

Chrono-log 700 Platelet Aggregometer Model 700

Manufacturer: Chrono Log

SKU#: 8691-30-0700

- Rapid and simple diagnostic capability
- Detect platelet dysfunction in less time
- Direct luminescent measurement of ATP secretion
- Sensitive Luminescence Technique



Product Description

Chrono-log Whole Blood Lumi/ Blood Optical Lumi- Aggregation Systems improve detection of abnormal platelet function by measuring platelet aggregation and dense granule secretion simultaneously in a physiologic whole blood environment. Efficient and economic the simplicity and heightened sensitivity of whole blood testing allows clinicians to establish a therapeutic monitoring program. Rapid and Simple Diagnostic Capability Patients with histories suggestive of hemorrhagic are often investigated for coagulation defects rather than platelet dysfunction because optical aggregation studies are time-consuming and ambiguous. Now with less than 5mL of blood and in less time than it takes to prepare plasma for tests of coagulation with the Chrono-log Whole Blood Lumi-Aggregation Systems you can detect platelet dysfunction due to: von Willebrand disease Secretion Defects Storage pool deficiency Membrane receptor site defects Non-steroidal anti-inflammatories For detecting vW disease ristocetin aggregation by the impedance method in whole blood is more reflective of in-vivo conditions than time-consuming ristocetin co-factor assays in fixed platelets. It is a highly sensitive and time efficient method of screening persons at risk of the disease. Direct luminescent measurement of ATP secretion in blood provides unequivocal evidence of normal dense granule release and is quantitative measure of platelet activation. In contrast repetitive dose response optical aggregation tests in platelet rich plasma failed to diagnose 67% of patients with storage pool deficiency and a prolonged bleeding time. Simultaneous measurements of the release reaction provides further insight into the mechanisms of platelet response. Because impedance aggregometry in whole blood is a more adequate tool for detection of platelet hyperaggregability than the optical method patients at risk for thromboembolic complications can be identified. This greater sensitivity results from performing tests in the presence of red cells and leukocytes. Patients with a previous history of thrombosis show a high prevalence of platelet hyperactivity. Where the goal of therapy is inhibiting platelet aggregation Chrono-log Whole Blood Aggregometers can routinely identify patients at risk for thrombosis or bleeding and can verify effective treatment. Aspirin (ASA) is used therapeutically to inhibit thromboxane production of circulating platelets. Monitoring of effective dosage levels of ASA alone or in combination with dipyridamole can be easily performed by measuring platelet aggregation with arachidonic acid or with a low collagen concentration (1ug/mL) and the simultaneous measurement of thromboxane-dependent ATP release. The coronary vasodilator anti-thrombotic drug Dipyridamole significantly inhibits aggregation in whole blood; this inhibition is not seen in platelet-rich plasma. Interaction between platelets and red blood cells plays an important role in the anti-platelet activity of Dipyridamole. Sensitive Luminescence Technique A wide variety of luminescent reactions (ATP release total adenine nucleotides ionized calcium mobilization superoxide generation and others) can be measured by the sensitive photomultiplier tube in the Chrono-log Lumi-Aggregation Systems which provides a voltage output proportional to the luminescence intensity. In addition to detecting Storage Pool and Secretion defects luminescence is also a rapid and sensitive method for detecting Heparin-Induced Thrombocytopenia (HIT).

Chrono-log 700 Platelet Aggregometer Model 700 Specification

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