Blood gas vendors move forward on menu, convenience, stability, and more

Anne Ford

onsumer financial gurus often advise would-be budget balancers to look at the little things-upscale coffee-to-go, sneaky ATM surcharges, overpriced buckets of movie popcorn. But when cutting costs, it can pay to think on a larger scale, too. "Right now customers will drive to get the lowest unit cost for reagents, sensors, and other supplies," says Michael Dalton, vice president of global strategic marketing for Bayer HealthCare, Diagnostics Division, of the in vitro blood gas analyzer market. "They seem to be looking at cost as a series of transactions. In the future, I think that people are going to look at cost from a broader perspective. As a result, they will be looking for providers to offer cost-effective testing solutions to drive efficiency throughout their testing sites."

But among the manufacturers in this month's instrumentation survey of in vitro blood gas analyzers, "cost" and "efficiency" are just two of the watchwords. Add to that list "ease of use," "reduced downtime," "consolidation," and "extended menu."

Nova Biomedical plans to add total bilirubin to its Stat Profile Critical Care Xpress analyzer this fall, says marketing communications manager Harlan Polishook. "This new test will expand the utility of the CCX for use in the NICU," he says. In addition, Nova has added new onboard help capabilities, including video segments, to the CCX. "These segments can be used for system training," says Polishook, who also notes that the audio portion of these video segments is available in multiple languages. The company has also enhanced the instrument's respiratory fields.

Osmetech's latest, says global marketing vice president Gerri Priest, is the Opti R compact blood gas analyzer, which "uses a combination of maintenance-free sensor technology, intuitive graphic user interface, and automated system monitoring." Those features, she says, result in increased convenience for the operator and reduced testing time. The Opti R's sensors are reusable for up to 50 patient samples and can be stored at room temperature, while the onboard database stores patient and quality control records. The instrument can provide results for pH, blood gas, sodium, potassium, iCa, total hemoglobin, and oxygen saturation in less than a minute. In addition, "Osmetech will be expanding our parameter offering in the blood gas area," Priest says.

Expansion is also in the air at Roche, which has extended the onboard

reagent stability of its Cobas B 221 blood gas analyzer from 28 to 42 days. The company has also introduced an onboard feature that provides patient trend data for PO₂, PCO₂, pH, glucose, lactate, BUN, cooximetry, sodium, potassium, chloride, and ionized calcium. It's not just new Roche customers who will benefit; hospital point-ofcare marketing manager Mike Kolodkin says existing customers can receive these new functions gratis.

Meanwhile, ITC has added new features to its Irma TruPoint instrument: namely, an expanded menu, reg-

In vitro blood gas analyzers,

pages 26-52

ulatory compliance, and enhanced data management, along

with an Ethernet connectivity port, automatic electronic quality control, and automatic results transfer. "These features improve the reporting of results and help ensure that quality control is run routinely and automatically on the floors," says Beth O'Connell, senior marketing manager. The company has already added a creatinine assay to the Irma TruPoint's test menu, and this fall it plans to add a lactate assay. "Another new feature will be the addition of reporting the MDRD-GFR [modification of diet in renal diseaseglomerular filtration rate] calculations," O'Connell says. "The National Kidney Disease Education Program has recommended reporting of MDRD-GFR with every creatinine result. Irma TruPoint will be the first portable bedside point-of-care device to comply with this new standard."

Last year, Bayer introduced its Rapidlab 1200 system and Rapidcomm information management system. Dalton says the Rapidlab 1200 "is a system that performs like a lab system while offering the ease of use and low maintenance features of a POC platform." He adds that Bayer is focusing on "a few areas that include an upgrade to our very successful low-end products

> designed to meet the needs of customers performing low test

volumes," along with expanded menus for its upper-end products and enhanced Rapidcomm features, and that the company expects to release these products in the next few years.

CAP TODAY's survey of in vitro blood gas analyzers includes systems from the aforementioned manufacturers and from Abbott Point-of-Care, Instrumentation Laboratory, Medica Corp., and Radiometer America. Vendors supplied the information listed. Readers interested in a particular analyzer should confirm that it has the stated features and capabilities.

Anne Ford is a writer in Chicago.

Critical values

continued from page 22

"Although many hospitals are not yet aware of the change, the Joint Commission will allow others to receive these results."

To further ease reporting, Dr. Howanitz's institution calls and tells the person who answers that there is a critical value on such-and-such a patient and it is in the computer. "If you give a critical value by phone, you're expected to give the patient name using two identifiers and have the result read back. But if you send results by computer, you can print them out without worrying about transcription errors, which is what the readback requirement is supposed to fix." After learning how this process has saved time and improved care at SUNY Downstate Medical Center, Dr. Howanitz says, the Joint Commission accepted this policy, too.

The bottom line for laboratories is that critical value reporting does matter, and the literature continues to confirm its relevance. In a recent

> study of total serum calcium critical values conducted by Dr. Howanitz and his wife, Joan Howanitz, MD (*Arch Pathol Lab Med*. 2006;130:828–830), high disease sever-

Dr. Howanitz

ity and mortality were found in the patients with critical results. The two concluded that although broadening the critical values limits would reduce the number of required calls, the current limits were definitely warranted.

"It's clear that medical staffs real-



Reliability

improving CV's give one loads containing to action the met its decision lyand globby.

Sare Money

things - Sector things a loss yet to reacely the tech yet seed. Bay to the text, set the parel.

Quality Constant MANYs extracts the second and in our plactoathings, second minister, encoders the tile.

Energy serve of TAT Rap II analysis province continue works to in approximate by 16 minutes.



Call 1.888.591.5577 www.responsebio.com ly favor having critical value reports because in our study a significant percentage of the patients go on to succumb," Dr. Peter Howanitz points out. The Q-Probes study, too, showed that 94.9 percent of physicians found critical values lists valuable.

"The key thing to remember is that critical values are exceedingly important, they are frequently lifet h reatening, and clinicians need to be reached in a timely manner with critical values results." \Box

Anne Paxton is a writer in Seattle.

NT-pro BN P in developmentunder Noeme from Roote Degnostion

Circle No. 68 on reader service card

FILE-& PROOF- September Page 24

In vitro blood gas analyzers

DF r5 26 / CAP TODAY Septembra MENT In vitro blood gas analyzers		
Part 1 of 12	Abbott Point of Care Glen Tinevez glen.tinevez@abbott.com 104 Windsor Center Drive	Bayer HealthCare, Diagnostics Division 511 Benedict Ave. Tarrytown, NY 10591
See related comments, page 24	East Windsor, NJ 08520 800-827-7828 www.abbottpointofcare.com	800-255-3232 www.bayerdiag.com
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	i-STAT System/1992/— ~30,000 worldwide/\$8,761 9.25 x 3.0 x 2.85/22.4 oz	Rapidpoint 400 Series/2001 n/a/n/a/\$38,000 21.5 x 11.5 x 16 in/34 lbs
Analytes measured on device Parameters calculated on device	pH, pCO ₂ , pO ₂ , Hct, Na, K, Cl, iCa, lactate, glucose, creatinine, BUN, TCO ₂ Hb, HCT, O ₂ SAT, BE, TCO ₂ , HCO ₃ -	pH, pCO ₂ , pO ₂ , Hct, Na+, K+, Cl-, Ca++, tHB, FO ₂ Hb, FMetHb, FHHb, glucose HCO ₃ -act, HCO ₃ -std, BE(B), BE(ecf), etCO ₂ , RI(T), O ₂ PO ₂ /FIO ₂ , AnGAP, sO ₂ , BO ₂ , PO ₂ (A-a)(T), pO ₂ (a/A)(T)
Barometric pressure Analytical method(s), technology(ies) employed	measured electrochemical for all analytes	Qsp/Qt(T), ct0 ₂ (Hb), ct0 ₂ (a), ct0 ₂ (v), ct0 ₂ (a-v), D0 ₂ , recorded pH, Na, Cl, iCa, K: potentiometry using ISE; pC0 ₂ : pc based on Severinghaus; p0 ₂ : amperometric meas. (glucose: amperometric-glucose oxidase; Hct: condi
Device is part of a series of related models User list or group available Device warranty	no yes (through local sales representative) 1-yr replacement	co-oximetry: spectrophotometric yes yes, through local sales rep 1 yr
Loaner devices provided Average expected life of device Open or closed system/External gas tanks required	yes 8 yrs closed/no	yes 7–10 yrs closed/no
For POC testing or laboratory POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package	POC testing reagent/electrode (single use) 25 per box	POC testing and laboratory reagent/electrode (multiuse cartridge) 1 measurement cartridge/3 waste/wash cartridges
No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system Reagent unit storage requirements	1 	400, 750 samples varies based on configuration refrigeration
Shelf life of disposable units Laboratory:	reag./electrode: 6–9 months	9 months
No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life Cost per test/Reagent cost per test	none n/a n/a n/a	1 measurement cartridge, 1 wash-waste cartridge 1 measurement cartridge, 1 wash-waste cartridge 9 months varies based on configuration
Calibrations required Calibration frequency Calibrants traceable to NIST standards	1 point (automatic) every test yes	1 & 2 point (automatic) 1 point: 30 min; 2 point: 2 hrs yes
Internal QC program recommended QC features	electronic QC, automated internal wet QC comparable plot, monthly cumulative reports (available with external system)	AQC cartridge, fully user programmable AQC cartridge, L-J plots, comparable plots, statistica monthly cum. reports (onboard & available with exter
Remote control of device from laboratory System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	yes yes n/a	yes yes —
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants	— whole blood, capillary, mixed venous, arterial, venous heparin	yes whole blood, capillary, mixed venous, arterial, veno heparin
Sampling technique Suitable for samples from well neonates/Sick neonates	injection, capillary transfer and fill yes/yes	aspiration yes/yes
Sample size for complete panel of analyte results Sample size differs with No. of analytes selected	blood gas 95 µL, electrolytes 65 µL no	100 μL no
Recommended collection device Provides for patient temperature corrected results	syringe or capillary tube yes	syringe or capillary tube yes
Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr	about 2 min 20 per unit/160	60 seconds 25/—
Optimal throughput when calibrated and awaiting specimens Calibration can be interrupted to perform stat sample		25 samples per hr
Contraindications Known interferences	n/a 	yes if calibration is interrupted repeatedly, it will force calibration to be completed before sampling benzalkonium
Restrictions based on Hct Sampler has self-wiping probe	n/a	no yes
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem Training & certification program for user	n/a yes/no yes yes, No. of training days varies	maintenance free yes/no yes yes
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	keypad entry/bar-code scanner (customizable) code No. error message/code No. error message/ code No. error message	password (customizable) flag-prompt/user ID: customizable; QC: customizab bration: flag–recalibration
Supports bar-code scanning of User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	operator & patient IDs, reagent lot No. yes no/— device unique identifier, operator & patient IDs, results, QC	operator & patient IDs, accession No., results, temp yes yes/RS-232, Ethernet operator & patient IDs, accession No., results, temp
Analyzer connects to	results, QC identifier data management system, which in turn connects to LIS/HIS	other information data management system, which connects to LIS/H
Interface standards supported	ASTM 1394 & 1238, HL7, others	directly to LIS/HIS (both options) LIS 3
To upload patient & QC results, how analyzer connects to external system	direct serial; modem dial-in; hospital network	direct serial, hospital network
Information included in transmission from analyzer to external system	device unique identifier, operator & patient IDs, results, QC identifier OC Magazar 2 0/Control Data Station	device unique identifier, operator & patient IDs, res identifier UP plotform (Windows NT, SOL corver
Hardware/Software for data management system No. of different management reports system produces Contents downloaded from DMS to analyzer	QC Manager 3.0/Central Data Station 35+ strip lot Nos., valid control values, valid operator IDs, customizations, analyzer locations	HP platform/Windows NT, SQL server customizable valid control values, valid operator IDs
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping • using standard HL7 interface	all major LIS vendors multiple vendors	 yes
		yes

