

KOMBITEST TBNK 6-color 50 tests | Cat. No. ED7733



Instructions for Use (EN)

Version: ED7733_IFU_v2_EN Date of Issue: 13-02-2024

Symbols used in the device labeling

IVD	In Vitro diagnostic medical device	1	Temperature limit
C€	CE marking of conformity	*	Keep away from sunlight
***	Manufacturer	CA	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 TBNK 6-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 TBNK 6-color detects and measures relative percentages and absolute counts of human T cells (CD3+), B cells (CD3-CD19+), NK cells (CD3-CD16+56+), 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:

- human immunodeficiency virus (HIV) infection progression (1, 4, 7, 9)
- hereditary immunodeficiencies (2, 3, 4, 11, 12, 15, 17)
- autoimmune diseases (5, 6)
- defects in innate immune defense (13, 14)

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 TBNK 6-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 / CD16 PE + CD56 PE / CD45 PerCP-Cy[™]5.5 / CD4 PE-Cy[™]7 / CD19 APC / CD8 APC-Cy[™]7, diluted at optimum concentrations in a stabilizing phosphate buffered saline (PBS) solution containing 15mM sodium azide.

Composition

Table 1 Description of active components

Antigen	Flurochrome	Clone	Isotype	Concentration (µg/ml)
CD3	FITC	TB3	lgG2b	2
CD4	PE-Cy™7	MEM-241	lgG1	1.5
CD8	APC-Cy™7	LT8	lgG1	1.8
CD16	PE	3G8	lgG1	1.5
CD56	PE	LT56	lgG2a	1.5
CD19	APC	LT19	lgG1	2
CD45	PerCP-Cy™5.5	MEM-28	lgG1	3

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 $\mu\text{l})$ 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 μ I 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-Cy [™] 5.5	488	695
PE-Cy™7	488	780
APC	630 - 640	660
APC-Cv™7	630 - 640	780

 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 TBNK 6-color alone does not provide enumeration of absolute cell counts.

Blood specimen with WBC count exceeding $40x10^3$ cells/ μ l 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°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 interference	Impact	Reference
Albumin	Albumin may interfere in high concentrations due to its ability to bind as well as to release large quantities of ligands.	18, 19, 35
Bilirubin (icterus) (unconjugated)	Bilirubin may increase fluorescence background of cells due to its high autofluorescence.	22, 24, 28
Cell debris (after lysis)	Cell debris may provide inaccurate cell counts and deplete antibody within the device.	21, 25
Erythrocytes	Insufficient lysis, red blood cells present in sample may yield erroneous cell counting.	26
Hemoglobin	Hemolyzed samples may yield erroneous results.	23
Human anti- Murine antibodies	Monoclonal antibody treatment may yield erroneous results (ability to bind to cell surface antigens).	20, 30, 31, 32, 33, 34
Immunoglobulins	Cannot be washed in single-platform method and may yield erroneous lymphocyte subset count.	21
Rheumatoid factors	Presence of RF does interfere with MIA (multiplex immunoassays).	27
Triglycerides	High circulating levels of lipids may affect flow cytometry analysis of certain blood cell populations.	29

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 TBNK 6-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 μ I of KOMBITEST TBNK 6-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 TBNK 6-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.

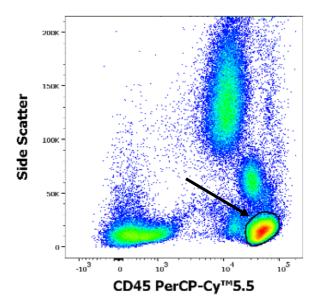
Compensate fluorescence signals between detectors prior to or after data acquisition. Data may be incorrectly interpreted if fluorescence signals are compensated improperly or if gates are positioned inaccurately.

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 TBNK 6-color stained specimen

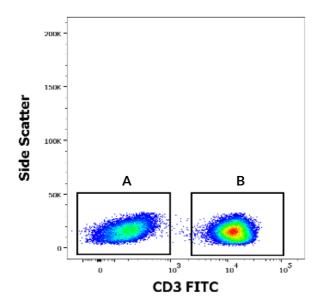
Visualize compensated data in a side-scatter (SSC) versus CD45 PerCP-Cy[™]5.5 plot. Set the gate for CD45+ lymphocyte population as shown in Figure 1.

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



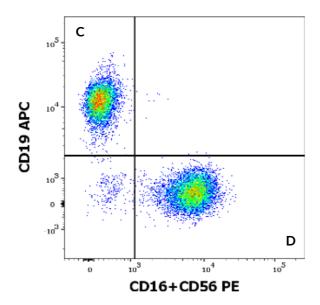
Plot the gated CD45+ lymphocytes in a side-scatter (SSC) versus CD3 FITC plot as shown in Figure 2. Separate CD3+ and CD3- lymphocytes using appropriate gates. Calculate the percentage of T cells (CD3+; region B on the Figure 2) from all lymphocytes.

