

50 Tests per kit—Catalog No. 342413 50 Tests per kit with BD Trucount™ Tubes—Catalog No. 342444

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## 1. INTENDED USE

BD Tritest™ CD3/CD4/CD45 reagent with optional BD Trucount™ Tubes is a three-color direct immunofluorescence reagent for use with a BD FACSLyric™ flow cytometer to identify and determine the percentages and absolute counts of T cells, as well as the CD4 subpopulation of T cells, in peripheral blood.

BD Tritest™ CD3/CD4/CD45 reagent and BD Trucount™ Tubes can be used with the BD FACS™ Universal Loader.

# **Clinical Applications**

Determining percentages or absolute counts of CD3<sup>+</sup>CD4<sup>+</sup> T lymphocytes is used in monitoring human immunodeficiency virus (HIV)-infected individuals. Individuals with HIV typically exhibit a steady decrease of CD3<sup>+</sup>CD4<sup>+</sup> T-lymphocyte absolute counts as the infection progresses.<sup>1</sup>

Determining percentages or absolute counts of CD3<sup>+</sup> and CD3<sup>+</sup>CD4<sup>+</sup> T lymphocytes is used to characterize or monitor some forms of immune deficiency and autoimmune diseases.<sup>1,2</sup>

#### 2. SUMMARY OF THE TEST

Human peripheral blood contains three types of lymphocytes: T, B, and NK lymphocytes. They have distinct biologic functions and can be identified by differences in their cell-surface antigen expression.

Subsets of antigen-specific T and B lymphocytes have different roles in the adaptive immune response. Helper/inducer T lymphocytes secrete cytokines that help regulate the activity of other T lymphocytes as well as B lymphocytes.<sup>3</sup>

BD Tritest™ CD3/CD4/CD45 with BD Trucount™ Tubes is a quantitative assay intended for use by laboratory professionals to identify and enumerate the following T-lymphocyte subset populations:

- CD3<sup>+</sup> T lymphocytes
- CD3<sup>+</sup>CD4<sup>+</sup> helper/inducer T lymphocytes

The sample acquisition can be automated using the optional BD FACS™ Universal Loader when used with the BD FACSLyric™ flow cytometer. This assay is not for automated sample preparation. Data analysis can be performed using a pre-defined template and automated gating, which can be manually adjusted by the user, if needed.

# Principle of Operation

The BD Tritest™ CD3/CD4/CD45 reagent is composed of three monoclonal antibodies, each conjugated to a specific fluorochrome. The reagent is added to peripheral blood and incubated, allowing each monoclonal antibody in the reagent to bind to a specific antigen on the surface of the cells. After incubation, BD FACS™ Lysing Solution is added to lyse the red blood cells in the sample. Cells are acquired on the BD FACSLyric™ flow cytometer using BD FACSuite™ Clinical application. During acquisition, the cells travel past the laser beam and scatter the laser light. The stained cells fluoresce. These scatter and fluorescence signals, detected by the instrument, provide information about the cell's size, internal complexity, and relative fluorescence intensity. BD Tritest™ reagents employ fluorescence triggering, allowing direct fluorescence gating of the lymphocyte population to reduce contamination of unlysed or nucleated red blood cells in the gate. BD FACSuite™ Clinical application and the BD Tritest™ assay module are used to analyze the data and report the result.

When determining absolute cell counts, expressed as the number of cells/µL, a precise volume of specimen and the BD Tritest™ CD3/CD4/CD45 reagent are added to a BD Trucount™ Tube. The BD Trucount™ Tube contains a lyophilized pellet of fluorescent beads. During incubation of the reagent and the specimen, the bead pellet dissolves, releasing a known number of fluorescent beads, which are distinguished from cells by their fluorescence intensity. After lysing red blood cells, the sample is acquired on a BD FACSLyric™ flow cytometer. BD FACSuite™ Clinical application determines the absolute cell counts by comparing cellular events to bead events, and reports the absolute cell counts in the lab report.

For BD FACSLyric<sup>™</sup> flow cytometer principles of operation, see the *BD FACSLyric*<sup>™</sup> System Instructions for Use.

## 3. REAGENT

# Reagent Composition

The reagent contains the following conjugated antibodies:

Clone Fluorochrome Isotype Concentration (µg/mL) Antibody SK7<sup>4,5</sup> CD3 **FITC** IgG<sub>1</sub> κ 2.0 SK3<sup>6,7,8</sup> CD4 PE  $IgG_{1,K}$ 0.2 **CD45** PerCP 2D1 (HLe-1)<sup>9</sup>  $IgG_{1.}\kappa$ 6.25

**Table 1** Reagent composition

CD3 (SK7) recognizes the epsilon chain of the CD3 antigen/T-cell antigen receptor (TCR) complex. <sup>10</sup> The CD3 antigen is present on T lymphocytes and is noncovalently associated with either  $\alpha/\beta$  or  $\gamma/\delta$  TCR. <sup>11</sup> CD3 reacts minimally with other cell populations. <sup>12</sup>

CD4 (SK3) recognizes an antigen that interacts with class II MHC molecules and is the primary receptor for HIV.<sup>13,14</sup> The CD4 antigen is present on helper/inducer T lymphocytes and is present in low density on the cell surface of monocytes and in the cytoplasm of monocytes.<sup>8</sup>

CD45 (2D1) recognizes all isoforms of the leukocyte common antigen (LCA)/T200 family.<sup>15</sup> The CD45 antigen is present on all human leukocytes, including lymphocytes, monocytes, granulocytes, eosinophils, and basophils in peripheral blood.<sup>15</sup> CD45 has been reported to react weakly with mature circulating erythrocytes and platelets.<sup>15,16</sup>

#### **Precautions**

- The reagent should be clear. Do not use the reagent if you observe any change in appearance. Precipitation, cloudiness, or change in color indicates instability or deterioration.
- The antibody reagent contains sodium azide as a preservative. However, take care to avoid microbial contamination, which can cause erroneous results.
- If using BD Trucount™ Tubes, calibrate pipets to deliver exactly 50 µL of sample or perform the reverse pipetting technique (see Reverse Pipetting on page 5). See the pipet manufacturer's instructions for more information.
- Bead count varies by lot of BD Trucount™ Tubes. It is critical to use the bead count shown on the current lot of BD Trucount™ Tubes when entering this value in the software or when manually calculating absolute counts. Do not mix multiple lots of BD Trucount™ Tubes in the same run.
- BD Trucount™ Tubes are designed for use with a specific lyse/no-wash procedure. Do not attempt to threshold on forward scatter (FSC) for data collection.
- Go to regdocs.bd.com/regdocs/sdsSearch to download the Safety Data Sheet.