Tabulation does not represent an endorsement by the College of American Pathologists

In vitro blood gas analyzers

0 7 28 / CAP TODAY			
In vi	OF r5 28 / CAP TODAY Septem MEN In vitro blood gas analyzers		
Part 2 of 12 See related comments, page 24	Bayer HealthCare, Diagnostics Division 511 Benedict Ave. Tarrytown, NY 10591 800-255-3232 www.bayerdiag.com	Instrumentation Laboratory Tim Lynch tlynch@ilww.com 101 Hartwell Ave., Lexington, MA 02421 781-861-4259 www.ilus.com	
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	RapidLab 1200/2005/— n/a/n/a/— 22.75 x 20.5 x 21 in/65–68 lbs	Synthesis 10 & 15/1997/n/a >100 worldwide/Synthesis 10: \$29,925, Synthesis 1 20 x 16 x 20 in/77 lbs	
Analytes measured on device Parameters calculated on device	pH, pCO ₂ , pO ₂ , Hb, Na+, K+, Cl-, iCa, lactate, glucose, COOX fractions Hct, O ₂ SAT, BE, TCO ₂ , HCO ₃ -, plus additional parameters	pH, pO ₂ , pCO _{2;} Synthesis 15: THb, O ₂ Hb, COHb, MetHl pH(T), pO ₂ (T), pCO ₂ (T), HCO ₃ -, SBC, TCO ₂ , Beb, BEect pAO ₂ , paO ₂ /pAO ₂ , RI, A-aDO ₂ , O ₂ cap, O ₂ ct, p50	
Barometric pressure Analytical method(s), technology(ies) employed	measured, tracked pH: potentiometry; pCO ₂ : Severinghaus electrochemical; pO ₂ : amperometric; Hct: calculated; Hb: spectrophotometric; Na, Cl,	tracking pH: potentiometry; pCO ₂ : Severinghaus electrode-vo pO ₂ : Clark electrode-current; Hb: nonhemolytic Hb a	
Device is part of a series of related models User list or group available Device warranty	iCa, K: ISE; lactate: lactate oxidase; glucose: glucose oxidase yes, series offers different analyte options yes 1 yr	(Synthesis 15) yes (Synthesis family offering different analyte optic yes (through local sales representative) 1 yr	
Loaner devices provided Average expected life of device Open or closed system/External gas tanks required For POC testing or laboratory	no 7–10 yrs closed/no laboratory	yes 7-10 yrs closed/yes laboratory	
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system	Ξ		
List price per disposable reagent system Reagent unit storage requirements Shelf life of disposable units			
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life	2 cartridges n/a electrode: varies based on type, cartridge reagent: 8 months,	3 reagent: 24 months, electrode: 4 months–1 yr	
Cost per test/Reagent cost per test	wash: 6 months; AQC cartridge; 9 months n/a/n/a	\$0.71-\$0.73 @ 50 tests per day at list price/\$0.24 @ day at list	
Calibrations required Calibration frequency Calibrants traceable to NIST standards Internal QC program recommended QC features	1 & 2 point (manual & automatic) 1 point: every 30 min; 2 point: every 8 hrs yes AQC cartridge, fully user programmable L-J plots, comparable plots, statistical calculations, monthly cum.	1 & 2 point (automatic & manual) 1 point: after each sample; 2 point: every 2 hrs yes 1 level per 8 hrs, IL controls recommended L-J plots, QC tracking	
Remote control of device from laboratory System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	reports (available with external system) yes — —	yes no n/a	
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants Sampling technique	yes whole blood, capillary, mixed venous, arterial, venous heparin aspiration	yes w. blood, serum, plasma, capill., mixed ven., arterial, heparin aspiration, injection, capillary	
Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results Sample size differs with No. of analytes selected Recommended collection device	yes/yes 95 µL–175 µL yes (microsample mode available) syringe or capillary	yes/yes 60 µL/100 µL yes universal sampler accepts all devices	
Provides for patient temperature corrected results Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens Calibration can be interrupted to perform stat sample	yes 60 seconds 24/up to 336 tests 24 samples per hr yes	yes 60 seconds 50/150–400 30 samples per hr yes	
Contraindications Known interferences Restrictions based on Hct	none contact vendor none	none none no	
Sampler has self-wiping probe Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem	yes weekly: 5 min; monthly: 5 min yes/no no	yes monthly: 5 min yes/no yes	
Training & certification program for user Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	yes, 1–2 days password (customizable) diagnostic codes prompt the operator/diagnostic codes/recali- brates, generates diagnostic code if unsuccessful	yes (1 day on site) manual entry of ID & password (customizable) operator warning, sampling lockout/user ID: no syst QC: channel flagged/calibration: no results for chan	
Supports bar-code scanning of User can search for and review previous patient results on screen Built-in printer/Data port	patient ID yes yes/RS-232, Ethernet	automatic recalibration operator & patient IDs, QC values yes yes/4 RS-232, 1 parallel, standalone co-ox port, alpl	
Information on hard copy report	operator & patient IDs, accession No., results, temperature, patient demographics, others	keyboard port, bar-code reader port patient demographics, hospital name, results	
Analyzer connects to Interface standards supported To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system	data management system, which connects to LIS/HIS; directly to LIS/HIS (both options) LIS 4 direct serial, hospital network device unique identifier, operator & patient IDs, results, QC	interfaced direct with HIS/LIS or Impact for Critical can be interfaced to HIS/LIS interfaced with LIS or Impact for Critical Care, ASTM direct serial, modem dial-in, hospital network device identifier, operator & patient IDs, results, QC	
Hardware/Software for data management system No. of different management reports system produces Contents downloaded from DMS to analyzer	identifier Rapidlink Data Management System customizable valid control values, valid operator IDs	Impact for Critical Care customizable patient ID, demographics	
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping • using standard HL7 interface • using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces	n/a yes yes yes	none none none no	
Distinguishing features (provided by vendor)	cartridge-based, high-throughput analyzer with minimal maintenance; fast time to patient results; onboard troubleshooting tutorials	continuous calibration corrects every three second seen in Clark and Severinghaus electrodes-ensure results before patient sampling; maintenance-free	

