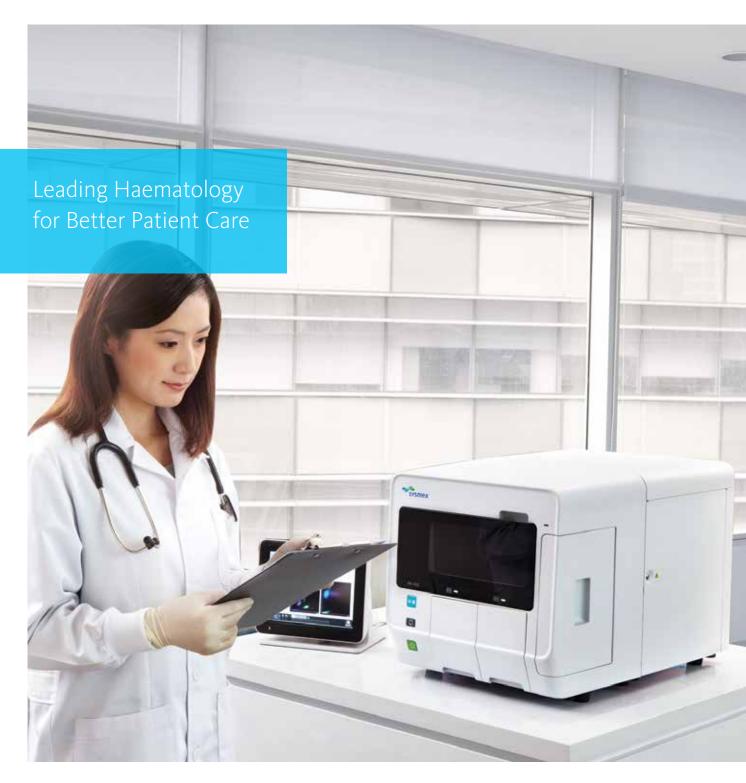


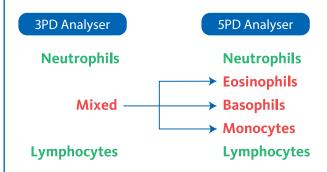
Automated Haematology Analyser

XN-L Series



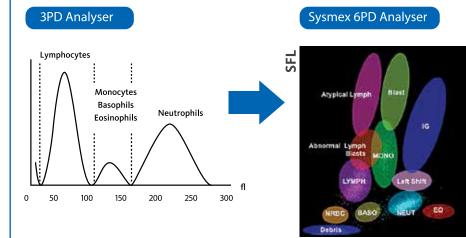
Upgrade your 3PD to 6PD with Sysmex

Why 5PD?



Five part differential analysers count monocytes, eosinophils and basophils separately rather than as a mixed population in three part differential analysers. These individual WBC parameters reveal more valuable information to clinicians to support diagnostic and treatment decisions.

Why Sysmex 6PD?



added-value

Examples of WBC Flags:
WBC Abn Scattergram
Neutropenia
Neutrophilia
Lymphopenia
Lymphocytosis
Monocytosis
Eosinophilia
Leukocytopenia
Leukocytopenia
Leukocytosis
Blasts/Abn Lympho?
Left Shift?
Atypical Lympho?
NRBC?

SSC

Benefits of Sysmex 6PD Analyser

1) Assessment is not solely based on cell size

Unlike three part differential and some five part differential analysers, fluorescent flow cytometry measures not only the cell size, but also the intracellular information and nucleic acid content. This produces a highly accurate differential count in EDTA blood samples even as the cell size changes during normal storage.

2) Identification of immature cells

Identification of immature cells is possible with the XN-L as immature cells have a higher nucleic acid content. This has made the generation of six part differential, the IG count possible. The precision of an automated IG count increases laboratory efficiency by reducing manual counts.

3) Superior flagging system for abnormal cells

As compared to a flagging system based entirely on cell size on a three part differential analyser, the XN-L provides more detailed and specific flagging for abnormal cells.

Introducing XN-L Series

XN-L Series is the latest compact fully-automated 6-part differential haematology analyser from Sysmex.

It is designed to meet today's laboratory needs by providing enhanced clinical values that only high-end models were previously able to provide; delivering improved operational efficiency in the laboratories.

XN-L Series is available in four models with different aspiration modes.



A completely new compact 6-part differential haematology analyser that caters for what matters most in your lab.

1 Ease of use & peace of mind

Multi-coloured touch screen display embedded with intuitive graphical user interface to support your routine tasks.

