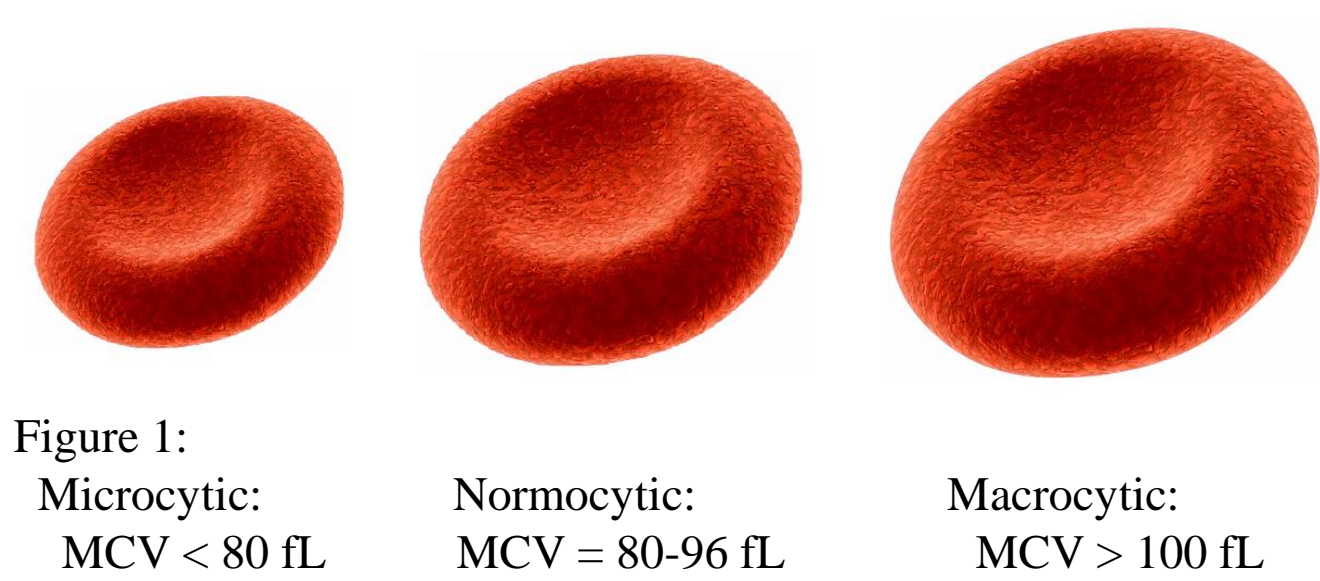


Motivation

- Anemia is a deficiency of the hemoglobin in the blood¹
 - Characterized by abnormal size, shape, and reduced number of RBCs¹
 - Quantified by measuring hemoglobin and mean corpuscular volume¹
- Prevalent in underdeveloped countries, due most commonly to malnutrition²
- Anemia affects roughly twenty-five percent of the global population²
- Highest prevalence is in Africa, making up about sixty percent of those globally affected by anemia²
- Most types are not only treatable but can be prevented²
- Lack of funding and resources for complete blood tests in these developing countries block the ability for clinicians to properly diagnose anemia and suggest treatment²



Design Criteria

- Device should provide an accurate diagnosis of anemia and differentiate between microcytic, normocytic, and macrocytic anemia
- Device should be low-cost and adaptable to resource-limited environments
- A clinician should be able to use the device easily and reliably after proper training with an intuitive user interface
- The device should be able to diagnose anemia at the point of care

Testing and Results

Filtering

- Created filtration device using circular polyester filter paper with 10 um pore size to separate WBCs from RBCs in diluted porcine blood
- Statistical analysis revealed filter was reducing cell count more than expected ($p < 0.0001$)
- Filtering approach was abandoned based on statistical evidence and since white blood cells only make up a small component (1%) of blood volume⁴

Table 1: Data and analysis from the filtering tests

Blood Sample (1:5000 dilution in PBS)	Cell Concentration in Square (cells/mm ²)		Cell Concentration (cells/mL)	P value
	Average per square	Avg. (n=12) +/- St. Dev.		
Unfiltered	Drop 1	64	74 +/- 14	1.5*10 ⁶
	Drop 2	87		
	Drop 3	72		
Filtered	Drop 1	29	25 +/- 7	5.0*10 ⁵
	Drop 2	21		
	Drop 3	25		

