# TEG® 5000

# Haemostasis analyser system

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

## Get the whole picture™ with TEG

HAEMONETICS®

# TEG® 5000
# Haemostasis analyser system

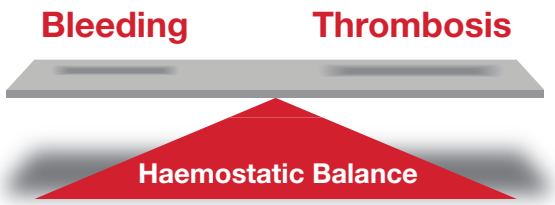
For more than forty years, hospitals have been turning to Haemonetics to help reduce the risk, complications and costs associated with blood product transfusions.

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.

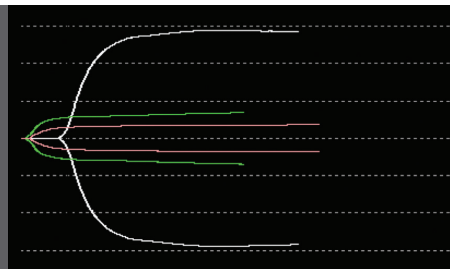
To help reduce costs and provide greater confidence in patient care decisions, Get the whole picture™ with TEG.

## Haemostasis and the need for improved assessment

Haemostasis is a natural, regulated process within the coagulation continuum. A balanced system is said to be one that provides haemostasis in the right place, in the right size, at the right time. Effective haemostasis 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



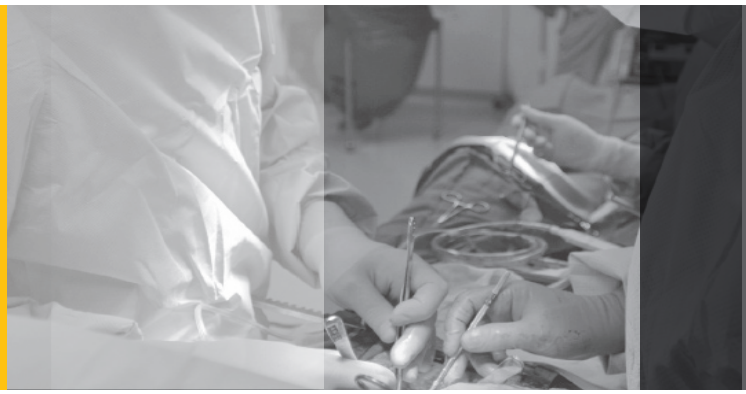
## Traditional coagulation testing is limited

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 haemostasis analyser 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 haemorrhage or thrombosis.

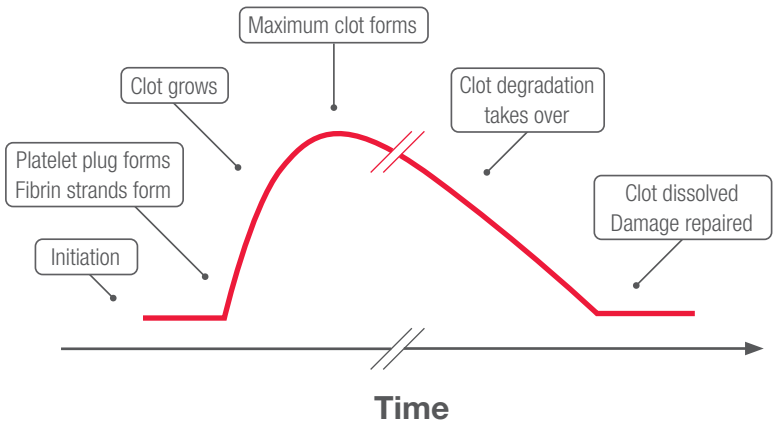
## The objectives of the TEG® system in the clinical setting are to:

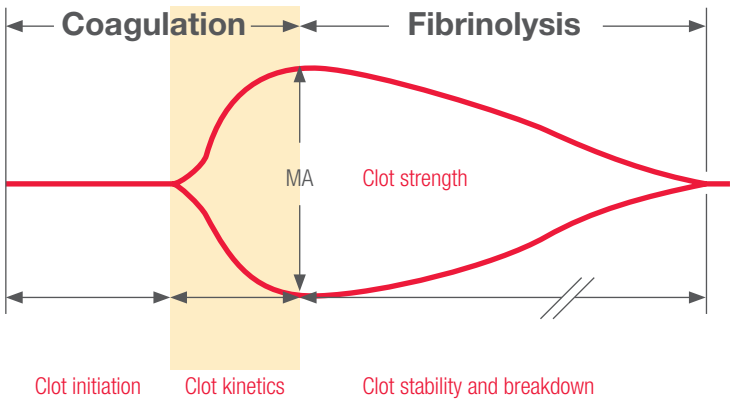
- Express the function of and identify dysfunction in the patient's haemostasis system
- Reduce the use of unnecessary blood products and reduce thrombotic complications
- Distinguish between anatomical (surgical) and coagulopathic bleeding
- Differentiate primary from secondary fibrinolysis, including the consumptive phase
- Provide a personalised 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 haemostatic 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 haemostatic potential from the Kaolin TEG as the control. | Citrated whole blood and Heparinised 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® haemostasis analyser system

### A proven and trusted haemostasis analyser 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 analyser of choice in over 1,000 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 haemostasis.

### A wealth of information

- With one kaolin reagent TEG can assess the patient's global haemostasis 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 characterise haemostatic 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 optimise sensitivity in order to assess haemostatic 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 haemostasis tests are limited in their ability to identify platelet inhibition. TEG is the only coagulation analyser 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 personalise 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, Haemostasis 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 analyser 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 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.

### Clinical and cost effectiveness

- Viscoelastometric testing is recommended by NICE to monitor blood clotting during and after heart surgery:
  - Improved clinical management of patients who are bleeding
  - Reduced transfusion-related complications
  - Improved management of blood and blood components
  - Cost savings due to reduced use of blood and blood components.*

*Source: NICE diagnostics guidance DG 13, 2014

## Ordering Information

| Description | Item Code |
|---|---|
| TEG® Haemostasis Analyser*, Model 5000 (analyser only) | 07-033 |
| 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) | 07-052 |
| • Heparinase cups and pins (box/20) | 07-006 |
| • Kaolin (box/25) | 07-004 |
| • RapidTEG™ assay (box/14) | 07-032 |
| • Functional Fibrinogen reagent (box/15) | 07-034 |
| • PlateletMapping® Full Assay Kit (ea) | 07-014 |

* Item not available for sale (End of Life in process)


**France**
0800.90.11.58

**Germany**
0800.180.8890

**Italy**
800.870.200

**Switzerland**
0800.898.898

**United Kingdom**
0808.234.4817


# Get the whole picture™ with TEG

Results from the TEG analyser 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.