Service States Process

Service States Process

Service States Process

Service States Process

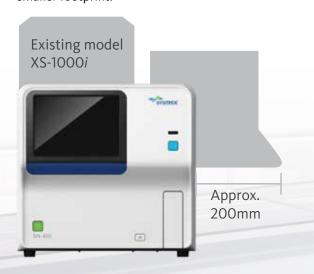
Service States Sta

A reagent management system that calculates remaining tests and expiry dates to allow more efficient tracking of reagent usage.



2 Space saving

Compact design with an in-built IPU that fits easily to any laboratory bench or table with a smaller footprint.



3 Flexibility

Only $25\mu L$ of aspiration volume

Requires only 25 μ l of aspiration volume for whole blood mode and low WBC mode.

Auto-diluent dispensing function

Auto-diluent dispensing function is available for dilution of samples

Sampler comes with two drawers to allow continuous loading of samples

4 Improved workflow and TAT

Up to 70 samples/hour*

Better TAT with one of the highest throughput compact 6PD analysers in the market.

Sampler available for a truly walk-away system**

Integrated auto Repeat, Rerun and Reflex** of sample





Left drawer



Right drawer

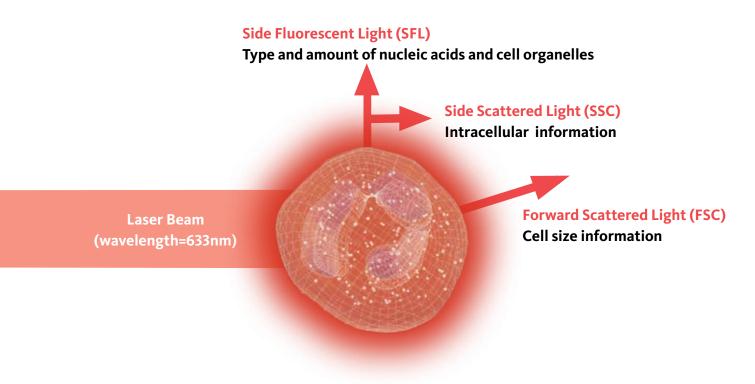
Results validation using onboard rules Repeat Analysis

*Only available on XN-350 / XN-450 / XN-550 **Only available on XN-550

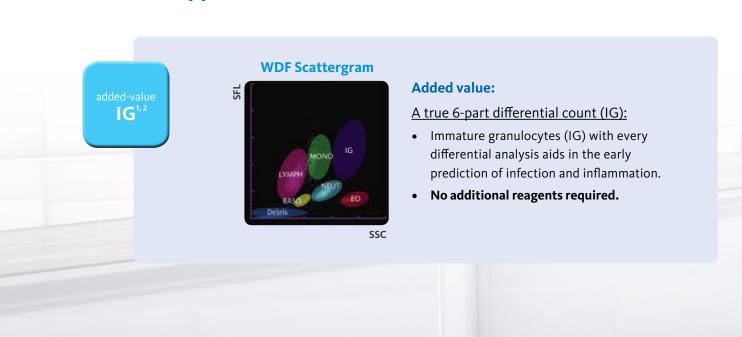
More than just CBC + DIFF

Core Technology of XN-L Series

XN-L Series utilises the same core technology as high-end haematology analysers - the proven and reliable laser flow cytometry - to count and analyse cells. After the cells are irradiated by the laser beam, the forward scattered light (FSC), side scattered light (SSC) and side fluorescent light (SFL) of the cells are analysed. The three signals are used to differentiate and count cells with the help of unique digital technology and algorithms.



Standard application



Optional applications*

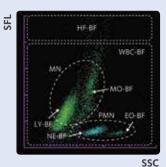


Added value:

Analysis of low WBC samples in L-WBC mode:

• Samples with low white blood cell count can be measured accurately by counting twice as many cells; providing reliable results that aid in chemotherapy monitoring.

Body Fluid^{3,4}



Added value:

Fully-automated body fluid analysis in BF mode:

2-part differential body fluid analysis includes
 MN (mononuclear) and PMN
 (polymorphonuclear)
 cell population to aid in the
 distinction between viral
 and bacterial infection.

