Hematology analyzers

Aiming to ease lab labor, cost, TAT pressures

Anne Ford

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

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

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

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

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

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

Part 1 of 11		Abbott Hematology David Overcash 5440 Patrick Henry Dr. Santa Clara, CA 95054 800-933-5535 www.abbottdiagnostics.com
Name of instrument First year installed in U.S No. units installed in U.S.	./outside U.S./No. of units sold in 2006 /outside U.S./list price	CELL-DYN Sapphire 2005/2005/618 179/439/\$250,000
Test menu: All instruments have:	Chartable	standard menu (left) plus: MPV, RDW, retic %&#, IRF, NRBC %&#, CD61, CD3T %&#, CD4T %&#, CD8T %&#, 4/8</td></tr><tr><td>WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut,</td><td>•Laboratory</td><td></td></tr><tr><td>, , , ,</td><td>•Flags</td><td>band, IG, blast, variant lymph, nvWBC, rstRBC, IR, Pit clmp, ASYM, FP, CD61 agg., clot detected during aspiration, short sample</td></tr><tr><td>FDA-cleared tests but not Tests not available but su</td><td>•</td><td>none none</td></tr><tr><td>Tests in development For research use only</td><td></td><td>body fluid assay, optical RBC morphology none</td></tr><tr><td>Tests unique to analyzer</td><td></td><td>CD61 for Plts, WVF, CD3/4, CD3/8 (immuno T-cell)</td></tr><tr><td>Differential method(s) us Linearity:</td><td>ed •WBC count (10⁹/L)/RBC count (10¹²/L)</td><td>optical scatter & 3-color fluorescence $0.4-250.0 \times 10^3 \mu$L/ $0.22-7.50 \times 10^6 \mu$L</td></tr><tr><td></td><td>•Hemoglobin (g/dL)/platelet (109/L)</td><td>1.0–24.8 g/dL (cyanide free)/11.0–2,000.0 \times 103 μL</td></tr><tr><td>Precision:</td><td>•MCV (fL) or Hct (%) •WBC count/RBC count</td><td>37.0–179 fL (MCV) ≤2.7%/≤1.5%</td></tr><tr><td></td><td>•Hb/platelet •MCV or Hct</td><td>≤1.0%/≤4.0% ≤1.0% (MCV)</td></tr><tr><td>Accuracy of automated d</td><td>iff. compared with manual diff.</td><td>neut% r=0.942 slope 0.947 y=0.446; lym% r=0.936 slope=0.943</td></tr><tr><td>(per NUCLS H-2UA)</td><td>regression equation</td><td>y=2.811; mono% r=0.623 slope=1.057 y=0.851; eos% r=0.446 slope=1.024 y=0.288; baso% r=0.232 slope=0.257 y=0.350</td></tr><tr><td>Interfering substances:</td><td>•WBC</td><td>Pit clumps, neut aggregates, Hb C crystals, lyse-resist. RBCs, cryoglob., cryofibr., frag. WBC, nRBC</td></tr><tr><td></td><td>•RBC</td><td>autoagg., cold agg., elevated WBC, giant Plts, hemolysis, sm WBC</td></tr><tr><td></td><td>•MCV or Hct</td><td>MCV: autoagg., cold agg., elevated WBC, giant Plt, hemolysis, hyperglycemia</td></tr><tr><td></td><td>•Platelet</td><td>auto & cold agg., cryoglob., cryofibrin., giant PIt, micro RBC, PIt clumps, RBC frag., WBC frag., PIt satellitism</td></tr><tr><td></td><td>•Hb</td><td>lipids>700 mg/dL, WBCs>250 \times 109/L, bilirubin>33 mg/dL, Hb crystals</td></tr><tr><td>Interfering substances: d</td><td>ifferential</td><td>see WBC</td></tr><tr><td>Age- and sex-specific ref Max. CBCs per hr/max. C</td><td></td><td>yes 106/106</td></tr><tr><td>Recommended average f</td><td>requency of calib.</td><td>6 months verification</td></tr><tr><td> Modes calibrated/ Frequency of blood/latex </td><td>parameters calibrated controls</td><td>open-closed single procedure/WBC, RBC, Hb, Plt, MPV per regulatory requirement/n/a</td></tr><tr><td>Min. specimen vol. open/</td><td>closed/sample dead vol. closed</td><td>117 µL/117 mL/0.5 mL, 0.3 mL for 10.25 \times 64 mm tubes</td></tr><tr><td>Tube sampling supported</td><td></td><td>yes (11.5–13 \times 65-75 mm, 10.25 \times 64 mm, 8.5 \times 66 mm [Sarstedt Monovette])</td></tr><tr><td>Veterinary capability Microsample capability</td><td></td><td>no ves</td></tr><tr><td></td><td>des automatically or flags</td><td>yes (flags only)</td></tr><tr><td>•</td><td>ble, No. installed/list price</td><td>n/a/\$125,000</td></tr><tr><td>Archives patient data for</td><td>•</td><td>yes</td></tr><tr><td>Patient-specific archiving Max. archived data access</td><td>ssible when system online</td><td>yes 10,000 results</td></tr><tr><td></td><td>eric results–No. specimens /cytograms–No. specimens</td><td>10,000 results 10,000 results</td></tr><tr><td>•Stored in conjunc</td><td></td><td>yes</td></tr><tr><td>•Histo/cytogram in Saved results can be reca</td><td>nages & CBC data printed as 1 report</td><td>yes yes</td></tr><tr><td>Saved data can be sorted</td><td>for reprocessing or report transmission</td><td>yes</td></tr><tr><td>Performs delta checks Tags and holds results fo</td><td>r followup, confirm. testing, or rerun</td><td>yes yes</td></tr><tr><td>•</td><td>nolding samples are defined by smitted to LIS while others held</td><td>user or vendor</td></tr><tr><td>Scattergram display: cell</td><td></td><td>yes yes</td></tr><tr><td>Histogram display: color Choice of desired specim</td><td>with threshold en &/or result info. displayed</td><td>yes yes</td></tr><tr><td>LIS interface formats sup Information transferred o</td><td></td><td>ASTM 1394 numeric & flag results, instrument to LIS; patient demographics, patient orders, LIS to instrument—broadcast; host query for</td></tr><tr><td>LOINC ander transmitt.</td><td>with recults</td><td>patient demographics & orders</td></tr><tr><td>LOINC codes transmitted How labs get LOINC code</td><td></td><td>no n/a</td></tr><tr><td>Optional data mgmt. or co- •Software features</td><td>=</td><td>yes, multiple enhanced QC, data archiving, data collation from multiple</td></tr><tr><td>Interface avail, or planne</td><td>d to auto. specimen-handling system</td><td>instruments, remote viewing Accelerator APS</td></tr><tr><td>Bar-code symbologies re</td><td>ad on tube</td><td>Codabar, codes 39 & 128, interl. 2 of 5</td></tr><tr><td>Time required for mainte</td><td>placement per NCCLS standard Auto2A</td><td>daily: 30 sec; weekly: 10 min; monthly: 5 min</td></tr><tr><td>Onboard maintenance re</td><td>cords</td><td>yes</td></tr><tr><td>Onboard diagnostics/limi</td><td>n of problem to engineer on site ited to software problems</td><td>yes/no</td></tr><tr><td>Mftr. can perform diagnos</td><td>stics via modem ed on cost-per-reportable result</td><td>NO Ves</td></tr><tr><td>Distinguishing features</td><td>ou on cost-per-reportable result</td><td>4 optical and 3 fluorescent detectors providing Multiple Scatter-</td></tr><tr><td>Promiguioning reduces</td><td></td><td>plot Analysis; 2-D optical platelets that avoid interferences; fluo-</td></tr></tbody></table>

