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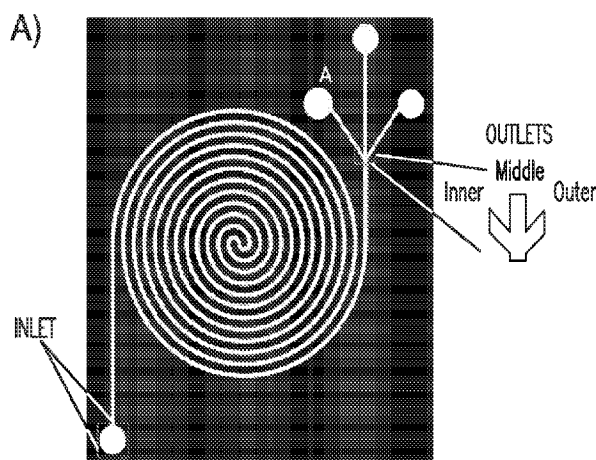
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(54) Title: FLUIDIC DEVICE FOR THE DETECTION, CAPTURE, OR REMOVAL OF A DISEASE MATERIAL

Figure 1



(57) Abstract: The present disclosure relates to a fluidic device to detect, capture, and/or remove disease material in a biological fluid. The present invention also relates to methods for the treatment/prevention of sepsis through the use of the claimed device.

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FLUIDIC DEVICE FOR THE DETECTION, CAPTURE, OR REMOVAL OF A DISEASE MATERIAL

CROSS REFERENCE TO RELATED APPLICATIONS

5 This application claims the benefit of U.S. Provisional Patent Application Serial No. 62/359,322, filed July 7, 2016, U.S. Provisional Patent Application Serial No. 62/407,767, filed October 13, 2016, U.S. Provisional Patent Application Serial No. 62/454,235, filed February 3, 2017, and U.S. Provisional Patent Application Serial No. 62/478,904 filed March 30, 2017, each of which are expressly incorporated herein by reference.

STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH

10 This invention was made with Government Support under Grant No. W81XWH-13-1-0397 awarded by the Department of Defense. The Government has certain rights to the invention.

FIELD

15 The present disclosure relates to a fluidic device to detect, capture, and/or remove disease-causing material from biological fluids.

BACKGROUND

20 Many diseases, as well as disease associated cells and disease associated molecules, are blood-borne. For example, the presence of bacteria in the circulatory blood initiates a cascade of local and systemic regulatory mechanisms that can result in sepsis. Sepsis, defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection, afflicts over
25 one million Americans annually and has an associated mortality rate ranging from 25-50%. Sepsis is the leading cause of death in the critically ill in the United States, costing the US over \$20 billion in treatment annually. As the average life expectancy increases and the number of invasive procedures expands, the incidence of sepsis is rising. Currently, no specific sepsis treatment is available. Treatment of sepsis relies primarily on early recognition and rapid
30 administration of appropriate antibiotics, fluid resuscitation, and vasoactive medications. Early, effective antibiotic therapy is essential and improves patient outcomes. However, sepsis-associated mortality remains unacceptably and persistently high, which highlights the urgent need for new sepsis therapies.

Much research has been done to evaluate experimental adjunct treatments for sepsis, such as extracorporeal cytokine filtration, recombinant human activated protein C, corticosteroids, human recombinant lactoferrin, and immunomodulation. Although immunomodulation has been widely anticipated, the heterogeneity of the patient population and the complexity of sepsis pathogenesis have limited advancement of these experimental approaches. Blockage of single mediators, such as interleukin-1 (IL-1) or tumor necrosis factor-alpha (TNF- α), has shown little promise in improving sepsis survival. Cytokine removal has displayed encouraging results in animal studies. However, results are believed to be a consequence of modulating other downstream mechanisms rather than the direct impact of cytokine removal. Benefits of endotoxin clearance have also shown efficacy in animal studies, but have yet to demonstrate improvement of septic patient outcomes.

Mechanical bacterial removal using magnetic nanoparticles has been reported to improve survival of septic rodent models. Surface modification of nanoparticles using bacterial targeting ligands can lead to the efficient and reproducible capture of several important pathogenic bacteria. However, these approaches suffer from potential limitations in scale-up for treatment of large living systems and uncertain regulatory hurdles in regard to blood contact with nanoparticles. It also requires the incubation of bacterial cells with nanoparticles prior to separation. This incubation time allows bacteria to replicate and increase in number. Further, magnetic nanoparticles present in the blood may diffuse into organs and cause biocompatibility issues. Treatment addressing either a single molecular activator/inhibitor or isolation of the bacterial source is unlikely to sufficiently address the complexity of sepsis.

Current methods for treatment of bacteremia, or sepsis, also include the use of antibiotics. However, pathogens are rapidly gaining antimicrobial-evading capabilities or multi-drug resistance, and systemic antibiotic administration is associated with a large number of negative side effects. Various adsorbents and other conventional membrane-filtration methods have been employed to detect or filter disease material from the blood, exploiting differences in cell size, deformability, and density to filter out target cells. However, these techniques are time consuming, labor-intensive, and require multistep sample preparations. Multistep sample preparation is a process susceptible to contamination and is not efficient enough for point of care treatment purposes. Membrane filtration methods present the problem of frequent clogging and require cleaning. Furthermore, filtration and centrifugation

techniques cause stress to healthy cells that need to be returned to the patient. Hence, a simpler and more efficient technique is needed to process blood samples to remove disease materials and disease cells, while maintaining the original cell phenotype of healthy cells for subsequent return to the patient.

