A TESTING MEMBER FOR ELICITING A BLOOD SAMPLE

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Declarations under Rule 4.17:

— of inventorship (Rule 4.17(iv))
A Testing Member For Eliciting A Blood Sample

Field of the Invention
The present invention relates to a testing member for eliciting a blood sample and in particular to a testing member configured to be rotatably mounted inside a cartridge.

Background to the Invention
Diabetes sufferers may be provided with quantities of insulin, for instance by injection, sometimes a number of times daily. The quantity of insulin that is appropriate depends on the person's blood glucose level, so blood glucose level measurement can also occur a number of times daily.

Blood glucose level measurement typically is a multi-stage process. The first is lancing, in which a lancet, or needle, is used to pierce the skin of a user, for example on the end or side of a finger. Once a suitable amount of blood has been produced, a sample is taken on a testing strip. A person may need to squeeze their finger in order to cause sufficient blood to be expelled. Sometimes lancing needs to be reperformed. The testing strip then is provided to a meter, typically an electronic meter, which analyses the sample, for example by determining a parameter (e.g. an electrochemical potential or voltage, resulting from a chemical reaction between the blood sample and an enzyme present in the testing strip, and provides a blood glucose measurement result. This measurement is then used to determine an amount of insulin to be consumed by the person.

Further problems exist with known blood glucose level measurement techniques. Substances present on a user's skin may affect the accuracy of a blood glucose measurement; particularly sugars which may be present for example after eating fruit. These substances should be removed before any blood sample is taken. Furthermore, the first drop of blood expelled from a wound is often not representative of the user's blood glucose level. Many users may not be aware of this problem and may receive inaccurate readings as a result. Even if the user is
aware, it is generally inconvenient for the user to have to remove the first drop of blood before testing.

Unpublished PCT patent applications numbered PCT/EP201 1/061 536, PCT/EP201 1/061 537, PCT/EP201 1/061 538, PCT/EP201 1/061 540 and PCT/EP201 1/061 542 and European application numbers EP1 1182381.1, EP1 1182383.7 and EP1 1190679.8 relate to a new class of blood glucose measurement device. The device includes lancing and measuring features. In use, a user places a body part against an aperture in the device and the device first lances the body part then collects a blood sample, then processes the blood sample to measure a blood glucose level.

Summary of the Invention
A first aspect of the invention provides a testing member for eliciting blood samples, the testing member configured to be rotatably mounted inside a cartridge and comprising:

- a lancet for lancing a body part of a user, the lancet protruding from an edge of the testing member;
- a second blood collection part;

second contact pads, the second contact pads being electrically connected to the second blood collection part, the second blood collection part and second contact pads together being configured to facilitate an analysis of the quantity of blood in a first blood sample in the second blood collection part;

- a blood analysis part;

first contact pads, the first contact pads being electrically connected to the blood analysis part, the blood analysis part and first contact pads together being configured to facilitate an analysis of a second blood sample in the blood analysis part,

wherein the testing member is configured to be rotated such that the blood analysis part and the second blood collection part are able to be presented at an aperture in the cartridge in turn.
The second blood collection part may be disposed on a second protrusion of an edge of the testing member. The second blood collection part may be disposed at the end of the second protrusion. The second protrusion may be impregnated with an antiseptic substance. The antiseptic substance may be an antibacterial substance.

The blood analysis part may be disposed on a first protrusion of an edge of the testing member.

The first contact pads may be electrically connected to the blood analysis part by first conductive tracks and the second contact pads may be electrically connected to the second blood collection part by second conductive tracks that cross the first conductive tracks without electrical connection therebetween.

The second contact pads may be electrically connected to the second blood collection part by conductive tracks disposed within the body of the testing member and the first contact pads may be electrically connected to the blood analysis part by conductive tracks disposed on an upper surface of the body of the testing member.

The second contact pads may be disposed on a secondary surface of the testing member defined by a step in the thickness of the testing member, the secondary surface being below the level of the upper surface.

The blood analysis part may contain an enzyme.

The testing member may further comprise a first blood collection part. The blood analysis part and the first blood collection part may be integral.

A second aspect of the invention provides an apparatus comprising a cartridge, the cartridge comprising an aperture configured to receive a body part of a user.
and having at least one testing member according to the first aspect of the invention rotatably mounted therein.

The second protrusion may be configured to contact the body part of the user received in the aperture subsequent to lancing so as to clean the surface of the body part.

Brief Description of the Drawings

Embodiments of the invention will now be described, by way of example only, with reference to the accompanying drawings, in which:

Figure 1 is a perspective view of a blood glucose meter (BGM) according to aspects of the invention.

Figure 2 is a perspective view of the BGM of Figure 1 with a portion shown as transparent, so as to allow features inside a housing to be seen;

Figure 3 is the same as Figure 2 although a lid portion is shown as being removed;

Figure 4 is the same as Figure 3, although a cartridge is shown as partly removed;

Figure 5 illustrates components of one embodiment the BGM of Figure 1;

Figure 6 is a perspective view of components of the BGM of Figure 5 but with a hollow cylindrical housing part shown as transparent;

Figure 7 is a perspective view of a test disc member forming part of the BGM of Figures 1 and 5;

Figure 8 is an underneath perspective view of the test disc member of Figure 7;

Figures 9 to 12 illustrate the BGM of Figures 5 to 7 at different stages of a blood collection sample process;

Figure 13 is a perspective view of components of the BGM of Figure 1;

Figure 14 is the same as Figure 13, although with a hollow cylindrical housing part not shown;

Figure 15 is the same as Figure 14 although with a swing arm located in a different position;
Figure 16 illustrates components of a second embodiment of the BGM of Figure 1 in a perspective view;
Figure 17 illustrates a test disc member forming part of the Figure 16 embodiment;
Figures 18 to 21 illustrate the embodiment of the BGM of Figure 16 at different phases of operation;
Figure 22 is an alternative embodiment of a test disc member; Figure 23 is a flowchart illustrating operation of the first embodiment of the BGM of Figure 1;
Figure 24 is a flowchart illustrating operation of the second embodiment of the BGM of Figure 1; and
Figure 25 is a plan view of a test disc member according to aspects of the invention.

Description of Embodiments of the Invention

A blood glucose meter (BGM) 100 is shown in Figure 1. The BGM 100 is shown in a perspective view. The BGM 100 has a generally flat base, that is not visible in the figure. The BGM 100 is approximately as tall as it is long, and its width is approximately one-third of its height.

On one side face of the BGM are provided first, second and third inputs 101, 102, 103. These may take the form of push-switches or touch sensitive transducers, for instance. Also provided on the side of the BGM next to the input devices 101 to 103 is a display 104. This may take any suitable form, for instance a liquid crystal display (LCD), e-ink etc. In use, a user may control the BGM 100 using the input devices 101 to 103 and may be provided with information by the BGM through the display 104.

Located at a front face of the BGM 100 is an aperture 105. The aperture 105 is located at approximately half of the height of the BGM. The aperture 105 is configured such as to be able to receive a part of a user's body, for the purpose of extracting a blood sample therefrom. For instance, the aperture 105 may be
dimensioned so as to receive an end or a side part of a finger or thumb, or may be dimensioned so as to receive a side of a user's hand or a pinch of skin from a user's arm. The aperture may be rectangular in shape. Its edges may be bevelled, so as to guide a user's digit into a specific location.

The aperture 105 is provided in the side of a cartridge 106. The cartridge has a generally cylindrical form, and is arranged vertically in the BGM 100.

In particular, the BGM includes a first housing part 107. The first housing part 107 forms the base, left and right side face and the rear face of the BGM 100. On the front face of the BGM 100, the first housing part 107 also comprises the lowermost part of the side face. A fixed lid part 108 is attached to the first housing part 107. The fixed lid part 108 comprises most of the top surface of the BGM 100. A removable lid part 109 comprises the remaining part of the top surface of the BGM 100. The removable lid part is disposed above the cartridge 106 at the front face of the BGM 100.

The first housing part 107 is configured such as to provide an elongate aperture 110 at the front face of the BGM 100. The elongate aperture 110 may extend for most of the height of the front face of the BGM 100. The elongate aperture 110 is defined at the uppermost part by the removable lid part 109 and is defined by the first housing part 107 at the right, left and bottom. The BGM 100 is arranged such that the cartridge 106 occupies the whole of the area of the elongate aperture 110. A slidable or pivotable door in the housing part 107 of the BGM 100 may cover all or a part of the elongate aperture 110 when the BGM is not in use. The door may cover at least the aperture 105, such as to prevent the ingress of dirt and other potential contaminants into the aperture 105.

