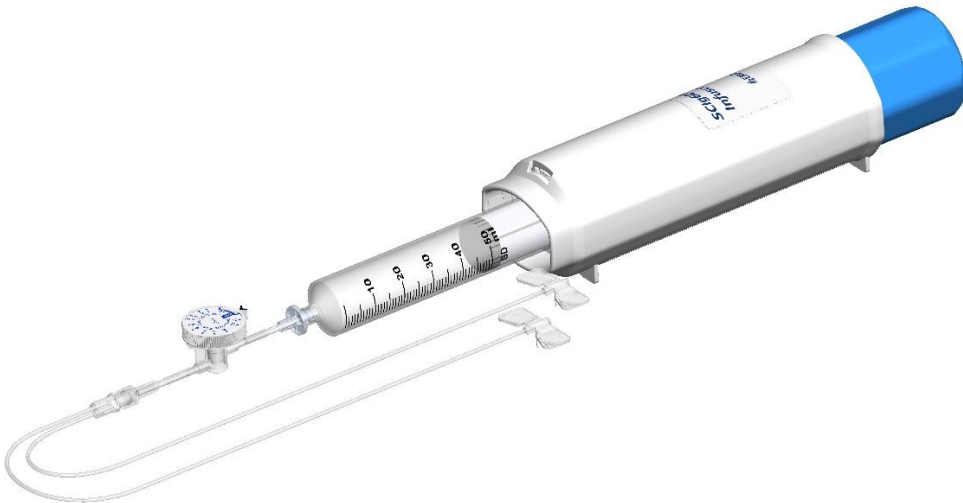




User Manual

SCIg60[®] Infusion System

International Users



SCIg60® Infusion System

Contact Information



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NOTE:

In the event any serious incident occurs due to the use of this product, the healthcare provider, user or patient shall report the incident to EMED Technologies at +1-916-932-0071 and the competent authority in your region.

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SClg60® Infusion System

Important Information

Please contact EMED Technologies if you have any questions or concerns regarding the use of the SClg60 Infusion System.

Document Conventions

The below text and color code convention is used throughout this document to highlight warnings, cautions, and notes:

WARNING:

A **Warning** is an alert to a potential hazard which could result in serious personal injury or product damage if proper procedures are not followed.

CAUTION:

A **Caution** is an alert to a potential hazard which could result in minor personal injury or product damage if proper procedures are not followed.

NOTE:

A **Note** provides additional information or recommendation.

Terms and Abbreviations

The following terms are defined below and referenced throughout the document:
























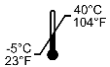
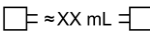


| Defined Term | Meaning |
|----------------|---|
| Infuset | Infuset® fixed rate flow control accessory |
| IFU | Instructions for Use |
| Pump | SClg60® Infuser |
| SClg60 | SClg60® Infusion System |
| SUB-Q Set | Subcutaneous Administration Set |
| VersaRate | VersaRate® Variable rate flow controller accessory |
| VersaRate Plus | VersaRate® Plus Variable rate flow controller accessory |

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Symbols

EMED Symbol Glossary can be found at the following website: <https://www.emedtc.com/support>

The following symbols may be found on the SCIG60 Infusion System labeling and packaging materials:

| Symbol | Definition | Symbol | Definition |
|---|---|---|------------------------------|
|  | Caution |  | Manufacturer |
|  | Refer to instruction manual/booklet |  | EC Representative |
|  | Medical Device |  | CE Mark |
| RxOnly | To sale by or on the order of a physician. |  | Importer |
|  | Do not re-use |  | Reference number |
|  | Don't use if package is damaged |  | Serial number |
|  | Sterilized by Ethylene Oxide |  | Manufacturing date |
|  | Single sterile barrier system with protective packaging outside |  | Country of Manufacture |
|  | This product is not made with latex |  | Batch number |
|  | Is not made with di(2-ethylhexyl) phthalate (DEHP) |  | Expiration date |
|  | Non-pyrogenic |  | Quantity |
|  | Fluid Path |  | Length |
|  | Storage temperature limits |  | Approximate priming volume |
|  | MR Unsafe |  | Single patient, multiple use |

SClg60® Infusion System

Introduction

The EMED SClg60® Infusion System consists of the SClg60 Infuser and carrying case, a flow rate controller (Infuset® fixed rate flow control extension set, VersaRate® variable flow rate controller, or VersaRate Plus® variable flow rate controller), and a subcutaneous patient administration set. The SClg60 Infusion System provides a portable and effective way to subcutaneously infuse prescribed fluids.

Description

The SClg60 Infuser is a reusable mechanical infusion pump that does not require batteries or any electrical source. The pump utilizes a spring as a source of energy to continuously deliver fluids at controlled flow rates when used as a system with the following components:

| Component | Model Information |
|-------------------------|---|
| Pump with Carrying Case | SClg60 Infuser (FP-0010002) |
| 50 mL Syringe | BD 309653 |
| Flow Controller | Infuset®, VersaRate®, or VersaRate® Plus (See table below) |
| Administration Set | SUB-Q, SAF-Q®, or OPTFlow® |

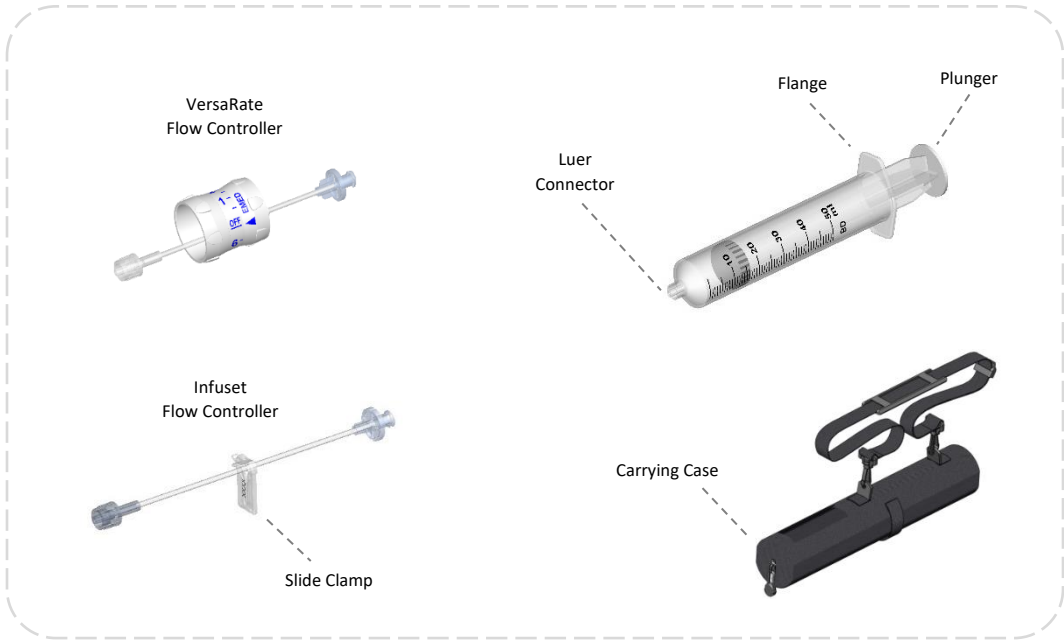
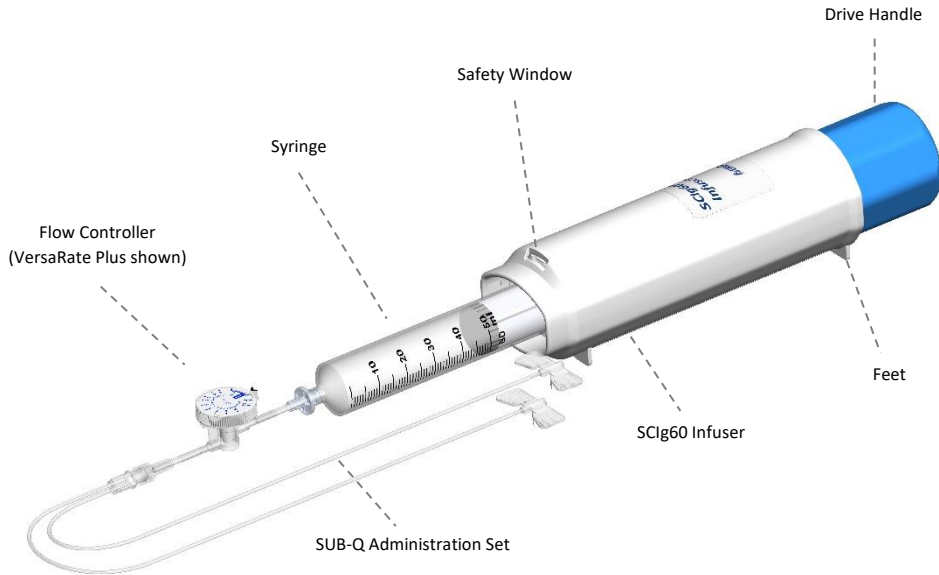
The syringe, flow controller and administration set are sold separately. The syringe component is not manufactured by EMED and is available for purchase from the manufacturer.

The flow controller accessory regulates the fluid flow rate into the SUB-Q set. The flow controller accessory should be selected based on the prescribing fluid's administration instructions, the viscosity of the prescribed fluid, the type of SUB-Q administration set being used, and patient factors. See section *System Flow Rate Performance* for additional information. The following flow controllers are recommended for use with the SClg60 Infuser System:

| Description | Reorder Number |
|----------------|----------------|
| Infuset-45 | FP-0010013 |
| Infuset-80 | FP-0010014 |
| Infuset-120 | FP-0010011 |
| Infuset-190 | FP-0010008 |
| Infuset-290 | FP-0010007 |
| Infuset-430 | FP-0010010 |
| Infuset-650 | FP-0010009 |
| Infuset-820 | FP-0010006 |
| Infuset-930 | FP-0010005 |
| Infuset-1850 | FP-0010004 |
| Infuset-3200 | FP-0010027 |
| Infuset-4000 | FP-0010028 |
| Infuset-4300 | FP-0010029 |
| VersaRate | FP-0010003 |
| VersaRate Plus | FP-0010026 |

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System Diagram



SCIg60[®] Infusion System

Indications

The SCIg60 Infusion System is intended for use in the home or hospital environment for the subcutaneous infusion of immunoglobulin liquid medications with the BD 50 ml syringe (model no. 309653). The system is intended for single patient, multiple use only.

Contraindications

The SCIg60 Infusion System is not intended for delivery of whole blood or the infusion of insulin.

Administration of indicated immunoglobulin fluids is intended for subcutaneous infusion only. Infusion into other infusion sites, including blood vessels, should not be attempted.

Intended Population

The SCIg60 Infusion System is intended for adult or pediatric patients (2 years and older) that require subcutaneous infusion of fluid medication prescribed by a healthcare professional. The infusion system must be operated by an adult for use with pediatric patients.

Alarms

The SCIg60 Infuser is a mechanical infusion pump which does NOT have alarms or indicators.

Limitations

The principle of operation of the SCIg60 Infusion System is continuous infusion by applying a constant force to the syringe and regulating the fluid flow into the SUB-Q set using a flow controller. The system is passive and is therefore not able to compensate automatically for changes in environment or patient conditions. When using an Infuset flow controller, the rate is fixed and cannot be adjusted during infusion. When using a VersaRate flow controller, the rate can be adjusted manually if needed. For more information, reference the *Factors that Affect Flow Rate* and *Troubleshooting* sections.

The SCIg60 Infuser does not have any indications or alarms. The patient or healthcare professional must always monitor the infusion progress and determine when the infusion is complete by verifying the remaining volume in the syringe.

Warnings and Precautions



Warnings:

- Use the SCIg60 Infusion System ONLY for its intended use and as prescribed by your healthcare professional.
- Read and follow all instructions for the SCIg60 Infusion System and applicable components prior to use.
- Healthcare professionals and users should read the indicated immunoglobulin fluid's contraindications, instructions, and warnings prior to initiating delivery of fluid.
- Do NOT use SCIg60 Infusion System while undergoing medical diagnostic procedures, such as MRI, X-ray, or CT scans.
- Use ONLY the listed administration sets, flow controllers and BD syringe (Model No. 309653) with the SCIg60 Infusion System. Use of other infusion accessories may result in unsafe conditions for patient or deviation from desired infusion rates.
- Do NOT store indicated immunoglobulin fluid in the syringe prior to use. Prepare the SCIg60 Infusion System and initiate therapy immediately after transferring indicated immunoglobulin fluids to the syringe.
- Use aseptic technique when handling fluid, syringe, flow controller, and subcutaneous administration set.
- Do NOT insert or remove the syringe until the DRIVE HANDLE is fully opened, as instructed in the Instructions for Use section.
- Do NOT use flow controller, administration set, or syringe components more than once, as reuse may result in infection, cross contamination, or altered flow rate performance. Do NOT attempt to re-sterilize components, doing so may cause serious personal injury.
- Do NOT open the Infuser or attempt to modify its function in any way other than its intended use.



Cautions:

- U.S. Federal law restricts this device to sale by or on the order of a physician.
- Place the SCIg60 Infusion pump on a flat surface or in the provided carrying case during use. Syringe damage and fluid loss may occur if the SCIg60 Infusion System is dropped while loaded.
- Do NOT continue to use an SCIg60 Infuser that has been damaged, dropped, or if it has failed to perform as expected. If any damage is suspected, contact EMED Technologies.
- Do NOT subject the Infuser to autoclaving or other methods of sterilization. Avoid exposing the SCIg60 pump or carrying case to temperatures outside of recommended range.
- Do NOT use multiple flow control accessories at one time (e.g., connecting one Infuset to another, connecting an Infuset to a VersaRate, etc.) because the flow rates provided in this manual are for a single Infuset or VersaRate only.




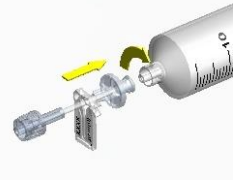

MRI Safety Information

The SCIg60 Infusion System is MR Unsafe.


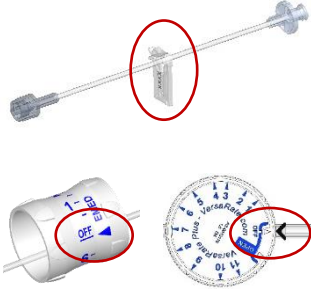
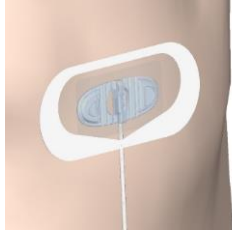
SCIg60® Infusion System

Instructions for Use

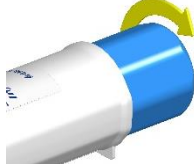
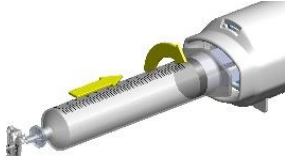
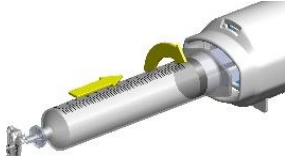
SCIg60 Infusion System IFU

| Step | Instruction | Image |
|-------------------------|--|--|
| Prepare Infusion | | |
| 1 | <p>WASH HANDS thoroughly and dry hands before handling any supplies. Wear gloves if you have been instructed to do so.</p> <p>WARNING: Use aseptic technique throughout procedure.</p> |  |
| 2 | <p>REMOVE Flow controller, administration set and syringe from sterile packaging.</p> <p>WARNING: Read and follow all instructions for the components prior to use.</p> |  |
| 3 | <p>TRANSFER indicated fluid from vial(s) to 50 ml syringe (BD model no. 309653) according to the package insert or as instructed by your healthcare professional. Immediately proceed to next step.</p> <p>WARNING: Do NOT store indicated immunoglobulin fluid in the syringe prior to use.</p> |  |
| 4 | <p>CONNECT syringe male Luer lock (MLL) to Infuset or VersaRate female Luer lock (FLL).</p> <p>The “Luer Locks” are the connectors at each end of the various components that allow interconnection between the components.</p> |  |
| 5 | <p>CONNECT Infuset or VersaRate male Luer lock (MLL) to specified patient administration set female Luer lock (FLL).</p> |  |


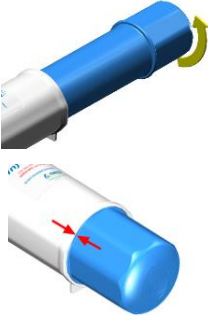

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| Step | Instruction | Image |
|------|--|--|
| 6 | <p>PRIME the tubing (i.e., pre-load with the prescribed fluid) by gently pushing on the syringe plunger to fill the tubing with fluid or as instructed by your healthcare professional.</p> |  |
| 7 | <p>CLOSE flow control accessory. Use slide clamp provided with Infuset or select the 'OFF' position on the VersaRate or VersaRate Plus to prevent flow of fluid.</p> |  |
| 8 | <p>PREPARE INJECTION SITES and INSERT NEEDLES according to the indicated medication package insert, specified administration set instructions, or as instructed by your healthcare professional.</p> <div data-bbox="239 764 805 943" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>NOTE: If instructed by your healthcare professional, before starting the infusion but after the needles are inserted, gently pull back on the plunger to make sure no blood is flowing back into the tubing. If blood is present, remove and discard the needle and tubing.</p> </div> |  |


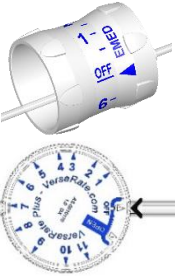
Load Pump

| | | |
|----|--|--|
| 9 | <p>OPEN SCIg60 Infuser drive by turning the blue handle counterclockwise until it stops.</p> |  |
| 10 | <p>LOAD syringe into SCIg60 Infuser by inserting the syringe plunger into the SCIg60 Infuser.</p> |  |
| 11 | <p>LOCK syringe into SCIg60 Infuser by turning the syringe clockwise until it stops.</p> |  |

SClg60® Infusion System

| Step | Instruction | Image |
|------|---|--|
| 12 | <p>VERIFY the syringe flange is visible in the safety window of SClg60 Infuser to confirm the syringe is properly locked in place.</p> |  |
| 13 | <p>CLOSE SClg60 Infuser drive by rotating the handle clockwise until the base of the handle touches the body of the pump, as shown in the second image.</p> <div data-bbox="239 475 807 597" style="border: 2px solid orange; padding: 5px; margin-top: 10px;"> <p>CAUTION: DO NOT ATTEMPT to remove the syringe before performing STEP 16.</p> </div> |  |
| 14 | <p>PLACE the SClg60 Infuser, Infuset, VersaRate or VersaRate Plus, and specified administration set on a stable, horizontal surface or use the Carrying Case Accessory (see Using the SClg60 Infuser Carrying Case Accessory below for more details).</p> |  |

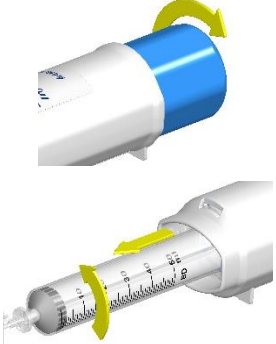

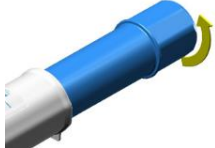
Start Infusion

| | | |
|----|--|--|
| 15 | <p>When using Infuset:</p> <ol style="list-style-type: none"> To START infusion, USE SLIDE CLAMP (release the slide clamp so that it doesn't compress the tubing) once pump is fully loaded and needles are inserted and secured. MONITOR infusion by viewing the syringe volume. To STOP infusion, USE SLIDE CLAMP as necessary during infusion session or when session is complete. |  |
| | <p>When Using VersaRate or VersaRate Plus:</p> <ol style="list-style-type: none"> To START infusion, TURN dial to flow position as directed by your physician once pump is fully loaded and needles are inserted and secured. MONITOR infusion by viewing the syringe volume. To STOP infusion, TURN dial to 'OFF' position as necessary during infusion session or when session is complete. |  |

User Manual (International)

| Step | Instruction | Image |
|------|-------------|-------|
|------|-------------|-------|


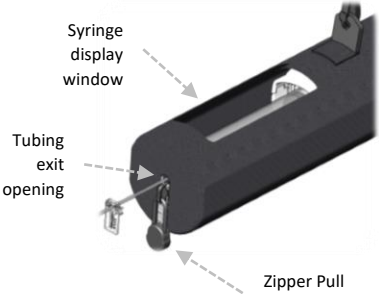
Stop Infusion

| | | |
|-----------|---|---|
| <p>16</p> | <p>When session is complete, to remove the syringe ROTATE the blue handle counterclockwise until it stops, THEN UNLOCK THE SYRINGE by turning it counterclockwise.</p> <div data-bbox="239 402 807 581" style="border: 1px solid blue; padding: 5px;"> <p>NOTE: If the infusion protocol requires more than one syringe to be administered, repeat steps 3 – 16 in sequence. It is recommended to perform the infusions sequentially without a delay in time.</p> </div> |  |
| <p>17</p> | <p>DISPOSE of the syringe, Infuset or VersaRate, and SUB-Q set in an appropriate biohazard and/or sharps waste container according to your local regulations.</p> <div data-bbox="239 760 807 836" style="border: 1px solid red; padding: 5px;"> <p>WARNING: Read and follow all instructions for the components.</p> </div> |  |
| <p>18</p> | <p>CLOSE SClg60 Infuser drive by rotating the blue handle clockwise until the base of the handle touches the body of the pump. CLEAN and STORE SClg60 Infuser and Carrying Case for next use.</p> |  |

| | |
|---------------------|--|
| <p>NOTE:</p> | <ul style="list-style-type: none"> • Instructions for Use also appear on the underside of the Infuser. • During infusion, an intermittent clicking sound may occur as the spring extends. This is normal. See <i>Troubleshooting</i> section for additional information. |
|---------------------|--|

SCIg60® Infusion System

SCIg60 Carrying Case IFU

| Step | Instruction | Image |
|---------------|--|---|
| Insert | | |
| 1 | Place the carrying case on a level surface to prevent dropping. |  |
| 2 | Open pouch by pulling the zipper. | |
| 3 | <p>After loading the syringe and closing the inner drive per step 13 above, insert SCIg60 Infuser with syringe and flow controller into the pouch oriented with the syringe to show from the display window.</p> <p>The syringe should face away from the zipper pull, and the tubing should exit the Carrying Case through the small opening below the zipper.</p> <p>CAUTION: Use caution not to drop the device.</p> | |
| 4 | <p>Close the pouch with the zipper</p> <p>CAUTION: Use caution to prevent damage to the tubing.</p> | |
| 5 | Use belt loop or shoulder strap to hold and carry the system on the body. | |
| Remove | | |
| 6 | Place the Carrying Case containing the SCIg60 system on a level surface to prevent dropping |  |
| 7 | Open the pouch by pulling the zipper. | |
| 8 | Remove the SCIg60 System from the pouch using caution not to drop the device. | |
| 9 | Close the Carrying Case zipper. | |

User Manual (International)

Maintenance

The SCIg60 Infuser and carrying case are reusable parts of the infusion system and do not require any maintenance or calibration. Periodic cleaning of external surfaces is recommended.

Cleaning the infuser:

- External surfaces of the SCIg60 Infuser may be cleaned with 70% isopropyl alcohol wipes or a soft cloth dampened with a weak solution of mild detergent and warm water (approximately 1 part detergent to 50 parts water by volume).
- Clean exterior surfaces by gently pressing onto the SCIg60 Infuser and using circular motions with the alcohol wipe or damp cloth.
- Use a clean, dry cloth to dry the exposed and external portions of the device.

CAUTION:

- Clean only those areas that are exposed when the SCIg60 Infuser Drive Handle is completely screwed in. Do not attempt to clean any part of the SCIg60 Infuser that is not easily accessible.
- Discontinue use of an SCIg60 Infuser that has been internally exposed to or immersed in fluid.
- Do not use heating devices to dry or expose infuser to high temperatures. Damage to the infuser may occur.

Cleaning the carrying case:

Only clean surface with a clean damp cloth and let it air dry.

CAUTION:

Do not machine wash the carrying case as it could damage the materials.

Storage

Store the pump and carrying case in a cool, dry place between the temperature range of -5°C to +40°C (+23°F to +104°F).

CAUTION:

Avoid exposing the SCIg60 Infuser or carrying case to temperatures outside of recommended range.

Disposal

The SCIg60 Infuser and Carrying Case can be disposed of in general waste collection systems. Please ensure compliance with local regulations.

WARNING:

Do NOT open the Infuser or attempt to modify its function in any way other than as instructed.

The administration set, flow controller, and syringe are single use only and should be disposed of in an appropriate biohazard and/or sharps waste container according to local regulations.

WARNING:

Read and follow all instructions for the components.