# Storage and Handling

- Store the reagent at 2–8 °C. Reagent in opened or unopened vials is stable until the expiration date shown on the vial label. Do not use after this expiration date.
- Do not freeze the reagent or expose it to direct light during storage or incubation with cells. Keep the reagent vial dry.
- Store BD Trucount™ Tubes in their original foil pouch at 2–25 °C. To avoid potential condensation, open the pouch only after it has reached room temperature and carefully reseal the pouch immediately after removing a tube. Do not remove the desiccant pack from the pouch. Use tubes within 1 hour after removal from the foil pouch.
- BD Trucount™ Tubes in an unopened pouch are stable until the expiration date shown on the packaging. Do not use tubes after the expiration date.
- Tubes in an opened pouch are stable for 1 month after the date of opening, when stored as directed. Write the date when you first open the pouch in the space provided on the label.

#### 4. INSTRUMENT

The BD FACSLyric™ system is outlined in the following table. See the corresponding reagent or instrument user documentation for details.

**Table 2** BD FACSLyric<sup>™</sup> system

Flow cytometer	Setup beads	Setup software	Analysis software	Assay module
BD FACSLyric™	BD <sup>®</sup> CS&T Beads BD <sup>®</sup> FC Beads 7-Color Kit		BD FACSuite™ Clinical application	BD Tritest™

The BD FACS™ Universal Loader can be used with this product.

#### 5. SPECIMEN COLLECTION AND PREPARATION

 Collect blood specimens aseptically by venipuncture into a BD Vacutainer® EDTA blood collection tube, or equivalent.<sup>17</sup>

BD Tritest™ CD3/CD4/CD45 with BD Trucount™ Tubes has been validated with both liquid and dry formulations of EDTA. The reagent has not been validated by BD Biosciences for use with heparin or acid citrate dextrose (ACD) liquid anticoagulants in determining absolute counts with BD Trucount™ Tubes.

The assay requires 50  $\mu$ L of peripheral blood per test. We recommend starting with a minimum of 100  $\mu$ L of blood to accommodate the excess volume needed to perform reverse pipetting.

- If using the dual platform method, obtain a white blood cell (WBC) count and a differential white cell count from the same whole blood sample before staining to calculate absolute counts from percentages. See Dual Platform Method on page 9.
- Store blood specimens at room temperature (20–25 °C).
- Stain specimens within 48 hours of draw.
- Acquire samples within 24 hours of staining.

**WARNING** All biological specimens and materials coming in contact with them are considered biohazards. Handle as if capable of transmitting infection <sup>18,19</sup> and dispose of with proper precautions in accordance with federal, state, and local regulations. Never pipette by mouth. Wear suitable protective clothing, eyewear, and gloves. Fixation has been reported to inactivate HIV.<sup>20</sup>

## Interference

Substances present in the specimen might interfere with the assay:

- Specimens obtained from patients taking immunosuppressive drugs<sup>21,22,23</sup> or undergoing monoclonal antibody treatment<sup>24,25,26,27,28,29</sup> can yield erroneous results.
- Hemolyzed samples can interfere with the assay and should be rejected.<sup>30</sup> Do not use previously fixed
  and stored patient specimens. Whole blood samples refrigerated before staining can give aberrant
  results.
- Blast cells can interfere with test results.31
- Lipemic specimens can interfere with the assay. 32,33
- Bilirubin interferes at an absorbance peak of 456 nm.34

#### 6. PROCEDURE

# Reagents and Materials

# Reagents and materials provided

BD Tritest $^{\text{TM}}$  CD3/CD4/CD45 is provided in 1 mL of buffered saline with <0.1% sodium azide. The reagent is sufficient for 50 tests.

If calculating absolute counts, use BD Tritest™ CD3/CD4/CD45 with BD Trucount™ Tubes. The reagent comes with two pouches of BD Trucount™ Tubes. Each pouch contains 25 tubes, sufficient for 25 tests. The tubes contain a freeze-dried pellet of fluorescent beads in a single-use tube.

## Reagents and materials required but not provided

BD FACS™ Lysing Solution (Catalog No. 349202)

The lysing solution is provided as a 10X concentrate and it contains diethylene glycol and formaldehyde. See the  $BD\ FACS^m\ Lysing\ Solution$  instructions for use (IFU) for precautions and warnings.

- Disposable 12 × 75-mm capped polystyrene test tubes, or equivalent (if not using BD Trucount™ Tubes)
- Vortex mixer
- Micropipettor with tips
- Bulk dispenser or pipettor (450 μL) for dispensing 1X BD FACS™ Lysing Solution
- BD Multi-Check™ Control (Catalog Nos. 340911, 340912, 340913)
- BD Multi-Check™ CD4 Low Control (Catalog Nos. 340914, 340915, 340916)
- (Optional) BD Trucount™ Controls (Catalog No. 340335)
- (Optional) BD FACS™ Universal Loader

# Diluting BD FACS™ Lysing Solution

Dilute the 10X concentrate 1:10 with room temperature (20–25 °C) deionized water. The prepared solution is stable for 1 month when stored in a glass or high density polyethylene (HDPE) container at room temperature.

# **Reverse Pipetting**

Accurate pipetting is critical when using a BD Trucount<sup>T</sup> Tube. Use the reverse pipetting technique to add the sample to the tube. For reverse pipetting, depress the button to the second stop. Release the button to draw excess sample into the tip. Press the button to the first stop to expel a precise volume of sample, leaving excess sample in the tip.

# **Performing Quality Control**

Run two levels of process control material (for example, BD Multi-Check™ Control and BD Multi-Check™ CD4 Low Control) before acquiring patient specimens. Sontrol materials should provide established values for percent positive and absolute counts for the relevant cell populations. Process the controls like patient specimens to monitor the performance of the entire analytic process. This is done at least once each day when patient testing is performed.