In vitro blood gas analyzers

MER		
of 15 30 / CAP TODAY	tro blood gas analyze	ers
Part 3 of 12	Instrumentation Laboratory Tim Lynch tlynch@ilww.com 101 Hartwell Ave. Lexington, MA 02421	Instrumentation Laboratory Tim Lynch tlynch@ilww.com 101 Hartwell Ave. Lexington, MA 02421
See related comments, page 24	781-861-4259 www.ilus.com	781-861-4259 www.ilus.com
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	Synthesis 20 & 25/1997/n/a >100 worldwide/Synthesis 20: \$38,325; Synthesis 25: \$48,300 20 x 16 x 20 in/77 lbs	Synthesis 30 & 35/1997/n/a >100 worldwide/Synthesis 30: \$42,000; Synthesis 35: \$5 20 x 16 x 20 in/77 lbs
Analytes measured on device Parameters calculated on device	pH, pO ₂ , pCO ₂ , Na+, K+, Ca++, Cl-; Synthesis 25: THb, O ₂ Hb, COHb, MetHb, RHb pH(T), pO ₂ (T), pCO ₂ (T), HCO ₃ -, SBC, TCO ₂ , Beb, BEecf, %sO ₂ c, pAO ₂ , paO ₂ /pAO ₂ , RI, A-aDO ₂ , anion gap, O ₂ cap, O ₂ ct, p50	pH, pO ₂ , pCO ₂ , Na, K+, Ca++, Cl-, glucose, lactate; Synth THb, O ₂ Hb, COHb, MetHb, RHb pH(T), pO ₂ (T), pCO ₂ (T), HCO ₃ -, SBC, TCO ₂ , Beb, BEecf, %st pAO ₂ , paO ₂ /pAO ₂ , RI, A-aDO ₂ , anion gap, osmolality, O ₂ ca p50
Barometric pressure Analytical method(s), technology(ies) employed	tracking pH: potentiometry; pCO ₂ : Severinghaus electrode-voltage; pO ₂ : Clark electrode-current; Hct: conductivity; Hb: nonhemolytic Hb absorption; Na, Cl, iCa, K: ISE	p30 tracking pH: potentiometry; pCO ₂ : Severinghaus electrode-voltage pO ₂ : Clark electrode-current; Hct: conductivity; Hb: nonh Hb absorption; Na, Cl, iCa, K: ISE; glucose: enzymatic
Device is part of a series of related models User list or group available	yes (Synthesis family offering different analyte options) yes (through local sales representative)	yes (Synthesis family offering different analyte options) yes (through local sales representative)
Device warranty Loaner devices provided	1 yr yes	1 yr yes
Average expected life of device Open or closed system/External gas tanks required	7–10 yrs closed/yes	7–10 yrs closed/yes
For POC testing or laboratory	laboratory	laboratory
POC: Uses disposable prepackaged reagent/Electrode system for analysis	_	-
No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system	Ξ	Ξ
List price per disposable reagent system Reagent unit storage requirements Shelf life of disposable units	-	-
Shelf life of disposable units	_	_
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once	 12	 12
Shelf life Cost per test/Reagent cost per test	— \$0.84-\$0.86 @ 50 tests per day at list price/\$0.24 @ 50 tests per day at list price	— \$1.67-\$1.69 @ 50 tests per day at list price/\$0.24 @ 50 te day at list price
Calibrations required Calibration frequency	1 & 2 point (automatic & manual) 1 point: after each sample; 2 point: every 2 hrs	1 & 2 point (automatic & manual) 1 point: after each sample; 2 point: every 2 hrs
Calibrants traceable to NIST standards	yes 1 level per 8 hrs, IL controls recommended	yes 1 level per 8 hrs, IL controls recommended
Internal QC program recommended QC features Pamete control of device from laboratory	L-J plots, QC tracking	L-J plots, QC tracking
Remote control of device from laboratory System can use LOINC to transmit results to LIS	yes no	yes no
How labs get LOINC codes for reagent kits Detects clots within analysis chamber	n/a yes	n/a yes
Specimen types suitable for device Acceptable anticoagulants	w. blood, serum, plasma, capill., mixed ven., arterial, ven., exp. gas heparin	w. blood, serum, plasma, capill., mixed ven., arterial, ven., heparin
Sampling technique	aspiration, injection, capillary	aspiration, injection, capillary
Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results	yes/yes 80 μL/150 μL	yes/yes 80 μL/150 μL
Sample size differs with No. of analytes selected Recommended collection device	yes universal sampler accepts all devices	yes universal sampler accepts all devices
Provides for patient temperature corrected results Time from sample introduction to result availability	yes 60 seconds	yes 60 seconds
Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens	50/350–600 30 samples per hr	40/280–480 30 samples per hr
Calibration can be interrupted to perform stat sample Contraindications	yes —	yes —
Known interferences Restrictions based on Hct	no	no
Sampler has self-wiping probe	yes	yes
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software	monthly: 5 min yes/no	monthly: 5 min yes/no
Diagnostics performed through modem Training & certification program for user	yes yes (1 day on site)	yes yes (1 day on site)
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	manual entry of ID & password (customizable) operator warning, sampling lockout/user ID: no system access, QC: channel flagged/calibration: no results for channel, power: automatic recalibration	manual entry of ID & password (customizable) operator warning, sampling lockout/user ID: no system a QC: channel flagged/calibration: no results for channel, p automatic recalibration
Supports bar-code scanning of User can search for and review previous patient results on screen	operator & patient IDs, QC values yes	operator & patient IDs, QC values yes
Built-in printer/Data port	yes/4 RS-232, 1 parallel, standalone co-ox port, alphanumeric keyboard port, bar-code reader port	yes/4 RS-232, 1 parallel, standalone co-ox port, alphanuk keyboard port, bar-code reader port
Information on hard copy report Analyzer connects to	patient demographics, hospital name, results interfaced direct with HIS/LIS or Impact for Critical Care, which	patient demographics, hospital name, results interfaced direct with HIS/LIS or Impact for Critical Care,
Interface standards supported	can be interfaced to HIS/LIS interfaced with LIS or Impact for Critical Care, ASTM protocol	can be interfaced to HIS/LIS interfaced with LIS or Impact for Critical Care, ASTM prot
To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system Hardware/Software for data management system No. of different management reports system produces Contents downloaded from DMS to analyzer	direct serial, modem dial-in, hospital network device identifier, operator & patient IDs, results, QC ID Impact for Critical Care customizable patient ID, demographics	direct serial, modem dial-in, hospital network device identifier, operator & patient IDs, results, QC ID Impact for Critical Care customizable patient ID, demographics
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping	none	none
using screen annihilation, screen scraping using standard HL7 interface using proprietary protocol interface	none	none none
• Using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces	none no	none no
Distinguishing features (provided by vendor)	continuous calibration corrects every three seconds for drift seen in Clark and Severinghaus electrodes-ensures accurate results before patient sampling; maintenance-free disposable electrodes for convenience and system uptime; integrated co- oximeter uses no extra reagent and minimizes maintenance	continuous calibration corrects every three seconds for seen in Clark and Severinghaus electrodes-ensures accu results before patient sampling; maintenance-free dispo electrodes for convenience and system uptime; integrate

In vitro blood gas analyzers

NI -	MEN		
Of rs 34 / CAP TODAY Septem MEN In vitro blood gas analyzers			
Part 4 of 12	Instrumentation Laboratory Tim Lynch tlynch@ilww.com 101 Hartwell Ave. Lexington, MA 02421	Instrumentation Laboratory Tim Lynch tlynch@ilww.com 101 Hartwell Ave. Lexington, MA 02421	
See related comments, page 24	781-861-4259 www.ilus.com	781-861-4259 www.ilus.com	
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	Synthesis 40 & 45/1999/n/a n/a/n/a/Synthesis 40: \$48,300; Synthesis 45: \$60,375 20 x 16 x 20 in/77 lbs	GEM Premier 3000/2000/1,750 >2,500/>6,000/\$39,995 17 x 12 x 12 in/29.5 lbs	
Analytes measured on device	pH, pO ₂ , pCO ₂ , Na+, K+, Ca++, Cl-, glucose, lactate; Synthesis 45: THb, O ₂ Hb, COHb, MetHb, RHb	pH, pO ₂ , pCO ₂ , Hct, Na+, K+, Ca++, glucose, lactate	
Parameters calculated on device	pH(T), $pO_2(T)$, $pCO_2(T)$, HCO_3^- , SBC, TCO ₂ , Beb, BEecf, %sO ₂ c, pAO_2 , paO_2/pAO_2 , RI, A-aDO ₂ , anion gap, osmolality, O_2 cap, O_2 ct, $p50$	A-aDo ₂ , Hb, pAO ₂ , paO ₂ /pAO ₂ , RI, O ₂ cap*, CtO ₂ *, CaO ₂ *, CcO ₂ *, a-vDO ₂ *, Qsp/Qt*, P5O*	
Barometric pressure Analytical method(s), technology(ies) employed	tracking pH: potentiometry; pCO ₂ : Severinghaus electrode-voltage; pO ₂ : Clark electrode-current; Hct: conductivity; Hb: nonhemolytic the charactrice. No. Cl. iCo. K. ICO: glucope. Jostota commentio	n/a pH, pCO ₂ : potentiometry; pO ₂ , glucose, lactate: ampero Hct: conductivity; Na, iCa, K: ISE	
Device is part of a series of related models	Hb absorption; Na, Cl, iCa, K: ISE; glucose, lactate: enzymatic yes (Synthesis family offering different analyte options)	yes	
User list or group available Device warranty	yes (through local sales representative) 1 yr	yes (through local sales representative) 5 yrs	
Loaner devices provided Average expected life of device	yes 7–10 yrs	yes 7–10 yrs	
Open or closed system/External gas tanks required For POC testing or laboratory	closed/yes laboratory	closed/no POC & laboratory	
POC:		vec (multiuce cartridee)	
Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package	<u> </u>	yes (multiuse cartridge) 2 per pack 75 150 200 450 8 600 test certridge	
No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system	_	75-, 150-, 300-, 450-, & 600-test cartridge varies with size & menu	
Reagent unit storage requirements Shelf life of disposable units	Ξ	room temperature 6 months	
Laboratory:		1	
No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once	 13	1 multiuse cartridge	
Shelf life Cost per test/Reagent cost per test	— TBD/\$0.24 @ 50 tests per day at list price	6 months varies with size & menu	
Calibrations required Calibration frequency	1 & 2 point (automatic & manual) 1 point: after each sample; 2 point: every 2 hrs	1 & 2 point (automatic) 1 point: each patient sample; 2 point: at least every 4 l	
Calibrants traceable to NIST standards Internal QC program recommended	yes 1 level per 8 hrs, IL controls recommended	yes internal, automated quality management	
QC features	L-J plots, QC tracking	Intelligent Quality Management (IQM): internal, autom	
Remote control of device from laboratory	yes	program that performs continuous quality managemen yes	
System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	no n/a	no n/a	
Detects clots within analysis chamber	yes	yes	
Specimen types suitable for device Acceptable anticoagulants	w. blood, serum, plasma, capill., mixed ven., arterial, ven., exp. gas heparin	whole blood, arterial, venous, or capillary heparin 	
Sampling technique Suitable for samples from well neonates/Sick neonates	aspiration, injection, capillary yes/yes	aspiration yes/yes	
Sample size for complete panel of analyte results Sample size differs with No. of analytes selected	95 µL/165 µL yes	135–150 μL no	
Recommended collection device Provides for patient temperature corrected results	universal sampler accepts all devices	syringe or capillary tube	
Time from sample introduction to result availability	yes 60 seconds	yes 85 seconds	
Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens	40/320–520 30 samples per hr	20/180 15–20 samples	
Calibration can be interrupted to perform stat sample Contraindications	yes —	yes	
Known interferences	_		
Restrictions based on Hct Sampler has self-wiping probe	no yes	no yes	
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software	monthly: 5 min yes/no	disposable cartridge/no maintenance required yes/no	
Diagnostics performed through modem Training & certification program for user	yes yes yes (1 day on site)	yes/no no yes	
Method of analyst ID in system	manual entry of ID & password (customizable)	yes manual or bar-code wand entry of ID & password (cus	
Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	operator warning, sampling lockout/user ID: no system access, QC: channel flagged/calibration: no results for channel, power:	operator warning, sampling lockout/user ID: no system QC: channel flagged/calibration: no results for channe	
Supports bar-code scanning of	automatic recalibration operator & patient IDs, QC values	automatic recalibration operator & patient IDs, QC values	
User can search for and review previous patient results on screen	yes	yes	
Built-in printer/Data port	yes/4 RS-232, 1 parallel, standalone co-ox port, alphanumeric keyboard port, bar-code reader port	yes/3 RS-232, 1 parallel, bar-code reader port, Etherne	
Information on hard copy report	patient demographics, hospital name, results	patient demographics, hospital name and address, res	
Analyzer connects to Interface standards supported	interfaced direct with HIS/LIS or Impact for Critical Care, which can be interfaced to HIS/LIS interfaced with LIS or Impact for Critical Care, ASTM protocol	LIS/HIS via direct interface or via IL's Impact Data Man System; vendor-neutral data management systems ASTM protocol	
To upload patient & QC results, how analyzer connects to external system	direct serial, modem dial-in, hospital network	direct serial, Ethernet, modem dial-in	
Information included in transmission from analyzer to external system	device identifier, operator & patient IDs, results, QC ID	device identifier, operator & patient IDs, results, QC ID	
Hardware/Software for data management system No. of different management reports system produces	Impact for Critical Care customizable	Impact for Critical Care customizable	
Contents downloaded from DMS to analyzer System connected (live installations) to which LISs, HISs	patient ID, demographics	patient ID, demographics	
using screen animation, screen scraping using standard HL7 interface	none none	yes yes	
using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces	none	yes	
	no	yes	
Distinguishing features (provided by vendor)	continuous calibration corrects every three seconds for drift seen in Clark and Severinghaus electrodes-ensures accurate results before patient sampling; maintenance-free disposable electrodes for convenience and system uptime; integrated co- oximeter uses no extra reagent and minimizes maintenance	Intelligent Quality Management (IQM); maintenance-fr multiuse cartridge available in 30 menu/size options fo any hospital location; 15-year history of proven cartric technology; remote management from any PC via Gem consolidated workstation for blood gas, electrolytes, F	

