

# KOMBITEST T Cell 4-color 50 tests | Cat. No. ED7734



# Instructions for Use (EN)

Version: ED7734\_IFU\_v3\_EN Date of Issue: 17-04-2025

#### Symbols used in the device labeling

IVD	In Vitro diagnostic medical device	1	Temperature limit
C € 2265	CE conformity mark Notified Body ID number	类	Keep away from sunlight
***	Manufacturer	UK	UKCA mark
UDI	Unique Device Identifier		
[]i	Consult instructions for use		
Σ	Contains sufficient for <n> tests</n>		
REF	Catalogue number		
LOT	Batch code		
Ω	Use by date		

# 1. Intended Purpose

KOMBITEST T Cell 4-color is intended for detection and enumeration of lymphocyte populations and subsets in human whole blood by flow cytometry.

#### What is detected and/or measured

The device KOMBITEST T Cell 4-color detects and measures relative percentages and absolute counts of human T cells (CD3+), helper/inducer (CD3+CD4+) and suppressor/cytotoxic (CD3+CD8+) T cell subsets.

#### **Device function**

The device is intended for use in the immunological assessment of normal patients, and might aid to diagnosis of patients having, or suspected of having, immune deficiency.

## Context of a physiological or pathological state

Frequencies of lymphocyte populations measured by the device can be affected by various pathological conditions and evaluation of their percentages and counts can be used in the assessment of:

- CD3+/CD4+ helper/inducer T cells in HIV monitoring (1, 4, 5, 7)
- CD3+/CD8+ cytotoxic T cells in viral infections and hereditary immunodeficiencies (2, 3, 4, 9, 10, 11, 13)

#### Type of assay

Not automated

Quantitative

# Type of specimen required

Human anticoagulated peripheral whole blood specimen.

# **Testing population**

Not intended for a specific population.

## 2. Intended user

The device is intended for professional laboratory use only. Not for near-patient testing or self-testing.

# Requirements on qualification

Intended user shall have a state-of-the-art expertise in flow cytometry analysis of human cells, standard laboratory techniques, including pipetting skills, safe and proper handling of specimens derived from the human body.

Intended user shall be compliant with standard EN ISO 15189 or other national standards, where applicable.

## 3. Test principle

The test principle is based on the detection of monoclonal antibody binding to a specific molecule (antigen) expressed by certain human blood cells. Monoclonal antibodies used in the test are labeled with different fluorochromes which are excited by a laser beam from a flow cytometer during acquisition of an antibodystained blood specimen. Subsequent fluorescence (light emission) from each fluorochrome present on an acquired blood cell is collected and analyzed by the instrument. Fluorescence intensity is directly proportional to the antigen expression density in a cell allowing for separation of different cell subsets.

# 4. Reagent(s) provided

#### **Contents**

The device KOMBITEST T Cell 4-color is sufficient for 50 tests and is provided with the following reagent:

1 vial (1 ml) containing a premixed combination of fluorochrome-labeled monoclonal antibodies CD3 FITC / CD45 PerCP / CD4 APC / CD8 PE, diluted at optimum concentrations in a stabilizing phosphate buffered saline (PBS) solution containing 15mM sodium azide and 0.2% bovine serum albumin (BSA).

## Composition

Concentration Antigen Flurochrome Clone Isotype (µg/ml) CD3 **FITC** TB3 IqG2b 2 MEM-241 CD4 APC lgG1 1.5 ΡF CD8 LT8 lgG1 0.6 CD45 PerCP MEM-28 lgG1 5

 Table 1
 Description of active components

# 5. Materials required but not provided

Round bottom test tubes (12 x 75 mm)

Erythrocyte lysing solution (EXCELLYSE Easy, EXBIO Praha, a.s., Cat. No. ED7066 or CyLyse™ FX, Sysmex Partec GmbH, Cat. No. BD303500)

Deionized water (Reagent-grade)

Process control cells (Streck CD-Chex Plus®, Cat. No. 213323 or equivalent lysable cell control)

# 6. Equipment required

Automatic pipette with disposable tips (20 - 100  $\mu$ I) for pipetting specimen and reagents

Liquid dispenser or pipette with disposable tips  $(0.5-2\ ml)$  for dispensing erythrocyte lysing solution

Vortex mixer

Hematology analyzer (for absolute cell counts) capable of white blood cell (WBC) and lymphocyte count per µl of specimen

Flow cytometer with two laser excitation sources (488 nm and ~635 nm), detectors for scattered light, optical filters and emission detectors appropriate to collect signals from fluorochromes provided in Table 2.