The cartridge 106 is more clearly visible in Figure 2. Figure 2 shows the same view as Figure 1, although the removable lid part 109 and the first housing part 107 are shown in wire frame. As can be seen from Figure 2, the cartridge 106 has a generally cylindrical form, and is arranged vertically. The diameter of the
cartridge 106 is greater than the width of the aperture 110 by a factor for instance of between 5 and 50%. The cartridge 106 has a length that is between 3 or 4 times its diameter.

In Figure 3, the removable lid part 109 is shown as having been removed from the BGM 100. The first housing part 107, the fixed lid part 108 and the removable lid part 109 are configured such that when the removable lid part is in place on the BGM the cartridge 106 is retained by mechanical interaction between the three components but is removable by a user. The exact way in which the removable lid part 109 is released from the BGM 100 is not critical and is not described in detail here.

The removable lid part 109 is configured such that when removed from the BGM 100 the cartridge 106 is able to be extracted from the BGM by moving it vertically along its axis. In Figure 4, the cartridge 106 is shown as being partly removed from the BGM 100. When fully removed, the elongate aperture 110 reveals a cavity in the BGM 100. A replacement cartridge can then be introduced into the BGM 100 in the opposite manner to which the old cartridge 106 was removed. Once located at the bottom of the cavity in the BGM, the new cartridge 106 is partly surrounded by the first housing part 107. Once the removable lid part 109 has been replaced, to the position shown in Figure 1, the cartridge 106 is retained in place by the action of the first housing part 107 and the removable lid part 109. The aperture 105 in the cartridge 106 is presented at the front face of the BGM 100, in the same way as shown in Figure 1. The cartridge 106 and the cavity which receives the cartridge may have a keying feature, such as a protrusion and a groove, a non circular diameter, or the like. Thus, when the cartridge 106 is fully inserted, the aperture 105 is in a fixed position to the elongate aperture 110, for example in a centred position as shown in Fig. 1.

Figure 5 shows a subsystem 200 of the blood glucose meter 100. The subsystem 200 includes the cartridge 106, a drive wheel 201 and a drive belt 202.
In Figure 5, the cartridge shown as having a hollow cylindrical housing part 203, which constitutes part of a housing. The aperture 105 is formed in the hollow cylindrical housing part 203. Coaxial with the hollow cylindrical part 203 is an elongate shaft 204, only the top part of which is illustrated in Figure 5. The length of the shaft 204 is such that its uppermost end is slightly below the uppermost end of the hollow cylindrical housing part 203. As will be described below, the shaft 204 is mechanically coupled with the drive belt 202 so as to be rotatable by rotation of the drive wheel 201.

Formed with the inner surface of the hollow cylindrical housing part 203 are first and second guide members 205, 206. In Figure 5, it can be seen that the first and second guide members 205, 206 have a generally triangular cross section. One side of the triangular cross section of the first and second guide members 205, 206 is integral with the inner surface of the hollow cylindrical housing part 203, with a point of the triangular cross section extending towards the centre of the cartridge 106. A part of the length of the first guide member 205 is visible in Figure 5, but only the uppermost surface of the second guide member 206 is visible in that figure.

Figure 5 also shows some electronic components that form parts of the blood glucose meter 100. These components are provided within the housing 107 but do not form part of the cartridge 106.

A bus 211 is arranged to connect a number of components including a microprocessor 212, random access memory (RAM) 213, read-only memory (ROM) 214, a keys interface 215, a display driver 216, an analyte interface circuit 219 and a motor interface 217. All of these components are powered by a battery 218, which may take any suitable form.

Stored in the ROM 214 is software and firmware that governs operation of the blood glucose meter 100. The software/firmware is executed by the microprocessor 212 using the RAM 213. The software/firmware stored in the ROM
214 is operable to operate the blood glucose meter 100 such as to allow control by a user through the keys or input devices 101 to 103, as detected by the keys interface 215. A blood glucose measurement and other information is provided on the display 104 at suitable times by operation of the software/firmware and the microprocessor 212 through the display driver 216.

The motor interface 217 allows the microprocessor 212, according to the software/firmware stored in the ROM 214, to control the motor that is coupled to the drive wheel 201, and any other motors that are included in the blood glucose meter 100 (as will be described below).

The analyte interface circuit 219 is operable to provide electrical signals with certain voltages to the electrical contact terminals 401, and thus the contact pads 318 and thus the analyte measuring part 316, and to measure parameters of signals such as to allow the microprocessor 212 to measure a blood glucose level of a blood sample.

Figure 6 is the same as Figure 5 except that the hollow cylindrical housing part 203 is shown in wire frame, so as to reveal components internal to it, and in that the electronic components are omitted. In Figure 6, a third guide member 207 is visible. As can be seen from this figure, the first and second guide members 205, 206 are located only in the uppermost half of the length of the cartridge 106, and the third guide member 207 is located only in the lowermost half of the cartridge 106. The first, second and third guide members 205 to 207 are distributed around the circumference of the hollow cylindrical housing part 203. In particular, the first and second guide members 205, 206 are located at approximately 100 to 160 degrees from one another. The third guide member 207 is located approximately 60 to 130 degrees from each of the first and second guide members 205, 206.

Mounted on the shaft 204 are a plurality of members, three of which are shown in Figure 6 as 208, 209 and 210 respectively. The members 208 to 210 will hereafter
be referred to as test disc members. Each of the test disc members 208 to 210 is substantially the same.

One test disc member 208 is shown in some detail in Figure 7. The test disc member 208 has a generally circular shape, although on one side a notch 301 is formed and on another side a cutaway portion 302 is provided. The cutaway portion constitutes a milking portion, and will be described in more detail below.

The test disc member 208 includes an uppermost surface 303, a lowermost surface 304, which is shown in Figure 8, and a disc edge 305. The diameter of the test disc member 208 is between 15 and 25 millimetres, for instance 20 millimetres. The thickness of the disc, which is equal to the height of the disc edge 305, is between 0.5 millimetres and 1 millimetre. Figure 8 shows the test disc member 208 from the underside. As such, the lower surface 304 is visible and the upper surface 303 is not visible. The test disc member 208 will now be described with reference to Figures 7 and 8.

A hole 306 is formed at the centre of the test disc member 208. The hole 306 comprises two main parts. A circular part is centred on the test disc member 208 and has a diameter equal to or slightly larger than the external diameter of the shaft 204. A drive notch 307 abuts the circular part of the hole 306 and includes edges that are able to be engaged by a drive dog.

A drive dog 320 (visible in part in Figure 9 and more fully in Figure 10) is formed on the shaft 204. The drive dog 320 is engaged with the drive notch 307 in the hole 306 of the test disc member 208. This engagement allows rotation of the shaft 204 to result in rotation of the test disc member 208.

On the underside of the test disc member 208 is provided a spacer member 308. The spacer member 308 comprises a slice of a hollow cylinder. The cylinder is centred on the centre of the test disc member 208. The inner diameter of the spacer member 308 is selected such that the hole 306 does not overlap with the
spacer member 308. The outer diameter of the spacer member 308 is only slightly
greater than the inner diameter, so the spacer member 308 has little thickness.
The height of the spacer member 308 is between 0.5 and 1 millimetre. When
plural test disc members are stacked together, the spacer member 308 provides
separation between the upper surface 303 of one test disc member and the lower
surface 304 of the test disc member that is directly above it. The separation is
determined by the height of the spacer member 308.

Referring again to Figure 7, a lancet 309 is shown protruding from the disc edge
305. The lancet 309 is provided in the cutaway portion 302. A first end of the
lancet 309 is embedded within the material of the test disc member 208, and a
second end is provided with a sharp point and extends outwardly. The lancet 309
extends at an angle between 30 and 60 degrees from a radius line of the test disc
member 208 at the position where the end of the lancet 309 is embedded in the
test disc member. The second end of the lancet 309 is located at or just outside a
circumference 311 of the test disc member 208. The circumference 311 is shown
as a dotted line in Figure 7 because it is virtual, instead of tangible. The lancet
309 extends from the disc edge 305 at a first position 312 on the disc edge. The
first position 312 is close to a second position 313 at which the cutaway portion
302 starts. The cutaway portion 302 ends at a third position 314. Between the
second and third positions 313, 314 opposite to the cutaway portion 302, the disc
edge 305 generally takes the form of a circle, although the notch 301 interrupts
that circle.