Part 2 of 11		Abbott Hematology	Abbott Hematology
Part 2 of 11		Deborah Archer deborah.archer@abbott.com 5440 Patrick Henry Dr.	Deborah Archer deborah.archer@abbott.com 5440 Patrick Henry Dr.
		Santa Clara, CA 95054	Santa Clara, CA 95054
		800-933-5535	800-933-5535
		www.abbottdiagnostics.com	www.abbottdiagnostics.com
Name of instrument		CELL-DYN Ruby	CELL-DYN 3700
-	S./outside U.S./No. of units sold in 2006	2006/2006/n/a	1999/1999/—
No. units installed in U.S		n/a/n/a/\$185,000	n/a/n/a/\$180,000 SL Model, \$140,000 CS Model
Test menu:	Chartable	standard menu (left) plus: MPV, RDW, RETIC #&%	standard menu (left) plus: RDW, MPV, RETIC #&%, IRF
All instruments have: WBC, RBC, Hb, Hct, MCV,	•Laboratory	#&% for bands, IG, blast, var lymph	band, IG, variant lymph, blast, PCT, PDW, NRBC # $\!$
MCH, MCHC, Plt, %&# neut, mono, lymph, eos, baso	•Flags	NRBC, FWBC, NWBC, RRBC, band, IG, blast, variant lymph, RBC morph., DFLT, MCHC, LRI, URI, LURI, ATYPDEP, high/low interp. message, WBC	suspect populations, band, blast, variant lymph, IG, NRBC, RRBC, NWBC, LRI, URI, LURI, RBC morph., FWBC, high/low interp. message, WBC
FDA-cleared tests but no Tests not available but s		none none	none none
Tests in development	admitted for Glearance	body fluid assay	none
For research use only		none	none
Tests unique to analyzer	·	atypical depolarization flag	IRF
Differential method(s) us		MAPSS (Multi-Angle Polarized Scatter Separation)	MAPSS (Multi-Angle Polarized Scatter Separation)
Linearity:	•WBC count (10 ⁹ /L)/RBC count (10 ¹² /L) •Hemoglobin (g/dL)/platelet (10 ⁹ /L)	0.00-246 × 10³/µL/0.00-7.16 × 10 ⁶ /µL 0.00-19.9 g/dL/11-1,903 × 10³/µL	0–250 K/μL/0–8 M/μL 0–24 g/dL/0–2,000 K/μL
	•MCV (fL) or Hct (%)	58–139 fL: (MCV)	50–200 fL (MCV)
Precision:	•WBC count/RBC count	2.4%/1.8%	≤2.5%/≤1.5%
	Hb/platelet MCV or Hct	1.4%/3.8% 0.8% (MCV)	≤1.2%/≤5.0% ≤1.0% (MCV)
Accuracy of automated	diff. compared with manual diff.	neut% r=0.983, slope=0.97, y=-1.98; lymph r=0.921, slope=0.95, y=0.94;	= 1.0% (MCV) neut #&%: ≥0.95, n/a; lymph #&%: ≥0.94, n/a; mono #&%: ≥0.86, n/a;
<u>-</u>), regression equation	mono r=0.711, slope=1.10, y=1.93; eos r=0.952, slope=1.04, y=0.01;	eos #&%: ≥0.84, n/a; baso #&%: ≥0.73, n/a
		baso r=0.146, slope=0.18, y=1.22	
Interfering substances:	•WBC	fragile WBC, neutrophil aggregates, lytic-resistant RBC, NRBC, Plt clumps,	NRBCs (WIC only), lytic-resistant RBCs, Plt clumps, cryoglobulin and
		cryofibrinogen, cryoglobulin	cryofibrinogen, fragile WBCs
	•RBC	elevated WBC, increased numbers of giant PIt, auto agglutination, in vitro hemolysis	increased No. giant Plts, autoagglutination, in vitro hemolysis
	•MCV or Hct	MCV: elevated WBC, hyperglyc., in vitro hemolysis, increased No. of giant Plts	MCV: elevated WBC count, increased No. giant Plts, hyperglycemia, in vitro
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hemolysis
	Platelet	WBC fragments, in vitro hemolysis, microcytic RBC, cryofibrinogen, cryoglobulins, Plt clumping, increased No. of giant Plt	WBC fragments, in vitro hemolysis, microcytic RBCs, cryoglobulin, Plt clumps, increased No. giant Plts
	•Hb	elevated WBC, increased plasma substances (triglycerides, bilirubin, in vivo	increased plasma substances (triglycerides, bilirubin, in vivo hemolysis),
		hemolysis), lytic resistant RBC	lyse-resistant RBCs
Interfering substances:	differential	fragile WBC, neutrophil aggregates, lytic-resistant RBC, NRBC, Plt clumps, cryofibrinogen, cryoglobulin, paraproteins	see WBC
		o. Jonas	
Age- and sex-specific re Max. CBCs per hr/max. (yes up to 76/up to 76	yes 90/90
Recommended average		6 months verification	6 months verification
	l/parameters calibrated	open or closed/WBC, RBC, Hgb, MCV, PIt	open & closed/WBC, RBC, Hb, MCV, Plt
Frequency of blood/lates	x controls /closed/sample dead vol. closed	per local regulatory requirements/n/a 150 μL/230 μL/1.2 mL	as per regulatory requirement/n/a 130 µL/355 µL/1.0 mL
Tube sampling supporte	-	yes (13 × 75 mm)	yes (13 × 75 mm)
Veterinary capability		no	yes
Microsample capability	lides automatically or flags	no no	yes yes (flags only)
problems for slide		110	yes (nags only)
If auto. slidemaker avail	able, No. installed/list price	>200/\$125,000	n/a/\$125,000
Archives patient data for	r later comparison	yes	yes
Patient-specific archivin	ng .	yes	yes
	essible when system online eric results–No. specimens	10,000 results 10,000 results	10,000 results 10,000 results
	o/cytograms–No. specimens	10,000 results	10,000 results
•Stored in conjunc	ction with CBC data	yes	yes
• Histo/cytogram ii Saved results can be red	mages & CBC data printed as 1 report called and retransmitted	yes yes	yes yes
	d for reprocessing or report transmission	yes	yes
Performs delta checks		no voo	no
	or followup, confirm. testing, or rerun holding samples are defined by	yes user or vendor	yes user or vendor
Some results can be trai	nsmitted to LIS while others held	—	yes
Scattergram display: cel Histogram display: color		yes ves	yes ves
	r with threshold men &/or result info. displayed	yes yes	yes yes
LIS interface formats	nnorted	1161/1162 (1161	nronriotary
LIS interface formats su Information transferred	• •	LIS1/LIS2 CLSI numeric & flag results, histograms and scatterplots, instrument to LIS;	proprietary numeric and flag results, histograms and scatterplots, instrument to LIS;
		patient demographics, patient orders, LIS to instrument—broadcast; host	patient demographics, orders, LIS to instrument—broadcast
LOINC codes transmitted	d with reculte	query for patient demographics and orders	no
How labs get LOINC code		no n/a	no n/a
Optional data mgmt. or o	collation system	yes, multiple	yes, multiple
Software features Interface avail, or planner	s ed to auto. specimen-handling system	enhanced QC, data archiving, data collation from multiple instruments Abbott Accelerator APS (planned)	enhanced QC, data archiving, data collation from multiple instruments —
Bar-code symbologies re	ead on tube	Codabar, codes 39 & 128, interl. 2 of 5, ISBT	
Accommodates bar-code	e placement per NCCLS standard Auto2A	yes	yes
Time required for mainte	enance by lab personnel	daily: 30 sec; weekly: 5 min; monthly: 10 min	daily: 30 sec; bi-weekly: 5 min; monthly: 10 min
Onboard maintenance re	ecords	yes	yes
	on of problem to engineer on site nited to software problems	territory dependent yes/no	territory dependent yes/no
Mftr. can perform diagno	•	yes yes	
		-	in development
Acquisition program bas	sed on cost-per-reportable result	yes	yes

Distinguishing features		touch-sensitive screen, all optical technology; onboard maintenance videos;	MAPSS cell-by-cell analysis provides enhanced diff.; retic with reportable
Distinguishing features		touch-sensitive screen, all optical technology; onboard maintenance videos; lyse-resistant RBC mode	IRF (immature retic. fraction); 60-species veterinary package

Part 3 of 11	Abbott Hematology Deborah Archer deborah.archer@abbott.com 5440 Patrick Henry Dr. Santa Clara, CA 95054 800-933-5535 www.abbottdiagnostics.com	Beckman Coulter Inc. Mary Beth Johnson mbjohnson@beckman.com 200 S. Kraemer Blvd. Brea, CA 92822-8000 714-993-8438 www.beckmancoulter.com
Name of instrument First year installed in U.S./outside U.S./No. of units sold in 2006 No. units installed in U.S./outside U.S./list price	CELL-DYN 3200 1997/1997/— n/a/n/a/\$165,000	LH 1500 Hematology Automation Series 2002/2003/14 >50/15/varies
Test menu: •Chartable All instruments have:	standard menu (left) plus: RDW, MPV	standard menu (left) plus: RDW, MPV, retic %&#, IRF, graded RBC morph., NRBC %&#, TNC & RBC on CSF, synovial and serous fluids</td></tr><tr><td>WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Pit, %&# neut, mono, lymph, eos, baso • Laboratory • Flags</td><td>band #&%, IG #&%, variant lymph #&%, blast #&%, PCT, PDW, NRBC #&% band, IG, variant lymph, blast, NRBC, NWBC, RRBC, FWBC, RBC morph., high/low interp. message, LRI, URI, LURI, WBC</td><td>user-definable age-, gender-, &/or location-based ref. intervals; action & critical limits; user-def. RBC morph.; user-selectable sensitivity for diff., abnormal population suspect messages</td></tr><tr><td>FDA-cleared tests but not clinically released Tests not available but submitted for clearance</td><td>none none</td><td>n/a n/a</td></tr><tr><td>Tests in development For research use only</td><td>none atypical depolarization flag outside U.S.</td><td>n/a MSCV, HLR %&#, PDW, PCT, WBC research population data (RPD) LH 780: MAF, RSF, RDWR-SD, RDWR-CV</td></tr><tr><td>Tests unique to analyzer</td><td>3-D optical RBC analysis with advanced MCV measurement</td><td>IVD: NRBC, body fluids; RUO: MSCV, WBC RPD</td></tr><tr><td>Differential method(s) used Linearity: </td><td>MAPSS (Multi-Angle Polarized Scatter Separation) 0-250 K/μL/0-8 M/μL 0-25 g/dL/0-1,750 K/μL 34-172 fL (MCV) ≤2.7%/≤1.5% ≤1.0%/≤4.0% ≤1.0% (MCV) neut #&%: ≥0.95, n/a; lymph #&%: ≥0.94, n/a; mono #&%: ≥0.86, n/a; eos #&%: ≥0.84, n/a; baso #&%: ≥0.73, n/a NRBCs, lytic-resistant RBCs, Plt clumps, cryoglobulin and cryofibrinogen, fragile WBCs elevated WBC count, increased No. giant Plts, autoagglutination, in vitro hemolysis MCV: elevated WBC count, hyperglycemia, in vitro hemolysis, increased No. giant Plts WBC fragments, in vitro hemolysis, microcytic RBCs, cryoglobulins, Plt clumping, increased No. giant Plts elevated WBC count, incr. plasma substances (triglycerides, bilirubin, in vivo hemolysis), lyse-resistant RBCs see WBC yes 71/71 6 months verification open & closed/WBC, RBC, Hb, MCV, Plt, MPV as per regulatory requirement/n/a 150 μL/250 μL/1 mL (sample loader) yes no</td><td>Coulter's 3-D VCS biophysical flow cytometry with IntelliKinetics, AccuGate & AccuFlex technologies 0–400/0–8.0 0–25/0–3,000 50–200 (MCV) <1.7%/<0.8% <0.8%/<3.3% <0.8% (MCV) ymph% = $\pm 3.0\%$, n/a; neut% = $\pm 3.0\%$, n/a; mono% = $\pm 2.0\%$, n/a; eos% = $\pm 1.0\%$, n/a; baso% = $\pm 1.0\%$, n/a unusual RBC abnormalities that resist lysing, NRBC, frag. WBC, unlysed particle >35 fL, giant Plt, Plt clumps very high WBC, high conc. large Plt, autoagglutinins very high WBC, high conc. large Plt, autoagglutinins very small RBCs & WBC frags. may interfere very high WBC, severe lipemia, heparin, rare lyse-resistant RBCs high triglycerides may affect lysing $\begin{array}{c} yes \\ 105 \ per \ analyzer \ on \ automation \ system/105 \ per \ analyzer \ on \ automation \ sys. \ as \ dictated \ by \ your \ lab \ procedures, local \ or \ national \ regulations \ primary/RBC, WBC, Hb, MCV, Plt, MPV \ per CLIA, CAP, JCAHO, state \ or \ lab \ SOP/once \ per \ day \ 200 \ \mu L/300 \ \mu L, 550 \ \mu L \ with \ slidemaker/1.0 \ mL \ yes \ no$</td></tr><tr><td>Microsample capability Prepares microscopic slides automatically or flags</td><td>yes yes</td><td>yes yes</td></tr><tr><th>problems for slide prep If auto. slidemaker available, No. installed/list price</th><th>n/a/\$125,000</th><th>>850 (U.S.)/\$110,000</th></tr><tr><td>Archives patient data for later comparison Patient-specific archiving Max. archived data accessible when system online Memory capacity—numeric results-No. specimens Memory capacity—histo/cytograms-No. specimens •Stored in conjunction with CBC data •Histo/cytogram images & CBC data printed as 1 report Saved results can be recalled and retransmitted Saved data can be sorted for reprocessing or report transmission Performs delta checks Tags and holds results for followup, confirm. testing, or rerun Parameters for flags for holding samples are defined by Some results can be transmitted to LIS while others held Scattergram display: cell-specific color Histogram display: color with threshold Choice of desired specimen &/or result info. displayed</td><td>yes yes 10,000 results 10,000 results 10,000 results yes yes yes yes yes yes yes yes user or vendor yes yes yes</td><td>yes yes 20,000 samples per instrument 20,000 samples per instrument yes yes yes yes yes yes yes yes yes yes</td></tr><tr><th>LIS interface formats supported Information transferred on LIS interface LOINC codes transmitted with results</th><th>proprietary numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, orders, LIS to instrument—broadcast no</th><th>RS-232 numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, patient orders, LIS to instrument—broadcast no</th></tr><tr><td>How labs get LOINC codes for reagent kits Optional data mgmt. or collation system •Software features</td><td>n/a yes, multiple enhanced QC, data archiving, data collation from multiple instruments</td><td>contact technical support yes, DL2000, Command Central enhanced QC, data archiving, data collection from multiple instruments, extensive decision rules, delta checking, patient results & graphics</td></tr><tr><td>Interface avail. or planned to auto. specimen-handling system Bar-code symbologies read on tube Accommodates bar-code placement per NCCLS standard Auto2A</td><td>— Codabar, codes 39 & 128, interl. 2 of 5 yes</td><td>Beckman Coulter Codabar, codes 39 & 128, interl. 2 of 5, NW7 yes</td></tr><tr><td>Time required for maintenance by lab personnel</td><td>daily: 30 sec; weekly: 5 min; monthly: 10 min</td><td>daily: automation system= 5 min, analyzer=0 min; weekly: automation=10 min, analyzer=0 min; monthly: automation=15 min, analyzer=2 min</td></tr><tr><td>Onboard maintenance records Time from communication of problem to engineer on site Onboard diagnostics/limited to software problems Mftr. can perform diagnostics via modem</td><td>yes territory dependent yes/no in development</td><td>yes — yes/no yes</td></tr><tr><td>Acquisition program based on cost-per-reportable result</td><td>yes</td><td>yes</td></tr><tr><td>Distinguishing features</td><td>MAPSS cell-by-cell analysis provides enhanced diff.; focused flow 2-D optical RBC and Plt analysis provides better separation between microcytic RBCs and large Plts; uses only 3 reagents; 3-D MCV</td><td>the LH 1500 hematology automation system automatically loads and unloads cassettes, performs reflex and repeat testing, sorts tubes for off-line tests, stores tubes with availability for retrieval for any type of test; multiple configurations available; RUO: WBC research population data</td></tr></tbody></table>

