

# Full Blood Counts In Minutes

## iMOST® Hematology Analyzer

The Power of the Lab, without the Lab

Arrange a Trial  
or Demonstration  
Today



FAST | ACCURATE | PORTABLE | RELIABLE  
POWERED BY LITHIUM





“ For the first time we can run an CBC in clinic and act on it straight away — patients love it”

GP PARTNER, PRIMARY CARE NETWORK



**ACCURATE**

Provides reliable test results even under imperfect conditions



**FAST**

Delivers results within minutes



**EASY-TO-USE**

Portable, intuitive, and seamlessly connected for smooth operation



**COST-EFFECTIVE**

Simple and affordable devices and tests



**RELIABLE**

Features on-chip quality control and image records for consistent accuracy

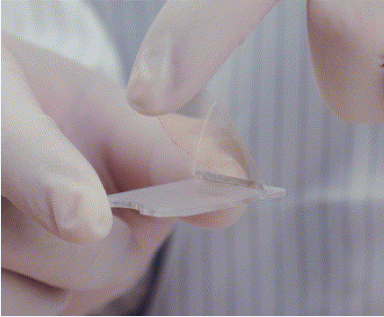


**PORTABLE**

Lithium battery allows 30 tests on one charge

# Easy to use

1



Open Q-Card and place it on the presser

2



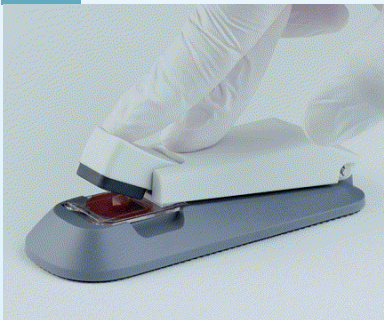
Apply 10 $\mu$ L capillary or venous blood

3



Drop blood onto the Q-Card

4



Close the Q-Card

5



Insert it into Analyzer

6



Delivers results in approx. 4 minutes

## iMOST® U IS INTENDED FOR USE:



COMMUNITY CLINICS



HOSPITAL EMERGENCY DEPARTMENTS



INPATIENT WARDS



HEALTH & TESTING CENTERS

For the quantitative measurement of key CBC parameters in small-volume (10 microliters) venous and capillary blood samples. iMOST® U should be used only with the iMOST® U test cards (Q-Card). iMOST® U is suitable to be used for testing for adults and adolescents, and children. iMOST® U supports integration with electronic medical record systems.

# Features



Built in battery for portability



Small 10mcl sample from the finger



Results in under 4 minutes



Complete blood count including RBC, WBC with 5 part differential

## KEY CLINICAL BENEFITS

- **Full blood counts in minutes** for faster triage and treatment
- **Lab-quality accuracy** without waiting for central laboratory processing
- **Supports urgent decisions** in ED, ambulatory, GP community hubs, and wards
- **Improves patient flow** by reducing bottlenecks and retests
- **Ideal for fragile or limited samples** – works with ~10µL capillary or venous blood

## SIMPLE, RELIABLE TESTING

- Minimal training required
- Disposable Q-Cards contain sealed reagents – no mixing, measuring, or manual prep
- Reduced risk of handling error from fully guided testing
- Automated analysis and interpretation via advanced imaging and AI
- Built-in quality controls to support repeatable, trusted results

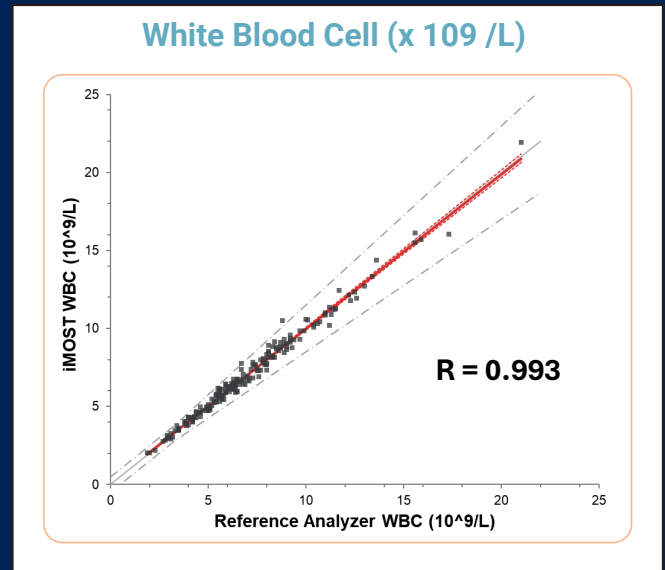
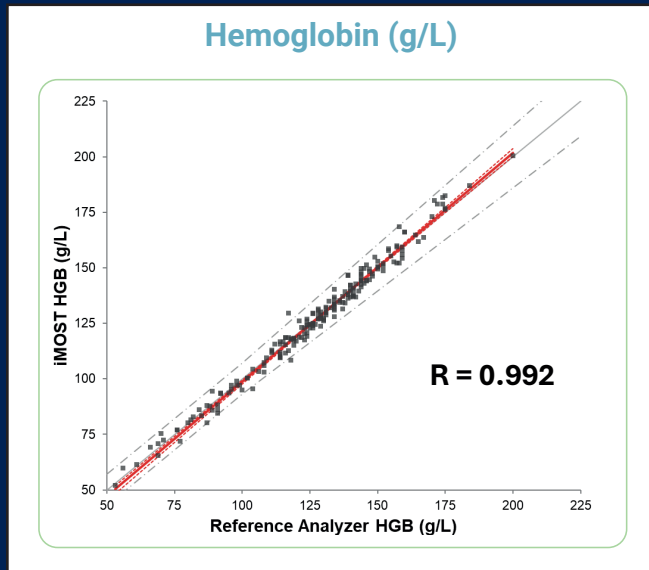
## SMART TECHNOLOGY IN A SMALL FOOTPRINT

