

TEG[®] 5000

Hemostasis analyzer system

Providing fast, actionable results to help you
reduce risks, complications and costs



Get the whole picture[™] with TEG

The logo for the TEG 5000 hemostasis analyzer system. It features the word "TEG" in a bold, white, sans-serif font, followed by a registered trademark symbol (®) and the number "5000" in a smaller, white, sans-serif font. The background of the top half of the page is a solid red color with a faint, white grid pattern and a white line graph showing a curve that starts high on the left and drops sharply to the right, leveling off.

Hemostasis analyzer system

For more than forty years, hospitals have been turning to Haemonetics to help reduce the risk, complications and costs associated with blood product transfusions.

Since integrating Haemoscope and the TEG system into the Haemonetics family in 2008, we have continually and increasingly invested in the clinical science and technology.

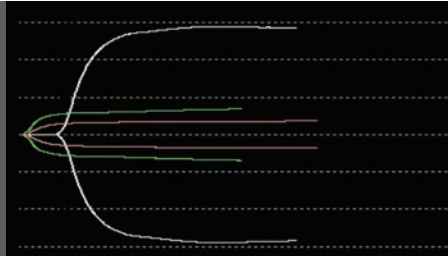
To help reduce costs and provide greater confidence in patient care decisions, Get the whole picture™ with TEG.

Hemostasis and the need for improved assessment

Hemostasis is a natural, regulated process within the coagulation continuum. A balanced system is said to be one that provides hemostasis in the right place, in the right size, at the right time. Effective hemostasis management requires that physicians have the most complete information to make decisions on how to best maintain a patient's coagulation equilibrium.



Designed to provide a complete analysis



Traditional coagulation testing is limited

Routine coagulation tests are often used as a starting place when investigating the cause of bleeding although they were not designed for this purpose.

They indicate the time of fibrin formation through either the intrinsic or extrinsic pathways of the coagulation cascade. In short, they provide only a snap shot of pieces of the entire coagulation process. While standard tests like PT, PTT, and platelet count have limited capacity to reveal a patient's risk for bleeding, they

don't provide information on the patient's risk for thrombosis. Nor do these routine tests provide specific data about clot quality or stability.

The TEG hemostasis analyzer system is designed to provide a complete analysis to help determine the right blood product or therapy at the right time to manage a patient's risk for hemorrhage or thrombosis.

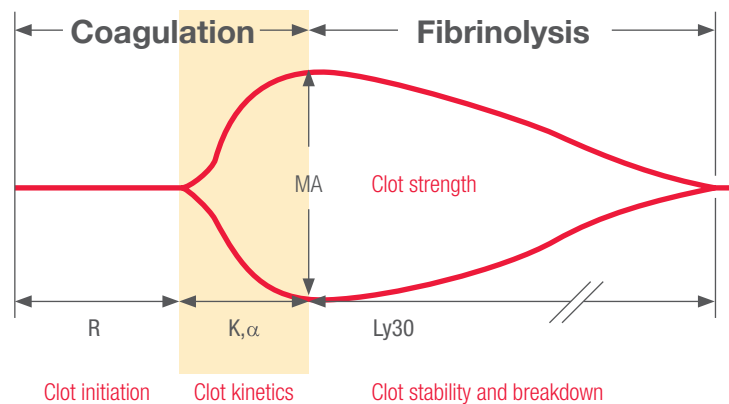
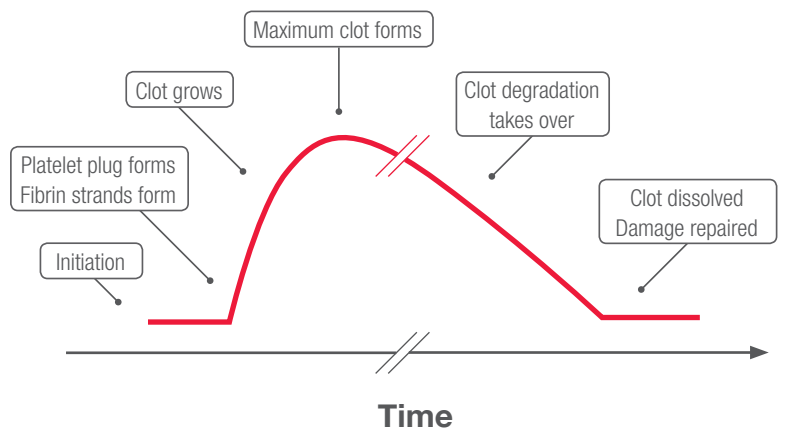
The objectives of the TEG[®] system in the clinical setting are to:

- Express the function of and identify dysfunction in the patient's hemostasis system
- Reduce the use of unnecessary blood products and reduce thrombotic complications
- Distinguish between anatomical (surgical) and coagulopathic bleeding
- Differentiate primary from secondary fibrinolysis, including the consumptive phase
- Provide a personalized platelet function and inhibition assessment for patients on anti-platelet medication



The TEG system:

- Assesses the entire clotting process
- Continually monitors coagulation
- Generates parameters that relate to each phase in real time



TEG[®] system tests available

Test	Description	Specimen Type(s)
Kaolin TEG	An intrinsic pathway activated assay. This thrombin generated tracing identifies underlying hemostatic characteristics and risk of bleeding or thrombosis.	Citrated whole blood or Non-citrated whole blood
Kaolin TEG with Heparinase	Eliminates the effect of heparin in the test sample. Used in conjunction with standard Kaolin TEG, assesses the presence of systemic heparin or heparinoids.	Citrated whole blood or Non-citrated whole blood
RapidTEG[™]	An intrinsic and extrinsic pathway activated assay speeds the coagulation process to more rapidly assess coagulation properties.	Citrated whole blood or Non-citrated whole blood
TEG Functional Fibrinogen	An extrinsic pathway activated assay uses a potent GPIIb/IIIa platelet inhibitor to restrict platelet function to isolate fibrin contribution to clot strength. Used in conjunction with Kaolin TEG can assess relative contribution of platelets and fibrin to overall clot strength.	Citrated whole blood or Non-citrated whole blood
TEG PlateletMapping[®]	Includes a thrombin generated tracing and platelet receptor specific tracing(s) (ADP/AA). Identifies the level of platelet inhibition and aggregation using the patient's underlying hemostatic potential from the Kaolin TEG as the control.	Citrated whole blood and Heparinized whole blood



The most important thing is the quality of care we give to the patient, and the patient outcome. And the TEG instrument helps us to determine what's the best course of care for each patient.”

Susan Shapiro, MD

Director of Clinical Laboratories and Transfusion Service
ProMedica Healthcare

Why Haemonetics and the TEG[®] hemostasis analyzer system

A proven and trusted hemostasis analyzer system

- With more than a decade of clinical experience in the U.S. and over 4,000 peer-reviewed articles published, the clinical and economic value of TEG is well-established making it the viscoelastic analyzer of choice in over 600 hospitals nationwide.

Rapid access to actionable results

- Only TEG can display the results in real-time to any computer station in the hospital (e.g., operating rooms, trauma bay, floors, ICU, lab, etc.) via TEG RemoteViewing™ software.
- Clotting data can be presented in seconds or minutes depending on which assay is run.
- The TEG system can also overlay serial tracings while tests are running. This allows clinicians to simultaneously view current and past results which can be important for trending the patient's hemostasis.



A wealth of information

- With one kaolin reagent TEG can assess the patient's global hemostasis qualities – clot formation, kinetics, strength and breakdown – and identify whether prolonged initial clot formation is due to heparin or factor deficiency. Additional assays like Functional Fibrinogen and PlateletMapping[®] can further characterize hemostatic challenges for patients.
- Only the RapidTEG™ assay activates both the intrinsic and extrinsic pathways for even faster results.
- Both Kaolin and RapidTEG are included in the new ACS Trauma guidelines and are integral parts of published algorithms from leading institutions.