If needed, use BD Trucount™ Controls to verify pipetting accuracy and the bead count value of the BD Trucount™ Tubes.

# Staining the Cells

For each sample, remove a tube and label it with the appropriate sample identification.
 For calculating absolute counts and lymphocyte subset percentages, label a BD Trucount™ Tube. For

calculating lymphocyte subset percentages only, label a  $12 \times 75$ -mm tube.

- **NOTE** For samples stained in BD Trucount<sup> $\mathrm{IM}$ </sup> Tubes, verify that the BD Trucount<sup> $\mathrm{IM}$ </sup> bead pellet is under the metal retainer at the bottom of the tube. If this is not the case, discard the BD Trucount<sup> $\mathrm{IM}$ </sup> Tube and replace it with another. Do not transfer beads to another tube.
- 2. Pipette 20 µL of BD Tritest™ CD3/CD4/CD45 reagent into the bottom of the tube.

  If using a BD Trucount™ Tube, pipette the reagent onto the side of the tube, just above the metal retainer, without touching the bead pellet.
- 3. Pipette 50 µL of well-mixed control material or anticoagulated whole blood onto the side of the tube. If using a BD Trucount™ Tube, pipette the sample onto the side of the tube, just above the metal retainer, without touching the bead pellet.
  - **NOTE** Thoroughly mix the controls before pipetting them. See the *BD Multi-Check*  $^{\text{TM}}$  *Control* or *BD Multi-Check* Control IFU for detailed instructions.
  - **NOTE** Use the reverse pipetting technique to pipette sample onto the side of the tube just above the retainer. See Reverse Pipetting on page 5. Avoid smearing sample down the side of the tube. If whole blood or control material remains on the side of the tube, it will not be stained with the reagent and can affect results.
- 4. Cap the tube and vortex aently to mix.
- 5. Incubate for 15 minutes in the dark at room temperature (20-25 °C).
- 6. Add 450 μL of 1X BD FACS™ Lysing Solution to the tube.
- 7. Cap the tube and vortex gently to mix.
- 8. Incubate for 15 minutes in the dark at room temperature (20–25 °C).

The sample is now ready to be analyzed on the flow cytometer. Acquire the sample within 24 hours of staining. Store the stained sample in the dark at room temperature (20–25 °C) until acquisition.

## **Acquiring the Sample**

## Before you begin:

- 1. Ensure that Characterization QC (CQC) and lyse/no wash reference settings have not expired.
- 2. Add reagent lots to library, if needed.

See the BD FACSLyric™ System Instructions for Use for information.

3. Perform daily Performance QC (PQC) using BD® CS&T Beads.

See the  $BD^{\otimes}$  CS&T Beads IFU and the BD FACSLyric<sup>TM</sup> System Instructions for Use for information.

# To run the assay:

- 1. Create a worklist.
  - Create a Multi-Check™ Control task for each process control you are running.
  - Create an appropriate assay task for each patient specimen you are running.
- 2. Enter information in the worklist table.
  - If not using BD Trucount™ Tubes, enter the WBC count and the percentage of lymphocytes (WBC (x1000) and Lymphs (%), respectively), or the lymphocyte count (Lymphs (x1000)) in the appropriate column.

**NOTE** Divide the WBC count or the lymphocyte count by 1,000 before entering it into the software.

- If using BD Trucount™ Tubes, enter the lot ID for the tubes and the bead count, found on the pouch label, in the appropriate column (Trucount Lot ID and Beads Per Pellet, respectively).
- 3. Run the control tasks on the worklist.
- 4. Vortex each tube thoroughly at low speed immediately before acquiring it.<sup>36</sup>

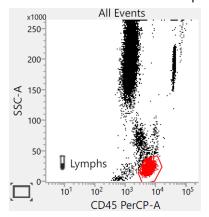
**NOTE** If you are using the BD FACS™ Universal Loader, vortex tubes immediately before placing them into the Loader racks.

5. After acquiring the control samples, click **Stop Tube**.

**NOTE** This assumes that process control passes. Stop it to verify, then continue with samples of interest. If process control fails, restain samples and process controls because you cannot discriminate whether process control failure comes from staining or the instrument.

- 6. Review the lab report for the controls.
- 7. Visually inspect the CD45 PerCP-A vs SSC-A dot plot.

The lymphocyte population should appear as a bright, compact cluster with low SSC. Monocytes and granulocytes should also appear as distinct clusters. Do not proceed with analysis if populations are diffuse and there is little or no separation between clusters.



- 8. Verify that the results are within the values reported in the Assay Values sheet, provided with the controls.
- Set the run pointer to the first patient specimen and select Run from Pointer from the Run menu.
   Before acquiring samples, adjust the threshold to minimize debris and ensure populations of interest are included.
- 10. Review the assay lab report.

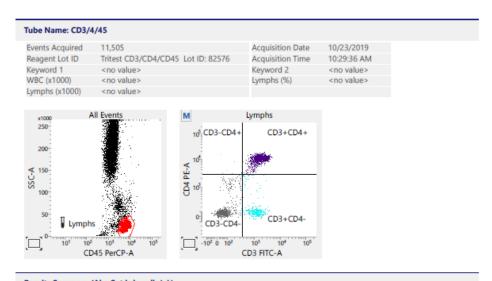
Page 1 of the lab report shows dot plots to identify the cell populations and presents a summary of the results. The lab report shown is for BD Tritest $^{\mathsf{TM}}$  CD3/CD4/CD45 without BD Trucount $^{\mathsf{TM}}$  Tubes.



Sample ID: 313 Sample Name: Case Number:

Acquired Using: Worklist\_002 Cytometer: BD FACSLyric Sample Preparer: Operator: Admin User Approved: Cytometer SN: Z654587P021 Sample Preparer SN: Director: Department: None Entry Status: Ready For Approval

Software: BD FACSuite Clinical v1.4 Institution: None Address:



Results Summary (Abs Cnt is in cells/µL)						
Label	%Lymphs	Value or Abs Cnt				
Lymph Events		2,508				
Lymphs		No Value				
CD3+	66.03	No Value				
CD3+CD4+	49.24	No Value				

Page 2 of the lab report presents any QC messages that were triggered.

