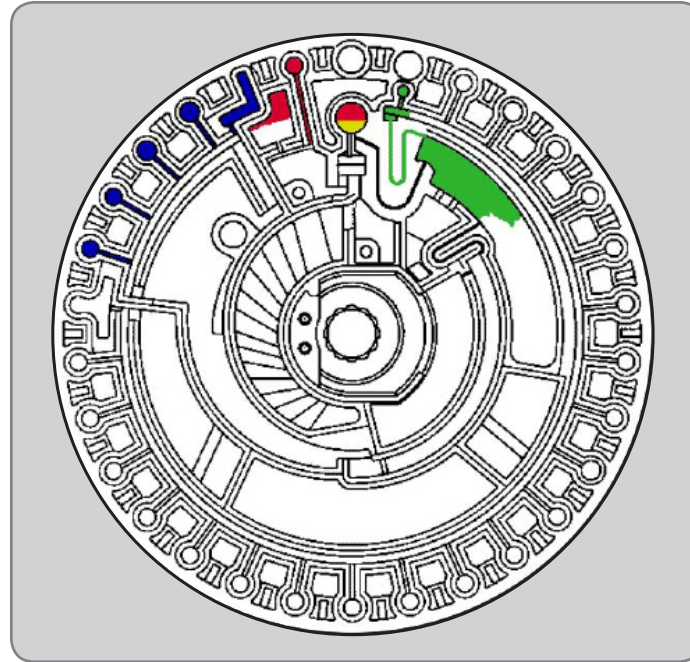
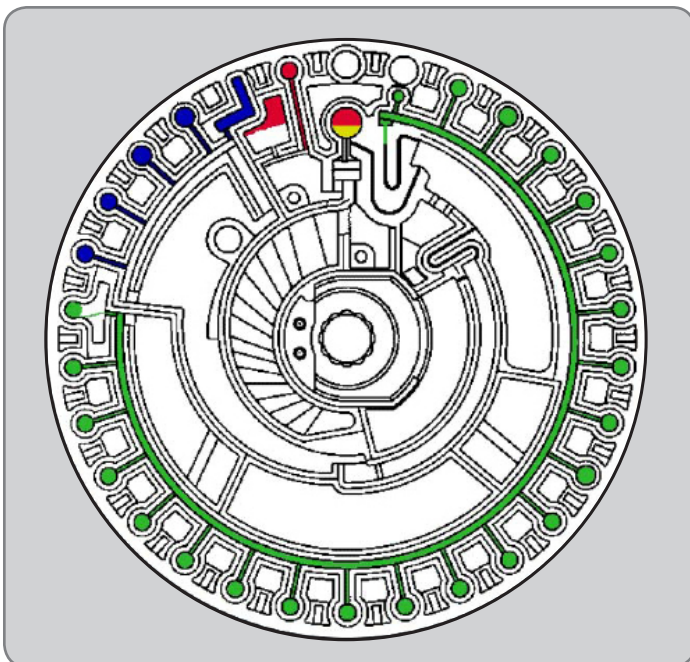


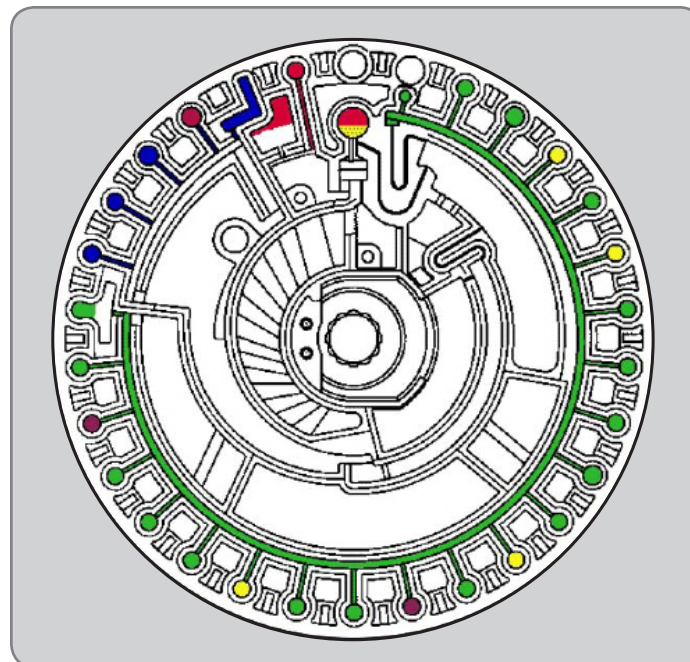
3. SCHEMATIC DIAGRAM OF THE DISC SHOWING THE PLASMA SEPARATION, DILUENT METERING, SIPHONS PRIMED, IQC CUVETTES FILLED AND QC CHECKS PERFORMED.