Located next to the third position 314 is a blood collection part 315. This may take
any suitable form. For instance, it may comprise a laminated material. The blood
collection part 315 has the function of drawing blood that is in contact with the
disc edge 305 at the third position into the test disc member 208 to an blood
analyte measuring part 316, that adjoins the blood collection part 315, for
example a part containing an enzyme for blood glucose measuring, or the like.
Blood may be drawn through capillary action. The analyte measuring part 316
includes an enzyme that reacts chemically with blood in such a way that blood
glucose level can be measured. The analyte measuring part 316 is connected to first to third contact pads 318 by first to third conductive tracks 317. The contact pads 318 and the conductive tracks 317 are formed on the upper surface 303 of the test disc member 208. The analyte measuring part 316 also is formed on the upper surface 303 of the test disc member 208. Some or all of the conductive tracks 317, the contact pads 318 and the analyte measuring part 316 may be printed onto the upper surface 303 of the test disc member 208.

As will be described in detail below, in use a part of a user is firstly pierced by the lancet 309, the part is then milked by the disc edge 305 at the cutaway portion 302, and blood then is provided to the analyte measuring part 316 through the blood collecting part 315. A measuring circuit connected to the analyte measuring part 316 by way of the conductive tracks 317 and the contact pads 318 then is able to determine a blood glucose level of the user. The level then is displayed on the display 104.

Operation will now be described with reference to the figures.

As shown in Figure 6, the test disc members 208 to 210 commence at the same orientation. Here, the first test disc member 208 is uppermost. The third guide member 207 is located in the notch 301 of the lowermost test disc members 209, 210. The notch 301 of the first test disc member 208 is aligned with the third guide member 207, but is not constrained thereby. The upper surface 303 of the uppermost test disc member 208 is in contact with a lowermost surface of the first guide member 205. The lowermost surface of the second guide member 206 is at the same level as the lowermost end of the first guide member 205. However, the second guide member 206 coincides with part of the cutaway portion 302 of the first test disc member 208 at the orientation of the test disc member 208 shown in Figure 6. As such, there is no contact between the second guide member 206 and the first test disc member 208 when the first test disc member is in this position. The test disc members 208 to 210 are biased in an upwards direction by bias means (not shown), which may be a spring. However, the test disc members 200
to 210 are prevented from moving upwards within the cartridge 106 by virtue of the contact between the upper surface 303 of the first test member 208 and the lowermost end of the first guide member 205.

At the position shown in Figure 6, the distal end of the lancet 309 is not co-located with the aperture 105. As such, the lancet 309 is in this position not operational. Put another way, the lancet 309 at this position is shielded by the hollow cylindrical part 203, which constitutes part of the housing.

From the position shown in Figure 6, the shaft 204 is caused to rotate in a clockwise direction by action of the drive wheel 201 and drive belt 202. The drive dog 320 is engaged with the drive notch 307 in the hole 306 of the test disc member 308, and so allows rotation of the shaft 204 to result in rotation of the test disc member 308. Rotation brings the lancet 309 in front of the aperture 105. As such, a skin-covered part of a user (hereafter the part will be referred to as a user’s digit, for the sake of convenience) is lanced by the lancet 309. This produces a puncture in the skin of the digit, through which blood can escape. Figure 9 shows the first test disc member 208 rotated to the position where the lancet 309 is operable to lance the user’s digit. The shaft 204 is caused to rotate only by a predetermined amount, the maximum extent of travel of the lancet 309 is controlled. The penetration of the lancet 309 in the user’s digit depends on a number of factors, as will be appreciated by the person skilled in the art. The amount of rotation, and thus the depth of penetration, may be definable by a user. The penetration depth specified by a user may be achieved through software or firmware control of rotation of the shaft 204. The penetration depth may be defined by the user for example using one or more of the first, second and third inputs 101 to 103. For instance, the first and second inputs 101, 102 may be increase and decrease respectively, with the third input 103 being a select or confirm input. The value defining the depth may be stored in memory.

Subsequently, the shaft 204 is controlled to rotate in an anticlockwise direction. This causes the lancet 309 to be removed from the user’s digit, and for the disc edge 305 at the cutaway portion 302 to rub the user’s digit as the test disc
member 208 rotates. At a point in the rotation of the test disc member 208, the lowermost part of the second guide member 206 ceases to coincide with the cutaway portion 302 and so is able to exert a reaction force on the upper surface 303 of the test disc member 208. A short time thereafter, the lowermost part of the first guide member 205 becomes coincident with the cutaway portion 302, and ceases to contact the upper surface 303 of the test disc member 208. At this point, it is the second guide member 206 that prevents the first test disc member 208 moving upwards within the cartridge 206.

The test disc member 208 continues to rotate until the blood collection part 315 is aligned with the aperture 105. Here, rotation ceases. At this location, blood that has been caused to be expelled from the user's digit by the lancet 309 and by action of the disc edge 305 on the user's digit is caused to be drawn to the analyte measuring part 316 by capillary action. The blood and the enzyme then react.

At a suitable time, the shaft 204 is caused to be rotated further in an anticlockwise direction. Here, the test disc member 208 is caused to be rotated from the position shown in Figure 10, in which the blood collection part 315 is coincident with the aperture 105, to the position shown in Figure 11. Here, the notch 301 is aligned with the second guide member 206. Because at this location the first guide member 205 is coincident with the cutaway portion 302 of the test disc member 208, neither of the first or second guide members 205, 206 prevents upwards movement of the first test disc member 208. As such, the first to third disc members 208 to 210 are moved upwards by virtue of the bias means (not shown).

When the first test disc member 208 moves upwards, between Figures 11 and 12, the drive dog 320 ceases to cooperate with the drive notch 307 of the hole 306 of the first test disc member 208. Before the first test disc member 208 reaches the position shown in Figure 12, a lower surface of the drive dog 320 contacts the upper surface 303 of the second test disc member 209. This prevents further
upward movement of the second test disc member 209, and thus prevents further movement of the test disc member 210. At this position, the shaft 204 is caused to be rotated by the drive wheel 201 and the drive belt 202 such that the drive dog 320 is coincident with the drive notch 307 of the second test disc member 209. At this location, the second disc member 209 is able to move upwards on the shaft 204, thereby engaging the drive dog 320 with the drive notch 307 of the second test disc member 209. After the second test disc member 209 has moved upward by a distance equal to the height of the spacer member 308, further upwards movement of the second test disc member 209 is prevented by contact between the first guide member 205 and the upper surface 303 of the second test disc member 209. At this point, which is shown in Figure 12, the second guide member 206 is located within the notch 301 of the first test disc member 208. This prevents further rotation of the first test disc member 208 within the cartridge 106.

By virtue of movement up the cartridge 106 of the first to third test disc members 208 to 210, the third guide member 207 ceases to be within the notch 301 of the second test disc member 209. At this stage, the third guide member 207 does not prevent rotational movement of the second disc member 209.

At the position shown in Figure 12, the second test disc member 209 is in exactly the same position as was the first test disc member 208 at the position shown in Figure 6. Furthermore, the shaft 204, and thus the drive dog 320, has the same orientation. As such, the second test disc member 209 is able to be used to elicit a blood sample from a user and test the glucose level thereof in the same way as was the first test disc member 208.

By providing a stack of test disc members 208 to 210 within the cartridge 106 and by providing a suitable physical arrangement, a cartridge 106 can be used for multiple tests. When the cartridge 106 is new, the test disc members 208 to 210 are located in the bottom half of the cartridge 106, with the uppermost test disc member being aligned with the aperture 105. As test disc members are used, the stack of test disc members moves upwards in the cartridge. When the last test
disc member is used, the cartridge can be said to be spent. At this stage, all of the test disc members are located in the uppermost portion of the cartridge 106.

It will be appreciated that the number of test disc members 208 to 210 that can be accommodated within the cartridge 106, and thus the number of tests that can be provided by a cartridge 106, is a factor of the height of the cartridge 106, and the separation between corresponding parts (e.g. the upper surfaces) of adjacent test disc members 208 to 210. A taller cartridge and/or a reduced separation of test disc members increases the number of tests that can be performed using a single cartridge 106.

Reference will now be made to Figure 13 to 15, which illustrate connection of the analyte measuring part 316 to measurement circuitry (not shown).

Referring firstly to Figure 13, the hollow cylindrical housing part 203 is shown with the aperture 105 and the shaft 204 located as described above. A slit aperture 400 is provided in the hollow cylindrical housing part 203. The slit aperture 400 is located at substantially the same height as the aperture 105. However, the slit aperture 400 is located on a side of the hollow cylindrical housing part 203 that is substantially opposite the aperture 105.

The slit aperture 400 does not coincide with the elongate aperture 110 that is formed at the front side of the BGM 100. As such, the slit aperture 400 is not visible when the cartridge 106 is in place within the BGM 100.

Figure 14 is the same view as shown in Figure 13 although the hollow cylindrical housing part 203 is omitted.