Sample ID: 313 Sample Name: Case Number:

Acquired Using: Worklist\_002

Assay: 3/4/45

QC Messages

Showing 0 of 0 QC Messages

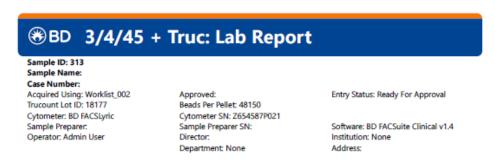
See the BD FACSLyric<sup>T</sup> System Instructions for Use or the BD FACSLyric<sup>T</sup> Clinical Reference System for more information.

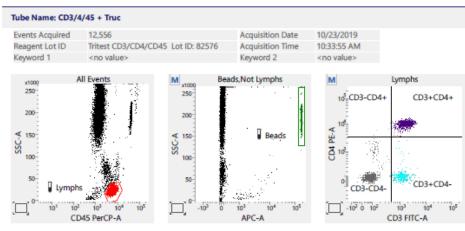
## 7. RESULTS

## Representative Data

A hematologically normal adult sample stained with BD Tritest™ CD3/CD4/CD45 in a BD Trucount™ Tube was acquired on a BD FACSLyric™ flow cytometer. See Figure 1.

Figure 1 BD FACSLyric™ laboratory report showing data collected with BD Trucount™ Tubes.





Results Summary	(Abs Cnt is in ce	lls/µL)
Label	%Lymphs	Value or Abs Cnt
Bead Events		1,405
Lymph Events		2,510
Lymphs		1,720
CD3+	67.69	1,165
CD3+CD4+	50.36	866

For In Vitro Diagnostic Use.

3/4/45 + Truc v1.1 Page 1 of 2 Printed: 10/24/2019 9:40:48 AM

The lymphocyte subsets are identified using the following gating strategy:

**Table 3** Gating strategy for BD Tritest™ CD3/CD4/CD45

Dot plot	Parent population	Gate	Populations identified
CD45 PerCP-A vs SSC-A	All Events	Lymphs	Lymphocytes
APC-A vs SSC-A	Beads, Not Lymphs	Beads	Trucount beads
CD3 FITC-A vs CD4 PE-A	Lymphs	Quadrant	CD3 <sup>-</sup> CD4 <sup>+</sup> CD3 <sup>+</sup> CD4 <sup>-</sup> CD3 <sup>-</sup> CD4 <sup>-</sup>

The second dot plot, used to identify Trucount<sup>™</sup> beads, is present in the 3/4/45 + Truc Lab Report only.

See the *BD FACSLyric™ Clinical Reference System*, which provides information on gating and troubleshooting.

# **Calculating Absolute Counts**

BD FACSuite $^{\text{TM}}$  Clinical application presents results showing positive cells as a percentage of lymphocytes. In addition, the application uses one of two methods to calculate absolute counts of positive cells per microliter of blood (cells/ $\mu$ L).

# Single Platform Method

When BD Trucount™ Tubes are used, the absolute number of positive cells in the sample can be determined by comparing cellular events to bead events. BD FACSuite™ Clinical application calculates absolute counts using the following formula:

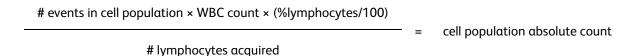
The # beads/test is found on the BD Trucount™ Tubes foil pouch label and varies from lot to lot.

## **Dual Platform Method**

This method is used when using 12 × 75-mm polystyrene tubes (or equivalent) instead of BD Trucount™ Tubes. When creating the worklist, enter values for either the lymphocyte count, or the WBC count and the percentage of lymphocytes, as determined by a hematology analyzer or another method. See the BD FACSLyric™ System Instructions for Use for more information. BD FACSuite™ Clinical application uses one of the following formulas to calculate absolute counts:

User provides lymphocyte count per μL.
 # events in cell population × lymphocyte count per μL
 = cell population absolute count
 # lymphocytes acquired

• User provides WBC count per µL and percentage of lymphocytes.



**NOTE** The accuracy of the absolute counts determined with the Dual Platform Method depends upon the accuracy of the values entered into the software.

#### 8. LIMITATIONS

- Laboratories must establish their own normal reference intervals for the lymphocyte subsets identified using BD Tritest™ CD3/CD4/CD45. Age, gender, clinical characteristics, and ethnicity of patients should be known when a reference interval is determined.<sup>37</sup> The provided reference intervals are for information only.
- BD Tritest™ CD3/CD4/CD45 is not intended for screening samples for the presence of leukemic cells or for immunophenotyping samples from leukemia patients.
- Absolute counts are not comparable between laboratories using different manufacturers' equipment.
- BD Tritest™ CD3/CD4/CD45 with BD Trucount™ Tubes has not been validated by BD Biosciences for use with heparin or acid citrate dextrose (ACD) liquid anticoagulants to determine absolute counts.

## 9. REFERENCE INTERVALS

Reference intervals for BD Tritest<sup>™</sup> CD3/CD4/CD45 with and without BD Trucount<sup>™</sup> Tubes were determined in a study using the BD FACSLyric<sup>™</sup> flow cytometer. Subjects were hematologically normal adults. See the first limitation (in the preceding section) for more information about reference intervals.

Lymphocyte subset	N <sup>α</sup>	Unit	Mean	Lower 2.5 percentile	Upper 97.5 percentile
CD3 <sup>+</sup>	134	%	71.27	55.03	82.25
		cells/μL	1,545.21	827	2,623
CD3 <sup>+</sup> CD4 <sup>+</sup>	134	%	45.87	31.53	62.22
		cells/μL	986.04	480	1,698
a. N = number of samples	•				

**Table 4** Representative reference intervals for BD Tritest™ CD3/CD4/CD45

## 10. PERFORMANCE CHARACTERISTICS

## Specimen Handling and Collection (AOB/AOS)

A study was performed to assess the Age of Blood (AOB) and Age of Stain (AOS) using BD Tritest™ CD3/CD4/CD45 with BD Trucount™ Tubes. The stability of EDTA-anticoagulated blood was evaluated by assessing the combined effect of:

- AOB: Time duration between specimen draw and staining
- AOS: Time duration between staining specimen (end of lysis) and acquiring stained sample

Whole blood specimens were tested up to 75 hours post draw with stained samples tested up to 8 hours post stain, or up to 27 hours post draw with stained samples tested up to 27 hours post stain. All samples were maintained at room temperature (20-25 °C) before staining or acquisition.