SCIg60[®] Infusion System

Specifications

| SCIg60 Infuser Length | 26.0 cm (10.2 in.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|------------------|---|---|---|---|---|---|---|-----|---|-----|---|----|----|----|----|-----|----|-----|----|-----|----|-----|----|-----|
| SCIg60 Infuser Width | 6.5 cm (2.6 in.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIg60 Infuser Weight | 412 g (14.5 oz) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIg60 Infuser Alarms | None | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe Volume | 50 mL (BD model no. 309653) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Operating Pressure | 1.16 bar (16.8 psi) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Operating Pressure | 1.0 bar (14.4 psi) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage Temperature | -5°C – +40°C (23°F – 104°F) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Target Operating Temperature | 20°C – 25°C (68°F – 77°F) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total System Accuracy: Using Infuset and SUB-Q set: Using VersaRate and SUB-Q set: @ Position ½ Up to ±33% @ Position 1 Up to ±37% @ Position 2 Up to ±26% @ Position 3 Up to ±22% @ Position 4 Up to ±15% @ Position 5 Up to ±15% @ Position 6 Up to ±15% Using VersaRate Plus and SUB-Q set: @ Position 1-2 Up to ±41% @ Position 3-5 Up to ±21% @ Position 6-10 Up to ±20% @ Position 11-OPEN Up to ±14% | % Change from nominal flow rate: ±15% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Vertical Difference | ±30.0 cm (±12 in.) Note: this is the vertical height of the SCIg60 Infuser above or below the infusion site on the patient | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vertical Sensitivity: 30.5 cm (12 in.) above infusion site 30.5 cm (12 in.) below infusion site | % Change from nominal flow rate: Up to +6% Up to -4% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residual Volume | System residual volume depends on the combination of component residuals: Syringe: ≈ 0.2 mL, Note: this is the amount of fluid that will not be infused. Flow Controller: ≈ 0.05 – 0.25 mL depending on model, SUB-Q set: ≈ 0.18 – 1.87 mL depending on model. See individual component instructions for specific residual values. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Useful Life | 4200 uses | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Representative Flow Profile *The figure shows the Total Flow Rate vs. Infused Volume at 20°C – 25°C under laboratory conditions achieved with SUB-320 (3-needle, 27G 9-mm set) and FP-001008 (Infuset-190). Although realized flow rates are determined by the combination of Infuset and SUB-Q set used, the shape of the flow rate profile remains the same due to the design and principle of action of the SCIg60 Infusion System. | <table border="1"> <caption>Representative Flow Profile Data</caption> <thead> <tr> <th>Volume (mL)</th> <th>Flow Rate (mL/h)</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>4</td></tr> <tr><td>2</td><td>7</td></tr> <tr><td>3</td><td>8.5</td></tr> <tr><td>4</td><td>9.5</td></tr> <tr><td>5</td><td>10</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>20</td><td>9.8</td></tr> <tr><td>30</td><td>9.6</td></tr> <tr><td>40</td><td>9.5</td></tr> <tr><td>50</td><td>9.4</td></tr> <tr><td>60</td><td>9.3</td></tr> </tbody> </table> | Volume (mL) | Flow Rate (mL/h) | 0 | 0 | 1 | 4 | 2 | 7 | 3 | 8.5 | 4 | 9.5 | 5 | 10 | 10 | 10 | 20 | 9.8 | 30 | 9.6 | 40 | 9.5 | 50 | 9.4 | 60 | 9.3 |
| Volume (mL) | Flow Rate (mL/h) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 8.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 9.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 9.8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 9.6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | 9.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 9.4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | 9.3 | | | | | | | | | | | | | | | | | | | | | | | | | | |

Factors that Affect Flow Rate

System flow rate can be affected by various environmental factors, patient factors, and infusion equipment used. The following table shows some of the factors that influence the flow rate. The compounded effect of these variables should be considered during use of the SCig60 Infuser and selection of the appropriate Infuset or VersaRate accessories.

| Factors That Affect Flow Rate: | | |
|--------------------------------|--------------------------------------|--|
| LARGE EFFECT | Ambient and Fluid Temperatures | <p>Temperature of the fluid has a significant effect on drug viscosity, and therefore has a significant effect on flow rate. Ambient temperature may affect the fluid temperature depending on the amount of time the fluid is in the ambient environment.</p> <p>The system flow rate will change approximately 1 to 1.5% for each degree Fahrenheit temperature change of the fluid, with higher temperatures resulting in faster flow rates.</p> <p>Optimal operating temperate is between 20°C – 25°C (68°F – 77°F).</p> |
| | Viscosity of Fluid | <p>Differences in fluid viscosity significantly affect the system flow rate for a given system configuration. Various flow control accessories and SUB-Q set combinations are available to achieve flow rates according to specific clinical requirements.</p> |
| MODERATE EFFECT | Administration Sets and Needle Gauge | <p>The effect of the administration set and needle size is to change the dimensions of the fluid path. SCig60 Infusion System is designed to work with a wide range of administration sets and needle gauges from 18 to 29G.</p> <p>Appropriate administration set and needle gauge should be selected for specific clinical requirements, then the appropriate flow controller settings (with VersaRate or VersaRate Plus) should be selected to achieve the desired flow rate.</p> |
| | Patient Factors | <ul style="list-style-type: none"> • Tissue back pressure • Tissue absorption rate • Body Mass Index • Age • Health |
| SMALL EFFECT | Infuser Relative Height | <p>Difference in relative height between the infuser and the patient has a minimal effect on flow rate.</p> |
| | Atmospheric Pressure | <p>Difference in atmospheric pressure has minimal effect on flow rate.</p> |

SCIg60® Infusion System

How to determine approximate flow rate during infusion:

1. Record the starting volume and time.
2. Wait an appropriate amount of time for volume to infuse (Examples: 10 minutes or after 5 mL infused).
3. Record the elapsed volume in mL and elapsed time in minutes.
4. Calculate flow rate using the equation:

$$\text{Flow Rate [mL/h]} = \frac{\text{Volume [mL]}}{\text{Time [minutes]}} \times 60$$

How to determine per site flow rate:

$$\text{Flow Rate Per Site [mL/h/site]} = \frac{\text{Total Flow Rate [mL/h]}}{\text{Number of Needles}}$$

System Setup for Infusion Rates

See www.VersaRate.com for an electronic version of the following information.

In the following pages you will find tables that can be used to identify the combination of the EMED administration needle set and the Infuset flow control accessory or VersaRate position that will provide a flow rate that may accommodate the patient's need for infusion while falling within drug manufacturer's recommended prescribing limits. Flow rate information for use with the Infuset, VersaRate and VersaRate Plus are presented separately for each of the indicated immunoglobulin fluids that are to be used with the SCIg60 Infusion System. It is the responsibility of the healthcare professional to determine a suitable system configuration flow rate based on the clinical requirements and the drug manufacturer's product labeling for your region.

The flow rate values presented in the following tables are based on bench testing of a single Infuset or a VersaRate at a single position and EMED SUB-Q patient administration sets. Testing was performed between 20°C – 25°C (68°F – 77°F) without including the effect of the patient. It is important to understand that flow rates of infused immunoglobulin fluids can be affected by multiple factors. See previous section *Factors that Affect Flow Rate* for additional information.

To choose a system combination, first find the correct table according to the drug type and flow controller model. Select the table row that contains the needle gauge, needles model, needle length, number of needle sites, and/or flow rate that best meets therapeutic needs and/or patient preferences.

Total flow rate values are presented in the following tables. Flow rate per site can be determined by dividing the total flow rate by the number of needle sites.

CAUTION:

Using a combination of subcutaneous patient administration set and Infuset or VersaRate position not specified in the tables on the following pages may result in a flow rate outside of what has been approved for a specific immunoglobulin fluid.

NOTE:

Please contact EMED Technologies at +1-916-932-0071 for additional information regarding selection of flow controllers with SUB-Q sets to obtain a desired flow rate.

User Manual (International)

Infusing Cutaquig (in Canada)

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate. The table legend describes flow rate limits for Cutaquig applicable for international use only in Canada. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|--|
| | Suitable for initial and maintenance infusions (up to 20 mL/h/site or 30 mL/h total) |
| | Suitable for maintenance infusions only (up to 25 mL/h/site or 100 mL/h total) |
| | May exceed the prescribing information (Exceeds 25 mL/h/site or 100 mL/h total) |
| | No data available |

| Table 1 | | Drug | | | | | | Flow Controller | | | | | | | | | |
|---|----------|-------------|--------------|---|------------|-------------|-------------|-----------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--|
| | | Cutaquig | | | | | | Infuset | | | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 | |
| 26G | OPT12604 | 4 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | | |
| | OPT12606 | 6 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | | |
| | OPT12609 | 9 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | | |
| | OPT12612 | 12 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | | |
| | OPT12614 | 14 | 1 | | 8 | 11 | 18 | 25 | 32 | 43 | | 56 | | | | | |
| | OPT22604 | 4 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | | |
| | OPT22606 | 6 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | | |
| | OPT22609 | 9 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | | |
| | OPT22612 | 12 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | | |
| | OPT22614 | 14 | 2 | | | | 20 | 25 | 38 | 56 | | 79 | | | | | |
| | OPT32606 | 6 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | | |
| | OPT32609 | 9 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | | |
| | OPT32612 | 12 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | | |
| | OPT32614 | 14 | 3 | | | | | 27 | 38 | 62 | | 81 | | | | | |
| | OPT42606 | 6 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | | |
| | OPT42609 | 9 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | | |
| | OPT42612 | 12 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | | |
| | OPT42614 | 14 | 4 | | | | | 33 | 39 | 65 | | 95 | | | | | |
| | OPT52606 | 6 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | | |
| | OPT52609 | 9 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | | |
| OPT52612 | 12 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | | | |
| OPT62609 | 9 | 6 | | | | | | 43 | 69 | | 105 | 321 | | | | | |
| OPT62612 | 12 | 6 | | | | | | 43 | 69 | | 105 | 321 | | | | | |

SCIg60® Infusion System

| Table 1 | | Drug | | | | | | | Flow Controller | | | | | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-----------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Cutaquig | | | | | | | Infuset | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | SUB-104-G27 | 4 | 1 | | | | 15 | 20 | 22 | 26 | | | | | | |
| | SUB-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SUB-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SUB-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | | | 25 | 31 | 42 | | | | | | |
| | SUB-250 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SUB-260 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SUB-310 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SUB-320 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | |
| | SUB-410 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 21 | 29 | 42 | | | | | | |
| | SUB-506 | 6 | 5 | | | | | 28 | 40 | 59 | | | | | | |
| | SUB-509 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | 29 | 39 | 60 | | | | | | |
| | SUB-609 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | |
| SAF-Q-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | | |
| SAF-Q-509-G27 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | | |
| SAF-Q-609-G27 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | | |

User Manual (International)

| Table 2 | | SUB-Q Set | | | Drug | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|----------|----|-----------------|-----|-----|-----|
| | | | | | Cutaquig | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 27G | SUB-104-G27 | 4 | 1 | 16 | 23 | 28 | | | | 36 |
| | SUB-106-G27 | 6 | 1 | 15 | 22 | 27 | | | | 34 |
| | SUB-109-G27 | 9 | 1 | 14 | 20 | 24 | | | | 31 |
| | SUB-112-G27 | 12 | 1 | 13 | 19 | 22 | | | | 29 |
| | SUB-204-G27 | 4 | 2 | | 34 | 43 | 55 | | | 78 |
| | SUB-250 | 6 | 2 | | 32 | 41 | 53 | | | 74 |
| | SUB-260 | 9 | 2 | | 30 | 38 | 48 | | | 68 |
| | SUB-212-G27 | 12 | 2 | | 27 | 34 | 44 | | | 62 |
| | SUB-310 | 6 | 3 | | 23 | | 52 | 72 | 89 | 103 |
| | SUB-320 | 9 | 3 | | 21 | | 48 | 66 | 82 | 95 |
| | SUB-312-G27 | 12 | 3 | | 19 | | 43 | 60 | 74 | 86 |
| | SUB-400 | 6 | 4 | | 24 | | 60 | 89 | 115 | 154 |
| | SUB-410 | 9 | 4 | | 22 | | 55 | 81 | 105 | 141 |
| | SUB-412-G27 | 12 | 4 | | 20 | | 50 | 74 | 96 | 128 |
| | SUB-414-G27 | 14 | 4 | | 19 | | 47 | 69 | 89 | 120 |
| | SUB-506 | 6 | 5 | | 26 | | 68 | 94 | 138 | 187 |
| | SUB-509 | 9 | 5 | | 24 | | 62 | 86 | 127 | 172 |
| | SUB-606 | 6 | 6 | | | 47 | | 102 | | 227 |
| | SUB-609 | 9 | 6 | | | 43 | | 94 | | 208 |
| | SAF-Q-106-G27 | 6 | 1 | | 15 | 22 | 27 | | | 34 |
| | SAF-Q-109-G27 | 9 | 1 | | 14 | 20 | 24 | | | 31 |
| | SAF-Q-112-G27 | 12 | 1 | | 13 | 19 | 22 | | | 29 |
| | SAF-Q-206-G27 | 6 | 2 | | | 32 | 41 | 53 | | 74 |
| | SAF-Q-209-G27 | 9 | 2 | | | 30 | 38 | 48 | | 68 |
| | SAF-Q-212-G27 | 12 | 2 | | | 27 | 34 | 44 | | 62 |
| | SAF-Q-306-G27 | 6 | 3 | | 23 | | 52 | 72 | 89 | 103 |
| | SAF-Q-309-G27 | 9 | 3 | | 21 | | 48 | 66 | 82 | 95 |
| | SAF-Q-312-G27 | 12 | 3 | | 19 | | 43 | 60 | 74 | 86 |
| | SAF-Q-406-G27 | 6 | 4 | | 24 | | 60 | 89 | 115 | 154 |
| | SAF-Q-409-G27 | 9 | 4 | | 22 | | 55 | 81 | 105 | 141 |
| SAF-Q-412-G27 | 12 | 4 | | 20 | | 50 | 74 | 96 | 128 | |
| SAF-Q-509-G27 | 9 | 5 | | 24 | | 62 | 86 | 127 | 172 | |
| SAF-Q-609-G27 | 9 | 6 | | | 43 | | 94 | | 208 | |

SCIg60® Infusion System

| Table 3 | | Drug | | | | | Flow Controller | | | | | | | | |
|---|---------------|-------------|--------------|--|----|-----|-----------------|-----|-----|-----|-----|-----|-----|-----|------|
| | | Cutaquig | | | | | VersaRate Plus | | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | SUB-104-G27 | 4 | 1 | | | 30 | 31 | 31 | 32 | 32 | 33 | 33 | 34 | 34 | 36 |
| | SUB-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SUB-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SUB-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SUB-204-G27 | 4 | 2 | | | 45 | 49 | 58 | 66 | 69 | 70 | 71 | 71 | 71 | 73 |
| | SUB-250 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SUB-260 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SUB-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SUB-310 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SUB-320 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| | SUB-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 |
| | SUB-400 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 |
| | SUB-410 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 |
| | SUB-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 |
| | SUB-414-G27 | 14 | 4 | | | 57 | 67 | 76 | 84 | 90 | 95 | 99 | 102 | 104 | 113 |
| | SUB-506 | 6 | 5 | | | 74 | 101 | 118 | 130 | 139 | 146 | 152 | 156 | 160 | 174 |
| | SUB-509 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 |
| | SUB-606 | 6 | 6 | | | 87 | 118 | 139 | 155 | 168 | 178 | 187 | 194 | 200 | 224 |
| | SUB-609 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 |
| | SAF-Q-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SAF-Q-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SAF-Q-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SAF-Q-206-G27 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SAF-Q-209-G27 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SAF-Q-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SAF-Q-306-G27 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SAF-Q-309-G27 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| | SAF-Q-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 |
| | SAF-Q-406-G27 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 |
| | SAF-Q-409-G27 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 |
| SAF-Q-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 | |
| SAF-Q-509-G27 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 | |
| SAF-Q-609-G27 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 | |

User Manual (International)

Infusing Cutaquig (International Use, Excluding Canada)

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate. The table legend describes flow rate limits for Cutaquig applicable for international use (excluding Canada). Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer's prescribing information for your region.

Table Legend:

| | |
|--|--|
| | Suitable for initial and maintenance infusions (up to 15 mL/h/site for all body weight groups) |
| | Suitable for maintenance infusions only (Under 40 kg (88 lb) body weight: up to 25 mL/h/site; 40 kg (88 lb) and greater: up to 67.5 mL/h/site) |
| | May exceed the prescribing information (Exceeds 25 mL/h/site for under 40kg body weight, or exceeds 67.5 mL/h/site for 40kg and greater body weight) |
| | No data available |

| Table 4a | | Drug | | Patient Information | | | | | | | | | | Flow Controller | | |
|---|----------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-----------------|--------------|--------------|
| | | Cutaquig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | | | | Infuset | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 26G | OPT12604 | 4 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12606 | 6 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12609 | 9 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12612 | 12 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12614 | 14 | 1 | | 8 | 11 | 18 | 25 | 32 | 43 | | 56 | | | | |
| | OPT22604 | 4 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22606 | 6 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22609 | 9 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22612 | 12 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22614 | 14 | 2 | | | | 20 | 25 | 38 | 56 | | 79 | | | | |
| | OPT32606 | 6 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32609 | 9 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32612 | 12 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32614 | 14 | 3 | | | | | 27 | 38 | 62 | | 81 | | | | |
| | OPT42606 | 6 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | |
| | OPT42609 | 9 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | |
| | OPT42612 | 12 | 4 | | | | | 35 | 42 | 69 | | 101 | | | | |
| | OPT42614 | 14 | 4 | | | | | 33 | 39 | 65 | | 95 | | | | |
| OPT52606 | 6 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | | |
| OPT52609 | 9 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | | |

SCIg60® Infusion System

| Table 4a | | Drug | | Patient Information | | | | | | | | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|
| | | Cutaquig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | | | Infuset | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | OPT52612 | 12 | 5 | | | | | | 41 | 72 | | 106 | 300 | | | |
| | OPT62609 | 9 | 6 | | | | | | 43 | 69 | | 105 | 321 | | | |
| | OPT62612 | 12 | 6 | | | | | | 43 | 69 | | 105 | 321 | | | |
| 27G | SUB-104-G27 | 4 | 1 | | | | 15 | 20 | 22 | 26 | | | | | | |
| | SUB-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SUB-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SUB-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | | | 25 | 31 | 42 | | | | | | |
| | SUB-250 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SUB-260 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SUB-310 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SUB-320 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | |
| | SUB-410 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 21 | 29 | 42 | | | | | | |
| | SUB-506 | 6 | 5 | | | | | 28 | 40 | 59 | | | | | | |
| | SUB-509 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | 29 | 39 | 60 | | | | | | |
| | SUB-609 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| SAF-Q-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | | |
| SAF-Q-406-G27 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | | |
| SAF-Q-409-G27 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | | |
| SAF-Q-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | | |
| SAF-Q-509-G27 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | | |
| SAF-Q-609-G27 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | | |

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| Table 4b | | Drug | | Patient Information | | | | | | | | | | Flow Controller | | |
|---|-------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-----------------|--------------|--------------|
| | | Cutaquig | | Patients 40 kg (88 lb) and over | | | | | | | | | | Infuset | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 26G | OPT12604 | 4 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12606 | 6 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12609 | 9 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12612 | 12 | 1 | | 8 | 11 | 19 | 26 | 34 | 45 | | 60 | | | | |
| | OPT12614 | 14 | 1 | | 8 | 11 | 18 | 25 | 32 | 43 | | 56 | | | | |
| | OPT22604 | 4 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22606 | 6 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22609 | 9 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22612 | 12 | 2 | | | | 21 | 27 | 41 | 60 | | 84 | | | | |
| | OPT22614 | 14 | 2 | | | | 20 | 25 | 38 | 56 | | 79 | | | | |
| | OPT32606 | 6 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32609 | 9 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32612 | 12 | 3 | | | | | 29 | 41 | 65 | | 86 | | | | |
| | OPT32614 | 14 | 3 | | | | | 27 | 38 | 62 | | 81 | | | | |
| | OPT42606 | 6 | 4 | | | | | | 35 | 42 | 69 | | 101 | | | |
| | OPT42609 | 9 | 4 | | | | | | 35 | 42 | 69 | | 101 | | | |
| | OPT42612 | 12 | 4 | | | | | | 35 | 42 | 69 | | 101 | | | |
| | OPT42614 | 14 | 4 | | | | | | 33 | 39 | 65 | | 95 | | | |
| | OPT52606 | 6 | 5 | | | | | | | 41 | 72 | | 106 | 300 | | |
| | OPT52609 | 9 | 5 | | | | | | | 41 | 72 | | 106 | 300 | | |
| OPT52612 | 12 | 5 | | | | | | | 41 | 72 | | 106 | 300 | | | |
| OPT62609 | 9 | 6 | | | | | | | 43 | 69 | | 105 | 321 | | | |
| OPT62612 | 12 | 6 | | | | | | | 43 | 69 | | 105 | 321 | | | |
| 27G | SUB-104-G27 | 4 | 1 | | | | 15 | 20 | 22 | 26 | | | | | | |
| | SUB-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SUB-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SUB-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | | | 25 | 31 | 42 | | | | | | |
| | SUB-250 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SUB-260 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SUB-310 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SUB-320 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | |
| | SUB-410 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 21 | 29 | 42 | | | | | | |

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| Table 4b | | Drug | | Patient Information | | | | | | | | | | | Flow Controller | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|-----------------|--------------|
| | | Cutaquig | | Patients 40 kg (88 lb) and over | | | | | | | | | | | Infuset | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | SUB-506 | 6 | 5 | | | | | 28 | 40 | 59 | | | | | | |
| | SUB-509 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | 29 | 39 | 60 | | | | | | |
| | SUB-609 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | | | | 15 | 19 | 21 | 25 | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | | | | 13 | 17 | 19 | 23 | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | | | | 12 | 16 | 18 | 21 | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | | | 23 | 29 | 39 | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | | | 22 | 27 | 36 | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | | | 20 | 24 | 33 | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | | 26 | 35 | 51 | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | | 24 | 32 | 47 | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | | 22 | 29 | 43 | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 27 | 37 | 53 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 25 | 34 | 49 | | | | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | 22 | 31 | 45 | | | | | | |
| SAF-Q-509-G27 | 9 | 5 | | | | | 25 | 36 | 54 | | | | | | | |
| SAF-Q-609-G27 | 9 | 6 | | | | | 27 | 36 | 55 | | | | | | | |

| Table 5a | | Drug | | Patient Information | | | | | | Flow Controller | |
|---|-------------|-------------|--------------|---|----|----|----|---|----|-----------------|--|
| | | Cutaquig | | Patients <u>under</u> 40 kg (88 lb) | | | | | | VersaRate | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 27G | SUB-104-G27 | 4 | 1 | 16 | 23 | 28 | | | 36 | | |
| | SUB-106-G27 | 6 | 1 | 15 | 22 | 27 | | | 34 | | |
| | SUB-109-G27 | 9 | 1 | 14 | 20 | 24 | | | 31 | | |
| | SUB-112-G27 | 12 | 1 | 13 | 19 | 22 | | | 29 | | |
| | SUB-204-G27 | 4 | 2 | | 34 | 43 | 55 | | 78 | | |
| | SUB-250 | 6 | 2 | | 32 | 41 | 53 | | 74 | | |
| | SUB-260 | 9 | 2 | | 30 | 38 | 48 | | 68 | | |

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| Table 5a | | Drug | | Patient Information | | | | Flow Controller | | |
|---|---------------|-------------|--------------|---|----|----|-----|-----------------|-----|----|
| | | Cutaquig | | Patients <u>under 40 kg (88 lb)</u> | | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | |
| | SUB-212-G27 | 12 | 2 | | 27 | 34 | 44 | | 62 | |
| | SUB-310 | 6 | 3 | 23 | | 52 | 72 | 89 | 103 | |
| | SUB-320 | 9 | 3 | 21 | | 48 | 66 | 82 | 95 | |
| | SUB-312-G27 | 12 | 3 | 19 | | 43 | 60 | 74 | 86 | |
| | SUB-400 | 6 | 4 | 24 | | 60 | 89 | 115 | 154 | |
| | SUB-410 | 9 | 4 | 22 | | 55 | 81 | 105 | 141 | |
| | SUB-412-G27 | 12 | 4 | 20 | | 50 | 74 | 96 | 128 | |
| | SUB-414-G27 | 14 | 4 | 19 | | 47 | 69 | 89 | 120 | |
| | SUB-506 | 6 | 5 | 26 | | 68 | 94 | 138 | 187 | |
| | SUB-509 | 9 | 5 | 24 | | 62 | 86 | 127 | 172 | |
| | SUB-606 | 6 | 6 | | 47 | | 102 | | 227 | |
| | SUB-609 | 9 | 6 | | 43 | | 94 | | 208 | |
| | SAF-Q-106-G27 | 6 | 1 | 15 | 22 | 27 | | | | 34 |
| | SAF-Q-109-G27 | 9 | 1 | 14 | 20 | 24 | | | | 31 |
| | SAF-Q-112-G27 | 12 | 1 | 13 | 19 | 22 | | | | 29 |
| | SAF-Q-206-G27 | 6 | 2 | | 32 | 41 | 53 | | | 74 |
| | SAF-Q-209-G27 | 9 | 2 | | 30 | 38 | 48 | | | 68 |
| | SAF-Q-212-G27 | 12 | 2 | | 27 | 34 | 44 | | | 62 |
| | SAF-Q-306-G27 | 6 | 3 | 23 | | 52 | 72 | 89 | 103 | |
| | SAF-Q-309-G27 | 9 | 3 | 21 | | 48 | 66 | 82 | 95 | |
| | SAF-Q-312-G27 | 12 | 3 | 19 | | 43 | 60 | 74 | 86 | |
| | SAF-Q-406-G27 | 6 | 4 | 24 | | 60 | 89 | 115 | 154 | |
| | SAF-Q-409-G27 | 9 | 4 | 22 | | 55 | 81 | 105 | 141 | |
| | SAF-Q-412-G27 | 12 | 4 | 20 | | 50 | 74 | 96 | 128 | |
| SAF-Q-509-G27 | 9 | 5 | 24 | | 62 | 86 | 127 | 172 | | |
| SAF-Q-609-G27 | 9 | 6 | | 43 | | 94 | | 208 | | |