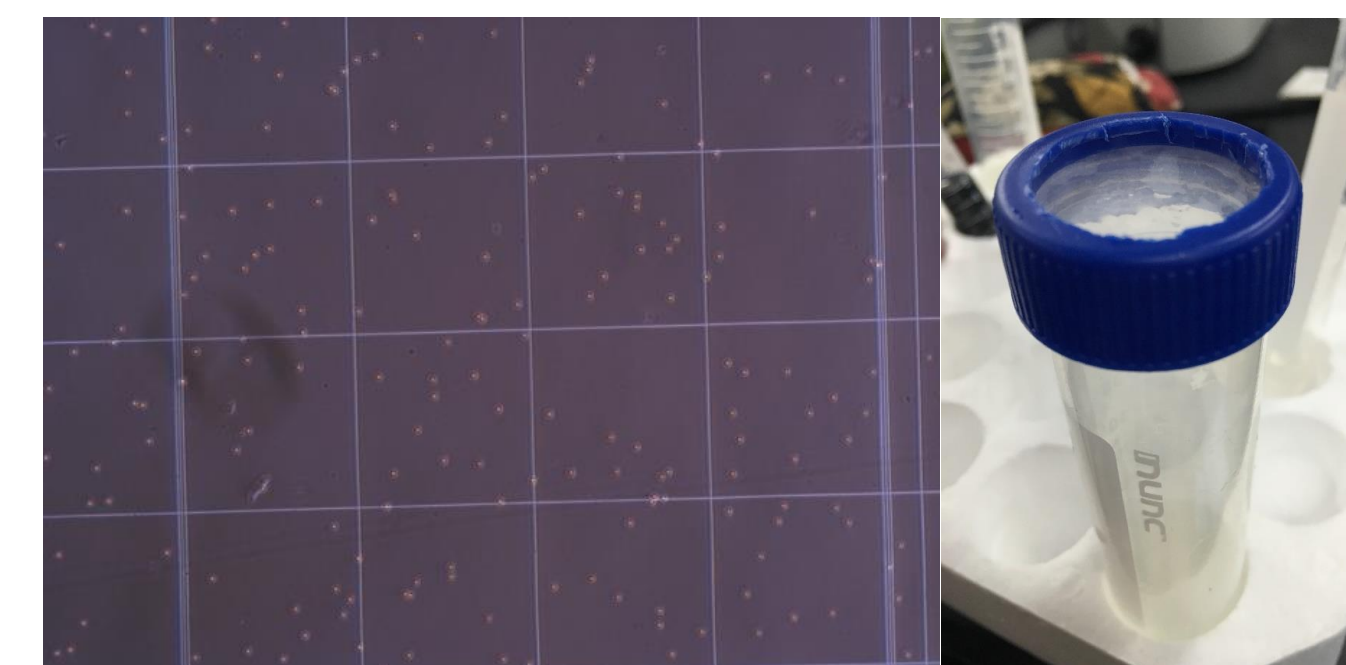


Figure 5 (Left): Cell counting using hemocytometer.
 Figure 6 (Right): Filter design

Pumping

- Trials were performed with diluted whole blood testing both active and passive pumping techniques
- Channel acts as a resistor, as particle passes through the channel aperture resistance increases and can be recorded
- Active syringe pumping showed large fluctuations in voltage making peaks undetectable
- Few peaks were detected with passive pumping