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The fluidic devices and methods disclosed herein address these and other needs.

SUMMARY OF THE INVENTION

The inventors have engineered a device capable of both pathogen and endotoxin removal from whole, human blood, thereby addressing the two fundamental causes of dysregulated biological response in sepsis. This device can overcome the limitations of previous sepsis therapies that rely on removal of a single sepsis-related mediator from the blood. Removal of pathogens, including antibiotic-resistant strains, and endotoxins provides a new paradigm for the treatment of sepsis.

15

The device and methods described herein allow biological fluids, such as the entire blood volume of a patient, to be processed through the device several times during a single treatment. This permits the burden of the disease-causing material in the bloodstream to be significantly decreased by circulating the blood several times through the device. Removal of bacteria from the bloodstream can reduce the spread of infectious agents to distal sites. This reduces the number of pathogens present within organs or abscesses and decreases levels of inflammatory mediators.

Decreasing the total burden of the disease-causing materials can directly inhibit disease progression, and thus, this treatment can significantly extend the time available to identify, for example, the bacterial species causing infection, and begin optimal antibiotic therapy. Additionally, antibiotic therapy can be dually administered with this bacteria removal therapy because the ligand functionalized to the channel walls binds to both dead and live pathogens. The device can also be used to help accelerate pathogen identification and antibiotic susceptibility determination because large numbers of bacteria are captured within the device in a single pass.

Furthermore, this device can also be further modified to remove proteins (such

as cytokines) as well as other types of cells (such as circulating tumor cells) from whole blood by functionalizing the channel walls with appropriate protein-specific or cell-specific ligands.

5 Still further, the device can be used to isolate and identify the disease-causing materials rather than relying on the device to substantially remove the disease-causing materials from the patient's blood stream. This focus on isolation and identification can permit the prompt formulation and commencement of a course of treatment.

10 Disclosed herein is a device for the detection, capture, and/or removal of disease causing material (for example, bacteria) from biological fluids.

 Also disclosed herein are methods of treatment wherein such device is used in the separation of such disease-causing material from such biological fluids.

15

 Still further, disclosed herein are methods of treatment wherein such device is used in the identification of disease causing material from biological fluids so that further subsequent courses of treatment may be formulated.

20 More specifically, disclosed herein is a fluidic device comprising:
at least one inlet;
at least one outlet;
a multidirectional channel between the at least one inlet and at least one outlet, said channel comprising an inner wall; and
25 a ligand coating at least a portion of the inner wall of the multidirectional channel.

 Also disclosed is a method for the capture and removal of a disease material from a biological fluid, said method comprising the steps of:

 introducing the biological fluid into a fluidic device, wherein the fluidic device
30 comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet;

 flowing said biological fluid through said fluidic device to focus and expose said disease material to a disease material-targeting ligand functionalized along an inner wall of

the channel within the fluidic device;

capturing the disease material through the binding of the disease material with a disease material-targeting ligand bound to the inner wall of the channel; and

removing said disease material from said biological fluid.

5

Still further, disclosed herein is a method for extracorporeal capture and removal of a blood-borne disease material from blood by which treated blood is returned to a patient, said method comprising the steps of:

pumping blood from a patient into a fluidic device, wherein the fluidic device
10 comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet;

flowing said blood through said fluidic device to focus and expose said blood-borne disease material to a disease material-targeting ligand functionalized along an inner wall of the channel within the fluidic device;

15 focusing and capturing the disease material, wherein a force imposed by the fluidic device focuses the disease material near a wall of the channel that is functionalized with the disease material-targeting ligand, which then binds to said disease material;

removing said disease material from said blood to produce treated blood; and

returning said treated blood to said patient.

20

Still further, disclosed is a method for capture and detection of a blood-borne disease material from blood, said method comprising the steps of:

flowing blood into a fluidic device to focus and expose said blood-borne disease material to a disease material-targeting ligand functionalized along an inner wall of a
25 channel within the fluidic device; wherein the channel within the fluidic device comprises a spiral channel;

capturing the disease material, wherein a force imposed by the fluidic device focuses the disease material near a wall of the spiral channel that is functionalized with the disease material-targeting ligand, which then binds to said disease material;

30 flowing optically-active, disease material targeting microbeads through the fluidic device which bind to said disease material; and

reading the fluidic device with an optical reader.

Still further, disclosed is a composition of matter comprising a biological fluid which has flowed through a fluidic device, wherein the fluidic device comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet, said channel comprising an inner wall having a ligand coating at least a portion of said inner wall, wherein such ligand binds to and removes a disease material from said biological fluid.

Still further, disclosed herein is a method for extracorporeal capture and removal of a disease material from blood by which treated blood is returned to the body, comprising the steps:

- pumping blood from a patient into a spiral-based fluidic apparatus;
- flowing said blood through said spiral-based fluidic apparatus to focus and expose said disease material to a disease material-targeting ligand functionalized along the spiral fluidic apparatus inner walls;
- focusing and capturing the disease material, wherein size-based inertial forces imposed by the spiral-based fluidic apparatus focus the disease material near the walls of a spiral channel that is functionalized with a disease material-targeting ligand, which then binds to said disease material;
- removing said disease material from said blood; and
- returning said blood to said patient.