		Beckman Coulter Inc.	Beckman Coulter Inc.
Part 4 of 11		Mary Beth Johnson mbjohnson@beckman.com	Mary Beth Johnson mbjohnson@beckman.com
		200 S. Kraemer Blvd. Brea, CA 92822-8000	200 S. Kraemer Blvd. Brea, CA 92822-8000
		714-993-8438 www.beckmancoulter.com	714-993-8438 www.beckmancoulter.com
Name of instrument		111700	Occident III 750/I II 755
Name of instrument First year installed in U.S	S./outside U.S./No. of units sold in 2006	LH 780 2006/2007/—	Coulter LH 750/LH 755 2001/2001/380 (U.S.)
No. units installed in U.S		>60/>50/\$214,500	>2,200/>2,000/LH 750: \$195,000; LH 755: \$367,500
Test menu:	•Chartable	standard menu (left) plus: RDW, RDW-SD, MPV, Retic %&#, IRF, MPV, graded	standard menu (left) plus: RDW, MPV, retic #&%, IRF, MPV, graded RBC
All instruments have:	ondi tubio	RBC morph., NRBC %&#, TNC & RBC on CSF, synovial and serous fluids</td><td>morph., NRBC %&#, TNC & RBC on CSF, synovial and serous fluids</td></tr><tr><td>WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut,</td><td>•Laboratory</td><td>n/a</td><td></td></tr><tr><td>mono, lymph, eos, baso</td><td>•Flags</td><td>user-definable age-, gender-, &/or location-based ref. intervals; action and critical limits, user-def. RBC morph.; user-def. sensitivity for diff. abnormal</td><td>user-definable age-, gender-, &/or location-based ref. intervals; action & critical limits; user-def. RBC morph.; gradient msgs. (=+, ++, +++); user-</td></tr><tr><td></td><td></td><td>populations, suspect and definitive messages</td><td>selectable sensitivity for diff. abnormal population suspect messages</td></tr><tr><td>FDA alasmed teats but m</td><td>at aliminally valanced</td><td>a la</td><td>n/a</td></tr><tr><td>FDA-cleared tests but no Tests not available but s</td><td>-</td><td>n/a n/a</td><td>n/a n/a</td></tr><tr><td>Tests in development</td><td></td><td>n/a</td><td>n/a</td></tr><tr><td>For research use only</td><td></td><td>RSF, MAF, MSCV, HLR %&#, RDWR-CV, RDWR-SD, PDW, PCT, WBC research population data (RPD)</td><td>MSCV, HLR %&#, PDW, PCT, WBC research population data (RPD)</td></tr><tr><td>Tests unique to analyzer</td><td>r</td><td>IVD: NRBC, body fluids, RDW-SD; RUO: MSCV, RSF, MAF, WBC RPD</td><td>IVD: NRBC, body fluids; RUO: MSCV, WBC RPD</td></tr><tr><td>Differential method(s)</td><td></td><td>Caultagia 2 D VCC highwaigal flow automateu with Intelligination Accurate</td><td>Coultage 2 D VCC kinghyaised flow extension with IntelliVinctics Accurate</td></tr><tr><td>Differential method(s) u</td><td>ocu .</td><td>Coulter's 3-D VCS biophysical flow cytometry with Intellikinetics, AccuGate & AccuFlex technologies</td><td>Coulter's 3-D VCS biophysical flow cytometry with IntelliKinetics, AccuGate & AccuFlex technologies</td></tr><tr><td>Linearity:</td><td>•WBC count (10⁹/L)/RBC count (10¹²/L)</td><td>0-400/0-8.0</td><td>0-400/0-8.0</td></tr><tr><td></td><td> Hemoglobin (g/dL)/platelet (10⁹/L) MCV (fL) or Hct (%) </td><td>0-25/0-3,000 50-200 (MCV)</td><td>0-25/0-3,000 50-200 (MCV)</td></tr><tr><td>Precision:</td><td>•WBC count/RBC count</td><td><1.7%/<0.8%</td><td><1.7%/<0.8%</td></tr><tr><td></td><td>Hb/platelet MCV or Hct</td><td><0.8%/<3.3%</td><td><0.8%/<3.3%</td></tr><tr><td>Accuracy of automated</td><td>officer diff. compared with manual diff.</td><td><0.8% (MCV)</td><td><0.8% (MCV) lymph% = ±3.0%, n/a; neut% = ±3.0%, n/a; mono% = ±2.0%, n/a;</td></tr><tr><td>(per NCCLS H-20A</td><td>), regression equation</td><td>$eos\% = \pm 1.0\%$, n/a; baso% = $\pm 1.0\%$, n/a</td><td>$eos\% = \pm 1.0\%$, n/a; baso% = $\pm 1.0\%$, n/a</td></tr><tr><td>Interfering substances:</td><td>•MRC</td><td>unusual RBC abnormalities that resist lysing, NRBC, frag. WBC, unlysed particle >35 fL, giant Plt, Plt clumps</td><td>unusual RBC abnormalities that resist lysing, NRBC, frag. WBC, unlysed particle >35 fL, giant Plt, Plt clumps</td></tr><tr><td></td><td>•RBC</td><td>very high WBC, high conc. large Plt, autoagglutinins</td><td>very high WBC, high conc. large Plt, autoagglutinins</td></tr><tr><td></td><td>•MCV or Hct</td><td>very high WBC, high conc. large Plt, autoagglutinins (MCV)</td><td>MCV & Hct: very high WBC, high conc. large Plt, autoagglutinins</td></tr><tr><td></td><td>Platelet Hb</td><td>very small RBCs & WBC frags. very high WBC, severe lipemia, heparin, rare lyse-resistant RBCs</td><td>very small RBCs & WBC frags. may interfere very high WBC, severe lipemia, heparin, rare lyse-resistant RBCs</td></tr><tr><td>Interfering substances:</td><td>differential</td><td>high triglycerides may affect lysing</td><td>high triglycerides may affect lysing</td></tr><tr><td>Age- and sex-specific re</td><td>eference ranges</td><td>yes</td><td>yes</td></tr><tr><td>Max. CBCs per hr/max. (</td><td>CBCs & diffs. per hr</td><td>105/105</td><td>105/105</td></tr><tr><td>Recommended average</td><td>frequency of calib. 1/parameters calibrated</td><td>as dictated by your lab procedures, local or national regulations primary/RBC, WBC, Hgb, MCV, PIt, MPV</td><td>as dictated by your lab procedures, local or national regulations primary/RBC, WBC, Hb, MCV, Plt, MPV</td></tr><tr><td>Frequency of blood/late:</td><td>-</td><td>per CLIA, CAP, JCAHO, state or lab SOP/once per day</td><td>per CLIA, CAP, JCAHO, state or lab SOP/once per day</td></tr><tr><td></td><td>/closed/sample dead vol. closed</td><td>200 μL/300 μL (550 μL with slidemaker)/1.0 mL</td><td>200 μL/300 μL, 550 μL with slidemaker/1.0 mL</td></tr><tr><td>Tube sampling supporte Veterinary capability</td><td>d</td><td>yes no</td><td>yes (multiple sizes & styles) no</td></tr><tr><td>Microsample capability</td><td></td><td>yes</td><td>yes</td></tr><tr><td></td><td>lides automatically or flags</td><td>yes</td><td>yes, both</td></tr><tr><td>problems for slide If auto. slidemaker avail</td><td>able, No. installed/list price</td><td>—/\$110,000</td><td>>850 (U.S.)/\$110,000</td></tr><tr><td>Archives patient data fo</td><td>r later comparison</td><td>yes</td><td>yes</td></tr><tr><td>Patient-specific archivir</td><td>•</td><td>yes</td><td>yes</td></tr><tr><td></td><td>essible when system online</td><td>20,000 samples</td><td>20,000 samples</td></tr><tr><td></td><td>neric results–No. specimens o/cytograms–No. specimens</td><td>20,000 samples 20,000 samples</td><td>20,000 samples 20,000 samples</td></tr><tr><td>•Stored in conjunc</td><td>ction with CBC data</td><td>yes</td><td>yes</td></tr><tr><td></td><td>mages & CBC data printed as 1 report</td><td>yes</td><td>yes</td></tr><tr><td>Saved results can be red Saved data can be sorte</td><td>d for reprocessing or report transmission</td><td>yes yes</td><td>yes yes</td></tr><tr><td>Performs delta checks</td><td></td><td>yes</td><td>yes</td></tr><tr><td>-</td><td>or followup, confirm. testing, or rerun holding samples are defined by</td><td>yes user or vendor</td><td>yes user or vendor</td></tr><tr><td></td><td>nsmitted to LIS while others held</td><td>yes</td><td>yes</td></tr><tr><td>Scattergram display: ce</td><td>-</td><td>yes</td><td>yes</td></tr><tr><td>Histogram display: color Choice of desired specir</td><td>r with threshold men &/or result info. displayed</td><td>yes yes</td><td>yes yes</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>LIS interface formats su Information transferred</td><td>• •</td><td>proprietary numeric & flag results, histograms & scatterplots, instrument to LIS; patient</td><td>RS-232, proprietary numeric & flag results, histograms & scatterplots, instrument to LIS; patient</td></tr><tr><td></td><td></td><td>demographics, patient orders, LIS to instrument—broadcast</td><td>demographics, orders, LIS to instrument—broadcast</td></tr><tr><td>LOINC codes transmitted How labs get LOINC cod</td><td></td><td>no contact technical support</td><td>no technical support</td></tr><tr><td>Optional data mgmt. or</td><td>_</td><td>yes, DL2000, Command Central</td><td>yes, DL2000, Command Central</td></tr><tr><td>•Software feature</td><td>s</td><td>enhanced QC, data archiving, data collection from multiple instruments,</td><td>enhanced QC, data archiving, common database, extensive decision rules,</td></tr><tr><td></td><td></td><td>extensive decision rules, delta checking, patient results & graphics, centralized result management</td><td>delta checking, patient results & graphics, centralized management of all instruments</td></tr><tr><td>•</td><td>ed to auto. specimen-handling system</td><td>Beckman Coulter</td><td>Beckman Coulter</td></tr><tr><td>Bar-code symbologies re Accommodates bar-cod</td><td>ead on tube e placement per NCCLS standard Auto2A</td><td>Codabar, codes 39 & 128, interl. 2 of 5 yes</td><td>Codabar, codes 39 & 128, interl. 2 of 5, NW7 yes</td></tr><tr><td></td><td></td><td>•</td><td></td></tr><tr><td>Time required for maint</td><td>enance by lab personnel</td><td>daily: 0 min; weekly: 0 min; monthly: 2 min</td><td>daily: 0 min; weekly: 0 min; monthly: 2 min</td></tr><tr><td>Onboard maintenance re</td><td></td><td>yes</td><td>yes</td></tr><tr><td></td><td>on of problem to engineer on site nited to software problems</td><td>— ves/no</td><td>— yes/no</td></tr><tr><td>Mftr. can perform diagno</td><td>•</td><td>yes/no yes</td><td>yes yes</td></tr><tr><td></td><td></td><td></td><td>yes</td></tr><tr><td></td><td>sed on cost-per-reportable result</td><td>yes</td><td></td></tr><tr><td>Distinguishing features</td><td></td><td>extensive onboard user-defined decision support; extended linearity for WBC and Plt using AccuCount technology; enumeration of NRBCs with every</td><td>extensive decision support; enumeration of NRBCs with every diff.; random access; automation ready; linearity for WBC and Plts; RUO: WBC RPD</td></tr><tr><td></td><td></td><td>differential; random access/automation ready; integrated slidemaker/</td><td>,,,,,,,</td></tr><tr><td></td><td></td><td>slidestainer options; proservice; electronic IQAP; expanded QC module; RUO: WBC research population data</td><td></td></tr><tr><td></td><td></td><td>100. 1100 1030aton population uata</td><td></td></tr><tr><td></td><td>ant an andersoment by the College of Americ</td><td></td><td></td></tr></tbody></table>	