In vitro blood gas analyzers

OF TS 36 / CAP TODAY September In vitro blood gas analyzers		
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	GEM 3100/2000/1,750 >2,500/>6,500/\$39,995 22 x 12 x 12 in/31.5 lbs	IRMA TRUpoint Blood Analysis System/1994/— 5,000 worldwide/\$8,900 11.5 x 9.5 x 5 in/5 lbs, 4 oz
Analytes measured on device Parameters calculated on device	pH, pO ₂ , pCO ₂ , Hct, Na+, K+, Ca++, glucose, lactate: PT, APTT, ACT, ACT-LR, citrate PT A-aDo ₂ , Hb, pAO ₂ , paO ₂ /pAO ₂ , Rl, O ₂ cap*, CtO ₂ *, CaO ₂ *, CvO ₂ *,	pH, pCO ₂ , pO ₂ , Hct, Na, K, Cl, iCa, glucose, BUN, creatinine, lactate Hb, O ₂ SAT, BEb, BEecf, TCO ₂ , HCO ₃ -, iCa(n)
Barometric pressure Analytical method(s), technology(ies) employed	CcO ₂ *, ā-vDO ₂ *, Ōsp/QĪ*, P5Ō* n/a pH, pCO ₂ : potentiometry; pO ₂ , glucose, lactate: amperometry; Hct: conductivity; Na, iCa, K: ISE; PT, APTT, ACT, ACT-LR, citrate PT, mechanical clot detection	measured pH, pCO ₂ , Na, CI, iCa, K, BUN, creatinine, lactate (enzymati potentiometric; pO ₂ , glucose (enzymatic): amperometric; H conductometric; glucose strip (enzymatic): colormetric
Device is part of a series of related models User list or group available Device warranty	yes yes (through local sales representative) 5 yrs	yes yes 1 yr
Loaner devices provided Average expected life of device Open or closed system/External gas tanks required For POC testing or laboratory	yes 7–10 yrs closed/no POC & laboratory	yes 7 yrs closed/no POC testing
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system	yes (multiuse cartridge) 2 per pack cartridges available: 75-, 150-, 300-, 450-, & 600-test cartridge,	reagent/electrode (single use) 25 per box 1
List price per disposable reagent system Reagent unit storage requirements Shelf life of disposable units	1 sample per cartridge for coagulation tests — room temperature 6 months	\$6-\$7 room temperature reagent/electrode: 6 months
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life	1 2: 1 for blood gas/electrolytes, 1 for coagulation 6 months	
Cost per test/Reagent cost per test Calibrations required Calibration frequency Calibration frequency	varies with menu & cartridge size 1 & 2 point (automatic) 1 point: each patient sample; 2 point: at least every 4 hrs	– 2 point (automatic) automatic with each sample
Calibrants traceable to NIST standards Internal QC program recommended QC features Remote control of device from laboratory	yes internal, automated quality management Intelligent Quality Management (IQM): internal, automated program that performs continuous quality management yes	yes automatic electronic QC per 8 hrs L-J plots, statistical calculations, monthly cumulative repo (IDMS) ves
System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	yes no n/a	yes no
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants Sampling technique Suitable for samples from well neonates/Sick neonates	yes whole blood, arterial, venous, or capillary heparin, fresh whole blood for coagulation tests aspiration yes/yes	no—sample path visible whole blood, capillary, mixed venous, arterial, venous heparin, EDTA (glucose strip only) injection yes/yes
Sample size for complete panel of analyte results Sample size differs with No. of analytes selected Recommended collection device	135–150 μL, 50 μL for coagulation no syringe or capillary tube	125 µL capillary, 200 µL syringe no standard blood gas syringe or capillary collection device
Provides for patient temperature corrected results Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens	yes 85 seconds; under 5 min for coagulation 20/180 15–20 samples (with stat option)	yes 60–90 seconds on average 25/175 20
Calibration can be interrupted to perform stat sample Contraindications Known interferences Restrictions based on Hct	yes no	n/a none
Sampler has self-wiping probe Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software	yes no operator involvement yes/no	no, not needed maintenance free yes/no
Diagnostics performed through modem Training & certification program for user	no yes	no yes
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	manual or bar-code wand entry of ID & password (customizable) operator warning, sampling lockout/user ID: no system access, QC: channel flagged/calibration: no results for channel, power: automatic recalibration	LCD touchscreen, numeric (customizable) EQC failure or screen prompt, software: screen prompt/if u required, no access to menu, if QC required, no access to p testing mode/calib.: test ends-no injection of sample allow power: blank screen-resume testing with power
Supports bar-code scanning of User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	operator & patient IDs, QC values yes yes/2 RS-232, 1 parallel, bar-code reader port, Ethernet port patient demographics, hospital name, results	operator & patient IDs, cartridge information, lot No. yes yes/RS-232, modem, Ethernet analyzer serial No., date, calib. successful, calib. code, lot patient ID & temp., results, barometric press., SW version optional: user ID, ref. ranges, O ₂ therapy, sample informati
Analyzer connects to Interface standards supported To upload patient & QC results, how analyzer connects to external system	LIS/HIS via direct interface or via IL's Impact Data Management system; vendor-neutral data management systems ASTM protocol direct serial, modem dial-in, Ethernet	data management system, which connects to LIS/HIS; directly to LIS/HIS (both options) IRMA (ASTM protocol), IDMS (script, HL7, or EDI) hospital network, direct serial, modem dial-in
Information included in transmission from analyzer to external system Hardware/Software for data management system	device identifier, operator & patient IDs, results, QC ID Impact for Critical Care	device unique identifier, operator & patient IDs, results, QC identifier, patient 0 ₂ therapy information IDMS (integrated data management system), also integrat coagulation devices
No. of different management reports system produces Contents downloaded from DMS to analyzer System connected (live installations) to which LISs, HISs • using screen animation, screen scraping	customizable patient ID, demographics ves	24 all analyzer settings, software upgrades all major HIS/LIS vendors
 using screen animation, screen scraping using standard HL7 interface using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces 	yes yes yes yes	all major HIS/LIS vendors all major HIS/LIS vendors customizable EDI interface to HIS/LIS vendors yes
Distinguishing features (provided by vendor)	Intelligent Quality Management (IQM) maintenance-free, multiuse cartridge available in 30 menu/size options for use in any hospital location; 15-year history of proven cartridge technology; remote management from any PC via Gemweb; consolidated workstation	self contained and easy to use; contains onboard printer, intera touch screen, bar-code scanning, automatic electronic QC, and specific custom correlation reference ranges; complete data management from patient information to lot traceability; self- calibrating cartridges with Luer lockport, which forms a closed

In vitro blood gas analyzers

MF.		
38 / CAP TODAY Septem		
Part 6 of 12 See related comments, page 24	Medica Corp. Charlene M. Soley csoley@medicacorp.com 5 Oak Park Drive, Bedford, MA 01730 800-777-5983 or 781-275-4892 www.medicacorp.com	Medica Corp. Charlene M. Soley csoley@medicacorp.com 5 Oak Park Drive, Bedford, MA 01730 800-777-5983 or 781-275-4892 www.medicacorp.com
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	EasyBloodGas/2000/197 —/—/\$10,750 14.5 x 12.5 x 7 in/16 lbs	EasyStat/2002/195 —/—/\$12,500 14.5 x 12.5 x 7.0 in/18 lbs
Analytes measured on device	рН, рО ₂ , рСО ₂	pH, pCO ₂ , pO ₂ , Hct, Na, K, iCa
Parameters calculated on device	0 ₂ sat, Be, TCO ₂ , HCO ₃ -	Hb, O ₂ SAT, BE, TCO ₂ , HCO ₃ -
Barometric pressure Analytical method(s), technology(ies) employed	measured pH: ISE-potentiometry; pCO ₂ : ISE-potentiometry; pO ₂ : ISE-amperometry	measured and recorded pH and pCO ₂ : ISE-potentiometry; pO ₂ : ISE-amperome Hct: conductivity; Hb: calculated from Hct; iCa: ISE; H
Device is part of a series of related models	yes (basic model first gen., related to expanded model EasyStat)	yes (expanded parameter menu, related to EasyBloo
User list or group available Device warranty	yes 1-yr analyzer warranty	yes 1 yr analyzer warranty
Loaner devices provided Average expected life of device	yes >5 yrs	yes (planned) >5 yrs
Open or closed system/External gas tanks required For POC testing or laboratory	closed/no laboratory	closed/no laboratory
POC:	-	
Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package	reagent & electrode 1	reagent & electrode 1
No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system	based on testing volume per day —	based on testing volume per day —
Reagent unit storage requirements Shelf life of disposable units	room temperature reagent module, 10 months; electrodes, 12 months	room temperature reagent module: 10 months; electrodes: 12 months
Laboratory: No. of different disposable reagents required to maintain device	1	1
Max. No. of specific analyte reagents that can reside in device at once Shelf life	r 1 reagent module: 10 months; electrode: 12 months	r 1 reagent module: 10 months; electrode: 12 months
Cost per test/Reagent cost per test	\$0.57 at 20 samples per day/\$0.26 at 20 samples per day	<\$0.80 per sample at 20 samples per day/\$0.33 at 20 per day
Calibrations required Calibration frequency	1 & 2 point (automatic) 1 point: during each sample analysis; 2 point: can be set for 2-,	1 & 2 point (automatic) 1 point: with every sample analysis; 2 point: can be s
Calibrants traceable to NIST standards	4-, or 8-hr increments yes	or 8-hr increments yes
Internal QC program recommended	1 level per 8 hrs, Medica controls recommended	1 level per 8 hrs, CLIA recommendations, Medica con recommended
QC features Remote control of device from laboratory	L-J plots; monthly cumulative reports no	L-J plots; monthly cum. report no
System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	no n/a	no n/a
Detects clots within analysis chamber Specimen types suitable for device	yes whole blood, capillary, mixed venous, arterial, venous	yes plasma, serum, whole blood, capillary, mixed venous, a
Acceptable anticoagulants	heparin	venous heparin
Sampling technique Suitable for samples from well neonates/Sick neonates	aspiration yes/yes	aspiration yes/yes
Sample size for complete panel of analyte results Sample size differs with No. of analytes selected	100 μL syringe; 75 μL capillary no	125 μL syringe; 95 μL capillary no
Recommended collection device	heparinized capillary or syringe	heparinized capillary or syringe
Provides for patient temperature corrected results Time from sample introduction to result availability	yes 125 seconds, includes 1 point calibration	yes <120 seconds, includes 1 point calibration
Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens	25/75 25 samples	30/210 30 samples
Calibration can be interrupted to perform stat sample Contraindications	yes no	yes no
Known interferences Restrictions based on Hct	incorrect anticoagulant	incorrect anticoagulant no
Sampler has self-wiping probe	no yes	yes
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software	daily: 0.5 min; weekly: 3.5 min; monthly: 15 min	daily: 0.5 min; weekly: 3.5 min; monthly: 15 min
Diagnostics performed through modem	yes/no no wa (through distributors)	yes/no no waa (through diatributara)
Training & certification program for user Method of analyst ID in system	yes (through distributors) manual or bar-code wand for ID entry (optional)	yes (through distributors)
Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	Manual or bar-code wand for ID entry (optional) HW: oper. warning & error msg.; SW: error msg./user ID: sampling lockout; QC failure; flagged results/calib.: error msg. & 2nd attempt for 2-pt. calib. auto.; power: display not illuminated, data retained &	manual or bar-code entry (optional) HW: operator warning-error message; SW: error mes ID: sampling lockout; QC: flagged results/calibration message & 2nd 2 pt calibration automatically run; pd
Supports bar-code scanning of	auto reset operator & patient IDs, reagent lot No., QC control, reagent pack	display not illuminated, data retained-auto reset operator & patient IDs, reagent lot No., QC controls
User can search for and review previous patient results on screen	automatically read when reagent module installed yes	yes
Built-in printer/Data port Information on hard copy report	yes/RS-232 patient information; measured & calculated parameters	yes/RS-232 patient information, measured & calculated results, date
Analyzer connects to	data management system, which in turn connects to LIS/HIS; data management system, which can further transmit data;	data management system, which connects to LIS/HI management system, which can further transmit dat
Interface standards supported	directly to LIS/HIS Medica protocol	to LIS/HIS Medica protocol
To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system	direct serial patient ID, results	direct serial operator & patient IDs, results
Hardware/Software for data management system	internal	internal
No. of different management reports system produces Contents downloaded from DMS to analyzer	QC, L-J chart, patient reports —	QC, L-J chart, patient & proficiency reports —
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping	_	_
using proprietary protocol interface	_	_
Use a third-party interfacing tool, engine for LIS, HIS interfaces	TBD	TBD

