

RIVERDENE HEALTHCARE

Point-of-Care Diagnostics · South Africa

Bringing the result to the moment of clinical decision — not the other way around.

WHO WE ARE

A South African company introducing next-generation point-of-care haematology

Riverdene Healthcare is a South African healthcare company focused on bringing advanced point-of-care diagnostic technology to clinical settings across the country. We operate at the intersection of haematology and clinical workflow — identifying settings where the gap between the patient encounter and an actionable result creates risk, delay, or unnecessary cost.

We are the authorised distributor for Essenlix Corporation's iMOST haematology platform for South Africa — a compact, high-performance analyser designed for use at the point of care. We are currently in the process of SAHPRA registration and are meeting with oncologists, haematologists, and clinical leaders across Gauteng ahead of our commercial deployment.

THE DEVICE AT A GLANCE

< 5 min	19	POC
Full 19-parameter blood count including white cell differential	Parameters reported per test, comparable to central laboratory output	Compact form factor — operates without laboratory infrastructure

THE CLINICAL PROBLEM WE ADDRESS

In haematology-intensive settings — particularly oncology units managing chemotherapy protocols — the full blood count is among the most frequently ordered investigations. Pre-infusion neutrophil and platelet counts determine whether a dose proceeds, is delayed, or is reduced. Today, in most South African private oncology settings, these results arrive from a central laboratory — often requiring a blood draw the day before, or a same-day wait that holds up the clinical day.

Peer-reviewed research conducted in South African healthcare settings consistently documents the consequences of diagnostic delay: lost patients, empirical treatment decisions, and workflow disruption. Point-of-care haematology does not replace the central laboratory — it provides the right result at the right moment, so that the clinical encounter can proceed on its own terms.

PRIORITY SETTINGS

- Oncology day units & chemotherapy infusion centres
- Clinical haematology practices
- Bone marrow transplant programmes
- Academic oncology departments
- High-acuity private hospital wards

WORKFLOW ADVANTAGES

- Result available before patient is seated for infusion
- No sample transport or courier dependency
- Reduces same-day dose delays
- Minimal staff training required
- No laboratory infrastructure needed
- Complement to — not replacement of — central laboratory

WHY MEET WITH US NOW

We are meeting with clinical leaders across Gauteng before our commercial launch — not to make a sale, but to listen and understand how diagnostic workflows operate in your setting so as to ensure our offering is shaped by clinical reality.

Clinicians who engage early have the opportunity to help define how this technology enters the South African market.

Riverdene Healthcare (Pty) Ltd · Johannesburg, Gauteng · Authorised SA Distributor: Essenlix Corporation iMOST Platform

Pre-commercial
· Confidential



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The iMOST® U reports **19 parameters** from a 10 µL venous or capillary blood sample, covering red cell indices, white cell count with full 5-part differential, and platelet count — comparable in scope to a central laboratory CBC. Parameters highlighted in green are of primary relevance in oncology and haematology monitoring, particularly for pre-infusion chemotherapy assessment.

COMPLETE BLOOD COUNT — PARAMETER REFERENCE

Red Cell Parameters			White Cell Count & 5-Part Differential		
Abbrev.	Parameter	Unit	Abbrev.	Parameter	Unit
HGB	Haemoglobin	g/L	WBC	White Blood Cell Count	×10 ⁹ /L
RBC	Red Blood Cell Count	×10 ¹² /L	NEU#	Neutrophil Count (absolute)	×10 ⁹ /L
HCT	Haematocrit	%	NEU%	Neutrophil Percentage	%
MCV	Mean Corpuscular Volume	fL	LYM#	Lymphocyte Count (absolute)	×10 ⁹ /L
MCH	Mean Corpuscular Haemoglobin	pg	LYM%	Lymphocyte Percentage	%
MCHC	Mean Corpuscular Haemoglobin Concentration	g/L	MON#	Monocyte Count (absolute)	×10 ⁹ /L
RDW	Red Cell Distribution Width	%	MON%	Monocyte Percentage	%
Platelet			EOS#	Eosinophil Count (absolute)	×10 ⁹ /L
Abbrev.	Parameter	Unit	EOS%	Eosinophil Percentage	%
PLT	Platelet Count	×10 ⁹ /L	BAS#	Basophil Count (absolute)	×10 ⁹ /L
			BAS%	Basophil Percentage	%

■ Green highlight = primary oncology / haematology monitoring parameters

INSTRUMENT SPECIFICATIONS

Specification	Value	Notes
Measuring Time	3 – 5 minutes	From sample loading to result display
Sample Volume	10 µL	Venous or capillary whole blood · K2EDTA anticoagulant
Sample Types	Venous & Fingerstick	Standard venous draw or finger-prick capillary blood
Instrument Size	220 × 110 × 80 mm	Compact benchtop — no laboratory infrastructure required
Weight	997 g	Under 1 kg — portable and bench-deployable
Calibration	Factory Calibrated	No user calibration required · Built-in self-check QC
Operating Temp.	+15°C to +30°C	Standard clinical environment compatible
Regulatory Status	CE Marked	SAHPRA registration in progress · FDA clearance pending
EMR Integration	Supported	Compatible with electronic medical record systems

The iMOST® U delivers a **full 5-part white cell differential including absolute neutrophil count** — the parameter most critical for pre-infusion chemotherapy go/no-go decisions — in under five minutes, from a single 10 µL drop of blood, without laboratory infrastructure.