



# **BC-6800**

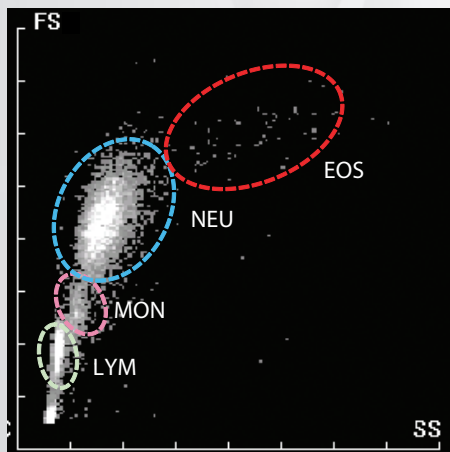
## **Auto Hematology Analyzer**

Small Cube, Big Difference

**mindray**  
healthcare within reach

# Small Cube, Big Difference

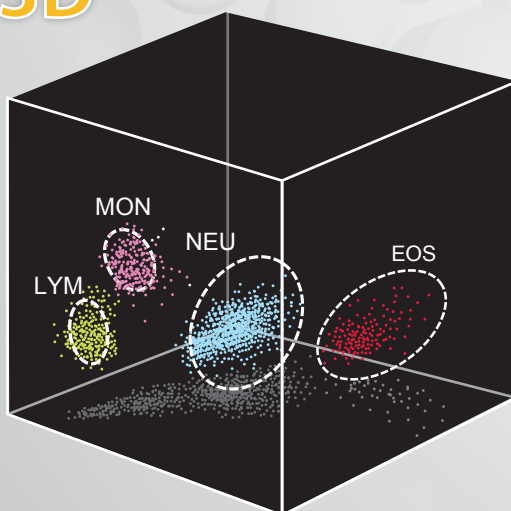
2D



Forward scatter

+ Side scatter

3D



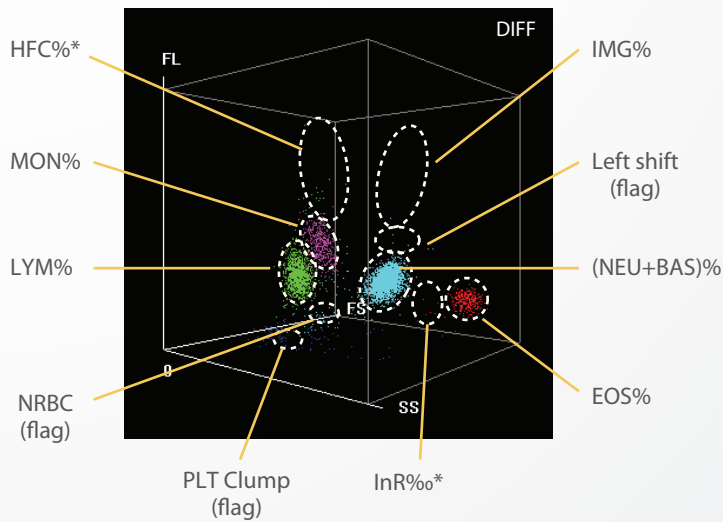
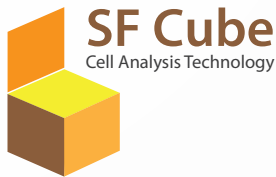
Forward scatter

+ Side scatter

+ Fluorescence

In 2D scattergram, the cell clusters appear close to each other. Whereas with the 3D scattergram, clusters are well separated which helps in detecting abnormal cells, if any.

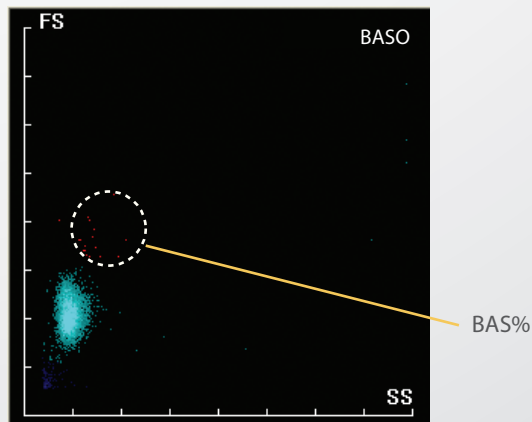
# Small Cube, Big Difference



DIFF scattergram of BC-6800 differentiates WBCs into 4 parts and also provides valuable parameters like HFC\*, IMG\*, InR\* and Abnormal Flags such as Left shift, NRBC, PLT Clump, Atypical Lymphocyte.

IMG(#, %) provide information about the presence of immature granulocytes, if any, including promyelocytes, myelocytes, metamyelocytes, immature eosinophils and immature basophils. BC-6800 extends WBC diff to 6-part, on every sample, by including immature granulocyte.

HFC\*(#, %) parameters alert the user of the presence of high fluorescent cell population, if any, such as blasts and atypical lymphocytes.



Basophils are counted in a dedicated channel that detects information about cell volume and cellular complexity. This provides more accurate and reliable basophil results.



