, P5O, HCO3-, tCO2-, BEB, BEcecf, SO2c	tHb, 02Hb, COHb, MetHb, HHb, tBili Hct, TC02, BEecf (in vivo), BE(B) (in vivo), tHb(c), Ca++ (7.4), anion gap, P/F ratio, pA02,Ca02, Cv02, P50, 02cap, s02, s02(c), HC03-std, HC03-(c), others
Barometric pressure Analytical method(s) or technologies employed	pH, pCO2: potentiometry; pO2, glucose, lactate: Na, iCa, K: amperometry; Hct: conductivity; potentiometric ion selective electrode	mpH, pCO2: potentiometry; pO2, glucose, lactate, Na, iCa, K: amperometry; Hct: conductivity; potentiometric ion-selective electrode	pH, pCO2: potentiometry; pO2, glucose, lactate: amperometry; Hct: conductivity; Hb, tBili: spectrophotometric; Na, Cl, iCa, K: potentiometric ion-selective electrode
Device is part of a series of related models Device warranty/Loaner devices provided	yes 5 years/yes	yes 5 years/yes	yes 5 years/yes
Average life expectancy of device Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	7–10 years closed/no point-of-care testing and laboratory	7–10 years closed/no point-of-care testing and laboratory	7–10 years closed/no point-of-care testing and laboratory
Point of care:	point of care testing and laboratory	point of care tosting and laboratory	point of care testing and laboratory
Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package	multi-use cartridge 1	multi-use cartridge 1	multi-use cartridge 1
No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements Shelf life of disposable units	35-, 75-, 150-, 300-, 450-, and 600-test cartridge room temperature 6 months	75-, 150-, 300-, 450-, and 600-test cartridge room temperature 6 months	cartidges available: 75, 150, 300, 450, 600 room temperature 6 months
Laboratory: No. of different disposable reagents required to maintain device	1	1	1
Max. No. of analyte reagents that can reside in device at once Shelf life of components	1 multi-use cartridge 6 months	1 multi-use cartridge 6 months	1 multi-use cartridge 6 months (cartridge)
Cost per test/Reagent cost per test	varies with size and menu	varies with size and menu	varies with cartridge size and menu
Calibrations required	automated continuous with Intelligent Quality Management (iQM)	automated continuous with Intelligent Quality Management (iQM)	automated continuous with Intelligent Quality Management (iQM)
Calibration frequency Internal QC program recommended	automated continuous with iQM internal, automated, continuous quality management included	automated continuous with iQM internal, automated, continuous quality management included	automated continuous with iQM internal, automated, continuous quality management included
QC features/Capabilities of QC features	onboard iQM/monthly report includes number of measurements, mean, maximum, and minimum delta values	onboard iQM/monthly report includes number of measurements, mean, maximum, and minimum delta values	onboard iQM/monthly report includes number of measurements, mean, maximum, and minimum delta values
Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes no	yes no	yes no
Specimen types suitable for device Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results	whole blood, arterial, venous, or capillary heparin/aspiration 135–150 µL	whole blood, arterial, venous, or capillary heparin/aspiration 135–150 μL	whole blood, capillary, mixed venous, arterial, venous heparin/aspiration 150 μL, 95 μL (electrochemical only), 65 μL micro mode (electrochemical only)
Sample size differs with number of analytes selected Time from sample introduction to result availability	no 85 seconds	no 85 seconds	yes 70 seconds for electrochemical; 25 additional seconds for CO-ox
Maximum No. of patient samples per hour/Maximum No. measured results per hour	20/180	20/180	20/300
Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample	20 samples per hour yes	20 samples per hour yes	20 samples per hour yes
Known interferences Sampler has self-wiping probe	yes	yes	interfering substance detected, operator notified yes
Time required for maintenance by lab personnel	none (disposable cartridge)	none (disposable cartridge)	none
Service center performs diagnostics through modem Method of analyst ID in system	no (but can through VPN) manual or bar-code entry of ID and password (customizable)	no (but can through VPN) manual or bar-code entry of ID and password (customizable)	no (but can through VPN) wireless bar-code gun or manual virtual keyboard entry
Instrument response for: • hardware failure/software failure • QC failure • calibration failure	operator warning, sampling lockout channel flagged no results for channel	operator warning, sampling lockout channel flagged no results for channel	operator warning, sampling lockout iQM disables analyte channel; no result reported system automatically performs checks before samples
For what bar-code scanning is provided	operator and patient IDs, QC values	operator and patient IDs, QC values	can be analyzed operator and patient IDs, cartridge lot number and
Built-in printer/Data port	yes/3 RS-232, 1 parallel, bar-code reader port, Ethernet port	yes/4 USB, 3 RS-232, 1 parallel, bar-code reader port, Ethernet	expiration date yes/4 RS-232, 1 parallel port, 1 Ethernet port, 4 USB ports
Information listed on hard copy report	patient demographics, hospital name and address, results	patient demographics, hospital name and address, results	patient demographics, hospital information, results, result flags and legend, reference and critical ranges (optional), comments, notification information
Analyzer connections	GEMweb, GEMweb Plus, Impact for Critical Care	GEMweb, GEMweb Plus, Impact for Critical Care	LIS/HIS via direct interface or GEMweb Plus Custom
Interface standards supported	ASTM protocol	ASTM and HL7 protocols	Connectivity; vendor-neutral or Web-based systems ASTM 1394, HL7
How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system	direct serial, Ethernet, modem dial-in device identifier, operator and patient IDs, results,	direct serial, Ethernet, modem dial-in device identifier, operator and patient IDs, results,	direct serial, hospital network, real-time wireless device identifier, operator and patient IDs, results,
Hardware and software for data-management system	QC ID and results Impact for Critical Care	QC ID and results GEMweb, GEMweb Plus, Impact for Critical Care	QC ID GEMweb Plus
No. of different management reports system produces Contents downloaded from data-management system to analyzer	customizable patient ID, demographics	customizable patient ID, demographics	4 most configuration information, including valid operator IDs, QC lots, and ranges
System connected (live installations) to which LISs, HISs	major HIS/LIS vendors	major HIS/LIS vendors	major HIS/LIS vendors
Use a third-party interfacing tool, engine for LIS, HIS interfaces	MAS RALS, Telcor	MAS RALS, Telcor	MAS RALS, Telcor
Distinguishing features (supplied by company)	iQM detects, corrects, and documents instrument errors, reducing error detection time to minutes; maintenance-free, multi-use cartridge available in customized configurations for use in any hospital location; wireless communication to LIS or HIS	iQM detects, corrects, and documents instrument errors, reducing error detection time to minutes; maintenance-free, multi-use cartridge available in customizable configurations for use in any hospital location; wireless communication to LIS or HIS	iQM detects, corrects, documents instrument errors, reducing error detection time to minutes; single component, multi-use cartridge includes all testing components, is changed every 30 days, requires no refrigeration or maintenance; GEMweb Plus software allows access and control from any networked PC or GEM Premier 4000 analyzer; Plus Technology offers
