# HumaCount 5DCRP

### 5-part diff and C-Reactive Protein from one drop of blood

- > Precise immune status assessment with excellent WBC differentiation
- > Direct capillary blood process for easy and painless sampling
- > Customized testing solutions





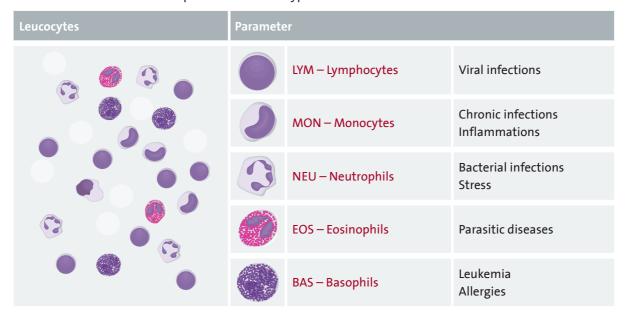
Hematology

## **Distinct 5-Part Differential**

### Precise immune status assessment

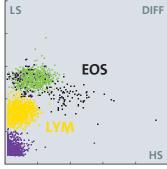
#### Get a clear picture of immune status with improved 5-part differential

Our 5-part differential analysis breaks down white blood cells into five crucial sub-populations, providing vital information about immune response and disease types.

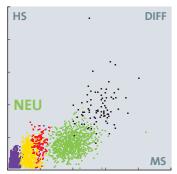


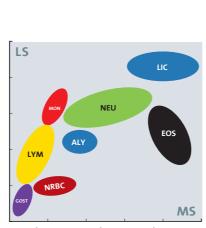
#### Enhanced 5-part differentiation with 3D scatter technology

3D scatter technology provides clear differentiation of white blood cell subpopulations, such as Lymphocytes (LYM), Neutrophils (NEU), Basophils (BAS), Eosinophils (EOS) and Monocytes (MON). Moreover, it enables the identification of immature and activated cells such as NRBC, LIC, and ALY. This enables an accurate and comprehensive analysis of the immune system.

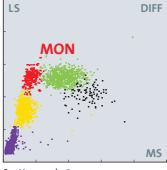


Scatter angle 1

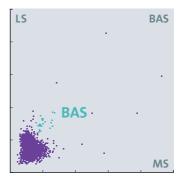




At a glance scatter diagram with 5-part diff, LIC, ALY and NRBC



Scatter angle 2



Scatter angle 3

Dedicated BAS detection channel

### HumaCount 5DCRP

### Innovations you can count on

#### **Compact stand-alone system**

- > Up to 60 samples per hour
- > Up to 40 samples per hour incl. CRP
- > Results for a 5-part diff and CRP within 1.5 minutes
- > Sample volume: 20 µl
- > 2D barcode target value transfer





### Fast diagnosis and treatment decisions with CRP for inflammation detection

Clear distinction between viral and bacterial infections prevents the overuse of antibiotics. Automated hematocrit correction and traceability to international reference standard ensures accurate results.

### Precise immune status assessment with excellent WBC differentiation

Exceptional differentiation of LYM, NEU, MON, BAS and EOS with 3D scatter technology. Further reduces the need for manual blood count by detecting immature and activated cells such as NRBC, LIC and ALY.

### Flexible and cost efficient analysis with mode switch function

Optimize your costs by reducing reagent consumption. Choose from different testing combinations: 5-part diff, CRP, and CBC-count individually or in combination for each sample.

### Satisfied patients with quick, simple, and painless blood collection

Accurate capillary blood analysis comparable to venous blood. Requires only a total capillary blood volume of 20 μl.

#### Comprehensive diagnostic insights with 32 parameters

- > CRP, RBC, MCV, HCT, RDW-SD, RDW-CV, HGB, MCH, MCHC, PLT, MPV, PCT, PDW, P-LCC, P-LCR, WBC, LYM#, LYM%, MON#, MON%, NEU#, NEU%, EOS#, EOS%, BAS# and BAS%
- Additional research parameters such as ALY#, ALY%, LIC#, LIC%, NRBC# and NRBC%.

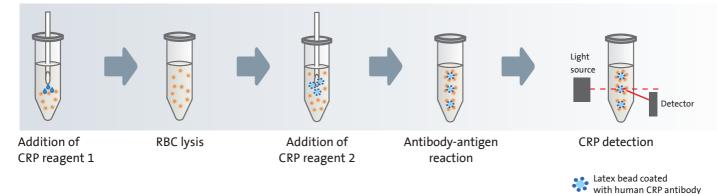
## **Detect Inflammations with CRP**

Fast diagnosis and reliable treatment decisions

#### **Distinguish bacterial from viral infection**

CRP detection is an aid to the diagnosis of inflammations or infections and can be used for disease and treatment monitoring. Several studies have shown that CRP in combination with the WBC parameters can be helpful to distinguish bacterial infection from viral infection and avoid the overuse of antibiotics.<sup>1</sup> CRP has a fast kinetic and the levels in the blood increase rapidly when a condition causes inflammation. Although "normal" CRP levels vary from lab to lab, it is generally accepted that a value of 0.8-1.0 mg/dL (or 8-10 mg/L) or lower is normal.<sup>2</sup>

#### Immunoturbidimetric CRP measurement process



#### Improve efficiency and quality of clinical examination

- > Fast results in 1.5 minutes for timely treatment planning
- > Enhanced efficiency and cost savings by eliminating the need for additional testing
- > Pinpoint infections: Unveil bacterial or viral infections with CRP and WBC parameters
- > Help combat antimicrobial resistance by avoiding unnecessary antibiotic prescriptions