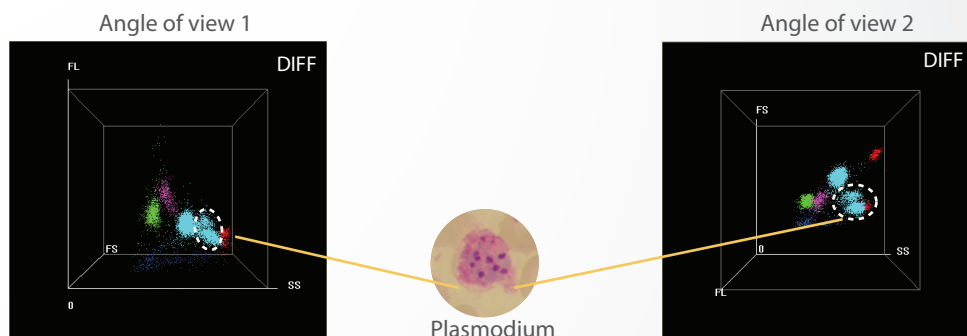
**BC-6800**

**Auto Hematology Analyzer**

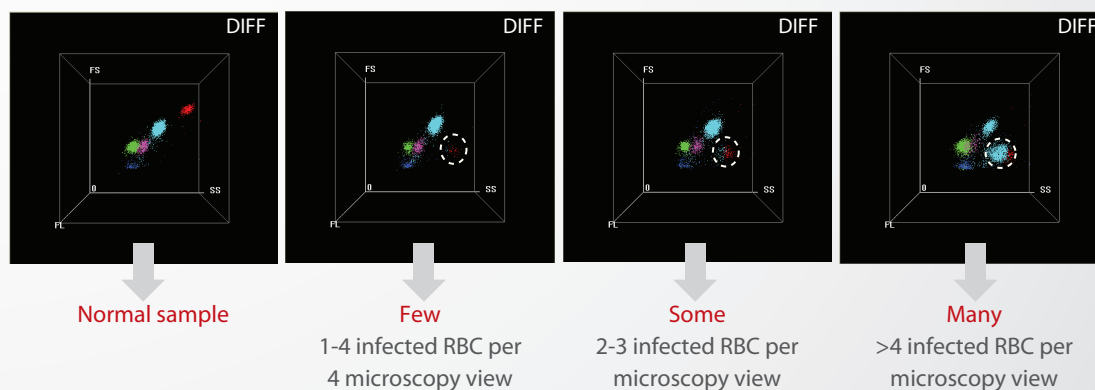




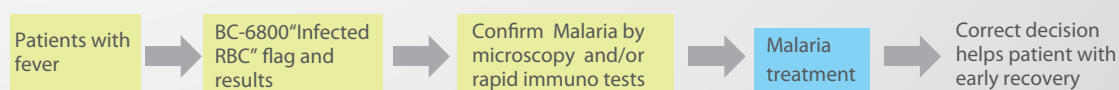
# Malaria screening



BC-6800 provides dedicated flags called "infected RBC?" and "InR\*(#,%)". BC-6800 users can obtain information about the possible presence of plasmodium parasite, the causative agent of malaria infection.

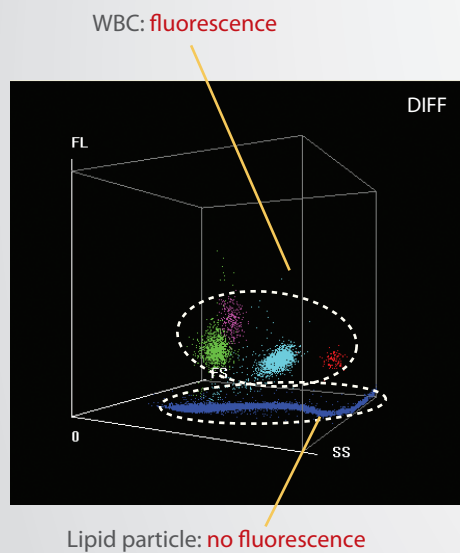


With the rising number of red cells infected with malaria parasites, the number of dots in the "InR" area increases proportionately. This creates the possibility to not only screen but also judge the severity of malarial infection.

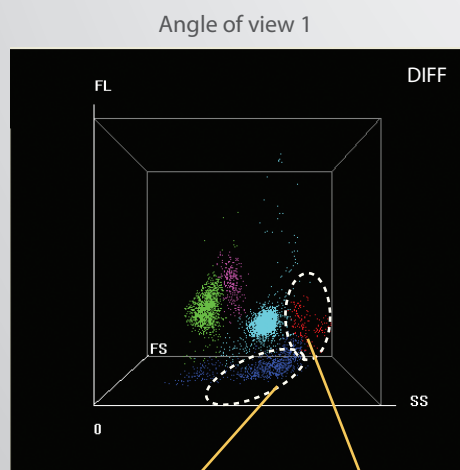


Since blood examination is almost always required for patients with fever, and given the increasingly wider use of automated hematology analyzers, an automated method with good sensitivity & specificity to screen for the presence of malaria parasites would be highly desirable and would prove to be practical and economical as it could lead to eventual detection of malaria even in unsuspected cases. BC-6800 increases the laboratory's efficiency for malaria detection and facilitates an earlier therapeutic intervention leading to quicker recovery for the patient.

# Interference prevention

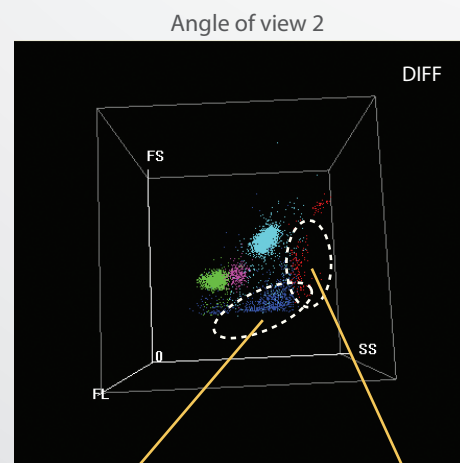


In DIFF scattergram, lipid particles are not stained by fluorescent dye while WBCs are. This difference prevents interference and ensures more accurate WBC results.