Note: a dash in lieu of an answer means company did not answer question or question is not applicable Tabulation does not represent an endercoment by the College of American Pa	*when interfaced with GEM OPL CO-Oximeter	*when interfaced with GEM OPL CO-Oximeter	faster touchscreen response, wireless communication to HIS/LIS, and remote service capabilities

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Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	IRMA TRUpoint Blood Analysis System/1994/— >6,000 worldwide/— 11.5 × 9.5 × 5 inches/5 pounds, 4 ounces	Stat Profile pH0x Ultra/2011/— 17.2 × 22.3 × 18.7 inches/61 pounds	Stat Profile pH0x/1998/— — 15 × 12 × 15 inches/18 pounds
Analytes measured on device	pH, pCO2, pO2, Hct, Na, K, Cl, iCa, glucose, BUN, creatinine, lactate	pH, PCO2, PO2, Hct, Hb, Na, K, Cl, iCa, iMg, lactate, glucose, creatinine, BUN, SO2%, bilirubin,	pH, PC02, P02, Hct, Hb, S02%
Parameters calculated on device	Hb, O2SAT, BEb, BEecf, TCO2, HCO3-, iCa(n), creatinine MDRD-GFR	CO-oximetry BE, TCO2, HCO3-	BE, TCO2, HCO3-
Barometric pressure Analytical method(s) or technologies employed	measured pH, pCO2, Na, CI, iCa, K, BUN, creatinine, lactate (enzymatic): potentiometric; pO2, glucose (enzymatic): amperometric; Hct: conductometric	tracked pH, iCa, iMg, Na, Cl, and K: direct ISE; PCO2: Severinghaus; PO2: amperometry; Hct: conductivity; Hb, SO2%: optical-reflectance; lactate, glucose, and creatinine: enzyme/amperometric	tracked pH: direct ISE; PC02: Severinghaus; P02: amperometry; Hct: conductivity; Hb and S02%: optical–reflectance
Device is part of a series of related models Device warranty/Loaner devices provided Average life expectancy of device Open or closed system/External gas tanks required	yes 1 year/yes 7 years closed/no	yes (pHOx analyzer series, pHOx Ultra without CO-ox) 1 year/yes 5–7 years closed/no	yes 1 year, travel and labor, repair, or replacement/yes 5–7 years closed/no
Categorized for point-of-care testing or laboratory	point-of-care testing	point-of-care testing and laboratory	point-of-care testing and laboratory
Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements	reagent, electrode (single use) 25 1 room temperature; creatinine 2°–8°C	reagent 200–500 — no special requirements	reagent 200–500 — room temperature
Shelf life of disposable units	up to 6 months	reagents: 18 months at room temperature, electrodes: up to 18 months	reagents: 18 months at room temperature, electrodes: up to 18 months
Laboratory: No. of different disposable reagents required to maintain device Max. No. of analyte reagents that can reside in device at once Shelf life of components	_ _ _	1 20 reagents and electrodes: 18 months, membrane kits: 12–24 months	1 1 reagents and electrodes: 18 months, membrane kits: 12–24 months
Cost per test/Reagent cost per test		depends on volume/—	<\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day
Calibrations required Calibration frequency Internal QC program recommended	2 point (automatic) automatic with each sample automatic electronic QC per 8 hours	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user selectable); 2 point: 2, 3, 4, 5, or 6 hours (user defined) minimum CLIA recommendations	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user selectable); 2 point: 2, 4, or 6 hours (user defined) minimum CLIA recommendations
QC features/Capabilities of QC features	L-J plots/statistical calculations, monthly cumulative reports (IDMS)	L-J plots/statistical calculations, monthly cumulative reports, true liquid quality control	L-J plots/statistical calculations, monthly cumula- tive report (onboard, more extensive reporting avail- able with Nova Point-of-Care Manager)
Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes no	yes yes	no no
Specimen types suitable for device Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected	whole blood, capillary, mixed venous, arterial, venous heparin, EDTA (glucose strip only)/injection 125 μL capillary, 200 μL syringe no	whole blood, capillary, mixed venous, arterial, venous heparin/aspiration and capillary 210 µL yes, variety of micro-panel options offered and can be customized	whole blood, capillary, mixed venous, arterial heparin/aspiration and capillary 70 µL yes, standard 3-test blood gas micro-panel sample required is 45 µL
Time from sample introduction to result availability	60-90 seconds, on average	up to 134 seconds	45 seconds
Max. No. of patient samples per hour/Max. No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	25/175 20 samples per hour — no, not needed	26/520 520 tests per hour yes none yes	300/300 tests 300 tests per hour yes — yes
	,	•	
Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system	none no LCD touchscreen, numeric (customizable)	weekly: <5 minutes; monthly: <10 minutes yes multilevel password with unique user ID number (customizable)	weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional)
Instrument response for: • hardware failure/software failure • QC failure	EQC failure or screen prompt; software: screen prompt if QC required, no access to patient testing mode	self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock-	self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock-
• calibration failure	test ends-no injection of sample allowed	out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure	out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure
For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report	operator and patient IDs, cartridge information, lot number, quality control ranges yes/RS-232, modem, Ethernet, LAN analyzer serial number, date, calibration successful, cal-	operator and patient identifiers yes/RS-232, Ethernet, others patient ID with accession numbers, entered settings,	patient ID yes/multiple RS-232 patient ID with accession number, entered settings,
	ibration code, lot number, patient ID and temperature, results, barometric pressure, SW version optional: user ID, reference ranges, 02 therapy, sample information	measures and calculates results	measures and calculates results
Analyzer connections	data management systems connect to LIS/HIS;	data-management system or directly to LIS/HIS, or both	data-management system or directly to LIS/HIS, or both
Interface standards supported	directly to LIS/HIS (both options) IRMA (ASTM protocol), ITC Ensemble (script, HL7, or EDI)	ASTM 1394 and 1238, HL7, POCT-1A	ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device)
How analyzer connects to external system to upload patient and QC results	hospital network, direct serial, LAN	hospital network	direct serial/>500 hospitals institutions; hospital network/>100 institutions
Information included in transmission from analyzer to external system Hardware and software for data-management system	device-unique identifier, operator and patient IDs, results, QC identifier, patient 02 therapy information connects to Alere (MAS RALS+ and LDS Aegis POC)	device-unique identifier, operator and patient IDs, results, QC identifier full-featured onboard DMS capability, external DMS	device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova
No. of different management reports system produces Contents downloaded from data-management system to analyzer	and Telcor data management systems 19 all analyzer settings, software upgrades	also available >30 yes, valid control values and operator IDs, patient	Point-of-Care Manager >60 yes, patient name, passwords