Adjacent to the slit aperture 400 is located a swing arm 401. The swing arm 401 is rotatable about a spindle 402, as shown in Figure 15. The spindle 402 has an axis that is parallel to the axis of the shaft 204. The axis of the spindle 402 is located above the drive belt 202. A connecting arm 403 connects the spindle 402
to the swing arm 401. In this example, the connecting arm 403 is connected to the swing arm 401 by a vertical connector 404. The vertical connector 404 allows the spindle 402 on which the connecting arm 403 is mounted to be located at a different vertical position to the swing arm 401. The spindle 402, the connecting arm 403 and the vertical connector 404 are arranged such that when the connecting arm is rotated on the axis of the spindle 402 the swing arm 401 is moved towards the shaft. The movement of the swing arm 401 is substantially radial with respect to the shaft 204.

Mounted on the swing arm 401 are first to third electrical contact terminals 405. Each includes a generally horizontal arm 405a and a depending contact head 405b. The electrical contact terminals 405 are made of a resilient conductive material, for instance metal. The depending contact heads 405b are angled at their ends furthest from the swing arm 401.

In one position, shown in Figures 13 and 14, the electrical contact terminals 405 are supported by the swing arm 401 such that the dependent contact heads 405b are located within the slit aperture 400 or alternatively outside of the hollow cylindrical housing part 203. When the test disc member 208 is rotated such that the blood collection part 315 is coincident with the aperture 105, as shown in Figure 14, the contact pads 318 are coincident/aligned with the slit aperture 400. As the test disc member 208 is held in this position, the connecting arm 403 is caused to rotate around the axis of the spindle 402 such that the swing arm 401 moves towards the shaft 204. The arrangement is such that the depending contact heads 405b of the electrical contact terminals 405, but not the horizontal arms 405a, come into contact with the contact pads 318 as the electrical contact terminals 405 move into the volume above the upper surface 303 of the test disc member 208. The resilient properties of the electrical contact terminals 405 causes the electrical contact terminals to be forced against the contact pads 318. As such, an electrical connection is provided between the horizontal arms 405a of the electrical contact terminals 405 and the analyte measuring part 316.

Electronic measuring means (not shown) connected to the electrical contact
terminals 405 operate to pass a voltage through the contact terminals 405 and the analyte measuring part 316 and to take measurements of electrical parameters, from which a measurement of an analyte concentration level, for example a blood glucose level, can be determined.

The connecting arm 403 is controlled to remain in a position shown in Figure 15 for a predetermined time or alternatively until it is detected that a blood glucose level measurement has been made, after which the connecting arm 403 is caused to rotate around the shaft 402 so as to remove the electrical contact terminals 405 from the position above the upper surface of the test disc member 208. At this stage, the arrangement is as shown in Figure 14. Once the electrical contact terminals 405 have been retracted, the test disc member 208 is rotated anticlockwise so as to allow the test disc members 208 to 210 to move upwards on the shaft 204.

Alternatively or additionally, each of the conductive contacts 318 may be generally concentric with the shaft 402 for at least a part of their length. This can allow the plural terminals 405 to remain in contact with their respective conductive contacts 318 while the member rotates. Thus, for instance, the test disc member 208 could be rotated away from the position in which the blood analysis part is exposed to collect a blood sample whilst allowing the plural terminals 405 to remain in electrical contact with the blood analysis part.

It will be appreciated that the maximum permissible height dimension of the electrical contact terminals 405 is determined by the height of the spacer member 308. A thicker spacer member allows larger electrical contact terminals 405 to be used. However, this is at the expense of an increase in separation between adjacent test disc members 208 to 210, and thus a reduced capacity for the cartridge 106. The use of electrical contact terminals 405 including a horizontal arm 405a and a depending contact head 405b allows the height dimension of the electrical contact terminals to be minimised whilst allowing good electrical contact between the electrical contact terminals and the contact pads 318 and also...
allowing the electrical contact terminals 405 to operate correctly over a sufficient number of cycles.

Referring now to Figures 16 to 21, an alternative arrangement is shown with a novel lancing technique.

As shown in Figure 16, the hollow cylindrical housing part 203 is provided with the aperture 105 and the slit aperture 400. The shaft 204 is supported centrally within the hollow cylindrical housing part 203 of the cartridge 106. However, the diameter of the shaft is less than in the embodiments described above.

A plunger arrangement 500 comprising a plunging arm 501 and a plunging head 502 is provided adjacent a plunging aperture (not shown) in the hollow cylindrical housing part 203. The plunging aperture (not shown) is located next to the slit aperture 400. The plunging aperture (not shown) is located directly opposite to the aperture 105. The plunger aperture and the slit aperture 400 may be combined to form a single aperture. The plunger aperture is configured to allow the plunging head 502 to be forced by the plunging arm 501 to a position internal to the hollow cylindrical housing part 203.

Within the cartridge 106 are plural test disc members, one of which is shown as 505 in Figure 17. Here, reference numerals are retained from earlier described figures for like elements.

A lancet 506 is provided extending from the disc edge 305 in the cutaway portion 302. In particular, the lancet 506 extends in a radial direction with respect to the centre of the test disc member 505. The lancet 506 extends from a fourth position 507, which is near to the second position 313. The fourth position 507 is further from the second position 313 than is the corresponding first position 312 in the embodiments described above. However, because the lancet 506 is radial with respect to test disc member 505, a distal end 506A of the lancet 506, i.e. the end
that is furthest from the centre of the test disc member 505, is at approximately
the same position as the corresponding end of the lancet 309.

The majority of the test disc member 505 is substantially rigid. However, an
annular centre portion 508 is comprised of an elastically deformable material. In
particular, the annular centre position 508 is deformable in the presence of an
externally applied force. This means that the test disc member 505 can be
displaced relative to the shaft 204, as will be described in more detail below. The
material used to form the annular centre portion 508 may take any suitable form,
and for instance may be a rubberised plastic.

In Figure 18, the hollow cylindrical housing part 203 is omitted from the figure. In
Figure 18, the test disc member 505 is shown as having been rotated to a
position at which the lancet 506 is coincident with the aperture 105. It can be
seen that the plunging head 502 is aligned with the test disc member 505 such
that movement of the plunger arrangement 500 along the longitudinal axis of the
plunging arm 501 causes the plunging head to contact the test disc member 505
and apply force to it. Since the longitudinal axis of the plunging arm 501 is radial
with respect to the shaft 204, the force applied by the plunger arrangement is
directed towards the shaft 204.

In Figure 19, the arrangement is shown after a force has been applied to the
plunger arrangement 500 so as to displace it by a predetermined amount. Here,
the plunging head 502 has contacted the test disc member 505 on the opposite
side of the test disc member to the lancet 506. The annular centre portion 508
has become compressed on the side closest to the plunger arrangement 500
such as to allow the whole of the test disc member 505 to be displaced in the
direction of the force supplied by the plunger arrangement 500. The test disc
member 505 remains horizontal by virtue of the spacer members 308.

Displacement of the test disc member 505 in the direction of the force supplied by
the plunger arrangement 500 has resulted in displacement of the lancet 506 in a
radial direction away from the shaft 204. In this position, the lancet 506 penetrates the skin of the user's digit. Removal of the force by the plunger arrangement 500 allows the annular centre portion 508 to return to its original form, through elastic reformation. After the plunger arrangement 500 has been fully retracted, the arrangement again has the form shown in Figure 18. Here, the test disc member 505 is in its original position and the lancet 506 is retracted from the user's digit. It will be appreciated that it is the elasticity of the annular centre portion 508 of the test disc member 505 that allows the test disc member 505 to return to this position once the force applied through the plunger arrangement 500 is removed.

After removal of the force supplied by the plunger arrangement 500, the test disc member 505 can be rotated by the drive wheel 201 and the drive belt 202 so as to provide milking of the user's digit and then collection of blood at the blood collection part 315, which position is shown in Figure 20. After a measurement of blood glucose level is taken, the test disc member 505 is rotated further anticlockwise so that the second guide member 206 is aligned with the notch 301, and thus the test disc member 505 is allowed to move upwards within the cartridge 106. As a result, the test disc member 509 that is immediately below the first test disc member 505 also moves upwards within the cartridge 106 and is provided to be coincident with the aperture 105, the slit aperture 400 and the plunger aperture (not shown). Subsequent application of a plunging force by the plunger arrangement 500 causes a lancet 506 of the second test disc member 509 to be forced out of the aperture 105, as is shown in Figure 21. The process can be repeated for other test disc members included in the cartridge 106.