,							
Flurochrome	Excitation [nm]	Emission [nm]					
FITC	488	525					
PE	488	576					
PerCP	488	677					
APC	630 – 640	660					

 Table 2
 Spectral characteristic of fluorochromes used in the device

**NOTICE:** The device was tested on flow cytometers BD FACSCanto™ II (BD Biosciences), DxFLEX (Beckman Coulter) and Sysmex XF-1600™ (Sysmex Corporation).

# 7. Storage and handling

Store at 2-8 °C.

Avoid prolonged exposure to light.

Do not freeze.

See Section 10 Procedure (Reagent Preparation) for information about In-Use stability and shelf-life following the first opening, together with the storage conditions and stability of working solutions (where applicable).

# 8. Warnings, precautions and limitations of use

#### **GHS Hazard Classification**

Consult Safety Data Sheet (SDS) available on the product page at www.exbio.cz for the full information on the risks posed by chemical substances and mixtures contained in the Product and how they should be handled and disposed.

#### **Biological Hazard**

Human biological samples and blood specimens and any materials coming into contact with them are always considered as infectious materials.

Use personal protective and safety equipment to avoid contact with skin, eyes and mucous membranes.

Follow all applicable laws, regulations and procedures for handling and disposing of infectious materials.

#### **Evidence of deterioration**

Normal appearance of the reagent provided is a clear liquid. Do not use the reagent if you observe any change in appearance, for example turbidity or signs of precipitation.

#### Limitation of use

Do not use after the expiry date stated on the product labels.

## 9. Specimen

Use venous peripheral blood collected into specimen receptacle classified as a medical device, with the anticoagulant EDTA.

**NOTICE:** Determine WBC absolute cell count and lymphocyte count in the collected blood specimen by a hematology analyzer. The device KOMBITEST T cell 4-color alone does not provide enumeration of absolute cell counts.

Blood specimen with WBC count exceeding  $40x10^3$  cells/µl will require dilution with PBS before sample processing.

Process the blood specimen no later than 24 hours after collection. Store the specimen at laboratory temperature  $(20 - 25^{\circ}C)$ . Do not refrigerate the specimen.

## **Endogenous Interference**

Based on scientific literature research endogenous interference sources are identified in Table 3.

Table 3 Endogenous Interference of the device

Endogenous	Impact	Reference
Albumin	Albumin may interfere in high concentrations due to its ability to bind as well as to release large quantities of ligands.	14, 15, 31
Bilirubin (icterus) (unconjugated)	Bilirubin may increase fluorescence background of cells due to its high autofluorescence.	18, 20, 24
Cell debris (after lysis)	Cell debris may provide inaccurate cell counts and deplete antibody within the device.	17, 21
Erythrocytes	Insufficient lysis, red blood cells present in sample may yield erroneous cell counting.	22
Hemoglobin	Hemolyzed samples may yield erroneous results.	19
Human anti- Murine antibodies	Monoclonal antibody treatment may yield erroneous results (ability to bind to cell surface antigens).	16, 26, 27, 28, 29, 30
Immunoglobulins	Cannot be washed in single-platform method and may yield erroneous lymphocyte subset count.	17
Rheumatoid factors	Presence of RF does interfere with MIA (multiplex immunoassays).	23
Triglycerides	High circulating levels of lipids may affect flow cytometry analysis of certain blood cell populations.	25

## **Exogenous Interference**

Specimen older than 24 hours may yield erroneous results.

Refrigerated specimen may yield erroneous results.

Improper erythrocyte lysing solution preparation (EXCELLYSE Easy, EXBIO Praha, a.s., Cat. No. ED7066 or CyLyse™ FX, Sysmex Partec GmbH, Cat. No. BD303500) may yield erroneous results. Follow manufacturers instructions for use of the erythrocyte lysing solution.