System connected (live installations) to which LISs, HISs Use a third-party interfacing tool, engine for LIS, HIS interfaces	major HIS/LIS vendors yes	demographics — yes	 yes
Distinguishing features (supplied by company)	self-contained and easy to use; contains onboard printer, interactive touchscreen, bar-code scanning,	20-test whole blood critical care menu and proven platform of hybrid component cartridge-based	onboard auto-cartridge QC; all-liquid calibration cartridge eliminates gas tanks; single reagent
Note: a dash in lieu of an answer means company did not answer question or question is not applicable	printer, interactive touchscreen, par-code scanning, automatic electronic QC, and site-specific custom correlation reference ranges; complete data management from patient information to lot traceability; self-calibrating cartridges with Luer lockport, which forms a closed system and reduces biohazards	biosensor technology; BUN, iMg available exclusively; analyzer networking at no extra cost; Multiple pHOx Ultra analyzers can be networked together into a single, common database. A supervisor or authorized operator can access all patient results, QC results, and	cartridge eliminates gas tanks; single reagent cartridge has all supplies for calibration and waste collection
		reports from all analyzers	

In vitro blood gas analyzers				
Part 4 of 8 See captodayonline.com/productguides for an interactive version of guide	Nova Biomedical Sales info@novabiomedical.com 200 Prospect Street Waltham, MA 02454-9141 800-458-5813	Nova Biomedical Sales info@novabiomedical.com 200 Prospect Street Waltham, MA 02454-9141 800-458-5813	Nova Biomedical Sales info@novabiomedical.com 200 Prospect Street Waltham, MA 02454-9141 800-458-5813	
Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	Stat Profile pH0x Respiratory/2006/— 15 × 12 × 15 inches/18 pounds	Stat Profile pH0x Plus/2000/— 15 × 12 × 15 inches/18 pounds	Stat Profile pH0x Plus L/2001/— 15 × 12 × 15 inches/18 pounds	
Analytes measured on device Parameters calculated on device Barometric pressure Analytical method(s) or technologies employed Device is part of a series of related models Device warranty/Loaner devices provided	pH, PC02, P02, Hct, Hb, S02%, lactate BE, TC02, HC03- tracked pH: direct ISE; PC02: Severinghaus; P02: amperometry; Hct: conductivity; Hb and S02%: optical-reflectance; lactate: enzyme/amperometric yes 1 year, travel and labor, repair, or replacement/yes	pH, PCO2, PO2, Hct, Hb, SO2%, Na, K, Cl or iCa, glucose BE, TCO2, HCO3- tracked pH: direct ISE; PCO2: Severinghaus; PO2: amperometry; Hct: conductivity; Hb and SO2%: optical-reflectance; Na, K, Cl, iCa: direct ISE; glucose: enzyme/amperometric yes 1 year, travel and labor, repair or replacement/yes	pH, PCO2, PO2, Hct, Hb, SO2%, Na, K, Cl or iCa, glucose, lactate BE, TCO2, HCO3- tracked pH: direct ISE; PCO2: Severinghaus; PO2: amperometry; Hct: conductivity; Hb and SO2%: optical-reflectance; Na, K, Cl, iCa: direct ISE; glucose, lactate: enzyme/amperometric yes 1 year, travel and labor, repair or replacement	
Average life expectancy of device Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	5–7 years closed/no point-of-care testing and laboratory	5–7 years closed/no point-of-care testing and laboratory	5–7 years closed/no point-of-care testing and laboratory	
Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements Shelf life of disposable units	reagent 200–500 — room temperature reagents: 18 months at room temperature, electrodes: up to 18 months	reagent 200 to 500 — room temperature reagents: 18 months at room temperature, electrodes: up to 18 months	reagent 200 to 500 — room temperature reagents: 18 months at room temperature, electrodes: up to 18 months	
Laboratory: No. of different disposable reagents required to maintain device Max. No. of analyte reagents that can reside in device at once Shelf life of components Cost per test/Reagent cost per test	1 1 reagents and electrodes: 18 months, membrane kits: 12–24 months <\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day	1 1 reagents and electrodes: 18 months, membrane kits: 12 to 24 months <\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day	1 1 reagents and electrodes: 18 months, membrane kits: 12 to 24 months <\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day	
Calibrations required Calibration frequency Internal QC program recommended QC features/Capabilities of QC features	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user selectable); 2 point: 2, 4, or 6 hours (user defined) minimum CLIA recommendations L-J plots/statistical calculations, monthly cumulative report (onboard, more extensive reporting available with Nova Point-of-Care Manager)	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user selectable); 2 point: 2, 4, or 6 hours (user defined) minimum CLIA recommendations L-J plots/statistical calculations, monthly cumulative report (onboard, more extensive reporting available with Nova Point-of-Care Manager)	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user selectable); 2 point: 2, 4, or 6 hours (user defined) minimum CLIA recommendations L-J plots/statistical calculations, monthly cumulative report (onboard, more extensive reporting available with Nova Point-of-Care Manager)	
Remote control of device from laboratory System can use LOINC to transmit results to LIS	no no	no no	no no	
Specimen types suitable for device Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured	whole blood, capillary, mixed venous, arterial heparin/aspiration and capillary 125 µL yes, standard 3-test micro-panel required is 60 µL 52 seconds 50/500	whole blood, capillary, mixed venous, arterial heparin/aspiration and capillary 115 µL yes, micro-panel; standard 3-test micro-panel required is 55 µL 50 seconds 50/500	whole blood, capillary, mixed venous, arterial, serum plasma heparin/aspiration and capillary 125 µL yes, standard 3-test micro-panel required is 60 µL 52 seconds 50/500	
results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	300 tests per hour yes — yes	300 tests per hour yes — yes	300 tests per hour yes none yes	
Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report	weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number, entered settings, measures and calculates results	weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings, measures and calculates results	weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings, measures and calculates results	
Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISs, HISs Use a third-party interfacing tool, engine for LIS, HIS interfaces Distinguishing features (supplied by company)	data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords yes onboard auto-cartridge QC; all-liquid calibration cartridge eliminates gas tanks; single reagent	data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords — yes onboard auto-cartridge QC; all-liquid calibration cartridge eliminates gas tanks; single reagent	data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords — yes onboard auto-cartridge QC; all-liquid calibration cartridge eliminates gas tanks; single reagent	
	cartridge eliminates gas tanks; single reagent cartridge has all supplies for calibration and waste collection	cartridge eliminates gas tanks; single reagent cartridge has all supplies for calibration and waste collection	cartridge eliminates gas tanks; single reagent cartridge has all supplies for calibration and waste collection	

Note: a dash in lieu of an answer means company did not answer question or question is not applicable

	61000		
in vitro		gas anal	vzers

Part 5 of 8	Nova Biomedical	Opti Medical Systems Inc.	Opti Medical Systems Inc.