Still further, disclosed herein is a method for capture and detection of a disease material from blood, comprising the steps:

- flowing blood into a fluidic apparatus to focus and expose said disease material to a disease material-targeting ligand functionalized along the fluidic apparatus inner walls;
- focusing and capturing the disease material, wherein size-based inertial forces imposed by the fluidic apparatus focus the disease material near the walls of a spiral channel that is functionalized with a disease material-targeting ligand, which then binds to said disease material;
- flowing optically-active, disease material targeting microbeads through the fluidic apparatus which bind to the said disease material; and
- reading the fluidic apparatus with an optical reader.

BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying figures, which are incorporated in and constitute a part of this specification, illustrate several aspects described below.

5 FIG. 1 contains schematics of various multidirectional fluidic devices within the scope of this invention. Figure 1A is a schematic of the multidirectional fluidic device containing 6-loop double spiral channels with one inlet and three outlets for particle/bacteria capture. Figure 1B is a schematic representation of the multidirectional channel separating bacteria through interaction with the bacteria-targeting ligand, Colistin-PEG-Silane (Col-PEG-Si), bond to the
10 inner walls of the microchannel.

FIG. 2 illustrates the inner wall of the multidirectional channel with the ligand Colistin-PEG-Silane bound thereto and its use in the capture of bacteria. Figure 2A is a schematic representation of the Colistin-PEG-Silane (Col-PEG-Si) coated inner channel walls. Figure 2B
15 shows the molecule colistin which contains five amine groups, one of which is used to conjugate to PEG, resulting in the Col-PEG-Si ligand, thereby leaving four remaining amine groups to interact and bind the bacteria cells within the microchannel. Figure 2C shows the microchannel imaged using fluorescent microscopy following the Col-PEG-Si capture of bacteria and subsequent exposure to an Atto 488 amine dye.

20 FIG. 3 illustrates a microchannel aspect ratio (AR) which promotes 2 μm polystyrene particle focusing. This particle size is comparable to the size of most bacterial cells. The averaged composite images illustrate 2 μm particle equilibration at a flow rate of 0.2 mL/min is displayed. The microchannel dimensions are congruent across the entire length of the channel, consisting of a 254 μm width by 15 μm height. The schematic indicates the
25 approximate position of the 2 μm polystyrene particles within the microchannel cross-section just prior to reaching a trifurcated outlet (dotted lines indicate approximate position of channel walls).

30 FIG. 4 shows an illustration of images indicating the isolation of bacterial cells with claimed fluidic device. Here, the bacteria (*Acinetobacter baumannii* cells fluorescently labeled) under the influence of shear-modulated inertial forces equilibrate along the functionalized microchannel walls and bind to the ligand (Col-PEG-Si). This is evident in the specific regions shown: (A) first loop following the inlet channel, (B) center of loop, and (C) channel just prior

to reaching the trifurcated outlet of the channel as the bacteria remain displaced to either side of the microchannel center (white dotted lines indicates the channel walls). The experiment was performed by flowing fluorescently labeled bacteria through the channel at a flow rate of 0.2 mL/min. The channel was then washed with diH₂O four times and then imaged using
5 fluorescent microscopy. The bacteria remained bound to the channel walls following the wash steps, as indicated by the images above.

FIG. 5A illustrates a double spiral microchannel configuration useful for bacterial isolation. This configuration comprises a single inlet and three equally divided outlets. Figure
10 5B is a microscopic image illustrating the outlet section of the double spiral microchannel.

FIG. 6 is an illustration of blood containing disease material (i.e. rod-shaped cells) being pumped from a patient through a tube to the claimed fluidic apparatus, which is functionalized along the channel walls with disease material-targeting ligands designed to
15 capture disease material. Following processing through the claimed fluidic apparatus, the blood containing healthy material is returned to the patient.

FIG. 7 is a schematic depiction of the forces within the fluidic apparatus channel. Here, due to channel curvature, the two counter-rotating Dean forces are orthogonal to the main flow
20 direction. Dean force causes recirculation of desired, healthy materials (i.e. red, blood cells) in the center of the channel. The disease material (i.e. green, disease material) are subject to inertial lift force, which focuses the targeted disease material near the ligand functionalized channel walls, as the healthy materials remain free in the channel center lumen.

25 FIG. 8 is a further illustration of a spiral-shaped fluidic apparatus designed to target and capture disease material, in accordance with an embodiment of the present invention.

FIG. 9 is another illustration of a spiral-shaped fluidic apparatus that depicts how inertial forces focus target disease material, in this case bacteria, near the ligand functionalized
30 channel walls, as the healthy materials (i.e. blood cells) remain free in the channel center lumen.

FIG. 10 is an image taken using a fluorescent microscope that captures the focusing of disease material (left) near the walls in a spiral-based fluidic device within the scope of the present invention. Healthy material (right) remains within the center of the spiral-based fluidic

apparatus channel under flow conditions.

FIG. 11 is a magnified illustration of a wall of the fluidic apparatus wall composed of particles (for example, nanoparticles, microparticles, nanofiber or microfiber) functionalized with disease material-targeting ligands, in accordance with an embodiment of the present invention.

FIG. 12 is a magnified illustration of a spiral-based fluidic apparatus including pillars, in accordance with an embodiment of the present invention.

FIG. 13 shows a double spiral fluidic design to maximize bacterial separation efficiency. (a) A fabricated polydimethylsiloxane (PDMS) fluidic device is shown which consisting of two, 6-loop spiral microchannels joined at the S-junction to form a double spiral channel with one inlet and one outlet (b) A CAD drawing of the double spiral fluidic module employed to create the master mold is shown.

