BD Infinicyt™ Software

Advanced flow cytometry analysis software
designed for the way you work

BD

BD Infinicyt™ Software

Advanced analysis software with innovative tools
for flow cytometry data analysis

Complex Analysis

**Standardization
and Efficiency**

Safety and Security

**BD Total Research
Solution**

Take your research to the next level with advanced features

BD Infinicyt™ Software offers a variety of classic and multiparametric diagrams, analysis profiles [templates], analysis strategies and statistical outputs. Additional key advanced features include:
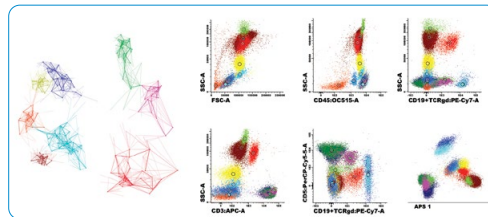
- Automatic Population Separator (APS)

  Based on Principal Component Analysis (PCA), APS uses the information from all the parameters in the file to expose the cell populations with the best separation.
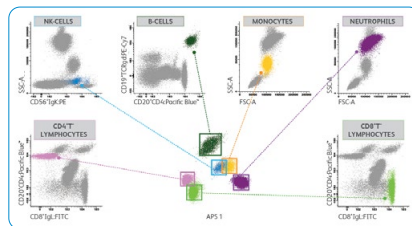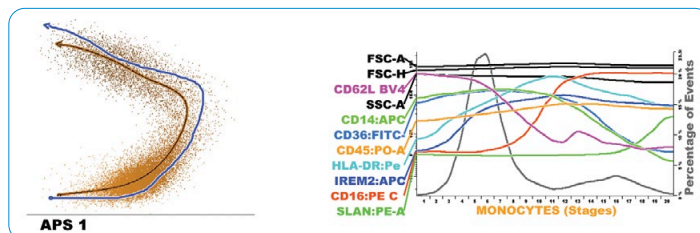

- Clustering

  Patented algorithms that automatically identify similar cell populations and group them into clusters for further exploration.

- Maturation patterns

  Define maturation pathways in your research samples (e.g. myeloid development research). Allow the software to automatically adjust and divide the events into population stages.

- File merging

  Combine multiple files, from the same or different samples, and visualize them all on the workspace. All files can be analyzed at the same time.

- Reference images

  Visualize and compare your samples to saved references (e.g., a negative control or a normal population), or track treated samples over time.

Next Generation Flow™ Solution

Automate your analysis and increase standardization and efficiency[1] when using predefined assays

The Next Generation Flow™ Solution is based on the standardization of your entire workflow, from sample preparation of predefined panels to expert-guided automatic reports. BD Infinicyt™ Software provides automated analysis and reporting support for Next Generation Flow™ research panels.

- Off-the-shelf research assay panels

  Templates and databases for: PIDOT (Primary Immunodeficiency Orientation Tube), ALOT (Acute Leukemia Orientation Tube), LST (Lymphoid Screening Tube), BCP-ALL MRD (B-Cell Precursor Acute Lymphocytic Leukemia Minimal Residual Disease), MM MRD (Multiple Myeloma Minimal Residual Disease), and CPC (Circulating Plasma Cells).

- Automated gating and identification

  Helps to identify normal cell populations by comparing to databases built with normal reference samples. Automated clustering of events and immune profiling of samples.

- Automatic Reports

  Generates comments and conclusions based on results compared to internal database reference ranges. Immunophenotype of the abnormal population provided. Sample-specific Limit of Detection (LOD) and Lower Limit of Quantitation (LLOQ) definitions and sample quality assessments (e.g., hemodilution) provided.

Tools for your compliance and for product safety and security:

- Features supporting 21 CFR part 11 compliance
- User-access control and authentication of unique users
- Password-protected analyzed files
- Audit trails
- Electronic signatures
- Anonymization and encryption
- Auto-recover tool

Add to the BD total research solution with BD Infinicyt™ Software:

Simplify your procurement processes and receive world-class service and support on your entire workflow.

- End-to-end experiment capabilities from a single vendor

  Reagents + Sample Preparation + Flow Cytometers + Advanced Analysis Software

- Worldwide support

  Capabilities to troubleshoot through many components of your flow cytometry workflow.

- 45+ years of experience in flow cytometry analysis

  Support your advanced application needs

BD Infinicyt™ Software licensing options are available to meet your configuration needs. Reach out to a BD representative.

Licensing options are available

- User formats: Standalone and network
- Security formats: Hardware (dongle) and software activation key

Visit our website for more information
bdbiosciences.com/infinicyt

References

1   Flores-Montero J, Sanoja-Flores L, Paiva B, et al. Next Generation Flow for highly sensitive and standardized detection of minimal residual disease in multiple myeloma. *Leukemia.* 2017;31(10):2094-2103. doi: 10.1038/leu.2017.29

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