#### 10. Procedure

#### Preparation of reagent(s) provided

No reagent preparation is necessary.

Bring the reagent to the room temperature prior to use. Keep the device primary container dry.

Use the reagent directly from its original primary container. Time, for which the reagent is in use (exposed to light and elevated temperature), shall not exceed 4 hours per day.

Following the first opening, the reagent retains its performance characteristics until the expiry date when stored under the stated conditions in its original primary container.

**CAUTION:** Do not dilute the reagent.

#### Preparation of materials required but not provided

Dilute concentrated erythrocyte lysing solution with deionized water according to the manufacturer's instructions. Diluted (1X) erythrocyte lysing solution is stable for 1 month when stored in a liquid dispenser or closed container at room temperature.

#### **Quality control**

Use Streck CD-Chex Plus® or equivalent control cells as positive procedural control to ensure proper performance of the device as intended. Streck CD-Chex Plus® provides established values for percent positive and absolute counts of T cells, B cells, granulocytes, monocytes and NK cells, including two clinically relevant levels of CD4+ cells.

Stain the control cells using KOMBITEST T Cell 4-color reagent according to sample processing as specified in the IFU. Verify that the obtained results (% Positive Cells) are within the Expected range reported for the used lot of control cells.

## Specimen staining

- 1. For each specimen, label a 12 × 75 mm round bottom test tube with the appropriate sample identification.
- 2. Pipette 20 µl of KOMBITEST T Cell 4-color reagent into the bottom of the 12 x 75 mm test tube.
- 3. Pipette 50 µl of well-mixed blood specimen to the bottom of the test tube.

**CAUTION:** Avoid pipetting blood on the side of the test tube. If blood smear or droplet remains on the side of the tube, it may not be stained with the reagent or erythrocytes may not be lysed and the test result may not be valid.

- 4. Vortex and incubate the test tube for 20 minutes at room temperature in the dark.
- 5. Add 500 µl of diluted (1X) lysing solution to the test tube.
- 6. Vortex and incubate the test tube for 10 minutes at room temperature in the dark.

Acquire the stained sample immediately on the flow cytometer. If the stained sample will not be acquired immediatelly, store at 2-8 °C in the dark and analyze within 24 hours.

**CAUTION:** Vortex the stained sample immediately before acquisition on the flow cytometer to avoid aggregates.

#### Flow cytometry analysis

The flow cytometer selected for use with the device KOMBITEST T Cell 4-color shall be calibrated on a routine basis using fluorescent microbeads to ensure stable sensitivity of detectors according to the cytometer manufacturers instructions.

If not maintained properly the flow cytometer may produce false results.

Refer to the manufacturer's cytometer specifications for lasers and fluorescence detectors according to the excitation and emission characteristics of the fluorochromes in Section 6 Equipment required.

Set voltages on the fluorescence detectors of interest prior to stained specimen analysis. Voltage on a PMT detector should be set high enough, so that minimum of negatively stained events interfere with 0th channel on the fluorescence axis. Also, PMT detector voltage should not exceed values at which positive events are pressed to the right axis.

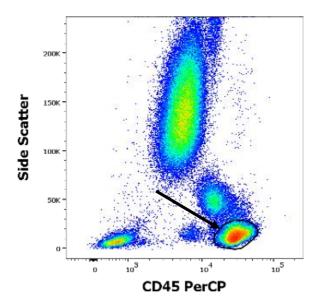
Compensate fluorescence signals between detectors prior to or after data acquisition. Data may be incorrectly interpreted if fluorescence signals are compensated improperly or if gates are positioned inaccurately.

For measured data analysis, it is possible to use cytometer software developed by the manufacturer, or software dedicated for offline cytometry data analysis (for example FlowJo™, VenturiOne®, Infinicyt™).

## Data analysis of the KOMBITEST T Cell 4-color stained specimen

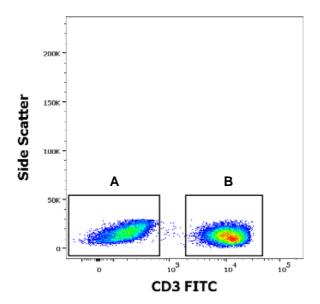
Visualize compensated data in a side-scatter (SSC) versus CD45 PerCP plot. Set the gate for CD45+ lymphocyte population as shown in Figure 1.