Hematology analyzers

Beckman Coulter Inc. Beckman Coulter Inc. Part 5 of 11 Mary Beth Johnson mbjohnson@beckman.com Mary Beth Johnson mbjohnson@beckman.com 200 S. Kraemer Blvd. 200 S. Kraemer Blvd. Brea, CA 92822-8000 Brea, CA 92822-8000 714-993-8438 www.beckmancoulter.com 714-993-8438 www.beckmancoulter.com Name of instrument Coulter LH 500 **Coulter HmX** First year installed in U.S./outside U.S./No. of units sold in 2006 2003/2003/196 (U.S. only) 1999 HmX AL, 1999 HmX CP/110 (U.S. only) No. units installed in U.S./outside U.S./list price >950/>1,500/\$145,000 AL: 1,175/2,100/\$135,000; CP: 135/250/\$120,000 Test menu: standard menu (left) plus: retic #, retic %, MRV, IRF, RDW, MPV standard menu (left) plus: RDW, MPV, retic #&%, graded RBC morph., IRF, MRV Chartable Laboratory All instruments have: WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut, user-definable age-, gender- &/or location-based ref. intervals, action & comprehensive high/low, definitive & suspect messages Flags critical limits; user-def. RBC morph.; gradient msgs. mono, lymph, eos, baso FDA-cleared tests but not clinically released none none none Tests not available but submitted for clearance none Tests in development none none For research use only PCT, PDW PCT, PDW Tests unique to analyzer Differential method(s) used Coulter's 3-D biophysical flow cytometry with AccuGate 500, Reaction Coulter's 3-D VCS technology Manager technologies •WBC count (109/L)/RBC count (1012/L) 0-200/0-8.0 0-99.9/0-7.0 Linearity: •Hemoglobin (g/dL)/platelet (109/L) 0-25/0-2,000 0-25/0-999 •MCV (fL) or Hct (%) 50-150 (MCV) 50-150 (MCV) •WBC count/RBC count <2.5%/<2.0% Precision: 2.5%/≤2.0% Hb/platelet 1.5%/≤5.0% <1.5%/<5.0% MCV or Hct 2% (MCV) <2.0% (MCV) Accuracy of automated diff. compared with manual diff. lymph= \pm 1.5 % mean diff., n/a; mono= \pm 1.5 % mean diff., n/a; neut= \pm 2.0% lymph%= $\pm 3.0\%$, n/a; mono%= $\pm 2.0\%$, n/a; neut%= $\pm 3.0\%$, n/a; mean diff., n/a; eos= ± 0.5 % mean diff., n/a; baso= ± 0.5 % mean diff., n/a (per NCCLS H-20A), regression equation eos%= ± 1.0 %, n/a; baso%= ± 1.0 %, n/a lyse-resistant, nucleated RBCs, frag. WBCs, agglut. WBCs, unlysed particles Interfering substances: •WBC unusual RBC abnormalities that resist lysing, NRBC, frag. WBC, unlysed >35 fL, very large or agg. Plts, fibrin, cell frag., or other debris particle >35 fL. large Plt •RBC very high WBC count, many very large Plts, agglut. RBCs, RBCs <36 fL, fibrin, very high WBC, high conc. of very large Plt, autoagglutinins cell fragments, or other debris MCV: very high WBC count, high concentration of very large Plts, agglut. MCV or Hct MCV & Hct: very high WBC, high conc. of large Plt, autoagglutinins RBCs, RBC fragments <36 fL, rigid RBCs very small red cells near the upper threshold, cell fragments, clumped Plts, Platelet very small RBCs & WBC frags. may cause no fit Plt frag. or cellular debris near the lower Plt threshold, giant Plts, Plt clumps, red & white cell frag., electronic noise, very small red cells •Hb very high WBC count, severe lipemia, heparin, lyse-resistant RBCs, turbidity very high WBC, severe lipemia, heparin, rare lyse-resistant RBCs such as elevated triglycerides Interfering substances: differential factors that affect WBC count above or high triglycerides that affect lysing, high triglycerides may affect lysing hypogran. granulocytes, agranul. granulocytes, lyse-resist. red cells, very small or multi-population lymphocytes, elevat. trigly., precipitated elev. proteins Age- and sex-specific reference ranges yes gender-specific printout Max. CBCs per hr/max. CBCs & diffs. per hr 75/75 Recommended average frequency of calib. as dictated by your lab procedures, local or national regulations timing not specified primary/RBC, WBC, Hb, MCV, Plt, MPV primary/RBC, WBC, Hb, MCV, Plt, MPV Modes calibrated/parameters calibrated Frequency of blood/latex controls not specified/once per day not specified/once per day Min. specimen vol. open/closed/sample dead vol. closed 125 µL/185 µL/tube dependent 125 µL/185 µL/50 µL predilute/0.5 mL yes (10.25 \times 75 mm or less; 13 \times 75 mm or less) **Tube sampling supported** yes (multiple sizes & styles) Veterinary capability Microsample capability yes yes Prepares microscopic slides automatically or flags no no problems for slide prep If auto. slidemaker available, No. installed/list price n/a n/a Archives patient data for later comparison yes yes Patient-specific archiving Max. archived data accessible when system online 20,000 samples 5,000 samples 20,000 samples 5,000 samples Memory capacity—numeric results-No. specimens Memory capacity—histo/cytograms-No. specimens 20.000 samples 5.000 samples Stored in conjunction with CBC data yes yes •Histo/cytogram images & CBC data printed as 1 report yes yes Saved results can be recalled and retransmitted yes yes Saved data can be sorted for reprocessing or report transmission yes yes Performs delta checks yes no Tags and holds results for followup, confirm. testing, or rerun ves Parameters for flags for holding samples are defined by user user or vendor Some results can be transmitted to LIS while others held yes, through a selective batch process yes Scattergram display: cell-specific color 4 colors/cell types yes colors without thresholds Histogram display: color with threshold yes Choice of desired specimen &/or result info. displayed yes LIS interface formats supported RS-232, proprietary numeric & flag results, histograms & scatterplots, instrument to LIS; patient Information transferred on LIS interface numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, orders, LIS to instrument-broadcast demographics, orders, LIS to instrument-broadcast LOINC codes transmitted with results How labs get LOINC codes for reagent kits Optional data mgmt. or collation system yes, DL2000, Command Central yes, DL2000 enhanced QC, data archiving, data collation from multiple instruments, Software features enhanced QC, data archiving, common database, delta checking, patient common database, extensive decision rules, delta checking, patient results results & graphics & graphics, centralized management of instruments Interface avail. or planned to auto. specimen-handling system Bar-code symbologies read on tube Codabar, codes 39 & 128, ASTM, interl. 2 of 5, NW7 Codabar, codes 39 & 128, interl. 2 of 5, NW7 Accommodates bar-code placement per NCCLS standard Auto2A yes Time required for maintenance by lab personnel none none Onboard maintenance records yes no Time from communication of problem to engineer on site Onboard diagnostics/limited to software problems yes/no yes/no Mftr. can perform diagnostics via modem yes no Acquisition program based on cost-per-reportable result ves ves extensive decision support, extended linearity for WBC & Plt, lowest review Distinguishing features VCS technology; lowest review rate in class; no routine daily maintenance; rate in class, small footprint, superior reliability, ProService, electronic IQAP triplicate counting; aperture burn circuit; sweepflow; SmartStart system; autoloader and single-sample models