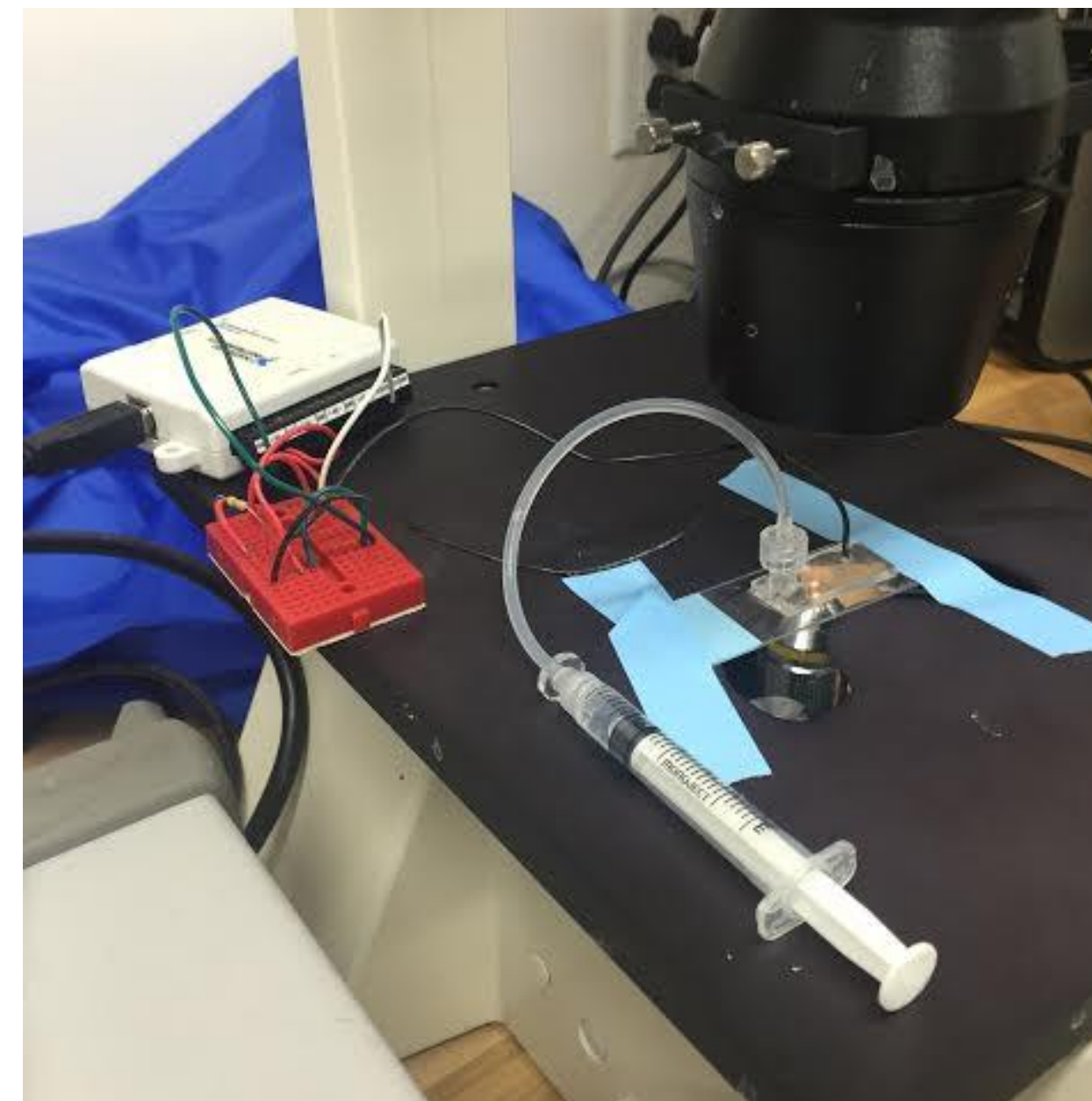


Figure 7: Testing of microchannel and syringe pump using video analysis under the microscope in the Tissue Engineering Laboratory