Figure 1 Delineation of CD45+ lymphocyte population (data acquired on BD FACSCanto™ II)



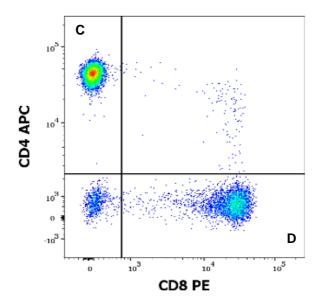
Plot the gated CD45+ lymphocytes in a side-scatter (SSC) versus CD3 FITC plot as shown in Figure 2. Separate CD3+ and CD3- lymphocytes using appropriate gates. Calculate the percentage of T cells (CD3+; region B on the Figure 2) from all lymphocytes.

Figure 2 Separation of CD3+ and CD3- lymphocytes (data acquired on BD FACSCanto™ II)



Plot the gated T cells (CD3+; region B on the Figure 2) as CD4 APC versus CD8 PE as shown in Figure 3. Set appropriate gates and calculate the percentage of helper/inducer T cells (CD4+CD8-; region C on the Figure 3) and suppressor/cytotoxic T cells (CD4-CD8+; region D on the Figure 3) from all lymphocytes.

Figure 3 CD3+ lymphocytes in a dot-plot CD4 APC vs. CD8 PE (data acquired on BD FACSCanto™ II)



#### Calculation and interpretation of analytical results

To have absolute counts, use the absolute lymphocyte count as determined by a hematology analyzer. Refer to hematology analyzer manufacturer's instructions. Use the equations below for absolute count enumeration of required lymphocyte subset.

Ax 
$$\frac{B(\%)}{100(\%)}$$
 = Absolute count of required lymphocyte subset

A = absolute lymphocyte count (data from hematology analyzer; cells / μl)

B = relative percentages of required lymphocyte subset from all lymphocytes (data from flow cytometer; %)

## 11. Analytical performance

## Specificity

The antibody TB3 recognizes human CD3 antigen of the TCR/CD3 complex. Specificity of the antibody has been confirmed by HCDM Council (HLDA XI workshop).

The antibody MEM-241 recognizes human CD4 antigen (T cell surface glycoprotein CD4). Specificity of the antibody has been confirmed by HCDM Council (HLDA VIII workshop).

The antibody LT8 recognizes human CD8 antigen (disulfide-linked dimer expressed as two CD8 alpha chain homodimers or CD8 alpha/beta chain heterodimers). Specificity of the antibody has been confirmed by HLDA workshops (HLDA V workshop<sup>(12)</sup> and HLDA VII workshop <sup>(6)</sup>).

The antibody MEM-28 recognizes all leukocyte isoforms of human CD45 (Protein tyrosine phosphatase receptor type C). Specificity of the antibody has been confirmed by HLDA workshop (HLDA III workshop <sup>(8)</sup>).

## **Accuracy**

Accuracy of the method was measured on BD FACSCanto™ II flow cytometer and determined as a comparison of the device KOMBITEST T Cell 4-color with similar product available on the market KOMBITEST TBNK 6-color (EXBIO, Cat. No. ED7733) by parallel staining of 60 healthy blood donors.

On Beckman Coulter DxFLEX and Sysmex XF-1600<sup>™</sup> flow cytometers, the accuracy of the method was determined by comparing the results of analysing the same blood specimens of 37 healthy blood donors stained by the device KOMBITEST T Cell 4-color on BC DxFLEX and BD FACSCanto<sup>™</sup> II flow cytometers respectively and on Sysmex XF-1600<sup>™</sup> and BD FACSCanto<sup>™</sup> II flow cytometers.

Accuracy of the method has been supported by parallel staining of 104 patients (see Table 7) suspected of having immune system pathological condition. Linear regression analysis parameters are provided in Tables 4 - 7.