	Sales info@novabiomedical.com 200 Prospect Street	Sales Department 235 Hembree Park Drive	Sales Department 235 Hembree Park Drive
See captodayonline.com/productguides	Waltham, MA 02454-9141	Roswell, GA 30076	Roswell, GA 30076
for an interactive version of guide	800-458-5813	800-490-6784 www.optimedical.com	800-490-6784 www.optimedical.com
Name of device/First year sold/Number of analyzers sold in 2011	Stat Profile pH0x Plus C/2003/—	OPTI R/2006/—	OPTI CCA-TS Blood Gas Analyzer/2003/—
Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight			-4.7 × 14.2 × 9 inches/12 pounds (10 pounds without
Difference (if X if X b) weight		fluid pack	battery)
Analytes measured on device	pH, PCO2, PO2, Hct, Hb, SO2%, Na, K, Cl, iCa, glucose	pH, pCO2, pO2, tHb, Na, K, iCa, SO2	pH, pCO2, pO2, Na, K, Cl, iCa, tHb, SO2, glucose, BUN,
			lactate
Parameters calculated on device	BE, TC02, HC03-	Hct, HCO3, BE, BEecf, BEact, BB, tCO2, st. HCO3, st. pH, O2ct, cH+, AaDO2, AG, p50, nCa++	Hct, HCO3, BE, BEecf, BEact, BB, tCO2, st. HCO3, st. pH, O2ct, cH+, AaDO2, AG, p50, nCa++
Barometric pressure	tracked	measured	measured
Analytical method(s) or technologies employed	pH: direct ISE; PCO2: Severinghaus; PO2: amperometry; Hct: conductivity; Hb and SO2%:	optical fluorescence and reflectance	optical fluorescence and reflectance
	optical-reflectance; Na, K, CI, iCa: direct ISE; glucose: enzyme/amperometric		
Device is part of a series of related models	yes	yes, Opti series	yes, Opti series
Device warranty/Loaner devices provided	1 year, travel and labor, repair or replacement	1 year (service contract available for subsequent years)/yes	1 year (service contract available for subsequent years)/yes
Average life expectancy of device	5–7 years	7 years	>7 years
Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	closed/no point-of-care testing and laboratory	closed/no point-of-care testing and laboratory	closed/no point-of-care testing and laboratory
Doint of cours			
Point of care: Disposable prepackaged system used for analysis	reagent	reagent/multi-use cartridge	single-use cassettes
No. of disposable reagent system units in standard package No. of samples analyzed per one disposable reagent, electrode system	200 to 500	4 50	25 1
Reagent unit storage requirements	room temperature	room temperature	room temperature
Shelf life of disposable units	reagents: 18 months at room temperature, electrodes: up to 18 months	cassette: 7 months, fluid pack: 12 months	cassette: 6–12 months, depends on type
Laboratory: No. of different disposable reagents required to maintain device	1	2	1
Max. No. of analyte reagents that can reside in device at once	1	8	8
Shelf life of components	reagents and electrodes: 18 months, membrane kits: 12 to 24 months	cassette: 7 months, fluid pack: 12 months	cassette: 6–8 months, depends on type
Cost per test/Reagent cost per test	<\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day	depends on volume	depends on volume
	per uay		
Calibrations required Calibration frequency	1 and 2 point (automatic) 1 point: 30 or 45 minutes or with every sample (user	2 point (automatic) 1 point: after every sample or 30 minutes;	1 point (automatic) with each cassette
Calibration nequency	selectable); 2 point: 2, 4, or 6 hours (user defined)	2 point: every 3 hours	with each cassette
Internal QC program recommended	minimum CLIA recommendations	minimum CLIA recommendations; auto QC can be	minimum CLIA recommendations; electronic QC can be
		programmed to meet requirements	used for daily QC requirements
QC features/Capabilities of QC features	L-J plots/statistical calculations, monthly cumulative report (onboard, more extensive reporting available	—/auto QC, statistics reports	—/electronic QC, statistics reports
Downston control of device from laboratory	with Nova Point-of-Care Manager)		
Remote control of device from laboratory System can use LOINC to transmit results to LIS	no no	no yes	no yes
Specimen types suitable for device	whole blood, capillary, mixed venous, arterial, serum	plasma, serum, whole blood	plasma, serum, whole blood
	plasma	piasilia, seruili, wilole bioou	piasina, serum, whole blood
A t - b l t			
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results	heparin/aspiration and capillary	heparin/aspiration and capillary	heparin/aspiration and capillary 125 ul
Sample size for complete panel of analyte results Sample size differs with number of analytes selected	125 µL yes, standard 3-test micro-panel required is 60 µL	125 μL no	125 μL —
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability	125 μL	125 μL	
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500	125 µL no ~1 minute 24/192	125 μL — ~1 minute from sample aspiration 24/192
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds	125 µL no ~1 minute	125 μL — ~1 minute from sample aspiration
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences	125 µL yes, standard 3-test micro-panel required is 60 µL 52 seconds 50/500 300 tests per hour yes none	125 µL no ~1 minute 24/192 24 per hour no	125 μL — ~1 minute from sample aspiration 24/192 24 per hour no —
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes	125 µL no ~1 minute 24/192 24 per hour no — no	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes	125 µL no ~1 minute 24/192 24 per hour no — no	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: hardware failure/software failure • QC failure • calibration failure	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message with automatic retry	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hottine and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings,	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message with automatic retry operator and patient IDs, reagent, QC yes/RS-232, Ethernet patient ID, results, patient demographics	125 µL — ~1 minute from sample aspiration 24/192 24 per hour no — no, single use weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message operator and patient IDs, reagent, QC yes/RS-232, Ethernet patient ID, results, patient demographics
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Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISS, HISS	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings, measures and calculates results data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords — yes onboard auto-cartridge QC; all-liquid calibration	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message with automatic retry operator and patient IDs, reagent, QC yes/RS-232, Ethernet patient ID, results, patient demographics (customized), critical ranges directly to LIS/HIS, DMS that in turn connects to LIS/HIS, Prism POC data manager ASTM, ASCII direct serial, Ethernet hospital network device-unique identifier, operator and patient IDs, results, QC identifier, all information pertinent to patient and QC data Prism POC data manager 40 — Meditech, McKesson, Cerner, Siemens, others — three independent levels of automatic QC, stable	125 µL
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISS, HISS Use a third-party interfacing tool, engine for LIS, HIS interfaces	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings, measures and calculates results data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords — yes onboard auto-cartridge QC; all-liquid calibration cartridge eliminates gas tanks; single reagent	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message with automatic retry operator and patient IDs, reagent, QC yes/RS-232, Ethernet patient ID, results, patient demographics (customized), critical ranges directly to LIS/HIS, DMS that in turn connects to LIS/HIS, Prism POC data manager ASTM, ASCII direct serial, Ethernet hospital network device-unique identifier, operator and patient IDs, results, QC identifier, all information pertinent to patient and QC data Prism POC data manager 40 — Meditech, McKesson, Cerner, Siemens, others — three independent levels of automatic QC, stable optical fluorescence technology, multiple-use	125 µL
Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure • QC failure • calibration failure For what bar-code scanning is provided Built-in printer/Data port Information listed on hard copy report Analyzer connections Interface standards supported How analyzer connects to external system to upload patient and QC results Information included in transmission from analyzer to external system Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISS, HISS Use a third-party interfacing tool, engine for LIS, HIS interfaces	125 μL yes, standard 3-test micro-panel required is 60 μL 52 seconds 50/500 300 tests per hour yes none yes weekly: <5 minutes; monthly: <10 minutes yes password with unique user ID number (optional) self-diagnosis software informs and notifies operator of HW and SW failure; hotline and field support options range from flagging to not reporting test to lock- out for QC failure or exceeding scheduled QC interval any test that does not calibrate will not report results and instrument notifies operator of reason for failure patient ID yes/multiple RS-232 patient ID with accession number entered settings, measures and calculates results data-management system or directly to LIS/HIS, or both ASTM E1381-91 and ASTM 1394-91 (HL7 available with external device) direct serial/>500 hospitals institutions; hospital network/>100 institutions device-unique identifier, operator and patient IDs, results, QC identifier, accession number Pentium with Microsoft Windows 2000/Nova Point-of-Care Manager >60 yes, patient name, passwords — yes onboard auto-cartridge QC; all-liquid calibration	125 µL no ~1 minute 24/192 24 per hour no — no weekly: 1 minute; quarterly: 5 minutes no bar code or secure PIN for 300 operators error message QC lockout error message with automatic retry operator and patient IDs, reagent, QC yes/RS-232, Ethernet patient ID, results, patient demographics (customized), critical ranges directly to LIS/HIS, DMS that in turn connects to LIS/HIS, Prism POC data manager ASTM, ASCII direct serial, Ethernet hospital network device-unique identifier, operator and patient IDs, results, QC identifier, all information pertinent to patient and QC data Prism POC data manager 40 — Meditech, McKesson, Cerner, Siemens, others — three independent levels of automatic QC, stable	125 µL

,	August 2012	In vitro blood gas	analyzers	CAP TODAY 781
	Part 6 of 8 See captodayonline.com/productguides for an interactive version of guide	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Drive, Westlake, OH 44145 800-736-0600 www.radiometeramerica.com	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Drive, Westlake, OH 44145 800-736-0600 www.radiometeramerica.com	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Drive, Westlake, OH 44145 800-736-0600 www.radiometeramerica.com
	Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	ABL90 FLEX/2010 in U.S./— —/—/\$40,000 17.7 × 9.8 × 11.4 inches/24 pounds	ABL 800 Series/2004/— —/—/depends on configuration 22 × 28 × 21 inches/70 pounds	ABL80/2006/— —/—/depends on configuration 16 × 9 × 11 inches/19 pounds
	Analytes measured on device Parameters calculated on device	pH, pCo2, p02, Hb, Na, K,Cl, iCa, lactate, glucose, s02, tHb, F02Hb, FCOHb, FMetHb, FHHb, FHbF Hct, BE, TCO2, HCO3, and 44 additional parameters	pH, pCO2, pO2, Hb, Na, K, Cl, iCa, lactate, glucose, biliru- bin, fetal Hb, O2Hb, MetHb, RHb, COHb, O2SAT, creatinine Hct, BE, TCO2, HCO3-, plus 40 additional parameters	pH, pCO2, pO2, Hct, Na, K, iCa, Cl-, glu, Hb, O2SAT, O2Hb, COHb, MetHb, HHb Hb, O2SAT, TCO2, HCO3-, ctO2 (a-v), ctO2, anion gap (K+), cCa2+ (7.40), cBase (B), ABE, SBE, others
	Barometric pressure Analytical method(s) or technologies employed	measured and recorded pH, iCa, pCO2, lactate, glucose, Na, Cl, K: thick film sensors, potentiometric analysis; pO2: optical phosphorescence; Hct: calculation; Hb: multi-wavelength CO-ox spectrophotometric analysis	measured pH: pH-sensitive glass (ISE); pCO2, pO2, Na, Cl, iCa, K, ISE; Hct: calculated from measuring Hb, bilirubin; Hb: optical, multiwavelength analysis, intra-cuvette ultrasonic hemolysis, and more	pH, pCO2, pO2, Na, K, iCa, Cl, glu: thick film; amperometric/potentiometric technology; HCT: conductivity
	Device is part of a series of related models Device warranty/Loaner devices provided Average life expectancy of device	no 1 year (parts, labor, and travel) with service plans available after year one/yes 10+ years	yes, ABL 800 series 2 years, parts, labor, and travel/yes 20 years, with full support	yes 1 year, parts, labor, and travel, with service plans available after year 1/yes analyzer: 10+ years
	Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	closed/no point-of-care testing and laboratory	closed/yes (low-pressure, premixed) point-of-care testing and laboratory	closed/no point-of-care testing and laboratory
	Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package	electrode sensors (multiuse cartridge)	Ξ	electrode sensors (multi-use cartridge)
	No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements Shelf life of disposable units	100, 300, 600, 900 small SC only needs refrigeration reagent/electrode system: four months	=	50/100/200/300 room temperature 90–100 days
	Laboratory: No. of different disposable reagents required to maintain device Max. No. of analyte reagents that can reside in device at once	2	4	2
	Shelf life of components Cost per test/Reagent cost per test	reagent and sensor cartridge: four months depends on configuration/depends on configuration	reagent, electrode, membrane kit, cartridge: 2+ years depends on sample volume and any extra included items/same	reagent: 100 days, cartridge: 90 days depends on configuration/same
	Calibrations required Calibration frequency	1 and 2 point (manual and automatic) 1 point with each sample analysis, 2 point: 8 hours (user configurable)	1 and 2 point (automatic) 1 point: 1/2 hour BG/pH, 4 hours—manufacturer; 2 point: every 8 hours	1 and 2 point (manual and automatic) 1 point: with each test, 2 point: 8 hours (user definable)
	Internal QC program recommended	standard QC according to CAP, CLIA, JCAHO guide- lines; user configurable for increased QC frequency	depends on hospital management and inspection agency	QC material according to CLIA, CAP, JCAHO
	QC features/Capabilities of QC features	L-J plots/auto QC (statistical calculations, monthly cumulative reports, on board and through DMS)	L-J plots/comparable plot (via DMS), statistical calcs., automatic QC, monthly cumulative reports (onboard and available with external system)	L-J plots/statistical calculations, monthly cumulative (onboard–current mean, STD, CV%) reports (onboard and available with external system, PC download to Excel)
	Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes yes	yes yes	yes yes
	Specimen types suitable for device	whole blood, capillary, mixed venous, arterial, venous	whole blood, capillary, mixed venous, arterial, venous, expired air	whole blood, capillary, mixed venous, arterial, venous
	Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results	heparin, electrolyte-balanced heparin/aspiration, auto aspiration, capillary, test tube, micro-sample 65 µL	heparin, electrolyte-balanced heparin/autoaspira- tion, syringe and/or capillary tube and/or test tube 95 µL for 17 measured parameters	heparinized, electrolyte balanced heparin/aspiration, capillary 70 μ L
	Sample size differs with number of analytes selected Time from sample introduction to result availability	no 35 seconds	yes, with fewer measured parameters, smaller micro-modes available from 35 µL ~1 minute (depends on tests ordered)	no 70 seconds
	Maximum No. of patient samples per hour/Maximum No. measured results per hour	50/800	25/425	30/270
	Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences	800 tests (equals 50 patient samples) yes	25 per hour yes halothane, thiocyanic and glycolic acids	30 patient samples per hour yes —