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



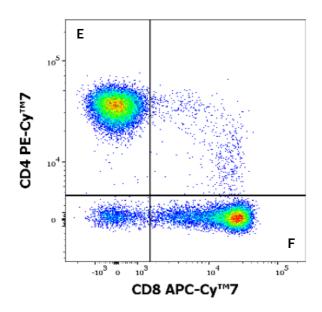
Plot the gated CD3- lymphocytes (region A on the Figure 2) as CD19 APC versus CD16+CD56 PE as shown in Figure 3. Set appropriate gates and calculate the percentage of B cells (CD16-CD56-CD19+; region C on the Figure 3) and natural killer (NK) cells (CD16+CD56+CD19-; region D on the Figure 3) from all lymphocytes.

Figure 3 CD3- lymphocytes in a dot-plot CD19 APC vs. CD16+CD56 PE (data acquired on BD FACSCanto™ II)



Plot the gated T cells (CD3+; region B on the Figure 2) as CD4 PE-Cy[™]7 versus CD8 APC-Cy[™]7 as shown in Figure 4. Set appropriate gates and calculate the percentage of helper/inducer T cells (CD4+CD8-; region E on the Figure 4) and suppressor/cytotoxic T cells (CD4-CD8+; region F on the Figure 4) from all lymphocytes.

Figure 4 CD3+ lymphocytes in a dot-plot CD4 PE-Cy[™]7 vs. CD8 APC-Cy[™]7 (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.

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

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

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

11. Analytical performance

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

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⁽¹⁶⁾ and HLDA VII workshop⁽⁸⁾).

The antibody 3G8 recognizes human CD16 antigen (low affinity immunoglobulin type III Fc-gamma receptor). Specificity of the antibody has been confirmed by HLDA workshop (HLDA V workshop (16)).

The antibody LT56 recognizes the leukocyte isoform of human CD56 antigen (Neural cell adhesion molecule 1). Specificity of the antibody has been confirmed by HCDM Council (HLDA X workshop).

The antibody LT19 recognizes human CD19 antigen (B cell transmembrane glycoprotein CD19). Specificity of the antibody has been confirmed by HCDM Council (HLDA X workshop).

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 (10)).

Accuracy

Accuracy of the method was measured on BD FACSCanto™ II flow cytometer and determined as a comparison of the device KOMBITEST TBNK 6-color with similar product available on the market BD Multitest™ 6-Color TBNK Reagent (Cat. No. 644611) by parallel staining of 30 healthy blood donors.

On Beckman Coulter DxFLEX and Sysmex XF 1600 flow cytometers, the accuracy of the method was determined by comparing the results of analysing the same blood specimens of 39 healthy blood donors stained by the device KOMBITEST TBNK 6-color on BC DxFLEX and BD FACSCanto™ II flow cytometers respectively and on Sysmex XF-1600 and BD FACSCanto™ II flow cytometers.

Accuracy of the method has been supported by parallel staining of 134 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 TBNK 6-color with IVD product BD Multitest™ 6-Color TBNK Reagent (Cat. No. 644611))

Lymphocyte Subset	Unit	n	Slope	Intercept	R ²	Range
CD3+	%	30	1.0030	-0.0059	0.9942	49.03 - 84.87
CDS1	cells/µl	30	0.9898	5.4635	0.9986	608 - 2137
CD3+CD8+	%	30	0.9820	0.0029	0.9957	10.43 - 40.17
CD3+CD6+	cells/μl	30	0.9723	8.959	0.9981	145 - 1016
CD3+CD4+	%	30	0.9850	0.0035	0.9939	29.70 - 56.37
CD31CD41	cells/μl	30	0.9850	6.5877	0.9975	321 - 1407
CD3-CD16+CD56+	%	30	1.0085	-0.0017	0.9968	5.15 - 38.93
CD3-CD10+CD30+	cells/μl	30	1.0192	-6.1863	0.9985	97 - 1036
CD3-CD19+	%	30	0.9953	0.0033	0.9948	5.42 - 25.00
CD3 CD171	cells/μl	30	1.0189	1.6105	0.9925	74 - 352

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 ED7733 on the Beckman Coulter

DxFLEX with BD FACSCanto™ II)

