

BC-6200

Auto Hematology Analyzer

Principles

SF Cube* method to count WBC, 5-part diff, NRBC, RET and PLT-O
 DC impedance method for RBC and PLT
 Cyanide free reagent for hemoglobin test
 *S: Scatter; F: Fluorescence; Cube: 3D analysis

Parameters

37 Reportable parameters (whole blood): WBC, Lym%, Mon%, Neu%, Bas%, Eos%, IMG%, Lym#, Mon#, Neu#, Eos#, Bas#, IMG#, RBC, HGB, HCT, MCV, MCH, MCHC, RDW-CV, RDW-SD, NRBC#, NRBC%; PLT, MPV, PDW, PCT, P-LCR, P-LCC, RET%, RET#, RHE, IRF, LFR, MFR, HFR, IPF
 29 Research parameters (whole blood): HFC#, HFC%, RBC-O, PLT-O, PLT-I, WBC-O, WBC-D, TNC-D, IME#, IME#, H-NR%, L-NR%, NLR, PLR, WBC-N, TNC-N, InR#, InR%, Micro#, Macro#, Macro%, RPI, H-IPF, IPF#, MRV, FRC#, FRC%, PDW-SD
 7 Reportable parameters (body fluid): WBC-BF, TC-BF#, MN#, MN%, PMN#, PMN%, RBC-BF
 11 Research parameters (body fluid): Eos-BF#, Eos-BF%, Neu-BF#, Neu-BF%, HF-BF#, HF-BF%, RBC-BF, LY-BF, LY-BF%, MO-BF#, MO-BF%

2 Histograms for RBC and PLT
 3 Three-dimension scatter grams: DIFF, WNB, RET
 5 Two-dimension scatter grams: DIFF, WNB, RET, RET-EXT, PLT-O

Mode

CBC, CBC+DIFF, CBC+DIFF+RET, CBC+RET, RET

Data storage capacity

Up to 10,000 results including numeric and graphical information

Operating environment

Temperature: 15°C ~32°C
 Humidity: 30%~85%

Performance

Parameter	Linearity Range	Precision	Carryover
WBC	0-500×10 ⁹ /L	≤2.5% (≥4×10 ⁹ /L)	≤1.0%
RBC	0-8.60×10 ¹² /L	≤1.5% (≥3.5×10 ¹² /L)	≤1.0%
HGB	0-260g/L	≤1.0% (110-180g/L)	≤1.0%
HCT	0-75%	≤1.5% (30%-50%)	≤1.0%
PLT	0-5000×10 ⁹ /L	≤4.0% (≥100×10 ⁹ /L)	≤1.0%
RET#	0-0.8×10 ¹² /L	≤15% (RBC≥3×10 ¹² /L; 1%≤RET%≤4%)	/

Sample volume

Whole blood (Autoloader, Closed Tube)	80uL
Capillary blood (Closed Tube)	35uL
Predilute (Closed Tube)	20uL
Body fluid (Closed Tube)	85uL

Throughput

Up to 110 samples per hour (CBC+DIFF)
 Up to 65 samples per hour (RET)
 Up to 40 samples per hour (Body fluid)