An advantage of the arrangement shown in Figures 16 to 21 is that a rotational arrangement can be used whilst allowing the lancet 506 to penetrate a user's skin in a longitudinal direction with respect to the lancet 506. Another advantage is that puncture can occur at any desired location, for instance on the end of the user's digit, instead of puncturing occurring slightly on the side of the end of the digit.
Another advantage is that the arrangement can allow the penetration depth of the lancet 506 to be easily predictable.

Furthermore, it allows the penetration or puncturing depth to be adjustable. In particular, the adjustment of the penetration depth can be achieved by a mechanical arrangement that limits movement of the plunger arrangement towards the shaft 204. Alternatively, it can be achieved in an electro-mechanical manner by measuring the location or displacement of some part of the mechanism and ceasing applying an energising voltage to a solenoid or other transducer that is used to affect movement of the plunger arrangement 500. Penetration depth control is important to many users since lancet penetration usually is painful and since penetration depth control allows users some control over their experience.

An alternative form of test disc member 600 is shown in Figure 22. Reference numerals are retained from above-described embodiments for like elements.

The test disc member 600 differs from the test disc member 208 shown in Figure 7 primarily by use of a curved lancet 601. The curved lancet 601 protrudes from the disc edge 305 at a position 602 that is relatively close to a second position 313 at which the cutaway portion 302 commences.

At the part of the curved lancet 601 that is adjacent the disc edge 305, the longitudinal axis of the curved lancet 601 is at an angle X with respect to a straight line drawn between the junction between the curved lancet 601 and the disc edge 305 and the centre of the shaft 204. The curve of the curved lancet 601 is such that the longitudinal axis of the curved lancet at the end distant from the disc edge 305 is at an angle greater than the angle X with respect to the line drawn between the junction between the curved lancet 601 and the disc edge 305 and the centre of the shaft 204. The effect is that the curved lancet 601 is more aligned with the circumference of the test disc member 600 at its distal end than it
is at the end that adjoins the disc edge 305. This has the positive effect that when the lancet penetrates a user's digit, or other body part, due to rotation of the test disc member 600, the path taken by the lancet as it penetrates the user's digit more closely matches the shape and orientation of the lancet than is experienced in a corresponding arrangement with a straight lancet.

This effect is enhanced with the lancet 601 since the cylindrical form of the lancet 601 is terminated at the distal end by an oblique cut. In particular, the distal end of the curved lancet 601 resembles a cylinder that has been cut at an angle that is not perpendicular to the longitudinal axis of the cylinder. As such, the end face of the curved lancet 601 has the shape of an ellipse. The ellipse has a semi-major axis and a semi-minor axis and the point that is at the end of the semi-major axis that is furthest from the disc edge 305 forms a point. The cut is made through the lancet 601 such that the point is formed extending in a direction that is substantially circumferential with respect to the test disc member 600.

The configuration of the test disc members 208 to 210, 505, 600 is such that operation results in milking of the puncture in the user's digit caused by the lancet 309. In particular, the aperture 105 is configured such as to allow an amount of the flesh making up the end of the user's digit to be present within the internal volume of the cylindrical part 203 when the user presses the digit up against the aperture 105. When the user applies force into the aperture 105 with the digit, the digit distorts and a bulbous part is provided within the internal diameter of the hollow cylindrical housing part 203. The size of the bulbous part, and in particular the height of the bulbous part, depends on a number of factors, including the physical characteristics of the user's digit and the amount of force that the user applies, as well as the configuration of the aperture 105.

The aperture 105 is dimensioned such that in normal use (i.e. with a typical user applying a typical amount of force) a bulbous part of the user's digit extends into the internal volume of the hollow cylindrical housing part 203 to a depth of approximately 1 millimetre. The test disc members 208 to 210, 505, 600 are
configured to have a cutaway portion 302 that is shaped such that when the lancet 309 is at a position at which it can lance the user's digit, the disc edge 305 is not in contact with the user's digit (i.e. the separation between the disc edge 305 and the aperture 105 is greater than 1 mm). This part of the cutaway portion 302 can be termed a first milking portion. At this position, the pressure exerted by the user results in the fluid pressure within the bulbous part of their digit being slightly greater than normal pressure. The increased pressure results from the force the user applies to their digit. This pressure encourages bleeding of the puncture that is caused by the lancet 309. Advantageously, the arrangement of the relevant features is such that the lancet 309 penetrates the user's digit to a depth of between 0.4 and 0.7 millimetres.

As the test disc member 208 to 210, 505, 600 then rotates anticlockwise, the lancet 309 is removed from the user's digit. A short time thereafter, the end of the bulbous part of the user's digit comes into contact with the disc edge 305 at a position approximately one-third to two-fifths of the way along the cut out portion 203. This part can be termed the second milking portion. The test disc member 208 to 210, 505, 600 has a substantially constant radius for the second milking portion, which extends to a position approximately two-thirds or four-fifths of the way along the cutaway portion 302. For the time at which the second milking portion is coincident with the bulbous part of the user's digit as the test disc member 208 to 210, 505 rotates, the internal pressure of the bulbous part of the user's digit is increased compared to the time at which the user's digit was in contact with the lancet 309. Furthermore, as the disc edge 305 moves into contact with and over the bulbous part of the digit, blood under the skin is caused to be pushed towards the puncture caused by the lancet.

Between the second milking part and the location of the blood collection part 315, the radius of the test disc member 208 to 210, 505, 600 is reduced, or put another way has a lower value. This portion can be termed a third milking portion. As such, after the second milking portion and before the user's digit contacts the blood collection part 315, the pressure applied to the bulbous part of the user's
digit by the disc edge 305 is reduced compared to the pressure applied at the second milking portion. Advantageously, the radius of the test disc member 208 to 210, 505, 600 at the third milking portion is selected such that the bulbous part of the user's digit does not contact the disc edge 305 (i.e. the separation between the disc edge 305 and the aperture 105 is greater than 1 mm). Whilst the third milking portion is coincident with the user's digit as the test disc member 208 to 210, 505, 600 rotates, blood is free to exit the puncture made by the lancet 309. As the test disc member 208 to 210, 505, 600 continues to rotate, the disc edge 305 again contacts the bulbous part of the user's digit at a location just before the blood collection part 315. This again increases the internal pressure within the bulbous part of the user's digit. This encourages the movement of blood towards the analyte measuring part 316. The separation between the disc edge 305 at the location of the blood collection part 315 and the aperture 105 is approximately 0.5 mm.

The configuration of the test disc members 208 to 210, 505, 600 thus encourages milking of a sample of blood from the user's digit. The sequence is as follows: Firstly, lancing by the lancet 309 with a relatively low pressure (caused by no contact with the disc edge 305 and the user's digit), followed by a period for which relatively low amount of pressure, as well as a rubbing movement, is provided by the second milking portion to the user's digit, followed by a period for which little or no pressure is provided by the disc edge 305 against the user's digit, followed by a relatively high pressure provided by the disc edge 305 against the user's digit just before and at the blood collection part 315.

Operation of the blood glucose meter 100 will now be described with reference to the flowchart of Figure 23. Operation starts at step S1. At step S2, the user locates their digit in the aperture 105. As mentioned above, the user forces their digit into the aperture 105 with a pressure or force that is suitable to allow lancing and blood collection. At step S3, the user initiates blood glucose measurement. This involves the user pressing one of the inputs 101 to 103. This is detected by the microprocessor 212 by way of the keys interface 215. The software/firmware
stored in the ROM 214 uses the key input to call a function or to execute a software module. The software/firmware stored in the ROM 214 then causes the microprocessor 212 to issue a command to a motor attached to the drive wheel 201 through the motor interface 217 to rotate the shaft 204 in a clockwise direction. The software/firmware controls the extent of the rotation. At step S4, the amount of rotation is sufficient to lance the user's digit with the lancet 309. The software/firmware stored in the ROM 214 then causes the microprocessor 212 to control the motor to rotate the shaft 204 in the opposite direction, at step S5. As the test disc member rotates anticlockwise, milking occurs at step S6. Firstly, at step S6A, there is no pressure applied by the test disc member on the digit. At step S6B, there is a medium amount of pressure on the digit. At step S6C, there is low or no pressure applied by the test disc member on the digit. At this point, the digit coincides with the part of the test disc member that is immediately before the blood collection part 315.