	Sampler has self-wiping probe	yes	yes	no
	Time required for maintenance by lab personnel Service center performs diagnostics through modem	monthly: as needed option	monthly: as needed; annually: dependent on version yes	monthly: as needed option
	Method of analyst ID in system Instrument response for:	customizable user log-ons, bar code, onboard keyboard; built-in bar code scanner	customizable onboard keyboard, bar code	customizable, onboard keyboard, built-in bar-code reader
	hardware failure/software failure	system message; traffic light; audible, visual signals, parameter bar traffic light; self-correcting, when possible	system message with customized ("traffic light") visual and audible signals, parameter status bar	system message with customized ("traffic light") visual and audible signals, parameter status bar
	QC failure calibration failure Translate has code comming in provided.	same as hardware/software failure same as hardware/software failure	— — — — — — — — — — — — — — — — — — —	self-correcting, when possible onscreen report: same as hardware/software failure
	For what bar-code scanning is provided Built-in printer/Data port	operator and patient IDs; uses smart-chips for reagents, no scanning needed yes/RS-232, parallel, Ethernet, others	operator and patient IDs, reagent and QC lot numbers, expiration, software keys yes/RS-232, Ethernet/USB	operator and patient IDs, reagent and QC lot numbers, expiration, software keys yes/RS-232, Ethernet/USB
	Information listed on hard copy report	patient information and demographics, patient therapy settings, measured and calculated results, system messages, reference and critical values, analyzer set-up and configuration, and more	patient information/demographics, patient therapy settings, measures and calculates results, system messages, reference and critical ranges	patient information/demographics, patient therapy settings, measures and calculates results, system messages, reference and critical ranges
-	Analyzer connections	directly to LIS/HIS; LIS/HIS, via data-management system	Radiance stat information management system that connects to LIS/HIS or directly to LIS/HIS	Radiance stat analyzer management system that connects to LIS/HIS or directly to LIS/HIS
	Interface standards supported How analyzer connects to external system to upload patient and QC results	ASTM 1394, HL7, serial, POCT1-A, network, TCP/IP direct serial, hospital network	ASTM, HL7, serial, POCT1A, network TCP/IP direct serial/thousands of hospitals installed; modem dial-in/hundreds; hospital network/hundreds;	ASTM, HL7, POCT1-A, serial, network, TCP/IP direct to HIS/LIS or Radiance STAT analyzer management system that connects to HIS/LIS
	Information included in transmission from analyzer to external system	device-unique identifier, operator and patient IDs, results, QC identifier, calibration and analyzer status	real-time wireless-capable device-unique identifier, operator and patient IDs, results, QC identifier, per ASTM/HL7 standards plus calibration and analyzer status information	device-unique identifier, operator and patient IDs, results, QC identifier
	Hardware and software for data-management system	internal system and external: Radiance and all other DMS systems	internal system plus optional external system, Radiance	Radiance
	No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISs, HISs Use a third-party interfacing tool, engine for LIS, HIS interfaces	standard and user definable reports valid operator IDs Cerner, McKesson, Meditech, Sunquest, many others no (an interfacing tool/engine could be used)	user-definable searches/reports — Cerner, Meditech, Misys, others —	user definable — Cerner, Meditech, Sunquest, others no (use interface templates)
	Distinguishing features (supplied by company)	fast results (35 seconds on 65-uL sample with 44–55 per hour throughput); easy to use: walk-up ready; one-handed operation with integrated user	IDMS-traceable creatinine; FLEXQ automated inlet part of automatic system; bilirubin and fetal Hb measured on whole blood with no extra sample	portable, true battery operation; fast startup/ warmup and analysis time; simple and easy-to-use system
	Note: a dash in lieu of an answer means company did not answer question or question is not applicable	guides and no user maintenance; automatic quality management supports regulatory compliance requirements, performs continuous checks and corrective actions are performed automatically	volume, low maintenance and cost of operation; FDA approved for the measurement of Pleural Fluid pH	
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In vitro blood gas analyzers

	in vitro biood gas	analy 2010	
Part 7 of 8 See captodayonline.com/productguides for an interactive version of guide	Roche Diagnostics Tonya Sullivan tonya.sullivan@roche.com 9115 Hague Road, Indianapolis, IN 46256 317-521-7368 www.mylabonline.com	Roche Diagnostics Tonya Sullivan tonya.sullivan@roche.com 9115 Hague Road, Indianapolis, IN 46256 800-428-5076 www.mylabonline.com	Siemens Healthcare Diagnostics Inc. 1717 Deerfield Road Deerfield, IL 60015-0778 800-255-3232 www.siemens.com/diagnostics
Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	cobas b 123 POC system/— — 18.5 × 12.6 × 13 inches/54 pounds	cobas b 221 system/2004/— — $23 \times 20 \times 23.6$ inches/99 pounds (without solutions and AutoQC)	RAPIDPoint 500 system/2011/— — 21.5 × 11.5 × 16 inches/36.5 pounds
Analytes measured on device	pH, pCO2, pO2, Hct, Hb, Na, K, iCa, lactate, glucose	pH, pCO2, pO2, Hct, Hb, Na, K, Cl, iCa, lactate, glucose, BUN, bilirubin, pH pleural fluid	pH, pCO2, pO2, Hb, Na, K, Cl, iCa, glucose, lactate, neonatal total bilirubin, CO-oximeter fractions
Parameters calculated on device Barometric pressure Analytical method(s) or technologies employed	Hb, Hct, O2SAT, BE, TCO2, HCO3- — pH, iCa, Na, K: potentiometric Nernst-equation; pCO2: potentiometric severing-house type; pO2: amperometric clark type; lactate, glucose: enzymatic; Hct: conductivity; Hb: spectroscopy	Hb, Hct, O2SAT, BE, TCO2, HCO3- recorded or measured pH: electrode ion-selective galvanometric; pCO2, pO2: electrode ion selective membrane; Hct: conductiv- ity; Hb: CO-ox spectrophotometry; Na, CI, iCa, K: ion selective potentiometry; lactate, glucose, BUN: MSS	(fO2Hb, fCOHb, fMetHb, fHHb) O2SAT, BE, TCO2, HCO3 recorded pH, iCa, Na, CI, K: potentiometry using ISE; pCO2: potentiometry based on severinghaus; pO2: amperometric; glucose: amperometric, glucose oxidase; tHb, CO-oximetry, nBili: spectrophotometric;
Device is part of a series of related models Device warranty/Loaner devices provided Average life expectancy of device Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	1 year/yes 10 years closed/no point-of-care testing and laboratory	sensor enzyme yes, three models in series 1 year (parts and services warranty)/no 7 years closed/no point-of-care testing and laboratory	lactate: amperometric, lactate oxidase no 1 year/yes 7–10 years closed/no point-of-care testing and laboratory
Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package	reagent and electrode 1	reagent and electrode depends on model	multi-use cartridge 1 measurement and 1 wash-waste cartridge, 1 AQC
No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements	200, 400, 700 sensor	dependent on use room-temperature storage	cartridge 250, 400, 750 samples measurement and AQC cartridge: refrigeration, wash/waste cartridge: room temperature
Shelf life of disposable units	reagents: 9 months, electrodes: 4 months	reagents: 12 months, electrodes: 18 months	9 months
Laboratory: No. of different disposable reagents required to maintain device	_	depends on model, contact Roche	1 measurement and 1 wash-waste cartridge, 1 AQC cartridge
Max. No. of analyte reagents that can reside in device at once	1	3	1 measurement and 1 wash-waste cartridge, 1 AQC cartridge