Accuracy of measurement of ED7733 on the Beckman Coulter DxFLEX						
Beckman Coulter	DxFLEX flo	ow cyto	meter vs. I	BD FACSCan	to™ II flow	cytometer
	Т	rueness	of measu	rement		
Lymphocyte Subset	Unit	n	Slope	Intercept	R ²	Range
CD3+	%	39	0.9822	0.0145	0.9879	52.7 - 83.8
CDOT	cells/µl	39	0.9792	-24.255	0.9811	439 - 2406
CD3+CD8+	%	39	1.0171	0.0052	0.9829	13.7 - 41.8
CDSTCDOT	cells/µl	39	1.0478	-3.0975	0.9930	131 - 1170
CD3+CD4+	%	39	0.9789	-0.001	0.9857	11.7 - 62.7
CDSTCD41	cells/µl	39	0.9768	-1.499	0.9929	128 - 1429
CD3-CD16+	%	39	0.9727	0.0054	0.9815	3.53 - 34.4
CD56+	cells/µl	39	0.9699	10.484	0.9886	85 - 673
CD3-CD19+	%	39	1.0212	-0.0047	0.9757	5.11 - 19.8
CD3-CD19+	cells/µl	39	0.9767	-0.0385	0.9825	77 - 386

Table 6 Linear regression analysis for lymphocyte subsets in healthy donors (comparison of the analysis blood specimens stained by the device ED7733 on the Sysmex XF-1600 with BD FACSCanto™ II)

Accuracy of measurement of ED7733 on the Sysmex XF-1600						
Sysmex XF-1	600 flow cy	ytomet	er vs. BD F	ACSCanto™	II flow cyto	meter
	Т	rueness	s of measu	rement		
Lymphocyte Subset	Unit	n	Slope	Intercept	R ²	Range
CD3+	%	39	1.0058	0.0105	0.9918	53.7 - 86.4
CDS1	cells/µl	39	1.0174	4.2861	0.9991	425 - 2446
CD3+CD8+	%	39	1.0134	0.0015	0.9924	13.1 - 41.9
CD3+CD6+	cells/µl	39	1.0346	-11.555	0.9976	121 - 1099
CD3+CD4+	%	39	1.0017	0.0103	0.9963	12.9 - 64.5
CD3+CD4+	cells/µl	39	1.0043	17.382	0.9981	116 - 1474
CD3-CD16+	%	39	0.9889	-0.0039	0.9868	3.2 - 33.6
CD56+	cells/µl	39	0.972	-3.4422	0.9903	77 - 660
CD3-CD19+	%	39	1.0162	-0.0039	0.9852	5.14 - 19.0
	cells/µl	39	0.9777	0.1994	0.9898	78 - 395

Table 7 Linear regression analysis for lymphocyte subsets in patients suspected of having immune system pathological conditions (comparison of the device KOMBITEST TBNK 6- 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 ²	Range
CD3+	%	134	1.032	-2.655	0.98	23.9 - 94.5
CDS	cells/µl	134	1.023	-0.047	0.97	140 - 5178
CD3+CD8+	%	134	1.020	-0.803	0.98	9.1 - 80.7
CDSTCDOT	cells/μl	134	1.055	-0.041	0.96	60 - 3546
CD3+CD4+	%	134	1.014	-0.651	0.98	1.4 - 67.5
CD31CD41	cells/µl	134	0.994	-0.005	0.98	8 - 2826
CD3-CD16+CD56+	%	134	1.064	-0.400	0.98	1.6 - 68.2
	cells/µl	134	1.080	-0.014	0.99	10 - 2612
CD3-CD19+	%	134	1.027	-0.376	0.99	0.0 - 69.7
CDG CD171	cells/μl	134	1.043	-0.010	1.00	0 - 4586

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 TBNK 6-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 333 - 9492 cells/µl using BD FACSCanto™ II, 309 - 8693 cells/µl using Beckman Coulter DxFLEX and 86 - 6822 cells/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+	249 - 6594				
CD3+CD8+	96 - 2560				
CD3+CD4+	136 - 3628				
CD3-CD16+CD56+	55 - 1525				
CD3-CD19+	44 - 1342				

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

Beckman Coulter DxFLEX					
Lymphocyte Subset	Range (cells/μl)				
CD3+	243 - 6565				
CD3+CD8+	102 - 2652				
CD3+CD4+	128 - 3517				
CD3-CD16+CD56+	64 - 1588				
CD3-CD19+	41 - 1280				

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

Sysmex XF-1600				
Lymphocyte Subset	Range (cells/μl)			
CD3+	45 - 3513			
CD3+CD8+	21 - 1507			
CD3+CD4+	22 - 1742			
CD3-CD16+CD56+	8 - 700			
CD3-CD19+	7 - 567			

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 $3\times SD$ (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 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	10			
CD3+CD8+	1	0.6 (0.2)	1.6	96			
CD3+CD4+	2	1.5 (0.5)	3.5	136			
CD3-CD16+CD56+	1	1.2 (0.4)	2.2	55			
CD3-CD19+	2	1.2 (0.4)	3.2	44			