In vitro blood gas analyzers

of r5 42 / CAP TODAY Septer MEN In vitro blood gas analyzers		
Part 7 of 12	Nova Biomedical Sales info@novabiomedical.com 200 Prospect St., Waltham, MA 02454-9141	Nova Biomedical Sales info@novabiomedical.com 200 Prospect St., Waltham, MA 02454-9141
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	800-458-5813 Stat Profile pH0x/1998/n/a; pH0x Basic/2002/n/a	800-458-5813 Stat Profile pH0x Plus/2000/n/a; Stat Profile pH0x
		L/2001/n/a; Stat Profile pH0x Plus C/2003/n/a
•	pH0x: —/—/\$15,000; pH0x Basic: —/—/\$12,000	pH0x Plus: —/—/\$29,000; pH0x Plus L: —/—/\$32 PH0x Plus C: —/—/\$32,000
	15 x 12 x 15 in/18 lbs	15 x 12 x 15 in/18 lbs
Analytes measured on device	pH0x: pH, pC0 $_2$, pO $_2$, Hct, Hb, SO $_2$ %; pH0x Basic: pH, pCO $_2$, pO $_2$	pHOx Plus: pH, pCO ₂ , pO ₂ , Hct, Hb, SO ₂ %, Na, K, Cl or pHOx Plus L measures preceding analytes plus lacta
	BE, TCO ₂ , HCO ₃ - tracked	pH, pCO ₂ , pO ₂ , Hct, Hb, SO ₂ %, Na, K, Cl, iCa, glucose tracked
Analytical method(s), technology(ies) employed	pH: direct ISE; pCO ₂ : Sevinghaus; pO ₂ : amperometry; Hct: conductivity; Hb & SO ₂ %: optical-reflectance	pH: direct ISE; pCO_2 : potentiometry; pO_2 : amperon Hct: conductivity; Hb & $SO_2\%$: optical–reflectance direct ISE; glucose: enzyme amperometric
	yes yes (upon request)	yes yes (upon request)
Device warranty	1 yr, repair or replacement of any part, including labor	1 yr, travel and labor, repair or replacement
Average expected life of device	no 5–7 yrs sleasd as	yes 5–7 yrs slosod/as
	closed/no POC & laboratory	closed/no POC & laboratory
	reagent	reagent
No. of samples analyzed per one disposable reagent, electrode system	200–500 analyses n/a	200–500 analyses n/a
List price per disposable reagent system	room temperature	\$210-\$275 room temperature
Shelf life of disposable units	reagents: 18 months room temperature; electrodes: up to 18 months	reagents: 18 months room temperature, electrodes:
Laboratory: No. of different disposable reagents required to maintain device Max, No. of specific analyte reagents that can reside in device at once	1	1
Shelf life	1 reagents & electrodes: 18 months; membrane kits: 12–24 months	1 reagents & electrodes: 18 months; membrane kits
	<\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses per day	<\$0.11 at 35 analyses per day/<\$0.08 at 35 analyses
Calibration frequency	1 & 2 point (automatic) 1 point: 30 or 45 min or with every sample (user selectable); 2 point: 2 A or 6 br (upper defined)	1 & 2 point (automatic) 1 point: 30 or 45 min or with every sample (user so 2 point: 2 A or 6 by (user defined)
Calibrants traceable to NIST standards	2 point: 2, 4, or 6 hr (user defined) yes	2 point: 2, 4, or 6 hr (user defined) yes
	minimum CLIA recommendations L-J plots, statistical calcs., monthly cum. report (onboard, more	minimum CLIA recommendations L-J plots, statistical calcs., monthly cum. report (o
	extensive reporting avail. with Nova Point-of-Care Manager) yes	extensive reporting avail. with Nova Point-of-Care
· · · · · · · · · · · · · · · · · · ·	no —	no
	yes whole blood, capillary, mixed venous, arterial	yes whole blood, capillary, mixed venous, art., venous; pH
		Plus C can accomm. preceding specimens and serum
Sampling technique	heparin aspiration & capillary	heparin aspiration & capillary
Sample size for complete panel of analyte results	yes/yes 70 µL	yes/yes pHOx Plus: 115 µL; pHOx Plus L: 125 µL; pHOx Plus
Sample size differs with No. of analytes selected	yes, pHOx and pHOx Basic offer micro-panel; standard 3-test blood gas micro-panel sample req. is 45 µL	yes, pHOx Plus, pHOx Plus L, pHOx Plus C offer micro-pa test micro-panel req. 55 µL for pHOx Plus; 60 µL for pHO
Recommended collection device	syringe, capill., micro-collect. containers, standard vacuum cont.	syringe, capill., micro-collect. containers, standard ves
Time from sample introduction to result availability	yes 45 seconds 200/200 toolo	pHOx Plus: 50 seconds; pHOx Plus L & PHOx Plus (
Optimal throughput when calibrated and awaiting specimens	300/300 tests 300 tests per hr	50/500 tests 300 tests per hr
	yes none	yes none
Known interferences	none no	none no
	yes	yes
	weekly: <5 min; monthly: <10 min	weekly: <5 min; monthly: <10 min
Diagnostics performed through modem	yes/no yes	yes/no yes
	yes (on site)	yes (on site)
Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	password with unique user ID No. (optional) self-diag. SW informs & notifies oper. of HW & SW failure; hotline & field support depending on problem/optional lockout w/o proper user	password with unique user ID No. (optional) self-diag. SW informs & notifies oper. of HW failure; h support depending on problem/optional lockout w/o
	ID; options for QC failure range from flagging to not reporting test that fails QC to lockout for QC failure or exceeding scheduled QC interval/	for QC failure range from flagging to not reporting tes lockout for QC failure or exceeding scheduled QC inte
	any test that does not calibrate will not report results & instrument notifies oper. of reason for failure; momentary power interrupts	that does not calibrate will not report results & instru oper. of reason for failure; momentary power interrup
	require no recovery-extended power failure results in automatic calib.	recovery-extended power failure results in automatic
User can search for and review previous patient results on screen	patient ID yes	patient ID yes
Built-in printer/Data port	yes/multiple RS-232 patient ID w/ access. No., entered settings, meas. & calc. results	yes/multiple RS-232 patient ID w/ access. No., entered settings, meas.
	data management system which connects to LIS/HIS	data management system and/or directly to LIS/H
Interface standards supported	ASTM E1381-91 & ASTM 1394-91 (HL7 avail. with external device) direct serial/>500 hospitals inst.; hospital network/>100 inst.	ASTM E1381-91 & ASTM 1394-91 (HL7 avail. with e direct serial/>500 hospitals inst.; hospital network
Information included in transmission from analyzer to external system	device unique identifier, operator & patient IDs, results, QC	device unique identifier, operator & patient IDs, re
Hardware/Software for data management system	identifier, accession No. Pentium with Microsoft NT 4.0/Nova Point of Care Manager SW	identifier, accession No. Pentium with Microsoft Windows 2000/Nova Point o
	>60 n/a	>60 yes, patient name, passwords
System connected (live installations) to which LISs, HISs	>20	>20
	>100	>100
	× 500	> 500
using proprietary protocol interface	>500 yes	>500 yes