Loading capacity

Up to 50 sample tubes



BC-6200

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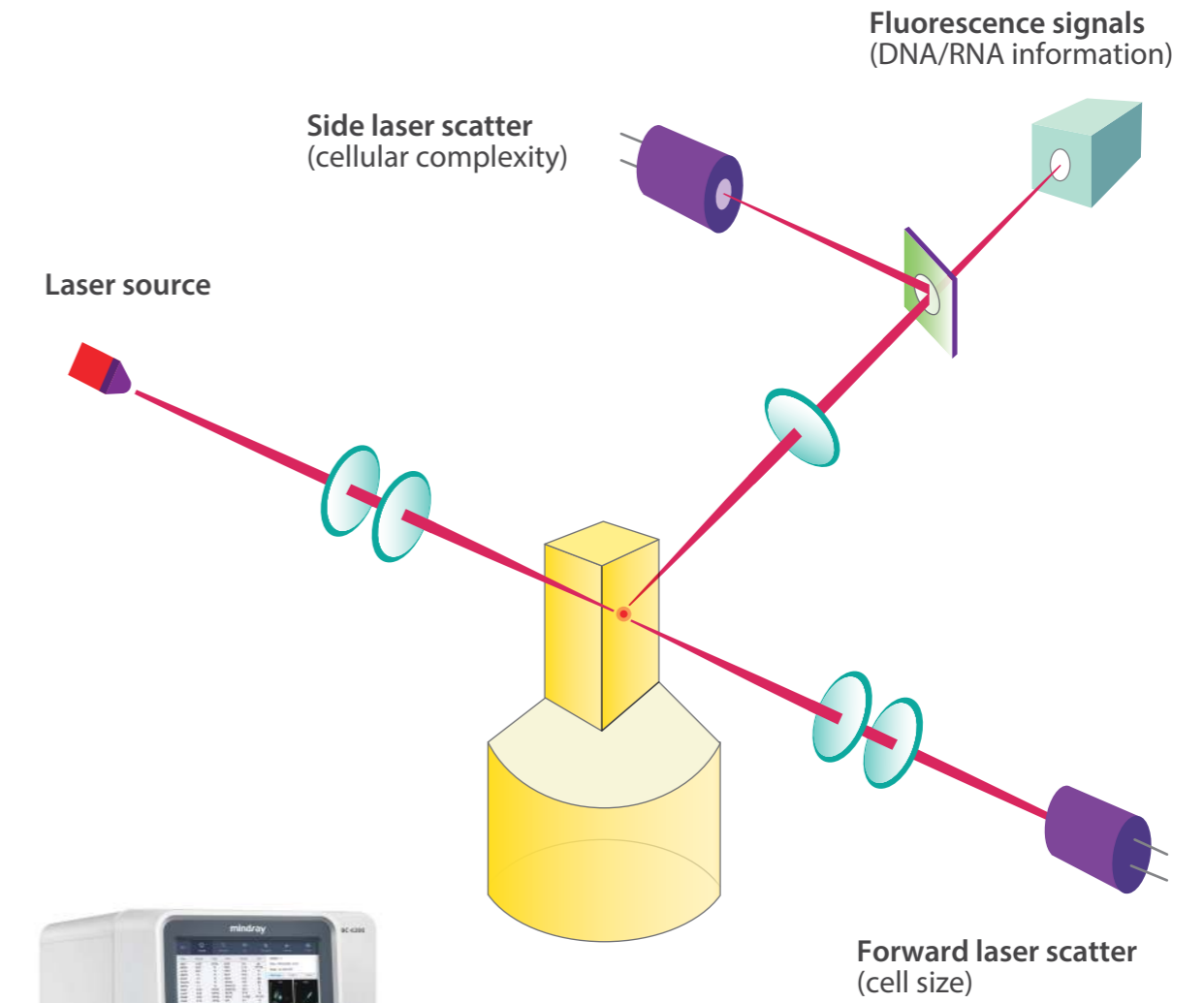
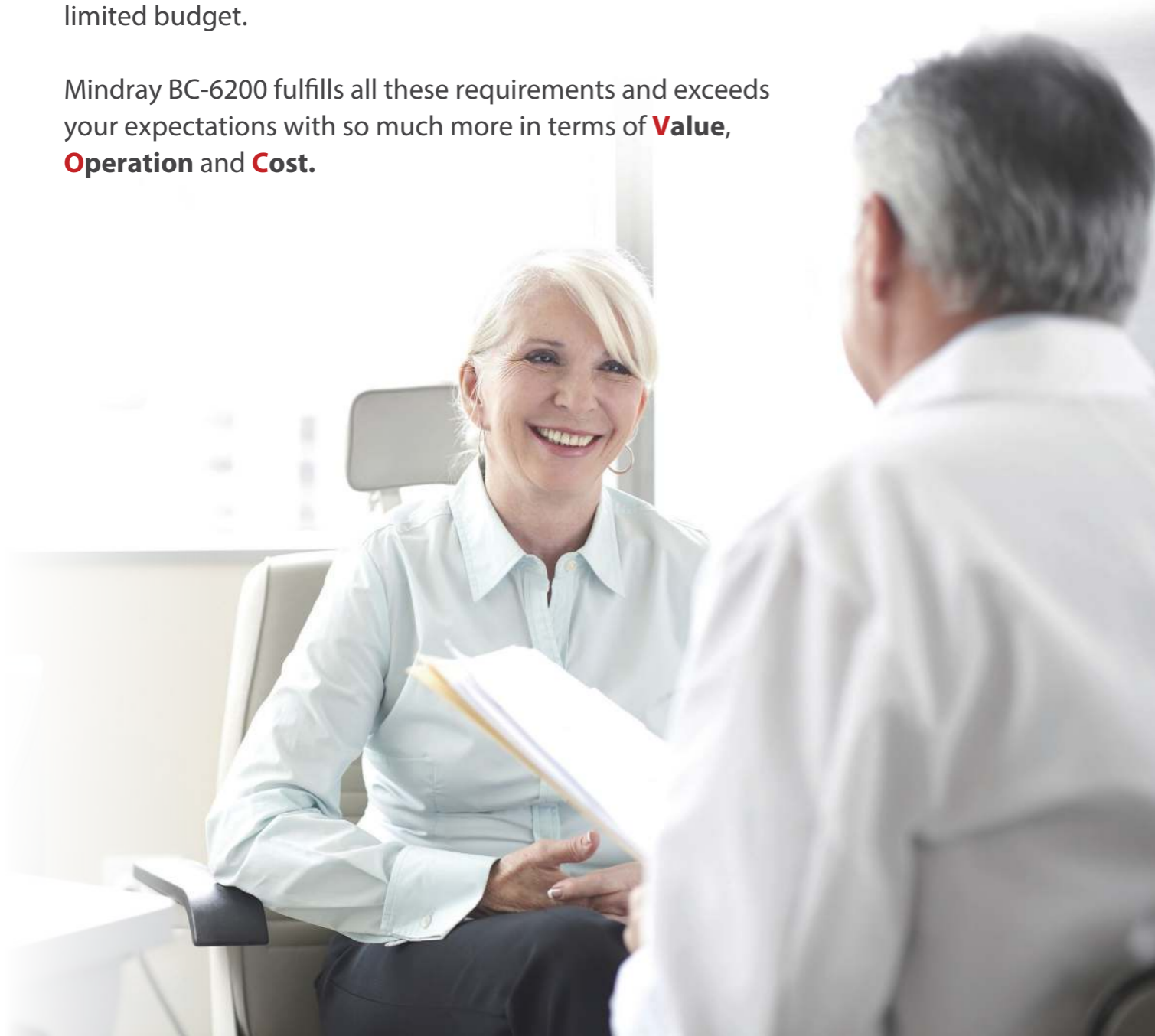
High Performance for ALL