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| Table 5b | | Drug | | Patient Information | | | | Flow Controller | |
|---|---------------|-------------|--------------|---|----|----|-----|-----------------|-----|
| | | Cutaquig | | Patients 40 kg (88 lb) and over | | | | VersaRate | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| 27G | SUB-104-G27 | 4 | 1 | 16 | 23 | 28 | | | 36 |
| | SUB-106-G27 | 6 | 1 | 15 | 22 | 27 | | | 34 |
| | SUB-109-G27 | 9 | 1 | 14 | 20 | 24 | | | 31 |
| | SUB-112-G27 | 12 | 1 | 13 | 19 | 22 | | | 29 |
| | SUB-204-G27 | 4 | 2 | | 34 | 43 | 55 | | 78 |
| | SUB-250 | 6 | 2 | | 32 | 41 | 53 | | 74 |
| | SUB-260 | 9 | 2 | | 30 | 38 | 48 | | 68 |
| | SUB-212-G27 | 12 | 2 | | 27 | 34 | 44 | | 62 |
| | SUB-310 | 6 | 3 | 23 | | 52 | 72 | 89 | 103 |
| | SUB-320 | 9 | 3 | 21 | | 48 | 66 | 82 | 95 |
| | SUB-312-G27 | 12 | 3 | 19 | | 43 | 60 | 74 | 86 |
| | SUB-400 | 6 | 4 | 24 | | 60 | 89 | 115 | 154 |
| | SUB-410 | 9 | 4 | 22 | | 55 | 81 | 105 | 141 |
| | SUB-412-G27 | 12 | 4 | 20 | | 50 | 74 | 96 | 128 |
| | SUB-414-G27 | 14 | 4 | 19 | | 47 | 69 | 89 | 120 |
| | SUB-506 | 6 | 5 | 26 | | 68 | 94 | 138 | 187 |
| | SUB-509 | 9 | 5 | 24 | | 62 | 86 | 127 | 172 |
| | SUB-606 | 6 | 6 | | 47 | | 102 | | 227 |
| | SUB-609 | 9 | 6 | | 43 | | 94 | | 208 |
| | SAF-Q-106-G27 | 6 | 1 | 15 | 22 | 27 | | | 34 |
| | SAF-Q-109-G27 | 9 | 1 | 14 | 20 | 24 | | | 31 |
| | SAF-Q-112-G27 | 12 | 1 | 13 | 19 | 22 | | | 29 |
| | SAF-Q-206-G27 | 6 | 2 | | 32 | 41 | 53 | | 74 |
| | SAF-Q-209-G27 | 9 | 2 | | 30 | 38 | 48 | | 68 |
| | SAF-Q-212-G27 | 12 | 2 | | 27 | 34 | 44 | | 62 |
| | SAF-Q-306-G27 | 6 | 3 | 23 | | 52 | 72 | 89 | 103 |
| | SAF-Q-309-G27 | 9 | 3 | 21 | | 48 | 66 | 82 | 95 |
| | SAF-Q-312-G27 | 12 | 3 | 19 | | 43 | 60 | 74 | 86 |
| | SAF-Q-406-G27 | 6 | 4 | 24 | | 60 | 89 | 115 | 154 |
| | SAF-Q-409-G27 | 9 | 4 | 22 | | 55 | 81 | 105 | 141 |
| SAF-Q-412-G27 | 12 | 4 | 20 | | 50 | 74 | 96 | 128 | |
| SAF-Q-509-G27 | 9 | 5 | 24 | | 62 | 86 | 127 | 172 | |
| SAF-Q-609-G27 | 9 | 6 | | 43 | | 94 | | 208 | |

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| Table 6a | | Drug | | Patient Information | | | | | | | Flow Controller | | | | |
|---|---------------|-------------|--------------|--|----|-----|-----|-----|-----|-----|-----------------|-----|-----|-----|------|
| | | Cutaquig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | VersaRate Plus | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | SUB-104-G27 | 4 | 1 | | | 30 | 31 | 31 | 32 | 32 | 33 | 33 | 34 | 34 | 36 |
| | SUB-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SUB-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SUB-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SUB-204-G27 | 4 | 2 | | | 45 | 49 | 58 | 66 | 69 | 70 | 71 | 71 | 71 | 73 |
| | SUB-250 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SUB-260 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SUB-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SUB-310 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SUB-320 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| | SUB-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 |
| | SUB-400 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 |
| | SUB-410 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 |
| | SUB-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 |
| | SUB-414-G27 | 14 | 4 | | | 57 | 67 | 76 | 84 | 90 | 95 | 99 | 102 | 104 | 113 |
| | SUB-506 | 6 | 5 | | | 74 | 101 | 118 | 130 | 139 | 146 | 152 | 156 | 160 | 174 |
| | SUB-509 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 |
| | SUB-606 | 6 | 6 | | | 87 | 118 | 139 | 155 | 168 | 178 | 187 | 194 | 200 | 224 |
| | SUB-609 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 |
| | SAF-Q-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SAF-Q-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SAF-Q-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SAF-Q-206-G27 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SAF-Q-209-G27 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SAF-Q-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SAF-Q-306-G27 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SAF-Q-309-G27 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| SAF-Q-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 | |
| SAF-Q-406-G27 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 | |
| SAF-Q-409-G27 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 | |
| SAF-Q-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 | |
| SAF-Q-509-G27 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 | |
| SAF-Q-609-G27 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 | |

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| Table 6b | | Drug | | Patient Information | | | | | | | | Flow Controller | | | |
|---|---------------|-------------|--------------|--|----|-----|-----|-----|-----|-----|-----|-----------------|-----|-----|------|
| | | Cutaquig | | Patients 40 kg (88 lb) and over | | | | | | | | VersaRate Plus | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | SUB-104-G27 | 4 | 1 | | | 30 | 31 | 31 | 32 | 32 | 33 | 33 | 34 | 34 | 36 |
| | SUB-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SUB-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SUB-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SUB-204-G27 | 4 | 2 | | | 45 | 49 | 58 | 66 | 69 | 70 | 71 | 71 | 71 | 73 |
| | SUB-250 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SUB-260 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SUB-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SUB-310 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SUB-320 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| | SUB-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 |
| | SUB-400 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 |
| | SUB-410 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 |
| | SUB-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 |
| | SUB-414-G27 | 14 | 4 | | | 57 | 67 | 76 | 84 | 90 | 95 | 99 | 102 | 104 | 113 |
| | SUB-506 | 6 | 5 | | | 74 | 101 | 118 | 130 | 139 | 146 | 152 | 156 | 160 | 174 |
| | SUB-509 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 |
| | SUB-606 | 6 | 6 | | | 87 | 118 | 139 | 155 | 168 | 178 | 187 | 194 | 200 | 224 |
| | SUB-609 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 |
| | SAF-Q-106-G27 | 6 | 1 | | | 29 | 29 | 30 | 30 | 31 | 31 | 32 | 32 | 32 | 34 |
| | SAF-Q-109-G27 | 9 | 1 | | | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 29 | 30 | 31 |
| | SAF-Q-112-G27 | 12 | 1 | | | 24 | 24 | 25 | 25 | 26 | 26 | 26 | 27 | 27 | 28 |
| | SAF-Q-206-G27 | 6 | 2 | | | 43 | 46 | 55 | 62 | 66 | 67 | 67 | 67 | 67 | 70 |
| | SAF-Q-209-G27 | 9 | 2 | | | 39 | 42 | 50 | 57 | 60 | 61 | 62 | 62 | 62 | 64 |
| | SAF-Q-212-G27 | 12 | 2 | | | 36 | 39 | 46 | 52 | 55 | 56 | 56 | 56 | 56 | 58 |
| | SAF-Q-306-G27 | 6 | 3 | | | 66 | 75 | 82 | 88 | 93 | 97 | 101 | 105 | 108 | 116 |
| | SAF-Q-309-G27 | 9 | 3 | | | 60 | 68 | 75 | 80 | 85 | 89 | 93 | 96 | 99 | 107 |
| SAF-Q-312-G27 | 12 | 3 | | | 55 | 62 | 68 | 73 | 77 | 81 | 84 | 88 | 90 | 97 | |
| SAF-Q-406-G27 | 6 | 4 | | | 73 | 85 | 97 | 107 | 116 | 122 | 127 | 131 | 133 | 145 | |
| SAF-Q-409-G27 | 9 | 4 | | | 67 | 78 | 89 | 99 | 106 | 112 | 116 | 120 | 122 | 133 | |
| SAF-Q-412-G27 | 12 | 4 | | | 61 | 71 | 81 | 90 | 97 | 102 | 106 | 109 | 111 | 121 | |
| SAF-Q-509-G27 | 9 | 5 | | | 68 | 93 | 109 | 120 | 128 | 134 | 139 | 143 | 147 | 160 | |
| SAF-Q-609-G27 | 9 | 6 | | | 80 | 108 | 128 | 142 | 154 | 163 | 171 | 178 | 184 | 206 | |

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Infusing Cuvitru

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Cuvitru. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|--|
| | Suitable for initial and maintenance infusions (up to 20 mL/h/site or 80 ml/h total) |
| | Suitable for maintenance infusions only (up to 60 mL/h/site or 240 ml/h total) |
| | May exceed the prescribing information (Exceeds 60 mL/h/site or 240 ml/h total) |
| | No data available |

| Table 7 | | Drug | | Flow Controller | | | | | | | | | | | | |
|--|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | Cuvitru | | | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | | | | 11 | 14 | 17 | | | 31 | 55 | | | |
| | SUB-112-G24 | 12 | 1 | | | | 10 | 13 | 16 | | | 28 | 50 | | | |
| | SUB-209-G24 | 9 | 2 | | | | | | 20 | 32 | | 42 | 94 | 111 | | |
| | SUB-212-G24 | 12 | 2 | | | | | | 18 | 29 | | 38 | 85 | 101 | | |
| | SUB-309-G24 | 9 | 3 | | | | | | | 35 | | 45 | 118 | | 176 | |
| | SUB-312-G24 | 12 | 3 | | | | | | | 32 | | 41 | 107 | | 160 | |
| | SUB-409-G24 | 9 | 4 | | | | | | | | | 49 | 145 | | | 237 |
| | SUB-412-G24 | 12 | 4 | | | | | | | | | 44 | 132 | | | 216 |
| | SAF-Q-106-G24 | 6 | 1 | | | | 12 | 15 | 19 | | | | 33 | 60 | | |
| SAF-Q-109-G24 | 9 | 1 | | | | 11 | 14 | 17 | | | | 31 | 55 | | | |
| SAF-Q-309-G24 | 9 | 3 | | | | | | | | 35 | | 45 | 118 | | 176 | |
| 26G | OPT12604 | 4 | 1 | | | | | 15 | 19 | 26 | | 31 | 48 | | | |
| | OPT12606 | 6 | 1 | | | | | 15 | 19 | 26 | | 31 | 48 | | | |
| | OPT12609 | 9 | 1 | | | | | 15 | 19 | 26 | | 31 | 48 | | | |
| | OPT12612 | 12 | 1 | | | | | 15 | 19 | 26 | | 31 | 48 | | | |
| | OPT12614 | 14 | 1 | | | | | 14 | 17 | 25 | | 29 | 45 | | | |
| | OPT22604 | 4 | 2 | | | | | | | 32 | | 45 | 94 | 109 | | |
| | OPT22606 | 6 | 2 | | | | | | | 32 | | 45 | 94 | 109 | | |
| | OPT22609 | 9 | 2 | | | | | | | 32 | | 45 | 94 | 109 | | |
| | OPT22612 | 12 | 2 | | | | | | | 32 | | 45 | 94 | 109 | | |
| | OPT22614 | 14 | 2 | | | | | | | 30 | | 42 | 88 | 103 | | |
| | OPT32606 | 6 | 3 | | | | | | | | | 51 | 122 | 157 | | |
| | OPT32609 | 9 | 3 | | | | | | | | | 51 | 122 | 157 | | |
| | OPT32612 | 12 | 3 | | | | | | | | | 51 | 122 | 157 | | |
| | OPT32614 | 14 | 3 | | | | | | | | | 48 | 114 | 148 | | |

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| Table 7 | | Drug | | | | | | Flow Controller | | | | | | | | |
|--|---------------|-------------|--------------|---|------------|-------------|-------------|-----------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Cuvitru | | | | | | Infuset | | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | OPT42606 | 6 | 4 | | | | | | | | | 52 | 146 | 194 | | |
| | OPT42609 | 9 | 4 | | | | | | | | | 52 | 146 | 194 | | |
| | OPT42612 | 12 | 4 | | | | | | | | | 52 | 146 | 194 | | |
| | OPT42614 | 14 | 4 | | | | | | | | | 49 | 137 | 183 | | |
| 27G | SUB-104-G27 | 4 | 1 | 3 | 4 | | | | | | | | | | | |
| | SUB-106-G27 | 6 | 1 | 3 | 4 | | | | | | | | | | | |
| | SUB-109-G27 | 9 | 1 | 2 | 4 | | | | | | | | | | | |
| | SUB-112-G27 | 12 | 1 | 2 | 3 | | | | | | | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | 3 | 4 | | | | | | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | 2 | 4 | | | | | | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | 2 | 3 | | | | | | | | | | | |

| Table 8 | | Drug | | | | | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|----|----|----|-----------------|-----|--|--|
| | | Cuvitru | | | | | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 24G | SUB-109-G24 | 9 | 1 | 11 | 17 | 26 | 35 | 47 | 60 | | |
| | SUB-112-G24 | 12 | 1 | 10 | 16 | 24 | 32 | 43 | 55 | | |
| | SUB-209-G24 | 9 | 2 | 11 | 20 | 33 | 50 | 87 | 125 | | |
| | SUB-212-G24 | 12 | 2 | 10 | 18 | 30 | 45 | 79 | 114 | | |
| | SUB-309-G24 | 9 | 3 | 11 | 21 | 35 | 58 | 107 | 211 | | |
| | SUB-312-G24 | 12 | 3 | 10 | 19 | 32 | 53 | 97 | 192 | | |
| | SUB-409-G24 | 9 | 4 | 12 | 23 | 37 | 65 | 141 | 296 | | |
| | SUB-412-G24 | 12 | 4 | 11 | 21 | 34 | 59 | 128 | 269 | | |
| | SAF-Q-106-G24 | 6 | 1 | 12 | 19 | 28 | 38 | 51 | 65 | | |
| 26G | SAF-Q-109-G24 | 9 | 1 | 11 | 17 | 26 | 35 | 47 | 60 | | |
| | SAF-Q-309-G24 | 9 | 3 | 11 | 21 | 35 | 58 | 107 | 211 | | |
| | OPT12604 | 4 | 1 | 13 | 20 | 28 | 33 | 47 | 63 | | |
| | OPT12606 | 6 | 1 | 13 | 20 | 28 | 33 | 47 | 63 | | |
| | OPT12609 | 9 | 1 | 13 | 20 | 28 | 33 | 47 | 63 | | |
| | OPT12612 | 12 | 1 | 13 | 20 | 28 | 33 | 47 | 63 | | |
| | OPT12614 | 14 | 1 | 12 | 19 | 26 | 31 | 44 | 59 | | |

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| Table 8 | | | | Drug | | | | Flow Controller | | | |
|---|----------|----|---|---|----|----|----|-----------------|-----|--|--|
| | | | | Cuvitru | | | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| | OPT22604 | 4 | 2 | | 24 | 38 | 54 | 83 | 124 | | |
| | OPT22606 | 6 | 2 | | 24 | 38 | 54 | 83 | 124 | | |
| | OPT22609 | 9 | 2 | | 24 | 38 | 54 | 83 | 124 | | |
| | OPT22612 | 12 | 2 | | 24 | 38 | 54 | 83 | 124 | | |
| | OPT22614 | 14 | 2 | | 23 | 35 | 51 | 78 | 116 | | |
| | OPT32606 | 6 | 3 | | | 41 | 65 | 106 | 180 | | |
| | OPT32609 | 9 | 3 | | | 41 | 65 | 106 | 180 | | |
| | OPT32612 | 12 | 3 | | | 41 | 65 | 106 | 180 | | |
| | OPT32614 | 14 | 3 | | | 39 | 61 | 100 | 169 | | |
| | OPT42606 | 6 | 4 | | | 43 | 70 | 119 | 255 | | |
| | OPT42609 | 9 | 4 | | | 43 | 70 | 119 | 255 | | |
| | OPT42612 | 12 | 4 | | | 43 | 70 | 119 | 255 | | |
| | OPT42614 | 14 | 4 | | | 40 | 66 | 112 | 240 | | |

| Table 9 | | | | Drug | | | | | Flow Controller | | | | | | |
|---|---------------|-------------|--------------|--|----|----|----|-----|-----------------|-----|-----|-----|-----|-----|------|
| | | | | Cuvitru | | | | | VersaRate Plus | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | | | | | | | | | | | | | | | |
| 24G | SUB-109-G24 | 9 | 1 | | 17 | 31 | 41 | 48 | 52 | 55 | 55 | 55 | 55 | 55 | 61 |
| | SUB-112-G24 | 12 | 1 | | 16 | 29 | 38 | 44 | 48 | 50 | 50 | 50 | 50 | 50 | 55 |
| | SUB-209-G24 | 9 | 2 | | 21 | 50 | 72 | 88 | 98 | 105 | 109 | 111 | 114 | 117 | 130 |
| | SUB-212-G24 | 12 | 2 | | 19 | 46 | 66 | 80 | 90 | 95 | 99 | 101 | 103 | 106 | 119 |
| | SUB-309-G24 | 9 | 3 | | 25 | 61 | 89 | 113 | 131 | 145 | 155 | 162 | 167 | 170 | 200 |
| | SUB-312-G24 | 12 | 3 | | 23 | 55 | 81 | 103 | 119 | 132 | 141 | 147 | 152 | 155 | 182 |
| | SUB-409-G24 | 9 | 4 | | 29 | 59 | 92 | 126 | 158 | 187 | 211 | 228 | 237 | 235 | 283 |
| | SUB-412-G24 | 12 | 4 | | 26 | 54 | 84 | 114 | 144 | 170 | 192 | 208 | 215 | 213 | 258 |
| | SAF-Q-106-G24 | 6 | 1 | | 19 | 34 | 45 | 53 | 57 | 59 | 60 | 60 | 60 | 60 | 66 |
| 26G | SAF-Q-109-G24 | 9 | 1 | | 17 | 31 | 41 | 48 | 52 | 55 | 55 | 55 | 55 | 55 | 61 |
| | SAF-Q-309-G24 | 9 | 3 | | 25 | 61 | 89 | 113 | 131 | 145 | 155 | 162 | 167 | 170 | 200 |
| | OPT12604 | 4 | 1 | 9 | 20 | 34 | 43 | 48 | 52 | 53 | 55 | 55 | 56 | 56 | 63 |
| | OPT12606 | 6 | 1 | 9 | 20 | 34 | 43 | 48 | 52 | 53 | 55 | 55 | 56 | 56 | 63 |
| | OPT12609 | 9 | 1 | 9 | 20 | 34 | 43 | 48 | 52 | 53 | 55 | 55 | 56 | 56 | 63 |
| | OPT12612 | 12 | 1 | 9 | 20 | 34 | 43 | 48 | 52 | 53 | 55 | 55 | 56 | 56 | 63 |
| | OPT12614 | 14 | 1 | 9 | 19 | 32 | 40 | 45 | 48 | 50 | 51 | 52 | 53 | 53 | 59 |
| | OPT22604 | 4 | 2 | | 21 | 37 | 63 | 87 | 102 | 112 | 117 | 120 | 122 | 123 | 141 |
| OPT22606 | 6 | 2 | | 21 | 37 | 63 | 87 | 102 | 112 | 117 | 120 | 122 | 123 | 141 | |

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| Table 9 | | Drug | | | | | | Flow Controller | | | | | | | |
|---|---------------|-------------|--------------|--|----|----|-----|-----------------|-----|-----|-----|-----|-----|-----|------|
| | | Cuvitru | | | | | | VersaRate Plus | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | OPT22609 | 9 | 2 | | 21 | 37 | 63 | 87 | 102 | 112 | 117 | 120 | 122 | 123 | 141 |
| | OPT22612 | 12 | 2 | | 21 | 37 | 63 | 87 | 102 | 112 | 117 | 120 | 122 | 123 | 141 |
| | OPT22614 | 14 | 2 | | 19 | 35 | 59 | 81 | 96 | 105 | 110 | 113 | 115 | 116 | 132 |
| | OPT32606 | 6 | 3 | | 27 | 48 | 79 | 110 | 135 | 151 | 163 | 170 | 175 | 178 | 205 |
| | OPT32609 | 9 | 3 | | 27 | 48 | 79 | 110 | 135 | 151 | 163 | 170 | 175 | 178 | 205 |
| | OPT32612 | 12 | 3 | | 27 | 48 | 79 | 110 | 135 | 151 | 163 | 170 | 175 | 178 | 205 |
| | OPT32614 | 14 | 3 | | 25 | 45 | 74 | 104 | 127 | 142 | 153 | 160 | 164 | 167 | 192 |
| | OPT42606 | 6 | 4 | | | 63 | 92 | 129 | 163 | 189 | 207 | 219 | 227 | 232 | 277 |
| | OPT42609 | 9 | 4 | | | 63 | 92 | 129 | 163 | 189 | 207 | 219 | 227 | 232 | 277 |
| | OPT42612 | 12 | 4 | | | 63 | 92 | 129 | 163 | 189 | 207 | 219 | 227 | 232 | 277 |
| OPT42614 | 14 | 4 | | | 59 | 86 | 121 | 153 | 177 | 194 | 206 | 213 | 218 | 260 | |
| 27G | SUB-104-G27 | 4 | 1 | | | 15 | 17 | 18 | 19 | 20 | 20 | 20 | 21 | 21 | 21 |
| | SUB-106-G27 | 6 | 1 | | | 14 | 16 | 17 | 18 | 19 | 19 | 19 | 20 | 20 | 20 |
| | SUB-109-G27 | 9 | 1 | | | 13 | 15 | 16 | 16 | 17 | 17 | 18 | 18 | 18 | 18 |
| | SUB-112-G27 | 12 | 1 | | | 12 | 13 | 14 | 15 | 15 | 16 | 16 | 16 | 16 | 17 |
| | SUB-204-G27 | 4 | 2 | | | 29 | 34 | 37 | 40 | 41 | 42 | 43 | 44 | 45 | 47 |
| | SUB-250 | 6 | 2 | | | 27 | 32 | 35 | 38 | 39 | 40 | 41 | 42 | 42 | 45 |
| | SUB-260 | 9 | 2 | | | 25 | 30 | 33 | 34 | 36 | 37 | 38 | 38 | 39 | 41 |
| | SUB-212-G27 | 12 | 2 | | | 23 | 27 | 30 | 31 | 33 | 34 | 34 | 35 | 35 | 37 |
| | SUB-310 | 6 | 3 | | | 33 | 44 | 51 | 54 | 55 | 55 | 56 | 56 | 56 | 61 |
| | SUB-320 | 9 | 3 | | | 30 | 41 | 47 | 49 | 50 | 51 | 51 | 51 | 51 | 56 |
| | SUB-312-G27 | 12 | 3 | | | 27 | 37 | 42 | 45 | 46 | 46 | 46 | 47 | 47 | 51 |
| | SUB-400 | 6 | 4 | | | 45 | 58 | 69 | 76 | 80 | 83 | 84 | 85 | 86 | 93 |
| | SUB-410 | 9 | 4 | | | 41 | 53 | 63 | 70 | 74 | 76 | 77 | 78 | 79 | 85 |
| | SUB-412-G27 | 12 | 4 | | | 38 | 49 | 58 | 64 | 67 | 69 | 70 | 71 | 72 | 77 |
| | SUB-414-G27 | 14 | 4 | | | 35 | 45 | 54 | 59 | 63 | 65 | 66 | 67 | 67 | 72 |
| | SAF-Q-106-G27 | 6 | 1 | | | 14 | 16 | 17 | 18 | 19 | 19 | 19 | 20 | 20 | 20 |
| | SAF-Q-109-G27 | 9 | 1 | | | 13 | 15 | 16 | 16 | 17 | 17 | 18 | 18 | 18 | 18 |
| | SAF-Q-112-G27 | 12 | 1 | | | 12 | 13 | 14 | 15 | 15 | 16 | 16 | 16 | 16 | 17 |
| | SAF-Q-206-G27 | 6 | 2 | | | 27 | 32 | 35 | 38 | 39 | 40 | 41 | 42 | 42 | 45 |
| | SAF-Q-209-G27 | 9 | 2 | | | 25 | 30 | 33 | 34 | 36 | 37 | 38 | 38 | 39 | 41 |
| | SAF-Q-212-G27 | 12 | 2 | | | 23 | 27 | 30 | 31 | 33 | 34 | 34 | 35 | 35 | 37 |
| | SAF-Q-306-G27 | 6 | 3 | | | 33 | 44 | 51 | 54 | 55 | 55 | 56 | 56 | 56 | 61 |
| | SAF-Q-309-G27 | 9 | 3 | | | 30 | 41 | 47 | 49 | 50 | 51 | 51 | 51 | 51 | 56 |
| | SAF-Q-312-G27 | 12 | 3 | | | 27 | 37 | 42 | 45 | 46 | 46 | 46 | 47 | 47 | 51 |
| | SAF-Q-406-G27 | 6 | 4 | | | 45 | 58 | 69 | 76 | 80 | 83 | 84 | 85 | 86 | 93 |
| | SAF-Q-409-G27 | 9 | 4 | | | 41 | 53 | 63 | 70 | 74 | 76 | 77 | 78 | 79 | 85 |
| SAF-Q-412-G27 | 12 | 4 | | | 38 | 49 | 58 | 64 | 67 | 69 | 70 | 71 | 72 | 77 | |

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Infusing Gammagard or Kiovig

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Gammagard or Kiovig. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|--|
| | Suitable for initial and maintenance infusions (Under 40 kg (88 lb) body weight: up to 15 mL/h/site; 40 kg (88 lb) and greater: up to 20 mL/h/site) |
| | Suitable for maintenance infusions only (Under 40 kg (88 lb) body weight: up to 20 mL/h/site; 40 kg (88 lb) and greater: up to 30 mL/h/site) |
| | May exceed the prescribing information (Under 40 kg (88 lb) body weight: Exceeds 20 mL/h/site or 160mL/h total; 40 kg (88 lb) and greater body weight: Exceeds 30 mL/h/site or 240 ml/h total) |
| | No data available |

| Table 10a | | Drug | | | Patient Information | | | | | | | | | | Flow Controller | |
|--|---------------|------------------|--------------|---|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|-----------------|--------------|
| | | Gammagard/Kiovig | | | Patients <u>under</u> 40 kg (88 lb) | | | | | | | | | | Infuset | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-990 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SUB-112-G24 | 12 | 1 | 14 | 21 | 25 | | | | | | | | | | |
| | SUB-209-G24 | 9 | 2 | | 25 | 29 | 61 | | | | | | | | | |
| | SUB-212-G24 | 12 | 2 | | 23 | 26 | 56 | | | | | | | | | |
| | SUB-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| | SUB-312-G24 | 12 | 3 | | | | 52 | 89 | 125 | | | | | | | |
| | SUB-409-G24 | 9 | 4 | | | 29 | | 94 | 141 | | | | | | | |
| | SUB-412-G24 | 12 | 4 | | | 26 | | 86 | 128 | | | | | | | |
| | SUB-512-G24 | 12 | 5 | | | | 63 | | 133 | | | | | | | |
| | SUB-612-G24 | 12 | 6 | | | | | | 95 | | 183 | | | | | |
| | SAF-Q-106-G24 | 6 | 1 | | 16 | 26 | 30 | | | | | | | | | |
| | SAF-Q-109-G24 | 9 | 1 | | 15 | 24 | 27 | | | | | | | | | |
| | SAF-Q-309-G24 | 9 | 3 | | | | | 57 | 97 | 137 | | | | | | |
| 26G | OPT12604 | 4 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 24 | | | | | | | | | | | |
| | OPT22604 | 4 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22606 | 6 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22609 | 9 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22612 | 12 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |

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| Table 10a | | Drug | | | Patient Information | | | | | | | | | | Flow Controller | |
|--|---------------|------------------|--------------|---|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|-----------------|--------------|
| | | Gammagard/Kiovig | | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | | | | Infuset | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-990 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | OPT22614 | 14 | 2 | 13 | 25 | 34 | 58 | | | | | | | | | |
| | OPT32606 | 6 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32609 | 9 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32612 | 12 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32614 | 14 | 3 | | | 29 | 62 | 92 | | | | | | | | |
| | OPT42606 | 6 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42609 | 9 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42612 | 12 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42614 | 14 | 4 | | | 31 | 64 | 98 | | | | | | | | |
| | OPT52606 | 6 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52609 | 9 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52612 | 12 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| OPT62609 | 9 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| OPT62612 | 12 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| 27G | SUB-104-G27 | 4 | 1 | 15 | 23 | 25 | | | | | | | | | | |
| | SUB-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | |
| | SUB-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | |
| | SUB-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | 28 | 55 | 73 | | | | | | | | |
| | SUB-250 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | |
| | SUB-260 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | |
| | SUB-310 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SUB-320 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |
| | SUB-410 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 68 | 96 | 128 | | | | | | |
| | SUB-506 | 6 | 5 | | | | 62 | | 132 | 174 | | | | | | |
| | SUB-509 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | 96 | | 182 | 228 | | | | | |
| | SUB-609 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| SAF-Q-206-G27 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | | |
| SAF-Q-209-G27 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | | |
| SAF-Q-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | | |

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| Table 10a | | Drug | | Patient Information | | | | | | | | Flow Controller | | | | |
|--|---------------|------------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|--------------|
| | | Gammagard/Kiovig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | | Infuset | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | SAF-Q-306-G27 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| | SAF-Q-509-G27 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | |
| | SAF-Q-609-G27 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | |

| Table 10b | | Drug | | Patient Information | | | | | | | | Flow Controller | | | | |
|--|---------------|------------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|--------------|
| | | Gammagard/Kiovig | | Patients <u>40 kg (88 lb) and over</u> | | | | | | | | Infuset | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SUB-112-G24 | 12 | 1 | 14 | 21 | 25 | | | | | | | | | | |
| | SUB-209-G24 | 9 | 2 | | 25 | 29 | 61 | | | | | | | | | |
| | SUB-212-G24 | 12 | 2 | | 23 | 26 | 56 | | | | | | | | | |
| | SUB-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| | SUB-312-G24 | 12 | 3 | | | | 52 | 89 | 125 | | | | | | | |
| | SUB-409-G24 | 9 | 4 | | | 29 | | 94 | 141 | | | | | | | |
| | SUB-412-G24 | 12 | 4 | | | 26 | | 86 | 128 | | | | | | | |
| | SUB-512-G24 | 12 | 5 | | | | 63 | | 133 | | | | | | | |
| | SUB-612-G24 | 12 | 6 | | | | | 95 | | 183 | | | | | | |
| | SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 30 | | | | | | | | | | |
| | SAF-Q-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| SAF-Q-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | | |
| 26G | OPT12604 | 4 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 24 | | | | | | | | | | | |
| | OPT22604 | 4 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |

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| Table 10b | | Drug | | Patient Information | | | | | | | | | | Flow Controller | | | |
|--|---------------|------------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-----------------|--------------|--------------|--|
| | | Gammagard/Kiovig | | Patients 40 kg (88 lb) and over | | | | | | | | | | Infuset | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 | |
| 27G | OPT22606 | 6 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | | |
| | OPT22609 | 9 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | | |
| | OPT22612 | 12 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | | |
| | OPT22614 | 14 | 2 | 13 | 25 | 34 | 58 | | | | | | | | | | |
| | OPT32606 | 6 | 3 | | | 31 | 66 | 98 | | | | | | | | | |
| | OPT32609 | 9 | 3 | | | 31 | 66 | 98 | | | | | | | | | |
| | OPT32612 | 12 | 3 | | | 31 | 66 | 98 | | | | | | | | | |
| | OPT32614 | 14 | 3 | | | 29 | 62 | 92 | | | | | | | | | |
| | OPT42606 | 6 | 4 | | | 33 | 68 | 105 | | | | | | | | | |
| | OPT42609 | 9 | 4 | | | 33 | 68 | 105 | | | | | | | | | |
| | OPT42612 | 12 | 4 | | | 33 | 68 | 105 | | | | | | | | | |
| | OPT42614 | 14 | 4 | | | 31 | 64 | 98 | | | | | | | | | |
| | OPT52606 | 6 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | | |
| | OPT52609 | 9 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | | |
| | OPT52612 | 12 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | | |
| OPT62609 | 9 | 6 | | | | | 65 | 109 | 135 | 227 | | | | | | | |
| OPT62612 | 12 | 6 | | | | | 65 | 109 | 135 | 227 | | | | | | | |
| 27G | SUB-104-G27 | 4 | 1 | 15 | 23 | 25 | | | | | | | | | | | |
| | SUB-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | | |
| | SUB-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | | |
| | SUB-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | 28 | 55 | 73 | | | | | | | | | |
| | SUB-250 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | | |
| | SUB-260 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | | |
| | SUB-310 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | | |
| | SUB-320 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | | |
| | SUB-410 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 68 | 96 | 128 | | | | | | | |
| | SUB-506 | 6 | 5 | | | | | 62 | | 132 | 174 | | | | | | |
| | SUB-509 | 9 | 5 | | | | | 57 | | 121 | 160 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | | 96 | | 182 | 228 | | | | | |
| | SUB-609 | 9 | 6 | | | | | | 88 | | 167 | 209 | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | | |
| SAF-Q-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | | | |
| SAF-Q-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | | | |

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| Table 10b | | Drug | | Patient Information | | | | | | | | | | Flow Controller | | |
|--|---------------|------------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-----------------|--------------|--------------|
| | | Gammagard/Kiovig | | Patients 40 kg (88 lb) and over | | | | | | | | | | Infuset | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total flow rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SAF-Q-206-G27 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| | SAF-Q-509-G27 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | |
| 24G | SAF-Q-609-G27 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | |

| Table 11a | | Drug | | Patient Information | | | | | | Flow Controller | |
|--|---------------|------------------|--------------|---|----|-----|-----|-----|-----|-----------------|--|
| | | Gammagard/Kiovig | | Patients <u>under</u> 40 kg (88 lb) | | | | | | VersaRate* | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 | |
| 24G | SUB-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 | |
| | SUB-112-G24 | 12 | 1 | 40 | 55 | 100 | 129 | 179 | 239 | 323 | |
| | SUB-209-G24 | 9 | 2 | 49 | 64 | 132 | 194 | 280 | 421 | 727 | |
| | SUB-212-G24 | 12 | 2 | 45 | 59 | 120 | 177 | 255 | 383 | 661 | |
| | SAF-Q-106-G24 | 6 | 1 | 48 | 66 | 119 | 155 | 214 | 286 | 387 | |
| | SAF-Q-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 | |
| 26G | OPT12604 | 4 | 1 | 47 | | | | | | 341 | |
| | OPT12606 | 6 | 1 | 47 | | | | | | 341 | |
| | OPT12609 | 9 | 1 | 47 | | | | | | 341 | |
| | OPT12612 | 12 | 1 | 47 | | | | | | 341 | |
| | OPT12614 | 14 | 1 | 45 | | | | | | 321 | |
| | OPT22604 | 4 | 2 | 35 | 69 | | | | | 661 | |
| | OPT22606 | 6 | 2 | 35 | 69 | | | | | 661 | |
| | OPT22609 | 9 | 2 | 35 | 69 | | | | | 661 | |
| | OPT22612 | 12 | 2 | 35 | 69 | | | | | 661 | |
| | OPT22614 | 14 | 2 | 33 | 65 | | | | | 622 | |

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| Table 11a | | Drug | | Patient Information | | | | | | Flow Controller |
|--|---------------|------------------|--------------|---|-----|-----|-----|-----|------|-----------------|
| | | Gammagard/Kiovig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | VersaRate* |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 27G | OPT32606 | 6 | 3 | 45 | 76 | | | | | 993 |
| | OPT32609 | 9 | 3 | 45 | 76 | | | | | 993 |
| | OPT32612 | 12 | 3 | 45 | 76 | | | | | 993 |
| | OPT32614 | 14 | 3 | 43 | 71 | | | | | 933 |
| | OPT42606 | 6 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42609 | 9 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42612 | 12 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42614 | 14 | 4 | 39 | 76 | 134 | | | | 1168 |
| | OPT52606 | 6 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52609 | 9 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52612 | 12 | 5 | 40 | 72 | 144 | | | | 1411 |
| OPT62609 | 9 | 6 | | 82 | 148 | 228 | | | 1672 | |
| OPT62612 | 12 | 6 | | 82 | 148 | 228 | | | 1672 | |
| 27G | SUB-104-G27 | 4 | 1 | 41 | 50 | 67 | 84 | 98 | 109 | 120 |
| | SUB-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SUB-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SUB-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SUB-204-G27 | 4 | 2 | 50 | 65 | 90 | 121 | 153 | 199 | 232 |
| | SUB-250 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SUB-260 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SUB-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SUB-310 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SUB-320 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SUB-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SUB-400 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SUB-410 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SUB-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SUB-414-G27 | 14 | 4 | 40 | 55 | 99 | 140 | 191 | 243 | 337 |
| | SUB-506 | 6 | 5 | 46 | 77 | 127 | 193 | 274 | 372 | 531 |
| | SUB-509 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |
| | SAF-Q-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SAF-Q-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SAF-Q-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| SAF-Q-206-G27 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 | |
| SAF-Q-209-G27 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 | |
| SAF-Q-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 | |
| SAF-Q-306-G27 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 | |
| SAF-Q-309-G27 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 | |
| SAF-Q-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 | |

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| Table 11a | | Drug | | Patient Information | | | | | | Flow Controller |
|--|---------------|------------------|--------------|---|----|-----|-----|-----|-----|-----------------|
| | | Gammagard/Kiovig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | VersaRate* |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| | SAF-Q-406-G27 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SAF-Q-409-G27 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SAF-Q-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SAF-Q-509-G27 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |

| Table 11b | | Drug | | Patient Information | | | | | | Flow Controller |
|--|---------------|------------------|--------------|---|-----|-----|-----|-----|------|-----------------|
| | | Gammagard/Kiovig | | Patients <u>40 kg (88 lb) and over</u> | | | | | | VersaRate* |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| | SUB-112-G24 | 12 | 1 | 40 | 55 | 100 | 129 | 179 | 239 | 323 |
| | SUB-209-G24 | 9 | 2 | 49 | 64 | 132 | 194 | 280 | 421 | 727 |
| | SUB-212-G24 | 12 | 2 | 45 | 59 | 120 | 177 | 255 | 383 | 661 |
| | SAF-Q-106-G24 | 6 | 1 | 48 | 66 | 119 | 155 | 214 | 286 | 387 |
| | SAF-Q-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| 26G | OPT12604 | 4 | 1 | 47 | | | | | | 341 |
| | OPT12606 | 6 | 1 | 47 | | | | | | 341 |
| | OPT12609 | 9 | 1 | 47 | | | | | | 341 |
| | OPT12612 | 12 | 1 | 47 | | | | | | 341 |
| | OPT12614 | 14 | 1 | 45 | | | | | | 321 |
| | OPT22604 | 4 | 2 | 35 | 69 | | | | | 661 |
| | OPT22606 | 6 | 2 | 35 | 69 | | | | | 661 |
| | OPT22609 | 9 | 2 | 35 | 69 | | | | | 661 |
| | OPT22612 | 12 | 2 | 35 | 69 | | | | | 661 |
| | OPT22614 | 14 | 2 | 33 | 65 | | | | | 622 |
| | OPT32606 | 6 | 3 | 45 | 76 | | | | | 993 |
| | OPT32609 | 9 | 3 | 45 | 76 | | | | | 993 |
| | OPT32612 | 12 | 3 | 45 | 76 | | | | | 993 |
| | OPT32614 | 14 | 3 | 43 | 71 | | | | | 933 |
| | OPT42606 | 6 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42609 | 9 | 4 | 41 | 81 | 143 | | | | 1243 |
| OPT42612 | 12 | 4 | 41 | 81 | 143 | | | | 1243 | |
| OPT42614 | 14 | 4 | 39 | 76 | 134 | | | | 1168 | |

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| Table 11b | | Drug | | Patient Information | | | | | | Flow Controller |
|--|---------------|------------------|--------------|---|-----|-----|-----|-----|-----|-----------------|
| | | Gammagard/Kiovig | | Patients 40 kg (88 lb) and over | | | | | | VersaRate* |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| | OPT52606 | 6 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52609 | 9 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52612 | 12 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT62609 | 9 | 6 | | 82 | 148 | 228 | | | 1672 |
| | OPT62612 | 12 | 6 | | 82 | 148 | 228 | | | 1672 |
| 27G | SUB-104-G27 | 4 | 1 | 41 | 50 | 67 | 84 | 98 | 109 | 120 |
| | SUB-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SUB-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SUB-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SUB-204-G27 | 4 | 2 | 50 | 65 | 90 | 121 | 153 | 199 | 232 |
| | SUB-250 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SUB-260 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SUB-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SUB-310 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SUB-320 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SUB-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SUB-400 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SUB-410 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SUB-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SUB-414-G27 | 14 | 4 | 40 | 55 | 99 | 140 | 191 | 243 | 337 |
| | SUB-506 | 6 | 5 | 46 | 77 | 127 | 193 | 274 | 372 | 531 |
| | SUB-509 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |
| | SAF-Q-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SAF-Q-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SAF-Q-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SAF-Q-206-G27 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SAF-Q-209-G27 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SAF-Q-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SAF-Q-306-G27 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| SAF-Q-309-G27 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 | |
| SAF-Q-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 | |
| SAF-Q-406-G27 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 | |
| SAF-Q-409-G27 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 | |
| SAF-Q-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 | |
| SAF-Q-509-G27 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 | |



*The VersaRate flow regulator has markings around the circumference of the rotating dial denoting position settings that reference flow rates. Six markings have been designated with sequential numbers 1-6, with additional demarcations between each number. These demarcations between the numbers represent additional reference points that can be used to assist in controlling flow rates between the numbered position settings. The first of these reference points between OFF and Position 1, will be referred to as Position ½.

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| Table 12a | | Drug | | Patient Information | | | | | | | | | Flow Controller | | |
|--|---------------|------------------|--------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|-----|------|
| | | Gammagard/Kiovig | | Patients <u>under 40 kg (88 lb)</u> | | | | | | | | | VersaRate Plus | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 24G | SUB-109-G24 | 9 | 1 | 64 | 111 | 153 | 189 | 219 | 244 | 265 | 282 | 295 | 305 | 311 | 343 |
| | SUB-112-G24 | 12 | 1 | 58 | 101 | 139 | 172 | 199 | 222 | 241 | 257 | 269 | 277 | 283 | 313 |
| | SUB-209-G24 | 9 | 2 | 53 | 121 | 186 | 247 | 304 | 356 | 402 | 442 | 476 | 502 | 520 | 681 |
| | SUB-212-G24 | 12 | 2 | 48 | 110 | 169 | 225 | 277 | 324 | 366 | 402 | 433 | 457 | 473 | 620 |
| | SAF-Q-106-G24 | 6 | 1 | 70 | 121 | 167 | 206 | 239 | 266 | 289 | 308 | 322 | 332 | 339 | 374 |
| | SAF-Q-109-G24 | 9 | 1 | 64 | 111 | 153 | 189 | 219 | 244 | 265 | 282 | 295 | 305 | 311 | 343 |
| 27G | SUB-104-G27 | 4 | 1 | 42 | | | | | | | | | | | 122 |
| | SUB-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SUB-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SUB-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SUB-204-G27 | 4 | 2 | 51 | 96 | | | | | | | | | | 227 |
| | SUB-250 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SUB-260 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SUB-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SUB-310 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SUB-320 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| | SUB-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 |
| | SUB-400 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 |
| | SUB-410 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 |
| | SUB-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 |
| | SUB-414-G27 | 14 | 4 | 43 | 84 | | | | | | | | | | 332 |
| | SUB-506 | 6 | 5 | 57 | 113 | 178 | | | | | | | | | 528 |
| | SUB-509 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 |
| | SUB-606 | 6 | 6 | 56 | 112 | 175 | | | | | | | | | 593 |
| | SUB-609 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 |
| | SAF-Q-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SAF-Q-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SAF-Q-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SAF-Q-206-G27 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SAF-Q-209-G27 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SAF-Q-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SAF-Q-306-G27 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SAF-Q-309-G27 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| SAF-Q-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 | |
| SAF-Q-406-G27 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 | |
| SAF-Q-409-G27 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 | |
| SAF-Q-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | |
| SAF-Q-509-G27 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | |
| SAF-Q-609-G27 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | |

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| Table 12b | | Drug | | Patient Information | | | | | | | | Flow Controller | | | |
|--|---------------|------------------|--------------|--|-----|-----|-----|-----|-----|-----|-----|-----------------|-----|-----|------|
| | | Gammagard/Kiovig | | Patients 40 kg (88 lb) and over | | | | | | | | VersaRate Plus | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 24G | SUB-109-G24 | 9 | 1 | 64 | 111 | 153 | 189 | 219 | 244 | 265 | 282 | 295 | 305 | 311 | 343 |
| | SUB-112-G24 | 12 | 1 | 58 | 101 | 139 | 172 | 199 | 222 | 241 | 257 | 269 | 277 | 283 | 313 |
| | SUB-209-G24 | 9 | 2 | 53 | 121 | 186 | 247 | 304 | 356 | 402 | 442 | 476 | 502 | 520 | 681 |
| | SUB-212-G24 | 12 | 2 | 48 | 110 | 169 | 225 | 277 | 324 | 366 | 402 | 433 | 457 | 473 | 620 |
| | SAF-Q-106-G24 | 6 | 1 | 70 | 121 | 167 | 206 | 239 | 266 | 289 | 308 | 322 | 332 | 339 | 374 |
| | SAF-Q-109-G24 | 9 | 1 | 64 | 111 | 153 | 189 | 219 | 244 | 265 | 282 | 295 | 305 | 311 | 343 |
| 27G | SUB-104-G27 | 4 | 1 | 42 | | | | | | | | | | | 122 |
| | SUB-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SUB-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SUB-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SUB-204-G27 | 4 | 2 | 51 | 96 | | | | | | | | | | 227 |
| | SUB-250 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SUB-260 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SUB-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SUB-310 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SUB-320 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| | SUB-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 |
| | SUB-400 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 |
| | SUB-410 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 |
| | SUB-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 |
| | SUB-414-G27 | 14 | 4 | 43 | 84 | | | | | | | | | | 332 |
| | SUB-506 | 6 | 5 | 57 | 113 | 178 | | | | | | | | | 528 |
| | SUB-509 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 |
| | SUB-606 | 6 | 6 | 56 | 112 | 175 | | | | | | | | | 593 |
| | SUB-609 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 |
| | SAF-Q-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SAF-Q-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SAF-Q-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SAF-Q-206-G27 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SAF-Q-209-G27 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SAF-Q-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SAF-Q-306-G27 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SAF-Q-309-G27 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| | SAF-Q-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 |
| | SAF-Q-406-G27 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 |
| | SAF-Q-409-G27 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 |
| SAF-Q-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | |
| SAF-Q-509-G27 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | |
| SAF-Q-609-G27 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | |

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Infusing Gamunex-C or Gammaked

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Gamunex-C or Gammaked. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|--|
| | Suitable for initial and maintenance infusions For Adults: Up to 20 mL/h/site For Pediatrics: Under 25 kg (55 lb) body weight: up to 10 mL/h/site; 25 kg (55 lb) and greater: up to 15 mL/h/site |
| | Suitable for maintenance infusions only For Adults: Up to 20 mL/h/site For Pediatrics: Under 25 kg (55 lb) body weight: up to 10 mL/h/site; 25 kg (55 lb) and greater: up to 20 mL/h/site |
| | May exceed the prescribing information For Adults: Exceeds 20 mL/h/site For Pediatrics: Under 25 kg (55 lb): Exceeds 10 mL/h/site; 25 kg (55 lb) and greater: Exceeds 20 mL/h/site |
| | No data available |

| Table 13a | | Drug | | | Patient Information | | | Flow Controller | | | | | | | | |
|---|---------------|-----------------------|--------------|---|---------------------|-------------|-------------|-----------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | Adults | | | Infuset | | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SUB-112-G24 | 12 | 1 | 14 | 21 | 25 | | | | | | | | | | |
| | SUB-209-G24 | 9 | 2 | | 25 | 29 | 61 | | | | | | | | | |
| | SUB-212-G24 | 12 | 2 | | 23 | 26 | 56 | | | | | | | | | |
| | SUB-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| | SUB-312-G24 | 12 | 3 | | | | 52 | 89 | 125 | | | | | | | |
| | SUB-409-G24 | 9 | 4 | | | 29 | | 94 | 141 | | | | | | | |
| | SUB-412-G24 | 12 | 4 | | | 26 | | 86 | 128 | | | | | | | |
| | SUB-512-G24 | 12 | 5 | | | | 63 | | 133 | | | | | | | |
| | SUB-612-G24 | 12 | 6 | | | | | 95 | | 183 | | | | | | |
| | SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 30 | | | | | | | | | | |
| | SAF-Q-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SAF-Q-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| 26G | OPT12604 | 4 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 24 | | | | | | | | | | | |
| | OPT22604 | 4 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |

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| Table 13a | | Drug | | | | | | Patient Information | | | | Flow Controller | | | | |
|---|----------|-----------------------|--------------|---|------------|-------------|-------------|---------------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | | | Adults | | | | Infuset | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | OPT22606 | 6 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22609 | 9 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22612 | 12 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22614 | 14 | 2 | 13 | 25 | 34 | 58 | | | | | | | | | |
| | OPT32606 | 6 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32609 | 9 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32612 | 12 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32614 | 14 | 3 | | | 29 | 62 | 92 | | | | | | | | |
| | OPT42606 | 6 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42609 | 9 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42612 | 12 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42614 | 14 | 4 | | | 31 | 64 | 98 | | | | | | | | |
| | OPT52606 | 6 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52609 | 9 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52612 | 12 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT62609 | 9 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | |
| OPT62612 | 12 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| SUB-104-G27 | 4 | 1 | 15 | 23 | 25 | | | | | | | | | | | |
| SUB-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | | |
| SUB-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | | |
| SUB-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | | |
| SUB-204-G27 | 4 | 2 | | | 28 | 55 | 73 | | | | | | | | | |
| SUB-250 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | | |
| SUB-260 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | | |
| SUB-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | | |
| SUB-310 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | | |
| SUB-320 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | | |
| SUB-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | | |
| SUB-400 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | | |
| SUB-410 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | | |
| SUB-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | | |
| SUB-414-G27 | 14 | 4 | | | | | 68 | 96 | 128 | | | | | | | |
| SUB-506 | 6 | 5 | | | | 62 | | 132 | 174 | | | | | | | |
| SUB-509 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | | |
| SUB-606 | 6 | 6 | | | | | 96 | | 182 | 228 | | | | | | |
| SUB-609 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | | |
| SAF-Q-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | | |
| SAF-Q-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | | |

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| Table 13a | | Drug | | | | Patient Information | | | | Flow Controller | | | | | | |
|---|---------------|-----------------------|--------------|---|------------|---------------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | Adults | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SAF-Q-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| SAF-Q-509-G27 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | | |
| SAF-Q-609-G27 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | | |

| Table 13b | | Drug | | | | Patient Information | | | | Flow Controller | | | | | | |
|---|-------------|-----------------------|--------------|---|------------|-----------------------------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | Pediatrics 25 kg (55 lb) and over | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SUB-112-G24 | 12 | 1 | 14 | 21 | 25 | | | | | | | | | | |
| | SUB-209-G24 | 9 | 2 | | 25 | 29 | 61 | | | | | | | | | |
| | SUB-212-G24 | 12 | 2 | | 23 | 26 | 56 | | | | | | | | | |
| | SUB-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| | SUB-312-G24 | 12 | 3 | | | | 52 | 89 | 125 | | | | | | | |
| | SUB-409-G24 | 9 | 4 | | | 29 | | 94 | 141 | | | | | | | |
| | SUB-412-G24 | 12 | 4 | | | 26 | | 86 | 128 | | | | | | | |
| | SUB-512-G24 | 12 | 5 | | | | 63 | | 133 | | | | | | | |
| | SUB-612-G24 | 12 | 6 | | | | | | 95 | | 183 | | | | | |
| SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 30 | | | | | | | | | | | |