**Table 4** Linear regression analysis for lymphocyte subsets in healthy donors (comparison of the device KOMBITEST T Cell 4-color with IVD product KOMBITEST TBNK 6-color (EXBIO, Cat. No. ED7733))

Lymphocyte Subset	Unit	n	Slope	Intercept	R <sup>2</sup>
CD3+	%	60	0.9956	+0.0071	0.9906
CDST	cells/µl	60	1.0026	4.1341	0.9983
CD3+CD8+	%	60	0.9522	-0.0003	0.9792
CDS+CD6+	cells/µl	60	0.9375	6.8895	0.9878
CD3+CD4+	%	60	0.9677	0.0259	0.9708
00010041	cells/µl	60	1.0198	10.174	0.9875

n = number of blood samples

**Table 5** Linear regression analysis for lymphocyte subsets in healthy donors (comparison of the analysis blood specimens stained by the device ED7734 on the Beckman Coulter DxFLEX with BD FACSCanto™ II)

Accuracy of measurement of ED7734 on the Beckman Coulter DxFLEX  Beckman Coulter DxFLEX flow cytometer vs. BD FACSCanto™ II flow cytometer							
			neasurement				
Lymphocyte Subset Unit n Slope Intercept R <sup>2</sup>							
CD3+	%	37	1.0207	0.0188	0.9678		
	cells/µl	37	1.0009	8.4158	0.9968		
CD3+CD8+	%	37	1.0241	0.0016	0.9955		
	cells/µl	37	1.0242	3.0245	0.9986		
CD3+CD4+	%	37	0.9644	0.0045	0.9719		
	cells/µl	37	0.9479	21.0470	0.9884		

n = number of blood samples

Table 6 Linear regression analysis for lymphocyte subsets in healthy donors (comparison of the analysis blood specimens stained by the device ED7734 on the Sysmex XF-1600™ with BD FACSCanto™ II)

Accuracy of measurement of ED7734 on the Sysmex XF-1600™  Sysmex XF-1600™ flow cytometer vs. BD FACSCanto™ II flow cytometer							
	Truene	ss of m	neasurement				
Lymphocyte Subset	Unit	n	Slope	Intercept	R <sup>2</sup>		
CD3+	%	37	1.0297	0.0135	0.9766		
	cells/µl	37	1.0151	5.7134	0.9977		
CD3+CD8+	%	37	1.0305	0.0140	0.9853		
	cells/µl	37	0.9921	9.6954	0.9927		
CD3+CD4+	%	37	0.9752	0.0151	0.9845		
	cells/µl	37	0.9883	17.9040	0.9953		

n = number of blood samples

**Table 7** Linear regression analysis for lymphocyte subsets in patients suspected of having immune system pathological conditions (comparison of the device KOMBITEST T Cell 4-color with AQUIOS CL Flow Cytometry System - Beckman Coulter, Inc. and accredited clinical laboratory in-house method – a cocktail of single color conjugated antibodies from different manufacturers and analysis on the BD FACSCanto ™ II)

Lymphocyte Subset	Unit	n	Slope	Intercept	R <sup>2</sup>
CD3+	%	104	0.944	3.774	0.98
	cells/µl	104	0.927	0.123	0.96
CD3+CD8+	%	104	0.944	1.727	0.99
	cells/µl	104	0.911	0.071	0.98
CD3+CD4+	%	104	1.005	0.316	0.99
05010541	cells/µl	104	1.009	0.013	0.99

n = number of blood samples

#### Linearity

The linearity of the method was verified on 10 serial dilutions of a leukocyte-enriched blood sample (buffy coat). Cell samples were stained with KOMBITEST T Cell 4-color in hexaplicates. Samples were analyzed using BD FACSCanto™ II, Beckman Coulter DxFLEX and Sysmex XF-1600™ flow cytometers. Measured data for the indicated lymphocyte subsets were observed to be linear across the lymphocyte range 40-10546 lymphocytes/µl using BD FACSCanto™ II, 15-10519 cells/µl using Beckman Coulter DxFLEX and 45-11892 lymphocytes/µl using Sysmex XF-1600™. Cell subsets were in the ranges found in Tables 8 - 10.