The PLT clump seems mixed up with Neutrophil

The PLT clump seems mixed up with Eosinophil

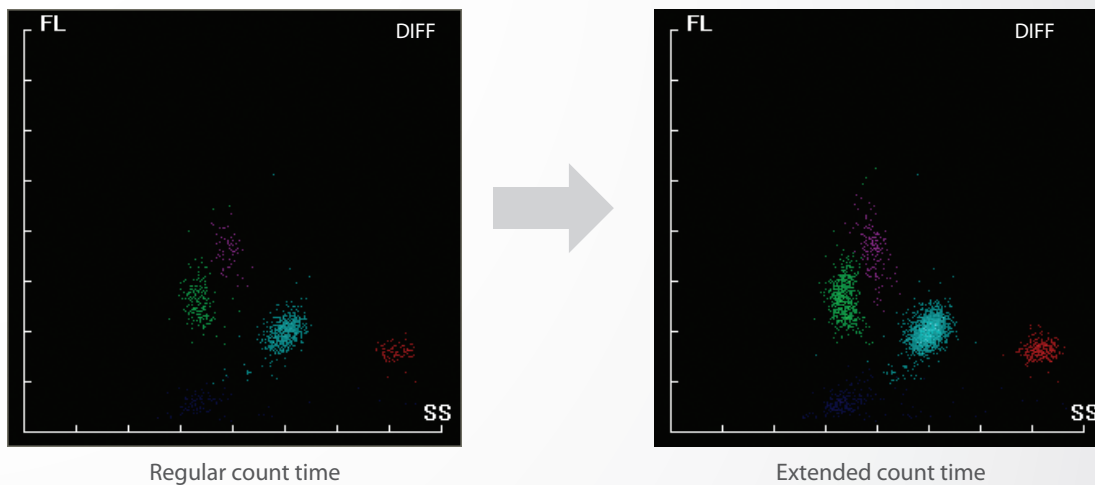


The PLT clump is well separated from Neutrophil

The PLT clump is well separated from Eosinophil

The combination of 3D information helps in the separation of PLT clumps from clusters of WBCs.

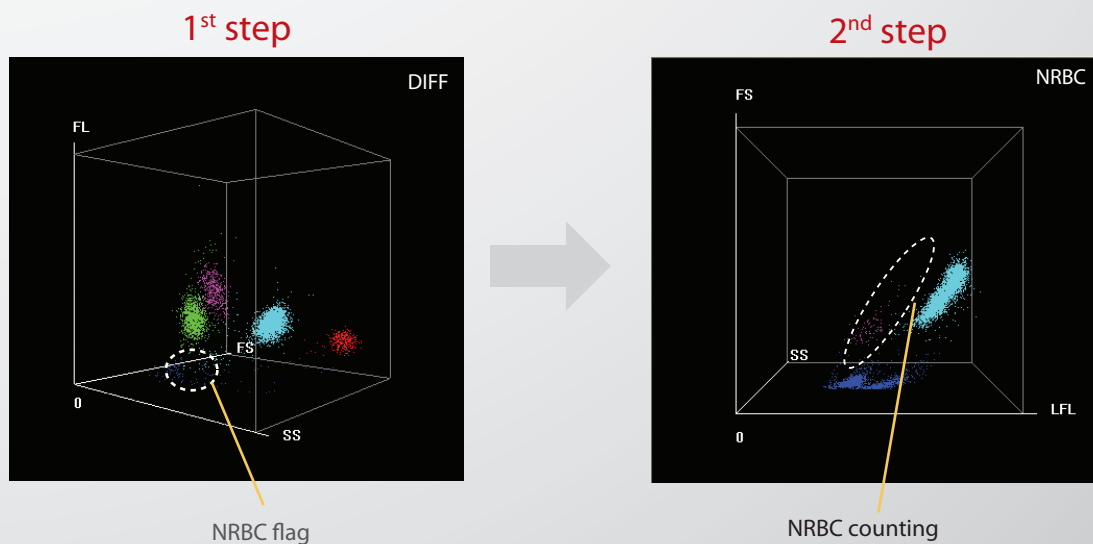
## Extended count time



For leucopenic samples ( $WBC < 1.5 \times 10^9 / L$ ) or capillary blood samples, BC-6800 is designed to automatically extend count time to 3 folds. This increases the number of cells counted and significantly improves the accuracy and reliability of WBC counts and WBC 5-part differential results.

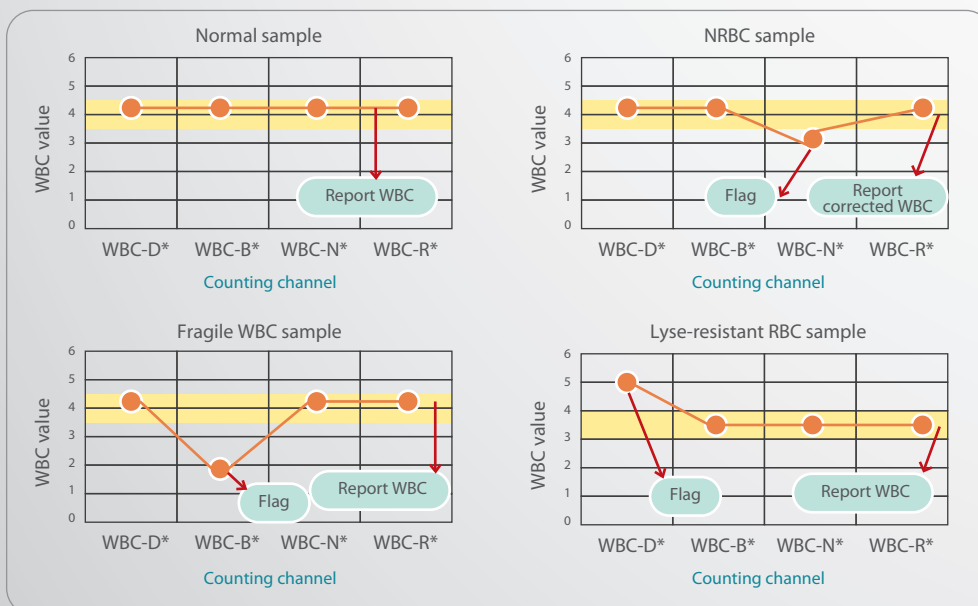
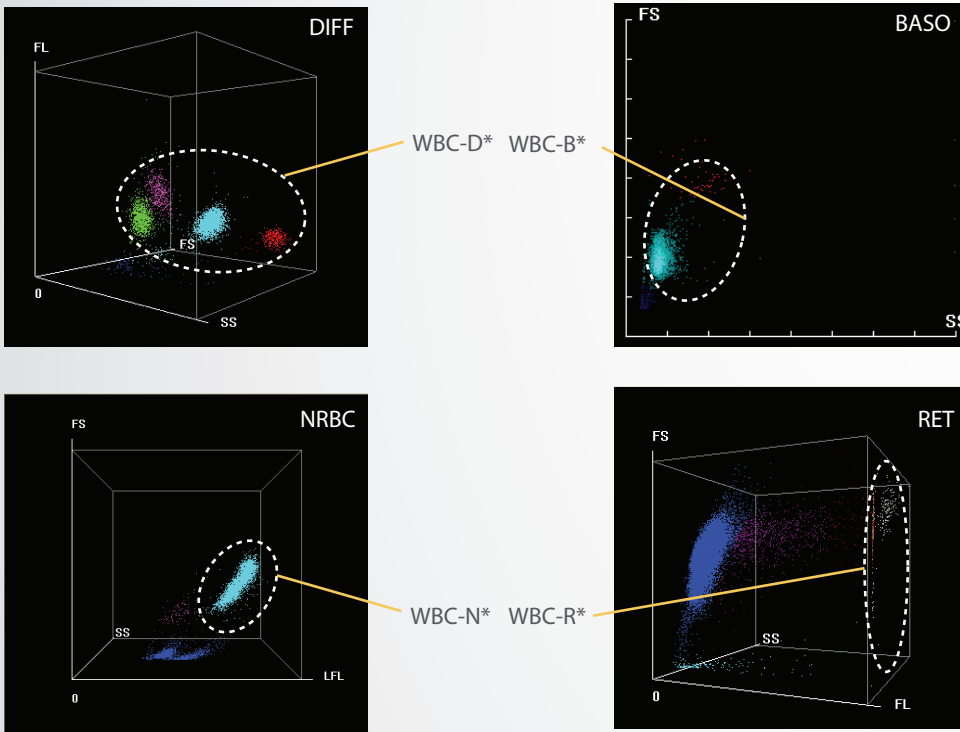
## NRBC flag & detection