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	0.6 (0.2)	1.6	9		
CD3+CD8+	1	0.6 (0.2)	1.6	34		
CD3+CD4+	2	1.2 (0.4)	3.2	43		
CD3-CD16+CD56+	1	0.9 (0.3)	1.9	23		
CD3-CD19+	2	1.5 (0.5)	3.5	41		

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

Sysmex XF-1600						
Lymphocyte Subset	Lowest non-zero cell count (cells/µl)	3×SD (SD)	LOD (cells/µl)	LOQ (cells/μl)		
CD3+	1	0.12 (0.04)	1.12	5		
CD3+CD8+	1	0.3 (0.1)	1.3	2		
CD3+CD4+	1	0.3 (0.1)	1.3	8		
CD3-CD16+CD56+	1	0.6 (0.2)	1.6	3		
CD3-CD19+	1	0.3 (0.1)	1.3	7		

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	70.34	0.56	0.91	
CDOT	cells/µl	10	1396	10.22	0.71	
CD3+CD8+	%	10	23.11	0.27	1.25	
CD3+CD0+	cells/µl	10	453	5.23	1.23	
CD3+CD4+	%	10	41.06	0.53	1.36	
CDOTCD41	cells/μl	10	808	9.71	1.50	
CD3-CD16+CD56+	%	10	16.35	0.40	2.43	
CD3-CD10+CD30+	cells/μl	10	289	7.20	2.43	
CD3-CD19+	%	10	11.63	0.25	2.31	
CD3-CD17+	cells/μl	10	227	4.78	2.51	

 Table 15
 Repeatability of the device on Beckman Coulter DxFLEX

Beckman Coulter DxFLEX							
Lymphocyte Subset	Unit	n	Average	SD	%CV		
CD3+	%	10	70.80	0.61	0.95		
CDOT	cells/μl	10	1406	11.19	0.75		
CD3+CD8+	%	10	23.80	0.32	1.42		
CDSTCDST	cells/µl	10	468	6.12	1.42		
CD3+CD4+	%	10	40.81	0.56	1.47		
CDSTCD41	cells/μl	10	803	10.52	1.47		
CD3-CD16+CD56+	%	10	15.89	0.40	2.72		
CD3-CD10+CD30+	cells/μl	10	282	7.23	2.72		
CD3-CD19+	%	10	11.68	0.32	2.83		
CD3-CD17+	cells/μl	10	227	5.94	2.05		

 Table 16
 Repeatability of the device on Sysmex XF-1600

Sysmex XF-1600						
Lymphocyte Subset	Unit	n	Average	SD	%CV	
CD3+	%	10	69.15	0.89	1.39	
CDOT	cells/µl	10	1151	14.62	1.57	
CD3+CD8+	%	10	23.12	0.36	1.72	
CDSTCDST	cells/µl	10	389	6.11	1.72	
CD3+CD4+	%	10	41.09	0.70	1.76	
CDSTCD41	cells/µl	10	680	11.39	1.70	
CD3-CD16+CD56+	%	10	18.40	0.56	2.71	
CD3-CD10+CD30+	cells/μl	10	313	9.45	2.71	
CD3-CD19+	%	10	10.62	0.35	3.37	
	cells/μl	10	173	5.56	3.37	

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 4 stabilized blood samples (CD-Chex Plus® and CD-Chex Plus® CD4 Low and IMMUNO-TROL Low Cells and IMMUNO-TROL Cells from Beckman Coulter in addition). 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®	%	76.84	0.18	0.23
CD3+	CD-Cliex Flus	cells/µl	1896	4.39	0.23
CD31	CD-Chex Plus®	%	60.61	0.32	0.53
	CD4 Low	cells/μl	879	4.65	0.53
	CD-Chex Plus®	%	23.45	0.23	0.97
CD3+CD8+	CD-Cliex Flus®	cells/μl	578	5.62	0.97
CDSTCDST	CD-Chex Plus®	%	42.17	0.31	0.73
	CD4 Low	cells/μl	612	4.55	0.73
	CD-Chex Plus®	%	48.78	0.45	0.93
CD3+CD4+	CD-Cliex Flus	cells/µl	1203	11.15	0.73
CDSTCD41	CD-Chex Plus®	%	12.53	0.26	2.11
	CD4 Low	cells/μl	182	3.84	2.11
	CD-Chex Plus®	%	10.76	0.22	2.03
CD3-CD16+CD56+	CD-Cliex Flus®	cells/μl	265	5.39	2.03
CD3-CD10+CD30+	CD-Chex Plus®	%	19.51	0.38	1.94
	CD4 Low	cells/μl	283	5.49	1.94
CD2 CD40	CD-Chex Plus®	%	11.30	0.16	1.45
	CD-Cliex Plus®	cells/μl	279	4.03	1.45
CD3-CD19+	CD-Chex Plus®	%	18.05	0.32	1.75
	CD4 Low	cells/μl	262	4.58	1.75