- Combines micro- and nanotechnology, biochemical processing, and computer vision
- Compact, lightweight design – easy to position where care happens
- No complex installation, specialist staff, or external reagents
- Can be deployed in settings with limited space or resources

## TECHNICAL SPECIFICATIONS

Current Parameters	19 (HGB, WBC, PLT, RBC, 5-DIFF, etc.)
Measuring Time	4 - 4.5 minutes
Data Analyze	Local on device
Sample	Capillary blood or K2EDTA venous blood
Sample Volume (on Q-Card)	10 µL
Dimensions	220 mm x 110 mm x 80 mm
Weight	997 g
Connection / HIS-LIS	Support connection to HIS/LIS via WIFI or 5G

# Accuracy You Can Trust



## CURRENT TEST PARAMETERS

TEST PARAMETERS	iMOST <sup>®</sup> -U
Hemoglobin (HGB)	✓
White Blood Cell Count (WBC)	✓
Platelet Count (PLT)	✓
Red Blood Cell Count (RBC)	✓
Neutrophil Percentage (NEU%)	✓
Lymphocyte Percentage (LYM%)	✓
Monocyte Percentage (MON%)	✓
Eosinophil Percentage (EOS%)	✓
Basophil Percentage (BAS%)	✓
Neutrophil Count (NEU#)	✓
Lymphocyte Count (LYM#)	✓
Monocyte Count (MON#)	✓
Eosinophil Count (EOS#)	✓
Basophil Count (BAS#)	✓
Mean Corpuscular Volume (MCV)	✓
Hematocrit (HCT)	✓
Mean Corpuscular Hemoglobin Concentration(MCHC)	✓
Mean Corpuscular Hemoglobin (MCH)	✓
Red Blood Cell Distribution Width (RDW)	✓

## CORRELATION COEFFICIENT (R)

MEASURED	VENUS	CAPILLARY	SELF TEST
<b>HGB</b> (g/L)	0.996	0.993	0.994
<b>WBC</b> (x10 <sup>3</sup> /μL)	0.997	0.997	0.998
<b>NEU#</b> (x10 <sup>3</sup> /μL)	0.996	0.997	0.998
<b>LYM#</b> (x10 <sup>3</sup> /μL)	0.981	0.979	0.977
<b>MON#</b> (x10 <sup>3</sup> /μL)	0.993	0.991	0.992
<b>EOS#</b> (x10 <sup>3</sup> /μL)	0.904	0.920	0.920
<b>BAS#</b> (x10 <sup>3</sup> /μL)	0.964	0.957	0.974

\*Correlation coefficient (r) vs. Lab Gold-Standard Analyzer Reference

- iMOST<sup>®</sup> analyzer provides a reliable, clinically validated alternative to centralized CBC testing, enabling immediate and accurate diagnostic decisions
- One of the biggest hurdles in hematology is maintaining accuracy between venous draw and capillary prick. iMOST<sup>®</sup> eliminates this gap

# iMOST® FAQs

This FAQ is intended for general informational purposes. Regulatory status, permitted use, and commercial terms are subject to local laws, approvals, and distributor agreements

## Regulatory & Market Access

### 1. What regulatory approvals does iMOST® currently have?

The iMOST® platform (specifically iMOST®-L and iMOST®-U) carries CE-IVD / IVDR marking. It is registered or deployed across multiple regions, including the EU and parts of Asia. Manufacturing occurs in ISO 13485-certified facilities that have been audited by global IVD partners

### 2. Is Point-of-Care Testing (POCT) included in its intended use?

Yes. Under current CE-mark approvals, POCT is explicitly included in the intended use. This supports deployment in decentralized and near-patient settings

### 3. Does iMOST® support Patient Self-Testing (PST)?

iMOST® is currently obtaining PST-specific approvals in select regions. For CE-marked regions, the platform is currently positioned for POCT (professional use) rather than PST. However, preparation for future PST support is underway. Always refer to local labeling/IFU for defined users and settings

### 4. What is the FDA status of iMOST®?

The iMOST® platform is not yet cleared or waived by the FDA. U.S. FDA 510(k) and CLIA waiver submissions are currently in preparation

## Product & Performance

### 5. What are the primary differences between iMOST®-L and iMOST®-U?

Feature	iMOST®-L	iMOST®-U
Parameters	12 parameters (including 5-part diff)	19 parameters (Full CBC + Indices)
Runtime	~3-3.5 minutes	~4-4.5 minutes
Sample Transfer	Direct finger-to-card transfer	Recommended K2EDTA tube collection

### 6. How much blood is required?

Each test requires approximately 10 µL of blood applied to the Q-Card.