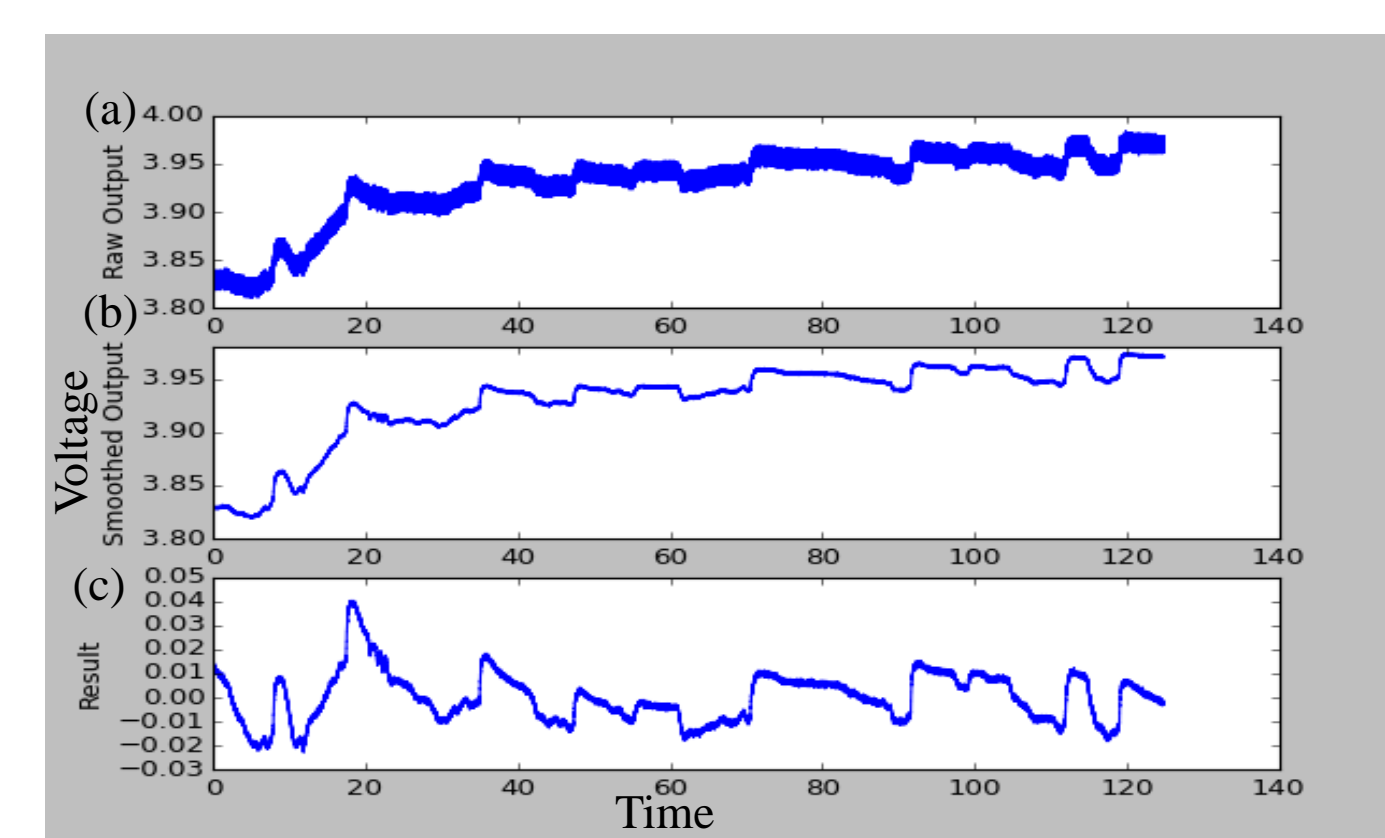


Figure 8: Voltage over time as blood cells were actively pumped through micro-channel. (a) The raw output data (b) Filtered data (c) Curve fit data to level voltage