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

Hematology analyzers

Beckman Coulter Inc. Horiba ABX Diagnostics Inc. Kelly Colwell kmcolwell@beckman.com Part 6 of 11 Jim Knowles jknowles@us.abx.fr 200 S. Kraemer Blvd. 34 Bunsen Brea. CA 92822-8000 Irvine, CA 92618 714-961-4110 888-903-5001 ext. 553 www.beckmancoulter.com www.abx.com Coulter Ac•T 5diff Family; Ac•T 5diff AL Pentra 60C+ Hematology Analyzer Name of instrument 2001/2000; 2003/2003; open vial: 10, cap pierce: 115, autoloader: 50 First year installed in U.S./outside U.S./No. of units sold in 2006 2000/2000/52 340/692/\$43,310 No. units installed in U.S./outside U.S./list price 900/3,000/\$43,500 cap pierce model; \$38,500 open vial model; AL: 30/n/a; 300/750/\$54,500 autoloader model Chartable standard menu (left) plus: RDW, MPV Test menu: standard menu (left) plus: RDW, MPV All instruments have: WBC, RBC, Hb, Hct, MCV, atyp. lymph. # (ATL#), atyp. lymph % (ATL%), immature cells # (IMM#), atyp. lymph, atyp. lymph %, LIC, LIC % Laboratory MCH, MCHC, Plt, %&# neut, immature cells % (IMM%), PCT, PDW mono, lymph, eos, baso Flags complete operator selectable flagging operator selectable flagging FDA-cleared tests but not clinically released none Tests not available but submitted for clearance none none **Tests in development** none PCT, PDW, IMM, ATL **PCT PDW** For research use only Tests unique to analyzer none AcV technology combining cytochemistry, focused flow impedance, and DHSS technology combining cytochemistry, focused flow impedance, & light Differential method(s) used light absorbance prinicples of measurement absorbance principles of measurement 0.4-91.3/0.3-8.0*; AL: 0.4-120.0/0.3-8.0 •WBC count (109/L)/RBC count (1012/L) Linearity: 0-120/0-8 Hemoglobin (g/dL)/platelet (10⁹/L) 0-22/10-1,000*; AL: 1.3-24.0/10.0-1,000 0.7-24/0-1,900 •MCV (fL) or Hct (%) 1.8-63.8 (Hct)* 0.7-67 (Hct) Precision: •WBC count/RBC count <2%/<2% <2%/<2% Hb/platelet <1%/<5% <1%/<5% •MCV or Hct <1.0% (Hct); AL: <2.0% (Hct) <2% (Hct) Accuracy of automated diff. compared with manual diff. not available in NCCLS H-20A format neut% r=0.99, n/a; lymph% r=0.98, n/a; mono% r=0.96, n/a; eos% r=0.89, (per NCCLS H-20A), regression equation n/a; baso% r=0.54, n/a Interfering substances: •WBC NRBCs, Plt clumps, large Plts, lyse-resistant RBCs NRBCs, Plt clumps, lyse-resistant RBCs •RBC cold agglutinins, Plt clumps, WBC overlinearity cold agglutinins •MCV or Hct Hct: lipemic samples, high WBC, cold aggluts Hct: extreme leukocytosis Platelet **RBC and WBC fragments** microcytes, Plt clumps elevated WBC, lipemia extreme lipemia/leukocytosis Interfering substances: differential lyse-resistant RBCs, NRBCs, lipemia NRBC, lyse-resistant RBCs, extreme hyperbilirubinemia Age- and sex-specific reference ranges yes 60/60; 80/80 60/60 Max, CBCs per hr/max, CBCs & diffs, per hr Recommended average frequency of calib. not specified by time 6 months open or closed/RBC, WBC, Hb, Hct, Plt closed-open/WBC, RBC, Hb, Hct, Plt, MPV Modes calibrated/parameters calibrated Frequency of blood/latex controls not specified/none per CLIA standards/none 30 μL for CBC/30 $\mu L/varies$ by tube size; 53 μL for CBC-diff./53 μL for 30 μ L for CBC & 53 μ L for CBC + diff./30 μ L for CBC & 53 μ L for CBC + diff./-Min. specimen vol. open/closed/sample dead vol. closed CBC-diff./varies by tube size Tube sampling supported yes (multiple sizes) yes (multiple sizes) Veterinary capability Microsample capability yes yes Prepares microscopic slides automatically or flags no yes problems for slide prep If auto. slidemaker available, No. installed/list price n/a Archives patient data for later comparison yes Patient-specific archiving yes, with backup drive Max. archived data accessible when system online 10.000 samples unlimited with backup drive Memory capacity—numeric results-No. specimens 10,000 samples 10,000, unlimited with backup drive Memory capacity—histo/cytograms-No. specimens 10,000 samples 10,000, unlimited with backup drive Stored in conjunction with CBC data ves ves yes Histo/cytogram images & CBC data printed as 1 report yes Saved results can be recalled and retransmitted yes yes Saved data can be sorted for reprocessing or report transmission yes yes Performs delta checks yes Tags and holds results for followup, confirm. testing, or rerun yes yes Parameters for flags for holding samples are defined by user or vendor user Some results can be transmitted to LIS while others held yes, through user-defined criteria yes Scattergram display: cell-specific color yes Histogram display: color with threshold yes yes Choice of desired specimen &/or result info. displayed yes LIS interface formats supported proprietary: proprietary ASTM **ASTM 1394 & 1238. HL7. IEEE MIB** numeric & flag results, histograms & scatterplots, instrument to LIS; patient Information transferred on LIS interface numeric & flag results, histograms & diff. plots, instrument to LIS; patient demographics, LIS to instrument-broadcast demographics, orders, LIS to instrument-broadcast LOINC codes transmitted with results yes technical support How labs get LOINC codes for reagent kits ves, DL2000, Command Central yes (MultiLink) Optional data mgmt. or collation system enhanced OC. data archiving, common database, optional data mgmt... extensive decision rules, delta checking, patient results & graphics available, centralized management of all instruments Interface avail, or planned to auto, specimen-handling system no Codabar, codes 39 & 128, interl. 2 of 5, EAN 8 & 13 Codabar, codes 39 & 128, ASTM, interl. 2 of 5 Bar-code symbologies read on tube Accommodates bar-code placement per NCCLS standard Auto2A Time required for maintenance by lab personnel weekly: 15 min none **Onboard maintenance records** yes Time from communication of problem to engineer on site 24 hrs Onboard diagnostics/limited to software problems yes/yes yes/no Mftr. can perform diagnostics via modem yes, with Data Manager Acquisition program based on cost-per-reportable result yes **Distinguishing features** quant. 5-part WBC diff.; aspirates only 30 µL of sample; requires small reliable 5-part WBC diff. technology-MTBF over 200 days; small footprint; space footprint and runs quietly; AL has auto repeat based on decision rules small sample size of 53 µL * linearity stated for Ac•T 5diff CP

Part 7 of 11		Horiba ABX Diagnostics Inc. Jim Knowles jknowles@us.abx.fr 34 Bunsen	Horiba ABX Diagnostics Inc. Jim Knowles jknowles@us.abx.fr 34 Bunsen
		Irvine, CA 92618 888-903-5001 ext. 553 www.abx.com	Irvine, CA 92618 888-903-5001 ext. 553 www.abx.com
•	.S./outside U.S./No. of units sold in 2006 S./outside U.S./list price	Pentra XL 80 2004/2003/33 114/310/\$70,310	Pentra DX120 2005/2004/6 19/400/\$190,000
Test menu:	•Chartable	standard menu (left) plus: automatic dilution of overrange results	standard menu (left) plus: NRBCs, reticulocytes, IRF, MRV
All instruments have: WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut,	•Laboratory	(WBC × 3, RBC/hgb/Plt × 2), RDW, MPV atyp. lymph, atyp. lymph%, LIC, LIC%	LIC%&#, atyp lymphs %&#, IMG %&#, IML %&#, IMM %&#, RETL%, RETM%,</td></tr><tr><td>mono, lymph, eos, baso</td><td>•Flags</td><td>operator selectable flagging</td><td>RETH%, IMR%, MRU, MFI%, CRC% —</td></tr><tr><td>FDA-cleared tests but n Tests not available but :</td><td></td><td>none none</td><td>double-diff. matrix pending 510 (k) double-diff. matrix pending 510 (k)</td></tr><tr><td>Tests in development For research use only</td><td></td><td>none PCT PDW</td><td>double-diff. matrix pending 510 (k) PCT PDW, IMG, IML, IMM</td></tr><tr><td>Tests unique to analyze</td><td>r </td><td>automatic dilution protocol</td><td>— — — — — — — — — — — — — — — — — — —</td></tr><tr><td>Differential method(s) u</td><td></td><td>DHSS technology combining cytochemistry, focused flow impedance & light absorbance</td><td>cytochemistry (chlorazol black E) and absorbance</td></tr><tr><td>Linearity:</td><td>•WBC count (10⁹/L)/RBC count (10¹²/L) •Hemoglobin (g/dL)/platelet (10⁹/L)</td><td>0-120/0-8 0-24/0-1,900 (>2 g/dL Hb)</td><td>0–150/0.5–8.1 2–25/0–2,000</td></tr><tr><td>Precision:</td><td>MCV (fL) or Hct (%) WBC count/RBC count</td><td>0-67 (Hct)/0-2,800 (<2 g/dL Hb) <2%/<2%</td><td>0-80 (Hct) <2%/<2%</td></tr><tr><td></td><td>•Hb/platelet •MCV or Hct</td><td><1%/<5% <2% (Hct)</td><td><1%/<5% <2% (Hct)</td></tr><tr><td>-</td><td>diff. compared with manual diff.</td><td>neut% r=0.99, n/a; lymph% r=0.98, n/a; mono% r=0.96, n/a; eos% r=0.89,</td><td>neut% r=0.99, n/a; lymph% r=0.98, n/a; mono% r=0.92, n/a; eos% r=0.97,</td></tr><tr><td>(per NCCLS H-20A Interfering substances:</td><td>A), regression equation •WBC</td><td>n/a; baso% r=0.54, n/a NRBCs, Plt clumps, lyse-resistant RBCs</td><td>n/a; baso% r=0.71, n/a NRBCs, Plt clumps, lyse-resistant RBCs</td></tr><tr><td>.</td><td>•RBC</td><td>cold agglutinins</td><td>cold agglutinins</td></tr><tr><td></td><td>•MCV or Hct</td><td>Hct: extreme leukocytosis</td><td>Hct: extreme leukocytosis</td></tr><tr><td></td><td>•Platelet</td><td>microcytes, Plt clumps</td><td>microcytes, Plt clumps</td></tr><tr><td>Interfering substances:</td><td>•Hb differential</td><td>extreme lipemia, leukocytosis NRBCs, lyse-resistant RBCs, extreme hyperbilirubinemia</td><td>extreme lipemia, leukocytosis NRBCs, lyse-resistant RBCs, extreme hyperbilirubinemia</td></tr><tr><td>Age- and sex-specific r</td><td>eference ranges</td><td>yes</td><td>yes</td></tr><tr><td>Max. CBCs per hr/max. Recommended average</td><td>CBCs & diffs. per hr</td><td>80/80 6 months</td><td>120/120 6 months</td></tr><tr><td>•Modes calibrate</td><td>d/parameters calibrated</td><td>open, closed/WBC, RBC, Hb, Hct, Plt, MPV</td><td>open, closed/WBC, RBC, Hb, Hct, Plt, MPV</td></tr><tr><td>Frequency of blood/late Min. specimen vol. oper</td><td>ex controls n/closed/sample dead vol. closed</td><td>per CLIA standards/none 30 µL for CBC/53 µL for CBC + diff./0.5 mL</td><td>per CLIA standards/none 130 μL/200 μL/1 mL</td></tr><tr><td>Tube sampling supporte</td><td></td><td>yes (autoloader 13 \times 75; closed tube 16 sizes + micro)</td><td>yes</td></tr><tr><td>Veterinary capability Microsample capability</td><td></td><td>yes yes</td><td>yes yes, open mode</td></tr><tr><td>Prepares microscopic s problems for slide</td><td>lides automatically or flags e prep</td><td>yes</td><td>yes</td></tr><tr><td>If auto. slidemaker avai</td><td>lable, No. installed/list price</td><td>_-</td><td>__</td></tr><tr><td>Archives patient data for Patient-specific archiving</td><td>•</td><td>yes yes, with MultiLink Data Manager</td><td>yes yes</td></tr><tr><td>Max. archived data acc</td><td>essible when system online</td><td>MultiLink Data Manager; 10,000 instrument only</td><td>unlimited Data Manager; 10,000 instrument only</td></tr><tr><td></td><td>neric results–No. specimens to/cytograms–No. specimens</td><td>MultiLink Data Manager; 10,000 instrument only MultiLink Data Manager</td><td>unlimited Data Manager unlimited Data Manager</td></tr><tr><td> Stored in conjun </td><td>ction with CBC data</td><td>yes</td><td>yes</td></tr><tr><td>Saved results can be re</td><td>images & CBC data printed as 1 report called and retransmitted</td><td>yes yes</td><td>yes yes</td></tr><tr><td>Saved data can be sorte Performs delta checks</td><td>ed for reprocessing or report transmission</td><td>yes yes</td><td>yes yes</td></tr><tr><td>Tags and holds results t</td><td>for followup, confirm. testing, or rerun</td><td>yes</td><td>yes</td></tr><tr><td></td><td>r holding samples are defined by ansmitted to LIS while others held</td><td>user yes</td><td>user —</td></tr><tr><td>Scattergram display: cel Histogram display: colo</td><td></td><td>yes yes</td><td>yes yes</td></tr><tr><td></td><td>men &/or result info. displayed</td><td>_</td><td>yes</td></tr><tr><td>LIS interface formats su</td><td></td><td>proprietary, ASTM 1394 & 1238, HL7, IEEE MIB</td><td>proprietary, ASTM 1394 & 1238, HL7, IEEE MIB</td></tr><tr><td>Information transferred</td><td>on LIS interface</td><td>numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, orders, LIS to instrument— broadcast</td><td>numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, orders, LIS to instrument— broadcast</td></tr><tr><td>LOINC codes transmitte How labs get LOINC cod</td><td></td><td>n/a n/a</td><td>n/a n/a</td></tr><tr><td>Optional data mgmt. or</td><td>collation system</td><td>yes (MultiLink)</td><td>yes (MultiLink)</td></tr><tr><td>Software feature</td><td>es</td><td>enhanced QC, data archiving, data collation from multiple instruments</td><td>enhanced QC, data archiving, data collation from multiple instruments</td></tr><tr><td>Interface avail. or plann</td><td>ned to auto. specimen-handling system</td><td>yes</td><td>yes</td></tr><tr><td>Bar-code symbologies r</td><td></td><td>Codabar, codes 39 & 128, ASTM, interl. 2 of 5 yes</td><td>Codabar, codes 39 & 128, ASTM, interl. 2 of 5 yes</td></tr><tr><td></td><td>tenance by lab personnel</td><td>weekly: 15 min</td><td>weekly: 15 min</td></tr><tr><td>Onboard maintenance r</td><td>records</td><td>yes</td><td>yes</td></tr><tr><td>Time from communicati</td><td>ion of problem to engineer on site</td><td>24 hrs</td><td>-_</td></tr><tr><td>Onboard diagnostics/lir Mftr. can perform diagn</td><td>nited to software problems ostics via modem</td><td>no/yes yes</td><td>no/yes yes</td></tr><tr><td>Acquisition program ba</td><td>sed on cost-per-reportable result</td><td>yes</td><td>yes</td></tr><tr><td>Distinguishing features</td><td></td><td>compact 5-part differential instrument with autoloader and autodilution capability, autorerun feature, autovalidation</td><td>high-throughput cell counter with integrated reticulocyte methodology and slidemaker/stainer; fluorescent NRBC counting, auto rerun and reflex testing autovalidation</td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>