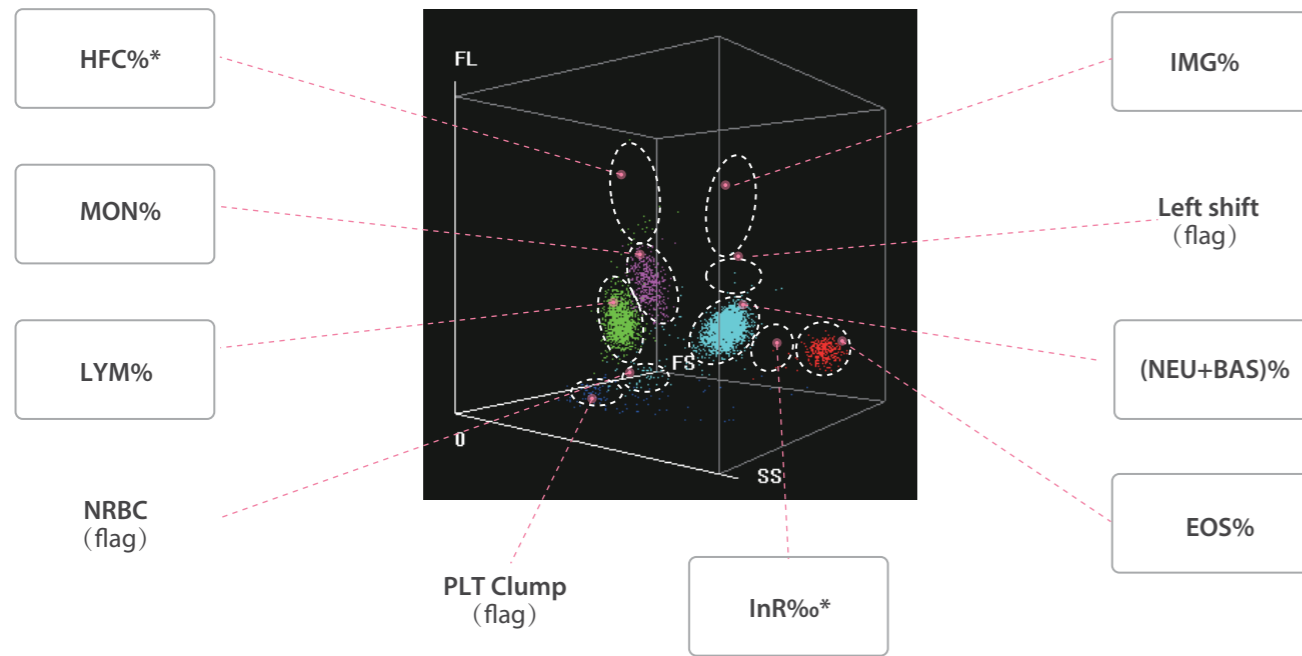
At Mindray, we seek to understand the needs of every customer, and deliver tailor-made solutions. Before designing any product, we listen to the **Voice Of Customers** and bear in mind the challenges they face. In today's laboratories, lab managers are looking for an analyzer with greater clinical values, such as higher flagging efficiency to reduce the ratio of microscopic examination, NRBC/RET/body fluid results generated in a small-footprint system, among others, all within limited budget.