Table 8 Linear ranges of lymphocyte subsets analysed by BD FACSCanto™ II

BD FACSCanto™ II					
Lymphocyte Subset	Range (cells/μl)				
CD3+	31 - 7302				
CD3+CD8+	9 - 2182				
CD3+CD4+	17 - 4080				

Table 9 Linear ranges of lymphocyte subsets analysed by Beckman Coulter DxFLEX

Beckman Coulter DxFLEX					
Lymphocyte Subset Range (cells/μl)					
CD3+	10 - 7268				
CD3+CD8+	3 - 2297				
CD3+CD4+	6 - 3940				

**Table 10** Linear ranges of lymphocyte subsets analysed by Sysmex XF-1600™

Sysmex XF-1600™				
Lymphocyte Subset	Range (cells/µI)			
CD3+	33 - 7386			
CD3+CD8+	12 - 2792			
CD3+CD4+	19 - 4179			

#### Limit of detection / Limit of quantification / Assay Cut-off

Linearity data were used to state limit of detection (LOD) and limit of quantitation (LOQ).

Limit of detection has been stated as the lowest non-zero absolute cell count value plus 3×SD (standard deviation) for each lymphocyte subset (see Tables 11 – 13).

Limit of quantification has been stated as the lowest value in linearity range of analyte concentrations presented as lymphocyte subset absolute count at which the CV from the hexaplicates did not exceed 10% and recovery was in range of 90% - 110% (see Tables 11-13).

The assay results are not uniquely diagnostic for a single clinical entity, thus the assay cut-off cannot be estimated.

Table 11 Limits of detection and quantification on BD FACSCanto™ II

BD FACSCanto™ II							
Lymphocyte Lowest non-zero cell count (cells/μl) 3×SD (SD) LOD (cells/μl) (cells/μl)							
CD3+	1	0.6 (0.2)	1.6	3			
CD3+CD8+	1	0.6 (0.2)	1.6	9			
CD3+CD4+	1	0.6 (0.2)	1.6	2			

Table 12 Limits of detection and quantification on Beckman Coulter DxFLEX

Beckman Coulter DxFLEX						
Lymphocyte Subset	Lowest non-zero cell count (cells/µl)	3×SD (SD)	LOD (cells/µl)	LOQ (cells/µl)		
CD3+	1	0.3 (0.1)	1.3	3		
CD3+CD8+	1	0.6 (0.2)	1.6	3		
CD3+CD4+	2	0.6 (0.2)	2.6	6		

**Table 13** Limits of detection and quantification on Sysmex XF-1600™

Sysmex XF-1600™							
Lymphocyte Subset	Lowest non-zero cell count (cells/µl)	LOD (cells/µl)	LOQ (cells/µl)				
CD3+	1	0.3 (0.1)	1.3	1			
CD3+CD8+	2	2.7 (0.9)	4.7	4			
CD3+CD4+	1	0.6 (0.2)	1.6	2			

#### Repeatability

The repeatability of the assay was measured on ten blood samples in hexaplicates. Samples were analyzed using BD FACSCanto™ II, Beckman Coulter DxFLEX and Sysmex XF-1600™ flow cytometers. Coefficients of variation (CV) are provided in the tables below (Tables 14 - 16).

**Table 14** Repeatability of the device on BD FACSCanto™ II

BD FACSCanto™ II								
Lymphocyte Subset	Unit	n	Average	SD	% CV			
CD3+	%	10	69.27	0.34	0.51			
	cells/µl	10	1408	7.3	0.51			
CD3+CD8+	%	10	22.40	0.23	1.16			
	cells/µl	10	449	4.7	1.10			
CD3+CD4+	%	10	42.21	0.28	0.68			
	cells/µl	10	864	6.0	0.00			

n = number of blood samples

 Table 15
 Repeatability of the device on Beckman Coulter DxFLEX

Beckman Coulter DxFLEX								
Lymphocyte Subset Unit n Average SD % CV								
CD3+	%	10	68.26	0.43	0.67			
	cells/µl	10	1389	10.1	0.07			
CD3+CD8+	%	10	22.61	0.23	1.15			
000+000+	cells/µl	10	454	4.6	1.10			
CD3+CD4+	%	10	41.04	0.45	1.09			
000+004+	cells/µl	10	842	10.1	1.09			

