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Hematology analyzers

Aiming to ease lab labor, cost, TAT pressures

Anne Ford

he traditional military strategists' adage, "Know your enemy," is advice that laboratory equipment manufacturers have been following for a long time. The enemy being, in this case, the laboratory labor shortage trend, which Grant Howes, director of strategic marketing for Beckman Coulter's cellular analysis business group, describes as a "now familiar, but ever increasing" dynamic that will "only intensify." While knowing this particular enemy hasn't been enough to vanquish it entirely, manufacturers continue to introduce instruments designed to ease the labor shortage's effects on laboratories. Two of the vendors in this month's instrumentation survey, Beckman Coulter and Sysmex America, share their perspectives on this and other trends in the hematology analyzer marketplace.

Sysmex America, reports Ron Walczak, director of marketing communications and research, has just received FDA clearance for its XE-5000 hematology analyzer, which the company expected at CAPTODAY press time to be on the market by the end of the year and which will feature a body fluid specific mode. "This system will fit in very well with Sysmex's current hematology product portfolio, consisting of innovative fluorescent flow technology, high throughput, and highly reliable platforms," Walczak says. It's part of the company's strategy to "provide rapid, accurate clinical information to the clinician that requires little or no additional technical intervention. In other words, the lab wants correct results the first time so they can report them faster to the clinician." In addition, "high reliability, more clinically relevant information, and standardized testing platforms to meet the needs of laboratories of various volumes and quality results are all very important right now." And in the future? "Continued increased reliability and less hands-on instrument technology" will be key.

Beckman Coulter plans to launch a new hematology analyzer in 2008, which follows on the heels of the Coulter LH 780 hematology series, introduced in late 2006. Among that series' features: whole blood count linearity of 0–400,000 and platelet linearity of 0–3,000,000; automatically enumerated NRBCs; the ability to read even low-print-quality bar-code labels; an RDW-SD parameter; and the ability to obtain an exponentially weighted moving average of CBC, five-part differential, and NRBC, as well as reticulocyte parameters.

"When we look at the near-term future for hematology," Howes says, "workloads and pressures for shorter turnaround times will continue to increase, as will the pressure to lower costs. That's why Beckman Coulter's new products are being designed to provide the solutions labs can use to step up to this new level of challenges."

Finally, Howes' colleague Alan Burton, director of marketing for Beckman Coulter's cellular analysis business group, places great importance on the value of integrated platforms. "Many of our customers know the benefits of integrated platforms," he says, "and will be happy to know that the range of hematology, chemistry, immunoassay, molecular diagnostics, and flow cytometry platforms made by one manufacturer, as well as reagents, data management, and service, is a trend that promises to continue and grow—especially since this integration addresses so many of the productivity and cost control issues labs face."

CAP TODAY's survey of hematology analyzers includes systems not only from Beckman Coulter and Sysmex America but also from Abbott Hematology, Siemens Medical Solutions Diagnostics, and Horiba ABX Diagnostics. Vendors supplied the information listed on this and the following pages. Readers interested in a particular analyzer should confirm it has the stated features and capabilities.