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| Table 13b | | Drug | | | | Patient Information | | | | Flow Controller | | | | | | |
|---|---------------|-----------------------|--------------|---|------------|-----------------------------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | Pediatrics 25 kg (55 lb) and over | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | SAF-Q-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SAF-Q-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| 26G | OPT12604 | 4 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 24 | | | | | | | | | | | |
| | OPT22604 | 4 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22606 | 6 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22609 | 9 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22612 | 12 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22614 | 14 | 2 | 13 | 25 | 34 | 58 | | | | | | | | | |
| | OPT32606 | 6 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32609 | 9 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32612 | 12 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32614 | 14 | 3 | | | 29 | 62 | 92 | | | | | | | | |
| | OPT42606 | 6 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42609 | 9 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42612 | 12 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42614 | 14 | 4 | | | 31 | 64 | 98 | | | | | | | | |
| | OPT52606 | 6 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52609 | 9 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| OPT52612 | 12 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | | |
| OPT62609 | 9 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| OPT62612 | 12 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| 27G | SUB-104-G27 | 4 | 1 | 15 | 23 | 25 | | | | | | | | | | |
| | SUB-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | |
| | SUB-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | |
| | SUB-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | 28 | 55 | 73 | | | | | | | | |
| | SUB-250 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | |
| | SUB-260 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | |
| | SUB-310 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SUB-320 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SUB-400 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |

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| Table 13b | | Drug | | | | Patient Information | | | | Flow Controller | | | | | | |
|---|---------------|-----------------------|--------------|---|------------|-----------------------------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | Pediatrics 25 kg (55 lb) and over | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | SUB-410 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | 68 | 96 | 128 | | | | | | |
| | SUB-506 | 6 | 5 | | | | 62 | | 132 | 174 | | | | | | |
| | SUB-509 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | |
| | SUB-606 | 6 | 6 | | | | | 96 | | 182 | 228 | | | | | |
| | SUB-609 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | |
| | SAF-Q-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | 27 | 52 | 69 | | | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | 25 | 47 | 63 | | | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | 22 | 43 | 58 | | | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | 56 | 77 | 113 | | | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | 51 | 71 | 104 | | | | | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | 47 | 64 | 95 | | | | | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | 87 | 123 | 165 | | | | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | 80 | 113 | 151 | | | | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | 72 | 103 | 137 | | | | | | |
| | SAF-Q-509-G27 | 9 | 5 | | | | 57 | | 121 | 160 | | | | | | |
| | SAF-Q-609-G27 | 9 | 6 | | | | | 88 | | 167 | 209 | | | | | |

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| Table 13c | | Drug | | | | Patient Information | | | | Flow Controller | | | | | | |
|---|---------------|-----------------------|--------------|---|------------|--------------------------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | Gamunex-C or Gammaked | | | | Pediatrics under 25 kg (55 lb) | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | |
| | SUB-112-G24 | 12 | 1 | 14 | 21 | 25 | | | | | | | | | | |
| | SUB-209-G24 | 9 | 2 | | 25 | 29 | 61 | | | | | | | | | |
| | SUB-212-G24 | 12 | 2 | | 23 | 26 | 56 | | | | | | | | | |
| | SUB-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | |
| | SUB-312-G24 | 12 | 3 | | | | 52 | 89 | 125 | | | | | | | |
| | SUB-409-G24 | 9 | 4 | | | 29 | | 94 | 141 | | | | | | | |
| | SUB-412-G24 | 12 | 4 | | | 26 | | 86 | 128 | | | | | | | |
| | SUB-512-G24 | 12 | 5 | | | | 63 | | 133 | | | | | | | |
| | SUB-612-G24 | 12 | 6 | | | | | 95 | | 183 | | | | | | |
| | SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 30 | | | | | | | | | | |
| SAF-Q-109-G24 | 9 | 1 | 15 | 24 | 27 | | | | | | | | | | | |
| SAF-Q-309-G24 | 9 | 3 | | | | 57 | 97 | 137 | | | | | | | | |
| 26G | OPT12604 | 4 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 25 | | | | | | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 24 | | | | | | | | | | | |
| | OPT22604 | 4 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22606 | 6 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22609 | 9 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22612 | 12 | 2 | 14 | 26 | 36 | 62 | | | | | | | | | |
| | OPT22614 | 14 | 2 | 13 | 25 | 34 | 58 | | | | | | | | | |
| | OPT32606 | 6 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32609 | 9 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32612 | 12 | 3 | | | 31 | 66 | 98 | | | | | | | | |
| | OPT32614 | 14 | 3 | | | 29 | 62 | 92 | | | | | | | | |
| | OPT42606 | 6 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42609 | 9 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42612 | 12 | 4 | | | 33 | 68 | 105 | | | | | | | | |
| | OPT42614 | 14 | 4 | | | 31 | 64 | 98 | | | | | | | | |
| | OPT52606 | 6 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| | OPT52609 | 9 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | |
| OPT52612 | 12 | 5 | | | 32 | 67 | 103 | 136 | | | | | | | | |
| OPT62609 | 9 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |
| OPT62612 | 12 | 6 | | | | 65 | 109 | 135 | 227 | | | | | | | |

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| | | | | | | | | | | | |
|------------------|------------------------------|--|--|---------------------------------------|--|--|--|------------------------|--|--|--|
| Table 13c | Drug | | | Patient Information | | | | Flow Controller | | | |
| | Gamunex-C or Gammaked | | | Pediatrics under 25 kg (55 lb) | | | | Infuset | | | |

Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits.

| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
|---------------|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | SUB-104-G27 | 4 | 1 | 15 | 23 | 25 | | | | | | | | | | |
| | SUB-106-G27 | 6 | 1 | 14 | 22 | 24 | | | | | | | | | | |
| | SUB-109-G27 | 9 | 1 | 13 | 20 | 22 | | | | | | | | | | |
| | SUB-112-G27 | 12 | 1 | 12 | 18 | 20 | | | | | | | | | | |
| | SUB-204-G27 | 4 | 2 | | | | 28 | 55 | 73 | | | | | | | |
| | SUB-250 | 6 | 2 | | | | 27 | 52 | 69 | | | | | | | |
| | SUB-260 | 9 | 2 | | | | 25 | 47 | 63 | | | | | | | |
| | SUB-212-G27 | 12 | 2 | | | | 22 | 43 | 58 | | | | | | | |
| | SUB-310 | 6 | 3 | | | | | 56 | 77 | 113 | | | | | | |
| | SUB-320 | 9 | 3 | | | | | 51 | 71 | 104 | | | | | | |
| | SUB-312-G27 | 12 | 3 | | | | | 47 | 64 | 95 | | | | | | |
| | SUB-400 | 6 | 4 | | | | | | 87 | 123 | 165 | | | | | |
| | SUB-410 | 9 | 4 | | | | | | 80 | 113 | 151 | | | | | |
| | SUB-412-G27 | 12 | 4 | | | | | | 72 | 103 | 137 | | | | | |
| | SUB-414-G27 | 14 | 4 | | | | | | 68 | 96 | 128 | | | | | |
| | SUB-506 | 6 | 5 | | | | | 62 | | 132 | 174 | | | | | |
| | SUB-509 | 9 | 5 | | | | | 57 | | 121 | 160 | | | | | |
| | SUB-606 | 6 | 6 | | | | | | 96 | | 182 | 228 | | | | |
| | SUB-609 | 9 | 6 | | | | | | 88 | | 167 | 209 | | | | |
| | SAF-Q-106-G27 | 6 | 1 | | 14 | 22 | 24 | | | | | | | | | |
| | SAF-Q-109-G27 | 9 | 1 | | 13 | 20 | 22 | | | | | | | | | |
| | SAF-Q-112-G27 | 12 | 1 | | 12 | 18 | 20 | | | | | | | | | |
| | SAF-Q-206-G27 | 6 | 2 | | | | | 27 | 52 | 69 | | | | | | |
| | SAF-Q-209-G27 | 9 | 2 | | | | | 25 | 47 | 63 | | | | | | |
| | SAF-Q-212-G27 | 12 | 2 | | | | | 22 | 43 | 58 | | | | | | |
| | SAF-Q-306-G27 | 6 | 3 | | | | | | 56 | 77 | 113 | | | | | |
| | SAF-Q-309-G27 | 9 | 3 | | | | | | 51 | 71 | 104 | | | | | |
| SAF-Q-312-G27 | 12 | 3 | | | | | | 47 | 64 | 95 | | | | | | |
| SAF-Q-406-G27 | 6 | 4 | | | | | | | 87 | 123 | 165 | | | | | |
| SAF-Q-409-G27 | 9 | 4 | | | | | | | 80 | 113 | 151 | | | | | |
| SAF-Q-412-G27 | 12 | 4 | | | | | | | 72 | 103 | 137 | | | | | |
| SAF-Q-509-G27 | 9 | 5 | | | | | | 57 | | 121 | 160 | | | | | |
| SAF-Q-609-G27 | 9 | 6 | | | | | | | 88 | | 167 | 209 | | | | |

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| Table 14a | | | | Drug | | Patient Information | | | Flow Controller | |
|---|---------------|-------------|--------------|---|-----|---------------------|-----|-----|-----------------|------|
| | | | | Gamunex-C or Gammaked | | Adults | | | VersaRate | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| | SUB-112-G24 | 12 | 1 | 40 | 55 | 100 | 129 | 179 | 239 | 323 |
| | SUB-209-G24 | 9 | 2 | 49 | 64 | 132 | 194 | 280 | 421 | 727 |
| | SUB-212-G24 | 12 | 2 | 45 | 59 | 120 | 177 | 255 | 383 | 661 |
| | SAF-Q-106-G24 | 6 | 1 | 48 | 66 | 119 | 155 | 214 | 286 | 387 |
| | SAF-Q-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| 26G | OPT12604 | 4 | 1 | 47 | | | | | | 341 |
| | OPT12606 | 6 | 1 | 47 | | | | | | 341 |
| | OPT12609 | 9 | 1 | 47 | | | | | | 341 |
| | OPT12612 | 12 | 1 | 47 | | | | | | 341 |
| | OPT12614 | 14 | 1 | 45 | | | | | | 321 |
| | OPT22604 | 4 | 2 | 35 | 69 | | | | | 661 |
| | OPT22606 | 6 | 2 | 35 | 69 | | | | | 661 |
| | OPT22609 | 9 | 2 | 35 | 69 | | | | | 661 |
| | OPT22612 | 12 | 2 | 35 | 69 | | | | | 661 |
| | OPT22614 | 14 | 2 | 33 | 65 | | | | | 622 |
| | OPT32606 | 6 | 3 | 45 | 76 | | | | | 993 |
| | OPT32609 | 9 | 3 | 45 | 76 | | | | | 993 |
| | OPT32612 | 12 | 3 | 45 | 76 | | | | | 993 |
| | OPT32614 | 14 | 3 | 43 | 71 | | | | | 933 |
| | OPT42606 | 6 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42609 | 9 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42612 | 12 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42614 | 14 | 4 | 39 | 76 | 134 | | | | 1168 |
| OPT52606 | 6 | 5 | 40 | 72 | 144 | | | | 1411 | |
| OPT52609 | 9 | 5 | 40 | 72 | 144 | | | | 1411 | |
| OPT52612 | 12 | 5 | 40 | 72 | 144 | | | | 1411 | |
| OPT62609 | 9 | 6 | | 82 | 148 | 228 | | | 1672 | |
| OPT62612 | 12 | 6 | | 82 | 148 | 228 | | | 1672 | |
| 27G | SUB-104-G27 | 4 | 1 | 41 | 50 | 67 | 84 | 98 | 109 | 120 |
| | SUB-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SUB-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SUB-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SUB-204-G27 | 4 | 2 | 50 | 65 | 90 | 121 | 153 | 199 | 232 |
| | SUB-250 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SUB-260 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SUB-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SUB-310 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SUB-320 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |

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| Table 14a | | Drug | | | Patient Information | | | Flow Controller | | |
|---|---------------|-----------------------|--------------|---|---------------------|-----|-----|-----------------|-----|-----|
| | | Gamunex-C or Gammaked | | | Adults | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| | SUB-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SUB-400 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SUB-410 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SUB-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SUB-414-G27 | 14 | 4 | 40 | 55 | 99 | 140 | 191 | 243 | 337 |
| | SUB-506 | 6 | 5 | 46 | 77 | 127 | 193 | 274 | 372 | 531 |
| | SUB-509 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |
| | SAF-Q-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SAF-Q-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SAF-Q-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SAF-Q-206-G27 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SAF-Q-209-G27 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SAF-Q-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SAF-Q-306-G27 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SAF-Q-309-G27 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SAF-Q-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SAF-Q-406-G27 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SAF-Q-409-G27 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| SAF-Q-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 | |
| SAF-Q-509-G27 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 | |

| Table 14b | | Drug | | | Patient Information | | | Flow Controller | | |
|---|---------------|-----------------------|--------------|---|-----------------------------------|-----|-----|-----------------|-----|-----|
| | | Gamunex-C or Gammaked | | | Pediatrics 25 kg (55 lb) and over | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| | SUB-112-G24 | 12 | 1 | 40 | 55 | 100 | 129 | 179 | 239 | 323 |
| | SUB-209-G24 | 9 | 2 | 49 | 64 | 132 | 194 | 280 | 421 | 727 |
| | SUB-212-G24 | 12 | 2 | 45 | 59 | 120 | 177 | 255 | 383 | 661 |
| | SAF-Q-106-G24 | 6 | 1 | 48 | 66 | 119 | 155 | 214 | 286 | 387 |
| | SAF-Q-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |

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| Table 14b | | Drug | | Patient Information | | | | Flow Controller | | |
|---|-------------|-----------------------|--------------|---|-----|-----|-----|-----------------|------|------|
| | | Gamunex-C or Gammaked | | Pediatrics 25 kg (55 lb) and over | | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 26G | OPT12604 | 4 | 1 | 47 | | | | | | 341 |
| | OPT12606 | 6 | 1 | 47 | | | | | | 341 |
| | OPT12609 | 9 | 1 | 47 | | | | | | 341 |
| | OPT12612 | 12 | 1 | 47 | | | | | | 341 |
| | OPT12614 | 14 | 1 | 45 | | | | | | 321 |
| | OPT22604 | 4 | 2 | 35 | 69 | | | | | 661 |
| | OPT22606 | 6 | 2 | 35 | 69 | | | | | 661 |
| | OPT22609 | 9 | 2 | 35 | 69 | | | | | 661 |
| | OPT22612 | 12 | 2 | 35 | 69 | | | | | 661 |
| | OPT22614 | 14 | 2 | 33 | 65 | | | | | 622 |
| | OPT32606 | 6 | 3 | 45 | 76 | | | | | 993 |
| | OPT32609 | 9 | 3 | 45 | 76 | | | | | 993 |
| | OPT32612 | 12 | 3 | 45 | 76 | | | | | 993 |
| | OPT32614 | 14 | 3 | 43 | 71 | | | | | 933 |
| | OPT42606 | 6 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42609 | 9 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42612 | 12 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42614 | 14 | 4 | 39 | 76 | 134 | | | | 1168 |
| | OPT52606 | 6 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52609 | 9 | 5 | 40 | 72 | 144 | | | | 1411 |
| OPT52612 | 12 | 5 | 40 | 72 | 144 | | | | 1411 | |
| OPT62609 | 9 | 6 | | 82 | 148 | 228 | | | 1672 | |
| OPT62612 | 12 | 6 | | 82 | 148 | 228 | | | 1672 | |
| 27G | SUB-104-G27 | 4 | 1 | 41 | 50 | 67 | 84 | 98 | 109 | 120 |
| | SUB-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SUB-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SUB-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SUB-204-G27 | 4 | 2 | 50 | 65 | 90 | 121 | 153 | 199 | 232 |
| | SUB-250 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SUB-260 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SUB-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SUB-310 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SUB-320 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SUB-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SUB-400 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SUB-410 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SUB-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| SUB-414-G27 | 14 | 4 | 40 | 55 | 99 | 140 | 191 | 243 | 337 | |

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| Table 14b | | Drug | | Patient Information | | | | Flow Controller | | |
|---|---------------|-----------------------|--------------|---|----|-----|-----|-----------------|-----|-----|
| | | Gamunex-C or Gammaked | | Pediatrics 25 kg (55 lb) and over | | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| | SUB-506 | 6 | 5 | 46 | 77 | 127 | 193 | 274 | 372 | 531 |
| | SUB-509 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |
| | SAF-Q-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SAF-Q-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SAF-Q-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SAF-Q-206-G27 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SAF-Q-209-G27 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SAF-Q-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SAF-Q-306-G27 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SAF-Q-309-G27 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SAF-Q-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SAF-Q-406-G27 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SAF-Q-409-G27 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SAF-Q-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SAF-Q-509-G27 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |



*The VersaRate flow regulator has markings around the circumference of the rotating dial denoting position settings that reference flow rates. Six markings have been designated with sequential numbers 1-6, with additional demarcations between each number. These demarcations between the numbers represent additional reference points that can be used to assist in controlling flow rates between the numbered position settings. The first of these reference points between OFF and Position 1, will be referred to as Position ½.

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Gamunex-C or Gammaked with VersaRate for Pediatrics Under 25 kg (55lbs)

For pediatric patients weighing less than 25kg, the infusion flow rate limit is 10ml/hr/site for both initial and maintenance infusions. As shown in Table 14c, most configurations with VersaRate have flow rates that exceed this limit.

| Table 14c | | Drug | | | Patient Information | | | | | Flow Controller |
|---|---------------|-----------------------|--------------|---|--------------------------------|-----|-----|-----|------|-----------------|
| | | Gamunex-C or Gammaked | | | Pediatrics under 25 kg (55 lb) | | | | | VersaRate |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| | SUB-112-G24 | 12 | 1 | 40 | 55 | 100 | 129 | 179 | 239 | 323 |
| | SUB-209-G24 | 9 | 2 | 49 | 64 | 132 | 194 | 280 | 421 | 727 |
| | SUB-212-G24 | 12 | 2 | 45 | 59 | 120 | 177 | 255 | 383 | 661 |
| | SAF-Q-106-G24 | 6 | 1 | 48 | 66 | 119 | 155 | 214 | 286 | 387 |
| | SAF-Q-109-G24 | 9 | 1 | 44 | 61 | 110 | 142 | 196 | 262 | 355 |
| 26G | OPT12604 | 4 | 1 | 47 | | | | | | 341 |
| | OPT12606 | 6 | 1 | 47 | | | | | | 341 |
| | OPT12609 | 9 | 1 | 47 | | | | | | 341 |
| | OPT12612 | 12 | 1 | 47 | | | | | | 341 |
| | OPT12614 | 14 | 1 | 45 | | | | | | 321 |
| | OPT22604 | 4 | 2 | 35 | 69 | | | | | 661 |
| | OPT22606 | 6 | 2 | 35 | 69 | | | | | 661 |
| | OPT22609 | 9 | 2 | 35 | 69 | | | | | 661 |
| | OPT22612 | 12 | 2 | 35 | 69 | | | | | 661 |
| | OPT22614 | 14 | 2 | 33 | 65 | | | | | 622 |
| | OPT32606 | 6 | 3 | 45 | 76 | | | | | 993 |
| | OPT32609 | 9 | 3 | 45 | 76 | | | | | 993 |
| | OPT32612 | 12 | 3 | 45 | 76 | | | | | 993 |
| | OPT32614 | 14 | 3 | 43 | 71 | | | | | 933 |
| | OPT42606 | 6 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42609 | 9 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42612 | 12 | 4 | 41 | 81 | 143 | | | | 1243 |
| | OPT42614 | 14 | 4 | 39 | 76 | 134 | | | | 1168 |
| | OPT52606 | 6 | 5 | 40 | 72 | 144 | | | | 1411 |
| | OPT52609 | 9 | 5 | 40 | 72 | 144 | | | | 1411 |
| OPT52612 | 12 | 5 | 40 | 72 | 144 | | | | 1411 | |
| OPT62609 | 9 | 6 | | 82 | 148 | 228 | | | 1672 | |
| OPT62612 | 12 | 6 | | 82 | 148 | 228 | | | 1672 | |
| 27G | SUB-104-G27 | 4 | 1 | 41 | 50 | 67 | 84 | 98 | 109 | 120 |
| | SUB-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SUB-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SUB-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |

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| Table 14c | | Drug | | Patient Information | | Flow Controller | | | | |
|---|---------------|-----------------------|--------------|---|----|-----------------|-----|-----|-----|-----|
| | | Gamunex-C or Gammaked | | Pediatrics under 25 kg (55 lb) | | VersaRate | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | ½ | 1 | 2 | 3 | 4 | 5 | 6 |
| | SUB-204-G27 | 4 | 2 | 50 | 65 | 90 | 121 | 153 | 199 | 232 |
| | SUB-250 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SUB-260 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SUB-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SUB-310 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SUB-320 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SUB-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SUB-400 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SUB-410 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SUB-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SUB-414-G27 | 14 | 4 | 40 | 55 | 99 | 140 | 191 | 243 | 337 |
| | SUB-506 | 6 | 5 | 46 | 77 | 127 | 193 | 274 | 372 | 531 |
| | SUB-509 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |
| | SAF-Q-106-G27 | 6 | 1 | 38 | 47 | 64 | 80 | 93 | 103 | 113 |
| | SAF-Q-109-G27 | 9 | 1 | 35 | 43 | 59 | 73 | 85 | 95 | 104 |
| | SAF-Q-112-G27 | 12 | 1 | 32 | 40 | 53 | 67 | 77 | 86 | 95 |
| | SAF-Q-206-G27 | 6 | 2 | 47 | 61 | 86 | 114 | 145 | 188 | 220 |
| | SAF-Q-209-G27 | 9 | 2 | 43 | 56 | 79 | 105 | 133 | 173 | 202 |
| | SAF-Q-212-G27 | 12 | 2 | 39 | 51 | 71 | 96 | 121 | 157 | 183 |
| | SAF-Q-306-G27 | 6 | 3 | 46 | 66 | 107 | 147 | 185 | 247 | 290 |
| | SAF-Q-309-G27 | 9 | 3 | 42 | 60 | 98 | 135 | 170 | 226 | 266 |
| | SAF-Q-312-G27 | 12 | 3 | 38 | 55 | 89 | 123 | 155 | 206 | 242 |
| | SAF-Q-406-G27 | 6 | 4 | 51 | 71 | 126 | 179 | 244 | 312 | 432 |
| | SAF-Q-409-G27 | 9 | 4 | 47 | 65 | 116 | 165 | 224 | 286 | 397 |
| | SAF-Q-412-G27 | 12 | 4 | 43 | 59 | 106 | 150 | 204 | 260 | 361 |
| | SAF-Q-509-G27 | 9 | 5 | 42 | 71 | 117 | 177 | 251 | 342 | 487 |

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| Table 15a | | Drug | | | | Patient Information | | | | Flow Controller | | | | | |
|---|------|-----------------------|--------------|--|-------------|---------------------|---|----|---|-----------------|---|---|----|-----|------|
| | | Gamunex-C or Gammaked | | | | Adults | | | | VersaRate Plus | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | | | | 27G | SUB-104-G27 | 4 | 1 | 42 | | | | | | | |
| SUB-106-G27 | 6 | 1 | 40 | | | | | | | | | | | | 115 |
| SUB-109-G27 | 9 | 1 | 36 | | | | | | | | | | | | 106 |
| SUB-112-G27 | 12 | 1 | 33 | | | | | | | | | | | | 96 |
| SUB-204-G27 | 4 | 2 | 51 | | 96 | | | | | | | | | | 227 |
| SUB-250 | 6 | 2 | 48 | | 91 | | | | | | | | | | 215 |
| SUB-260 | 9 | 2 | 44 | | 84 | | | | | | | | | | 197 |
| SUB-212-G27 | 12 | 2 | 40 | | 76 | | | | | | | | | | 180 |
| SUB-310 | 6 | 3 | 50 | | 99 | | | | | | | | | | 334 |
| SUB-320 | 9 | 3 | 46 | | 91 | | | | | | | | | | 307 |
| SUB-312-G27 | 12 | 3 | 42 | | 83 | | | | | | | | | | 279 |
| SUB-400 | 6 | 4 | 56 | | 107 | | | | | | | | | | 426 |
| SUB-410 | 9 | 4 | 51 | | 98 | | | | | | | | | | 391 |
| SUB-412-G27 | 12 | 4 | 47 | | 90 | | | | | | | | | | 355 |
| SUB-414-G27 | 14 | 4 | 43 | | 84 | | | | | | | | | | 332 |
| SUB-506 | 6 | 5 | 57 | | 113 | 178 | | | | | | | | | 528 |
| SUB-509 | 9 | 5 | 53 | | 104 | 163 | | | | | | | | | 485 |
| SUB-606 | 6 | 6 | 56 | | 112 | 175 | | | | | | | | | 593 |
| SUB-609 | 9 | 6 | 52 | | 102 | 161 | | | | | | | | | 544 |
| SAF-Q-106-G27 | 6 | 1 | 40 | | | | | | | | | | | | 115 |
| SAF-Q-109-G27 | 9 | 1 | 36 | | | | | | | | | | | | 106 |
| SAF-Q-112-G27 | 12 | 1 | 33 | | | | | | | | | | | | 96 |
| SAF-Q-206-G27 | 6 | 2 | 48 | | 91 | | | | | | | | | | 215 |
| SAF-Q-209-G27 | 9 | 2 | 44 | | 84 | | | | | | | | | | 197 |
| SAF-Q-212-G27 | 12 | 2 | 40 | | 76 | | | | | | | | | | 180 |
| SAF-Q-306-G27 | 6 | 3 | 50 | | 99 | | | | | | | | | | 334 |
| SAF-Q-309-G27 | 9 | 3 | 46 | | 91 | | | | | | | | | | 307 |
| SAF-Q-312-G27 | 12 | 3 | 42 | | 83 | | | | | | | | | | 279 |
| SAF-Q-406-G27 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 | |
| SAF-Q-409-G27 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 | |
| SAF-Q-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | |
| SAF-Q-509-G27 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | |
| SAF-Q-609-G27 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | |

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| Table 15b | | Drug | | | Patient Information | | | | | | | | Flow Controller | | | |
|---|---------------|-----------------------|--------------|--|-----------------------------------|-----|---|---|---|---|---|---|-----------------|-----|------|--|
| | | Gamunex-C or Gammaked | | | Pediatrics 25 kg (55 lb) and over | | | | | | | | VersaRate Plus | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN | |
| 27G | SUB-104-G27 | 4 | 1 | 42 | | | | | | | | | | | 122 | |
| | SUB-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 | |
| | SUB-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 | |
| | SUB-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 | |
| | SUB-204-G27 | 4 | 2 | 51 | 96 | | | | | | | | | | 227 | |
| | SUB-250 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 | |
| | SUB-260 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 | |
| | SUB-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 | |
| | SUB-310 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 | |
| | SUB-320 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 | |
| | SUB-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 | |
| | SUB-400 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 | |
| | SUB-410 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 | |
| | SUB-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | |
| | SUB-414-G27 | 14 | 4 | 43 | 84 | | | | | | | | | | 332 | |
| | SUB-506 | 6 | 5 | 57 | 113 | 178 | | | | | | | | | 528 | |
| | SUB-509 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | |
| | SUB-606 | 6 | 6 | 56 | 112 | 175 | | | | | | | | | 593 | |
| | SUB-609 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | |
| | SAF-Q-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 | |
| | SAF-Q-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 | |
| | SAF-Q-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 | |
| | SAF-Q-206-G27 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 | |
| | SAF-Q-209-G27 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 | |
| | SAF-Q-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 | |
| | SAF-Q-306-G27 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 | |
| | SAF-Q-309-G27 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 | |
| SAF-Q-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 | | |
| SAF-Q-406-G27 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 | | |
| SAF-Q-409-G27 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 | | |
| SAF-Q-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | | |
| SAF-Q-509-G27 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | | |
| SAF-Q-609-G27 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | | |

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Gamunex-C or Gammaked with VersaRate Plus for Pediatrics Under 25 kg (55lbs)

For pediatric patients weighing less than 25kg, the infusion flow rate limit is 10ml/hr/site for both initial and maintenance infusions. As shown in Table 15c, most configurations with VersaRate Plus have flow rates that exceed this limit.

| Table 15c | | Drug | | | Patient Information | | | | | | | Flow Controller | | | |
|---|---------------|-----------------------|--------------|--|--------------------------------|-----|---|---|---|---|---|-----------------|----|-----|------|
| | | Gamunex-C or Gammaked | | | Pediatrics under 25 kg (55 lb) | | | | | | | VersaRate Plus | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | SUB-104-G27 | 4 | 1 | 42 | | | | | | | | | | | 122 |
| | SUB-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SUB-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SUB-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SUB-204-G27 | 4 | 2 | 51 | 96 | | | | | | | | | | 227 |
| | SUB-250 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SUB-260 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SUB-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SUB-310 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SUB-320 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| | SUB-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 |
| | SUB-400 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 |
| | SUB-410 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 |
| | SUB-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 |
| | SUB-414-G27 | 14 | 4 | 43 | 84 | | | | | | | | | | 332 |
| | SUB-506 | 6 | 5 | 57 | 113 | 178 | | | | | | | | | 528 |
| | SUB-509 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 |
| | SUB-606 | 6 | 6 | 56 | 112 | 175 | | | | | | | | | 593 |
| | SUB-609 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 |
| | SAF-Q-106-G27 | 6 | 1 | 40 | | | | | | | | | | | 115 |
| | SAF-Q-109-G27 | 9 | 1 | 36 | | | | | | | | | | | 106 |
| | SAF-Q-112-G27 | 12 | 1 | 33 | | | | | | | | | | | 96 |
| | SAF-Q-206-G27 | 6 | 2 | 48 | 91 | | | | | | | | | | 215 |
| | SAF-Q-209-G27 | 9 | 2 | 44 | 84 | | | | | | | | | | 197 |
| | SAF-Q-212-G27 | 12 | 2 | 40 | 76 | | | | | | | | | | 180 |
| | SAF-Q-306-G27 | 6 | 3 | 50 | 99 | | | | | | | | | | 334 |
| | SAF-Q-309-G27 | 9 | 3 | 46 | 91 | | | | | | | | | | 307 |
| | SAF-Q-312-G27 | 12 | 3 | 42 | 83 | | | | | | | | | | 279 |
| | SAF-Q-406-G27 | 6 | 4 | 56 | 107 | | | | | | | | | | 426 |
| | SAF-Q-409-G27 | 9 | 4 | 51 | 98 | | | | | | | | | | 391 |
| SAF-Q-412-G27 | 12 | 4 | 47 | 90 | | | | | | | | | | 355 | |
| SAF-Q-509-G27 | 9 | 5 | 53 | 104 | 163 | | | | | | | | | 485 | |
| SAF-Q-609-G27 | 9 | 6 | 52 | 102 | 161 | | | | | | | | | 544 | |

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Infusing Gammanorm

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Gammanorm. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|---|
| | Suitable for initial and maintenance infusions (up to 15 mL/h/site) |
| | Suitable for maintenance infusions only (up to 25 mL/h/site) |
| | May exceed the prescribing information (Exceeds 25 mL/h/site) |
| | No data available |

| Table 16 | | | | Drug | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|----|-----------------|-----|----|-----|
| | | | | Gammanorm | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 19 | 28 | | | | 100 |
| | SUB-112-G24 | 12 | 1 | 17 | 25 | | | | 91 |
| | SUB-209-G24 | 9 | 2 | 20 | 34 | 48 | 72 | | 173 |
| | SUB-212-G24 | 12 | 2 | 18 | 31 | 44 | 66 | | 157 |
| | SUB-309-G24 | 9 | 3 | 21 | 39 | 60 | 110 | | 254 |
| | SUB-312-G24 | 12 | 3 | 19 | 35 | 54 | 100 | | 231 |
| | SAF-Q-106-G24 | 6 | 1 | 21 | 31 | | | | 109 |
| | SAF-Q-109-G24 | 9 | 1 | 19 | 28 | | | | 100 |
| | SAF-Q-309-G24 | 9 | 3 | 21 | 39 | 60 | 110 | | 254 |
| 27G | SUB-104-G27 | 4 | 1 | 13 | 17 | 22 | 24 | 28 | 29 |
| | SUB-106-G27 | 6 | 1 | 12 | 16 | 21 | 23 | 27 | 27 |
| | SUB-109-G27 | 9 | 1 | 11 | 15 | 19 | 21 | 24 | 25 |
| | SUB-112-G27 | 12 | 1 | 10 | 14 | 17 | 19 | 22 | 23 |
| | SUB-204-G27 | 4 | 2 | 16 | 26 | 35 | 43 | 50 | 56 |
| | SUB-250 | 6 | 2 | 16 | 24 | 33 | 41 | 48 | 53 |
| | SUB-260 | 9 | 2 | 14 | 22 | 30 | 37 | 44 | 48 |
| | SUB-212-G27 | 12 | 2 | 13 | 20 | 27 | 34 | 40 | 44 |
| | SUB-310 | 6 | 3 | 17 | 30 | 41 | 53 | 69 | 73 |
| | SUB-320 | 9 | 3 | 16 | 27 | 37 | 49 | 64 | 67 |
| | SUB-312-G27 | 12 | 3 | 14 | 25 | 34 | 44 | 58 | 61 |
| | SAF-Q-106-G27 | 6 | 1 | 12 | 16 | 21 | 23 | 27 | 27 |
| | SAF-Q-109-G27 | 9 | 1 | 11 | 15 | 19 | 21 | 24 | 25 |
| | SAF-Q-112-G27 | 12 | 1 | 10 | 14 | 17 | 19 | 22 | 23 |
| | SAF-Q-206-G27 | 6 | 2 | 16 | 24 | 33 | 41 | 48 | 53 |
| SAF-Q-209-G27 | 9 | 2 | 14 | 22 | 30 | 37 | 44 | 48 | |

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| Table 16 | | | | Drug | | | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|----|----|----|-----------------|----|--|--|
| | | | | Gammanorm | | | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | SAF-Q-212-G27 | 12 | 2 | 13 | 20 | 27 | 34 | 40 | 44 | | |
| | SAF-Q-306-G27 | 6 | 3 | 17 | 30 | 41 | 53 | 69 | 73 | | |
| | SAF-Q-309-G27 | 9 | 3 | 16 | 27 | 37 | 49 | 64 | 67 | | |
| | SAF-Q-312-G27 | 12 | 3 | 14 | 25 | 34 | 44 | 58 | 61 | | |

| Table 17 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|---------------|-------------|--------------|--|----|----|----|----|----|-----------------|----|-----|-----|-----|------|
| | | | | Gammanorm | | | | | | VersaRate Plus | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 27G | SUB-104-G27 | 4 | 1 | 9 | 19 | 22 | 23 | 24 | 24 | 25 | 25 | 25 | 26 | 26 | 29 |
| | SUB-106-G27 | 6 | 1 | 8 | 18 | 21 | 22 | 23 | 23 | 24 | 24 | 24 | 24 | 24 | 27 |
| | SUB-109-G27 | 9 | 1 | 8 | 16 | 19 | 20 | 21 | 21 | 22 | 22 | 22 | 22 | 22 | 25 |
| | SUB-112-G27 | 12 | 1 | 7 | 15 | 17 | 18 | 19 | 19 | 20 | 20 | 20 | 20 | 20 | 23 |
| | SUB-204-G27 | 4 | 2 | 14 | 31 | 38 | 43 | 46 | 49 | 51 | 52 | 53 | 54 | 55 | 57 |
| | SUB-250 | 6 | 2 | 14 | 29 | 36 | 41 | 44 | 46 | 48 | 49 | 51 | 52 | 52 | 54 |
| | SUB-260 | 9 | 2 | 12 | 27 | 33 | 37 | 40 | 42 | 44 | 45 | 46 | 47 | 48 | 49 |
| | SUB-212-G27 | 12 | 2 | 11 | 24 | 30 | 34 | 37 | 39 | 40 | 41 | 42 | 43 | 44 | 45 |
| | SUB-310 | 6 | 3 | 16 | 34 | 49 | 62 | 69 | 73 | 76 | 77 | 78 | 79 | 79 | 82 |
| | SUB-320 | 9 | 3 | 15 | 31 | 45 | 57 | 63 | 67 | 70 | 71 | 72 | 72 | 73 | 76 |
| | SUB-312-G27 | 12 | 3 | 13 | 28 | 41 | 52 | 58 | 61 | 63 | 65 | 65 | 66 | 66 | 69 |
| | SUB-400 | 6 | 4 | 19 | 44 | 61 | 73 | 82 | 88 | 94 | 98 | 101 | 104 | 106 | 113 |
| | SUB-410 | 9 | 4 | 18 | 40 | 56 | 67 | 75 | 81 | 86 | 90 | 93 | 95 | 97 | 103 |
| | SUB-412-G27 | 12 | 4 | 16 | 37 | 51 | 61 | 68 | 74 | 78 | 81 | 84 | 87 | 88 | 94 |
| | SUB-414-G27 | 14 | 4 | 15 | 34 | 48 | 57 | 64 | 69 | 73 | 76 | 79 | 81 | 83 | 88 |
| | SAF-Q-106-G27 | 6 | 1 | 8 | 18 | 21 | 22 | 23 | 23 | 24 | 24 | 24 | 24 | 24 | 27 |
| | SAF-Q-109-G27 | 9 | 1 | 8 | 16 | 19 | 20 | 21 | 21 | 22 | 22 | 22 | 22 | 22 | 25 |
| | SAF-Q-112-G27 | 12 | 1 | 7 | 15 | 17 | 18 | 19 | 19 | 20 | 20 | 20 | 20 | 20 | 23 |
| SAF-Q-206-G27 | 6 | 2 | 14 | 29 | 36 | 41 | 44 | 46 | 48 | 49 | 51 | 52 | 52 | 54 | |
| SAF-Q-209-G27 | 9 | 2 | 12 | 27 | 33 | 37 | 40 | 42 | 44 | 45 | 46 | 47 | 48 | 49 | |
| SAF-Q-212-G27 | 12 | 2 | 11 | 24 | 30 | 34 | 37 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | |

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| Table 17 | | Drug | | | | | | Flow Controller | | | | | | | |
|---|---------------|-------------|--------------|--|----|----|----|-----------------|----|----|----|-----|-----|-----|------|
| | | Gammanorm | | | | | | VersaRate Plus | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | SAF-Q-306-G27 | 6 | 3 | 16 | 34 | 49 | 62 | 69 | 73 | 76 | 77 | 78 | 79 | 79 | 82 |
| | SAF-Q-309-G27 | 9 | 3 | 15 | 31 | 45 | 57 | 63 | 67 | 70 | 71 | 72 | 72 | 73 | 76 |
| | SAF-Q-312-G27 | 12 | 3 | 13 | 28 | 41 | 52 | 58 | 61 | 63 | 65 | 65 | 66 | 66 | 69 |
| | SAF-Q-406-G27 | 6 | 4 | 19 | 44 | 61 | 73 | 82 | 88 | 94 | 98 | 101 | 104 | 106 | 113 |
| | SAF-Q-409-G27 | 9 | 4 | 18 | 40 | 56 | 67 | 75 | 81 | 86 | 90 | 93 | 95 | 97 | 103 |
| | SAF-Q-412-G27 | 12 | 4 | 16 | 37 | 51 | 61 | 68 | 74 | 78 | 81 | 84 | 87 | 88 | 94 |

SCIg60® Infusion System

Infusing Hizentra

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Hizentra. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|---|
| | Suitable for initial and maintenance infusions (up to 20 mL/h/site) |
| | Suitable for maintenance infusions only (up to 50 mL/h/site) |
| | May exceed the prescribing information (Exceeds 50 mL/h/site) |
| | No data available |

| Table 18 | | Drug | | | | | | | | | | | Flow Controller | | | |
|--|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|
| | | Hizentra | | | | | | | | | | | Infuset | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | | | | 12 | 16 | 23 | 30 | | 37 | 58 | | | |
| | SUB-112-G24 | 12 | 1 | | | | 11 | 15 | 21 | 27 | | 33 | 53 | | | |
| | SUB-209-G24 | 9 | 2 | | | | | | 26 | 35 | 48 | 52 | 103 | | | |
| | SUB-212-G24 | 12 | 2 | | | | | | 24 | 32 | 44 | 48 | 94 | | | |
| | SUB-309-G24 | 9 | 3 | | | | | | | 39 | 49 | 51 | 136 | | | |
| | SUB-312-G24 | 12 | 3 | | | | | | | 35 | 45 | 47 | 124 | | | |
| | SUB-409-G24 | 9 | 4 | | | | | | | 39 | 48 | 52 | 111 | 227 | | |
| | SUB-412-G24 | 12 | 4 | | | | | | | 35 | 44 | 47 | 101 | 206 | | |
| | SUB-512-G24 | 12 | 5 | | | | | | | 39 | | 52 | 100 | 211 | | |
| | SUB-612-G24 | 12 | 6 | | | | | | | 39 | 47 | 53 | 117 | 263 | | |
| | SAF-Q-106-G24 | 6 | 1 | | | | 13 | 17 | 25 | 32 | | 40 | 63 | | | |
| | SAF-Q-109-G24 | 9 | 1 | | | | 12 | 16 | 23 | 30 | | 37 | 58 | | | |
| SAF-Q-309-G24 | 9 | 3 | | | | | | | 39 | 49 | 51 | 136 | | | | |
| 26G | OPT12604 | 4 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12606 | 6 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12609 | 9 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12612 | 12 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12614 | 14 | 1 | | | | 11 | 16 | 17 | 25 | 33 | 32 | 52 | | | |
| | OPT22604 | 4 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22606 | 6 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22609 | 9 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22612 | 12 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22614 | 14 | 2 | | | | | | 21 | 33 | 46 | 46 | 103 | 117 | | |
| | OPT32606 | 6 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |

| Table 18 | | | | Drug | | | | | Flow Controller | | | | | | | |
|--|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-----------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | Hizentra | | | | | Infuset | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | OPT32609 | 9 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |
| | OPT32612 | 12 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |
| | OPT32614 | 14 | 3 | | | | | | | 36 | 51 | 52 | 130 | 168 | | |
| | OPT42606 | 6 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42609 | 9 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42612 | 12 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42614 | 14 | 4 | | | | | | | 39 | 55 | 53 | 153 | 211 | | |
| | OPT52606 | 6 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| | OPT52609 | 9 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| | OPT52612 | 12 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| OPT62609 | 9 | 6 | | | | | | | | 65 | 66 | 200 | 275 | | | |
| OPT62612 | 12 | 6 | | | | | | | | 65 | 66 | 200 | 275 | | | |
| 27G | SUB-104-G27 | 4 | 1 | | | | | | | 16 | 18 | | 20 | | | |
| | SUB-106-G27 | 6 | 1 | | | | | | | 15 | 17 | | 19 | | | |
| | SUB-109-G27 | 9 | 1 | | | | | | | 14 | 15 | | 17 | | | |
| | SUB-112-G27 | 12 | 1 | | | | | | | 12 | 14 | | 16 | | | |
| | SUB-204-G27 | 4 | 2 | | | | | | | | | 29 | 34 | | | |
| | SUB-250 | 6 | 2 | | | | | | | | | 27 | 32 | | | |
| | SUB-260 | 9 | 2 | | | | | | | | | 25 | 30 | | | |
| | SUB-212-G27 | 12 | 2 | | | | | | | | | 23 | 27 | | | |
| | SUB-310 | 6 | 3 | | | | | | | | | 36 | 46 | | | |
| | SUB-320 | 9 | 3 | | | | | | | | | 33 | 43 | | | |
| | SUB-312-G27 | 12 | 3 | | | | | | | | | 30 | 39 | | | |
| | SUB-400 | 6 | 4 | | | | | | | | | 40 | 53 | | | |
| | SUB-410 | 9 | 4 | | | | | | | | | 37 | 49 | | | |
| | SUB-412-G27 | 12 | 4 | | | | | | | | | 33 | 44 | | | |
| | SUB-414-G27 | 14 | 4 | | | | | | | | | 31 | 42 | | | |
| | SUB-506 | 6 | 5 | | | | | | | | | 46 | 63 | | | |
| | SUB-509 | 9 | 5 | | | | | | | | | 42 | 57 | | | |
| | SUB-606 | 6 | 6 | | | | | | | | 44 | 46 | 76 | | | |
| | SUB-609 | 9 | 6 | | | | | | | | 41 | 42 | 70 | | | |
| | SAF-Q-106-G27 | 6 | 1 | | | | | | | | 15 | 17 | | 19 | | |
| SAF-Q-109-G27 | 9 | 1 | | | | | | | | 14 | 15 | | 17 | | | |
| SAF-Q-112-G27 | 12 | 1 | | | | | | | | 12 | 14 | | 16 | | | |
| SAF-Q-206-G27 | 6 | 2 | | | | | | | | | | 27 | 32 | | | |
| SAF-Q-209-G27 | 9 | 2 | | | | | | | | | | 25 | 30 | | | |
| SAF-Q-212-G27 | 12 | 2 | | | | | | | | | | 23 | 27 | | | |
| SAF-Q-306-G27 | 6 | 3 | | | | | | | | | | 36 | 46 | | | |

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| Table 18 | | | | Drug | | | | | | Flow Controller | | | | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | Hizentra | | | | | | Infuset | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | SAF-Q-309-G27 | 9 | 3 | | | | | | | | | 33 | 43 | | | |
| | SAF-Q-312-G27 | 12 | 3 | | | | | | | | | 30 | 39 | | | |
| | SAF-Q-406-G27 | 6 | 4 | | | | | | | | | 40 | 53 | | | |
| | SAF-Q-409-G27 | 9 | 4 | | | | | | | | | 37 | 49 | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | | | | | 33 | 44 | | | |
| | SAF-Q-509-G27 | 9 | 5 | | | | | | | | | 42 | 57 | | | |
| | SAF-Q-609-G27 | 9 | 6 | | | | | | | | 41 | 42 | 70 | | | |

| Table 19 | | | | Drug | | | | | | Flow Controller | |
|---|---------------|-------------|--------------|---|----|----|----|-----|-----|-----------------|--|
| | | | | Hizentra | | | | | | VersaRate | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 24G | SUB-109-G24 | 9 | 1 | 14 | 24 | 33 | 44 | 57 | 77 | | |
| | SUB-112-G24 | 12 | 1 | 13 | 22 | 30 | 40 | 52 | 71 | | |
| | SUB-209-G24 | 9 | 2 | 15 | 27 | 43 | 64 | 101 | 169 | | |
| | SUB-212-G24 | 12 | 2 | 14 | 25 | 39 | 58 | 92 | 153 | | |
| | SUB-309-G24 | 9 | 3 | 17 | 27 | 50 | 76 | 123 | 244 | | |
| | SUB-312-G24 | 12 | 3 | 16 | 25 | 45 | 69 | 112 | 222 | | |
| | SUB-409-G24 | 9 | 4 | 17 | 30 | 49 | 80 | 149 | 307 | | |
| | SUB-412-G24 | 12 | 4 | 15 | 27 | 44 | 73 | 136 | 279 | | |
| | SUB-512-G24 | 12 | 5 | 16 | 31 | 49 | 79 | 141 | 300 | | |
| | SUB-612-G24 | 12 | 6 | 16 | 32 | 50 | 79 | 156 | 354 | | |
| | SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 36 | 48 | 62 | 84 | | |
| 26G | SAF-Q-109-G24 | 9 | 1 | 14 | 24 | 33 | 44 | 57 | 77 | | |
| | SAF-Q-309-G24 | 9 | 3 | 17 | 27 | 50 | 76 | 123 | 244 | | |
| | OPT12604 | 4 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | |
| | OPT12606 | 6 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | |
| | OPT12609 | 9 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | |
| | OPT12612 | 12 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | |
| | OPT12614 | 14 | 1 | 13 | 20 | 28 | 36 | 50 | 61 | | |
| OPT22604 | 4 | 2 | | 26 | 39 | 59 | 90 | 142 | | | |

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| Table 19 | | Drug | | | | Flow Controller | | | |
|---|-------------|-------------|--------------|---|----|-----------------|-----|-----|-----|
| | | Hizentra | | | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| 27G | OPT22606 | 6 | 2 | | 26 | 39 | 59 | 90 | 142 |
| | OPT22609 | 9 | 2 | | 26 | 39 | 59 | 90 | 142 |
| | OPT22612 | 12 | 2 | | 26 | 39 | 59 | 90 | 142 |
| | OPT22614 | 14 | 2 | | 25 | 36 | 56 | 85 | 134 |
| | OPT32606 | 6 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32609 | 9 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32612 | 12 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32614 | 14 | 3 | | 26 | 41 | 63 | 109 | 205 |
| | OPT42606 | 6 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42609 | 9 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42612 | 12 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42614 | 14 | 4 | | | 44 | 71 | 132 | 274 |
| | OPT52606 | 6 | 5 | | | 48 | 82 | 144 | 335 |
| | OPT52609 | 9 | 5 | | | 48 | 82 | 144 | 335 |
| OPT52612 | 12 | 5 | | | 48 | 82 | 144 | 335 | |
| OPT62609 | 9 | 6 | | | | 81 | 154 | 402 | |
| OPT62612 | 12 | 6 | | | | 81 | 154 | 402 | |
| 27G | SUB-104-G27 | 4 | 1 | 11 | 14 | 17 | 18 | 20 | 21 |
| | SUB-106-G27 | 6 | 1 | 11 | 13 | 16 | 17 | 19 | 20 |
| | SUB-109-G27 | 9 | 1 | 10 | 12 | 15 | 16 | 17 | 18 |
| | SUB-112-G27 | 12 | 1 | 9 | 11 | 13 | 14 | 16 | 16 |
| | SUB-204-G27 | 4 | 2 | 12 | 19 | 26 | 32 | 36 | 42 |
| | SUB-250 | 6 | 2 | 12 | 18 | 24 | 30 | 34 | 39 |
| | SUB-260 | 9 | 2 | 11 | 17 | 22 | 28 | 31 | 36 |
| | SUB-212-G27 | 12 | 2 | 10 | 15 | 20 | 25 | 28 | 33 |
| | SUB-310 | 6 | 3 | 14 | 23 | 33 | 40 | 50 | 64 |
| | SUB-320 | 9 | 3 | 13 | 21 | 30 | 37 | 46 | 59 |
| | SUB-312-G27 | 12 | 3 | 11 | 19 | 27 | 33 | 42 | 54 |
| | SUB-400 | 6 | 4 | 14 | 26 | 37 | 51 | 66 | 80 |
| | SUB-410 | 9 | 4 | 13 | 24 | 34 | 47 | 61 | 73 |
| | SUB-412-G27 | 12 | 4 | 12 | 22 | 31 | 43 | 55 | 67 |
| | SUB-414-G27 | 14 | 4 | 11 | 20 | 28 | 40 | 52 | 62 |
| | SUB-506 | 6 | 5 | 16 | 26 | 37 | 53 | 73 | 94 |
| | SUB-509 | 9 | 5 | 15 | 24 | 34 | 49 | 67 | 87 |
| | SUB-606 | 6 | 6 | 16 | 28 | 40 | 58 | 82 | 117 |
| SUB-609 | 9 | 6 | 14 | 25 | 37 | 53 | 75 | 108 | |
| SAF-Q-106-G27 | 6 | 1 | 11 | 13 | 16 | 17 | 19 | 20 | |
| SAF-Q-109-G27 | 9 | 1 | 10 | 12 | 15 | 16 | 17 | 18 | |
| SAF-Q-112-G27 | 12 | 1 | 9 | 11 | 13 | 14 | 16 | 16 | |