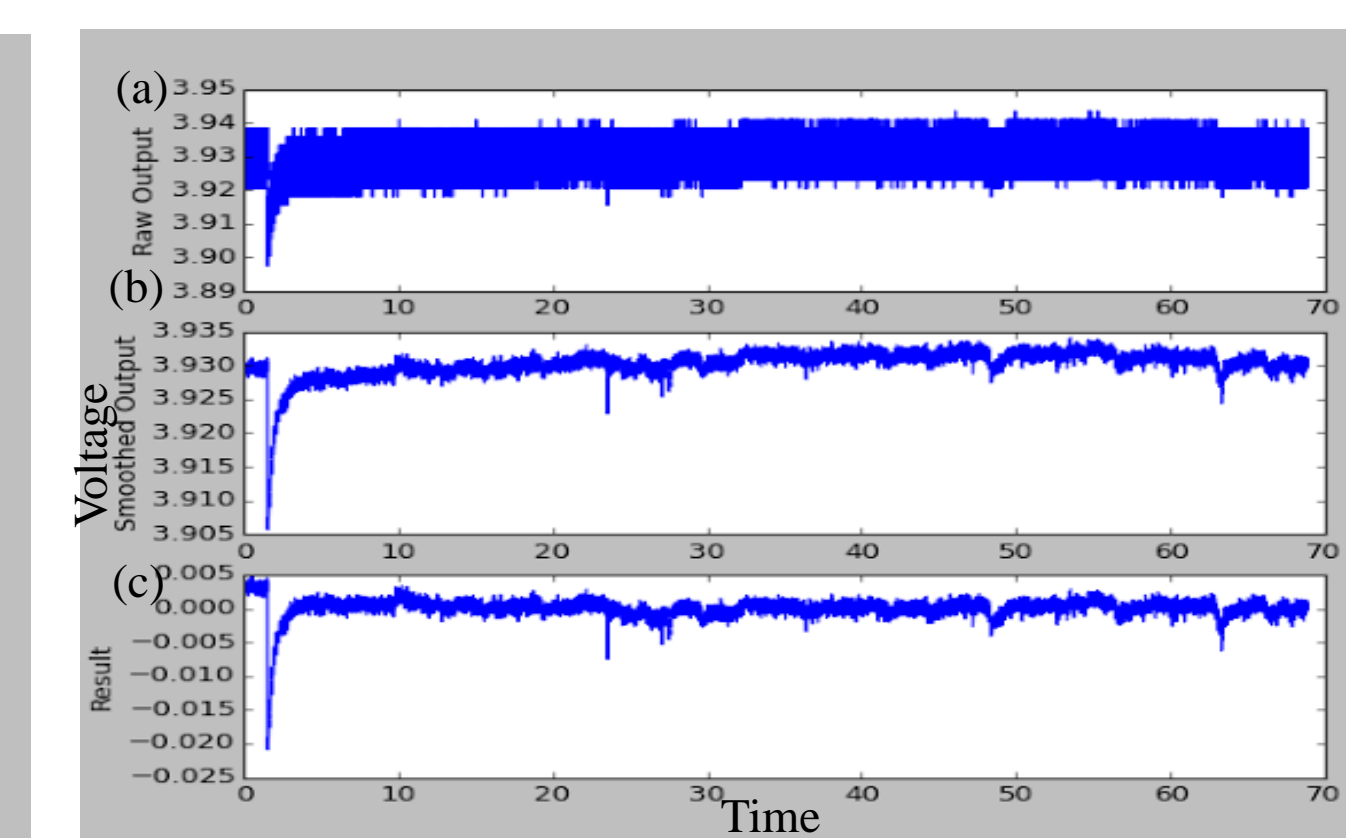


Figure 9: Voltage over time as blood cells were passively pumped through micro-channel. (a) The raw output data (b) Filtered data (c) Curve fit data to level voltage

Final Design



Figure 10: The box connects from the NI-DAQ to a computer which reads data through a custom LabView script