FIG. 14 shows a microparticle and bacterial focusing within a double spiral channel configuration of the claimed device. Images were acquired at a continuous flow rate of 0.2 mL min⁻¹. (a) focusing of 2 μm particles; (b) focusing of 10 μm particles; and (c) labeled *A. baumannii* ATCC17978 focusing along both the inner and outer walls of the double spiral microfluidic device.

FIG. 15 illustrates an example of the quantification of bacterial capture capacity of one configuration of an embodiment of the claimed device. Pathogen capture capacity of Gram-negative bacterial isolates when spiked into PBS and flowed through a colistinated and PEGylated double spiral microfluidic devices at 0.2 ml min⁻¹. a, *A. baumannii* ATCC17978. b, *K. pneumoniae* ATCC700603. c, Colistin-resistant *A. baumannii* 'Patient 2'. d, Colistin-resistant *A. baumannii* 19606R. Results are plotted as the mean ± SD, *n* = 3. **P* < 0.01.

FIG. 16 shows the *ex vivo* blood cleansing using a double spiral configuration of the claimed fluidic device. a, Capture capacity for *A. baumannii* ATCC17978 when spiked into whole, human blood and flowed through the colistinated and PEGylated device at 0.2 ml min⁻¹. Results are plotted as the mean ± SD, *n* = 3. **P* < 0.01. b & c, Green fluorescently labeled *A.*

baumannii ATCC17978 capture from whole, human blood following passage through colistinated device at 0.2 mL min⁻¹ and subsequent washing. d, Lack of green fluorescently labeled *S. aureus* ATCC29213 capture following passage through the colistinated device at 0.2 mL min⁻¹, confirming specificity for Gram-negative pathogens in colistin-functionalized devices.

FIG. 17 shows the total bacterial capture capacity of a certain colistinated double spiral fluidic device within the scope of the present invention. The maximum bacterial load that such device can capture is reported with respect to each bacterial strain indicated. *A. baumannii* ATCC17978 spiked in PBS served as the control. Capture of *A. baumannii* ATCC17978 was significantly different than the capture of *B. subtilis* 1A578. However, the capture of *A. baumannii* ATCC17978 was not significantly different than any other bacterial isolate listed. The maximum capture capacities of all other bacterial isolates listed (*K. pneumoniae* ATCC700603, *A. baumannii* 19606R, *A. baumannii* 'Patient 2', and *A. baumannii* ATCC17978 in blood) were also significantly different that of *B. subtilis* 1A578. Data were compared using one-way ANOVA followed by *post hoc* Tukey's multiple comparison test. Results are plotted as mean $\pm$ SD, $n = 3$. * $P < 0.01$.

FIG. 18 reveals the bacterial capture capacity of a double spiral fluidic device that is larger than that use in Figure 17. *A. baumannii* ATCC17978 spiked into PBS was flowed through a colistinated and PEGylated double spiral microfluidic device (328 mm L X 750 μ m W X 15 μ m H) at 0.6 mL min⁻¹. The *A. baumannii* ATCC17978 capture capacity of the microfluidic device was quantified over the time indicated. Results are plotted as the mean $\pm$ SD, $n = 3$. * $P < 0.01$.

FIG. 19 shows a schematic description of colistin immobilization onto the microchannel walls. NHS was used to couple Silane-PEG-NHS to one of the five similarly reactive L- α -diaminobutyric acid (Dab) residues of colistin through the amine side chain of Dab³². The NHS group of Silane-PEG-NHS covalently binds to any single, comparably reactive amine residue of the colistin antibiotic via carbodiimide chemistry, resulting in Colistin-PEG-Silane. The silane end of Colistin-PEG-Silane forms siloxane bonds to the PDMS-based channel walls, resulting in colistin being extended into the lumen of the channel.

FIG. 20 provides confirmation of colistin decoration within microchannel. a, Fluorescent labeling of the amine groups of colistin was carried out with ATTO 488 NHS ester dye. The ATTO 488 NHS ester dye was added to a colistinated device and then washed with PBS. Staining indicates the presence of colistin within the microchannel. b, Standard dilutions of ATTO 488 NHS ester in DMSO were used to generate a standard fluorescence curve. c, Fluorescence generated from ATTO 488 NHS ester stained colistinated device and ATTO 488 NHS ester PEGylated device were compared to the standard curve. It was determined that 1.76 μg of colistin are present within the colistinated double spiral device. Results are plotted as the mean $\pm$ SD, $n = 3$.

FIG. 21 shows colistin ligand retention within the a device within the claimed invention having a double spiral microchannel configuration. The release of colistin from the colistinated device was analyzed using a colistin ELISA (Bioo Scientific). PBS buffer was continuously flowed through a colistinated microfluidic device at 0.2 mL min^{-1} . The fluid was captured from the outlet at the time points indicated to analyze the possible detachment of colistin from the channel walls. Under continuous flow, 300 ng of colistin were released from the channel over the course of 2 hours. These levels of colistin are non-toxic. Importantly, no colistin was detectable in the outlet flow after approximately 40 minutes, making feasible a wash to remove uncoupled colistin from the device before use. Results are plotted as the mean $\pm$ SD, $n = 3$.

FIG. 22 depicts the evaluation of Gram-positive bacterial capture. Pathogen capture capacity of Gram-positive *B. subtilis* 1A578 when spiked into PBS and flowed through the colistinated and PEGylated double spiral microfluidic device at 0.2 ml min^{-1} . The lack of capture indicates the specificity of colistin for Gram-negative pathogens. Results are plotted as the mean $\pm$ SD, $n = 3$.