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| Table 19 | | | | Drug | | | | Flow Controller | | | |
|---|---------------|-------------|--------------|---|----|----|----|-----------------|----|--|--|
| | | | | Hizentra | | | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | SAF-Q-206-G27 | 6 | 2 | 12 | 18 | 24 | 30 | 34 | 39 | | |
| | SAF-Q-209-G27 | 9 | 2 | 11 | 17 | 22 | 28 | 31 | 36 | | |
| | SAF-Q-212-G27 | 12 | 2 | 10 | 15 | 20 | 25 | 28 | 33 | | |
| | SAF-Q-306-G27 | 6 | 3 | 14 | 23 | 33 | 40 | 50 | 64 | | |
| | SAF-Q-309-G27 | 9 | 3 | 13 | 21 | 30 | 37 | 46 | 59 | | |
| | SAF-Q-312-G27 | 12 | 3 | 11 | 19 | 27 | 33 | 42 | 54 | | |
| | SAF-Q-406-G27 | 6 | 4 | 14 | 26 | 37 | 51 | 66 | 80 | | |
| | SAF-Q-409-G27 | 9 | 4 | 13 | 24 | 34 | 47 | 61 | 73 | | |
| | SAF-Q-412-G27 | 12 | 4 | 12 | 22 | 31 | 43 | 55 | 67 | | |
| | SAF-Q-509-G27 | 9 | 5 | 15 | 24 | 34 | 49 | 67 | 87 | | |
| SAF-Q-609-G27 | 9 | 6 | 14 | 25 | 37 | 53 | 75 | 108 | | | |

| Table 20 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|------------------|-------------|--------------|--|----|----|-----|-----|-----|-----------------|-----|-----|-----|-----|------|
| | | | | Hizentra | | | | | | VersaRate Plus | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 24G | SUB-109-G24 | 9 | 1 | | 31 | 41 | 50 | 58 | 63 | 67 | 70 | 72 | 72 | 73 | 73 |
| | SUB-112-G24 | 12 | 1 | | 28 | 38 | 46 | 52 | 58 | 61 | 64 | 65 | 66 | 66 | 67 |
| | SUB-209-G24 | 9 | 2 | | 36 | 60 | 80 | 97 | 112 | 123 | 131 | 136 | 139 | 148 | 157 |
| | SUB-212-G24 | 12 | 2 | | 33 | 54 | 73 | 89 | 102 | 112 | 119 | 124 | 126 | 134 | 143 |
| | SUB-309-G24 | 9 | 3 | | 40 | 69 | 95 | 118 | 138 | 155 | 169 | 179 | 186 | 189 | 227 |
| | SUB-312-G24 | 12 | 3 | | 36 | 62 | 86 | 107 | 126 | 141 | 154 | 163 | 169 | 172 | 206 |
| | SUB-409-G24 | 9 | 4 | | 34 | 76 | 112 | 144 | 171 | 194 | 214 | 232 | 247 | 260 | 310 |
| | SUB-412-G24 | 12 | 4 | | 31 | 69 | 102 | 131 | 155 | 177 | 195 | 211 | 224 | 236 | 282 |
| | SAF-Q-106-G24 | 6 | 1 | | 33 | 45 | 55 | 63 | 69 | 74 | 77 | 78 | 79 | 79 | 80 |
| | SAF-Q-109-G24 | 9 | 1 | | 31 | 41 | 50 | 58 | 63 | 67 | 70 | 72 | 72 | 73 | 73 |
| | SAF-Q-112-G24-70 | 12 | 1 | | 29 | 42 | 53 | 61 | 67 | 71 | 74 | 75 | 76 | 77 | 83 |
| | SAF-Q-206-G24-70 | 6 | 2 | | 39 | 66 | 86 | 103 | 115 | 123 | 129 | 134 | 137 | 140 | 152 |
| | SAF-Q-209-G24-70 | 9 | 2 | | 36 | 60 | 79 | 94 | 105 | 113 | 119 | 123 | 126 | 128 | 139 |
| | SAF-Q-212-G24-70 | 12 | 2 | | 33 | 55 | 72 | 86 | 96 | 103 | 108 | 112 | 114 | 117 | 127 |

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| Table 20 | | Drug | | | | | | Flow Controller | | | | | | | |
|---|------------------|-------------|--------------|--|----|-----|-----|-----------------|-----|-----|-----|-----|-----|-----|------|
| | | Hizentra | | | | | | VersaRate Plus | | | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | SAF-Q-309-G24 | 9 | 3 | | 40 | 69 | 95 | 118 | 138 | 155 | 169 | 179 | 186 | 189 | 227 |
| | SAF-Q-312-G24-70 | 12 | 3 | | 37 | 73 | 105 | 134 | 159 | 181 | 199 | 213 | 223 | 229 | 254 |
| | SAF-Q-409-G24-70 | 9 | 4 | | 43 | 84 | 123 | 159 | 191 | 221 | 246 | 268 | 285 | 299 | 366 |
| | SAF-Q-412-G24-70 | 12 | 4 | | 39 | 77 | 113 | 146 | 176 | 202 | 226 | 246 | 262 | 274 | 336 |
| 26G | OPT12604 | 4 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 |
| | OPT12606 | 6 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 |
| | OPT12609 | 9 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 |
| | OPT12612 | 12 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 |
| | OPT12614 | 14 | 1 | 12 | 22 | 40 | 48 | | | | | | | | 66 |
| | OPT22604 | 4 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | 142 |
| | OPT22606 | 6 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | 142 |
| | OPT22609 | 9 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | 142 |
| | OPT22612 | 12 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | 142 |
| | OPT22614 | 14 | 2 | 15 | 30 | 53 | 67 | 91 | | | | | | | 133 |
| | OPT32606 | 6 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | 232 |
| | OPT32609 | 9 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | 232 |
| | OPT32612 | 12 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | 232 |
| | OPT32614 | 14 | 3 | | 30 | 69 | 87 | 119 | 127 | | | | | | 218 |
| | OPT42606 | 6 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | 300 |
| | OPT42609 | 9 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | 300 |
| | OPT42612 | 12 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | 300 |
| | OPT42614 | 14 | 4 | | 36 | 72 | 97 | 143 | 151 | 184 | | | | | 282 |
| | OPT52606 | 6 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | 352 |
| | OPT52609 | 9 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | 352 |
| OPT52612 | 12 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | 352 | |
| OPT62609 | 9 | 6 | | | | 106 | 167 | 199 | 252 | 271 | | | | 411 | |
| OPT62612 | 12 | 6 | | | | 106 | 167 | 199 | 252 | 271 | | | | 411 | |
| 27G | SUB-104-G27 | 4 | 1 | | 15 | 17 | 18 | 20 | 20 | 21 | 21 | 21 | 22 | 22 | 22 |
| | SUB-106-G27 | 6 | 1 | | 14 | 16 | 17 | 19 | 19 | 20 | 20 | 20 | 21 | 21 | 21 |
| | SUB-109-G27 | 9 | 1 | | 13 | 15 | 16 | 17 | 18 | 18 | 18 | 19 | 19 | 19 | 19 |
| | SUB-112-G27 | 12 | 1 | | 12 | 13 | 15 | 15 | 16 | 17 | 17 | 17 | 17 | 17 | 17 |
| | SUB-106-G27-70 | 6 | 1 | | 16 | 18 | 20 | 21 | 22 | 23 | 24 | 24 | 24 | 24 | 24 |
| | SUB-109-G27-70 | 9 | 1 | | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 22 | 22 | 22 |
| | SUB-112-G27-70 | 12 | 1 | | 13 | 15 | 16 | 18 | 19 | 19 | 20 | 20 | 20 | 20 | 20 |
| | SUB-204-G27 | 4 | 2 | | 23 | 29 | 34 | 37 | 38 | 39 | 39 | 39 | 40 | 41 | 43 |
| | SUB-250 | 6 | 2 | | 22 | 28 | 32 | 35 | 36 | 37 | 37 | 37 | 38 | 38 | 40 |
| | SUB-260 | 9 | 2 | | 20 | 26 | 30 | 32 | 33 | 34 | 34 | 34 | 35 | 35 | 37 |
| | SUB-212-G27 | 12 | 2 | | 18 | 23 | 27 | 29 | 30 | 31 | 31 | 31 | 31 | 32 | 34 |
| | SUB-310 | 6 | 3 | | 27 | 37 | 44 | 50 | 54 | 56 | 58 | 58 | 58 | 58 | 63 |

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| Table 20 | | Drug | | | | | | | | | Flow Controller | | | | |
|---|------------------|-------------|--------------|--|----|----|----|----|----|-----|-----------------|-----|-----|-----|------|
| | | Hizentra | | | | | | | | | VersaRate Plus | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | SUB-320 | 9 | 3 | | 25 | 34 | 41 | 46 | 49 | 52 | 53 | 53 | 54 | 54 | 58 |
| | SUB-312-G27 | 12 | 3 | | 23 | 31 | 37 | 42 | 45 | 47 | 48 | 49 | 49 | 49 | 53 |
| | SUB-400 | 6 | 4 | | 34 | 47 | 57 | 65 | 70 | 74 | 77 | 79 | 82 | 85 | 90 |
| | SUB-410 | 9 | 4 | | 31 | 43 | 52 | 59 | 64 | 68 | 71 | 73 | 75 | 78 | 82 |
| | SUB-412-G27 | 12 | 4 | | 28 | 39 | 48 | 54 | 58 | 62 | 64 | 66 | 69 | 71 | 75 |
| | SUB-414-G27 | 14 | 4 | | 26 | 37 | 44 | 50 | 55 | 58 | 60 | 62 | 64 | 67 | 70 |
| | SUB-506 | 6 | 5 | | 20 | 45 | 63 | 77 | 86 | 92 | 96 | 98 | 101 | 103 | 108 |
| | SUB-509 | 9 | 5 | | 19 | 41 | 58 | 70 | 79 | 84 | 88 | 90 | 92 | 95 | 99 |
| | SUB-606 | 6 | 6 | | 16 | 45 | 68 | 85 | 98 | 107 | 114 | 119 | 123 | 127 | 133 |
| | SUB-609 | 9 | 6 | | 14 | 41 | 62 | 78 | 90 | 98 | 104 | 109 | 113 | 117 | 122 |
| | SAF-Q-106-G27 | 6 | 1 | | 14 | 16 | 17 | 19 | 19 | 20 | 20 | 20 | 21 | 21 | 21 |
| | SAF-Q-109-G27 | 9 | 1 | | 13 | 15 | 16 | 17 | 18 | 18 | 18 | 19 | 19 | 19 | 19 |
| | SAF-Q-112-G27 | 12 | 1 | | 12 | 13 | 15 | 15 | 16 | 17 | 17 | 17 | 17 | 17 | 17 |
| | SAF-Q-109-G27-70 | 9 | 1 | | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 22 | 22 | 22 |
| | SAF-Q-206-G27 | 6 | 2 | | 22 | 28 | 32 | 35 | 36 | 37 | 37 | 37 | 38 | 38 | 40 |
| | SAF-Q-209-G27 | 9 | 2 | | 20 | 26 | 30 | 32 | 33 | 34 | 34 | 34 | 35 | 35 | 37 |
| | SAF-Q-212-G27 | 12 | 2 | | 18 | 23 | 27 | 29 | 30 | 31 | 31 | 31 | 31 | 32 | 34 |
| | SAF-Q-306-G27 | 6 | 3 | | 27 | 37 | 44 | 50 | 54 | 56 | 58 | 58 | 58 | 58 | 63 |
| | SAF-Q-309-G27 | 9 | 3 | | 25 | 34 | 41 | 46 | 49 | 52 | 53 | 53 | 54 | 54 | 58 |
| | SAF-Q-312-G27 | 12 | 3 | | 23 | 31 | 37 | 42 | 45 | 47 | 48 | 49 | 49 | 49 | 53 |
| | SAF-Q-406-G27 | 6 | 4 | | 34 | 47 | 57 | 65 | 70 | 74 | 77 | 79 | 82 | 85 | 90 |
| | SAF-Q-409-G27 | 9 | 4 | | 31 | 43 | 52 | 59 | 64 | 68 | 71 | 73 | 75 | 78 | 82 |
| | SAF-Q-412-G27 | 12 | 4 | | 28 | 39 | 48 | 54 | 58 | 62 | 64 | 66 | 69 | 71 | 75 |
| | SAF-Q-509-G27 | 9 | 5 | | 19 | 41 | 58 | 70 | 79 | 84 | 88 | 90 | 92 | 95 | 99 |
| | SAF-Q-609-G27 | 9 | 6 | | 14 | 41 | 62 | 78 | 90 | 98 | 104 | 109 | 113 | 117 | 122 |

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Infusing Subcvia

The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Subcvia. Cells shaded in white may be suitable for initial and maintenance infusions. Values that are shaded in yellow may only be suitable for maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|---|
| | Suitable for initial and maintenance infusions (up to 10 mL/h/site) |
| | Suitable for maintenance infusions only (up to 20 mL/h/site) |
| | May exceed the prescribing information (Exceeds 20 mL/h/site) |
| | No data available |

| Table 21 | | Drug | | Flow Controller | | | | | |
|---|---------------|-------------|--------------|---|----|-----------|-----|-----|-----|
| | | | | Subcvia | | VersaRate | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| 24G | SUB-109-G24 | 9 | 1 | 21 | 30 | | | | 108 |
| | SUB-112-G24 | 12 | 1 | 19 | 27 | | | | 98 |
| | SUB-209-G24 | 9 | 2 | 22 | 37 | 52 | 78 | | 186 |
| | SUB-212-G24 | 12 | 2 | 20 | 33 | 47 | 71 | | 169 |
| | SUB-309-G24 | 9 | 3 | 22 | 42 | 64 | 119 | | 273 |
| | SUB-312-G24 | 12 | 3 | 20 | 38 | 58 | 108 | | 249 |
| | SAF-Q-106-G24 | 6 | 1 | 23 | 33 | | | | 117 |
| | SAF-Q-109-G24 | 9 | 1 | 21 | 30 | | | | 108 |
| SAF-Q-309-G24 | 9 | 3 | 22 | 42 | 64 | 119 | | 273 | |
| 27G | SUB-104-G27 | 4 | 1 | 14 | 19 | 23 | 26 | 30 | 31 |
| | SUB-106-G27 | 6 | 1 | 13 | 18 | 22 | 24 | 29 | 29 |
| | SUB-109-G27 | 9 | 1 | 12 | 16 | 20 | 22 | 26 | 27 |
| | SUB-112-G27 | 12 | 1 | 11 | 15 | 19 | 20 | 24 | 24 |
| | SUB-204-G27 | 4 | 2 | 18 | 27 | 37 | 46 | 54 | 60 |
| | SUB-250 | 6 | 2 | 17 | 26 | 35 | 44 | 51 | 57 |
| | SUB-260 | 9 | 2 | 15 | 24 | 32 | 40 | 47 | 52 |
| | SUB-212-G27 | 12 | 2 | 14 | 22 | 29 | 37 | 43 | 47 |
| | SUB-310 | 6 | 3 | 19 | 32 | 44 | 57 | 75 | 79 |
| | SUB-320 | 9 | 3 | 17 | 30 | 40 | 53 | 68 | 72 |
| | SUB-312-G27 | 12 | 3 | 16 | 27 | 37 | 48 | 62 | 66 |
| | SAF-Q-106-G27 | 6 | 1 | 13 | 18 | 22 | 24 | 29 | 29 |
| | SAF-Q-109-G27 | 9 | 1 | 12 | 16 | 20 | 22 | 26 | 27 |
| | SAF-Q-112-G27 | 12 | 1 | 11 | 15 | 19 | 20 | 24 | 24 |
| | SAF-Q-206-G27 | 6 | 2 | 17 | 26 | 35 | 44 | 51 | 57 |
| SAF-Q-209-G27 | 9 | 2 | 15 | 24 | 32 | 40 | 47 | 52 | |

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| Table 21 | | | | Drug | | | Flow Controller | | |
|---|---------------|-------------|--------------|---|----|----|-----------------|----|----|
| | | | | Subcuvia | | | VersaRate | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| | SAF-Q-212-G27 | 12 | 2 | 14 | 22 | 29 | 37 | 43 | 47 |
| | SAF-Q-306-G27 | 6 | 3 | 19 | 32 | 44 | 57 | 75 | 79 |
| | SAF-Q-309-G27 | 9 | 3 | 17 | 30 | 40 | 53 | 68 | 72 |
| | SAF-Q-312-G27 | 12 | 3 | 16 | 27 | 37 | 48 | 62 | 66 |

| Table 22 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|---------------|-------------|--------------|--|----|----|-----|-----|-----|-----------------|-----|-----|-----|-----|------|
| | | | | Subcuvia | | | | | | VersaRate Plus | | | | | |
| Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information. Values in red may exceed flow rate limits. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 24G | SUB-109-G24 | 9 | 1 | 15 | 38 | 56 | 69 | 79 | 86 | 90 | 93 | 95 | 97 | 99 | 108 |
| | SUB-112-G24 | 12 | 1 | 14 | 34 | 51 | 63 | 72 | 78 | 82 | 85 | 86 | 88 | 90 | 98 |
| | SUB-209-G24 | 9 | 2 | 12 | 49 | 81 | 108 | 132 | 151 | 167 | 179 | 187 | 192 | 194 | 212 |
| | SUB-212-G24 | 12 | 2 | 11 | 44 | 73 | 98 | 120 | 137 | 152 | 162 | 170 | 175 | 177 | 193 |
| | SAF-Q-106-G24 | 6 | 1 | 16 | 41 | 61 | 75 | 86 | 93 | 98 | 101 | 103 | 105 | 107 | 118 |
| | SAF-Q-109-G24 | 9 | 1 | 15 | 38 | 56 | 69 | 79 | 86 | 90 | 93 | 95 | 97 | 99 | 108 |
| 27G | SUB-104-G27 | 4 | 1 | 10 | 18 | 22 | 24 | 25 | 25 | 26 | 26 | 26 | 26 | 26 | 28 |
| | SUB-106-G27 | 6 | 1 | 10 | 17 | 21 | 22 | 23 | 24 | 24 | 25 | 25 | 25 | 25 | 26 |
| | SUB-109-G27 | 9 | 1 | 9 | 16 | 19 | 21 | 21 | 22 | 22 | 23 | 23 | 23 | 23 | 24 |
| | SUB-112-G27 | 12 | 1 | 8 | 14 | 17 | 19 | 20 | 20 | 20 | 21 | 21 | 21 | 21 | 22 |
| | SUB-204-G27 | 4 | 2 | 12 | 28 | 40 | 48 | 54 | 57 | 59 | 59 | 60 | 60 | 62 | 66 |
| | SUB-250 | 6 | 2 | 11 | 27 | 38 | 46 | 51 | 54 | 55 | 56 | 56 | 57 | 59 | 62 |
| | SUB-260 | 9 | 2 | 10 | 24 | 35 | 42 | 47 | 49 | 51 | 51 | 52 | 52 | 54 | 57 |
| | SUB-212-G27 | 12 | 2 | 9 | 22 | 32 | 38 | 42 | 45 | 46 | 47 | 47 | 48 | 49 | 52 |
| | SAF-Q-106-G27 | 6 | 1 | 10 | 17 | 21 | 22 | 23 | 24 | 24 | 25 | 25 | 25 | 25 | 26 |
| | SAF-Q-109-G27 | 9 | 1 | 9 | 16 | 19 | 21 | 21 | 22 | 22 | 23 | 23 | 23 | 23 | 24 |
| | SAF-Q-112-G27 | 12 | 1 | 8 | 14 | 17 | 19 | 20 | 20 | 20 | 21 | 21 | 21 | 21 | 22 |
| | SAF-Q-206-G27 | 6 | 2 | 11 | 27 | 38 | 46 | 51 | 54 | 55 | 56 | 56 | 57 | 59 | 62 |
| | SAF-Q-209-G27 | 9 | 2 | 10 | 24 | 35 | 42 | 47 | 49 | 51 | 51 | 52 | 52 | 54 | 57 |
| | SAF-Q-212-G27 | 12 | 2 | 9 | 22 | 32 | 38 | 42 | 45 | 46 | 47 | 47 | 48 | 49 | 52 |

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The tables below show system total flow rates **without** system tolerance or other factors that may affect flow rate for infusing Xembify. Cells shaded in white may be suitable for initial and maintenance infusions. Flow rates that exceed the prescribing information limits are shaded red and are for informational purpose only. Cells shaded in gray do not have values listed because testing has not been performed. Please confirm the drug manufacturer’s prescribing information for your region.

Table Legend:

| | |
|--|---|
| | Suitable for initial and maintenance infusions (up to 25 mL/h/site) |
| | May exceed the prescribing information (Exceeds 25 mL/h/site) |
| | No data available |

| Table 23 | | Drug | | | | | | | | | | Flow Controller | | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|--------------|--------------|--------------|
| | | Xembify | | | | | | | | | | Infuset | | | | |
| Values shaded in red may exceed flow rate limits according to the drug’s prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 24G | SUB-109-G24 | 9 | 1 | | | | 12 | 16 | 23 | 30 | | 37 | 58 | | | |
| | SUB-112-G24 | 12 | 1 | | | | 11 | 15 | 21 | 27 | | 33 | 53 | | | |
| | SUB-209-G24 | 9 | 2 | | | | | | 26 | 35 | 48 | 52 | 103 | | | |
| | SUB-212-G24 | 12 | 2 | | | | | | 24 | 32 | 44 | 48 | 94 | | | |
| | SUB-309-G24 | 9 | 3 | | | | | | | 39 | 49 | 51 | 136 | | | |
| | SUB-312-G24 | 12 | 3 | | | | | | | 35 | 45 | 47 | 124 | | | |
| | SUB-409-G24 | 9 | 4 | | | | | | | 39 | 48 | 52 | 111 | 227 | | |
| | SUB-412-G24 | 12 | 4 | | | | | | | 35 | 44 | 47 | 101 | 206 | | |
| | SUB-512-G24 | 12 | 5 | | | | | | | 39 | | 52 | 100 | 211 | | |
| | SUB-612-G24 | 12 | 6 | | | | | | | 39 | 47 | 53 | 117 | 263 | | |
| | SAF-Q-106-G24 | 6 | 1 | | | | 13 | 17 | 25 | 32 | | 40 | 63 | | | |
| | SAF-Q-109-G24 | 9 | 1 | | | | 12 | 16 | 23 | 30 | | 37 | 58 | | | |
| SAF-Q-309-G24 | 9 | 3 | | | | | | | 39 | 49 | 51 | 136 | | | | |
| 26G | OPT12604 | 4 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12606 | 6 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12609 | 9 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12612 | 12 | 1 | | | | 11 | 17 | 19 | 27 | 35 | 34 | 55 | | | |
| | OPT12614 | 14 | 1 | | | | 11 | 16 | 17 | 25 | 33 | 32 | 52 | | | |
| | OPT22604 | 4 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22606 | 6 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22609 | 9 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22612 | 12 | 2 | | | | | | 22 | 36 | 49 | 49 | 109 | 124 | | |
| | OPT22614 | 14 | 2 | | | | | | 21 | 33 | 46 | 46 | 103 | 117 | | |
| | OPT32606 | 6 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |
| | OPT32609 | 9 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |
| | OPT32612 | 12 | 3 | | | | | | | 38 | 55 | 55 | 138 | 178 | | |

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| Table 23 | | | | Drug | | | | | | Flow Controller | | | | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | Xembify | | | | | | Infuset | | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| 27G | OPT32614 | 14 | 3 | | | | | | | 36 | 51 | 52 | 130 | 168 | | |
| | OPT42606 | 6 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42609 | 9 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42612 | 12 | 4 | | | | | | | 42 | 58 | 57 | 163 | 225 | | |
| | OPT42614 | 14 | 4 | | | | | | | 39 | 55 | 53 | 153 | 211 | | |
| | OPT52606 | 6 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| | OPT52609 | 9 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| | OPT52612 | 12 | 5 | | | | | | | | 62 | 65 | 183 | 248 | | |
| | OPT62609 | 9 | 6 | | | | | | | | 65 | 66 | 200 | 275 | | |
| OPT62612 | 12 | 6 | | | | | | | | 65 | 66 | 200 | 275 | | | |
| 27G | SUB-104-G27 | 4 | 1 | | | | | | | 16 | 18 | | 20 | | | |
| | SUB-106-G27 | 6 | 1 | | | | | | | 15 | 17 | | 19 | | | |
| | SUB-109-G27 | 9 | 1 | | | | | | | 14 | 15 | | 17 | | | |
| | SUB-112-G27 | 12 | 1 | | | | | | | 12 | 14 | | 16 | | | |
| | SUB-204-G27 | 4 | 2 | | | | | | | | | 29 | 34 | | | |
| | SUB-250 | 6 | 2 | | | | | | | | | 27 | 32 | | | |
| | SUB-260 | 9 | 2 | | | | | | | | | 25 | 30 | | | |
| | SUB-212-G27 | 12 | 2 | | | | | | | | | 23 | 27 | | | |
| | SUB-310 | 6 | 3 | | | | | | | | | 36 | 46 | | | |
| | SUB-320 | 9 | 3 | | | | | | | | | 33 | 43 | | | |
| | SUB-312-G27 | 12 | 3 | | | | | | | | | 30 | 39 | | | |
| | SUB-400 | 6 | 4 | | | | | | | | | 40 | 53 | | | |
| | SUB-410 | 9 | 4 | | | | | | | | | 37 | 49 | | | |
| | SUB-412-G27 | 12 | 4 | | | | | | | | | 33 | 44 | | | |
| | SUB-414-G27 | 14 | 4 | | | | | | | | | 31 | 42 | | | |
| | SUB-506 | 6 | 5 | | | | | | | | | 46 | 63 | | | |
| | SUB-509 | 9 | 5 | | | | | | | | | 42 | 57 | | | |
| | SUB-606 | 6 | 6 | | | | | | | | 44 | 46 | 76 | | | |
| | SUB-609 | 9 | 6 | | | | | | | | | 41 | 42 | 70 | | |
| | SAF-Q-106-G27 | 6 | 1 | | | | | | | | 15 | 17 | | 19 | | |
| | SAF-Q-109-G27 | 9 | 1 | | | | | | | | 14 | 15 | | 17 | | |
| | SAF-Q-112-G27 | 12 | 1 | | | | | | | | 12 | 14 | | 16 | | |
| | SAF-Q-206-G27 | 6 | 2 | | | | | | | | | | 27 | 32 | | |
| | SAF-Q-209-G27 | 9 | 2 | | | | | | | | | | 25 | 30 | | |
| SAF-Q-212-G27 | 12 | 2 | | | | | | | | | | 23 | 27 | | | |
| SAF-Q-306-G27 | 6 | 3 | | | | | | | | | | 36 | 46 | | | |
| SAF-Q-309-G27 | 9 | 3 | | | | | | | | | | 33 | 43 | | | |
| SAF-Q-312-G27 | 12 | 3 | | | | | | | | | | 30 | 39 | | | |
| SAF-Q-406-G27 | 6 | 4 | | | | | | | | | | 40 | 53 | | | |