At step S7, the software/firmware causes the microprocessor 212 to control the motor to cease rotation when the shaft 214 is such that the blood collection part 315 is coincident with the aperture 105, and thus the user's digit. At step S8, the software/firmware controls a motor such as to cause the swing arm 401 to be rotated towards the shaft 204. The software/firmware stored in the ROM 214 is such that the microprocessor 212 causes only the required amount of travel of the swing arm 401. At this point, the analyte interface circuit 219 is coupled directly to the blood analyte measuring part 316, which by action of the blood collection part 315 has been provided with blood from the user's digit. At step S9, analyte measurement is performed. This involves the analyte interface circuit 219 providing voltages to the electrical connection contacts 318, and thus to the blood analyte measuring part 316, and measuring parameters of resulting signals. The measured parameters, particularly voltage parameters, are used by the software/firmware stored in the ROM 214, as executed by the processor 212, to calculate a blood glucose measurement level of the user. The blood glucose measurement is then caused by the software/firmware to be displayed on the display 104 through action of the microprocessor 212 on the display drive 216. At
step S10, the swing arm is caused to be removed by action of the microprocessor 212, under control of the software stored in the ROM 214, the motor interface 217 and the motor (not shown).

5 At step S11, the software/firmware results in the microprocessor 212 controlling the drive disc 201 to rotate anticlockwise. Rotation continues until the notch 301 on the test disc member is coincident with the guide 206. At step S12, the test disc member rises up the cartridge 106. In the case where biasing of the test discs up the cartridge 106 is provided by a bias means, for instance a spring, step S12 requires no action on part of the software/firmware and microprocessor 212, although there may be a pause before the next step. In embodiments where movement of the test disc members along the shaft 204 occurs through driving action, step S12 involves the microprocessor 212, under control of the software/firmware stored in the ROM 214, controlling a motor through the motor interface 217. Subsequently, at step S13, the microprocessor 212, under control of the software/firmware stored in the ROM 214, causes the shaft 204 to rotate again in a clockwise direction and to cease rotating when the drive dog 320 engages with the drive slot 307 of the next test disc member in the cartridge 106. At this stage, the test disc members rise up the cartridge 106 slightly.

20 The operation ends at step S14.

Figure 24 illustrates operation of the blood glucose meter 100 as described with reference to Figures 16 to 21.

25 Operation starts at step T1. At step T2, the user locates their digit in the aperture 105. As mentioned above, the user forces their digit into the aperture 105 with a pressure or force that is suitable to allow lancing and blood collection. At step T3, the user initiates blood glucose measurement. This involves the user pressing one of the inputs 101 to 103. This is detected by the microprocessor 212 by way of the keys interface 215. The software/firmware stored in the ROM 214 uses the key input to call a function or to execute a software module. The
software/firmware stored in the ROM 214 then causes the microprocessor 212 to issue a command to a motor attached to the drive wheel 201 through the motor interface 217 to rotate the shaft 204 in a clockwise direction. The software/firmware controls the extent of the rotation.

Following step T3, the microprocessor 212, under control of the software/firmware stored in the ROM 214, causes the shaft 204 to be rotated by a motor through the motor interface 217 and to cease rotation once the lancet 508 is aligned with the aperture 105, and thus is aligned with the user's digit, at step T4A. At step T4B, the microprocessor 212, under control of the software/firmware stored in the ROM 214, causes actuation of the plunger arrangement 500, through the motor interface 217. The control of the actuation of the plunger is such as to limit the extent of movement of the lancet 508 to a predetermined extent. The predetermined extent is set by a user through operation of the keys 102, 103 prior to the blood glucose measurement. In effect, the user can use the keys 102, 103 to set a lancing depth, which is stored in a suitable way in the ROM 214 by action of the microprocessor 212, operating under control of the software/firmware stored in the ROM 214.

When the maximum extent of plunger actuation has been reached at step T4B, at step T4C the plunger arrangement 500 is deactuated by the microprocessor 212, under control of the software/firmware stored in the ROM 214, and lancing ceases. At this step, the test disc member returns to its original position by action of the elasticity of the annular centre portion 508 of the test disc member 508.

Although in the figures, an in particular in Figure 7, three conductive tracks 317 and three conductive pads 318 are shown, it will be appreciated that this is merely illustrative. There may instead be only two conductive tracks 317 and two conductive pads 318, or alternatively there may be more than three conductive tracks and conductive pads.
The software/firmware stored in the ROM 214 then causes the microprocessor 212 to control the motor to rotate the shaft 204 in the opposite direction, at step T5. As the test disc member rotates anticlockwise, milking occurs at step T6. Firstly, at step T6A, there is no pressure applied by the test disc member on the digit. At step T6B, there is a medium amount of pressure on the digit. At step T6C, there is low or no pressure applied by the test disc member on the digit. At this point, the digit coincides with the part of the test disc member that is immediately before the blood collection part 315.

At step T7, the software/firmware causes the microprocessor 212 to control the motor to cease rotation when the shaft 214 is such that the blood collection part 315 is coincident with the aperture 105, and thus the user’s digit. At step T8, the software/firmware controls a motor such as to cause the swing arm 401 to be rotated towards the shaft 204. The software/firmware stored in the ROM 214 is such that the microprocessor 212 causes only the required amount of travel of the swing arm 401. At this point, the analyte interface circuit 219 is coupled directly to the blood analyte measuring part 316, which by action of the blood collection part 315 has been provided with blood from the user’s digit. At step T9, analyte measurement is performed. This involves the analyte interface circuit 219 providing voltages to the electrical connection contacts 318, and thus to the blood analyte measuring part 316, and measuring parameters of resulting signals. The measured parameters, particularly voltage parameters, are used by the software/firmware stored in the ROM 214, as executed by the processor 212, to calculate a blood glucose measurement level of the user. The blood glucose measurement is then caused by the software/firmware to be displayed on the display 104 through action of the microprocessor 212 on the display drive 216. At step T10, the swing arm is caused to be removed by action of the microprocessor 212, under control of the software stored in the ROM 214, the motor interface 217 and the motor (not shown).

At step T11, the software/firmware results in the microprocessor 212 controlling the drive disc 201 to rotate anticlockwise. Rotation continues until the notch 301
on the test disc member is coincident with the guide 206. At step T12, the test disc member rises up the cartridge 106. In the case where biasing of the test discs up the cartridge 106 is provided by a bias means, for instance a spring, step T12 requires no action on part of the software/firmware and microprocessor 212, although there may be a pause before the next step. In embodiments where movement of the test disc members along the shaft 204 occurs through driving action, step T12 involves the microprocessor 212, under control of the software/firmware stored in the ROM 214, controlling a motor through the motor interface 217. Subsequently, at step T13, the microprocessor 212, under control of the software/firmware stored in the ROM 214, causes the shaft 204 to rotate again in a clockwise direction and to cease rotating when the drive dog 320 engages with the drive slot 307 of the next test disc member in the cartridge 106. At this stage, the test disc members rise up the cartridge 106 slightly.

The operation ends at step T14.

Instead of the blood collection part 315 being located next to the third position 314, i.e. bounding only the part of the disc edge 305 that is purely circumferential, the blood collection part could instead be located on the disc edge 305 at the junction between the cutaway portion 302 and the circumferential portion. The blood collection part 315 in this instance may extend for between 0.5 mm and 2 mm along the disc edge 305 at the cutaway portion 302. The blood collection part 315 in this instance may also extend for between 0.5 mm and 2 mm along the disc edge 305 at the circumferential part.

Alternatively or additionally, the analyte measuring part 316 may be sandwiched between two layers of wicking material, the wicking material causing the blood to be drawn through the analyte measuring part 316.

Although in the above the shaft 204 is said to be driven by a drive wheel 201 that is coupled to the shaft 204 by a drive belt 202, the drive may instead be direct (i.e. the drive mechanism is coupled directly to the shaft 204), or connection may
be made by a notched belt, a vee belt, or by a direct gear mechanism. Instead of
an electric motor, a clockwork drive could be used. A clockwork drive mechanism
has a number of advantages, particularly where access to batteries or battery
chargers or electricity supplies are limited. In the embodiments in which a
clockwork mechanism is used, the user can be sure that the BGM 100 will not
cease operating because of drained batteries. A clockwork mechanism may be
particularly suited to developing countries and emerging markets.

In embodiments in which an electrical motor is used to drive the shaft 204,
preferably control is exerted over the motor by software. In this way, the speed of
rotation can easily be controlled. Additionally, the extent of rotation can more
easily be controlled. The motor may be a stepper motor.

Alternatively, a mechanical drive arrangement may be present, for instance using
a lever or other device for manual actuation. A suitable mechanism may be one
similar to those previously used in SLR cameras.

The swing arm 401 may be actuated in any suitable way. For instance, it may be
driven by the same motor or mechanism as the shaft 204. Alternatively, it may be
driven by a separate motor. In either case, the rotation of the swing arm 404 may
be affected by a cam mechanism, or by a pin and slot (track path) mechanism. In
the event of an electric motor being used, the motor preferably is software driven.
The motor preferably is a stepper motor.