FIG. 23 provides quantification of endotoxin capture capacity. Endotoxin was spiked into endotoxin-free water (1 EU ml^{-1}) and flowed through a colistinated and PEGylated double spiral fluidic device at 0.2 ml min^{-1} . The amount of endotoxin captured over time was assessed. Results are plotted as the mean $\pm$ SD, $n = 3$.

FIG. 24 is an illustration of blood containing disease material (i.e. rod-shaped cells) being pumped through a tube to the spiral-based fluidic apparatus, which is functionalized

along the channel walls with disease material-targeting ligands designed to capture disease material.

FIG. 25 is a schematic depiction of the forces within a spiral-based fluidic apparatus channel. Due to channel curvature, the two counter-rotating Dean forces are orthogonal to the main flow direction. Dean force causes recirculation of desired, healthy materials (i.e. red, blood cells) in the center of the channel. The disease material (i.e. green, disease material) are subject to inertial lift force, which focuses the targeted disease material near the ligand functionalized channel walls, as the healthy materials remain free in the channel center lumen.

FIG. 26 is an illustration of a polymethyl methacrylate (PMMA) fabricated fluidic device designed to target and capture disease material, in accordance with an embodiment of the present invention.

FIG. 27 is an illustration of the formation of a fluidic apparatus wall composed of disease material-targeting ligand. The formation of (A) colistin and (B) vancomycin disease material-targeting ligands in accordance with an embodiment of the present invention.

FIG. 28 is an illustration of a scaled-up version of the present invention fabricated from polycarbonate.

FIG. 29 shows an alternative embodiment of the present fluidic device. The specimen or biological fluid is pumped/flowed through the helically wrapped channel, which for example, could be tubing. The channel is coated with disease material targeting ligand, allowing for the capture of disease material, such as pathogens.

DETAILED DESCRIPTION

Disclosed herein are fluidic devices and methods for the detection and capture of disease causing material. In some aspects, disclosed herein are systems and methods to remove unwanted disease materials from blood by focusing and separating specific disease materials

away from desired blood materials within a spiral-based fluidic apparatus to avoid clogging issues associated with current filter membrane methods.

Reference will now be made in detail to the embodiments of the invention, examples
5 of which are illustrated in the drawings and the examples. This invention may, however, be embodied in many different forms and should not be construed as limited to the embodiments set forth herein.

Unless defined otherwise, all technical and scientific terms used herein have the same
10 meaning as commonly understood to one of ordinary skill in the art to which this invention belongs. The following definitions are provided for the full understanding of terms used in this specification.

As used herein in reference to the channel component within the claimed device,
15 “multidirectional” means that the direction of the channel changes at least once. Such change in direction is necessary to increase the contact of the disease-causing materials with the ligands that line the inner wall of the channel. It is preferred that the multidirectional channels of the claimed device contain multiple changes of direction. This can be accomplished through the use of a multitude of configurations, some of which are specifically disclosed in this
20 specification. Nonlimiting examples of multidirectional channels include the use of a double spiral (e.g. Fig. 1, Fig. 8) or a curve (Fig. 4B, Fig. 16B). However, it should be understood that the claimed invention is not limited to the exemplified configurations as other examples include a partial circle or a helix, which are also within the scope of the invention.

25 As used herein, “ligand” means any substance that forms a complex with a disease-causing material.

As previously stated, the fluidic device is comprised of:
at least one inlet to the fluidic device;
30 at least one outlet;
a multidirectional channel between the at least one inlet and at least one outlet, said channel comprising an inner wall; and
a ligand coating at least a portion of the inner wall of the multidirectional channel.

The size of the device is not critical to its function. However, the device should be sized such that the available area of the coated inner walls of the multidirectional channel (and therefore the length of the channel) are adequate for its intended usage. This may be accomplished by adjusting the size of the device or utilizing multiple devices in series and/or parallel configurations. In certain configurations, wherein the channel is present in only one plane, the height of the device can be very small, for example only about 15 μm .

Although not wishing to be limited to the following suggested size ranges, the length of the multidirectional channel may generally be in the range of 0.0005 to 1000 μm in size. Preferably, the device is in the range of 0.1 to 500 μm in size. Most preferably, the device is in the range of 0.1 to 100 μm in size. The overall size of the device is not critical and will be determined in large part by the particular configuration of the multidirectional channel.

The multidirectional channel within the claimed devices should also be sized in accordance with its intended use. For example, if the fluids intended for use therein are to contain whole cells or cell fragments, the diameter of the channel must be sized as to accommodate their passage and allow for the anticipated interaction with the ligand coating therein while avoiding clogging issues. If the intended fluids are to contain smaller disease-causing materials, for example, the diameter of the channel may be decreased in size. Although not wishing to be limited to the following suggested size ranges, the diameter of the channel within the device may generally be in the range of 0.001 to 1000 μm in size. Preferably, the device is in the range of 0.001 to 100 μm in size. Most preferably, the device is in the range of 0.01 to 30 μm in size. Some of the devices shown in the Figures and/or discussed in the Examples utilize channels having a diameter of about 0.5 μm .

The claimed device possesses at least one inlet and at least one outlet to the multidirectional channel. Again, the selection of the number of inlets and outlets is not critical but rather may be varied to optimize the performance of the device for its intended use. While not wishing to be bound to the following range of inlets, the number of inlets may typically vary from one to three. Preferably, the device will contain one to two inlets. Most preferably, the device will have only one inlet. In the case of outlets, the device will typically possess from one to five outlets. Preferably, it will possess from one to three outlets. Most preferably, the device will have one outlet.