For iMOST®-L, direct finger-to-card transfer is supported. If there will be a delay before testing, collecting the sample in an Essenlix-recommended K2EDTA tube is recommended to help maintain sample integrity.

For iMOST®-U, it is recommended to collect capillary blood into an Essenlix-recommended K2EDTA tube (approx. 100 µL) prior to testing

### 7. Does iMOST® support capillary blood testing?

Both capillary (fingerstick) and venous samples are supported per local labeling

### 8. How accurate is the system?

iMOST® demonstrates lab-comparable agreement with high-end central lab analyzers, such as the Sysmex XN series. Clinical studies show strong correlation across CBC parameters, including HGB ( $r \approx 0.99$ ) and WBC ( $r \approx 0.99$ )

## Usability & Workflow

### 9. How complex is the testing process?

The workflow is designed for maximum simplicity: One Q-Card, one press, one insertion. There is no need for complex sample preparation, dilutions, or multi-step mixing

### 10. What training is required?

Training is minimal. Remote or online sessions lasting 30 to 60 minutes are typically sufficient for operators. Usability studies confirm that users with limited lab experience can operate the device effectively

## Quality Control & Calibration

### 11. What QC mechanisms are built into the platform?

iMOST® utilizes a multi-layered QC approach:

- ⊕ Automatic Checks: Electrical, optical, and system-level self-checks
- ⊕ Solid QC Card: A physical card for pass/fail verification
- ⊕ Liquid QC: Optional support for third-party liquid materials

### 12. Is routine calibration necessary?

No. Devices are factory-calibrated, and no routine user calibration is required

### 13. What happens if a Quality Control (QC) check fails?

The response protocol depends on the specific error type. While troubleshooting can often be conducted remotely, certain situations may necessitate a service or a formal device inspection

### 14. Does Essenlix participate in external QC programs (e.g., CAP, Randox)?

Participation in external QC programs needs to be evaluated. Please note that traditional QC materials may not always be compatible with the system due to unique differences in measurement principles

## Connectivity & IT

### 15. Can iMOST® integrate with LIS/HIS systems?

Yes. iMOST® supports HL7 for direct LIS/HIS integration

### 16. Is cloud connectivity required?

No. Cloud connectivity is optional. All analysis is performed locally on the device

## Manufacturing & Logistics

### 17. Where is iMOST® manufactured?

The iMOST® platform is manufactured in Shanghai, China, within ISO 13485–certified facilities. These sites have successfully undergone rigorous audits by global IVD partners

### 18. What are the recommended storage conditions for Q-cards?

Q-Cards support room temperature storage (-5°C to 40°C, humidity < 90%)

### 19. What is the shelf life of Q-cards?

Current validated shelf life is 12 months, with studies ongoing to extend this to 24 months

## Service, Maintenance & Spare Parts

### 20. When is the analyzer considered out of warranty?

The analyzer is deemed out of warranty under the following conditions:

- ⊕ Expiration: The standard warranty period has concluded
- ⊕ Usage Limits: The device has exceeded the specified warranty test-volume limit as defined in commercial terms
- ⊕ Misuse: Damage or malfunction occurs due to unauthorized modification, improper handling, misuse, or operation outside of specified environmental conditions

After the warranty period ends, Essenlix provides paid

technical support, including spare parts and repair or replacement options. Specific duration and coverage details are governed by your applicable commercial agreement and warranty policy

## Future Roadmap

### 21. Is iMOST® limited to CBC testing?

No. iMOST® is a multi-assay platform; CBC is the first available test

### 22. What assays are planned for future expansion?

Subject to development progress, regulatory approvals, and market priorities, the following expansions are currently planned for the iMOST® platform:

- ⊕ Urine Analysis: Sediment cell analysis and ACR (Albumin-to-Creatinine Ratio)
- ⊕ Blood Analysis: CRP (via docking station), CD-4 test
- ⊕ Chemistry panels: kidney, liver, lipid),
- ⊕ Immunoassay and molecular tests



For more information scan the QR code



# What makes the iMOST<sup>®</sup>-U different

The iMOST-U is fast, user-friendly, and cost-effective, while ensuring the accuracy and reliability of lab-quality test results. It is built to be fault-tolerant, delivering dependable outcomes even when samples, devices, or operating conditions are less than perfect.

**Experience the iMOST Hematology Analyzer in your clinical setting**



**NANOTECHNOLOGY**



**ADVANCED  
IMAGING**



**NANO ENABLED-AI**



**NEW BIOCHEMICAL**



**GET IN TOUCH TO REQUEST A TRIAL OR A DEMONSTRATION.  
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