Part 1 of 11		Abbott Hematology David Overcash 5440 Patrick Henry Dr. Santa Clara, CA 95054 800-933-5535 www.abbottdiagnostics.com
Name of instrument First year installed in U.S./outside U.S./No. of units sold in 2006 No. units installed in U.S./outside U.S./list price		CELL-DYN Sapphire 2005/2005/618 179/439/\$250,000
Test menu: All instruments have:	•Chartable	standard menu (left) plus: MPV, RDW, retic %&#, IRF, NRBC %&#, CD61, CD3T %&#, CD4T %&#, CD8T %&#, 4/8</td></tr><tr><td>WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut, mono, lymph, eos, baso</td><td>•Laboratory •Flags</td><td>band, IG, blast, variant lymph, nvWBC, rstRBC, IR, Plt clmp, ASYM,</td></tr><tr><td colspan=2>FDA-cleared tests but not clinically released Tests not available but submitted for clearance</td><td>FP, CD61 agg., clot detected during aspiration, short sample none none</td></tr><tr><td colspan=2>Tests in development For research use only</td><td>body fluid assay, optical RBC morphology none</td></tr><tr><td colspan=2>Tests unique to analyzer</td><td>CD61 for Plts, WVF, CD3/4, CD3/8 (immuno T-cell)</td></tr><tr><td>Differential method(s) us Linearity: Precision:</td><td>sed •WBC count (10⁹/L)/RBC count (10¹²/L) •Hemoglobin (g/dL)/platelet (10⁹/L) •MCV (fL) or Hct (%) •WBC count/RBC count</td><td>optical scatter & 3-color fluorescence $0.4-250.0 \times 10^3 \mu$L/ $0.22-7.50 \times 10^6 \mu$L $1.0-24.8 g$/dL (cyanide free)/11.0-2,000.0 \times 10³ μL 37.0-179 fL (MCV) \leq2.7%/\leq1.5%</td></tr><tr><td>i iccision.</td><td>Hb/platelet MCV or Hct</td><td>≤1.0%/≤4.0% ≤1.0% (MCV)</td></tr><tr><td colspan=2>Accuracy of automated diff. compared with manual diff. (per NCCLS H-20A), regression equation Interfering substances: •WBC</td><td>neut% r=0.942 slope 0.947 y=0.446; lym% r=0.936 slope=0.943 y=2.811; mono% r=0.623 slope=1.057 y=0.851; eos% r=0.446 slope=1.024 y=0.288; baso% r=0.232 slope=0.257 y=0.350 Plt clumps, neut aggregates, Hb C crystals, lyse-resist. RBCs,</td></tr><tr><td>morroring outstances.</td><td>•RBC •MCV or Hct</td><td>cryoglob., cryofibr., frag. WBC, nRBC autoagg., cold agg., elevated WBC, giant Plts, hemolysis, sm WBC MCV: autoagg., cold agg., elevated WBC, giant Plt, hemolysis,</td></tr><tr><td></td><td>•Platelet</td><td>hyperglycemia auto & cold agg., cryoglob., cryofibrin., giant Plt, micro RBC, Plt</td></tr><tr><td></td><td>•Hb</td><td>clumps, RBC frag., WBC frag., Plt satellitism lipids>700 mg/dL, WBCs>250 \times 109/L, bilirubin>33 mg/dL, Hb crystals</td></tr><tr><td colspan=2></td><td>see WBC</td></tr><tr><td colspan=2>Age- and sex-specific reference ranges Max. CBCs per hr/max. CBCs & diffs. per hr</td><td>yes 106/106 6 months verification</td></tr><tr><td colspan=2>Recommended average frequency of calib. •Modes calibrated/parameters calibrated</td><td>open-closed single procedure/WBC, RBC, Hb, Plt, MPV per regulatory requirement/n/a</td></tr><tr><td colspan=2>Frequency of blood/latex controls Min. specimen vol. open/closed/sample dead vol. closed Tube sampling supported</td><td>117 μL/117 mL/0.5 mL, 0.3 mL for 10.25 \times 64 mm tubes yes (11.5–13 \times 65-75 mm, 10.25 \times 64 mm, 8.5 \times 66 mm [Sarstedt Monovette])</td></tr><tr><td colspan=2>Veterinary capability Microsample capability Prepares microscopic slides automatically or flags</td><td>no yes</td></tr><tr><td colspan=2>problems for slide prep If auto. slidemaker available, No. installed/list price</td><td>yes (flags only) n/a/\$125,000</td></tr><tr><td>Archives patient data for</td><td></td><td>yes</td></tr><tr><td colspan=2>Patient-specific archiving Max. archived data accessible when system online</td><td>yes 10,000 results</td></tr><tr><td colspan=2>Memory capacity—numeric results—No. specimens Memory capacity—histo/cytograms—No. specimens</td><td>10,000 results 10,000 results</td></tr><tr><td colspan=2>Stored in conjunction with CBC data Histo/cytogram images & CBC data printed as 1 report</td><td>yes yes</td></tr><tr><td colspan=2>Saved results can be recalled and retransmitted Saved data can be sorted for reprocessing or report transmission</td><td>yes</td></tr><tr><td>Performs delta checks</td><td></td><td>yes yes</td></tr><tr><td colspan=2>Tags and holds results for followup, confirm. testing, or rerun Parameters for flags for holding samples are defined by</td><td>yes user or vendor</td></tr><tr><td colspan=2>Some results can be transmitted to LIS while others held Scattergram display: cell-specific color</td><td>yes yes</td></tr><tr><td colspan=2>Histogram display: color with threshold Choice of desired specimen &/or result info. displayed</td><td>yes yes</td></tr><tr><td colspan=2>LIS interface formats supported Information transferred on LIS interface</td><td>ASTM 1394 numeric & flag results, instrument to LIS; patient demographics, patient orders, LIS to instrument—broadcast; host query for patient demographics & orders</td></tr><tr><td colspan=2>LOINC codes transmitted with results How labs get LOINC codes for reagent kits</td><td>no</td></tr><tr><td colspan=2>Optional data mgmt. or collation system •Software features</td><td>n/a yes, multiple enhanced QC, data archiving, data collation from multiple</td></tr><tr><td colspan=2>Interface avail. or planned to auto. specimen-handling system</td><td>instruments, remote viewing Accelerator APS</td></tr><tr><td colspan=2>Bar-code symbologies read on tube Accommodates bar-code placement per NCCLS standard Auto2A</td><td>Codabar, codes 39 & 128, interl. 2 of 5 yes</td></tr><tr><td colspan=2>Time required for maintenance by lab personnel Onboard maintenance records</td><td>daily: 30 sec; weekly: 10 min; monthly: 5 min</td></tr><tr><td colspan=2>Time from communication of problem to engineer on site Onboard diagnostics/limited to software problems Mftr. can perform diagnostics via modem</td><td>yes/no no</td></tr><tr><td colspan=2>Acquisition program based on cost-per-reportable result</td><td>yes</td></tr><tr><td colspan=2>Distinguishing features</td><td>4 optical and 3 fluorescent detectors providing Multiple Scatter- plot Analysis; 2-D optical platelets that avoid interferences; fluo- rescent analysis of reticulocytes, nRBCs, and 3-color monoclonal analysis on a routine hematology analyzer</td></tr><tr><td>Tabulation does not represe</td><td>ent an endorsement by the College of Americ</td><td>can Pathologists Survey editor: Raymond D. Aller, MI</td></tr></tbody></table>