The claimed device can be composed of any biocompatible material. The preferred biocompatible materials are polypropylene, polytetrafluoroethylene (PTFE), polymethyl methacrylate (PMMA), polydimethylsiloxane, acrylonitrile butadiene styrene, PEEK polymers, polyethylene, perfluoroalkoxy, glass, poly(etherketoneketone), polystyrene, 5 polyolefin copolymers, graphene, metals, PolyChloroTriFluoroEthylene, polyacetal, polyurethane, polyarylethersulfone, polyvinylpyrrolidone, polyesters, polyvinyl chloride, cyclo olefin copolymers, polyamide, polysulfone, fluoropolymers, ethylene-vinyl acetate expanded PTFE (ePTFE), polyglycolic acid (PGA), polyglycolide-cotrimethylene carbonate (PGA-TMC), PGA-caprolactone, poly (lactic-co-glycolic) acid (PLGA), other plastics, 10 polydimethylsiloxane (PDMS), SU-8, polyimide, paralyne, or combinations thereof. The most preferred biocompatible materials are silicone and polycarbonate.

The claimed device can be made through the employment of any number of technologies. For example, it may be made through 3-D printing, lithography, injection 15 molding, blow molding, casting, ultrasonic welding, high frequency welding, heated tool or plate welding, solvent bonding, laser welding, spin welding, infrared welding, vibration welding, adhesive bonding, and machining. In some embodiments, the preferred machining methods are turning, drilling, boring, reaming, electric discharge machining and/or milling. Material may be machined to create an enclosure of desired dimensions, such as by machining 20 channel(s) as a whole or by machining halves that may be attached. For the channel(s), silicone may be installed, and the inlet(s) and outlet(s) may be closed by caps. The machining may be performed on various biocompatible materials including various grades of polycarbonate. The device may then be coated with a ligand that is coating at least a portion of an inner wall of the multidirectional channel(s) through conventional means.

25 The claimed device may be used to remove and/or detect many types of disease-causing materials such as cancer cells, circulating tumor cells, peptides, beta amyloid, proteins, enzymes, toxins, diseased cells, cancer cells, infectious microorganisms, cells, parasites, fungi, viruses, microorganisms, bacteria, bacterial toxin, lipopolysaccharide, cytokines, IL-1 β , IL-4, IL-6, IL-8, IL-10, IL-11, IL-13, IL-15, IL-16, tumor necrosis factors, procalcitonin, 30 pathogen-associated molecular patterns, C reactive protein, quorum sensing proteins or receptors, or a small or protein bound biological molecule relevant to liver failure, or a combination thereof.

The fluidic device is functionalized along at least a portion of the inner walls of the multidirectional channel with ligands to capture disease-causing material and other material that is desired to be removed from a biological fluid such as blood. The ligands useful in the practice of the present invention include binding materials comprising antibodies, peptides, proteins, antibiotics, polymers, aptamers, ligands, tumor necrosis factors, adhesion receptors, E-selectin, cytokines, chemotherapy agents, quorum sensing proteins or receptors, and biological agents.

The ligands can be coated on the inner walls of the multidirectional channel by conventional means. The inner walls of the channel may be coated with a single type of ligand or mixtures thereof depending upon the intended use of the device. The extent of the coating on the inner walls can also vary. For example, the entire length of the inner walls of the microchannel may be coated or only a portion thereof.

The use of a multidirectional channel is important in the practice of this technology as it appears to result in increased contact between the disease-causing materials and the ligands lining the inner walls of the microchannel. While not wishing to be limited to the following, it is theorized that Dean vortex forces as described below are in operation within the multidirectional channels of the claimed device.

In laminar Poiseuille flow, the hyperbolic velocity profile has a maximum velocity at the centroid of the channel and zero velocity at the walls of the channel. The lift forces (F_L) acting on particles are dominated by wall-induced (F_1) and shear-induced (F_2) lift forces. These lift forces act in conjunction to yield a particle equilibrium position between the channel wall and centerline where the oppositely directed lift forces are equal and generate narrow particle bands. The net lift force (F_L) that cause particles to migrate away from the channel center and walls is estimated as, $F_L = f_L(Re, x_L)\rho U_m^2 a^4/D_h^2$, where the lift coefficient (f_L) is a function of the channel Reynolds number Re ($Re = \rho U_m D_h/\mu$) and the particle position (x_L) within the cross-section of the channel. D_h is the microchannel hydraulic diameter, ρ and μ are the density and viscosity of fluid, U_m is the maximum fluid velocity, and a is the particle diameter.

However, in curved microfluidic channels, non-uniform inertia of fluid results in the

development of secondary transverse flows, or Dean vortex flows, in the top and bottom halves of the channel (Fig. 1). The dimensionless Dean number (De), used to characterize the Dean vortex flow in a curved microchannel, can be defined as, $De = (\rho U_f D_w / \mu) \sqrt{(D_w / 2R)}$, where R is the radius of curvature and U_f is the average fluid velocity³¹. Assuming Stokes drag, the magnitude of the Dean drag force (F_D) exerted on particles due to these flows can be estimated by $F_D \sim 5.4 \cdot 10^{-4} \mu \pi De a$.