Mindray BC-6200 fulfills all these requirements and exceeds your expectations with so much more in terms of **Value, Operation and Cost.**



With the newly designed optics and reagent systems, the SF Cube technology can help doctors to better differentiate the clusters of cells, which is the key to revealing more abnormal cells.

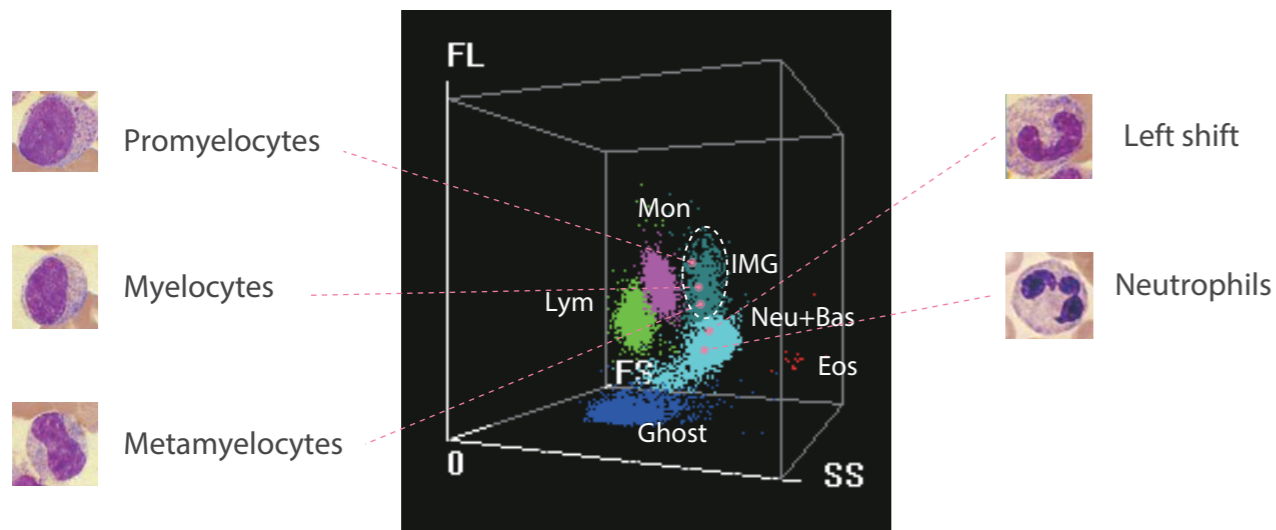
DIFF Channel



In DIFF scattergram, BC-6200 not only gives WBC 5-part differential results (with immature granulocyte), but also brings research parameters such as HFC (Blast & Atypical Lymphocyte), InR (information about malaria) and flags for Band, NRBC, PLT clump and Atypical Lymphocyte.