 Table 18
 Reproducibility of the device on Beckman Coulter DxFLEX

Lymphocyte Subset	Material	Unit	Average	SD	%CV
	CD-Chex Plus®	%	77.17	0.21	0.27
CD3+	CD-Cliex Flus®	cells/µl	1904	5.23	0.27
CD31	CD-Chex Plus®	%	60.85	0.43	0.71
	CD4 Low	cells/μl	883	6.24	0.71
	CD-Chex Plus®	%	23.87	0.20	0.85
CD3+CD8+	CD-Cliex Flus®	cells/μl	589	4.99	0.85
CD31CD01	CD-Chex Plus®	%	42.81	0.32	0.75
	CD4 Low	cells/μl	621	4.65	0.75
	CD-Chex Plus®	%	46.47	1.41	3.03
CD3+CD4+	CD-Cliex Flus®	cells/μl	1146	34.77	3.03
CD31CD41	CD-Chex Plus®	%	12.16	0.53	4.37
	CD4 Low	cells/μl	176	7.71	4.37
	CD-Chex Plus®	%	10.59	0.20	1.88
CD3-CD16+	CD-Cliex Flus®	cells/μl	261	4.92	1.88
CD56+	CD-Chex Plus®	%	19.38	0.32	1.63
	CD4 Low	cells/μl	281	4.59	1.63
	CD-Chex Plus®	%	11.07	0.17	1.54
CDO CD40	CD-Cliex Plus®	cells/μl	273	4.19	0.27 0.71 0.85 0.85 0.75 0.75 3.03 3.03 4.37 4.37 1.88 1.63 1.63
CD3-CD19+	CD-Chex Plus®	%	17.85	0.35	1.95
	CD4 Low	cells/μl	259	5.05	1.95

 Table 19
 Reproducibility of the device on Sysmex XF-1600

Lymphocyte Subset	Material	Unit	Average	SD	CV (%)
	CD Cl Dl®	%	78.50	0.33	0.42
	CD-Chex Plus®	cells/µl	1642	7.0	0.43
	CD-Chex Plus®	%	60.51	0.42	0.70
CDO	CD4 Low	cells/µl	816	5.7	0.69
CD3+	IMMUNO-TROL	%	72.30	0.44	0.41
	Cells	cells/µl	930	5.6	0.61
	IMMUNO-TROL	%	53.97	0.79	4.47
	Low Cells	cells/µl	450	6.6	1.46
	CD CL DL®	%	22.39	0.20	0.00
	CD-Chex Plus®	cells/µl	468	4.1	0.88
	CD-Chex Plus®	%	41.85	0.54	4.00
CD2+CD0+	CD4 Low	cells/µl	565	7.3	1.29
CD3+CD8+	IMMUNO-TROL	%	24.06	0.28	4.44
	Cells	cells/µl	309	3.5	1.14
	IMMUNO-TROL	%	33.99	0.76	0.00
	Low Cells	cells/µl	283	6.3	2.23
	CD CL DL®	%	51.87	0.35	0.77
	CD-Chex Plus®	cells/µl	1085	7.2	0.67
	CD-Chex Plus®	%	12.30	0.44	0.74
CD2+CD4+	CD4 Low	cells/µl	166	6.0	3.61
CD3+CD4+	IMMUNO-TROL	%	44.77	0.42	0.00
	Cells	cells/µl	576	5.3	0.93
	IMMUNO-TROL	%	15.35	0.29	4.00
	Low Cells	cells/µl	128	2.4	1.90
	CD CL DL®	%	9.80	0.16	4.74
	CD-Chex Plus®	cells/µl	205	3.3	1.61
	CD-Chex Plus®	%	17.79	0.34	1.01
CD3-CD16+	CD4 Low	cells/µl	240	4.6	1.91
CD56+	IMMUNO-TROL	%	10.33	0.22	2.11
	Cells	cells/µl	133	2.8	2.11
	IMMUNO-TROL	%	22.35	0.40	4.00
	Low Cells	cells/µl	186	3.4	1.80
	CD Chay Dive	%	10.06	0.17	1 74
	CD-Chex Plus®	cells/µl	210	3.7	1.74
	CD-Chex Plus®	%	19.70	0.31	1.71
CD2 CD10+	CD4 Low	cells/µl	260	4.2	1.61
CD3-CD19+	IMMUNO-TROL	%	12.92	0.32	2.40
	Cells	cells/µl	166	4.1	2.48
	IMMUNO-TROL	%	17.31	0.51	2.07
	Low Cells	cells/µl	144	4.3	2.97

12. Clinical performance

Patients with primary immunodeficiency

Clinical data was collected at a clinical site on 30 patients with suspected Common Variable Immune Deficiency (CVID). Clinical performance of the device ED7733 was determined as a comparison of the device KOMBITEST TBNK 6-color using with erythrocyte lysing solution EXCELLYSE Easy (EXBIO Praha, a.s., Cat. No. ED7066) with accredited clinical laboratory method (AQUIOS CL Flow Cytometry System - Beckman Coulter, Inc.).