#### **Conventional time-consuming workflow**

## **Direct Capillary Blood Process**

Satisfied patients with simple and painless blood collection

### OptimalCount Technology – accurate and convenient

- > Accuracy as exact as for venous samples
- > Blood volume defined by capillary tube
- > Total sample volume 20  $\mu l$  and almost no dead volume
- > Dilution defined by auto-diluent dispensing
- > No manual steps needed

#### Capillary blood – simple and painless blood collection

- > No physician needed to collect capillary blood
- > Quick, simple and less painful blood collection
- Especially beneficial for infants and small children, elderly with fragile veins and severely burned patients
- > Equally suitable for use with children and adults

#### Conventional capillary mode - error prone manual method

In contrast, the conventional capillary mode involves numerous error-prone manual steps that result in incorrect dilution ratios. Furthermore, the low number of cells counted in a pre-diluted sample leads to significantly reduced accuracy with conventional analyzers



Manual preparation

Incompatible diluent

of NaCL solution

A



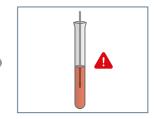
Manual dispensing of blood sample

Pipetting error



Dilution of sample

A Incorrect dilution ratios, insufficient volumes

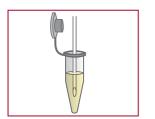


Limited volume of the sample is aspirated

Low no. of cells counted out of pre-diluted sample

#### **Direct capillary blood process with OptimalCount Technology**

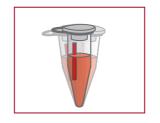
OptimalCount Technology ensures correct dilution ratios through auto-diluent dispensing, utilizes blood volume defined by the capillary tube, and performs a count of ~3000 cells. This combination of factors leads to high accuracy, typically achievable only with venous samples.



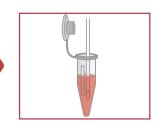
Exact diluent auto-dispensing by analyzer



Blood collection by capillary tube of exactly 20 µl volume



Mix sample with defined dilution ratio.



Automatic aspiration and analysis of the completely diluted sample



## **Mode Switch Function**

Flexible and cost-efficient with one click

#### Customized testing solutions: tailored analysis and cost savings

#### **Tailored analysis:**

Analyze only the parameters needed for each patient sample, avoiding unnecessary testing. Focus on relevant information. **Enhanced flexibility:** Benefit from our option to easily switch between five testing combinations, 5-part differential, CRP, and CBC count for each sample. **Cost optimization:** Reduce reagent consumption and associated costs by customizing

testing based on specific patient needs.

#### Versatile tube compatibility:

Support for small and large EDTA tubes, Eppendorf tubes, and capillary tubes.

#### **STAT samples require fast action**

A new sample is recorded with a one-hand operation. When the sample is positioned under the needle for aspiration, the recording of parameters is started with the same hand by depressing the large red switch. Automated printout and data transfer via LIS are supported.

HumaCount 5D <sup>CRP</sup> system reagent HC5D-Diluent (20 I)	S REF 16450/10	<b>HC5D-Control</b> (3-level, 2 x 3 x 3 ml)	REF 16450/40
HC5D-CBC-Lyse (200 ml)	16450/20	<b>CRP-Control</b> (3-level, 3 x 1 ml)	16451/40
HC5D-Diff-Lyse (500 ml)	16450/30	HC-Calibrator (1 x 2 ml)	17400/50
HC5D-Clean (50 ml)	16450/60	<b>CRP-Calibrator</b> (6-level, 6 x 0.5 ml)	16451/50

**CRP-Reagent Kit** (1 x 75 ml, 1 x 25ml) 16451/70

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#### References

- 1. Peltola V. et al. Comparison of total white blood cell count and serum C-reactive protein levels in confirmed bacterial and viral infect ns. The Journal of Pediatrics, 2006 Nov; 149(5): 721-724
- https://www.testing.com/tests/c-reactive-protein-crp (Status: 21.08.2023)
  Zhang K, Xie K, Zhang C, Liang Y, Chen Z, Wang H. C-reactive protein testing to reduce antibiotic prescribing for acute respi J Thorac Dis. 2022 Jan;14(1):123-134. doi: 10.21037/td-21-705. PMID: 35242374; PMCID: PMC8828529.
- 3. Largman-Chalamish M, Wasserman A, Silberman A, Levinson T, Ritter O, Berliner S, et al. (2022) Differentiating b
- Escadafal C, Incardona S, Fernandez-Carballo BL, Dittrich S. The good and the bad: using C reactive protein to distinguish bacterial from nor
  Escadafal C, Incardona S, Fernandez-Carballo BL, Dittrich S. The good and the bad: using C reactive protein to distinguish bacterial from nor
- BMJ Glob Health. 2020 May:5(5):e002396. doi: 10.1136/bmigh-2020-002396. PMID: 32467355: PMCID: PMC7259834
- Putto A, Meurman, O. & Russkanen, O. C-REACTIVE PROTEIN IN VIRAL AND BACTERIAL INFECTIONS. Pediatr Res 19, 1103 (1985). https://doi.org/10.1203/
  Global Action Plan on Antimicrobial Resistance, WHO, 2015
- 7. Althaus T. et al. Effect of point-of-care C-reactive protein testing on antibiotic prescription in febrile patients attending primary care in Thailand and Myan ed trial; The Lancet, Vol 7, January 2019# 8. M. Woodhead, et al: Guidelines for the manage ment of adult lower respiratory tract infections - Full version; Clinical Mi logy and Infection, 2011 Nov; 17(Suppl 6): E1–E59



nts in low-resource settings



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Mode	CRP	СВС	Diff
1	$\checkmark$	✓	√
2		~	~
3	$\checkmark$	✓	
4	$\checkmark$		
5		~	





**Diagnostics Worldwide**