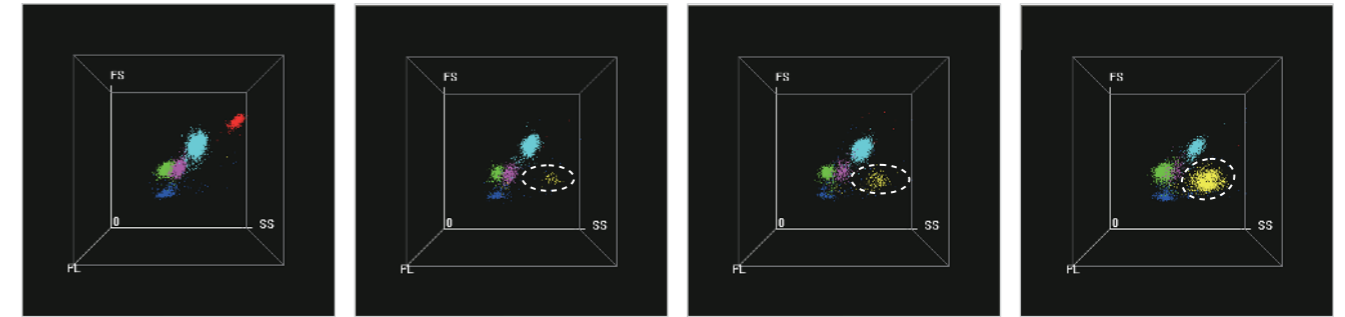
HFC*(#, %) parameters represent high population of fluorescent cell, such as Blasts and Atypical Lymphocytes.

IMG(#, %) parameters provide information about immature granulocytes, including Promyelocytes, Myelocytes, Metamyelocytes, Immature Eosinophils and Immature Basophils.



*For research use only

Malaria screening



Normal sample

Few
1-4 infected RBC
per 4 microscopy view

Some
2-3 infected RBC
per microscopy view

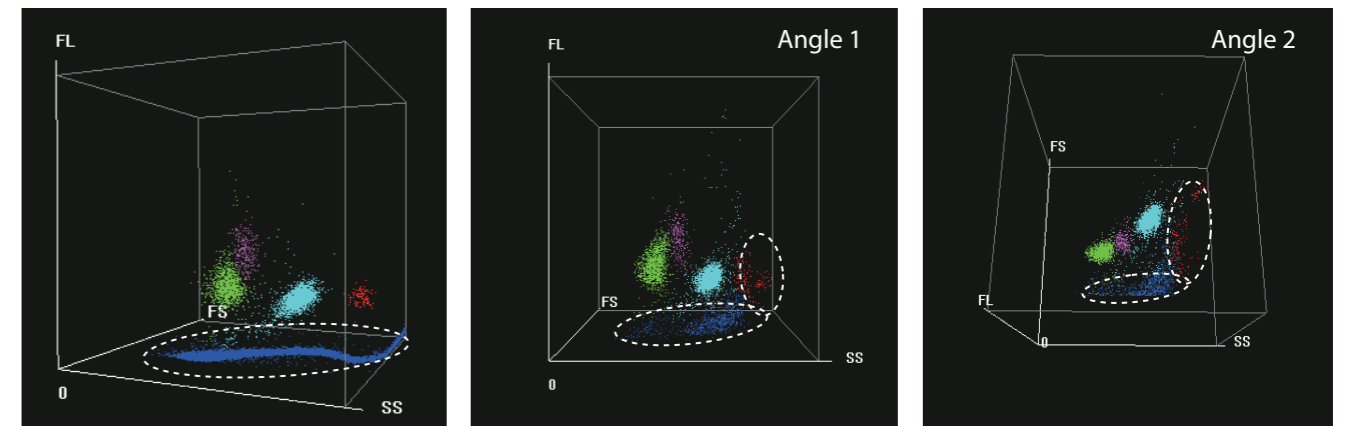
Many
>4 infected RBC
per microscopy view

Note: The yellow scatters are just for highlight.

BC-6200 provides a dedicated flag called "infected RBC?", and "InR*(#,%)", parameters to represent the number and ratio of the infected red blood cells in the sample respectively. BC-6200 users can obtain information about the possible presence of plasmodium parasite, the causative agent of malaria infection.

With the rising number of red blood cells with malaria parasites, the number of dots in the "InR" area increases proportionately. This creates the possibility to not only screen but also judge the severity of malaria infection.