4. SCHEMATIC DIAGRAM OF THE DISC SHOWING THE MIXING OF THE PLASMA AND THE DILUENT. DILUTED PLASMA SIPHON IS PRIMED.



5. SCHEMATIC DIAGRAM OF THE DISC SHOWING THE DISTRIBUTION OF DILUTED PLASMA TO THE CUVETTES CONTAINING REAGENTS.



6. SCHEMATIC DIAGRAM OF THE DISC SHOWING THE HYDRATED REAGENT BEADS AND COLOR METRIC IQC CUVETTES.

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piccolo xpress
Comprehensive Metabolic
12 Jun 2008 03:50 PM
Sample Type: Patient
Sample ID: 789
Alternate ID: 845
Gender: Male
Age: 24 Years
Operator ID: 423
Disc Lot Number: 5200D
Serial Number: 000P02618

Instrument QC: 100
iQC 1: 100 340 nm: 100
iQC 2: 100 405 nm: 100
iQC 3: 100 467 nm: 100
iQC 4: 100 500 nm: 100
iQC 5: 100 515 nm: 100
iQC 6: 100 550 nm: 100
iQC 7: 100 600 nm: 100
iQC 8: 100 630 nm: 100
Range: 90-110 95-105
  
```

piccolo xpress
chemistry analyzer



piccolo xpress
chemistry analyzer

FAST, EASY, ACCURATE ON-SITE CHEMISTRY TESTING

The final siphon is primed by capillary action after mixing is complete and the disc is stopped. The disc is then spun at 3000 rpm clockwise for 40 seconds. The diluted plasma flows out of the mixing chamber and into a distribution channel which leads to 21 cuvettes and an isolation dump. The 21 cuvettes are filled sequentially and the remaining diluted plasma flows into the dump.

Each cuvette has a single channel for both flow of fluid into the cuvette and air venting. Under highly controlled conditions, the fluid flows down one side of the inlet channel while air vents from the other side. No special features of the cuvette inlet channel are required to achieve this control. The size of the fluid is controlled by the resistance of the siphon, the rotational speed of the disc, and the pressure head of the remaining fluid. The disc must also spin fast enough to overcome the capillary strength of the inlet channel which is 0.50 mm wide and 0.13 mm high. Each cuvette contains one or two beads of lyophilized reagents appropriate for the particular test to be run within that cuvette; these beads dissolve completely in the time required to fill the cuvette.

After all of the cuvettes are filled, and the excess diluted plasma is isolated in the dump, the disc is oscillated from 1000 rpm clockwise to 1000 rpm counterclockwise for 70 seconds. This oscillation cycle creates swirl patterns in the cuvettes which mix the chemistry and the diluted plasma.

The spectrophotometer monitors the reactions in all of the cuvettes for 3.5 minutes by flashing the xenon arc lamp synchronously with the spinning disc. The lamp is flashed approximately 5000 times for each disc.

The analyzer detects the presence of each cuvette by sensing 45 degree wedges of plastic placed every 12 degrees around the periphery of the disc. On each spin, the processor selects which cuvette to flash and which of the nine wavelengths to measure.

The results are calculated and printed on adhesive backed thermal printout for easy attachment to the patient's medical record. In addition, the results can be uploaded to a computer or automatically transported to an LIS/EMR system via the bi-directional USB ports located on the back of the analyzer.

CENTRIFUGATION AND CAPILLARITY INTEGRATED INTO A MULTIPLE ANALYTE WHOLE BLOOD ANALYZER

In this whitepaper, the Piccolo Xpress® unique centrifugation and capillarity functions are described. The Piccolo processes 100µl of whole blood into multiple aliquots of diluted plasma and reports the results of up to 14 tests on a single reagent disc in about 12 minutes. To perform a panel of tests, the operator applies the unmeted sample directly into a single use, 8 cm diameter plastic disc which contains the required liquid diluent and lyophilized reagents. Using centrifugal and capillary forces, the disc meters the required amount of blood, separates the red cells, meters the plasma, meters the diluent, mixes the fluids, distributes the fluid to the reaction cuvettes and mixes the reagents and the diluted plasma in the cuvettes. The instrument monitors the reactions simultaneously using nine wave-lengths, calculates the results from the absorbance data, and reports the results on a convenient sticky-backed thermal roll-tape printer.