Based on the results of this study, we recommend staining samples within 72 hours of draw and analyzing samples within 6 hours of staining; or staining samples within 24 hours of draw and analyzing within 24 hours of staining.

# Method Comparison, BD FACSLyric™ vs BD FACSCalibur™ Flow Cytometer

Whole blood specimens were collected from normal donors and HIV-infected individuals at four sites. Specimens were stained using BD Tritest™ CD3/CD4/CD45 in BD Trucount™ Tubes and acquired on the BD FACSLyric™ flow cytometer using BD FACSuite™ Clinical application. T-lymphocyte subset percentages and absolute counts were analyzed. The results were compared with results from stained specimens analyzed on the BD FACSCalibur™ flow cytometer using BD Multiset™ software v1.1 or later.

Method comparison statistics are reported for all cell subsets.<sup>38</sup> See the following table.

Table 5 Method comparison statistics for lymphocyte subsets

Lymphocyte subset	N	Unit	R <sup>2</sup>	Slope	Intercept	Range
CD3 <sup>+</sup>	284	%	0.99	1.01	-0.35	1.62–92.81
		cells/μL	0.99	1.02	0.43	9–8,590
CD3 <sup>+</sup> CD4 <sup>+</sup>	284	%	1.00	1.02	-0.24	0.17–89.1
		cells/μL	1.00	1.01	-0.11	1–4,883

# Method Comparison, BD FACS™ Universal Loader vs Manual Acquisition

A study was performed at one site to demonstrate equivalency between acquisition using the BD FACS™ Universal Loader and manual acquisition. Peripheral blood specimens were collected from normal donors and HIV-infected individuals and stained using BD Tritest™ CD3/CD4/CD45 in BD Trucount™ Tubes. A total of 106 stained samples were acquired using the BD FACS™ Universal Loader and 76 stained samples were acquired manually.

The mean bias, the lower 95% confidence level (CL) of the mean bias, and the upper 95% CL of the mean bias for acquisition using the BD FACS™ Universal Loader vs manual acquisition were determined for lymphocyte subset percentages and absolute counts.

**Table 6** BD FACS™ Universal Loader vs manual acquisition

Lymphocyte subset	Unit	Mean (automated acquisition)	Mean % bias	Lower 95% CL of mean % bias	Upper 95% CL of mean % bias
CD3 <sup>+</sup>	cells/μL	1,673.3	3.1	1.5	4.8
	%	73.6	0.3	-0.1	0.7
CD3 <sup>+</sup> CD4 <sup>+</sup>	cells/μL	739.6	3.4	1.5	5.4
	%	31.4	0.6	-0.7	1.9

# Precision (Repeatability), Control Material

An 11-day single-site precision study was performed to assess repeatability and within-site precision using control material. Estimates of precision for the enumeration of T-lymphocyte subset percentages and absolute counts were determined across four BD FACSLyric™ flow cytometers and four operators by acquiring two concentrations of analyte, CD-Chex Plus® control (CDN) and CD-Chex Plus® CD4 Low control (CDL), stained in duplicate with three lots of BD Tritest™ CD3/CD4/CD45. Two separate runs were analyzed during each of the 11 tested days.

The following tables present the standard deviation (SD) or coefficient of variation (CV) for within-site precision and repeatability of T-lymphocyte subset percentages and absolute counts, respectively.

**Table 7** Repeatability and within-site precision of lymphocyte subset percentages in normal analyte concentration (CDN)

Lymphocyte subset	Mean (%)	Repeatability (SD)	Within-site precision (SD)
CD3 <sup>+</sup>	78.22	0.96	0.97
CD3 <sup>+</sup> CD4 <sup>+</sup>	51.22	1.12	1.14

**Table 8** Repeatability and within-site precision of lymphocyte subset percentages in low analyte concentration (CDL)

Lymphocyte subset	Mean (%)	Repeatability (SD)	Within-site precision (SD)
CD3 <sup>+</sup>	61.18	1.07	1.07
CD3 <sup>+</sup> CD4 <sup>+</sup>	13.35	0.66	0.68

**Table 9** Repeatability and within-site precision of lymphocyte subset absolute counts in normal analyte concentration (CDN)

Lymphocyte subset	Meαn (cells/μL)	Repeatability (%CV)	Within-site precision (%CV)
CD3 <sup>+</sup>	1,614.59	5.39	6.22
CD3 <sup>+</sup> CD4 <sup>+</sup>	1,057.21	5.67	6.46

**Table 10** Repeatability and within-site precision of lymphocyte subset absolute counts in low analyte concentration (CDL)

Lymphocyte subset	Meαn (cells/μL)	Repeatability (%CV)	Within-site precision (%CV)
CD3 <sup>+</sup>	835.57	4.70	5.18
CD3 <sup>+</sup> CD4 <sup>+</sup>	182.37	6.58	7.30

# Precision (Reproducibility), Control Material

A study was performed at three sites to assess reproducibility of BD Tritest™ CD3/CD4/CD45. A single lot of each control material, CD-Chex Plus® control and CD-Chex Plus® CD4 Low control, was provided to each of the sites. For each type of control material, three replicates were stained using BD Tritest™ CD3/CD4/CD45. Two separate runs were analyzed during each of 5 nonconsecutive tested days.

The following tables present the standard deviation (SD) or coefficient of variation (%CV) for reproducibility of lymphocyte subset percentages and absolute counts, respectively.