The mechanical arrangement may include a mechanism by which a bias means,
for instance a mechanical compression spring, is biased and then released in
order to push the electrical contact terminals 405 into place. The terminals 405
can then be retracted by the swing arm 401 using a rotating motion. The overall
mechanism can be termed a latch type trigger mechanism.

Instead of a swing arm 401 being used to rotate the electrical contact terminals
405 into place, the contact pads 318 may instead be located on the disc edge
305, allowing the use of fixed electrical contact terminals 405. The electrical contact terminals may include a brush or other deformable feature such that the test disc members 208 to 210, 505, 600 can move whilst in contact with the electrical contact terminals without damage occurring to any of the components.

Similar arrangements are used in brushed DC motors. In this case the electrical contact terminals 405 could be flexible finger contacts that rest on the periphery of the test disc members 208 to 210, 505, 600 in order to contact the contact pads 308.

Alternatively, instead of a swing arm 401, a mechanism may be used to affect longitudinal movement of the electrical contact terminals 405 into place to contact the contact pads 318.

The conductive tracks 317 and the contact pads 318 may be formed by leadframe. Alternatively, overmoulding may be used. Alternatively, printed circuit board (PCB) printing may be used.

Optionally, each of the test disc members 209, 210, 505, 600 is separated from adjacent test disc members by a membrane (not shown in the drawings). In this case, the membrane preferably fits closely to the internal surface of the hollow cylindrical housing part 203. An effect of the membrane is to reduce the possibility of disc cross-contamination. Use of a membrane may allow the test disc members 208 to 210, 505, 600 to have a reduced separation than would be the case without the use of a membrane.

In the above, the test disc members 208 to 210, 505, 600 are said to be biased upwards by a bias means, for instance a compression spring. Alternative mechanisms for moving the test disc members 208 to 210, 505, 600 up the cartridge may be used. For instance, a threaded lifting cam may be provided on the shaft 204 or alternatively on the interior surface of the hollow cylindrical housing part 203. Alternatively, the test disc members 208 to 210, 505, 600 may remain stationary, with the aperture 105 and the drive dog 320 instead being
moved along the axis of the cartridge 106. Movement of the aperture 105 may be achieved by the use of a sliding door in an elongated slot. Movement of the door allows a different strip to be revealed at the aperture 105.

Instead of the blood collection part 315 wicking blood towards the analyte measuring part 316, blood may be communicated to the analyte measuring part 316 instead through gravity.

Additionally, the test disc members 208 to 210, 505, 600 may include a disinfecting or cleaning portion that contacts the digit before lancing. This can reduce risk of infection of the wound and also can increase accuracy in particular by removing any glucose from the skin (as may occur after eating fruit etc.).

Additionally or alternatively, the test disc members 208 to 210, 505, 600 may include a cleaning portion that is arranged to contact the digit subsequent to the blood collection part 305. This can remove additional blood from the finger, and may also serve to assist closure of the puncture.

The device described thusfar is also described in PCT/EP201/061536.

Referring now to Figure 25, a plan view of a test disc member 700 according to embodiments of the invention is shown. The test disc member of Figure 25 differs from the test disc members 208-209 described above. The remaining features and operation of the BGM 100 and cartridge 106 described above are unaltered. Reference numerals are retained from previous Figures for like elements.

The test disc member 700 (also referred to as test disc, disc and testing member herein) has a hole 306 for mounting the test disc member 700 on the spindle 402. Several test disc member 700 may be mounted on the spindle 402 as described in detail above. The test disc member 700 has a notch 301 for engagement with the first to third guide members 205, 206, 207. The test disc member 700 has a lancet 309 protruding from the edge of the disc. The lancet 309 may be straight or
curved. The test disc member 700 is configured to be mounted in the cartridge 106 so as to permit lancing of and blood collection from a user's digit or other body part received in the aperture 105.

Alternatively, the test disc member 700 comprises a blood collection part 315 and a blood analysis part 316 as previously described. The blood collection part 315 and a blood analysis part 316 may be integral. The blood analysis part 316 (or integrated collection part) may contain an enzyme which reacts with substances in the blood. The test disc member 700 has contact pads 318 connected to the blood analysis part 316 by electrically conductive tracks 317. The blood collection part 315, blood analysis part 316, contact pads 318 and conductive tracks 317 may be disposed on the upper surface of the test disc member 700.

Another blood collection part 702 (also referred to as a secondary blood collection part 702 herein) is disposed at the edge of the test disc 700. This secondary blood collection part 702 may be made of a wicking material, for example a material substantially similar to that of the blood collection part 315. Another blood analysis part (not shown) may be located adjacent the secondary blood collection part 702. This other blood analysis part may contain an enzyme.

Alternatively, the enzyme may be present in the secondary blood collection part 702. The secondary blood collection part 702 may be sandwiched between upper and lower surfaces of the test disc member 700 such that only an end of the secondary blood collection part 702 is exposed at the edge of the disc. Alternatively, the secondary blood collection part 702 may be disposed on an upper surface of the test disc 700. Alternatively, the secondary blood collection part 702 may occupy the entire thickness of the test disc 700.

The secondary blood collection part 702 is disposed on a second protrusion 704 of the disc edge between the blood collection part 315 and the lancet 309. The second protrusion 704 may have a smooth curve shape. The area of the disc 700 defining the second protrusion 704 may be impregnated with an antiseptic or antibacterial substance. This part of the disc may have a sponge, foam or
capillary like structure in which the substance is adsorbed. The antiseptic/antibacterial substance may be contained only in the anticlockwise side of the second protrusion 704, that is the side of the second protrusion 704 which first contacts the user's digit when the test disc 700 is rotated in an anticlockwise direction.

A cutaway portion is provided anticlockwise of the second protrusion 704 in order to accommodate the lancet 309. Another cutaway portion may be provided clockwise of the second protrusion 704, between the two blood collection parts 315, 702. The disc edge may be extended to form a first protrusion 706 at the location of the blood collection part 315 and a blood analysis part 316.

The secondary blood collection part 702 is connected to secondary contact pads 708 by secondary conductive tracks 710. At least two secondary contact pads 708 and two secondary conductive tracks 710 may be provided. In an example embodiment, three secondary contact pads 708 and three secondary conductive tracks 710 are provided. The secondary conductive tracks 710 may extend through the body of the test disc 700. Alternatively, the secondary conductive tracks 710 may be disposed on the underside of the test disc 700. This ensures that the conductive tracks 317 and the secondary conductive tracks 710 do not cross.

In an example embodiment, the secondary contact pads 708 are disposed on a secondary surface 712. The secondary surface 712 is defined by a step change in the thickness of the test disc member 700. This change may be a decrease in thickness. The secondary surface 712 occupies a portion of the disc surface at an edge of the disc. Thus the secondary surface 712 is below the level of the rest of the disc surface such that the secondary contact pads 708 are below the level of the contact pads 318.

The BGM 100 is substantially as previously described. However, due to the new arrangement of the test disc member 700 and new operation (described below),
the software and firmware stored in the ROM 214 that governs operation of the blood glucose meter 100 is also different.

Exemplary operation of the BGM 100 containing a cartridge 106 having a plurality of the test disc members 700 mounted therein will now be described. First, an unused cartridge 106 is first inserted into the BGM 100. Then, a user presents their body part (hereafter digit for convenience) to the aperture 105 in the cartridge 106. A part of the user’s digit enters the cartridge 106, due to the size and shape of the aperture and/or to the pressure exerted by the user. At this point the test disc member 700 is in the same relative position as the first test disc member 208 shown in Figure 6 such that the cutaway portion provided anticlockwise of the second protrusion 704 is in front of the aperture 105.

The user initiates a blood collection and analysis operation. The test disc member 700 is rotated clockwise (relative to the orientation of Figure 25) by the spindle 402 to lance the user’s digit. The amount of rotation determines the depth of the lancing operation and may be automatically determined or set by the user. The test disc member 700 rotates anticlockwise to remove the lancet from the user’s digit.