Part 8 of 11		Siemens Medical Solutions Diagnostics Ron Hebert 511 Benedict Ave. Tarrytown, NY 10591 800-255-3232 www.siemens.com/diagnostics	Siemens Medical Solutions Diagnostics Ron Hebert 511 Benedict Ave. Tarrytown, NY 10591 800-255-3232 www.siemens.com/diagnostics
Name of instrument First year installed in U.S No. units installed in U.S.	Joutside U.S./No. of units sold in 2006 Joutside U.S./list price	Advia 120 Hematology System 1998/1998/— >750/3,500/\$169,000-\$189,000	Advia 2120 Hematology System 2004/2004/— >200/>900/\$225,000
All instruments have: WBC, RBC, Hb, Hct, MCV, MCH, MCHC, Plt, %&# neut, mono, lymph, eos. baso	•Chartable •Laboratory •Flags	standard menu (left) plus: CHCM, MPV, RDW, HDW, LUC %&#, retic %&#, CHr, CHCMr, MCVr; CSF: WBC, RBC, PMN, MN, neut, lymph, mono; cellular Hgb %: hypo, hyper, macro, micro; calc. Hb, MPXI; %: blasts, PMN, MN; large Plt count; RBC frag. count; RBC ghost count left shift, atyp. lymph, blasts, immature grans, myeloperox. deficiency, aniso, micro, macro, Hb variation, hypo, hyper, NRBC, RBC frag., RBC ghost, large</td><td>standard menu (left) plus: CHCM, MPV, RDW, HDW, LUC %&#, retic %&#, CHr, CHCMr, cellular Hgb, MCVr; CSF: WBC, RBC, PMN, MN, neut, lymph, mono % hypo, hyper, macro, micro; MPXI, %: blast, PMN, MN, large Plt count, RBC fragment count; RBC ghost count, NRBC left shift, atyp. lymph, blasts, immature grans, myeloperox. deficiency, aniso, micro, macro, Hb variation, hypo, hyper, NRBC, RBC frag., RBC ghost, large</td></tr><tr><td>FDA-cleared tests but not Tests not available but su Tests in development For research use only Tests unique to analyzer</td><td>-</td><td>Plt, Plt clumps none none IRF, MPC, MPM CSF, eos CHCM, HDW, CHr, CHCMr, MPC, MPM; CSF: WBC RBC, MN, PMN, neut, lymph, mono</td><td>Pit, Pit clumps none none MPC, MPM IRF, CSF, eos CHCM, HDW, CHr, CHCMr, cellular Hgb, MPC, MPM, CSF: WBC, RBC, PMN, MN, neut, lymph, mono</td></tr><tr><td>Differential method(s) us</td><td>ed</td><td>perox–peroxidase cytochem. staining with light scatter & absorption;</td><td>peroxidase WBC—peroxidase cytochem. staining w/ light scatter &</td></tr><tr><td>Precision:</td><td>WBC count (10⁹/L)/RBC count (10¹²/L) Hemoglobin (g/dL)/platelet (10⁹/L) MCV (fL) or Hct (%) WBC count/RBC count Hb/platelet MCV or Hct liff. compared with manual diff.</td><td>baso-cytochem. stripping with 2-angle laser light scatter 0.02-400/0-7.0; CSF WBC 0-5,000/μL; CSF RBC 0-1,500/μL 0-22.5 /5-3,500 30-180 (MCV) 2.7%/1.2% 0.93%/2.93% 0.78% (MCV) neut% r=0.997, y=1.02x-0.6; lymph% r=0.997, y=1.00x+0.8; mono% r=0.943,</td><td>absorption; baso—cytochem. stripping w/ 2-angle laser light scatter 0.02–400; CSF WBC 0–5,000/0–7.0; CSF RBC 0–1,500 0–22.5/5–3,500 30–180 (MCV) 2.7%/1.2% 0.93%/2.93% 0.78% (MCV) neut% r=0.997, y=1.02x–0.6; lymph% r=0.997, y=1.00x+0.8; mono% r=0.943</td></tr><tr><td>_</td><td>, regression equation</td><td>y=0.85x-0.3; eos% r=0.979, y=0.87x+0.2; baso% r=0.772, y=0.67x+0.0; luc% r=0.994, y=0.92x+0.6 incomplete RBC lysis (perox only)</td><td>y=0.85x-0.3; eos% r=0.979, y=0.87x+0.2; baso% r=0.772, y=0.67x+0.0; luc% r=0.994, y=0.92x+0.6 incomplete RBC lysis (peroxidase only)</td></tr><tr><td></td><td>•RBC •MCV or Hct •Platelet •Hb</td><td>cold agglutinins, extreme sickle cell none none high WBC, lip., extremely high bili., interfere with cyanmethb. only, none with</td><td>cold agglutinins, extreme sickle cell none none extreme lipemia, high WBC, extreme high bili. interference w/ colorimetric</td></tr><tr><th>Interfering substances: d</th><th>lifferential</th><th>direct cellular Hb (CHCM) incomplete lysis of RBCs, complete myeloperox. deficiency</th><th>Hb only, none with cellular Hb incomplete RBC lysis, complete myeloperox. deficiency</th></tr><tr><td>Frequency of blood/latex Min. specimen vol. open/ Tube sampling supported Veterinary capability Microsample capability</td><td>BCs & diffs. per hr requency of calib. /parameters calibrated controls closed/sample dead vol. closed I des automatically or flags</td><td>yes 120/120 6 months open, closed, autosampler/all measured parameters once per shift/not required 157 µL/157 µL/<300 µL (tube size dependent) yes (2, 3, 5, 7 mL—all sizes–open tube) yes yes yes</td><td>yes 120/120 6 months autosampler, closed, open/all measured parameters once per shift/not required 175 µL/175 µL/<300 (tube size dependent) yes (2, 3, 5, 7 mL—all sizes open) yes yes if integrated to Advia Autoslide</td></tr><tr><td>If auto. slidemaker availa</td><td>ble, No. installed/list price</td><td>_</td><td>Advia Autoslide, n/a/\$98,000</td></tr><tr><td>Memory capacity—nume Memory capacity—histo.</td><td>g ssible when system online eric results—No. specimens /cytograms—No. specimens tion with CBC data nages & CBC data printed as 1 report alled and retransmitted I for reprocessing or report transmission or followup, confirm. testing, or rerun holding samples are defined by Ismitted to LIS while others held I-specific color</td><td>yes no 10,000 samples 10,000 samples 10,000 samples yes yes yes yes yes yes yes yes yes y</td><td>yes no 10,000 10,000 10,000 yes yes yes yes yes yes yes yes yes yes</td></tr><tr><td>LIS interface formats sup Information transferred o</td><td>n LIS interface</td><td>proprietary (Spec 79) numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, orders, LIS to instrument— broadcast; host query for demographics & orders</td><td>proprietary numeric & flag results, histograms & scatterplots, instrument to LIS; patient demographics, patient orders, LIS to instrument— broadcast; host query for patient demographics and orders (when bar code is read, host is queried for orders)</td></tr><tr><td>LOINC codes transmitted How labs get LOINC code Optional data mgmt. or co •Software features</td><td>s for reagent kits ollation system</td><td>no online documentation yes (CentraLink) enhanced QC, data archiving, data collation from multiple instruments, autovalidation, integrated diff. pad, remote diagnostics, remote workstations</td><td>no online documentation yes (CentraLink) enhanced QC, data archiving, data collation from multiple instruments, autovalidation, integrated diff. pad, remote diagnostics, remote workstations</td></tr><tr><td>Bar-code symbologies re</td><td>d to auto. specimen-handling system ad on tube placement per NCCLS standard Auto2A</td><td>LabCell (Siemens) Codabar, codes 39 & 128, ASTM, interl. 2 of 5 yes</td><td>LabCell (Siemens) Codabar, codes 39 & 128, interl. 2 of 5 —</td></tr><tr><td></td><td>cords on of problem to engineer on site ited to software problems</td><td>daily: 10 min; weekly: 15 min; monthly: 15 min yes territory dependent yes/no yes</td><td>daily: 0 min; weekly: 15 min; monthly: 15 min yes territory dependent yes/no yes</td></tr><tr><td>Acquisition program base</td><td>ed on cost-per-reportable result</td><td>yes</td><td>yes</td></tr><tr><th>Distinguishing features</th><th></th><th>unique laser technology provides cellular Hb for RBCs and retics; 2-D Plt analysis that eliminates interference from RBC fragments and inclusion of large Plts; dual WBC counts with a linearity of up to 400,000; CSF assay</th><th>unique laser technology provides direct cellular Hb for RBCs and retics; 2-D Plt analysis that eliminates interference from RBC fragments and inclusion of large Plts; dual WBC counts with a linearity of up to 400,000; CSF assay</th></tr></tbody></table>	

| | | Sysmex America Inc.