In vitro blood gas analyzers

MERT			
of 15 44 / CAP TODAY	In vitro blood gas analyzers		
Part 8 of 12	Nova Biomedical Sales info@novabiomedical.com 200 Prospect St. Waltham, MA 02454-9141	Nova Biomedical Sales info@novabiomedical.com 200 Prospect St. Waltham, MA 02454-9141	
See related comments, page 24 Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	800-458-5813 Stat Profile Critical Care Xpress/2003/n/a n/a/n/a/— 17.2 x 22.4 x 17.3 in/53 lbs	800-458-5813 Stat Profile Critical Care Xpress 3 Plus/2003/n/a n/a/n/a/— 17.2 x 22.4 x 17.3 in/53 lbs	
Analytes measured on device Parameters calculated on device Barometric pressure Analytical method(s), technology(ies) employed	pH, pCO ₂ , pO ₂ , Hct, Hb, Na, K, Cl, iCa, iMg, lactate, glucose, creatinine, BUN, SO ₂ %, co-oximetry BE, TCO ₂ , HCO ₃ - tracked pH: direct ISE; pCO ₂ : Severinghaus; pO ₂ : amperometric; Hct: conductivity; Hb & SO ₂ %: optical-reflectance; Na, K, Cl, iMg, & iCa: direct ISE; lactate, glucose, & creatinine: enzyme/amperometric;	pH, pCO ₂ , pO ₂ , co-oximetry BE, TCO ₂ , HCO ₃ - tracked pH: direct ISE; pCO ₂ : Severinghaus; pO ₂ : amperometric co-ox: optical-reflectance	
Device is part of a series of related models User list or group available Device warranty Loaner devices provided Average expected life of device Open or closed system/External gas tanks required For POC testing or laboratory	BUN: enzyme/ISE; co-ox: optical, reflectance yes yes (upon request) 1 yr no 5–7 yrs closed/no POC & laboratory	yes yes (upon request) 1 yr no 5–7 yrs closed/no POC & laboratory	
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system Reagent unit storage requirements Shelf life of disposable units	reagent 200–500 analyses n/a \$294–\$349 no special requirements reagents: 18 months (room temp.); electrodes: up to 18 months	reagent 200–500 analyses n/a \$269 no special requirements reagents: 18 months (room temp.); electrodes: up te	
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life Cost per test/Reagent cost per test	1 19 reagents & electrodes: 18 months; membrane kits: 12–24 months <\$0.08 at 40 analyses per day/\$0.04 at 40 analyses per day	1 7 reagents & electrodes: 18 months; membrane kits: 1 <\$0.08 at 40 analyses per day/\$0.04 at 40 analyses	
Calibrations required Calibration frequency Calibrants traceable to NIST standards Internal QC program recommended QC features Remote control of device from laboratory System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	1 & 2 point (automatic) 1 point: 30 or 45 min or with every sample (user selectable); 2 point: 2, 3, 4, 5, or 6 hr (user defined) yes minimum CLIA recommendations L-J plots, comparable plot, statistical calculations, monthly cum. report, onboard, available with external system yes yes package insert	1 & 2 point (automatic) 1 point: 30 or 45 min or with every sample (user sel 2 point: 2, 3, 4, 5, or 6 hr (user defined) yes minimum CLIA recommendations L-J plots, comparable plot, statistical calculations, cum. report, onboard, available with external syste yes yes package insert	
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants Sampling technique Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results Sample size differs with No. of analytes selected Recommended collection device Provides for patient temperature corrected results Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens Calibration can be interrupted to perform stat sample Contraindications Known interferences Restrictions based on Hct Sampler has self-wiping probe	yes whole blood, capillary, mixed venous, arterial, venous heparin aspiration & capillary yes/yes 210 µL yes, variety of micro-panel options offered & can be customized syringe, capillary, micro-collection, or vacuum collection containers yes 134 sec 22/418 437 tests per hr yes no none no yes	yes whole blood, capillary, mixed venous, arterial, veno heparin aspiration & capillary yes/yes 210 µL yes, variety of micro-panel options offered & can be syringe, capillary, micro-collection, or vacuum collect yes 61 sec 32/224 190 tests per hr yes no none no none no yes	
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem Training & certification program for user	daily: none; weekly: <5 min; monthly: <10 min yes/no yes yes (3 days on site)	daily: none; weekly: <5 min; monthly: <10 min yes/no yes yes (3 days on site)	
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure Supports bar-code scanning of User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	multilevel password with unique user ID No. HW & SW: self-diagnostic SW informs and classifies operator of HW & SW failure; hotline & field support avail./user ID: optional setup feature; lock out without proper ID; QC: optional setup & options range from flagging QC failure to not reporting last test that fails QC/calibration: results not reported w/failures, instru- ment notifies operator of failure reason; power: momentary power interrupts require no recovery; instrument automatically calibrates operator & patient IDs yes yes/yes (Ethernet, USB) patient ID & accession Nos., entered settings, measured & calculated results	multilevel password with unique user ID No. HW & SW: self-diagnostic SW informs and classifies of HW & SW failure; hotline & field support avail./user ID setup feature; lock out without proper ID; QC: optiona options range from flagging QC failure to not reportin that fails QC/calibration: results not reported w/failur ment notifies operator of failure reason; power: mom interrupts require no recovery; instrument automatic: operator & patient IDs yes yes/yes (Ethernet, USB) patient ID & accession Nos., entered settings, meas calculated results	
Analyzer connects to Interface standards supported To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system Hardware/Software for data management system No. of different management reports system produces Contents downloaded from DMS to analyzer System connected (live installations) to which LISs, HISs • using screen animation, screen scraping • using standard HL7 interface • using proprietary protocol interface	directly to LIS/HIS, DMS that in turn connects to LIS/HIS ASTM E1394-91, ASTM 1381-91, HL7 modem dial-in, hospital network device unique identifier, operator & patient IDs, results, QC identifier full-featured onboard DMS capability, external DMS also avail. >30 valid control Nos., valid operator IDs, patient demographics n/a n/a	directly to LIS/HIS, DMS that in turn connects to LIS ASTM E1394-91, ASTM 1381-91, HL7 modem dial-in, hospital network device unique identifier, operator & patient IDs, res identifier full-featured onboard DMS capability, external DMS >30 valid control Nos., valid operator IDs, patient demos n/a n/a	

In vitro blood gas analyzers

46 / CAP TODAY Septemb		
of 15 46 / CAP TODAY	tro blood gas analyze	ers
Part 9 of 12 See related comments, page 24	Osmetech Inc. Sales Department 235 Hembree Park Drive, Roswell, GA 30076 800-490-6784 www.osmetech.com	Osmetech Inc. Sales Department 235 Hembree Park Drive, Roswell, GA 30076 800-490-6784 www.osmetech.com
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	Osmetech OPTI CCA Blood Gas Analyzer/1998/— —/—/\$10,200 4.7 x 14.2 x 9 in/10 lbs without battery, 12 lbs with	Osmetech OPTI R/2005/— —/—/— 4.7 x 14.2 x 9 in/13 lbs
Analytes measured on device Parameters calculated on device	pH, pCO ₂ , pO ₂ , Na, K, Cl, iCa, tHb, SO _{2,} glucose Hct, HCO ₃ , BE, BEecf, BEact, BB, tCO ₂ , st. HCO ₃ , st. pH, O ₂ ct, cH+, AaDO ₂ , AG, pSO, nCa++	pH, pCO ₂ , pO ₂ , tHB, Hb, SO ₂ , Na, K, iCa Hct, HCO ₃ , BE, BEecf, BEact, BB, tCO ₂ , st. HCO ₃ , st. pH, O ₂ ct, AaDO ₂ , AG, pSO, nCa++
Barometric pressure Analytical method(s), technology(ies) employed	measūred pH, pCO ₂ , pO ₂ , Na, CI, iCa, K, glucose: optical fluorescence; tHb, SO ₂ : optical reflectance	recorded,measured pH, pCO ₂ , pO ₂ : optical fluorescence; Hb: optical reflectance iCa, K: optical fluorescence
Device is part of a series of related models User list or group available Device warranty	yes, Osmetech OPTI Series yes (through Osmetech sales dept.) 1 yr (service contract available for subsequent years)	yes, OPTI family of instruments yes 1 yr warranty
Loaner devices provided Average expected life of device	yes >7 yrs	yes >7 yrs
Open or closed system/External gas tanks required For POC testing or laboratory	closed/no POC & laboratory	closed/no POC & laboratory
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package	single-use cassettes/optode 25 individual packaged cassettes	reagent, electrode/multiuse cartridge 4 individual packaged cassettes
No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system	1 depends on cassette configuration–contact Osmetech	35–75 —
Reagent unit storage requirements Shelf life of disposable units	room temperature cassette: 6–8 months, depends on type	room temperature reagents: 12, electrodes: 6
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once	1	2
Shelf life Cost per test/Reagent cost per test	cassette: 6–8 months, depends on type depends on volume—contact Osmetech	reagent: 12 months, cartridge; 6 months depends on volume—contact Osmetech
Calibrations required Calibration frequency	1 point (automatic) with each cassette	1 point (automatic) 1 point: 30 min; 2 point: 4 hrs
Calibrants traceable to NIST standards Internal QC program recommended	yes 3 levels liquid with change of cassette lot No., 2-month intervals	yes onboard auto QC integrated into reagent pack; 2 levels ever
QC features	electronic QC–1 level per 8 hrs of operation; elec. & liquid statistical calcs., L-J with external system (DataTrol); stores 1 month—3 levels onboard of each (elec. & liq.)	hrs L-J plots, statistical calculations
Remote control of device from laboratory System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	no no 	no
Detects clots within analysis chamber Specimen types suitable for device	yes plasma, serum, w. blood, capill., mixed ven., arterial, venous	yes plasma, serum, w. blood, capill., mixed ven., arterial, venou
Acceptable anticoagulants Sampling technique	heparin aspiration	heparin aspiration
Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results Sample size differs with No. of analytes selected	yes/yes 125 µL no	yes/yes 125 µL no
Recommended collection device Provides for patient temperature corrected results	heparinized syringe, capillary, Comfort Sampler yes	syringe, capillary, Comfort Sampler yes
Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens	~1 min from sample aspiration 24/192 24	<1 min
Calibration can be interrupted to perform stat sample Contraindications	no none	yes none
Known interferences Restrictions based on Hct Sampler has self-wiping probe	none no (Hct calculated based on meas. Hb) no, single use	dyes no n/a
Time required for maintenance by lab personnel	weekly: 1 min; quarterly: 5 min	weekly: 5 min; quarterly: 15 min
Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem Training & certification program for user	yes/no no yes (on site as needed)	yes/no yes (on site as needed)
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	oper. ID and/or secure 4-digit PIN No. for 300 oper. (customizable) identified on display & w/ diagnostic routine/user ID: identified on display (missing or not valid), QC: on display (report flagging param.	numeric (customizable) —/—/—
Supports bar-code scanning of	high or low)/calib: on display prior to sample aspir., power: low batt. identified on display-warning; automatic customized QC lockout oper. & patient IDs, reag. lot No., QC ranges, cassette lot No., expiration, factory calibration info. & cassette type	oper. & patient IDs, reag. lot No., QC material
User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	yes yes/RS-232 customizable, can incl. input values, meas. values, calc. values	yes yes/RS-232 meas. values, calc. values, warnings/errors, temp, baro., tr user-configured options
Analyzer connects to	Osmetech DataTrol data management system, which connects to LIS/HIS; directly to LIS/HIS (both options)	data management system, which connects to LIS/HIS
Interface standards supported	mobile ASTM, ASTM, ASCII	ASTM 1394
To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system	direct serial device unique identifier, oper. & patient IDs, results, QC	_
Hardware/Software for data management system	identifier, all info. pertinent to patient & QC data Osmetech OPTI has onboard data management capabilities, additionally Osmetech DataTrol software is available as a	Data Trol
No. of different management reports system produces Contents downloaded from DMS to analyzer	client/server 40 none	 none
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping • using standard HL7 interface	none Meditech, McKesson, Cerner, Siemens, others (call Osmetech for	none call Osmetech for details
 using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces 	updated list) none Dawning, Data Innovations (not required but can use)	none
Distinguishing features (provided by vendor)	ColorTouch Screen display; meas. tHb/SO ₂ ; 8-month shelf life of	yes measured tHb, SO ₂ ; QC integrates into reagent pack; intellig