INTRODUCTION

Rapid availability of in vitro diagnostic results is advantageous to both the physician and the patient. An illness can be diagnosed more quickly and costs due to the illness can be decreased. Turnaround times are shortened, which reduces the likelihood that test results are no longer valid by the time they are received by the physician. Errors inherent in the laboratory testing cycle are also minimized by performing tests near the patient. Eliminating the need to transport samples to a central laboratory reduces such problems as misplaced samples, inaccurate labeling and transcription, improper icing and bagging, and sample degradation.

Test system must produce reliable results, independent of the user's skill, as well as shorten turnaround time and eliminate several sample handling steps. An important criterion is ease of use, since it has been demonstrated that medical office personnel can produce reliable results when using systems with simple protocols.

Test systems using whole blood and requiring no pipetting or diluting steps are also more accurate than systems which require specimen manipulation steps. This paper reports on near-patient, portable, clinical chemistry system that provides the clinician with rapid availability of in vitro diagnostic results. The Piccolo system reports results for panels of blood tests within 14 minutes of sample application to the consumable. The system consists of the single use reagent disc and the Piccolo analyzer.

An operator applies a few drops of capillary or venous whole blood to the reagent disc and places it into the analyzer. Using capillary action and centrifugal force acting from the center of the disc, the system completes all sample processing and optically analyzes the cuvettes