Immediately or after a short pause, the test disc member 700 continues to rotate anticlockwise. The user’s digit contacts the anticlockwise side of the second protrusion 704. At least this side of the second protrusion 704 may be impregnated with a disinfecting, antiseptic or antibacterial substance. This has the effect of cleaning and sterilising the user’s digit when it contacts the second protrusion 704. At least the anticlockwise side of the second protrusion 704 may be resiliently deformable and the impregnated cleaning substance may be expelled from the second protrusion 704 when pressure is applied to it by the user’s digit. The cleaning and disinfecting effect of the second protrusion 704 removes substances from the surface of the user’s skin which could affect the accuracy of the subsequent blood analysis and reduces the risk of infection.
The shape of the second protrusion 704 causes the pressure on the user’s digit to increase as the test disc member 700 rotates. This has the effect of a "milking feature" as described in detail above, wherein the pressure exerted on the user’s digit encourages blood to exit the lancet wound. The rotation of the test disc member 700 stops when the secondary blood collection part 702 is located in front of the aperture 105. The secondary blood collection part 702 is located at the end or tip of the second protrusion 704. The secondary blood collection part 702 is made of an absorbent material. For example, the secondary blood collecting part may be a capillary or a space exhibiting a capillary effect. In addition or alternatively, an absorbing material may be deposited on a surface or on the surfaces of blood collection part 702, for example a hydrophilic substance. Therefore, blood expelled from the lancet wound is absorbed into the blood collection part 702 (the first blood sample). An electrical connection is then made between the secondary blood collection part 702 and the BGM 100. This may be achieved by activating the swing arm 401 as described in detail above. The difference in position of the secondary contact pads 708 relative to the contact pads 318 is accommodated by the resilient depending contact heads 405b of the contact terminals 405 such that a good connection can be made between the contact terminals 405 and the secondary contact pads 708.

Only two secondary contact pads 708 may be present, therefore only the first and second contact terminals 405 may make a connection. An electrical signal may be applied via the secondary contact pads 708 to the secondary blood collection part and a resulting electrical characteristic, such as the resistance, of the circuit is measured. For example, the resistance of the circuit including the secondary blood collection part 702 may decrease proportionately to the volume of blood absorbed due to the ionic properties of the blood e.g. due to salts present in the blood plasma. In this way an analysis is made of the quantity of blood absorbed into the secondary blood collection part 702.

The chance of the blood glucose level of a blood sample not being representative of the user’s overall blood glucose level may be reduced by analysing a larger
sample of blood. Thus a threshold quantity of blood may be defined as a "sufficient" quantity for a high confidence in the analysis of the blood glucose level. The BGM 100 may be configured to determine when the amount of blood absorbed into the secondary blood collection part 702 exceeds a predetermined threshold level. If this is the case, it can be inferred that a sufficient quantity of blood is being expressed from the lancet wound. In other words, it can be inferred from this measurement that when the user's digit is subsequently presented to the blood collection part 315, there will be sufficient blood flow from the lancet wound to allow the blood collection part 315 and blood analysis part 316 to be completely filled, resulting in an accurate blood glucose analysis. The BGM 100 may be configured to cause rotation of the test disc member 700 between the secondary blood collection part 702 and the blood collection part 315 only when it is determined that the threshold level is exceeded.

If, after a period of time, it is determined that the threshold level of blood is not exceeded, the BGM 100 may be configured to re-perform the lancing operation. This may be preceded by a warning to the user, displayed on the display 104 that an insufficient amount of blood is present for an accurate reading and that lancing will be re-performed. The user may then adjust the position of their digit or present a different digit to the aperture. The lancing operation may only be re-performed after a new user input. The BGM 100 may be configured to automatically lance at a deeper setting if the first lancing is unsuccessful.

If it is determined that the threshold blood level is exceeded, then the test disc member 700 rotates further in an anticlockwise direction. The cutaway portion located clockwise of the second protrusion 704 means that no pressure is exerted on the user's digit during this stage of the rotation and blood can be freely expressed from the lancet wound.

The user's digit then contacts the anticlockwise side of the first protrusion 706. The pressure exerted by the first protrusion 706 milks the user's digit, causing blood to exit the lancet wound.
The rotation of the test disc member 700 stops when the blood collection part 315 is located in front of the aperture 105. The blood collection part 315 is located at the end or tip of the first protrusion 706. The blood collection part 315 is made of an absorbent material, as previously described. Therefore, blood expelled from the lancet wound is absorbed into the blood collection part 315. The blood is absorbed by capillary action in the adjacent blood analysis part 316. The blood collection part 315 and blood analysis part 316 may be integral. An electrical connection is then made between the blood analysis part 316 and the BGM 100. This may be achieved by activating the swing arm 401 as described in detail above. An analysis of the blood sample absorbed into the blood analysis part 316 can then be performed and the result displayed to the user on the display 104.

The presence of the secondary blood collection part 702 and the blood volume analysis performed via the secondary contact pads 708 ensures that a sufficient quantity of blood is being expressed from the lancet wound for an accurate analysis to be performed on the blood absorbed into the blood analysis part 316 (the second blood sample). Furthermore, the removal of the first droplet or first amount of blood to be expressed from the lancet wound further increases the accuracy of the blood analysis.

Instead of being disposed on the upper surface of the test disc member 700, the contact pads 318 and/or the secondary contact pads 708 may be disposed on the edge of the disc. In these embodiments, the swing arm arrangement is not required, and contact terminals may be provided on the inside wall of the cartridge 106.

Instead of having a secondary surface 712 on which the secondary contact pads 708 are disposed, the secondary contact pads 708 may be disposed on the same upper surface as the contact pads 318. The secondary conductive tracks 710 may pass through the body of the test disc member 700 or may be disposed on the
underside of the disc and pass through or around the edge of the disc to connect with the secondary contact pads 708.
Claims

1. A testing member (700) for eliciting blood samples, the testing member configured to be rotatably mounted inside a cartridge and comprising:
   a lancet (309) for lancing a body part of a user, the lancet protruding from an edge of the testing member;
   a second blood collection part (702);
   second contact pads (708), the second contact pads being electrically connected to the second blood collection part, the second blood collection part and second contact pads together being configured to facilitate an analysis of the quantity of blood in a first blood sample in the second blood collection part;
   a blood analysis part (316);
   first contact pads (318), the first contact pads being electrically connected to the blood analysis part, the blood analysis part and first contact pads together being configured to facilitate an analysis of a second blood sample in the blood analysis part,
   wherein the testing member is configured to be rotated such that the blood analysis part and the second blood collection part are able to be presented at an aperture in the cartridge in turn.

2. A testing member according to claim 1, wherein the second blood collection part is disposed on a second protrusion (704) of an edge of the testing member.

3. A testing member according to claim 2, wherein the second blood collection part is disposed at the end of the second protrusion.

4. A testing member according to claim 2 or claim 3, wherein the second protrusion is impregnated with an antiseptic substance.

5. A testing member according to claim 4, wherein the antiseptic substance is an antibacterial substance.
6. A testing member according to any preceding claim, wherein the blood analysis part is disposed on a first protrusion (706) of an edge of the testing member.

7. A testing member according to any preceding claim, wherein the first contact pads are electrically connected to the blood analysis part by first conductive tracks and the second contact pads are electrically connected to the second blood collection part by second conductive tracks that cross the first conductive tracks without electrical connection therebetween.

8. A testing member according to any preceding claim, wherein the second contact pads are electrically connected to the second blood collection part by conductive tracks disposed within the body of the testing member and the first contact pads are electrically connected to the blood analysis part by conductive tracks disposed on an upper surface of the body of the testing member.

9. A testing member according to claim 8, wherein the second contact pads are disposed on a secondary surface of the testing member defined by a step in the thickness of the testing member, the secondary surface being below the level of the upper surface.

10. A testing member according to any preceding claim, wherein the blood analysis part (316) contains an enzyme.

11. A testing member according to any preceding claim, further comprising a first blood collection part (315).

12. A testing member according to claim 11, wherein the blood analysis part (316) and the first blood collection part (315) are integral.
13. Apparatus comprising a cartridge, the cartridge comprising an aperture configured to receive a body part of a user and having at least one testing member according to any of claims 1 to 12 rotatably mounted therein.

14. Apparatus according to claim 13 when dependent on any of claims 2 to 5, wherein the second protrusion (704) is configured to contact the body part of the user received in the aperture subsequent to lancing so as to clean the surface of the body part.
Start

User locates digit in aperture

User initiates measurement

Test disc member rotates in first direction to lance digit

Test disc member rotates in opposite direction

Milking
  No pressure on digit
  Medium pressure on digit
  Low or no pressure on digit

Rotation stops when blood collection part contacts digit

Swing arm operated

Analyte measurement performed

Swing arm removed

Test disc member rotates in second direction

Test disc member rises up cartridge

Shaft rotates in first direction, to pick up next test disc member

End

Fig. 23
## A. CLASSIFICATION OF SUBJECT MATTER

INV. A61B5/15 A61B5/151 A61B5/157

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

A61B

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, WPI Data

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

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[X] Further documents are listed in the continuation of Box C.  
[X] See patent family annex.

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Date of the actual completion of the international search: 19 June 2013

Date of mailing of the international search report: 01/07/2013

Name and mailing address of the ISA:

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Authorized officer:

Schulz, Ottmar
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