n = number of blood samples

**Table 16** Repeatability of the device on Sysmex XF-1600™

Sysmex XF-1600™							
Lymphocyte Subset	Unit	n	Average	SD	% CV		
CD3+	%	10	71.77	0.54	0.78		
	cells/µl	10	1275	9.6	0.76		
CD3+CD8+	%	10	26.39	0.24	0.90		
	cells/µl	10	474	4.4	0.30		
CD3+CD4+	%	10	41.12	0.48	1.14		
00010041	cells/µl	10	723	8.5	1.17		

n = number of blood samples

#### Reproducibility

The reproducibility of the assay on BD FACSCanto™ II and Beckman Coulter DxFLEX was measured on 2 stabilized blood samples (CD-Chex Plus® and CD-Chex Plus® CD4 Low from STRECK). The reproducibility of the assay on Sysmex XF-1600™ was measured on 2 stabilized blood samples (IMMUNO-TROL Low Cells and IMMUNO-TROL Cells from Beckman Coulter). Samples were measured under the same conditions for 15 days using 3 lots of the Device (5 days each). Coefficients of variation (CV) are given in the tables below (Table 17 - 19).

**Table 17** Reproducibility of the device on BD FACSCanto™ II

Lymphocyte Subset	Material	Unit	Average	SD	% CV
	CD-Chex Plus®	%	76.60	0.35	0.45
CD3+	OD-Officx Flus	cells/µl	1888	8.5	0.43
OD01	CD-Chex Plus®	%	60.07	0.40	0.67
	CD4 Low	cells/µl	872	5.8	0.07
	CD-Chex Plus®	%	23.68	0.24	1.03
CD3+CD8+		cells/µl	584	6,0	1.00
000+000+	CD-Chex Plus® CD4 Low	%	42.19	0.28	0.67
		cells/µl	612	4.1	
	CD-Chex Plus®	%	48.99	0.37	0.75
CD3+CD4+		cells/µl	1209	9.0	0.75
	CD-Chex Plus®	%	12.77	0.26	2.03
	CD4 Low	cells/µl	185	3.8	

 Table 18
 Reproducibility of the device on Beckman Coulter DxFLEX

Lymphocyte Subset	Material	Unit	Average	SD	% CV
	CD-Chex Plus®	%	76.67	0.44	0.58
CD3+	OD-Officx Flus	cells/µl	1891	10.9	0.50
OD31	CD-Chex Plus®	%	60.36	0.39	0.64
	CD4 Low	cells/µl	876	5.63	0.04
CD3+CD8+	CD-Chex Plus®	%	23.79	0.32	1.34
		cells/µl	567	7.85	1.04
003+000+	CD-Chex Plus® CD4 Low	%	42.91	0.36	0.84
		cells/µl	623	5.21	0.04
	CD-Chex Plus®	%	48.70	0.40	0.83
CD3+CD4+		cells/µl	1201	9.95	0.03
	CD-Chex Plus®	%	12.59	0.21	1.65
	CD4 Low	cells/µl	183	3.02	1.05

**Table 19** Reproducibility of the device on Sysmex XF-1600™

Lymphocyte Subset	Material	Unit	Average	SD	% CV
	IMMUNO-TROL	%	71.77	0.66	0.00
CD3+	Cells	cells/µl	755	6.9	0.92
CD3+	IMMUNO-TROL	%	55.05	0.45	0.00
	Low Cells	cells/µl	483	4.0	0.82
000.000	IMMUNO-TROL Cells	%	24.87	0.55	2.20
		cells/µl	262	5.8	
CD3+CD8+	IMMUNO-TROL Low Cells	%	41.41	0.59	1.43
		cells/µl	363	5.2	1.43
	IMMUNO-TROL Cells	%	42.62	0.57	1.33
CD3+CD4+		cells/µl	448	6.0	1.33
	IMMUNO-TROL	%	9.72	0.35	3.62
	Low Cells	cells/µl	85	3.1	

**NOTICE:** All analytical performance data were measured using erythrocyte lysing solution EXCELLYSE Easy (EXBIO Praha, a.s., Cat. No. ED7066).