Highly sensitive

- TEG was designed to optimize sensitivity in order to assess hemostatic challenges in the presence of low molecular weight heparin (LMWH), direct thrombin inhibitors and Anti Xa agents.
- Unique, comprehensive platelet function assessment with the PlateletMapping assay.
- Standard viscoelastic hemostasis tests are limited in their ability to identify platelet inhibition. TEG is the only coagulation analyzer system that has the PlateletMapping assay to better assess platelet function. There are many different causes for platelet inhibition: pharmaceutical, dietary, genetic, and pathological. TEG PlateletMapping can identify platelet receptor-specific inhibition relative to a patient's baseline and underlying platelet function to help assess risk and personalize therapy.

Setting the standard in clinical education and product support

- Haemonetics takes a hands-on approach both during implementation and with ongoing clinical support. There will be a team accessible at all times (Field Service Engineer, Implementation Specialist, Hemostasis Consultant, Clinical Specialist) to help with installation, validation, operator training and clinical interpretation training. At Haemonetics we pride ourselves on helping our customers not only during initial purchase but also through providing ongoing support as necessary.

TEG and Haemonetics — pioneers of the past, building towards the future

The market and clinical application of viscoelastic analyzer systems were pioneered by Haemonetics through its legacy division, Haemoscope. Since acquiring the TEG business in 2008, we have continued to make significant investments in clinical research and innovation to advance the science and technology to improve the management of patients with or at risk of coagulopathies.



Specimen flexibility

- TEG assays are compatible with both Citrated and Non-Citrated whole blood samples.
- Non-citrated whole blood allows for immediate processing of a syringe-drawn sample without added expense and transfer time.
- Citrated samples (blue top tube) prevent clotting to delay testing for up to 2 hours. Citrate is easily reversed by calcium chloride.

Focus on quality

- We can work with you and your facility to ensure your TEG instruments provide high diagnostic confidence day in and day out. Our team of dedicated TEG Field Service Engineers can provide regular preventive maintenance and fast, on-site repairs if needed.
- The recommended QC interval for TEG instruments used in patient care is once daily.* All viscoelastic hemostasis analyzer systems are classified as moderately complex devices and qualify for CLIA EQC Option 2 that is being replaced, however, by a new CLIA policy for Individual Quality Control Plans (IQCP). Haemonetics is ready to assist Laboratory Managers in developing an IQCP for the TEG 5000 based on the ISO 14971 Hazard Analysis, incorporating up to a once weekly external QC regimen.

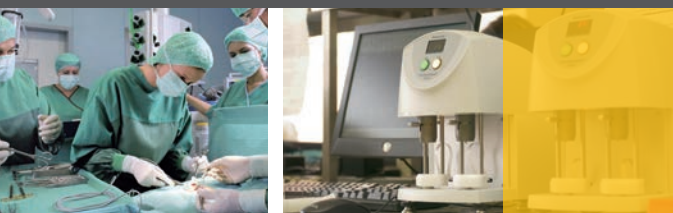
*Please consult your institutional policies and procedures.

Ordering Information

Description	Item Code
TEG® Hemostasis Analyzer, Model 5000 (analyzer only)	07-022
Installation Kit	07-047
TEG Analytical Software (remote version)	07-031
Platinum Service:	Platinum
• Unlimited technical assistance	
• Two preventive maintenance inspections	
• On-site emergency calls	
Reagents and Supplies:	
• Plain cups and pins (box/20)	6211
• Heparinase cups and pins (box/20)	6212
• Kaolin (box/25)	6300
• RapidTEG™ assay (box/14)	07-032
• Functional Fibrinogen reagent (box/15)	07-034
• PlateletMapping® Full Assay Kit (ea)	07-014

To contact Customer Service...

Phone: 800.537.2802, Opt 3 ■ Fax: 800.860.1512
Email: customerservicena@haemonetics.com



Get the whole picture™ with TEG



Rx Only

Results from the TEG analyzer should not be the sole basis for a patient diagnosis.
Please consult the TEG Operator's Manual and/or Package Insert for complete information.

The opinion expressed in the quote provided is solely that of the individual quoted. Individual results may vary.
Susan Shapiro MD was compensated for her time for the material used in the production of this piece on April 26, 2011.

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