The equilibrium positions of particles in flow are primarily determined by the interactions between lift forces and Dean drag force. The double spiral geometry which is used in some embodiments of the present invention was formulated to cause disease-causing materials to occupy equilibrium positions near the inner microchannel walls when exposed to a flow rate of 0.2 mL min^{-1} . This allows the material to come in close proximity to the ligand functionalized microchannel walls, which leads to capture of the disease-causing material. To accomplish this, a double spiral microchannel was dimensionally designed to have, for example, a 406 mm length (L), 300 μm width (W), and 15 μm height (H) with six spiral loops for each direction (Fig. 13). This was intended to accomplish hydrodynamic separation and capture of bacteria and endotoxin in a curved geometry. The double spiral microchannel described has a low aspect ratio ($H/W = 0.05$). The low aspect ratio of the microchannel rapidly forces disease-causing materials to migrate to final equilibrium positions.

Two μm sized particles ($a/H \sim 0.13$; $F_L > F_D$) and 10.2 μm particles ($a/H \sim 0.67$; $F_L > F_D$) under continuous flow conditions within a double spiral microchannel demonstrate that 2 μm particles are more influenced by inertial lift forces rather than Dean force, and thus equilibrate within the microchannel. (Figure 14a and 14b) Particles that satisfy $a/H \geq 0.07$ are able to focus and occupy a single equilibrium position within a microchannel. The low aspect ratio of the channel design is believed to promote the focusing of smaller particles near the inner channel wall. The larger 10 μm sized particles equilibrate near the center of the channel due to the larger wall-induced lift force experienced, in comparison to 2 μm particles.

Focusing positions of non-spherical particles are dependent on the particle's largest cross-sectional dimension. *A. baumannii* ATCC17978, a rod-shaped (coccobacillus) bacterium, is typically 2 μm in length and 0.5 μm in width. Hence, 2 μm particle focusing was evaluated (Fig. 14a). However, non-spherical bacterial cells can freely rotate and experience

strong rotational-induced lift forces while being inertially focused and sorted. At Reynolds numbers greater than 10, both spherical and rod-shaped particles generally follow the same focusing trend. However, in microchannels with a low aspect ratio, such as the case with this design, rod-shaped particles focus to two equilibrium regions (Fig. 14c). Bacteria oscillate
5 when close to the channel wall due to the rotational forces imposed on the rod-shaped particles. Near-wall focusing combined with rotation inducing lift forces presumably allow for direct contact of bacteria with both the inner and outer colistin functionalized channel walls.

The use of a spiral-based design (spiral channel), as is done within some embodiments
10 of the present invention further imposes size-dependent inertial forces to aid in the capture of disease material from biological fluid passed through the claimed device.

Flow rates through the device can be optimized through conventional techniques depending upon the length and diameter of the multidirectional channel, the biological fluid
15 that is to pass therethrough and the intended function of the device. Flow rates of about 0.2 mL/min to about 200 mL/min were utilized in the use of some of the devices exemplified herein.

It is also within the scope of this invention to arrange multiple versions of the claimed
20 device in series or parallel configurations. Such devices can be identical or different in size, ligand coating, etc.

As previously noted, the claimed device comprises at least one input and at least one output. Both the provision of biological fluid to the device's input(s) and the removal of fluid
25 from its output(s) may be accomplished with conventional means. Suitable pumps may be used for the introduction of fluid into the device and suitable collection means, such as vessel, containers, test tubes, may be used to collect fluid emerging from the output(s).

In some embodiments of the present invention, such as shown in FIG. 6, the biological
30 fluid (here a patient's blood) is moved by a blood pump and flowed through the claimed device. Rather than being collected after emerging from the device, the patient's blood is instead reintroduced into the patient. The walls of the channel are, in this exemplary case, functionalized with a bacteria-targeting ligand (FIG. 6), thereby allowing for bacteria capture and removal. In this embodiment, the bacteria-targeting ligand is polymeric-based and is

composed of Silane(Si)-Polyethylene glycol(PEG)-Polymyxin E(Colistin), as illustrated in FIG. 2a. The resulting blood from the output of the spiral-based fluidic apparatus is then free of disease material and is returned to the patient.

5 In some embodiments, the fluidic device includes pillars (FIG. 12) functionalized with disease material-targeting ligands. In one embodiment, the pillars are positioned to increase the probability that the desired particles will collide and bind to the pillars, while also preventing clogging by allowing enough room for non-disease-causing material such as healthy blood cells and other materials to pass. There would be many useful patterns and arrangements that the
10 pillars could be positioned in, and embodiments of the present invention are contemplated for use with any such arrangements.

 In some embodiments, the surface of the spiral-based fluidic apparatus or of the ligand (or of the pillar) is a nanoparticle or microparticle that captures cells such as bacteria (FIG. 11).
15 A nanoparticle functionalized surface possesses nanometer scale particles functionalized with disease material targeting ligands. A microparticle surface possesses micrometer scale particles functionalized with disease material targeting ligands.

 In some embodiments, following treatment, the claimed fluidic device can be used to
20 analyze the captured disease materials via fluorescent labeling or imaging or other techniques such as cytometry. Similarly, ELISA, fluorophoric, or chromogenic reporters or substrates that generate visible color change to determine the existence of antigen or analyte may be used to analyze the sample. In some embodiments, heat may also be applied to the blood to destroy unwanted disease material. In some embodiments, medications, drugs, chemicals or any
25 combination thereof may be employed as an adjuvant to the use of the claimed device.