**Table 11** Reproducibility of lymphocyte subset percentages in normal analyte concentration (CDN)

Lymphocyte subset	Mean (%)	SD
CD3 <sup>+</sup>	76.55	0.85
CD3 <sup>+</sup> CD4 <sup>+</sup>	51.74	0.95

**Table 12** Reproducibility of lymphocyte subset percentages in low analyte concentration (CDL)

Lymphocyte subset	Mean (%)	SD
CD3 <sup>+</sup>	57.29	1.24
CD3 <sup>+</sup> CD4 <sup>+</sup>	12.11	0.74

**Table 13** Reproducibility of lymphocyte subset absolute counts in normal analyte concentration (CDN)

Lymphocyte subset	Meαn (cells/μL)	%CV
CD3 <sup>+</sup>	1,727.00	5.02
CD3 <sup>+</sup> CD4 <sup>+</sup>	1,167.06	4.91

**Table 14** Reproducibility of lymphocyte subset absolute counts in low analyte concentration (CDL)

Lymphocyte subset	Meαn (cells/μL)	%CV
CD3 <sup>+</sup>	874.76	5.29
CD3 <sup>+</sup> CD4 <sup>+</sup>	184.88	7.32

## Limit of Blank and Limit of Detection

The detection capability of BD Tritest™ CD3/CD4/CD45 on the BD FACSLyric™ flow cytometer was assessed at one site. Limit of Blank (LOB) refers to the highest apparent absolute count values that can be detected in a stained sample containing no lymphocytes. Limit of Detection (LOD) refers to the lowest absolute count values that can be detected above zero in a stained sample containing a very low CD3<sup>+</sup>CD4<sup>+</sup> lymphocyte concentration.

Cell-free plasma samples were used to estimate LOB. Cell-free plasma samples reconstituted with peripheral blood mononuclear cells (PBMC) to a concentration of  $10 \pm 5 \, \text{CD3}^{\dagger} \text{CD4}^{\dagger}$  cells/ $\mu\text{L}$  were used to estimate LOD. Fifteen replicates were evaluated for each of three reagent lots across 4 days. Three BD FACSLyric<sup>TM</sup> flow cytometers were used. Absolute count values for LOB and LOD are shown in the following table.

Table 15 Detection capability of BD Tritest™ CD3/CD4/CD45 (LOB and LOD)

Lymphocyte subset	LOB (cells/μL)	LOD (cells/μL)
CD3 <sup>+</sup>	8	10
CD3 <sup>+</sup> CD4 <sup>+</sup>	0	2

## Limit of Quantitation

The limit of quantitation (LOQ) of BD Tritest<sup>TM</sup> CD3/CD4/CD45 on the BD FACSLyric<sup>TM</sup> flow cytometer was assessed at one site. LOQ refers to the lowest lymphocyte absolute count values that can be quantitatively detected with stated accuracy in samples containing a range of very low CD3 $^{+}$ CD4 $^{+}$  concentrations.

Cell-free plasma samples reconstituted with peripheral blood mononuclear cells (PBMC) to a final concentration of 10, 20, 30, and 50 CD3<sup>+</sup>CD4<sup>+</sup> cells/µL were used to estimate LOQ. Forty replicates of samples from each of the four concentration ranges were evaluated using two lots of BD Tritest™ CD3/CD4/CD45. Three BD FACSLyric™ flow cytometers and one BD FACSCalibur™ flow cytometer were used in the study. Absolute count values for LOQ are shown in the following table.

Table 16 Detection capability of BD Tritest™ CD3/CD4/CD45 (LOB and LOD)

Lymphocyte subset	LOQ (cells/μL)
CD3 <sup>+</sup>	17
CD3 <sup>+</sup> CD4 <sup>+</sup>	11

# Linearity

The linear ranges of BD Tritest™ CD3/CD4/CD45 were assessed using triplicate measurements of 11 equally spaced concentrations of WBCs. Linearity was evaluated using four lots of the reagents and four BD FACSLyric™ flow cytometers. Lymphocyte subsets were observed to be linear across the following ranges. See the following table.

**Table 17** Linear ranges of lymphocyte subsets

Lymphocyte subset	Rαnge (cells/μL)
CD3 <sup>+</sup>	6–4,948
CD3 <sup>+</sup> CD4 <sup>+</sup>	4–2,788

## Measuring Range

Data from the LOQ study and from the method comparison study between the BD FACSLyric™ and the BD FACSCalibur™ flow cytometers was used to establish the measuring range of BD Tritest™ CD3/CD4/CD45. The lower end of the range was defined by the LOQ study, and the upper end of the range was supported by data from the method comparison study. See the following table.

**Table 18** Measuring range of BD Tritest™ CD3/CD4/CD45

Lymphocyte subset	Rαnge (cells/μL)
CD3 <sup>+</sup>	17–5,000
CD3 <sup>+</sup> CD4 <sup>+</sup>	11–3,000

## 11. TROUBLESHOOTING

Problem	Possible Cause	Solution
Poor resolution between debris and lymphocytes.	Cell interaction with other cells and platelets.	Prepare and stain another sample.
	Rough handling during cell preparation.	Check cell viability. Centrifuge cells at lower speed.
	Inappropriate instrument settings.	Follow proper instrument setup procedures. Optimize instrument settings as required.
Staining dim or fading.	Cell concentration too high at staining step.	Check and adjust cell concentration or sample volume. Stain with fresh sample.
	Insufficient reagent.	Repeat staining with increased amount of antibody.
	Cells not analyzed within 24 hours of staining.	Repeat staining with fresh sample. Analyze promptly.
Few or no cells.	Cell concentration too low.	Resuspend fresh sample at a higher concentration. Repeat staining and analysis.
	Cytometer malfunctioning.	Troubleshoot instrument.

#### REFERENCES

- 1. Cossarizza A, De Biasi S, Gibellini L, et al. Cytometry, immunology, and HIV infection: three decades of strong interactions. *Cytometry. Part A: the Journal of the International Society for Analytical Cytology.* 2013;83(8):680-691.
- 2. Hanson IC, Shearer WT. Ruling out HIV infection when testing for severe combined immunodeficiency and other T-cell deficiencies. *J Allergy Clin Immunol.* 2012;129(3):875-876.e875.
- 3. Rich RR, Chaplin DD. The Human Immune Response. In: Rich RR, Fleischer TA, Shearer WT, Schroeder HW, Frew AJ, Weyand CM, eds. *Clinical Immunology (Fifth Edition)*. London: Content Repository Only; 2019:3-17.e11.
- 4. Haynes BF. Summary of T-cell studies performed during the Second International Workshop and Conference on Human Leukocyte Differentiation Antigens. In: Reinherz EL, Haynes BF, Nadler LM, Bernstein ID, eds. *Leukocyte Typing II: Human T Lymphocytes*. Vol 1. New York, NY: Springer-Verlag; 1986:3-30.
- 5. Knowles RW. Immunochemical analysis of the T-cell-specific antigens. In: Reinherz EL, Haynes BF, Nadler LM, Bernstein ID, eds. *Leukocyte Typing II: Human T Lymphocytes*. Vol 1. New York, NY: Springer-Verlag; 1986:259-288.
- 6. Bernard A, Boumsell L, Hill C. Joint report of the First International Workshop on Human Leucocyte Differentiation Antigens by the investigators of the participating laboratories: T2 protocol. In: Bernard A, Boumsell L, Dausset J, Milstein C, Schlossman SF, eds. *Leucocyte Typing*. New York, NY: Springer-Verlag; 1984:25-60.