 | Sysmex America Inc. |
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| Part 9 of 11 | | Audrey Woodbeck

 | Audrey Woodbeck |
| | | 1 Nelson C. White Pkwy.

 | 1 Nelson C. White Pkwy. |
| | | Mundelein, IL 60060
800-379-7639

 | Mundelein, IL 60060
800-379-7639 |
| | | www.sysmex.com/usa

 | www.sysmex.com/usa |
| | |

 | |
| Name of instrument | C /outside II C /No. of units cold in 2006 | Sysmex XE-2100

 | Sysmex XE-2100D |
| No. units installed in U.S | S./outside U.S./No. of units sold in 2006 | 2000/—/200
1,050/3,700/\$225,000

 | 2004/2004/12
12/—/\$200,000 |
| No. unito motanou m oto | | 1,000/0,700/4220,000

 | 121 /4200,000 |
| Test menu: | Chartable | standard menu (left) plus: NRBC %&#, retic %&#, RDW-SD, RDW-CV, IRF, PIt-</td><td>standard menu (left) plus: RDW-SD, RDW-CV</td></tr><tr><td>All instruments have:
WBC, RBC, Hb, Hct, MCV,</td><td></td><td>O, HPC#, MPV, IG%, IG#, RET-He, IPF</td><td></td></tr><tr><td>MCH, MCHC, Plt, %&# neut,</td><td>Laboratory</td><td>none</td><td>none</td></tr><tr><td>mono, lymph, eos, baso</td><td>•Flags</td><td>Plt clumps, RBC agglut, turbidity, WBC ABN scattergram, RBC ABN distrib.,</td><td>Plt clumps, Plt ABN distribution, WBC ABN scattergram, blast, left shift,</td></tr><tr><td></td><td></td><td>Plt ABN distrib., RBC lyse resistance, blasts, left shift, atyp. lymph., ABN</td><td>atyp. lymph., ABN lymph./blast, RBC ABN distribution, RBC lyse resistance,</td></tr><tr><td></td><td></td><td>lymph./blast., ret. ABN scattergram</td><td>RBC agglut., turbidity</td></tr><tr><td>FDA-cleared tests but no
Tests not available but s</td><td></td><td>none</td><td>n/a
n/a</td></tr><tr><td>Tests in development</td><td>ubilitied for clearance</td><td>none
—</td><td>n/a</td></tr><tr><td>For research use only</td><td></td><td>P-LCR, PCT, PDW</td><td>P-LCR, PCT, PDW</td></tr><tr><td>Tests unique to analyzer</td><td>•</td><td>HPC#, IG%, IG#, RET He, IPF</td><td>Optional: IG% & IG#</td></tr><tr><td>Differential method(s)</td><td>d</td><td>fluorescent flow systematry, DE/DC detection method</td><td>fluorescent flow systematry</td></tr><tr><td>Differential method(s) us
Linearity:</td><td>•WBC count (10⁹/L)/RBC count (10¹²/L)</td><td>fluorescent flow cytometry, RF/DC detecting method
0-440/0-8</td><td>fluorescent flow cytometry
0–440/0–8</td></tr><tr><td></td><td>•Hemoglobin (g/dL)/platelet (10⁹/L)</td><td>0-25/0-5,000</td><td>0-25/0-5,000</td></tr><tr><td></td><td>•MCV (fL) or Hct (%)</td><td>0–75 (Hct)</td><td>0–75 (Hct)</td></tr><tr><td>Precision:</td><td>WBC count/RBC count WB/plotelet</td><td><3%/<1.5%</td><td>≤3%/≤1.5%</td></tr><tr><td></td><td>Hb/platelet MCV or Hct</td><td><1.0%/<4.0%
<1.5% (Hct)</td><td>≤1.0%/≤4.0%
≤1.5% (Hct)</td></tr><tr><td>Accuracy of automated</td><td>diff. compared with manual diff.</td><td>neut% r=0.95, y=0.92x+5.46; lymph% r=0.95, y=0.88x+2.46; mono% r=0.79,</td><td>neut% r=0.95, y=0.92x+5.46; lymph% r=0.95, y=0.88x+2.46; mono% r=0.79,</td></tr><tr><td>-</td><td>), regression equation</td><td>y=0.77x+1.88; eos% r=0.92, y=0.97x+0.29; baso% r=0.82, y=1.01x+0.01;</td><td>y=0.77x+1.88; eos% r=0.92, y=0.97x+0.29; baso% r=0.82, y=1.01x+0.01;</td></tr><tr><td></td><td></td><td>NRBC% r=0.96, y=1.12x+0.11; IG% r=0.83, y=0.9332x+0.0922</td><td>NRBC% r=0.96, y=1.12x+0.11; IG% r=0.83, y=0.9332x+0.0922</td></tr><tr><td>Interfering substances:</td><td>•WBC</td><td>cold agglut., Plt aggreg., nucl. RBCs, cryoglob., lyse-resistant RBCs</td><td>cold agglut., Plt aggreg., cryoglob., lyse-resistant RBCs, NRBCs</td></tr><tr><td>interioring substances:</td><td>•RBC</td><td>cold agglut., Pit aggreg., nucl. RBCs, cryoglob., tyse-resistant RBCs cold agglut., severe microcytosis, frag. RBCs, large No. giant Plts, in vitro</td><td>cold agglut., Pit aggreg., cryogiob., lyse-resistant Roos, NROos cold agglut., severe microcytosis, frag. RBCs, leukocytosis</td></tr><tr><td></td><td></td><td>hemolysis</td><td>55 · , · · · · · · · · · · · · · · · · ·</td></tr><tr><td></td><td>•MCV or Hct</td><td>Hct: cold agglutinins, leukocytosis, ABN red cell fragility, spherocytosis</td><td>Hct: cold agglut., ABN red cell fragility, spherocytosis, leukocytosis</td></tr><tr><td></td><td>•Platelet</td><td>pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megalocytic Plts</td><td>pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megaloblasts</td></tr><tr><td>Interfering substances:</td><td>●Hb
differential</td><td>lipemia, ABN proteins in blood plasma, severe leukocytosis
lyse-resistant RBCs</td><td>lipemia, ABN proteins, leukocytosis
lyse-resistant RBCs</td></tr><tr><th></th><th></th><th></th><th>,</th></tr><tr><td>Age- and sex-specific re</td><td><u> </u></td><td>yes</td><td>yes</td></tr><tr><td>Max. CBCs per hr/max. (</td><td>-</td><td>150/150</td><td>150/150</td></tr><tr><td>Recommended average •Modes calibrated</td><td>rrequency of calib.
I/parameters calibrated</td><td>once per year by FSR
open, closed, capillary/WBC, RBC, Hb, Hct, Plt</td><td>once per year by FSR
open, closed, capillary/WBC, RBC, Hb, Hct, Plt</td></tr><tr><td>Frequency of blood/late</td><td>•</td><td>per requirements/none</td><td>per CLIA requirements/none</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>Min. specimen vol. open</td><td>/closed/sample dead vol. closed</td><td>130 μL/200 μL/1 mL</td><td>130 μL/200 μL/1 mL</td></tr><tr><td>Min. specimen vol. open
Tube sampling supporte</td><td></td><td>yes</td><td>yes</td></tr><tr><td>Min. specimen vol. open
Tube sampling supporte
Veterinary capability</td><td></td><td>yes
no</td><td>yes
no</td></tr><tr><td>Min. specimen vol. open
Tube sampling supporte
Veterinary capability
Microsample capability</td><td></td><td>yes no yes</td><td>yes</td></tr><tr><th>Min. specimen vol. open
Tube sampling supporte
Veterinary capability
Microsample capability</th><th>d
ides automatically or flags</th><th>yes
no</th><th>yes
no
yes</th></tr><tr><td>Min. specimen vol. open
Tube sampling supporte
Veterinary capability
Microsample capability
Prepares microscopic sl
problems for slide</td><td>d
ides automatically or flags</td><td>yes no yes</td><td>yes
no
yes</td></tr><tr><td>Min. specimen vol. open Tube sampling supporte Veterinary capability Microsample capability Prepares microscopic sl problems for slide If auto. slidemaker avail</td><td>ides automatically or flags
prep
able, No. installed/list price</td><td>yes no yes yes with Alpha or HST upgrade >1,000/price depends on configuration</td><td>yes
no
yes
yes, with Alpha or HST upgrade
>1,000/—</td></tr><tr><td>Min. specimen vol. open
Tube sampling supporte
Veterinary capability
Microsample capability
Prepares microscopic sl
problems for slide</td><td>ides automatically or flags
prep
able, No. installed/list price
r later comparison</td><td>yes
no
yes
yes with Alpha or HST upgrade</td><td>yes
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Hematology analyzers