for multiple chemistries simultaneously. The panel of results is printed on an adhesive-backed card for easy application to patient charts. The design of this system, with emphasis on the consumable, which converts the unmeted blood sample into multiple aliquots of precisely diluted plasma, is described here.

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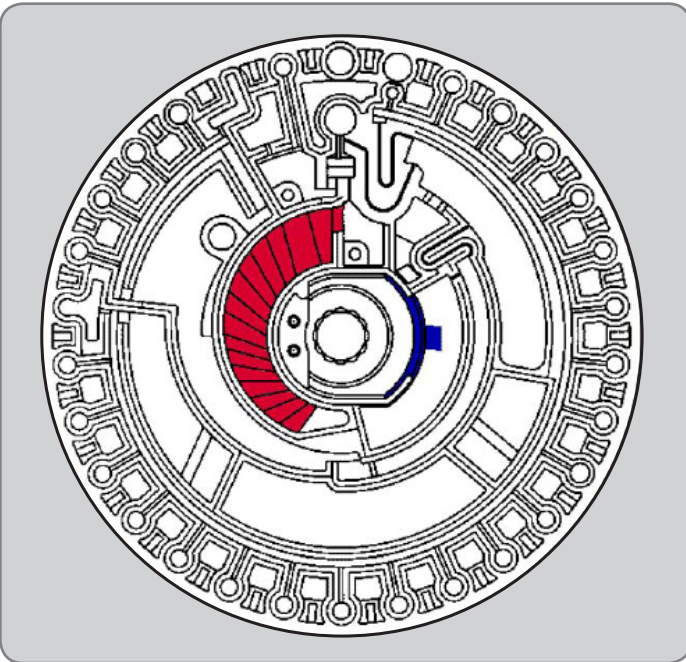
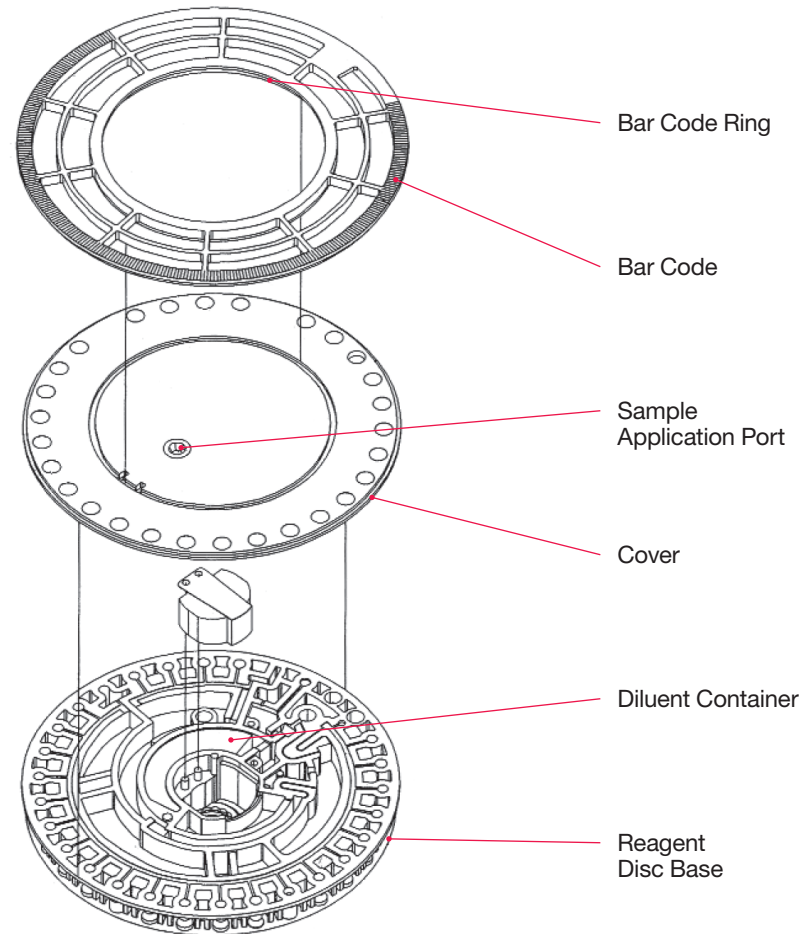


MATERIALS AND METHODS

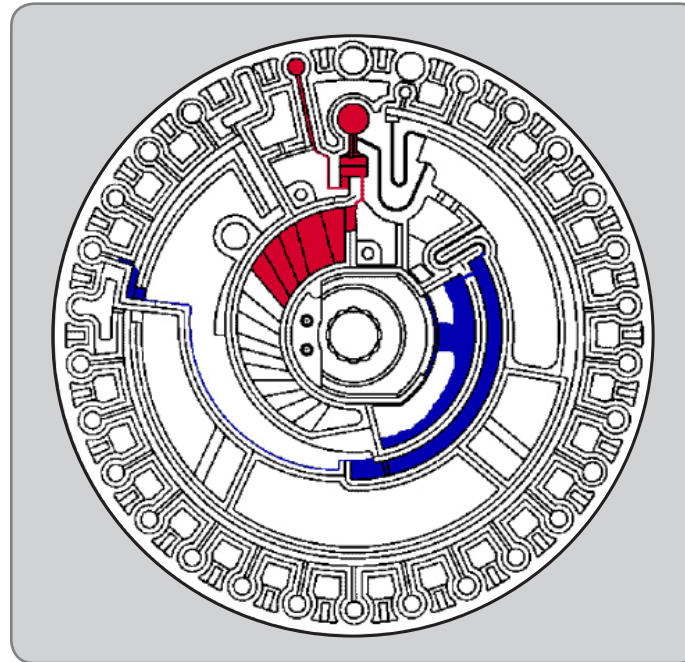
The Reagent Disc

The reagent disc is an 8 cm diameter consumable containing all the required diluent and dry reagents to perform a panel of tests. Three injection-molded plastic parts are ultrasonically welded together to form the reagent disc. The base and middle layer are molded from polymethylmethacrylate plastic and the top layer is molded from ABS plastic. The welded base and middle layers form the cuvettes, chambers and passageways which allow the fluids to be processed. The top layer protects the cuvette windows from fingerprints, prevents contamination of the analyzer by any sample spilled on the disc surface, and provides imprinted bar-coded, disc specific calibration information to the analyzer.

A sealed container in the center of the disc contains 474 µl of diluent. Fluid loss from the container is less than 5 µl per year when stored at 8°C. The disc contains 21 cuvettes that will be filled with diluted plasma and four cuvettes that will be filled with diluent. The cuvettes have five pathlengths (1.7 mm, 2.1 mm, 3.1 mm, 4.3 mm and 5.0 mm) to accommodate different reagent sensitivities and analyte concentrations. Pre-measured, lyophilized reagent beads for each chemistry in the panel are placed in the cuvettes at the time of manufacture.