For flow cytometry analysis following flow cytometers including software version were used:

BD FACSCanto™ II BD FACSDiva Software – version 8.0.2 Beckman Coulter DxFLEX CytExpert for DxFLEX – version 2.0.2.18

Sysmex XF-1600<sup>™</sup> IPU Software – version 0(0.09-00)

For absolute cell counts using the dual platform method hematology analyzer with the following specifications was used:

Sysmex XN-1000<sup>™</sup> IPU Software – version 00-22(164)

For evaluation of measured data following analysis platform was used: FlowJo™ (Becton, Dickinson and Company) - version 10.9.0

# 12. Clinical performance

#### Patients with acquired immunodeficiency

Clinical data was collected at a clinical site on 53 patients with confirmed Human Immunodeficiency Virus (HIV) infection. Clinical performance of the device was determined as a comparison of the device KOMBITEST T Cell 4-color using with erythrocyte lysing solution EXCELLYSE Easy (EXBIO Praha, a.s., Cat. No. ED7066) with accredited clinical laboratory in-house method (a cocktail of single color conjugated antibodies from different manufacturers and analysis on the BD FACSCanto™ II).

Patient immune status assessment results were evaluated in regard to the immune deficiency (Table 20).

Table 20 Clinical performance of the device KOMBITEST T Cell 4-color – HIV patients

		Immune status assessed by accredited clinical laboratory in-house method			
		Immune deficiency Normal condition			
Manue status assessed by the device KOMBITEST T Cell 4-color and condition by the device Acolor and condition by the device and condition by t		28 of 29 patients*	0 patients		
		0 patients	24 patients		

#### **CAUTION:**

# 13. Expected values

#### **Reference Interval**

 Table 21
 Reference Intervals of healthy blood donors measured on BD FACSCanto™ II

Lymphocyte Subset	n	Unit	Range		Median
Lymphocyte Subset	"	Offic	Min	Max	Wedian
CD3+	97	%	51.5	87.1	72.3
CD3+	97	cells/µl	766	2864	1383
CD3+CD8+	97	%	10.1	47.2	23.9
	97	cells/µl	132	1307	442
CD3+CD4+	97	%	23.8	59.5	41.8
	97	cells/µl	393	1337	798

<sup>\*</sup>The device KOMBITEST T Cell 4-color showed staining not sufficient for distinct separation of T cells (CD3+) in one (1) HIV patient in critical health condition.

The reference intervals in Table 21 were established on healthy patients which were considered blood donors according to the legislation of the Czech Republic by meeting strict criteria for a blood donor for a blood bank. Data was measured on BD FACSCanto™ II flow cytometer.

Specific reference ranges can vary depending on the region and the population on which the values were established. For this reason laboratories must establish their own normal reference intervals for the lymphocyte subsets identified using KOMBITEST T Cell 4-color from the local population of normal donors due to value variations related to age, gender, clinical characteristics, and ethnicity.

#### 14. Limitations

The device KOMBITEST T Cell 4-color has not been validated for use in specimens collected with heparin or acid citrate dextrose (ACD) anticoagulants in determining relative and absolute counts.

The device KOMBITEST T Cell 4-color is not intended for screening and/or phenotyping of leukemia and lymphoma samples.

Absolute counts are not comparable between laboratories using different equipment from various manufacturers.

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## 16. Summary of safety and performance

The summary of safety and performance will be available in the Eudamed database at <a href="https://ec.europa.eu/tools/eudamed/#/screen/home">https://ec.europa.eu/tools/eudamed/#/screen/home</a>. Until then the summary of safety and performance is available upon request.

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# 18. Revision History

Version 3, ED7734\_IFU\_v3

Correction of text in the section "Context of a physiological or pathological state".

## 19. Manufacturer

EXBIO Praha, a.s. Nad Safinou II 341 25250 Vestec Czech Republic

#### **Contact Information**

info@exbio.cz technical@exbio.cz orders@exbio.cz www.exbio.cz

# 20. Authorized Representatives

UK Responsible Person Sysmex UK Ltd

Sysmex House Garamonde Drive

Wymbush Milton Keynes MK8 8DF

United Kingdom

★ +44 (0)333 3203460info@sysmex.co.uk

**NOTICE:** Any serious incident that has occured in relation to the device shall be reported to the manufacturer and the local competent authority.