- Evans RL, Wall DW, Platsoucas CD, et al. Thymus-dependent membrane antigens in man: inhibition of cell-mediated lympholysis by monoclonal antibodies to T<sub>H2</sub> antigen. *Proc Natl Acad Sci USA*. 1981;78:544-548.
- 8. Wood GS, Warner NL, Warnke RA. Anti-Leu-3/T4 antibodies react with cells of monocyte/macrophage and Langerhans lineage. *J Immunol.* 1983;131:212-216.
- 9. Cobbold SP, Hale G, Waldmann H. Non-lineage, LFA-1 family, and leucocyte common antigens: new and previously defined clusters. In: McMichael AJ, Beverley PC, Cobbold S, et al, eds. *Leucocyte Typing III:* White Cell Differentiation Antigens. New York, NY: Oxford University Press; 1987:788-803.
- 10. van Dongen JJM, Krissansen GW, Wolvers-Tettero ILM, et al. Cytoplasmic expression of the CD3 antigen as a diagnostic marker for immature T-cell malignancies. *Blood.* 1988;71:603-612.
- 11. Clevers H, Alarcón B, Wileman T, Terhorst C. The T cell receptor/CD3 complex: a dynamic protein ensemble. *Annu Rev Immunol.* 1988;6:629-662.
- 12. Reichert T, DeBruyère M, Deneys V, et al. Lymphocyte subset reference ranges in adult Caucasians. *Clin Immunol Immunopath.* 1991;60:190-208.
- 13. Dalgleish AG, Beverley PCL, Clapham PR, Crawford DH, Greaves MF, Weiss RA. The CD4 (T4) antigen is an essential component of the receptor for the AIDS retrovirus. *Nature*. 1984;312:763-767.
- 14. Maddon PJ, Dalgleish AG, McDougal JS, Clapham PR, Weiss RA, Axel R. The T4 gene encodes the AIDS virus receptor and is expressed in the immune system and the brain. *Cell.* 1986;47:333-348.
- 15. Schwinzer R. Cluster report: CD45/CD45R. In: Knapp W, Dörken B, Gilks WR, et al, eds. *Leucocyte Typing IV: White Cell Differentiation Antigens*. New York, NY: Oxford University Press; 1989:628-634.
- 16. Jackson A. Basic phenotyping of lymphocytes: selection and testing of reagents and interpretation of data. *Clin Immunol Newslett.* 1990;10:43-55.
- 17. Collection of Diagnostic Venous Blood Specimens, 7th ed. Wayne, PA: Clinical and Laboratory Standards Institute; 2017. CLSI document GP41.
- 18. Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline—Fourth Edition. Wayne, PA: Clinical and Laboratory Standards Institute; 2014. CLSI document M29-A4.
- Centers for Disease Control and Prevention. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. https://www.cd-c.gov/infectioncontrol/guidelines/isolation/index.html. Accessed March 12, 2019.
- Nicholson JK, Browning SW, Orloff SL, McDougal JS. Inactivation of HIV-infected H9 cells in whole blood preparations by lysing/fixing reagents used in flow cytometry. J Immunol Methods. 1993;160:215-218.
- Giorgi JV. Lymphocyte subset measurements: significance in clinical medicine. In: Rose NR, Friedman H, Fahey JL, eds. *Manual of Clinical Laboratory Immunology*. 3rd ed. Washington, DC: American Society for Microbiology; 1986:236-246.
- 22. Neves I Jr, Morgado MG. Immunological evaluation of human immunedeficiency virus infected individuals by flow cytometry. *Mem Inst Oswaldo Cruz Rio de Janeiro*. 2000;95(3):393-400.
- 23. Giacoia-Gripp CBW, Sales AM, Nery JA, et al. Evaluation of cellular phenotypes implicated in immunopathogenesis and monitoring immune reconstitution inflammatory syndrome in HIV/leprosy cases. *PLoS One.* 2011;6(12):e28735.
- 24. Ostrov BE, Amsterdam D. The interference of monoclonal antibodies with laboratory diagnosis: clinical and diagnostic implications. *Immunol Invest.* 2013;42(8):673-690.
- 25. Book BK, Agarwal A, Milgrom et al. New crossmatch technique eliminates interference by humanized and chimeric monoclonal antibodies. *Transplant Proc.* 2005;37(2):640-642.
- 26. Kaufman A, Herold KC. Anti-CD3 mAbs for treatment of type 1 diabetes. *Diabetes Metab Res Rev.* 2009;25(4):302-306.
- 27. Frankel AE, Zuckero SL, Mankin AA, et al. Anti-CD3 recombinant diphtheria immunotoxin therapy of cutaneous T cell lymphoma. *Curr Drug Targets*. 2009; 10(2):104-109.
- 28. Kochenderfer JN, Dudley ME, Feldman SA, Rosenberg SA. B-cell depletion and remissions of malignancy along with cytokine-associated toxicity in a clinical trial of anti-CD19 chimeric antigen-receptor-transduced T cells. *Blood.* 2012;119(12):2709-2720.