1. SCHEMATIC DIAGRAM OF THE DISC SHOWING THE SAMPLE IN THE APPLICATION CHAMBER.



2. SCHEMATIC DIAGRAM OF THE DISC SHOWING BLOOD ENTERING THE PLASMA METERING CHAMBER AND DILUENT BEING RELEASED.

The Analyzer

The analyzer is portable spectrophotometer measuring 32.4 cm high by 15.2 cm wide by 20.3 cm deep; it weighs 5.1 kg. A disc drawer extending from the front of the analyzer positions the disc on the center of the spindle at the beginning of each run. The analyzer's motor and controller drive the disc through the profile of rotational speeds needed to process the sample. The optical system consists of a xenon arc stroboscopic lamp and a beam-splitter/detector capable of reading nine wavelengths. A 16-bit analog-to-digital converter is used in signal processing. Two microprocessors control the functions of the analyzer. A heater maintains the disc at 37±1°C during the reaction portion of the analysis.

The Process

To perform an analysis, the operator obtains a whole blood sample, preferably via venipuncture. Whole blood samples obtained by venipuncture can be analyzed within 60 minutes of collection. 100 µl of sample is pipetted into the disc sample port. Sufficient sample is applied to the disc when leading meniscus of the sample creates a link between two arrows printed on the disc.

The operator need not to meter the sample prior to application. A minimum of 90 µl is required and up to 120 µl may be applied to the disc. The operator places the disc with applied sample in the analyzer drawer. The drawer closes and the analyzer automatically centers the disc on the spindle. The operator inputs a patient ID via the numeric keypad provided or with an optional alphanumeric keyboard. The disc is now completely controlled by the analyzer and no further involvement from the operator is required.

Transparent to the user, the diluent container is opened as the disc is loaded onto the spindle. The diluent container, a molded high-density polyethylene plastic container, is sealed with polyethylene-laminated aluminum foil. A tab on the foil is folded back across the top of the diluent container and heat staked to the disc base. A central post on the spindle enters the disc and pushes the diluent container up. This causes the foil to peel back from the edge and create an opening to release the diluent.

The sample and diluent begin the processing on separate but parallel, pathways. At the start of the analysis, the analyzer accelerates the disc to 5000 rpm counter-clockwise and holds this speed for 2.5 minutes. Centrifugal force causes the diluent to be thrown from the diluent container into a holding chamber. The small exit channel at the most radially outward point of the chamber allows the diluent to fill a metering chamber in

a controlled manner. The chamber is filled completely with 365.25 µl of diluent. The remaining diluent overflows this chamber and moves through a channel which sequentially fills four cuvettes and places the remaining diluent into a dump isolated from the rest of the disc. The four cuvettes are used as part of the Intelligent Quality Control (IQC) process.

Simultaneously with diluent metering, centrifugal forces cause the sample to exit the application chamber and move through a small channel into the plasma metering chamber. The chamber is filled completely by 75 µl of sample and the remainder overflows into a 'sufficient sample' cuvette. Any excess sample is trapped in an isolation dump. If no fluid is detected in the 'sufficient sample' cuvette, the analysis is aborted due to a deficient quantity sample. The precise quantity of blood metered into the plasma metering chamber is separated by centrifugal force into plasma and red blood cells. Adequate separation is achieved in 30 seconds for most samples. Samples with higher hematocrits require longer separation and packing times to provide the necessary 20 µl of clear plasma. Spinning the disc for 2.5 minutes is sufficient to separate samples up to a hematocrit of 62%.

The next step combines the diluent and the plasma. A siphon entrance of capillary dimension, which is located at the radially outermost point of the diluent metering chamber. Another siphon entrance is located partway down the plasma metering

chamber. Neither of these siphons fills during the first spin because the centrifugal force is far higher than the capillary force. After the separation step is completed, the disc stops spinning and capillary forces pull the fluids over the bend in the siphons. Both siphons exit into a single mixing chamber.

The disc is now spun at 5000 rpm clockwise. The diluent metering chamber is completely emptied since the exit of the siphon is further from the center of the disc than the extreme edge of the diluent metering chamber. The plasma metering chamber is emptied to a radial distance equaling the placement of the exit of the plasma metering siphon. The volume of plasma metered is 18.75 µl. The remaining 56.25 µl of sample and red blood cells is trapped in the lower portion of the plasma metering chamber.

The disc speed is varied to mix the metered diluent and plasma in the mixing chamber. The disc abruptly brakes to a speed of 750 rpm and then slowly climbs back to 4000 rpm, this pattern is repeated for 15 cycles. The abrupt deceleration provides sufficient tangential force to move and mix the fluid in the mixing chamber. A minimum speed of 750 rpm is required during the mixing process, to ensure that the applied centrifugal force exceeds the capillary strength of final siphon. This mixing profile prevents priming of the siphon until the fluids are homogeneously mixed.