Shelf life of components Cost per test/Reagent cost per test	Ξ	reagent: 1 year, electrode: 18 months onboard volume dependent/volume dependent	cartridge: 9 months —
Calibrations required Calibration frequency Internal QC program recommended	1 and 2 point (manual and automatic) 1 point: after every sample, 2 point: every 8 hours standard QC according to CAP, CLIA, JCAHO guide- lines; user configurable for increased QC frequency	1 and 2 point (automatic) 1 point: 30 minutes, two point: 8 hours CAP and JCAHO guidelines	1 and 2 point (manual and automatic) one point: 30 minutes, two point: 2 hours 1 AQC cartridge; fully user programmable
QC features/Capabilities of QC features	L-J plots/acid, base map; patient trending map, statistical calculations	L-J plots/comparable plot, lot-to-lot comparisons, statistical calculations, monthly cumulative reports, onboard, eQAP	L-J plots/external RapidComm data management, statistical calculations, monthly cumulative reports
Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes —	yes yes	yes yes
Specimen types suitable for device Acceptable anticoagulants/Sampling technique	whole blood, capillary, mixed venous, arterial, venous heparin/aspiration, capillary transfer and fill	plasma, serum, whole blood, capillary, arterial, venous EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill. microsamples	whole blood, capillary, mixed venous, arterial, venous heparin/aspiration
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected	heparin/aspiration, capillary transfer and fill 123 μL yes, BG-ISE, Hct, glucose, lactate: 102 μL; COOX: 44 μL	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 μL for full panel yes, BG: 40 μL; ISE: 40 μL; CO-ox 44 μL, glucose, lactate, BUN: 75 μL	heparin/aspiration 100 µL minimum no
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour	heparin/aspiration, capillary transfer and fill 123 μL yes, BG-ISE, Hct, glucose, lactate: 102 μL; COOX: 44 μL 120 seconds 30/—	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 μL for full panel yes, BG: 40 μL; ISE: 40 μL; CO-ox 44 μL, glucose, lactate, BUN: 75 μL ~1 minute (test dependent) 30/360	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences	heparin/aspiration, capillary transfer and fill 123 µL yes, BG-ISE, Hct, glucose, lactate: 102 µL; C00X: 44 µL 120 seconds 30/— 30 patient samples per hour yes —	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes —	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	heparin/aspiration, capillary transfer and fill 123 μL yes, BG-ISE, Hct, glucose, lactate: 102 μL; COOX: 44 μL 120 seconds 30/— 30 patient samples per hour yes	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes — yes	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium yes
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem	heparin/aspiration, capillary transfer and fill 123 µL yes, BG-ISE, Hct, glucose, lactate: 102 µL; COOX: 44 µL 120 seconds 30/— 30 patient samples per hour yes yes — yes	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes — yes daily: 2 minutes, monthly: 5 minutes, quarterly: 5 minutes yes	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium yes monthly: 1-minute cartridge replacement no
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel	heparin/aspiration, capillary transfer and fill 123 µL yes, BG-ISE, Hct, glucose, lactate: 102 µL; C00X: 44 µL 120 seconds 30/— 30 patient samples per hour yes — yes — bar-code scanner or manual entry plain language issue description; operator warning;	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes — yes daily: 2 minutes, monthly: 5 minutes, quarterly: 5 minutes yes 32-level password system (customizable) HW: identified onscreen and with diagnostic routine,	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium yes monthly: 1-minute cartridge replacement
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for:	heparin/aspiration, capillary transfer and fill 123 µL yes, BG-ISE, Hct, glucose, lactate: 102 µL; C00X: 44 µL 120 seconds 30/— 30 patient samples per hour yes — yes — bar-code scanner or manual entry plain language issue description; operator warning; lockout/plain language issue description plain language issue description; QC warning and	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes — yes daily: 2 minutes, monthly: 5 minutes, quarterly: 5 minutes yes 32-level password system (customizable) HW: identified onscreen and with diagnostic routine, SW: onscreen with messages onscreen report with high/low flagging, lockout	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium yes monthly: 1-minute cartridge replacement no password (customizable)
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour Optimal throughput when analyzer calibrated, awaiting specimens Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system Instrument response for: • hardware failure/software failure	heparin/aspiration, capillary transfer and fill 123 µL yes, BG-ISE, Hct, glucose, lactate: 102 µL; C00X: 44 µL 120 seconds 30/— 30 patient samples per hour yes — yes — bar-code scanner or manual entry plain language issue description; operator warning; lockout/plain language issue description plain language issue description; QC warning and lockout plain language issue description; regulatory	EDTA, heparin, citrate/aspiration, injection, capillary transfer and fill, microsamples 200 µL for full panel yes, BG: 40 µL; ISE: 40 µL; CO-ox 44 µL, glucose, lactate, BUN: 75 µL ~1 minute (test dependent) 30/360 30 patient samples per hour (full panel) yes — yes daily: 2 minutes, monthly: 5 minutes, quarterly: 5 minutes yes 32-level password system (customizable) HW: identified onscreen and with diagnostic routine, SW: onscreen with messages	heparin/aspiration 100 µL minimum no ~60 seconds 25/up to 336 25 samples per hour yes benzalkonium yes monthly: 1-minute cartridge replacement no password (customizable) diagnostic codes/diagnostic codes
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	In vitro blood gas	analyzers	
Part 8 of 8	Siemens Healthcare Diagnostics Inc. 1717 Deerfield Road Deerfield, IL 60015-0778	Siemens Healthcare Diagnostics Inc. 1717 Deerfield Road Deerfield, IL 60015-0778	Siemens Healthcare Diagnostics Inc. 1717 Deerfield Road Deerfield, IL 60015-0778
See captodayonline.com/productguides for an interactive version of guide	800-255-3232 www.siemens.com/diagnostics	800-255-3232 www.siemens.com/diagnostics	800-255-3232 www.siemens.com/diagnostics
Name of device/First year sold/Number of analyzers sold in 2011 Number of devices sold in U.S./Outside U.S./List price	RAPIDPoint 400 Series/2001/—	RAPIDPoint 300 Series/2009/—	RAPIDLab 1200 Series/2005/— —
Dimensions (H x W x D)/Weight	21.5 × 11.5 × 16 inches/34 pounds	12.5 × 14.5 × 7 inches/16–17 pounds	22.75 × 20.5 × 21 inches/65–68 pounds
Analytes measured on device	pH, pCO2, pO2, Hct, Na+, K+, Cl-, Ca++, tHB, FO2Hb, FCOHb, FMetHb, FHHb, glucose, neonatal total bilirubin	pH, pCO2, pO2, Hct, Na+, K+, Cl-, iCa++	pH, pCO2, pO2, tHb, Na+, K+, Cl-, iCa++, lactate, glucose, FO2Hb, FCOHb, FMetHb, FHHb, total neonatal bilirubin
Parameters calculated on device Barometric pressure	HC03-act, HC03-std, BE(B), BE(ecf), ctC02, Ca++(7.4), RI(T), 02SAT, P02/FI02, AnGAP, s02, B02, p02(A-a)(T), p02(a/A)(T), p50, Qsp/Qt(T), ct02(Hb), ct02(a), ct02(v), ct02(V), ct02(a-v), D02, V02, others recorded	Hb, 02SAT, BE, TC02, HC03 recorded, measured	HCO3-act, HCO3-std, BE(B), BE(ecf), ctCO2, Ca++(7.4), RI(T), O2SAT, PO2/FIO2, AnGAP, sO2, BO2, pO2(A-a)(T), pO2(a/A)(T), p50, Qsp/Qt(T), ctO2(Hb), ctO2(a), ctO2(v), ctO2(V), ctO2(a-v), DO2, VO2, others measured, tracked