In vitro blood gas analyzers

or 5 48 / CAP TODAY	tro blood gas analyze	ers
Part 10 of 12 See related comments, page 24	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Dr., Westlake, OH 44145 800-736-0600 ext. 333 www.radiometeramerica.com	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Dr., Westlake, OH 44145 800-736-0600 ext. 333 www.radiometeramerica.com
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	ABL 5/1994/n/a —/—/— 13 x 13 x 8 in/18 lbs	ABL 800 Series/2004/n/a —/—/depends on configuration 22 x 28 x 21 in/70 lbs
Analytes measured on device Parameters calculated on device	pH, pCO ₂ , pO ₂ Hct, O ₂ SAT, BE, TCO ₂ , HCO ₃ -, ctO ₂ , AaDpO ₂ , SBE, ABE, SBC, pCO ₂ (T), ctCO ₂ (P), pH(T), cH+(T), pO ₂ (T)	pH, pCO ₂ , pO ₂ , Hb, Na, K, Cl, iCa, lactate, glucose, bilirubin, O ₂ Hb, MetHb, RHb, COHb, O ₂ SAT Hct, BE, TCO ₂ , HCO ₃ -, plus 40 additional parameters
Barometric pressure Analytical method(s), technology(ies) employed	poo ₂ (1), doo2 ₂ (1), pin(1), on (1), po ₂ (1) measured pH: pH-sensitive glass (ISE); pCO ₂ , pO ₂ : ISE	measured pH: pH-sensitive glass (ISE); pCO ₂ , pO ₂ , Na, Cl, iCa, K, creati Hct: calc. from meas. Hb, bilirubin; Hb: optical, multiwavele intra-cuvette ultrasonic hemolysis; lactate, gluc.: ISE w/enz
Device is part of a series of related models User list or group available Device warranty Loaner devices provided	no yes (through local sales representative) 1 yr, parts, labor, & travel yes	yes, ABL 800 Series yes (through local sales representative) 2 yrs, parts, labor, & travel yes
Average expected life of device Open or closed system/External gas tanks required For POC testing or laboratory	20 yrs with full support closed/yes POC & laboratory	20 yrs with full support closed/yes (low-pressure, premixed) POC & laboratory (products on mobile carts for POCT/N
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system		
Reagent unit storage requirements Shelf life of disposable units Laboratory:	-	-
No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life Cost per test/Reagent cost per test	4 4 reagent, electrode, membrane kit, cartridge: 2+ yrs depends on sample volume & any extra incl. items/same	4 4 reagent, electrode, membrane kit, cartridge: 2+ yrs depends on sample volume & any extra incl. items/san
Calibrations required Calibration frequency Calibrants traceable to NIST standards Internal QC program recommended	1 & 2 point (automatic) 1 point: ¹ /2 hr; 2 point: 4 hrs yes depends on hospital management & inspection agency	1 & 2 point (automatic) 1 point: ¹ /2 hr-CLIA GAS, 4 hrs—mftr.; 2 point: every 8 yes depends on hospital management & inspection agency
QC features Remote control of device from laboratory	statistical calculations (available with RADIANCE data management system) yes	L-J plots, comparable plot (via DMS), statistical calcs., au monthly cum. reports (onboard & avail. w/ external syster download to Excel) yes
System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	yes —	yes
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants Sampling technique Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results	yes whole blood, capill., mixed venous, arterial, venous heparin, balanced heparin aspiration yes/yes 85 µL	yes whole blood, capill., mixed venous, arterial, venous heparin, electrolyte-balanced heparin aspiration, syringe &/or capillary tube &/or test tube yes/yes 95 µL for 17 measured parameters
Sample size differs with No. of analytes selected Recommended collection device Provides for patient temperature corrected results	yes, optional 35 µL for pH only syringe or capillary yes	yes, with fewer measured parameters, smaller micro-n available from 35 μL syringe or capillary yes
Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens Calibration can be interrupted to perform stat sample	~1 min 30/90 30 per hr yes	~1 min (depends on tests ordered) 25/425 25 per hr yes
Contraindications Known interferences Restrictions based on Hct Sampler has self-wiping probe	none halothane n/a no	none halothane, thiocyanic & glycolic acids no yes
Time required for maintenance by lab personnel Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem Training & certification program for user	monthly: as needed; annually: 5 hrs yes/no no yes (on site)	monthly: as needed; annually: dependent on version yes/no yes yes (on site)
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure Supports bar-code scanning of	operator ID entry (optional) system messages	customizable onboard keyboard, bar code system message with customized ("traffic light") visua audible signals, parameter status bar
User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	none no yes/RS-232, optional patient info., meas. & calc. results, system messages	operator & patient IDs, reag. & QC lot Nos., exp., soft. key yes, multitask searches while analyzer performs other yes/RS-232, Ethernet patient info./demographics, patient therapy settings, m calc. results, system messages, reference & critical ran
Analyzer connects to Interface standards supported	RADIANCE STAT information management system that connects to LIS/HIS or directly to LIS/HIS ASTM 1394 & 1238, serial direct serial/thousands; modem dial-in/hundreds; real-time	RADIANCE STAT information management system that co LIS/HIS or directly to LIS/HIS ASTM, HL7, serial, network TCP/IP direct corial/theusands of hesp. installed; medem dial-in
To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system Hardware/Software for data management system	direct serial/thousands; modem dial-in/hundreds; real-time device unique identifier, operator & patient IDs, results, QC identifier, as per ASTM protocols external RADIANCE	direct serial/thousands of hosp. installed; modem dial-in dreds; hospital network/hundreds; real time wireless futu device unique identifier, operator & patient IDs, results, QC er, per ASTM/HL7 standards plus calib. & analyzer status i internal system + optional external system, RADIANCE
No. of different management reports system produces Contents downloaded from DMS to analyzer System connected (live installations) to which LISs, HISs • using screen animation, screen scraping	Cerner, Meditech, Misys, others	user-definable searches/reports valid control values, valid operator IDs Cerner, Meditech, Misys, others
 using standard HL7 interface using proprietary protocol interface Use a third-party interfacing tool, engine for LIS, HIS interfaces 	none none no (use interface templates)	available from analyzer—LIS/HIS vendors can use none no (use interface templates)
Distinguishing features (provided by vendor)	provides basic blood gases (pH, pCO ₂ , pO ₂) test profile; easy to use with minimal maintenance; low cost of operation via standby usage; fast restart, in 2 min, out of standby mode	market first—FLEXQ automated inlet part of first autor system; FLEXCARE customer care program; bilirubin au meas. on whole blood with no extra sample volume, lo maintenance and cost of operation; interference-free a FLEXMODE—smallest automated microsample mode o with no loss in performance specs. (conserves blood); flexible/modular platform running on Windows XP (ent

In vitro blood gas analyzers

MER -			
of 15 50 / CAP TODAY	In vitro blood gas analyzers		
Part 11 of 12 See related comments, page 24	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Dr. Westlake, OH 44145 800-736-0600 ext. 333 www.radiometeramerica.com	Radiometer America Inc. Telesales Department info@radiometeramerica.com 810 Sharon Dr. Westlake, OH 44145 800-736-0600 ext. 333 www.radiometeramerica.con	
Name of device/First year sold/No. of analyzers sold in 2005 No. of devices sold in U.S./Outside U.S./List price Dimensions (H x W x D)/Weight	ABL 80/2006/n/a —/—/depends on configuration 16 x 9 x 11 in/19 lbs	NPT7/2001/n/a —/—/depends on configuration 10 x 13 x 16 in/25 lbs	
Analytes measured on device Parameters calculated on device	pH, pCO ₂ , pO ₂ , Hct, Na, K, iCa, Cl-, Glu Hb, O ₂ SAT, TCO ₂ , HCO ₃ -, ctO ₂ (a-v), ctO ₂ , anion gap (K+), cCa ²⁺ (7.40), cBase (B), ABE, SBE, others	pH, pCO $_2$, pO $_2$, tHb, SO $_2$, O $_2$ Hb, COHb, MetHb, HHb Hct, ABE, SBE, TCO $_2$, HCO $_3$ -, SBC, TO $_2$, p50	
Barometric pressure Analytical method(s), technology(ies) employed	n/a pH, pCO ₂ , pO ₂ , Na, K, iCa, Cl, Glu: thick film; amperometric/ potentiometric technology; HCT: conductivity	yes pH, pCO ₂ , pO ₂ , oximetry: patented dry optical techno	
Device is part of a series of related models	yes	no	
User list or group available Device warranty Loaner devices provided Average expected life of device Open or closed system/External gas tanks required	yes (through local sales representative) 1 yr parts, labor, & travel, with service plans available after yr 1 yes analyzer: 10+ yrs closed/no	yes (through local sales representative) 1 yr, parts, labor, & travel or depot loaner service yes 10+ yrs closed/no	
For POC testing or laboratory	POC testing, laboratory	POC testing, laboratory	
POC: Uses disposable prepackaged reagent/Electrode system for analysis No. of disposable reagent system units in basic shipment package No. of samples analyzed per one disposable reagent, electrode system List price per disposable reagent system Reagent unit storage requirements Shelf life of disposable units	electrode (multiuse cartridge) 1 50/100/200/300 depends on configuration & GPO affiliation room temperature 90–100 days	dry optical system multiuse cartridge contains 30 single-use cuvettes 30 depends on configuration room temperature 24 months	
Laboratory: No. of different disposable reagents required to maintain device Max. No. of specific analyte reagents that can reside in device at once Shelf life Cost per test/Reagent cost per test	2 2 reagent: 100 days, cartridge: 3 months depends on configuration/same	1 1 24 months depends on volume	
Calibrations required	1 & 2 point (manual & automatic)	2-level check is performed as part of QualityGuard (manual & automatic)	
Calibration frequency Calibrants traceable to NIST standards Internal QC program recommended QC features	1 point: with each test; 2 point: 4 hrs (user definable) yes QC material according to CLIA, CAP, JCAHO L-J plots, statistical calcs., monthly cum. (onboard-current mean, STD, CV%) reports (onboard & available	1 point: n/a; 2 point: n/a yes QualityGuard incl. a 2-level check, system check & incl QualityGuard information onboard or available with e system, L-J plot and QC statistics, also available on o	
Remote control of device from laboratory System can use LOINC to transmit results to LIS How labs get LOINC codes for reagent kits	with external system, PC download to Excel) yes yes —	no yes —	
Detects clots within analysis chamber Specimen types suitable for device Acceptable anticoagulants Sampling technique Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results Sample size differs with No. of analytes selected Recommended collection device Provides for patient temperature corrected results Time from sample introduction to result availability Max. No. of patient samples per hr/Max. No. of measured parameters per hr Optimal throughput when calibrated and awaiting specimens Calibration can be interrupted to perform stat sample Contraindications Known interferences Restrictions based on Hct	yes whole blood, capillary, mixed venous, arterial, venous heparinized, electrolyte balanced heparin aspiration yes/yes 70 µL no syringe or capillary tube yes 90 sec 30/270 30 tests per hr yes none no	yes whole blood, capillary, mixed venous, arterial, veno heparinized whole blood aspiration yes/yes 90 µL no heparinized syringe or capillary tube yes 60 sec 30/270 30 tests per hr n/a no intralipid (concentrations over 4 vol%), fluoroscein no	
Sampler has self-wiping probe Time required for maintenance by lab personnel	no n/a	no, probe disposed of after measurement	
Onboard diagnostics for troubleshooting/Limited to software Diagnostics performed through modem Training & certification program for user	yes/no no yes (on site)	yes/no no yes	
Method of analyst ID in system Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	bar-code or onboard keyboard (customizable) error msg./error msg./calib.: error msg., power: blank screen & color indicator for battery level	optional/bar code or manual system messages with visual signals	
Supports bar-code scanning of User can search for and review previous patient results on screen Built-in printer/Data port Information on hard copy report	operator & patient IDs, reag. & sensor lot Nos., QC* yes yes/RS-232, Ethernet, 2 USB 11, PS2 mouse and keyboard all meas. & calc. values, exp., test remaining info., dispos. lot No., basic statistics, time & date, user & patient info., temp. corrected at 37°C	operator & patient IDs, QC lot No. yes yes/RS-232, Ethernet patient info, patient therapy settings; measured and parameter results; system messages; reference ran cartridge lot & cartridge expiration date	
Analyzer connects to	RADIANCE STAT analyzer management system that connects to LIS/HIS or directly to LIS/HIS	RADIANCE STAT analyzer management system that LIS/HIS or directly to LIS/HIS	
Interface standards supported To upload patient & QC results, how analyzer connects to external system Information included in transmission from analyzer to external system	ASTM, HL7, serial, network, TCP/IP serial, Ethernet device unique identifier, operator & patient IDs, results, QC identifier	ASTM serial, Ethernet device unique identifier, oper. & patient IDs, results,	
Hardware/Software for data management system No. of different management reports system produces Contents downloaded from DMS to analyzer System connected (live installations) to which LISS, HISS	RADIANCE user definable —	PCM/CIA—internal DM or external DM user definable — LIS vendors completing interface requirements	
System connected (live installations) to which LISs, HISs • using screen animation, screen scraping • using standard HL7 interface • using proprietary protocol interface Use a third narty interfacing tool engine for LIS, HIS interfaces	Cerner, Meditech, Misys, others available from analyzer—LIS/HIS vendors can use none no (use interface templates)		
Use a third-party interfacing tool, engine for LIS, HIS interfaces Distinguishing features (provided by vendor)	no (use interface templates) portable, true battery operation; quickest startup/warmup and	no (use interface templates) patented dry optical technology, unique in the meas	

