


**REF** 0904011

**REAGENT** 0.5 L

**IVD** 

**HORIBA ABX SAS**  
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# ABX Fluocyte (0.5L)

- ABX Pentra DX120
- Pentra DX Nexus

## Hematology Devices (for *in vitro* diagnostic use)

### Intended Use <sup>a</sup>

**ABX Fluocyte** is a staining solution intended for *in vitro* diagnostic use and designed for erythrocytes (RBC) counting and differentiation on HORIBA Medical blood cell counters.

This reagent contains less than 0.1% of sodium azide as a preservative. Sodium azide may react with lead and copper to form explosive metal azides.

### Microbiological State

Not applicable.

### Warnings and Precautions

- **ABX Fluocyte** is for professional *in vitro* diagnostic use only.
- It is the user's responsibility to verify that this document is applicable to the product use.
- **ABX Fluocyte** is classified as non-hazardous in compliance with regulations 67/548/EEC - 1999/45/EC.
- Users are advised to wear approved protective clothing when handling chemical products: lab coat, gloves, and eye protection.
- Observe the standard laboratory precautions for use and follow national or local health and safety guidelines.
- In the event of a malaise following skin contact, ingestion, or inhalation, consult a doctor.
- Please refer to the Material Safety Data Sheet (MSDS) associated with **ABX Fluocyte**.
- This reagent is destined for use with HORIBA Medical blood cell counters specified above. HORIBA Medical cannot guarantee the correct functioning of this reagent with instruments other than those specified above, or with instruments not manufactured by HORIBA Medical.

### Description and Composition

#### Description:

Limpid and light orangy aqueous solution. Photosensitive.

#### Composition:

Organic buffer	< 5%
Chromophore	< 1%
Alcohol	< 3%
Preservative	< 0.1%

### Storage and Shelf Life after First Opening

- **Storage condition:** 18-25°C (65-77°F).  
Keep protected from light.  
Do not freeze.
- **Open stability:** 2 months maximum at 18-25°C (65-77°F) after opening.
- **Expiration date:** refer to "expiration date" reagent packaging label.

### Waste Management

Please refer to local legal requirements.

<sup>a</sup> Modification: new instrument added.

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## Materials Required but not Provided

- Automated hematology analyzer.
- Calibrator: **ABX Minocal**.
- Control: refer to the user manual for the specific control used with your instrument.
- Standard laboratory equipment.

## Specimen

### Sample collection:

All blood samples should be collected using proper technique! Consider all specimens, reagents, calibrators, controls, etc. that contain human specimen extracts as potentially infectious and follow biosafety practices (1, 2). When collecting blood specimens, venous blood is recommended, but arterial blood may also be used in extreme cases. Blood collection must be placed in vacuum or atmospheric collection tubes (3, 4). The sample collection tube has to be filled to the exact quantity of blood indicated on the tube itself to avoid variations in the results.

### Recommended anti-coagulant:

The recommended anticoagulant is K<sub>3</sub>-EDTA with the proper proportion of blood to anticoagulant as specified by the tube manufacturer. K<sub>2</sub>-EDTA is an acceptable alternative, as long as the sample collection is made in normal conditions. Otherwise, blood clots may be possible.

### Blood sample stability:

Sample stability at low temperature: Ten "normal" and ten "pathological" specimens were collected from the routine laboratory workload and stored at 4°C. Sample stability was assessed over a period of 72 hours. The results (mean of ten consecutive tests) conclude with a relative sample stability claim of 48 hours for the CBC parameters and 24 hours for the DIF parameters.

Sample stability at room temperature: Ten "normal" and ten "pathological" specimens were collected from the routine laboratory workload and stored at room temperature (25°C). Sample stability was assessed over a period of 72 hours. The results (mean of ten consecutive tests) conclude with a relative sample stability claim of 48 hours for the CBC parameters and 24 hours for the DIF parameters.

### Microsampling:

Instrument sampling mode enables the user to work with microsamples for pediatrics and geriatrics (refer to the instrument user manual for the minimum blood sample volume). These microsamples can only be used in the following conditions:

- The tube must always be held in vertical position.
- Blood mixing must be obtained by slight tapping on the tube. Do not rotate the tube for mixing, otherwise the blood will be spread on the tube side, and the minimum required level will be lost.

### Mixing:

Blood samples must be gently and thoroughly mixed just before sampling. This ensures a homogeneous mixture for measurement.

## Procedure

This reagent is ready to use.

1. If necessary, remove the empty **ABX Fluocyte** from the reagent compartment.
2. Refer to the user manual to identify **ABX Fluocyte** using the barcode reader or manually.
3. Install **ABX Fluocyte** into the reagent compartment of the instrument.
4. Gently push it down in order to plug it correctly into the male connectors.

Follow instructions displayed on your instrument software.

Refer to the instrument user manual for detailed analysis and control procedures.

## Methodology

**ABX Fluocyte** contains a fluorescent stain which is specific to nucleic acids: thiazol orange (Thiazol orange is a patented product from Becton Dickinson San Jose, CA, USA). The stain molecules enter through the cell membrane and fix the ribonucleic acid molecules. The binding gives an increase of fluorescence. The laser optical bench simultaneously measures the fluorescence of the cells passing through the measuring point into the flowcell, and volume by absorbance. The size of the cell is measured by resistivity, the scattered light (FSL) is measured approximately 200 µS after the aperture measurement, the fluorescence signal (OFL) is measured simultaneously with the FSL.

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## Performance Characteristics and Limitations of the Method

Refer to the user manual for the performance characteristics of the instrument and the limitations of the analyses on instrument parameters.

## Calculation and Interpretation of Analytical Results

Refer to the instrument user manual for calculation and interpretation of analytical results.

## Changes in the Procedure and in the Performance

### Packaging spoiling

In case of protective packaging spoiling, do not use **ABX Fluocyte** if the damages might have an effect on the product performance.

### Signs of deterioration

In the event of any signs of physical or chemical deterioration (turbidity, change in colour etc.) **ABX Fluocyte** should be replaced.

### Temperature limits

Do not use **ABX Fluocyte** if it has been frozen or kept at excessive heat.

Before using **ABX Fluocyte**, make sure it has reached the operating temperature conditions as described in the instrument user manual.

## Internal Quality Control

HORIBA Medical control bloods must be used to periodically assess the integrity of the reagents and the instrument in the specified ranges.

HORIBA Medical offers an Online Interlaboratory Comparison Program (QCP) which provides internet access to:

- Submit Internal Quality Control results online.
- Monitor analytical performances and compare directly with hundreds of laboratories worldwide.
- Obtain real time peer group statistical reports from QCP

More informations are available at:

<http://qcp.horiba-abx.com>

## Traceability of Calibrators and Control Materials

Not applicable.

## Reference Intervals

Not applicable.

## Reference

1. Occupational Safety and Health Standards: bloodborne pathogens. (29 CFR 1910. 1030). Federal Register July 1, 1998; **6**: 267-280.
2. Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline - Third Edition. CLSI (NCCLS), document M29-A3 (2005) **25** (10).
3. Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard - Sixth Edition. CLSI (NCCLS), document H3-A6 (2007) **27** (26).
4. Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens; Approved Standard - Sixth Edition. CLSI (NCCLS), document H4-A6 (2008) **28** (25).