- 29. Mendez LM, Cascino MD, Garg J, Brunetta P. Peripheral blood B cell depletion after Rituximab and complete response in lupus nephritis. *Clin J Amer Soc Neph.* 2018;13(10):1502-1509.
- 30. Centers for Disease Control. Guidelines for Performing Single-Platform Absolute CD4+ T-Cell Determinations with CD45 Gating for Persons Infected with Human Immunodeficiency Virus. MMWR. 2003:52:3.
- 31. Craig FE, Foon MA. Flow cytometric immunophenotyping for hematologic neoplasms. *Blood.* 2008;111:3941-3967.
- 32. Kroll MH. Evaluating interference caused by lipemia. Clin Chemistry. 2004;50.
- 33. Nikolac N. Lipemia: causes, interference mechanisms, detection and management. *Biochem Med* (*Zagreb*). 2014;24(1):57-67.
- 34. Dimeski G. Interference testing. Clin Biochem Rev. 2008;29:S43-48.
- 35. Enumeration of Immunologically Defined Cell Populations by Flow Cytometry—Second Edition. Wayne, PA: Clinical and Laboratory Standards Institute; 2007. CLSI document H42-A2.
- 36. Jackson AL, Warner NL. Preparation, staining, and analysis by flow cytometry of peripheral blood leukocytes. In: Rose NR, Friedman H, Fahey JL, eds. *Manual of Clinical Laboratory Immunology*. 3rd ed. Washington, DC: American Society for Microbiology; 1986:226-235.
- 37. Defining, Establishing, and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline—Third Edition. Wayne, PA: Clinical and Laboratory Standards Institute; 2010. CLSI document EP28-A3c.
- 38. Measurement Procedure Comparison and Bias Estimation Using Patient Samples; Approved Guideline—Third Edition. Wayne, PA: Clinical and Laboratory Standards Institute; 2013. CLSI document EP09-A3.

## **NOTICE**

EU Only: Users shall report any serious incident related to the device to the Manufacturer and National Competent Authority.

Outside EU: Contact your local BD representative for any incident or inquiry related to this device.

Refer to the Eudamed website: <a href="https://ec.europa.eu/tools/eudamed">https://ec.europa.eu/tools/eudamed</a> for Summary of Safety and Performance.

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#### PATENTS AND TRADEMARKS

For US patents that may apply, see bd.com/patents.

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# **HISTORY**

Revision	Date	Changes made
23-5327(09)	2022-06	Updated to meet requirements of Regulation (EU) 2017/746.
23-5327(10)	2023-07	Updated legal manufacturer address. Added EU and Swiss importer addresses and importer symbol. Updated symbols glossary.

**Symbols Glossary**Please refer to product labeling for applicable symbols.

ymbol	Meaning
	Manufacturer
EC REP	Authorized representative in the European Community
CH REP	Authorised representative in Switzerland
	Date of manufacture
2	Use-by date
LOT	Batch code
REF	Catalogue number
SN	Serial number
STERILE	Sterile
STERILE A	Sterilized using aseptic processing techniques
STERILE EO	Sterilized using ethylene oxide
STERILE R	Sterilized using irradiation
STERILE	Sterilized using steam or dry heat
^	Do not resterilize
MON STERULE	Non-sterile
<u> </u>	Do not use if package is damaged and consult instructions for use
STERILE	Sterile fluid path
STERILE EO	Sterile fluid path (ethylene oxide)
STERILE R	Sterile fluid path (irradiation)
Ī	Fragile, handle with care
*	Keep away from sunlight
<del>*</del>	Keep dry
1	Lower limit of temperature
1	Upper limit of temperature
1	Temperature limit
<b>%</b>	Humidity limitation
80	Biological risks
<b>②</b>	Do not re-use
Ţ <b>i</b>	Consult instructions for use or consult electronic instructions for use
$\triangle$	Caution
LATEX	Contains or presence of natural rubber latex
IVD	In vitro diagnostic medical device
CONTROL -	Negative control
CONTROL +	Positive control
Σ	Contains sufficient for <n> tests</n>
]	For IVD performance evaluation only
Ж	Non-pyrogenic
<b>n</b> #	Patient number
<u> </u>	This way up

Symbol	Meaning
	Single sterile barrier system
PHT DEHP BBP	Contains or presence of phthalate: combination of bis(2-ethylhexyl phthalate (DEHP) and benzyl butyl phthalate (BBP)
X	Collect separately  Indicates separate collection for waste of electrical and electronic equipmen required.
CE	CE marking; Signifies European technical conformity
	Device for near-patient testing
į,	Device for self-testing
R <sub>x</sub> Only	This only applies to US: "Caution: Federal Law restricts this device to sale by or on the order of a licensed practitioner."
<u>س</u>	Country of manufacture "CC" shall be replaced by either the two letter or the three letter country code.
0	Collection time
<u>~</u>	Cut
(A)	Peel here
$\mathbf{p}$	Collection date
$\bigcirc$	Keep away from light
H <sub>2</sub> 🚫	Hydrogen gas is generated
(T)	Perforation
0	Start panel sequence number
0	End panel sequence number
	Internal sequence number
1	<box #=""> / <total boxes=""></total></box>
MD	Medical device
₩	Contains hazardous substances
<b>&amp;</b>	Ukrainian conformity mark
FC	Meets FCC requirements per 21 CFR Part 15
c (UL) us	UL product certification for US and Canada
UDI	Unique device identifier
<b>**</b>	Importer
	Place patient label in framed area only
MR	Magnetic resonance (MR) safe
MR	Magnetic resonance (MR) conditional
	Magnetic resonance (MR) unsafe
For use with	For use with
This Product Conta	ins Dry Natural Rubber This Product Contains Dry Natural Rubber
For Export Only F	or Export Only
	Instruments

## **CONTACT INFORMATION**



## Becton, Dickinson and Company BD Biosciences

155 North McCarthy Boulevard Milpitas, California 95035 USA

EC REP

#### Becton Dickinson Ireland Ltd.

Donore Road, Drogheda Co. Louth, A92 YW26 Ireland



## **Becton Dickinson Distribution Center NV**

Laagstraat 57 9140 Temse, Belgium

CH REP

#### BD Switzerland Sàrl

Route de Crassier 17 Business Park Terre-Bonne Bâtiment A4 1262 Eysins Switzerland



#### **Becton Dickinson AG**

Binningerstrasse 94 4123 Allschwil Switzerland

#### **BD** Biosciences

**European Customer Support** 

Tel +32.53.720.600 help.biosciences@bd.com

Australian and New Zealand Distributors:

#### Becton Dickinson Pty Ltd.

66 Waterloo Road Macquarie Park NSW 2113 Australia

#### **Becton Dickinson Limited**

14B George Bourke Drive Mt. Wellington Auckland 1060 New Zealand

Technical Service and Support: In the United States contact BD at 1.877.232.8995 or bdbiosciences.com.

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