In routine CBC test, BC-6800 can flag "NRBC", if they are present in the sample. The actual number of NRBCs can then be measured in a dedicated counting channel to obtain accurate quantitative NRBC#. This helps reduce the cost of counting NRBCs in the samples without the "NRBC" flag.





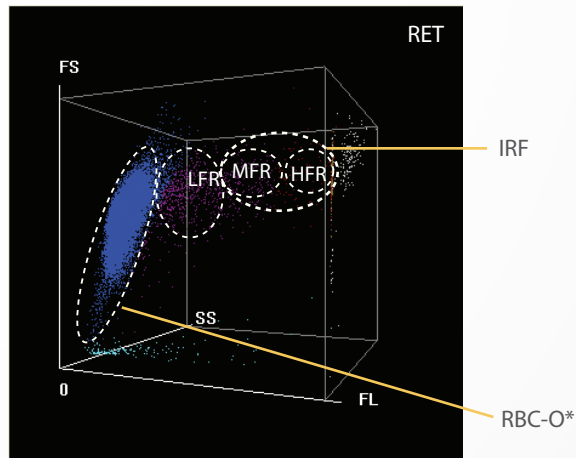
# 4 WBC counting channels



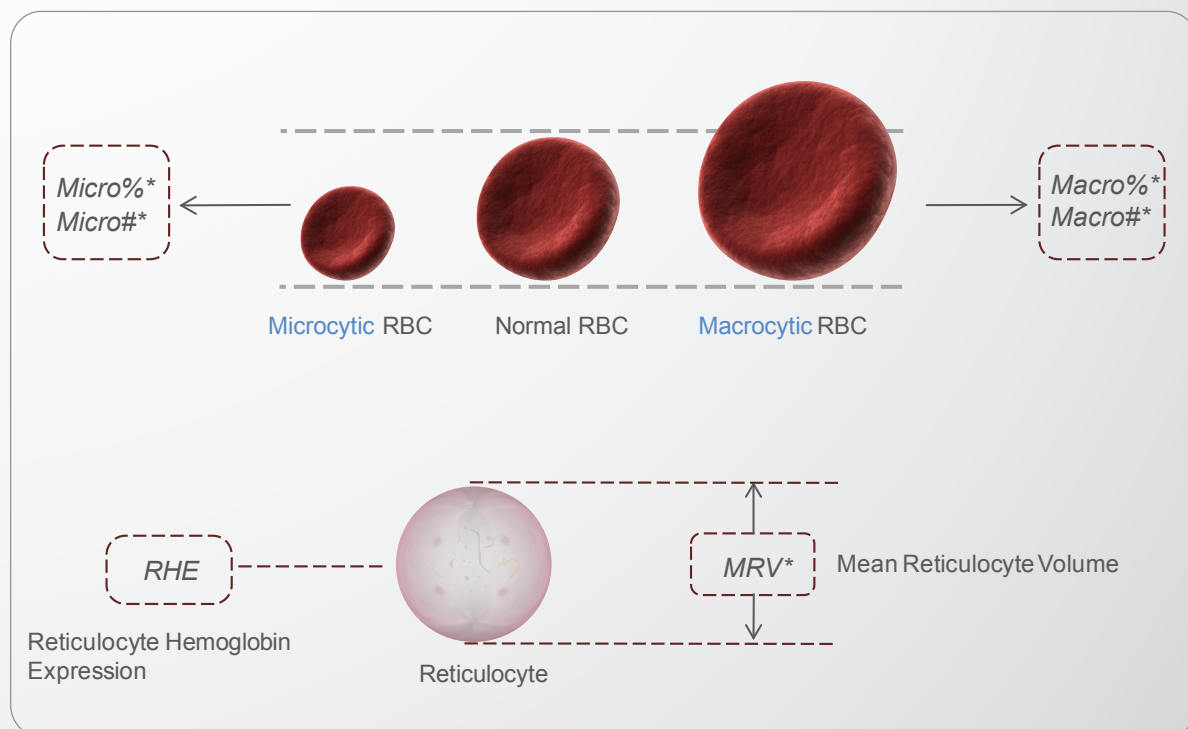
BC-6800 has 4 dedicated counting channels for the WBC measurement to prevent interference caused by the presence of lipid particles, lyse-resistant RBCs, PLT clumps and NRBCs. This increases the reliability of WBC data.