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| Table 23 | | | | Drug | | | | | | Flow Controller | | | | | | |
|---|---------------|-------------|--------------|---|------------|-------------|-------------|-------------|-------------|-----------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | Xembify | | | | | | Infuset | | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with Infuset Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | Infuset-45 | Infuset-80 | Infuset-120 | Infuset-190 | Infuset-290 | Infuset-430 | Infuset-650 | Infuset-820 | Infuset-930 | Infuset-1850 | Infuset-3200 | Infuset-4000 | Infuset-4300 |
| | SAF-Q-409-G27 | 9 | 4 | | | | | | | | | 37 | 49 | | | |
| | SAF-Q-412-G27 | 12 | 4 | | | | | | | | | 33 | 44 | | | |
| | SAF-Q-509-G27 | 9 | 5 | | | | | | | | | 42 | 57 | | | |
| | SAF-Q-609-G27 | 9 | 6 | | | | | | | | 41 | 42 | 70 | | | |

| Table 24 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|---------------|-------------|--------------|---|----|----|----|-----|-----|-----------------|--|--|--|--|--|
| | | | | Xembify | | | | | | VersaRate | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | |
| 24G | SUB-109-G24 | 9 | 1 | 14 | 24 | 33 | 44 | 57 | 77 | | | | | | |
| | SUB-112-G24 | 12 | 1 | 13 | 22 | 30 | 40 | 52 | 71 | | | | | | |
| | SUB-209-G24 | 9 | 2 | 15 | 27 | 43 | 64 | 101 | 169 | | | | | | |
| | SUB-212-G24 | 12 | 2 | 14 | 25 | 39 | 58 | 92 | 153 | | | | | | |
| | SUB-309-G24 | 9 | 3 | 17 | 27 | 50 | 76 | 123 | 244 | | | | | | |
| | SUB-312-G24 | 12 | 3 | 16 | 25 | 45 | 69 | 112 | 222 | | | | | | |
| | SUB-409-G24 | 9 | 4 | 17 | 30 | 49 | 80 | 149 | 307 | | | | | | |
| | SUB-412-G24 | 12 | 4 | 15 | 27 | 44 | 73 | 136 | 279 | | | | | | |
| | SUB-512-G24 | 12 | 5 | 16 | 31 | 49 | 79 | 141 | 300 | | | | | | |
| | SUB-612-G24 | 12 | 6 | 16 | 32 | 50 | 79 | 156 | 354 | | | | | | |
| 26G | SAF-Q-106-G24 | 6 | 1 | 16 | 26 | 36 | 48 | 62 | 84 | | | | | | |
| | SAF-Q-109-G24 | 9 | 1 | 14 | 24 | 33 | 44 | 57 | 77 | | | | | | |
| | SAF-Q-309-G24 | 9 | 3 | 17 | 27 | 50 | 76 | 123 | 244 | | | | | | |
| | OPT12604 | 4 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | | | | | |
| | OPT12606 | 6 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | | | | | |
| | OPT12609 | 9 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | | | | | |
| | OPT12612 | 12 | 1 | 13 | 21 | 30 | 38 | 53 | 64 | | | | | | |
| | OPT12614 | 14 | 1 | 13 | 20 | 28 | 36 | 50 | 61 | | | | | | |
| | OPT22604 | 4 | 2 | | 26 | 39 | 59 | 90 | 142 | | | | | | |
| | OPT22606 | 6 | 2 | | 26 | 39 | 59 | 90 | 142 | | | | | | |
| OPT22609 | 9 | 2 | | 26 | 39 | 59 | 90 | 142 | | | | | | | |
| OPT22612 | 12 | 2 | | 26 | 39 | 59 | 90 | 142 | | | | | | | |

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| Table 24 | | | | Drug | | | Flow Controller | | |
|---|---------------|-------------|--------------|---|----|----|-----------------|-----|-----|
| | | | | Xembify | | | VersaRate | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| | OPT22614 | 14 | 2 | | 25 | 36 | 56 | 85 | 134 |
| | OPT32606 | 6 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32609 | 9 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32612 | 12 | 3 | | 28 | 43 | 67 | 116 | 218 |
| | OPT32614 | 14 | 3 | | 26 | 41 | 63 | 109 | 205 |
| | OPT42606 | 6 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42609 | 9 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42612 | 12 | 4 | | | 47 | 75 | 140 | 291 |
| | OPT42614 | 14 | 4 | | | 44 | 71 | 132 | 274 |
| | OPT52606 | 6 | 5 | | | 48 | 82 | 144 | 335 |
| | OPT52609 | 9 | 5 | | | 48 | 82 | 144 | 335 |
| | OPT52612 | 12 | 5 | | | 48 | 82 | 144 | 335 |
| OPT62609 | 9 | 6 | | | | 81 | 154 | 402 | |
| OPT62612 | 12 | 6 | | | | 81 | 154 | 402 | |
| 27G | SUB-104-G27 | 4 | 1 | 11 | 14 | 17 | 18 | 20 | 21 |
| | SUB-106-G27 | 6 | 1 | 11 | 13 | 16 | 17 | 19 | 20 |
| | SUB-109-G27 | 9 | 1 | 10 | 12 | 15 | 16 | 17 | 18 |
| | SUB-112-G27 | 12 | 1 | 9 | 11 | 13 | 14 | 16 | 16 |
| | SUB-204-G27 | 4 | 2 | 12 | 19 | 26 | 32 | 36 | 42 |
| | SUB-250 | 6 | 2 | 12 | 18 | 24 | 30 | 34 | 39 |
| | SUB-260 | 9 | 2 | 11 | 17 | 22 | 28 | 31 | 36 |
| | SUB-212-G27 | 12 | 2 | 10 | 15 | 20 | 25 | 28 | 33 |
| | SUB-310 | 6 | 3 | 14 | 23 | 33 | 40 | 50 | 64 |
| | SUB-320 | 9 | 3 | 13 | 21 | 30 | 37 | 46 | 59 |
| | SUB-312-G27 | 12 | 3 | 11 | 19 | 27 | 33 | 42 | 54 |
| | SUB-400 | 6 | 4 | 14 | 26 | 37 | 51 | 66 | 80 |
| | SUB-410 | 9 | 4 | 13 | 24 | 34 | 47 | 61 | 73 |
| | SUB-412-G27 | 12 | 4 | 12 | 22 | 31 | 43 | 55 | 67 |
| | SUB-414-G27 | 14 | 4 | 11 | 20 | 28 | 40 | 52 | 62 |
| | SUB-506 | 6 | 5 | 16 | 26 | 37 | 53 | 73 | 94 |
| | SUB-509 | 9 | 5 | 15 | 24 | 34 | 49 | 67 | 87 |
| | SUB-606 | 6 | 6 | 16 | 28 | 40 | 58 | 82 | 117 |
| | SUB-609 | 9 | 6 | 14 | 25 | 37 | 53 | 75 | 108 |
| | SAF-Q-106-G27 | 6 | 1 | 11 | 13 | 16 | 17 | 19 | 20 |
| SAF-Q-109-G27 | 9 | 1 | 10 | 12 | 15 | 16 | 17 | 18 | |
| SAF-Q-112-G27 | 12 | 1 | 9 | 11 | 13 | 14 | 16 | 16 | |
| SAF-Q-206-G27 | 6 | 2 | 12 | 18 | 24 | 30 | 34 | 39 | |
| SAF-Q-209-G27 | 9 | 2 | 11 | 17 | 22 | 28 | 31 | 36 | |
| SAF-Q-212-G27 | 12 | 2 | 10 | 15 | 20 | 25 | 28 | 33 | |
| SAF-Q-306-G27 | 6 | 3 | 14 | 23 | 33 | 40 | 50 | 64 | |

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| Table 24 | | | | Drug | | | Flow Controller | | |
|---|---------------|-------------|--------------|---|----|----|-----------------|----|-----|
| | | | | Xembify | | | VersaRate | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Flow Controller (mL/h) | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 |
| | SAF-Q-309-G27 | 9 | 3 | 13 | 21 | 30 | 37 | 46 | 59 |
| | SAF-Q-312-G27 | 12 | 3 | 11 | 19 | 27 | 33 | 42 | 54 |
| | SAF-Q-406-G27 | 6 | 4 | 14 | 26 | 37 | 51 | 66 | 80 |
| | SAF-Q-409-G27 | 9 | 4 | 13 | 24 | 34 | 47 | 61 | 73 |
| | SAF-Q-412-G27 | 12 | 4 | 12 | 22 | 31 | 43 | 55 | 67 |
| | SAF-Q-509-G27 | 9 | 5 | 15 | 24 | 34 | 49 | 67 | 87 |
| | SAF-Q-609-G27 | 9 | 6 | 14 | 25 | 37 | 53 | 75 | 108 |

| Table 25 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|------------------|-------------|--------------|--|----|----|-----|-----|-----|-----------------|-----|-----|-----|-----|------|
| | | | | Xembify | | | | | | VersaRate Plus | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| 24G | SUB-109-G24 | 9 | 1 | | 31 | 41 | 50 | 58 | 63 | 67 | 70 | 72 | 72 | 73 | 73 |
| | SUB-112-G24 | 12 | 1 | | 28 | 38 | 46 | 52 | 58 | 61 | 64 | 65 | 66 | 66 | 67 |
| | SUB-209-G24 | 9 | 2 | | 36 | 60 | 80 | 97 | 112 | 123 | 131 | 136 | 139 | 148 | 157 |
| | SUB-212-G24 | 12 | 2 | | 33 | 54 | 73 | 89 | 102 | 112 | 119 | 124 | 126 | 134 | 143 |
| | SUB-309-G24 | 9 | 3 | | 40 | 69 | 95 | 118 | 138 | 155 | 169 | 179 | 186 | 189 | 227 |
| | SUB-312-G24 | 12 | 3 | | 36 | 62 | 86 | 107 | 126 | 141 | 154 | 163 | 169 | 172 | 206 |
| | SUB-409-G24 | 9 | 4 | | 34 | 76 | 112 | 144 | 171 | 194 | 214 | 232 | 247 | 260 | 310 |
| | SUB-412-G24 | 12 | 4 | | 31 | 69 | 102 | 131 | 155 | 177 | 195 | 211 | 224 | 236 | 282 |
| | SAF-Q-106-G24 | 6 | 1 | | 33 | 45 | 55 | 63 | 69 | 74 | 77 | 78 | 79 | 79 | 80 |
| | SAF-Q-109-G24 | 9 | 1 | | 31 | 41 | 50 | 58 | 63 | 67 | 70 | 72 | 72 | 73 | 73 |
| | SAF-Q-112-G24-70 | 12 | 1 | | 29 | 42 | 53 | 61 | 67 | 71 | 74 | 75 | 76 | 77 | 83 |
| | SAF-Q-206-G24-70 | 6 | 2 | | 39 | 66 | 86 | 103 | 115 | 123 | 129 | 134 | 137 | 140 | 152 |
| | SAF-Q-209-G24-70 | 9 | 2 | | 36 | 60 | 79 | 94 | 105 | 113 | 119 | 123 | 126 | 128 | 139 |
| | SAF-Q-212-G24-70 | 12 | 2 | | 33 | 55 | 72 | 86 | 96 | 103 | 108 | 112 | 114 | 117 | 127 |
| | SAF-Q-309-G24 | 9 | 3 | | 40 | 69 | 95 | 118 | 138 | 155 | 169 | 179 | 186 | 189 | 227 |
| | SAF-Q-312-G24-70 | 12 | 3 | | 37 | 73 | 105 | 134 | 159 | 181 | 199 | 213 | 223 | 229 | 254 |
| | SAF-Q-409-G24-70 | 9 | 4 | | 43 | 84 | 123 | 159 | 191 | 221 | 246 | 268 | 285 | 299 | 366 |
| | SAF-Q-412-G24-70 | 12 | 4 | | 39 | 77 | 113 | 146 | 176 | 202 | 226 | 246 | 262 | 274 | 336 |

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| Table 25 | | Drug | | | | Flow Controller | | | | | | | | | | |
|---|----------------|-------------|--------------|--|----|-----------------|-----|-----|-----|-----|----|----|----|----|------|-----|
| | | Xembify | | | | VersaRate Plus | | | | | | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN | |
| 26G | OPT12604 | 4 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 | |
| | OPT12606 | 6 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 | |
| | OPT12609 | 9 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 | |
| | OPT12612 | 12 | 1 | 12 | 24 | 43 | 51 | | | | | | | | 70 | |
| | OPT12614 | 14 | 1 | 12 | 22 | 40 | 48 | | | | | | | | 66 | |
| | OPT22604 | 4 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | | 142 |
| | OPT22606 | 6 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | | 142 |
| | OPT22609 | 9 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | | 142 |
| | OPT22612 | 12 | 2 | 16 | 32 | 57 | 71 | 97 | | | | | | | | 142 |
| | OPT22614 | 14 | 2 | 15 | 30 | 53 | 67 | 91 | | | | | | | | 133 |
| | OPT32606 | 6 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | | 232 |
| | OPT32609 | 9 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | | 232 |
| | OPT32612 | 12 | 3 | | 32 | 74 | 92 | 126 | 135 | | | | | | | 232 |
| | OPT32614 | 14 | 3 | | 30 | 69 | 87 | 119 | 127 | | | | | | | 218 |
| | OPT42606 | 6 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | | 300 |
| | OPT42609 | 9 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | | 300 |
| | OPT42612 | 12 | 4 | | 38 | 77 | 103 | 152 | 160 | 196 | | | | | | 300 |
| | OPT42614 | 14 | 4 | | 36 | 72 | 97 | 143 | 151 | 184 | | | | | | 282 |
| | OPT52606 | 6 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | | 352 |
| | OPT52609 | 9 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | | 352 |
| OPT52612 | 12 | 5 | | | 84 | 113 | 155 | 186 | 225 | | | | | | 352 | |
| OPT62609 | 9 | 6 | | | | 106 | 167 | 199 | 252 | 271 | | | | | 411 | |
| OPT62612 | 12 | 6 | | | | 106 | 167 | 199 | 252 | 271 | | | | | 411 | |
| 27G | SUB-104-G27 | 4 | 1 | | 15 | 17 | 18 | 20 | 20 | 21 | 21 | 21 | 22 | 22 | 22 | |
| | SUB-106-G27 | 6 | 1 | | 14 | 16 | 17 | 19 | 19 | 20 | 20 | 20 | 21 | 21 | 21 | |
| | SUB-109-G27 | 9 | 1 | | 13 | 15 | 16 | 17 | 18 | 18 | 18 | 19 | 19 | 19 | 19 | |
| | SUB-112-G27 | 12 | 1 | | 12 | 13 | 15 | 15 | 16 | 17 | 17 | 17 | 17 | 17 | 17 | |
| | SUB-106-G27-70 | 6 | 1 | | 16 | 18 | 20 | 21 | 22 | 23 | 24 | 24 | 24 | 24 | 24 | |
| | SUB-109-G27-70 | 9 | 1 | | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 22 | 22 | 22 | |
| | SUB-112-G27-70 | 12 | 1 | | 13 | 15 | 16 | 18 | 19 | 19 | 20 | 20 | 20 | 20 | 20 | |
| | SUB-204-G27 | 4 | 2 | | 23 | 29 | 34 | 37 | 38 | 39 | 39 | 39 | 40 | 41 | 43 | |
| | SUB-250 | 6 | 2 | | 22 | 28 | 32 | 35 | 36 | 37 | 37 | 37 | 38 | 38 | 40 | |
| | SUB-260 | 9 | 2 | | 20 | 26 | 30 | 32 | 33 | 34 | 34 | 34 | 35 | 35 | 37 | |
| | SUB-212-G27 | 12 | 2 | | 18 | 23 | 27 | 29 | 30 | 31 | 31 | 31 | 31 | 32 | 34 | |
| | SUB-310 | 6 | 3 | | 27 | 37 | 44 | 50 | 54 | 56 | 58 | 58 | 58 | 58 | 63 | |
| | SUB-320 | 9 | 3 | | 25 | 34 | 41 | 46 | 49 | 52 | 53 | 53 | 54 | 54 | 58 | |
| | SUB-312-G27 | 12 | 3 | | 23 | 31 | 37 | 42 | 45 | 47 | 48 | 49 | 49 | 49 | 53 | |
| | SUB-400 | 6 | 4 | | 34 | 47 | 57 | 65 | 70 | 74 | 77 | 79 | 82 | 85 | 90 | |
| | SUB-410 | 9 | 4 | | 31 | 43 | 52 | 59 | 64 | 68 | 71 | 73 | 75 | 78 | 82 | |

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| Table 25 | | | | Drug | | | | | | Flow Controller | | | | | |
|---|------------------|-------------|--------------|--|----|----|----|----|----|-----------------|-----|-----|-----|-----|------|
| | | | | Xembify | | | | | | VersaRate Plus | | | | | |
| Values shaded in red may exceed flow rate limits according to the drug's prescribing information. | | | | | | | | | | | | | | | |
| SUB-Q Set | | | | Total Flow Rate for ALL sites with VersaRate Plus Flow Controller (mL/h) | | | | | | | | | | | |
| Gauge | REF# | Length (mm) | # of Needles | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | OPEN |
| | SUB-412-G27 | 12 | 4 | | 28 | 39 | 48 | 54 | 58 | 62 | 64 | 66 | 69 | 71 | 75 |
| | SUB-414-G27 | 14 | 4 | | 26 | 37 | 44 | 50 | 55 | 58 | 60 | 62 | 64 | 67 | 70 |
| | SUB-506 | 6 | 5 | | 20 | 45 | 63 | 77 | 86 | 92 | 96 | 98 | 101 | 103 | 108 |
| | SUB-509 | 9 | 5 | | 19 | 41 | 58 | 70 | 79 | 84 | 88 | 90 | 92 | 95 | 99 |
| | SUB-606 | 6 | 6 | | 16 | 45 | 68 | 85 | 98 | 107 | 114 | 119 | 123 | 127 | 133 |
| | SUB-609 | 9 | 6 | | 14 | 41 | 62 | 78 | 90 | 98 | 104 | 109 | 113 | 117 | 122 |
| | SAF-Q-106-G27 | 6 | 1 | | 14 | 16 | 17 | 19 | 19 | 20 | 20 | 20 | 21 | 21 | 21 |
| | SAF-Q-109-G27 | 9 | 1 | | 13 | 15 | 16 | 17 | 18 | 18 | 18 | 19 | 19 | 19 | 19 |
| | SAF-Q-112-G27 | 12 | 1 | | 12 | 13 | 15 | 15 | 16 | 17 | 17 | 17 | 17 | 17 | 17 |
| | SAF-Q-109-G27-70 | 9 | 1 | | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 22 | 22 | 22 |
| | SAF-Q-206-G27 | 6 | 2 | | 22 | 28 | 32 | 35 | 36 | 37 | 37 | 37 | 38 | 38 | 40 |
| | SAF-Q-209-G27 | 9 | 2 | | 20 | 26 | 30 | 32 | 33 | 34 | 34 | 34 | 35 | 35 | 37 |
| | SAF-Q-212-G27 | 12 | 2 | | 18 | 23 | 27 | 29 | 30 | 31 | 31 | 31 | 31 | 32 | 34 |
| | SAF-Q-306-G27 | 6 | 3 | | 27 | 37 | 44 | 50 | 54 | 56 | 58 | 58 | 58 | 58 | 63 |
| | SAF-Q-309-G27 | 9 | 3 | | 25 | 34 | 41 | 46 | 49 | 52 | 53 | 53 | 54 | 54 | 58 |
| | SAF-Q-312-G27 | 12 | 3 | | 23 | 31 | 37 | 42 | 45 | 47 | 48 | 49 | 49 | 49 | 53 |
| | SAF-Q-406-G27 | 6 | 4 | | 34 | 47 | 57 | 65 | 70 | 74 | 77 | 79 | 82 | 85 | 90 |
| | SAF-Q-409-G27 | 9 | 4 | | 31 | 43 | 52 | 59 | 64 | 68 | 71 | 73 | 75 | 78 | 82 |
| | SAF-Q-412-G27 | 12 | 4 | | 28 | 39 | 48 | 54 | 58 | 62 | 64 | 66 | 69 | 71 | 75 |
| | SAF-Q-509-G27 | 9 | 5 | | 19 | 41 | 58 | 70 | 79 | 84 | 88 | 90 | 92 | 95 | 99 |
| | SAF-Q-609-G27 | 9 | 6 | | 14 | 41 | 62 | 78 | 90 | 98 | 104 | 109 | 113 | 117 | 122 |

SCIg60® Infusion System

Troubleshooting

Possible causes for the SCIg60 Infusion System to not perform properly are:

| Problem | Possible Cause | Solution |
|--|--|--|
| Syringe not compatible | Use of non-recommended syringe model. | Use only recommended syringe model (BD 50 mL syringe model no. 309653). |
| Components will not connect | Incorrect assembly, incorrect components, or damage of components. | Verify the syringe is properly connected to the flow controller and that the flow controller is correctly connected to the SUB-Q set. Use only the recommended components with the SCIg60 Infuser. |
| Syringe disengages from the infuser when the inner drive is closed | Syringe was not properly loaded in the infuser. | Unscrew the inner drive and properly position the syringe following the instructions for use steps #9-13. Ensure handle is fully closed. |
| | Use of non-recommended syringe model. | Use only recommended syringe model. |
| Clicking sound | During infusion, the spring readjusts as it extends and may intermittently produce sound. | No correction necessary. This is normal and does not impact the function of the pump. |
| Fluid leak | Incorrect assembly or damage of components. | Verify Luer connectors are properly tightened. Do not overtighten as it may result in damage. |
| NO fluid flow | Infuser drive is not completely closed. | Close inner drive by rotating the handle clockwise until the base of the handle touches the body of the pump. Refer to IFU step 13. |
| | Flow controller or administration set is in the OFF position or blocked by slide clamp. | For the Infuset, make sure that the slide clamp is not blocking the flow. |
| | | For the VersaRate or VersaRate Plus, make sure that the dial is set to the intended position and not on the 'OFF' position. |
| | | Verify that no other slide clamp is blocking the flow and that the tubing is not pinched or kinked. |
| | Occlusion of fluid path | Use new flow controller or administration set. |
| When using the VersaRate Plus at the lower position settings such as 1 to 3 to infuse 20% IG (viscous) fluids, it may result in slower than expected or stopped flow rate. | Monitor the fluid volume progress throughout the infusion. If the flow rate is slower than expected, adjust the VersaRate Plus dial to a higher position setting to obtain the desired flow rate. If the flow rate completely stops, turn the VersaRate Plus dial to the OPEN position for a few seconds or until the fluid starts to flow, | |

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| Problem | Possible Cause | Solution |
|---------------------------|---|--|
| | | then rotate the dial back to the original position setting and continue to monitor the infusion progress. If the flow rate continues to stop, use a different VersaRate Plus device, or switch over to the VersaRate or Infuset flow controller devices. |
| Flow rate is HIGH | Incorrect combination of SUB-Q set with flow controller or flow controller setting for the prescribed fluid. | Verify that the correct combination of SUB-Q set and Infuset or VersaRate position is being used. Consult the appropriate flow rate data sheet or calculator for expected flow rate. If using VersaRate or VersaRate Plus, turn the dial to a lower setting to reduce the flow rate. |
| | Patient or environmental factors | Refer to section <i>Factors that Affect Flow Rate</i> . |
| Flow rate is LOW | Incorrect combination of SUB-Q set with flow controller or flow controller setting for the prescribed fluid. | Verify that the correct combination of SUB-Q set and Infuset or VersaRate position is being used. Consult the appropriate flow rate data sheet or calculator for expected flow rate. If using VersaRate or VersaRate Plus, turn the dial to a higher setting to increase the flow rate. |
| | Patient or environmental factors | Refer to section <i>Factors that Affect Flow Rate</i> and verify factors are within intended limits. |
| | Storage of the flow controller or SUB-Q set with the slide clamp engaged for an extended period of time may temporarily deform the tubing and decrease flow rate. | Do not store with slide clamp engaged for long periods of time. |
| | Partial occlusion of fluid path | Use new flow controller or administration set. |
| Flow does not STOP | Flow controller is not set to 'OFF' position or slide clamp is not clamped. | Verify that the slide clamp on the Infuset is fully closed or that the VersaRate is in the 'OFF' position. |
| | | If the flow controller fails to stop the flow, turn the Drive Handle counterclockwise fully to stop fluid flow. |

NOTE:

If any of the above conditions persist or the SCIG60 Infusion System is not performing as expected, discontinue use and contact EMED Technologies +1-916-932-0071 and/or your healthcare professional.

SCIg60® Infusion System

Warranty

Parties Covered:

This warranty extends only to the Original Purchaser of the SCIg60 Infuser, and it does not extend to subsequent purchasers or users. The “Original Purchaser” is the person purchasing the SCIg60 Infuser from the Manufacturer or Manufacturers Representative.

Limited Warranty:

EMED Technologies Corporation (“Manufacturer”) warrants the SCIg60 Infuser to be free from defects in materials and workmanship for three (3) years from the date of original purchase when used as intended and under the direction of authorized medical personnel. Failure to comply with these conditions will result in a void warranty.

Use of accessories or components not specified in the SCIg60 Infusion System User Manual may impact immunoglobulin solution flow rates, result in a flow rate outside of what has been approved for immunoglobulin solution, and is not recommended. The Manufacturer does not represent that the SCIg60 Infusion System will operate in accordance with performance specifications if third party accessories are used.

Replacement:

Subject to the conditions of and upon compliance with the procedures set forth in this limited warranty, the Manufacturer will repair or replace, at its option, any SCIg60 Infuser, or part thereof, which has been actually received by the Manufacturer or Manufacturers Representative within the three-year warranty period, and which examination discloses, to the Manufacturer’s satisfaction, that the product is defective. Replacement product and parts are warranted only for the remaining portion of the original three-year warranty period.



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