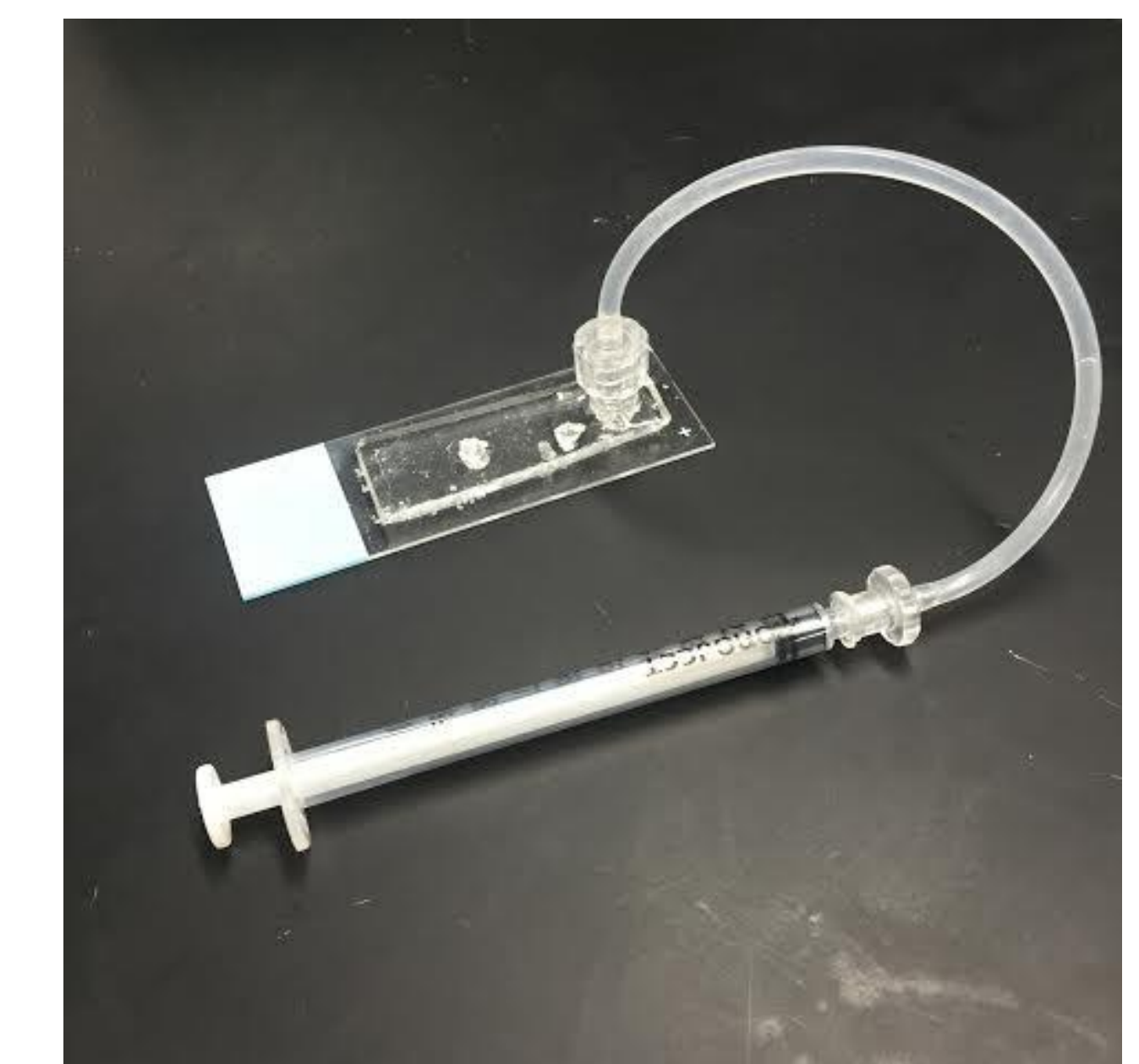


Figure 11: Channel is connected to the syringe through tubing and a series of Luer lock attachments