\* For research use only

# Reticulocyte detection



RBC analysis with SF Cube technology helps differentiation of Reticulocytes from mature red cells by their reaction with fluorescent stain. Besides the conventional parameters such as RET# and RET%, BC-6800 also provides additional data concerning immature reticulocytes (IRF), which assists in early diagnosis of anemia and monitoring the bone marrow response to hematinic therapy.



Micro\* (#, %) parameters point to number & % of microcytic (small) RBCs while Macro\* (#, %) parameters reflect the number & % of macrocytic (large) RBCs. MRV\* parameter represents the mean volume of reticulocyte while RHE parameter indicates the hemoglobin content for reticulocytes.

These parameters provide clues and more clinical information on anemia type, especially while differentiating iron deficiency from other causes of anemia.

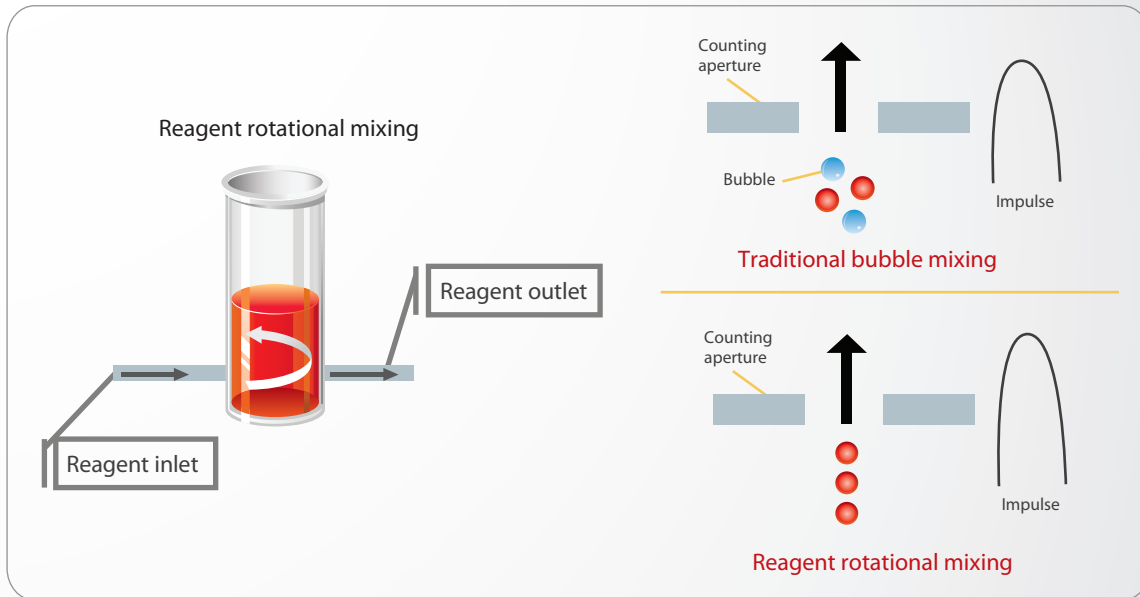
# BC-6800

## Auto Hematology Analyzer

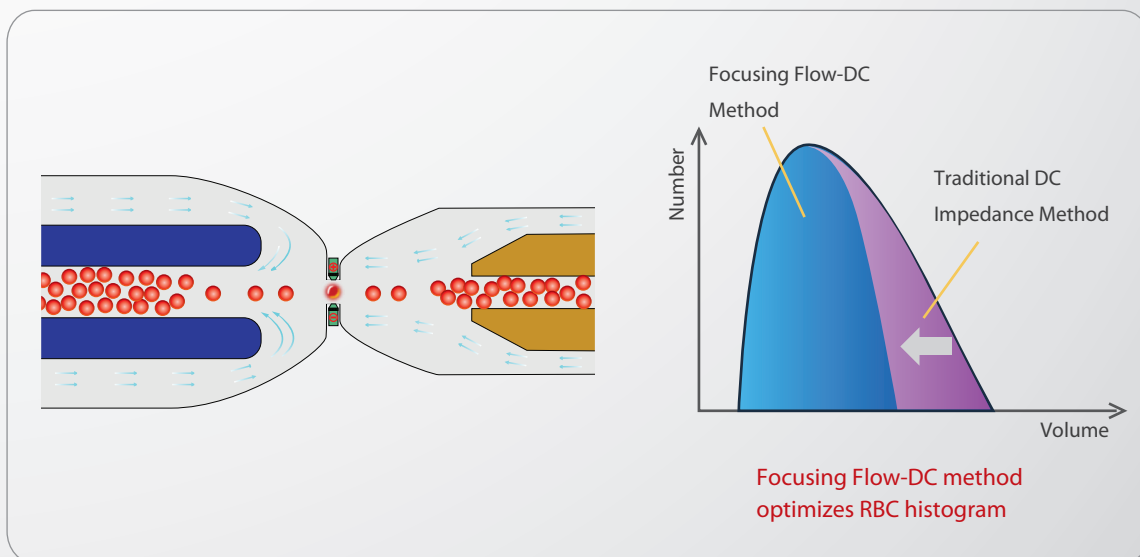




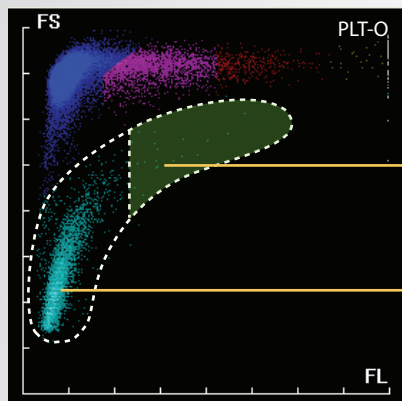
# RBC/PLT detection



The rotational mixing avoids bubble formation, a persistent problem with traditional mixing, to ensure more accurate RBC result.