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

Table 20 Clinical performance of the device KOMBITEST TBNK 6-color - CVID patients

		Immune status assessed by accredited clinical laboratory method		
		Immune deficiency	Normal condition	
s assessed by ED7733 TBNK 6-color	Immune deficiency	24 patients	0 patients	
Immune status the device KOMBITEST T	Normal condition	0 patients	6 patients	

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 TBNK 6-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 21).

Table 21 Clinical performance of the device KOMBITEST TBNK 6-color - HIV patients

		Immune status assessed by accredited clinical laboratory in-house method		
		Immune deficiency	Normal condition	
s assessed by E ED7733 TBNK 6-color	Immune deficiency	28 of 29 patients*	0 patients	
Immune status asse the device ED7. KOMBITEST TBNK	Normal condition	0 patients	24 patients	

CAUTION:

^{*}The device ED7733 KOMBITEST TBNK 6-color showed staining not sufficient for distinct separation of T cells (CD3+) in one (1) HIV patient in critical health condition.

13. Expected values

Reference Interval

Laboratories must establish their own normal reference intervals for the lymphocyte subsets identified using KOMBITEST TBNK 6-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 TBNK 6-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 TBNK 6-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.

15. References

- Bensussan, A et al. Significant enlargement of a specific subset of CD3+CD8+ peripheral blood leukocytes mediating cytotoxic T-lymphocyte activity during human immunodeficiency virus infection. Proc Natl Acad Sci U S A. 1993 15;90(20):9427-30. doi: 10.1073/pnas.90.20.9427.
- Boldt, A et al. Eight-color immunophenotyping of T-, B-, and NK-cell subpopulations for characterization of chronic immunodeficiencies. Cytometry B Clin Cytom 2014 May;86(3):191-206. doi:10.1002/cyto.b.21162.
- 3) de Saint Basile, G et al. Severe combined immunodeficiency caused by deficiency in either the delta or the epsilon subunit of CD3. J Clin Invest. 2004 Nov;114(10):1512-7. doi: 10.1172/JCI22588.
- 4) Giorgi, J V. Characterization of T lymphocyte subset alterations by flow cytometry in HIV disease. Ann N Y Acad Sci. 1993 Mar 20;677:417-9. doi: 10.1111/j.1749-6632.1993.tb38803.x.
- 5) Iwatani, Y et al. Decreases in alpha beta T cell receptor negative T cells and CD8 cells, and an increase in CD4+ CD8+ cells in active Hashimoto's disease and subacute thyroiditis. Clin Exp Immunol. 1992 Mar;87(3):444-9. doi: 10.1111/j.1365-2249.1992.tb03017.x.
- 6) Kucuksezer, U C et al. The Role of Natural Killer Cells in Autoimmune Diseases. Front Immunol. 2021 Feb 25;12:622306. doi: 10.3389/fimmu.2021.622306.
- 7) Li, Y et al. AIDS prevention and control in the Yunnan region by T cell subset