In vitro blood gas analyzers

OFTS 52 / CAP TODAY	vitro blood gas analyz	ers
	Roche Diagnostics Corp. Mike Kolodkin mike.kolodkin@roche.com 9115 Hague Rd., Indianapolis, IN 46250 800-428-5074 us.labsystems.roche.com	Roche Diagnostics Corp. Mike Kolodkin mike.kolodkin@roche.com 9115 Hague Rd., Indianapolis, IN 46250 800-428-5074 us.labsystems.roche.com
No. of devices sold in U.S./Outside U.S./List price	Roche OMNI Modular System/1996/— —/—/\$29,900–\$56,200 16.5 x 21 x 18.5 in/88 lbs	Roche cobas b 221 system/2004/— —/—/\$44,400-\$63,700 23 x 23 x 27 in/99 lbs
Parameters calculated on device	pH, pCO ₂ , pO ₂ , Hct, Hb, Na, K, Cl, iCa, lactate, glucose, BUN, co-ox values: O ₂ Hb, COHb, SulfHb, HHb, metHb 40+ parameters, including BE, BB, HCO ₃ -, TCO ₂ , SO ₂ , NiCa++, ctO ₂ , pSO,	pH, pCO ₂ , pO ₂ , Hct, Hb, Na, K, Cl, iCa, lactate, glucose, pH pleural flud Hb, Hct, O ₂ SAT, BE, TCO ₂ , HCO ₃ -
Barometric pressure Analytical method(s), technology(ies) employed	shunt, AG, OSM (call Roche for list) measured pH: ion selective galvanometric; pCO ₂ , pO ₂ : ion selective membrane; Hct: conductivity; Hb: spectrophotometry; Na, Cl, iCa, K: ion selective potentiometry; lactate: lact. oxidase enzyme; glucose: glucose	recorded or measured pH: ion selective galvanometric; pCO ₂ , pO ₂ : ion selecti Hct: conductivity; Hb: spectrophotometry; Na, CI, iCa, I potentiometry; lactate, glucose: oxidase enzyme; BUN
	oxidase enzyme; BUN: urease enzyme yes, models 1–9	yes, 6 models in series
	yes (through Roche sales dept.) 1 yr (service contract available for subsequent years)	yes (via local sales representative)
Loaner devices provided	yes >7 yrs	1-yr warranty no 7 yrs
Open or closed system/External gas tanks required	closed/no POC & laboratory (transportable on cart system)	closed/no POC & laboratory
POC: Uses disposable prepackaged reagent/Electrode system for analysis	n/a	reagent and electrode
No. of disposable reagent system units in basic shipment package	n/a n/a	versions 1–4: 2; versions 5 and 6: 3
List price per disposable reagent system Reagent unit storage requirements	n/a n/a	_
Shelf life of disposable units Laboratory:	n/a	-
No. of different disposable reagents required to maintain device	depends on model, contact Roche n/a	Ξ
Shelf life	reagents: 1 yr	reagent: 42 days onboard; electrode: 9–18 months onl membrane kit: n/a
	depends on sample volume/same	<u> </u>
Calibration frequency	1 & 2 point (automatic) 1 point: 30 min and with each sample; 2 point: selectable 4–12 hrs ves	1 & 2 point (automatic) 1 point: 30 min; 2 point: 8 hrs yes
Internal QC program recommended QC features	1 liquid QC sample per 8 hrs of operation AutoQC sampling, L-J plots, statistical calcs., monthly cum. reports (onboard & external with DataCare POC software), multirules, auto.	yes — L-J plots, comparable plot, lot-to-lot comparisons, stati monthly cum. reports, onboard, eQAP
Remote control of device from laboratory	lock/unlock of individual tests based on QC criteria yes no —	yes yes Web, package insert
	yes plasma, serum, w. blood, capillary, mixed venous, arterial, venous	yes plasma, serum, whole blood, capillary, arterial, venous
Acceptable anticoagulants Sampling technique	heparin, lithium aspiration, injection	aspiration, injection, capillary transfer & fill, microsa
Suitable for samples from well neonates/Sick neonates Sample size for complete panel of analyte results	yes/yes 160 μL for full panel, 40 μL per module	yes/yes 200 µL for full panel
Sample size differs with No. of analytes selected	yes, 40 μL per module, ie: pH/BG, electrolytes, co-ox, metabolites syringe, capillary, microsampler	yes, BG: 40 μL; ISE: 40 μL; coox 44 μL, glucose lactate, BU
Provides for patient temperature corrected results	yes ~1 min (depends on tests analyzed)	 ~1 min (test dependent) 30 patients per hr (full panel)/30 patients per hr (full
Optimal throughput when calibrated and awaiting specimens	40 samples per hr yes	30 patients per hr (full panel) yes
Contraindications	none	none
Restrictions based on Hct	no (automatically checks Hct: tHb ratio) no	no yes
	weekly: 5 min; quarterly: 5 min yes/no	monthly: 5 min, quarterly: 5 min yes/no
Diagnostics performed through modem	yes, with OMNI-Link via network can remotely control, real-time continuously monitor, activate calib., QC sampling (with AutoQC	yes
	module), and activate troubleshooting routines remotely yes (on site)	yes (2.5 days on site)
Response for hardware & software failure/User ID & QC failure/ Calibration & power failure	4-level password system for 200 operators identified on screen & w/ diagnostic routine/user ID: on screen w/ msg., QC: on screen-report w/ high-low flagging & multirule/calib.: identified on display w/ easy-to-read icons, auto. lockout of failed QC test, power: recorded in orbidities the schemetric subtempties 0.0 Lackout of totate	32-level password system (customizable) HW: identified onscreen & w/ diagnostic routine; SW: onscree ID: identified onscreen; QC: onscreen report w/ high/low flag capabilities/calibration: onscreen reporting w/ lockout
Supports bar-code scanning of	activities log, automatic customizable QC lockout of tests oper. & patient identifiers, reag. & electrode lot Nos., QC ranges, expir.	capabilities; power: recorded in activities log operator & patient IDs, reagent lot No., RF w/transpon
Built-in printer/Data port	yes (up to 50,000 online, onboard analyzer) yes/RS-232, parallel, Ethernet customizable, can incl. input values, meas. values, calc. values	yes yes/RS-232, parallel, Ethernet options can be customized; direct & measured parame
Analyzer connects to	data management system, which connects to LIS/HIS;	data management system, which connects to LIS/HIS;
Interface standards supported To upload patient & QC results, how analyzer connects to external system	directly to LIS/HIS (both options) ASTM 1394, ASTM 1238, HL7 (DataCare available) direct serial, hospital network, real-time wireless (RF)	management, which cannot further transmit data; direct ASTM 1394, HL7, USB port direct serial, hospital network, modem dial-in
	device unique identifier, oper. & patient IDs, results, QC identifier Roche OMNI has onboard DM capabilities; DataCare POC software is	device unique identifier, oper. & patient IDs, results, QC
No. of different management reports system produces	available as a client/server to connect OMNI analyzers 40	yes 40
System connected (live installations) to which LISs, HISs	valid control values, valid operator IDs, patient demographics	valid control values, valid operator IDs, critical patien
using screen animation, screen scraping	none	_
using standard HL7 interface	Meditech, McKesson, Cerner, SMS (call Roche for updated list) Kaiser Permanente	