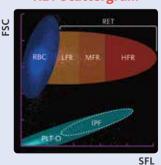


Synovial fluid

- No additional reagents required.
- No special sample preparation required.

added-value **RET**⁵

RET Scattergram



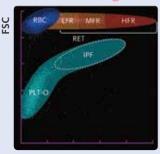
Added value:

Indices of erythropoiesis (RET, RET-He, IRF):

- RET-He (reticulocytes haemoglobin) and IRF (immature reticulocytes fraction) aids in monitoring of RBC production.
- RET-He (reticulocytes haemoglobin) aids in differentiation between functional and classical iron deficiency and monitoring of EPO and/or IV iron therapy.

added-value

PLT-O Scattergram



Added value:

Indices of thrombopoiesis (IPF):

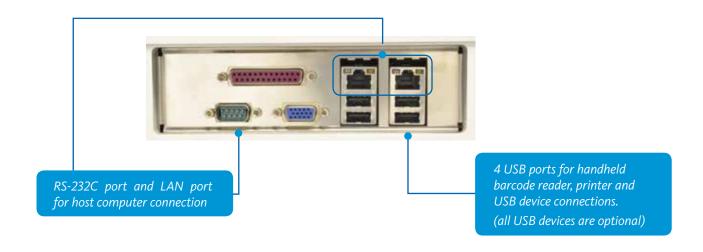
• IPF (Immature platelet fraction) aids in differential diagnosis of thrombocytopenic disorders and is an early predictor of platelet recovery.

SFL

What's more

Extended Connectivity

• XN-L supports extended connectivity to meet a laboratory's various connectivity requirements.



Standardisation across Sysmex platforms

- Compatibility with the XN-Series through common reagents, controls and technology allows for consistency across laboratory operations.
- 1 Common reagents and QC materials



Reagents and QC materials utilised with the XN-Series can be used on the XN-L Series.

2 Uniform user interface



The XN-L analysers use the same user interface as the XN-Series.

3 Identical core technology and clinical parameters



Enhanced clinical parameters makes the XN-L Series the perfect backup for 24/7 laboratories.

Specifications











XN-550

Principles & Technologies

Fluorescent Flow Cytometry method:

WBC, DIFF

RET, IPF, 2-part differential for body fluid analysis (except XN-330)

Hydrodynamic focusing DC detection method:

PLT-I (Impedance), RBC, HCT

Cyanide-free SLS-haemoglobin method:

HGB

Parameters

28 Parameters

Whole blood / Pre-dilution mode:

WBC, RBC, HGB, HCT, MCV, MCH, MCHC, PLT, RDW-SD, RDW-CV, PDW, MPV, P-LCR, PCT, NEUT#, LYMPH#, MONO#, EO#, BASO#, NEUT%, LYMPH%, MONO%, EO%, BASO%, IG#, IG%, MicroR, MacroR

Optional Parameters (Except XN-330)

14 RET & IPF Parameters

RET#, RET%, IRF, LFR, MFR, HFR, RET-He, PLT-O, IPF#, IPF, RBC-He, Delta-He, HYPO-He, HYPER-He

7 Body Fluids Parameters

Body Fluid mode

WBC-BF, RBC-BF, MN#, PMN#, MN%, PMN%, TC-BF#

Throughput

up to 60 samples/hour

CBC + DIFF:

up to 60 samples/hour

CBC: up to 70 samples/hour

CBC + DIFF: up to 70 samples/hour

CBC + DIFF + RET: up to 35 samples/hour

Body fluid mode: up to 30 samples/hour

Sample **Aspiration Volume**

Whole blood mode: 25 µl

Whole blood / Low WBC mode: $25 \,\mu l$

Pre-dilution mode: 70 µl Pre-dilution mode: 70 µl

Body fluid mode: 70 µl

Data Storage

Results: 100,000 samples

Patient information: 10,000 records

QC files: 99 files / analyser QC plots: 300 plots / file

Reagent replacement history: 5,000 records

Maintenance history: 5,000 records

Dimensions and Weight

Width: 450 mm Depth: 460 mm

Height: 510 mm Approx. 35 kg

Width: 450 mm Depth: 460 mm Height: 510 mm Approx. 35 kg

Width: 450 mm Depth: 460 mm Height: 440 mm Approx. 35 kg

Width: 450 mm Depth: 660 mm Height: 450 mm Approx. 53 kg

Monitor

Width: 267 mm Depth: 205 mm Height: 240 mm Approx. 3 kg

References: -

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- 7. Sakuragi M, Hayashi S, Maruyama M, Kabutomori O, Kiyokawa T, Nagamine K, et al. Clinical significance of IPF% or RP% measurement in distinguishing primary immune thrombocytopenia from aplastic thrombocytopenic disorders. Int J Hematol. 2015;101(4):369-75.
- 8. van der Linden N, Klinkenberg LJJ, Meex SJR, Beckers EAM, de Wit NCJ, Prinzen L. Immature platelet fraction measured on the Sysmex XN hemocytometer predicts thrombopoietic recovery after autologous stem cell transplantation. Eur J Haematol. 2014;93(2):150-6.



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