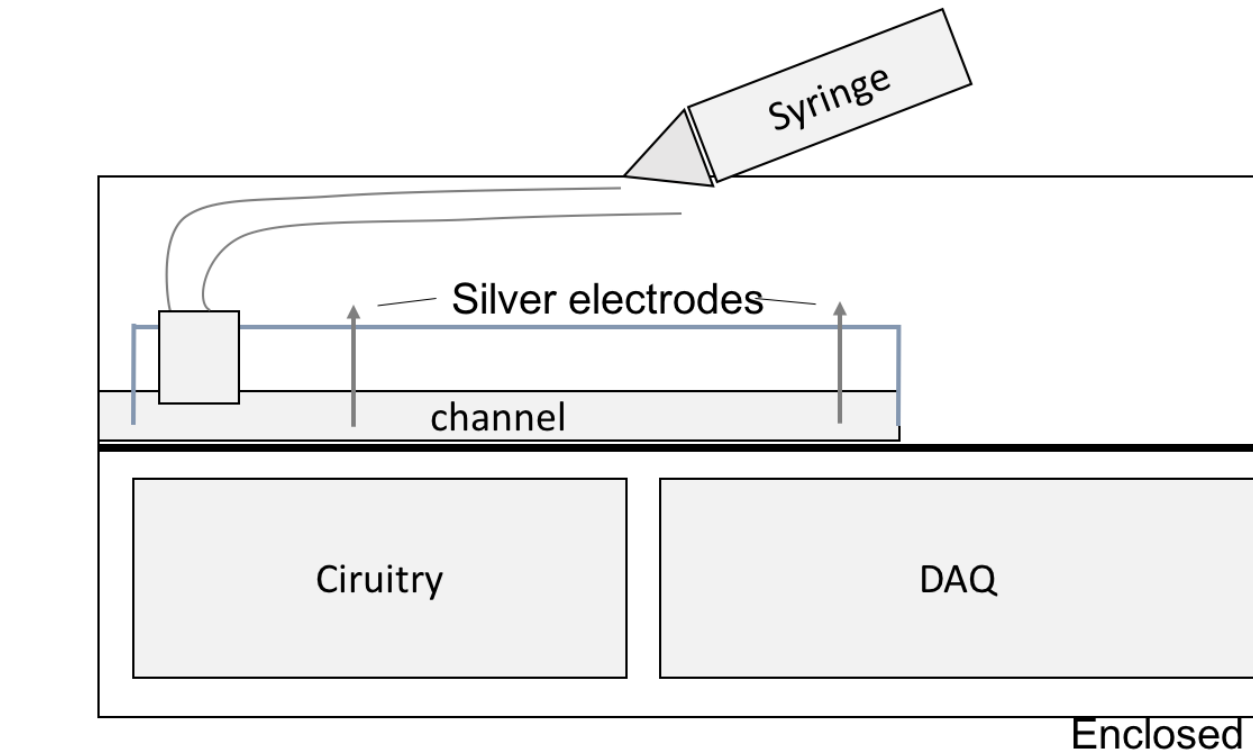


Figure 12 (Left): All of the components of the final design enclosed in an electrical box. Syringe attaches at an inlet port at the top. Tubing attaches syringe to channel. NI-DAQ and circuitry located at the bottom

Problem Statement

- A portable, easy to use, and cost-effective device is needed to diagnose at the point of care
- Fabricate a microfluidic device that effectively measures the MCV of red blood cells to determine if a patient has normocytic, macrocytic, or microcytic anemia