Sysmex America Inc. Sysmex America Inc. Part 10 of 11 **Margaret Triola Nilam Patel** 1 Nelson C. White Pkwv. 1 Nelson C. White Pkwy. Mundelein, IL 60060 Mundelein, IL 60060 800-379-7639 800-379-7639 www.svsmex.com/usa www.svsmex.com/usa Sysmex XT-2000i Sysmex XE-Alpha N/HST-N First year installed in U.S./outside U.S./No. of units sold in 2006 2000/—/50 2002/2001/150 >1,000 worldwide/\$360,000-\$1,000,000 No. units installed in U.S./outside U.S./list price 550/3,500/\$145,000 standard menu (left) plus; retic %&#, IRF, Plt-O, MPV, RDW-SD, RDW-CV Chartable standard menu (left) plus: RDW-SE, RDW-CV, IG%, IG#, NRBG%, NRBC#, Test menu: retic%&#, IRF, Plt-0 (fluorescent optical Plt), HPC#, MPV; RET-He All instruments have: WBC, RBC, Hb, Hct, MCV, (Reticulocyte Hgb Equivalent), IPF (immature platelet fraction), MCH, MCHC, Plt, %&# neut **HPC** (hematopoietic progenitor cells) mono, lymph, eos, basc Laboratory user defined, all inclusive user defined, all inclusive Flags FDA-cleared tests but not clinically released none Tests not available but submitted for clearance none Tests in development immature gran. %&# For research use only P-LCR, PCT, PDW IG%&# Tests unique to analyzer NRBC, HPC#, IG%, IG# Plt-0 fluorescent flow cytometry Differential method(s) used fluorescent flow cytometry, RF/DC detecting method •WBC count (109/L)/RBC count (1012/L) Linearity: 0-440/0-8 0-310/0-8 •Hemoglobin (g/dL)/platelet (109/L) 0-25/0-5,000 0-25/0-5,000 •MCV (fL) or Hct (%) 0-75 (Hct) 0-60 (Hct) Precision: •WBC count/RBC count <3%/<1.5% ≤3.0%/≤1.5% •Hb/platelet <1.0%/<4.0% ≤1.5%/≤4.0% •MCV or Hct <1.0% (Hct) ≤1.5% (Hct) neut% r=0.95, y=0.95x+3.38; lymph% r=0.96, y=0.85x+1.67; mono% r=0.90, Accuracy of automated diff. compared with manual diff. neut% r=0.95, y=0.92x+5.46; lymph% r=0.95, y=0.88x+2.46; mono% r=0.79, (per NCCLS H-20A), regression equation y=0.77x+1.88; eos% r=0.92, y=0.97x+0.29; baso% r=0.82, y=1.01x+0.01; y=11.37x+1.89; eos% r=0.94, y=0.87x+0.04; baso% r=0.76, y=0.48x+0.24 NRBC% r=0.96, y=1.12x+0.11; IG% r=0.83, y=0.9332x+0.0922 Interfering substances: •WBC cold agglut., Plt aggreg., cryoglob., lyse-resistant RBCs, NRBCs cold agglut., Plt aggreg., nucl. RBCs, cryoglob., lyse-resistant RBCs cold agglut., severe microcytosis, frag. RBCs, large No. giant Plts, in vitro cold agglut., severe microcytosis, frag. RBCs, leukocytosis RBC hemolysis Hct: cold agglut., ABN red cell fragility, spherocytosis, leukocytosis MCV or Hct Hct: cold agglut., leukocytosis, ABN red cell fragility, spherocytosis (>100,000/µL) Platelet pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megalocytic Plts pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megaloblasts lipemia, ABN proteins in blood plasma, severe leukocytosis lipemia, ABN proteins, leukocytosis (>100,000/μL) Interfering substances: differential lyse-resistant RBCs lyse-resistant RBCs Age- and sex-specific reference ranges Max. CBCs per hr/max. CBCs & diffs, per hr 150/150 per analyzer on automation system 80/80 Recommended average frequency of calib. once per year by FSR once per year by FSR open, closed, capillary/- Modes calibrated/parameters calibrated open, closed, capillary/WBC, RBC, Hb, Hct, Plt Frequency of blood/latex controls per CLIA requirements/none per CLIA requirements/none Min. specimen vol. open/closed/sample dead vol. closed 130 µL/200 µL/1 mL 85 μL/150 μL/1 mL **Tube sampling supported** yes yes Veterinary capability yes, XT-V product no Microsample capability yes yes Prepares microscopic slides automatically or flags ves no problems for slide prep If auto. slidemaker available, No. installed/list price >1,000/\$250,000 Archives patient data for later comparison yes ves **Patient-specific archiving** Max. archived data accessible when system online 10,000 samples 10,000 samples Memory capacity—numeric results-No. specimens 10.000 samples 10,000 samples Memory capacity—histo/cytograms-No. specimens 10,000 samples 10,000 samples Stored in conjunction with CBC data yes yes ·Histo/cytogram images & CBC data printed as 1 report yes yes Saved results can be recalled and retransmitted yes yes Saved data can be sorted for reprocessing or report transmission yes yes Performs delta checks yes yes Tags and holds results for followup, confirm. testing, or rerun yes Parameters for flags for holding samples are defined by user or vendor user or vendo Some results can be transmitted to LIS while others held yes yes Scattergram display: cell-specific color yes yes Histogram display: color with threshold yes yes Choice of desired specimen &/or result info. displayed yes yes LIS interface formats supported Information transferred on LIS interface numeric & flag results, histograms & scatterplots, patient demographics, numeric & flag results, histograms & scatterplots, patient demographics, orders orders LOINC codes transmitted with results How labs get LOINC codes for reagent kits contact vendor contact vendor Optional data mgmt. or collation system ves, proprietary yes, proprietary enhanced QC, data archiving, data collation from multiple instruments, Software features enhanced QC, data archiving, data collation from multiple instruments multiple sites Roche, Labotix, IDS, A&T Interface avail. or planned to auto. specimen-handling system Codabar, codes 39 & 128, interl. 2 of 5, ITF, NW7, EAN 8 & 13 Codabar, codes 39 & 128, interl. 2 of 5, ITF, NW7, EAN 8 & 13 Bar-code symbologies read on tube Accommodates bar-code placement per NCCLS standard Auto2A daily: <3 min Time required for maintenance by lab personnel daily: <3 min **Onboard maintenance records** yes yes <24 hours Time from communication of problem to engineer on site <24 hours Onboard diagnostics/limited to software problems yes/no yes/no Mftr. can perform diagnostics via modem yes, also via Internet yes, also via Internet Acquisition program based on cost-per-reportable result yes yes high throughput, flexible, scalable configurations available; platelet linearhigh throughput, remote diagnostics; online QC; random access; fluorescent **Distinguishing features** ity-5 million; new parameters for platelet monitoring-IPF & retic Hb optical platelets; discrete testing; reagent monitoring; customized chartable report formats; XT-V unit for use in toxicology & research and veterinary measurement & RET He, hematopoietic progenitor cell analysis, lavender top management, standardized technology, reagents, controls and operations reference labs; body fluids now FDA cleared, standardized technology, reagents, controls and operations with other X-Series analyzers

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

Hematology analyzers

Sysmex America Inc. Sysmex America Inc. Part 11 of 11 **Margaret Triola Margaret Triola** 1 Nelson C. White Pkwv. 1 Nelson C. White Pkwv. Mundelein, IL 60060 Mundelein, IL 60060 800-379-7639 800-379-7639 www.sysmex.com/usa www.svsmex.com/usa XS-1000i and XS-1000i AutoLoader (20 sample autoloader option) Sysmex XT-1800i First year installed in U.S./outside U.S./No. of units sold in 2006 2002/---/150 2005/2006/-2781/200/\$85,000 (XS-1000i) \$95,000 (AutoLoader) No. units installed in U.S./outside U.S./list price 760/4,100/\$125,000 standard menu (left) plus: MPV. RDW-SD. RDW-CV Chartable standard menu (left) plus: MPV, RDW-SD, RDW-CV Test menu: All instruments have: WBC, RBC, Hb, Hct, MCV, Laboratory MCH, MCHC, Plt, %&# neut, mono, lymph, eos, baso Plt clumps, Plt ABN distribution, WBC ABN scattergram, blast imm. gran., Flags Plt clumps, Plt ABN distribution, WBC ABN scattergram, blast imm. gran., left shift, atyp. lymph., ABN lymph./blasts, RBC ABN distribution, RBC lyse left shift, atyp. lymph., ABN lymph./blasts, RBC ABN distribution, RBC lyse resistance, RBC agglut., turbidity, NRBC resistance, RBC agglut., turbidity, NRBC FDA-cleared tests but not clinically released body fluids Tests not available but submitted for clearance none none Tests in development immature gran. %&# none For research use only IG%&# research screen Tests unique to analyzer Differential method(s) used fluorescent flow cytometry fluorescent flow cytometry •WBC count (109/L)/RBC count (1012/L) 0-310/0-8 Linearity: 0-400/0-8 •Hemoglobin (g/dL)/platelet (109/L) 0-25/0-5,000 0-25/0-5.000 MCV (fL) or Hct (%) 0-60 (Hct) 0-60 (Hct) •WBC count/RBC count ≤3.0%/≤1.5% **Precision:** Hb/platelet ≤1.5%/≤4.0% MCV or Hct ≤1.5% (Hct) Accuracy of automated diff. compared with manual diff. neut% r=0.95, y=0.95x+3.38; lymph% r=0.96, y=0.85x+1.67; mono% r=0.90, neut% r=0.96, y=0.9074x+3.8948; lymph% r=0.97, y=0.9017x+2.4817; y=11.37x+1.89; eos% r=0.94, y=0.87x+0.04; baso% r=0.76, y=0.48x+0.24 mono% r=0.78, y=0.8626x+3.5938; eos% r=0.94, y=0.9076x+0.3651; (per NCCLS H-20A), regression equation baso% r=0.29, y-0.1538x+0.298 Interfering substances: •WBC cold agglut., Plt aggreg., cryoglob., lyse-resistant RBCs, NRBCs cold agglut., Plt aggreg., cryoglob., lyse-resistant RBCs, NRBCs cold agglut., severe microcytosis, frag. RBCs, leukocytosis cold agglut., severe microcytosis, frag. RBCs, leukocytosis •MCV or Hct Hct: cold agglut., ABN red cell fragility, spherocytosis, leukocytosis Hct: cold agglut., ABN red cell fragility, spherocytosis, leukocytosis $(>100,000/\mu L)$ $(>100,000/\mu L)$ pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megaloblasts pseudothrombocytopenia, Plt aggreg., incr. microcytosis, megaloblasts Platelet lipemia, ABN proteins, leukocytosis lipemia, ABN proteins, leukocytosis •Hb Interfering substances: differential lyse-resistant RBCs lyse-resistant RBCs Age- and sex-specific reference ranges ves ves Max. CBCs per hr/max. CBCs & diffs. per hr 80/80 60/60 Recommended average frequency of calib. once per year by FSR once per year open, closed, capillary/-•Modes calibrated/parameters calibrated closed & capillary/per CLIA requirements/none Frequency of blood/latex controls per CLIA requirements/none 85 μL/150 μL/1 mL 20 μL/20 μL/1.0 mL Min. specimen vol. open/closed/sample dead vol. closed **Tube sampling supported** yes (up to 85 mm height) **Veterinary capability** yes, XT-V product Microsample capability yes yes Prepares microscopic slides automatically or flags no no problems for slide prep If auto. slidemaker available, No. installed/list price n/a Archives patient data for later comparison yes yes Patient-specific archiving yes Max. archived data accessible when system online 10,000 specimens 10.000 samples Memory capacity—numeric results-No. specimens 10,000 samples 10,000 specimens Memory capacity—histo/cytograms-No. specimens 10,000 samples 10,000 specimens Stored in conjunction with CBC data ves yes yes Histo/cytogram images & CBC data printed as 1 report yes Saved results can be recalled and retransmitted yes yes Saved data can be sorted for reprocessing or report transmission yes yes Performs delta checks yes yes Tags and holds results for followup, confirm. testing, or rerun yes yes Parameters for flags for holding samples are defined by user or vendor user or vendor Some results can be transmitted to LIS while others held yes yes Scattergram display: cell-specific color yes yes yes Histogram display: color with threshold ves Choice of desired specimen &/or result info. displayed yes RS-232C/TCP-IP, ASTM proprietary, ASTM 1394, TCP-IP LIS interface formats supported Information transferred on LIS interface numeric & flag results, histograms & scatterplots, patient demographics, numeric & flag results, histograms & scatterplots, patient demographics, orders orders LOINC codes transmitted with results ves yes How labs get LOINC codes for reagent kits contact vendor contact vendor Optional data mgmt. or collation system yes, Molis WAM-proprietary yes, proprietary •Software features enhanced QC, data archiving, data collation from multip enhanced QC, data archiving, data collation from multiple instruments multiple sites multiple sites Interface avail. or planned to auto. specimen-handling system Bar-code symbologies read on tube Codabar, codes 39 & 128, interl. 2 of 5, ITF, NW7, EAN 8 & 13 Codabar, codes 39 & 128, ASTM, interl. 2 of 5, NW7, EAN 8 & 13, ITF Accommodates bar-code placement per NCCLS standard Auto2A Time required for maintenance by lab personnel daily: <3 min. daily: 3 min; weekly: none; monthly: 9 min Onboard maintenance records yes Time from communication of problem to engineer on site <24 hours <24 hours Onboard diagnostics/limited to software problems yes/no yes/no Mftr. can perform diagnostics via modem yes, also via Internet yes, also via Internet Acquisition program based on cost-per-reportable result **Distinguishing features** standardized technology, reagents, controls and operations to other X-Series remote diagnostics; online QC; random access; discrete testing; reagent monitoring; chartable report formats; XT-V for use in toxicology, research analyzers; small sample volume requirements for CBC + 5 part diff. and veterinary reference labs; unique specimen-gating SW is FDA Part II compliant; body fluids now FDA cleared; standardized technology, reagents, controls and operations with other X-Series analyzers