Interference prevention



Lipid particle has **no fluorescence**

The PLT clump seems **mixed up** with Neutrophil and Eosinophil

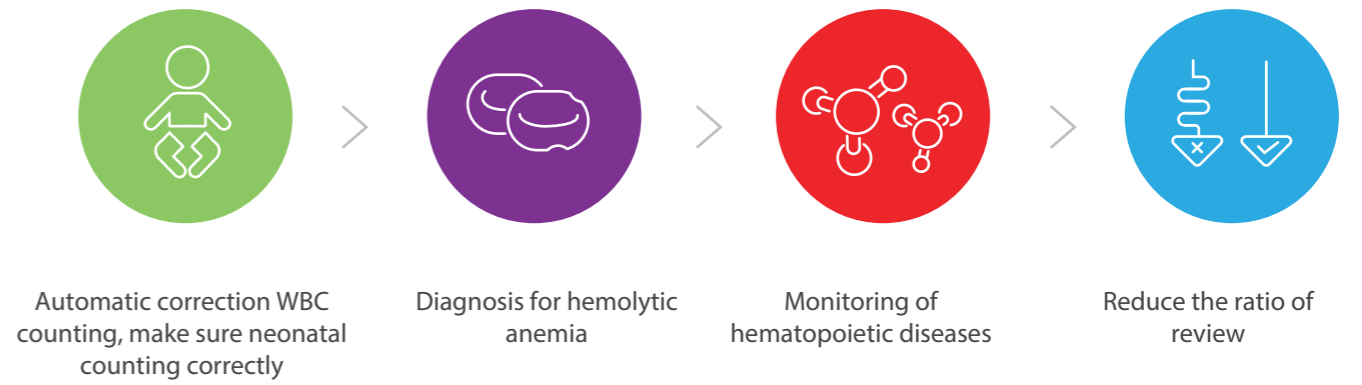
The PLT clump is well separated from Neutrophil and Eosinophil

In DIFF scattergram, WBCs are dyed, but not lipid particles, by fluorescence, which prevents interference and ensures more accurate WBC results.

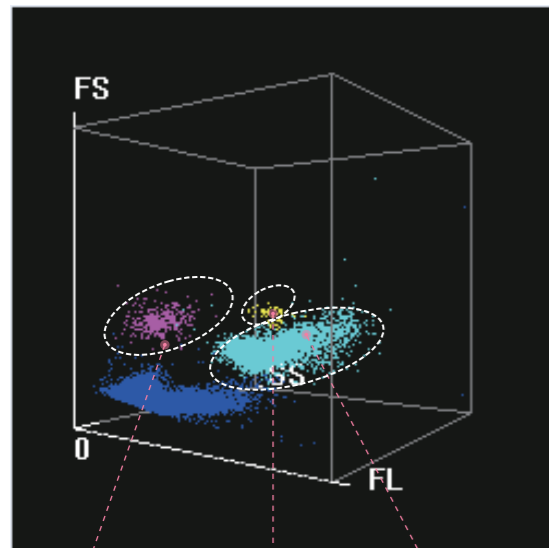
With information obtained through the 3D analysis, PLT clumps are well separated from each cluster of WBCs.



NRBC results in every CBC



WNB Channel



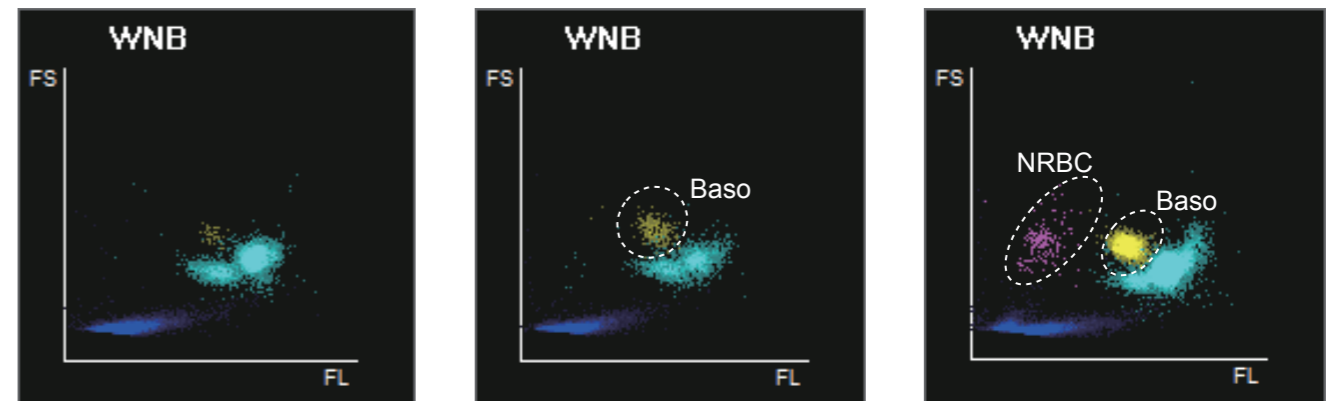
In WNB scattergram, BC-6200 provides NRBC, Basophils and WBC-N* results. It means that the actual number of NRBCs can be measured in routine CBC, if they are present in the sample. Basophils are counted in this counting channel with NRBC results.