Past Work

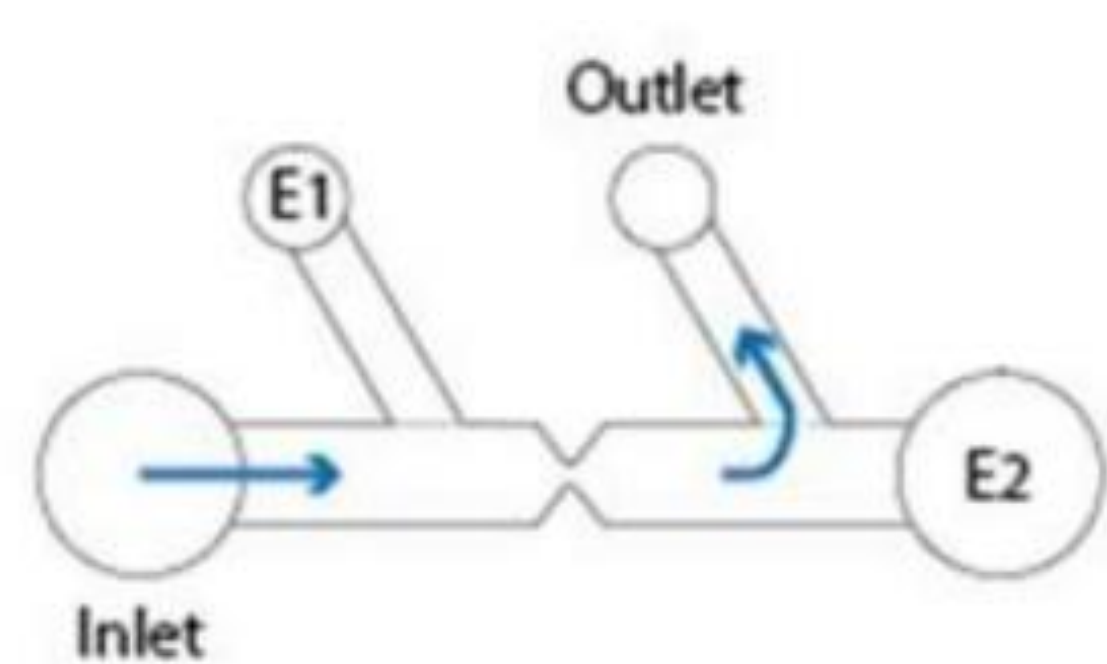


Figure 3 (Above): Channel design. The inlet and outlet represent the flow of the microparticles through the channel, and E1 and E2 represent the electrodes³

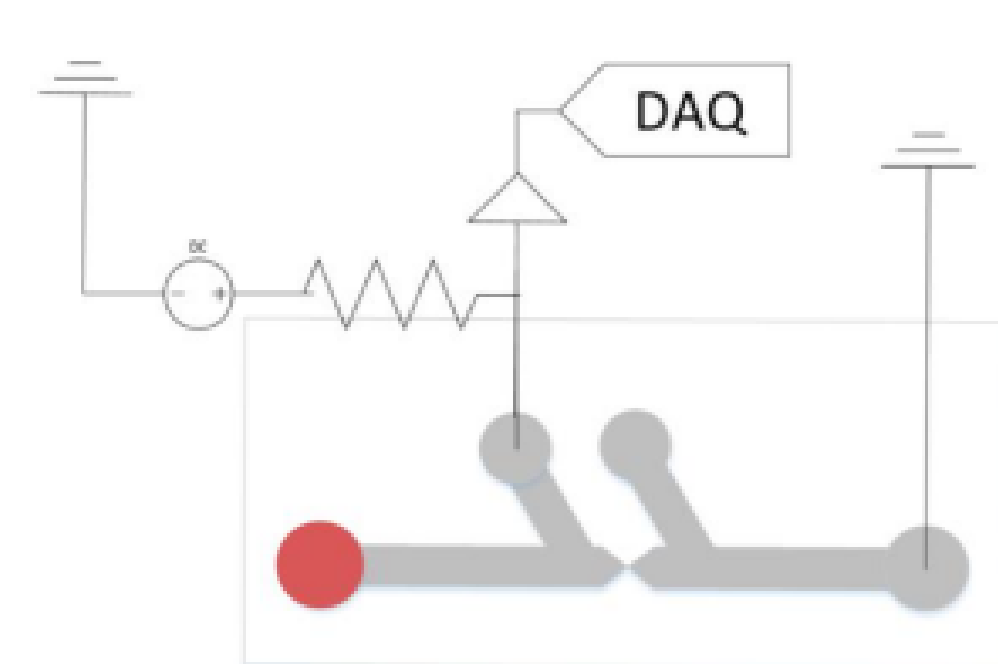


Figure 4 (Above): Circuit schematic of the electrodes that measure the resistance change across the microchannel³

- Continuation of a previous BME group's work
- The previous group focused on proving that particles could be recognized as they passed through a microchannel using a relatively simple circuit that functioned as a voltage divider
- Microparticles were passively pumped down a microchannel and as they crossed a small aperture, channel resistance increased therefore increasing voltage
- These changes are measurable and using the resulting peaks, particle size and number could be calculated using simple programming
- This group used microparticles as a proof of concept but believed that cells would act similarly

Future Work

- Short term goals:
 - Redesign the device's channel
 - Create an automated active pumping mechanism
 - Find relationship between voltage and cell volume
 - Test unit as a whole
 - Receive IRB approval to test device with human blood
- Long term goals:
 - Replace current current circuitry with microcontroller
 - Attach screen to box that displays MCV
 - Test device with clinicians in low-resource settings



Figure 13: Potential future channel design

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 Department of Biomedical Engineering

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