- assessment. PLoS One. 2019 Apr 18;14(4):e0214800. doi: 10.1371/journal.pone.0214800.
- 8) Mason, D et al, eds.: Leucocyte Typing VII: White Cell Differentiation Antigens: Proceedings of the Seventh International Workshop and Conference Held in Harrogate, United Kindom: Oxford University Press; 2002.
- 9) McCarty, B et al. Low Peripheral T Follicular Helper Cells in Perinatally HIV-Infected Children Correlate With Advancing HIV Disease. Front Immunol. 2018 Aug 24;9:1901. doi: 10.3389/fimmu.2018.01901.
- 10) McMichael AJ, ed. Leucocyte Typing III: 54 White Cell Differentiation Antigens. New York, NY: Oxford University Press; 1987.
- 11) Monafo, W J et al. A hereditary immunodeficiency characterized by CD8+ T lymphocyte deficiency and impaired lymphocyte activation. Clin Exp Immunol. 1992 Dec;90(3):390-3. doi: 10.1111/j.1365-2249.1992.tb05856.x.
- 12) North, M E et al. Primary defect in CD8+ lymphocytes in the antibody deficiency disease (common variable immunodeficiency): abnormalities in intracellular production of interferon-gamma (IFN-gamma) in CD28+ ('cytotoxic') and CD28- ('suppressor') CD8+ subsets. Clin Exp Immunol. 1998 Jan;111(1):70-5. doi: 10.1046/j.1365-2249.1998.00479.x.
- 13) Orange, J S. Natural killer cell deficiency. J Allergy Clin Immunol. 2013 Sep;132(3):515-525. doi: 10.1016/j.jaci.2013.07.020.
- 14) Orange, J S. How I Manage Natural Killer Cell Deficiency. J Clin Immunol. 2020 Jan;40(1):13-23. doi: 10.1007/s10875-019-00711-7.
- 15) Picat, M Q et al. T-cell activation discriminates subclasses of symptomatic primary humoral immunodeficiency diseases in adults. BMC Immunol. 2014 Mar 12;15:13. doi: 10.1186/1471-2172-15-13.
- 16) Schlossman SF, Boumsell L, Gilks W, et al, eds.: Leucocyte Typing V: White Cell Differentiation Antigens. New York, NY: Oxford University Press; 1995.
- 17) van Dongen, J J M et al. EuroFlow-Based Flowcytometric Diagnostic Screening and Classification of Primary Immunodeficiencies of the Lymphoid System. Front Immunol. 2019 Jun 13;10:1271. doi: 10.3389/fimmu.2019.01271.
- 18) Tate J, Ward G. Interferences in immunoassay. Clin Biochem Rev. 2004 May;25(2):105-20. PMID: 18458713; PMCID: PMC1904417.
- 19) Selby C. Interference in immunoassay. Ann Clin Biochem. 1999 Nov; 36 (Pt 6):704-21. doi: 10.1177/000456329903600603. PMID: 10586307.
- 20) Kricka LJ. Human anti-animal antibody interferences in immunological assays. Clin Chem. 1999 Jul;45(7):942-56. Erratum in: Clin Chem 2000 Oct;46(10):1722. PMID: 10388468.

- 21) Higgins J, Hill V, Lau K, Simpson V, Roayaei J, Klabansky R, Stevens RA, Metcalf JA, Baseler M. Evaluation of a single-platform technology for lymphocyte immunophenotyping. Clin Vaccine Immunol. 2007 Oct;14(10):1342-8. doi: 10.1128/CVI.00168-07. Epub 2007 Aug 29. PMID: 17761524; PMCID: PMC2168127.
- 22) Htun NM, Chen YC, Lim B, et al. Near-infrared autofluorescence induced by intraplaque hemorrhage and heme degradation as marker for high-risk atherosclerotic plaques. Nat Commun. 2017;8(1):75. Published 2017 Jul 13. doi:10.1038/s41467-017-00138-x
- 23) de Jonge G, Dos Santos TL, Cruz BR, Simionatto M, Bittencourt JIM, Krum EA, Moss MF, Borato DCK. Interference of in vitro hemolysis complete blood count. J Clin Lab Anal. 2018 Jun;32(5):e22396. doi: 10.1002/jcla.22396. Epub 2018 Feb 3. PMID: 29396875; PMCID: PMC6817011.
- 24) Haga Y, Kay HD, Tempero MA, Zetterman RK. Flow cytometric measurement of intracellular bilirubin in human peripheral blood mononuclear cells exposed to unconjugated bilirubin. Clin Biochem. 1992 Aug;25(4):277-83. doi: 10.1016/0009-9120(92)80033-d. PMID: 1381998.
- 25) Lam WK, Law YFW, Yip SF. Resolution of platelet count interference due to cytoplasmic fragments of leukaemic cells by flow cytometry in acute myeloid leukaemia. Int J Lab Hematol. 2022 Dec;44(6):983-985. doi: 10.1111/iilh.13859. Epub 2022 May 3. PMID: 35504732.
- 26) Hervé Lecoeur, Marie-Lise Gougeon, Comparative analysis of flow cytometric methods for apoptosis quantitation in murine thymocytes and human peripheral lymphocytes from controls and HIV-infected persons Evidence for interference by granulocytes and erythrocytes, Journal of Immunological Methods, Volume 198, Issue 1, 1996, Pages 87-99, ISSN 0022-1759, https://doi.org/10.1016/0022-1759(96)00148-2.
- 27) Bartels EM, Falbe Wätjen I, Littrup Andersen E, Danneskiold-Samsøe B, Bliddal H, Ribel-Madsen S. Rheumatoid factor and its interference with cytokine measurements: problems and solutions. Arthritis. 2011;2011:741071. doi: 10.1155/2011/741071. Epub 2011 Jun 22. PMID: 22046523: PMCID: PMC3200114.
- 28) XUE Yan, XU Li, DANG Liheng, WANG Chao, CUI Yaqiong, WANG Ping, WANG Ning, ZHANG Xinjie, LIU Yang. Interference of high levels of bilirubin on lymphocyte subset determination in peripheral blood by flow cytometry and its elimination methods[J]. Laboratory Medicine, 2022, 37(12): 1169-1173
- 29) van Ierssel SH, Hoymans VY, Van Craenenbroeck EM, Van Tendeloo VF, Vrints CJ, et al. (2012) Endothelial Microparticles (EMP) for the Assessment of Endothelial Function: An In Vitro and In Vivo Study on Possible Interference of

