



ELECTROLYTE ANALYZER

EAGLENOS Co., Ltd.

■ Electrolyte Analyzer

Maintenance-free: No fluid pipe inside the device, no reagent pack required

Easy to use: Convenient bedside testing with whole blood

 Fast, Lab-quality results: Provides accurate results in approximately 5 minutes, auto-calibration before each test

Portable: Size: 240 × 120 × 110 mm
Weight: 1.5 ± 0.2 kg (including battery)

 Including ionized magnesium (iMg²⁺):Used for hypomagnesemia and hypermagnesemia monitoring





Electrolyte Cartridge

- ◆ "5 in 1" cartridge: Concurrently tests 5 parameters: K⁺, Na⁺, Cl⁻, iCa²⁺ and iMg²⁺, addressing more comprehensive clinical needs
- No risk of sample contamination: Dry chemistry method, single-use cartridge eliminates the risk of contamination

Parameters











Potassium (K⁺):Even small changes in extracellular K⁺ concentration will have significant effects on the transmembrane potential gradient, and thereby the function of neuromuscular and cardiac tissues. ^[1]

Sodium (Na⁺): As the most abundant extracellular fluid solute, Na⁺ is the major determinant of its osmolality and thereby the principal determinant of water distribution between the intracellular and extracellular compartments. ^[2] This highlights the role of Na⁺ in the maintenance of blood volume and thereby blood pressure.

Chloride (Cl⁻): As the second most abundant extracellular fluid ion after Na⁺, and the most abundant extracellular fluid anion, Cl⁻ is essential for the maintenance of normal plasma osmolarity.^[3]

lonized Calcium (iCa²⁺): The maintenance of iCa²⁺ within normal limits is not only important for the structural integrity of bones but for a range of physiological functions, including: hemostasis, cardiac and skeletal muscle cell contraction, neuromuscular transmission and action of many hormones (calcium-signaling).^[4]

lonized magnesium (iMg²⁺):iMg²⁺ relates to the stabilization of intracellular potassium, which ensures the normal functionality of myocardium, nerve and muscle.

Performance

Parameter	Accuracy	Precision	Stability	Test Range (mmol/L)
K ⁺	±3.0%	≤1.5%	≤2.0%	1.0-15.0
Na ⁺	±3.0%	≤1.5%	≤2.0%	100-200
Cl-	±3.0%	≤1.5%	≤2.0%	65-160
iCa ²⁺	\pm 5.0% or \pm 0.05 mmol/L	≤1.5%	≤3.0%	0.25-4.00
iMg ²⁺	\pm 5.0% or \pm 0.05 mmol/L	≤3.0%	≤3.0%	0.2-1.5

*Study conducted in 2020. Data on file, Eaglenos Co., Ltd.

y = 0.9251x + 7.8213 $R^2 = 0.956$

120.00

EAGLENOS Electrolyte Analyzer(mmol/L)

160.00

140.0

130.0

120.0

110.0

100.0

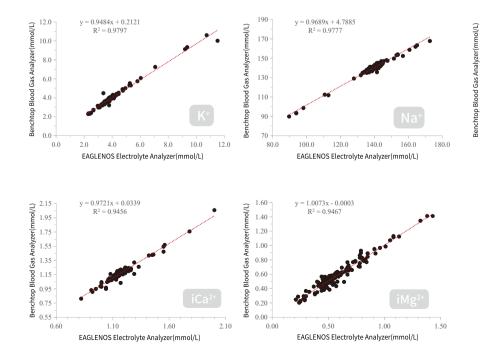
90.0

80.00

Accuracy Comparison

The accuracy of Eaglenos Electrolyte Analyzer has been validated by comparing with the wet chemistry blood gas biochemical analyzer(using 136 sets of samples). The linear regression analysis shows a strong positive, linear relationship between the results of the two analyzers ($R^2 > 0.94$ for all parameters), demonstrating the accuracy of our analyzer for testing K^+ , Na^+ , Cl^- , iCa^{2+} and iMg^{2+} concentration.

Correlation with Benchtop Blood Gas Analyzer



Applications



Emergency Department Monitoring of electrolytes in critically ill patients with poisoning, coma and convulsions



Monitoring of electrolytes in critically ill patients



Surgery Monitoring of electrolytes during operation



Anesthesiology Department Monitoring of electrolytes during surgical anesthesia (preoperative, intraoperative and postoperative)



Dermatology Department Monitoring of electrolytes in patients with severe trauma, burn and scald



Gastroenterology Department Monitoring of electrolytes in patients with diarrhea and vomiting accompanied by coma



Nephrology Department Monitoring of electrolytes for patients in dialysis ward



Primary Medical Institution Electrolytes test

How to Use



Step 1: Scan the barcode on the cartridge pouch and take out the cartridge from its pouch



Step 2: Fill the inlet with sample to the fill mark and slide the cap to seal the inlet



Step 3: Insert the cartridge into the analyzer until it clicks. Wait for the results

For in vitro diagnosis only.

If you need to know the intended use of the product, precautions and contraindications, please refer to the instructions. This material is intended for academic exchange and training of professionals only.

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References

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[4]Ramasamy I. Recent advances in physiological calcium homeostasis. Clin Chem Lab Med 2006; 44: 237-73.