

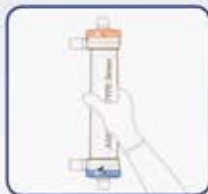
# QUICK REFERENCE FOR PRIMING:

## General conditions for ASAHI WET-TYPE Series Dialyzers

This brochure provides a quick explanation of the priming procedure for the ASAHI WET-TYPE series dialyzer, as an example. This brochure cannot be replaced for the instructions for use (IFU) provided along with dialyzers in the product package. Furthermore, the design of the blood lines varies among models and among manufacturers. Therefore, other instructions concerning the blood lines and dialysis machines, as well as IFU for ASAHI WET-TYPE series dialyzers, take precedence over this brochure, and these instructions should be referred to carefully before use. The filling fluid of ASAHI WET-TYPE series dialyzers is not isotonic saline. Inadequate priming may lead to hemolysis or other adverse reactions. During the procedure, one should verify that leakage from the dialyzer, blood lines, blood ports, and their connecting parts does not occur.

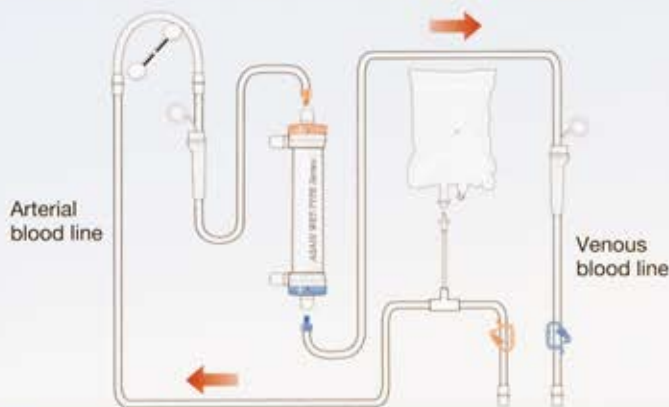
### STEP 1

Place the dialyzer vertically in the holder with the red header (arterial end) facing upward.



### STEP 2

Secure the arterial and venous blood lines to the dialysis machine. Do not attach the blood lines to the dialyzer at this stage.



### STEP 3

Connect the arterial blood line to the saline bag for infusion.



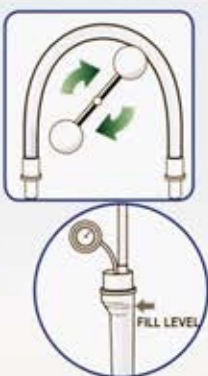
### STEP 4

Open the clamp on the saline line and completely fill the arterial blood line to the dialysis machine with saline. Thereafter, close the clamp on the arterial blood line.



### STEP 5

Fill the arterial blood line to the dialyzer with saline by using the blood pump or under gravity. The drip chamber(s) should be filled with saline up to the appropriate level, according to the instructions for the blood line or dialysis machine. Stop the pump or pinch the blood lines with forceps once you have completely filled the arterial blood line to the patient and the one to the dialyzer with saline.



### STEP 6

Remove the stopper from the red header of the dialyzer and connect the arterial blood line to the red header.



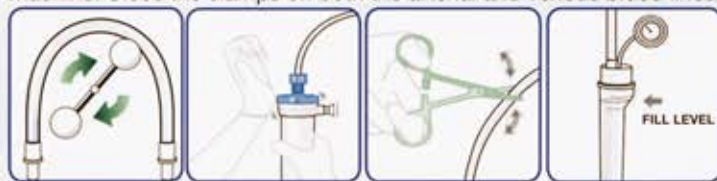
### STEP 7

Rotate the blue header (venous end) of the dialyzer in the upward direction. Remove the stopper from the blue header of the dialyzer, and connect the venous blood line to the blue header. The other end of the venous blood line should be handled appropriately; for example, place it in a medical fluid waste bag.



### STEP 8

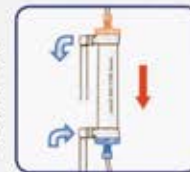
Open the clamp on the venous blood line and feed saline at approximately 100 mL/min by using the blood pump or under gravity until 1 L of saline has passed through the dialyzer. If air is trapped in the dialyzer or the blood lines, add more saline for rinsing while gently tapping the dialyzer with the hand or pinching and releasing the blood lines by using forceps until the air is completely removed. Do not attempt to remove the air by tapping the dialyzer with hard instruments, such as forceps, because the instruments may damage the dialyzer. The drip chamber(s) should be filled with saline up to the appropriate level as per the instructions for the blood tubing line or the dialysis machine. Close the clamps on both the arterial and venous blood lines.



### STEP 9

Remove the stoppers from the dialysate side of the dialyzer. Connect the dialysate lines of the dialysis machine to the dialysate ports of the dialyzer in a way that the dialysate flows from the blue to the red header, in the direction opposite to the direction of the blood flow. Spilling of the fluid from the dialyzer should be avoided by placing the dialyzer in a horizontal position with the dialysate ports facing upward when connecting the dialysate lines to the dialysate ports. Secure the dialyzer with the red header facing upward. Rinse the dialysate side of the dialyzer with saline at a flow rate of 500 mL/min for 2 or more minutes without negative pressure.

※ The colored dialysate line connectors of the dialysis machine cannot be relied on when deciding the direction in which the fluid flows through the dialyzer. The color of the dialysate line connectors of dialysis machines can differ among manufacturers.



※ The priming of the Asahi WET-TYPE series dialyzers is now complete. Treatment may begin, or, according to the unit procedure, saline may be recirculated until treatment begins by connecting the arterial and venous blood lines, opening the saline clamp, and restarting the blood pump at a low flow rate with the red header facing downward. At treatment onset, the dialyzer may be rotated such that the red header faces upward.