- Plasma Lipids. PLOS ONE 7(2): e31496. https://doi.org/10.1371/journal.pone.0031496
- 30) Yasmine Van Caeneghem, Stijn De Munter, Paola Tieppo, Glenn Goetgeluk, Karin Weening, Greet Verstichel, Sarah Bonte, Tom Taghon, Georges Leclercq, Tessa Kerre, Reno Debets, David Vermijlen, Hinrich Abken & Bart Vandekerckhove (2017) Antigen receptor-redirected T cells derived from hematopoietic precursor cells lack expression of the endogenous TCR/CD3 receptor and exhibit specific antitumor capacities, Oncolmmunology, 6:3, DOI: 10.1080/2162402X.2017.1283460
- 31) Lamia Achour, Mark G. H. Scott, Hamasseh Shirvani, Alain Thuret, Georges Bismuth, Catherine Labbé-Jullié, Stefano Marullo; CD4-CCR5 interaction in intracellular compartments contributes to receptor expression at the cell surface. Blood 2009; 113 (9): 1938–1947. doi: https://doi.org/10.1182/blood-2008-02-141275
- 32) A. Stronkhorst, G. N. J. Tytgat & S. J. H. Van Deventer (1992) CD4 Antibody Treatment in Crohn's Disease, Scandinavian Journal of Gastroenterology, 27:sup194, 61-65, DOI: 10.3109/00365529209096029
- 33) Zinzani, P.L., Minotti, G. Anti-CD19 monoclonal antibodies for the treatment of relapsed or refractory B-cell malignancies: a narrative review with focus on diffuse large B-cell lymphoma. J Cancer Res Clin Oncol 148, 177–190 (2022). https://doi.org/10.1007/s00432-021-03833-x
- 34) Whiteman KR, Johnson HA, Mayo MF, Audette CA, Carrigan CN, LaBelle A, Zukerberg L, Lambert JM, Lutz RJ. Lorvotuzumab mertansine, a CD56-targeting antibody-drug conjugate with potent antitumor activity against small cell lung cancer in human xenograft models. MAbs. 2014 Mar-Apr;6(2):556-66. doi: 10.4161/mabs.27756. Epub 2014 Jan 8. PMID: 24492307; PMCID: PMC3984343.
- 35) J Frengen, B Kierulf, R Schmid, T Lindmo, K Nustad, Demonstration and minimization of serum interference in flow cytometric two-site immunoassays, Clinical Chemistry, Volume 40, Issue 3, 1 March 1994, Pages 420–425, https://doi.org/10.1093/clinchem/40.3.420

16. Trademarks

BD FACSCanto™ II, BD FACSLyric™, BD Multitest™ and FlowJo™ are registered trademarks of Becton, Dickinson and Company, CD-Chex Plus® is a registered trademark of Streck, Cy™ is registered trademark of Cytiva, Sysmex™ is registered trademark of Sysmex Corporation, VenturiOne® is registered trademark of Applied Cytometry, Infinicyt™ is registered trademark of Cytognos S.L.

17. Revision History

Version 2, ED7733 IFU v2

- 1) Updated flow cytometers on which the device has been tested.
- 2) Updated specimen storage. Endogenous and exogenous interference added.
- 3) Accuracy updated (BD FACSCanto™ II, Beckman Coulter DxFlex, Sysmex™ XF-1600 flow cytometers)
- 4) Linearity updated (BD FACSCanto™ II, Beckman Coulter DxFlex, Sysmex™ XF-1600 flow cytometers)
- 5) Limit of detection / Limit of quantification / Assay Cut-off updated (BD FACSCanto™ II, Beckman Coulter DxFlex, Sysmex™ XF-1600 flow cytometers)
- 6) Repeatability and reproducibility updated (BD FACSCanto™ II, Beckman Coulter DxFlex, Sysmex™ XF-1600 flow cytometers)
- 7) Expected values removed
- 8) References updated

18. 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

19. Authorized Representatives

UK Responsible Person Sysmex UK Ltd

Sysmex House

Garamonde Drive

Wymbush

Milton Keynes

MK8 8DF

United Kingdom

***** +44 (0)333 3203460

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