The Focusing Flow-DC process minimizes the interference traditionally encountered in DC technology and produces a near Gaussian histogram. Because of this, histogram related parameters like MCV, RDW-CV, RDW-SD are more accurate and provide clinically useful information.



Optical + Fluorescence measurement

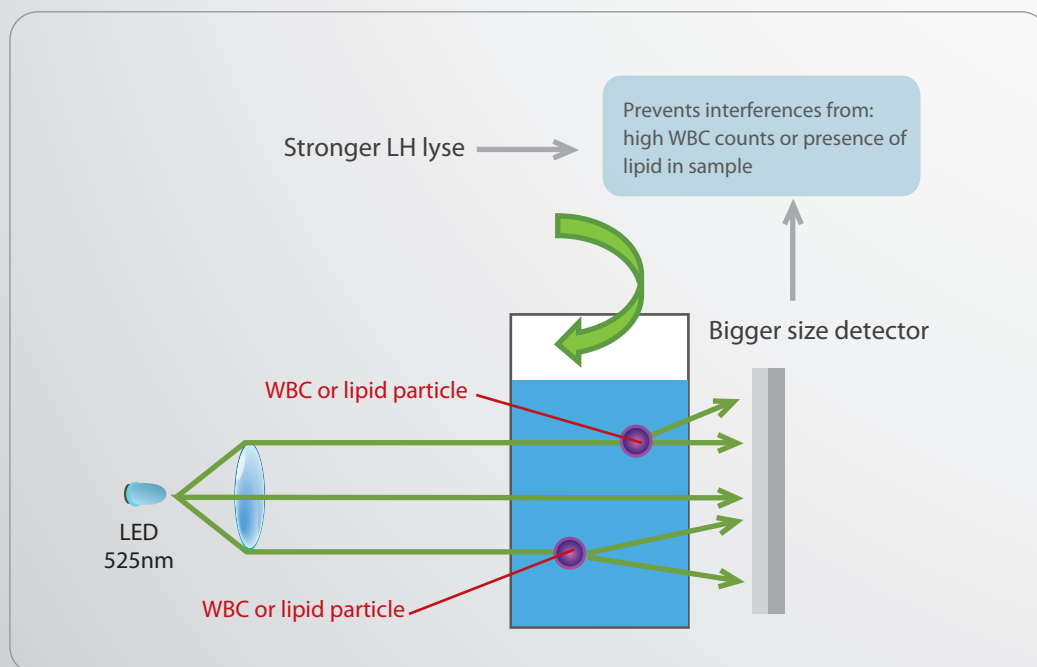
IPF  
Immature Platelet Fraction

PLT-O\*

PLT-O\* result is free from the interference from microcytic & fragmented RBCs, and large platelets because of fluorescent staining. This enhances data accuracy and sensitivity. PLT numeric result is corrected automatically when PLT-O\* counting mode is employed.

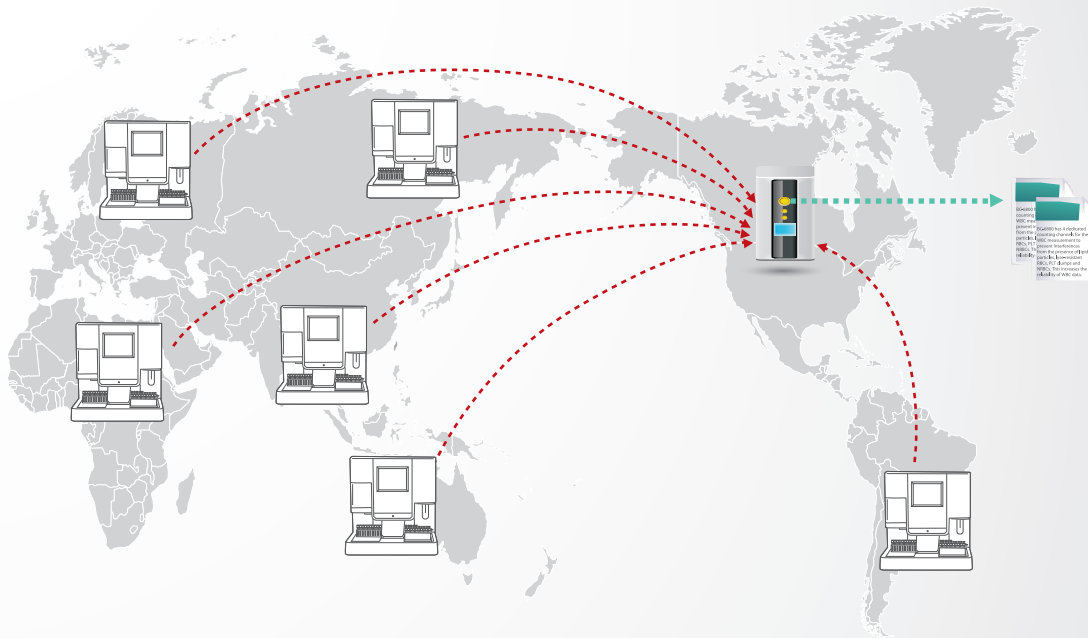
IPF parameter indicates the thrombopoiesis status in thrombocytopenia cases. It may also be used as an index of thrombopoietic activity in bone marrow, similar to the use of reticulocyte count in the evaluation of anemia.

## HGB detection



The lens converts divergent rays of the incident light to parallel, which increases precision of HGB measurement. Combined with stronger LH lyse and bigger detector that minimizes the interference from high WBC and lipids, BC-6800 provides more reliable HGB result.