Analytical method(s) or technologies employed	pH, Na, Cl, iCa, K: potentiometry using ISE; pCO2: potentiometry based on Severinghaus; pO2: amperometric meas. (Clark); glucose: amperometric- glucose oxidase; Hct: conductivity; tHb, CO-oximetry, neonatal total bilirubin: spectrophotometric	pH: ISE-potentiometry; iCa: ISE; PC02: ISE-potentiometry; p02: ISE-amperometry; Hct: conductivity; Hb: calculated from hematocrit; Na: ISE; CI: ISE; K: ISE	pH: potentiometry; pC02: Severinghaus electrochemical; p02: amperometric; Hct: calculated; tHb, C0-oximetry: spectrophotometric; Na, Cl, iCa, K: ISE; lactate: amperometric, lactate oxidase; glucose: amperometric, glucose oxidase; total neonatal bilirubin: spectrophotometric
Device is part of a series of related models	yes	yes, two models: RapidPoint 340 offers blood gas; RapidPoint 350 offers blood gas, electrolytes, and hematocrit	yes, series offers different analyte options
Device warranty/Loaner devices provided Average life expectancy of device	1 year/yes 7–10 years	1-year warranty (country specific)/yes 7–10 years	1 year/no 7–10 years
Open or closed system/External gas tanks required Categorized for point-of-care testing or laboratory	closed/no point-of-care testing and laboratory	closed/no laboratory	closed/no point-of-care testing and laboratory
Point of care:	para et este toomig une abbituory		process of the sound and importatory
Point of care: Disposable prepackaged system used for analysis No. of disposable reagent system units in standard package No. of samples analyzed per one disposable reagent, electrode system Reagent unit storage requirements	multi-use cartridge 1 measurement and 1 wash-waste cartridge 250, 400, 750 samples refrigeration	multi-use cartridge 1 based on daily testing volumes room temperature	multi-use cartridges, electrode measurement chamber 1 reagent cartridge, 1 wash cartridge reagent cartridge is not sample dependent reagent cartridge/AQC cartridge-refrigeration, wash
Shelf life of disposable units	9 months	reagents: 7 to 9 months, electrodes: 12 months	cartridge–room temperature reagent/wash cartridge: 8 months, AQC cartridge: 9 months, electrodes: varies based on type
Laboratory:	4 management and date 4 mark mark 1		4 magnet contribute 4 mark and day
No. of different disposable reagents required to maintain device Max. No. of analyte reagents that can reside in device at once Shelf life of components	1 measurement cartridge, 1 wash-waste cartridge 1 measurement cartridge, 1 wash-waste cartridge 9 months	1 1 reagents: 7–9 months, electrodes: 12 months	1 reagent cartridge, 1 wash cartridge 1 reagent cartridge, 1 wash cartridge, all electrodes electrodes: vary based on type, reagent cartridge: 8 months, wash cartridge: 8 months, AQC cartridge:
Cost per test/Reagent cost per test	varies based on configuration	varies based on configuration and test volume/—	9 months varies based on configuration
Calibrations required Calibration frequency	1 and 2 point (automatic) 1 point: 30 minutes; 2 point: 2 hours	1 and 2 point (manual and automatic) 1 point (with each sample); 2 point (can be set to 2-, 4-, or 8-hour increments)	1 and 2 point (manual and automatic) 1 point: every 30 minutes; 2 point: every 8 hours
Internal QC program recommended	AQC cartridge, fully user programmable	one-level QC every 8 hours of testing (CLIA recommendation): Siemens QC material	AQC cartridge, fully user programmable
QC features/Capabilities of QC features	AQC cartridge, L-J plots/comparable plots, statistical calculations, monthly cumulative reports (available with external system)	recommended L-J plots/statistical calculations, monthly cumulative reports, onboard	L-J plots/comparable plots, statistical calculations, monthly cumulative reports (available with external system)
Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes yes	no yes	yes yes
Specimen types suitable for device	whole blood, capillary, mixed venous, arterial,	whole blood, capillary, mixed venous, arterial,	whole blood, capillary, mixed venous, arterial,
Acceptable anticoagulants/Sampling technique Sample size for complete panel of analyte results	venous heparin/aspiration 100 µL	venous heparin/aspiration 75 μL/95 μL capillary (RP340/RP350) 100 μL/120 μL syringe (RP340/RP350)	venous heparin/aspiration 95–175 µL
Sample size differs with number of analytes selected Time from sample introduction to result availability Maximum No. of patient samples per hour/Maximum No. measured results per hour	no 60 seconds 25/—	no 125 seconds (RP340), <120 seconds (RP350) 25 samples (RP340), 30 samples (RP350)/75 (RP340), 210 (RP350)	yes (microsample mode available) 60 seconds 24/up to 336 tests
Optimal throughput when analyzer calibrated, awaiting specimens	25 samples per hour	25 samples per hour (RP340), 30 samples per hour (RP350)	24 samples per hour
Calibration can be interrupted to perform stat sample Known interferences Sampler has self-wiping probe	yes benzalkonium	yes certain anticoagulants	yes —
	yes	yes	yes
Time required for maintenance by lab personnel Service center performs diagnostics through modem Method of analyst ID in system	none no password (customizable)	daily: <1 minute no manual or bar-code entry (optional)	weekly: 5 minutes, monthly: 5 minutes no password (customizable)
Instrument response for:		*	
hardware failure/software failure QC failure calibration failure	flag-prompt customizable-flag flag–recalibration	operator warning, error messages sampling lock-out, flagged high or low QC results automatic calibration repeat, error messages, blank	diagnostic codes prompt operator diagnostic codes recalibrates, generates diagnostic code if
For what bar-code scanning is provided	operator and patient IDs, accession number results, temperature, other information	screen display operator identifier, patient identifier, and reagent lot number	unsuccessful patient ID
Built-in printer/Data port Information listed on hard copy report	yes/RS-232, Ethernet operator and patient IDs, accession number results, temperature, other information	yes/RS-232 patient information, operator ID, measured and calculated results, date	yes/RS-232, Ethernet, USB operator and patient IDs, accession number, results, temperature, patient demographics, others
Analyzer connections	data-management system, which connects to LIS/ HIS; directly to LIS/HIS (both options)	directly to LIS/HIS	data-management system, which connects to LIS/ HIS; directly to LIS/HIS (both options)
Interface standards supported How analyzer connects to external system to upload patient and QC results	LIS 3	ASTM 1394 and E1381 direct serial	LIS 4 direct serial, hospital network
Information included in transmission from analyzer to external system	device-unique identifier, operator and patient IDs, results, QC identifier	operator ID, patient ID, results	device-unique identifier, operator and patient IDs, results, QC identifier
Hardware and software for data-management system No. of different management reports system produces Contents downloaded from data-management system to analyzer System connected (live installations) to which LISs, HISs Use a third-party interfacing tool, engine for LIS, HIS interfaces	RapidComm data-management system customizable valid control values, valid operator IDs yes, with multiple LISs, HISs yes	internal data management patient reports, QC statistics, L-J charts — — no	RapidComm data-management system customizable valid control values, valid operator IDs yes, with multiple LISs, HISs yes
Distinguishing features (supplied by company) Note: a dash in lieu of an answer means company did not answer question or question is not applicable	no maintenance, multi-use cartridge; fast time to patient results; onboard audio-video training videos; auto QC	multi-use cartridge-based system eliminates gas tanks; no maintenance, easy-to-replace electrodes; small, portable, and economical; dialysate fluid testing application in select countries	cartridge-based high-throughput analyzer with minimal maintenance; fast time to patient results; onboard troubleshooting tutorials
Tabulation does not represent an endorsement by the College of American Pat	National Control of Co	coung approauon in scient coulinies	