Basophil and NRBC results are generated on BC-6200 without extra reagent or cost.

NRBC Baso% WBC-N *

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NRBCs do not usually exist in the peripheral blood except that of newborn children. Detection of NRBCs is essential in diagnosing and monitoring the hematopoietic diseases.

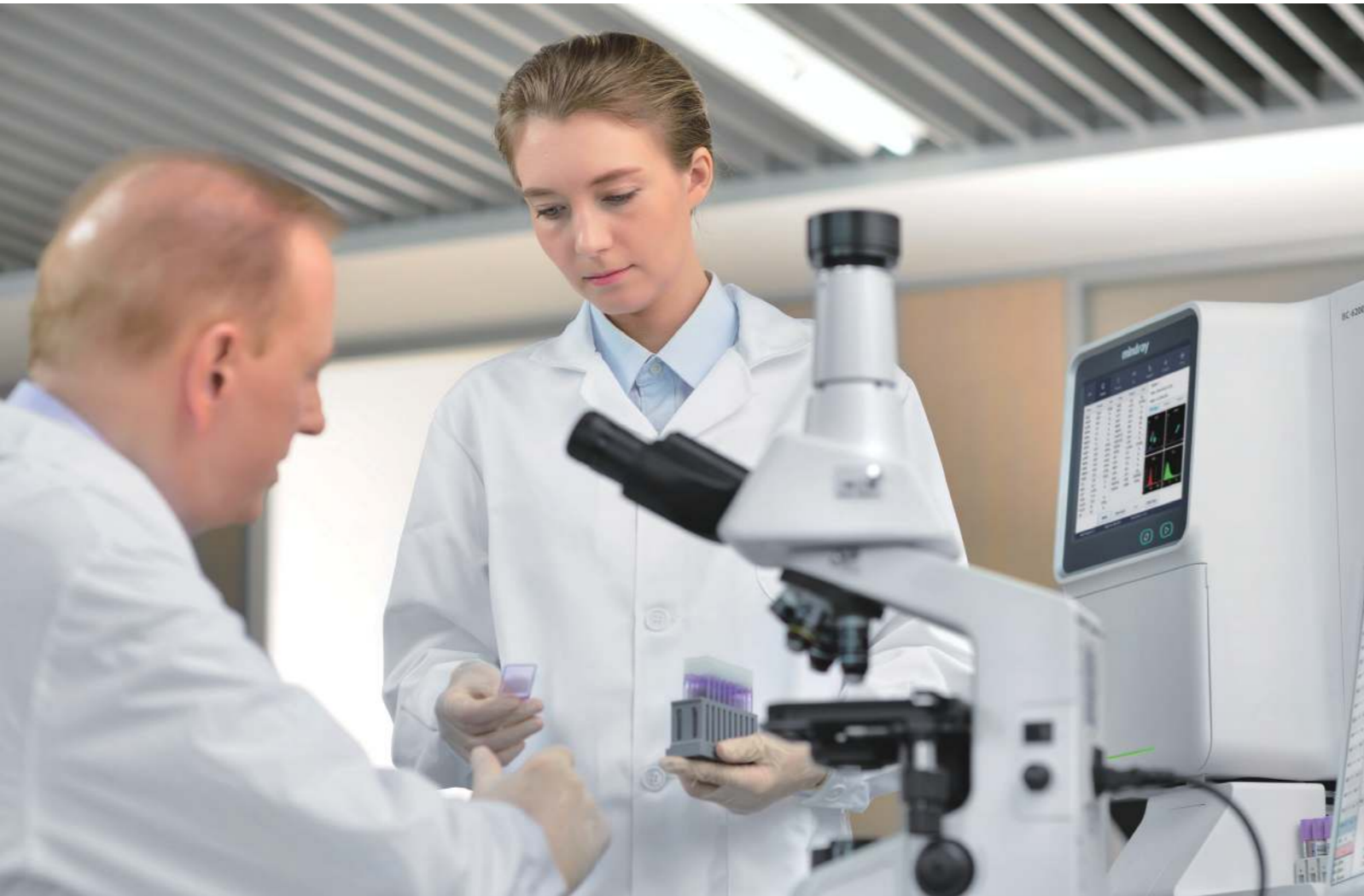


Normal sample

High Baso sample

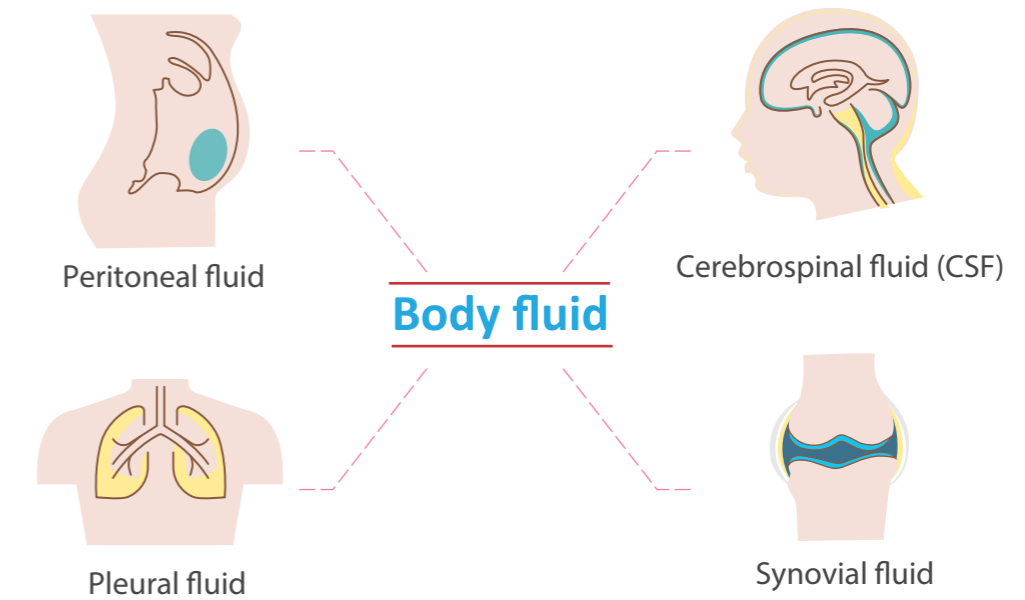
High Baso & NRBC sample

BC-6200 provides accurate results on samples even with high level of Basophils and NRBCs.

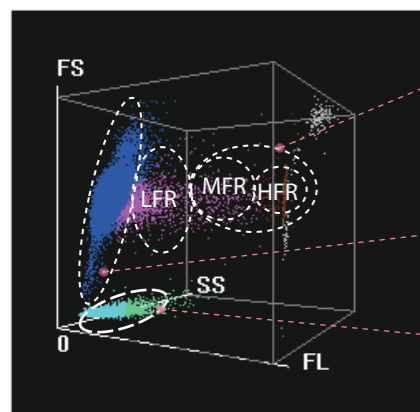


Body fluid

Besides blood specimen, BC-6200 also has body fluid test function without requiring dedicated reagent. The various types of body fluids include Peritoneal fluid, Pleural fluid, Cerebrospinal fluid (CSF) and Synovial fluid.



RET Channel



IRF

RBC-O*

PLT-O*

With the SF Cube cell analysis technology, Reticulocytes are differentiated from the other red cells by their reaction with fluorescent stain. Besides the traditional parameters such as RET# and RET%, BC-6200 provides data concerning immature reticulocytes (IRF), which can assist in early diagnosis of anemia and monitoring the bone marrow response to therapy.

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