# Interlaboratory quality control



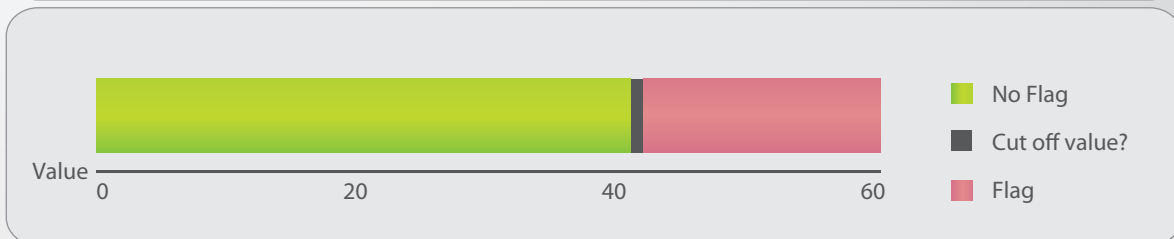
CBC-Monitor™ is the inter-laboratory quality control process which is essential for higher lab quality assurance system.

CBC-Monitor™ can provide user labs with evaluations on its analytical performance and comparison with other peer labs using the same measurement instrument/process.

## i-Message

General	WBC	RBC	Result Compare	Microscopic Exam.	RUO Para.	Intraday repeated results	Patient Info.	i-Message					
Para.		Value	0	10	20	30	40	50	60	70	80	90	100
Blasts?		0	<div><div></div></div>										
Immature Gran?		24	<div><div></div></div>										
RBC Lyse Resistance?		5	<div><div></div></div>										
Abn. Lymph/blast?		16	<div><div></div></div>										
Turbidity/HGB Interference?		34	<div><div></div></div>										
Fragments?		0	<div><div></div></div>										

Para.	Value	0	10	20	30	40	50	60	70	80	90	100
Left Shift?	53	<div><div></div></div>										
Atypical Lymph?	8	<div><div></div></div>										
NRBC?	12	<div><div></div></div>										
RBC Agglutination ?	30	<div><div></div></div>										
Iron Deficiency?	32	<div><div></div></div>										
PLT Clump?	5	<div><div></div></div>										



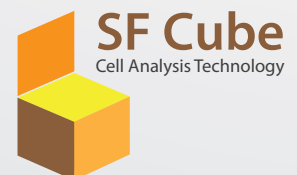
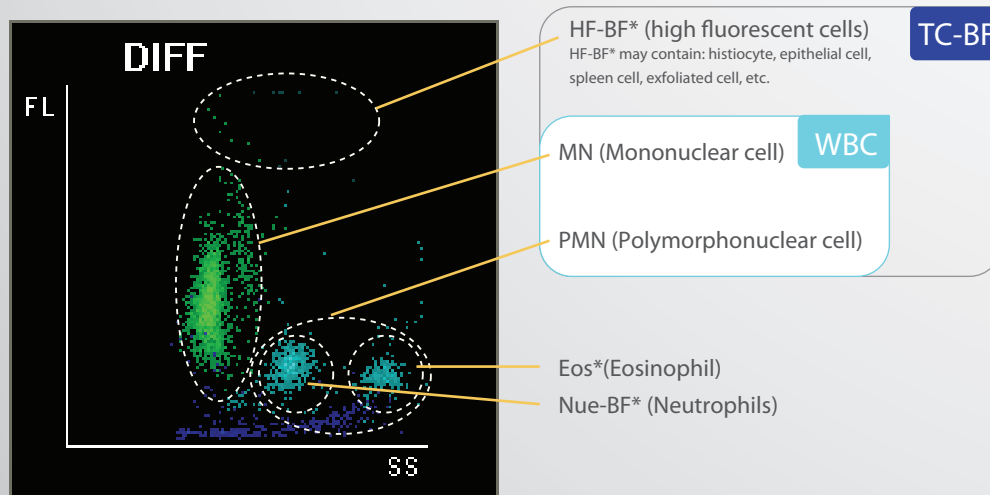
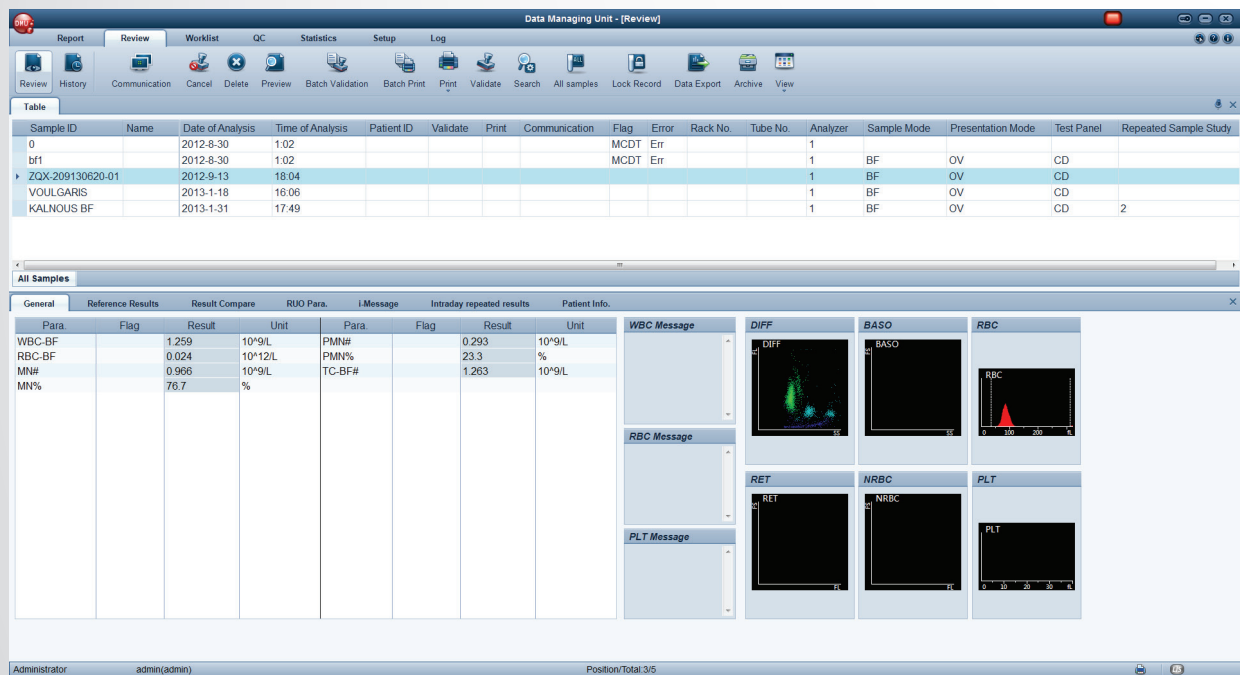
"i-Message" provides more quantitative and comprehensive information about the severity of the abnormality for corresponding suspect flags. This helps the BC-6800 users, not only to identify the blood samples that are flagged, but also to judge the extent of abnormality.



# Body fluid analysis

BC-6800 can analyze CSF and serous fluid samples to provide reportable parameters for RBC, WBC, WBC differential (polymorphonuclear & mononuclear) and total cell count (TC-BF).

Moreover, for research use only, BC-6800 provides differential results for eosinophils, neutrophils as well as high fluorescent cells (HF-BF\*), which may include histiocytes, epithelial cells, spleen cells, ex-foliated cells etc. Such additional information improves the possibility of better clinical diagnosis.



\* For research use only

## Easy to use



SPU with touch screen is used for sample processing, including QC, calibration & maintenance. DMU by PC is used for data management only. The PC software allows easier operation and wider application.

## Easy to maintain



Replacement of the fluorescent reagents in BC-6800 is very convenient as the reagent compartment is located on the left front of the analyzer.



The only maintenance expected from the end user is either a daily shut down using Probe cleanser or using it once per day in case the instrument is not shut down. Moreover, in case of 'no shut down' the "auto-protect" program reminds the user when the maintenance is due.



# BC-6800

## Auto Hematology Analyzer

### Technical Specifications:

#### Principles

SF Cube cell analysis technology for WBC, 5-Part diff, NRBC, RET and PLT-O  
Focusing Flow-DC method for RBC and PLT  
Cyanide free hemoglobin measurement

#### Parameters

37 reportable parameters (whole blood): WBC, Lym%, Mon%, Neu%, Bas%, Eos%, IMG%, Lym#, Mon#, Neu#, Eos#, Bas#, IMG#, RBC, HGB, HCT, MCV, MCH, MCHC, RDW-CV, RDW-SD, RET%, RET#, IRF, LFR, MFR, HFR, RHE, NRBC#, NRBC%, PLT, MPV, PDW, PCT, P-LCR, P-LCC, IPF

17 research parameters (whole blood): HFC#, HFC%, WBC-R, WBC-D, WBC-B, WBC-N, RBC-O, PLT-O, PLT-I, PDW-SD, InR#, InR%, Micro%, Micro#, Macro%, Macro#, MRV

7 reportable parameters (body fluid): WBC-BF, TC-BF#, MN#, MN%, PMN#, PMN%, RBC-BF

7 research parameters (body fluid): Eos-BF#, Eos-BF%, Neu-BF#, Neu-BF%, HF-BF#, HF-BF%, RBC-BF

2 histograms for RBC and PLT

3 scattergrams (3D) for DIFF, NRBC and RET

6 scattergrams (2D) for DIFF, BASO, NRBC, RET, RET-EXT, PLT-O

#### Performance

Parameter	Linearity Range	Precision	Carryover
WBC	0-500×10 <sup>9</sup> /L	≤2.5% (≥4×10 <sup>9</sup> /L)	≤1.0%
RBC	0-8×10 <sup>12</sup> /L	≤1.5% (≥3.5×10 <sup>12</sup> /L)	≤1.0%
HGB	0-250g/L	≤1.0% (110-180g/L)	≤1.0%
HCT	0-75%	≤1.5% (30%-50%)	≤1.0%
PLT	0-5000×10 <sup>9</sup> /L	≤4.0% (≥100×10 <sup>9</sup> /L)	≤1.0%
RET#	0-0.8×10 <sup>12</sup> /L	≤15% (RBC≥3×10 <sup>12</sup> /L; 1%≤RET%≤4%)	/

#### Sample Volume

Predilute mode (capillary blood), Open vial	40μL
Manual mode (whole blood), Open vial	150μL
Autoloader mode (whole blood), Closed vial	200μL
Manual mode (body fluid), Open vial	150μL

#### Throughput

Up to 125 samples per hour (CBC+DIFF)  
Up to 90 samples per hour (CBC+DIFF+RET)  
Up to 40 samples per hour (body fluid)

#### Loading capacity

Up to 100 sample tubes

#### Mode

CBC, CBC+DIFF, CBC+RET, CBC+NRBC, CBC+DIFF+RET, CBC+DIFF+NRBC, CBC+DIFF+RET+NRBC, RET

#### Data storage capacity

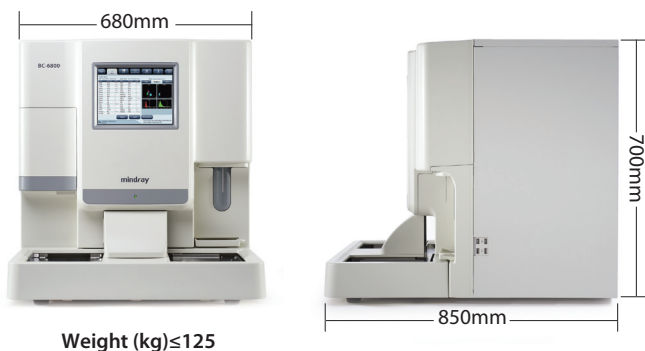
Up to 100,000 patient results including all numeric and graphical information

#### Printout

Various printout formats and user-defined formats available

#### Operating environment

Temperature: 15°C~32°C  
Humidity: 30%~85%



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