 In another embodiment of the present invention, the captured disease materials can be removed from the claimed device through conventional means (such as flushing its channel with buffer salt) to cleave the bond between such disease materials and the ligand. The
30 recovered disease material may then be cultured and/or otherwise tested. This process may aid in its identification and formulation of a treatment protocol for a patient, for example. Isolation, recovery and subsequent culturing of such materials may also be used for numerous other non-patient related purposes.

In yet another embodiment of the present invention, the captured disease materials can be removed from the claimed device through conventional means (such as flushing its channel with buffer salt or lysis buffer) to cleave the bond between such disease materials and the ligand. Should the recovered disease material be bacteria, fungi or mycobacteria, the identity of the disease material could be determined by lysing the material through known means and then using either polymerase chain reaction (PCR) or matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) on the lysed sample. This process may also aid in the speedy identification of the disease material allowing for the prompt formulation of a treatment protocol for a patient or numerous other non-patient related purposes.

In some embodiments, as shown in FIG. 7, a fluidic device that uses inertial based separation is used to separate healthy materials from disease materials in the blood. As an illustrative example, bacteria are smaller than blood cells. In some embodiments, a bacteria targeting ligand, such as Silane-Polyethylene glycol-Polymyxin E, is functionalized on the walls of the spiral-based fluidic apparatus channel or on the pillars, thereby allowing the disease material (i.e. bacteria) to be captured. As an illustrative example, bacteria are smaller than other cells in the blood such as leukocytes and red blood cells. For instance, bacteria may have diameters 0.5 - 2 microns, therefore a spiral can be designed to force smaller bacterial sized cells near the ligand functionalized channel walls, while allowing blood cells, which are 90% larger, to remain in the center of the channel. In some embodiments, the spiral-based fluidic apparatus is made of microfabricate material, including, but not limited to PDMS or other material like polyimide. In some embodiments, the spiral-based fluidic apparatus is made of PMMA. Bacteria are captured using specific ligands that have a high affinity for bacteria through charge based interactions.

In some embodiments of the present invention the spheres, pillars, or walls (or any combination thereof) of the claimed fluidic device are functionalized with a cationic, polymer based ligand carrying antibiotic analogues, such as Silane-Polyethylene glycol-Polymyxin E, for capturing anionic bacteria, such as *Acinetobacter baumannii*. After capture, images can be taken to further diagnose disease progression by staining with specific fluorescent antibody conjugates. Antibody targets for bacteria capture include, but are not limited to, LPS, OmpA, Lipoteichoic acid, GrfA, and Clumping Factor A.

In some embodiments, the fluidic apparatus is composed of a spiral channel (FIG. 8) functionalized with disease material-targeting ligand, such as polymer-based ligands (FIG. 2a). The spiral channel is comprised of materials consisting of, but not limited to, plastic, polydimethylsiloxane (PDMS) (FIG. 5a), SU-8, polyimide, paralyne, metals, or other materials. In some embodiments, the inner surface of the spiral is modified to be receptive to the ligand, for example to a Silane-based polymeric ligand. In some embodiments, the spiral-based fluidic apparatus is functionalized with peptides. In some embodiments, the patient's blood flows through the spiral-based fluidic apparatus so that the relevant biological microorganism, cell, protein, antibody, or peptide is allowed to adhere to the ligand on the surface of the apparatus. In some embodiments, the blood may be flown back out of the spiral-based fluidic apparatus consistently at a flow rate of about 0.2 mL/min to about 200 mL/min. In alternate embodiments, the blood may be flown back out the spiral-based fluidic apparatus after a longer or shorter period depending upon the amount of time required to collect the disease material.

15

In some embodiments, a spiral-based fluidic apparatus with captured material (such as bacteria) (FIG. 4) are previously fluorescently labeled with fluorescent dye. For example, SYTO 9 dye is used to label the bacteria (FIG. 4) that have been captured in the spiral-based fluidic apparatus. Next, the fluorescent bacteria are quantified. In some embodiments, an automated system is used to quantitate the bacteria. Software and/or a CCD camera may be incorporated into the quantitation system to count the bacteria. In some embodiments, the bacteria within the entire apparatus is quantified. In some embodiments, bacteria within a single cross-sectional area is quantified and the total number of bacteria cells captured is extrapolated from the single bacteria count. In some embodiments, the quantification is performed following capture once the fluids are removed. There are a variety of methods used to label and quantify the cells that are captured, which are accounted for with the present invention. Also, a variety of materials can be captured and quantified, which are accounted for with the present invention.

In some embodiments, there is continuous flow through the spiral-based fluidic apparatus. In an alternate embodiment, blood is pumped through the spiral-based fluidic apparatus for a specific time period and then the flow is stopped for a specific time, then flow is resumed and the step is repeated.

In some embodiments, the capturing spiral-based fluidic apparatus is exposed to

radiation to kill bacteria or other disease materials. In some embodiments, bacteria-targeting polymeric ligands are functionalized along the inner surface of the spiral-based fluidic apparatus channel. As bacteria flow through the spiral-based fluidic apparatus, they are focused near the surface of the channel that is functionalized with the disease material-targeting ligand.

5 The bacteria then attach or/and die if ligand capturing is also used in combination with antibiotic agents. In some embodiments anti-cancer drugs, or other chemicals or drugs, are used. In some embodiments, drugs that are not necessarily cytotoxic are functionalized on the surface of the apparatus. These drugs target specific proteins expressed on cell walls that are targeted for removal, such as bacteria surface proteins or cancer cells.

10

In some embodiments, hyperthermia therapy may be used to aid in the removal of disease material from blood. In some embodiments, blood is pumped through the spiral-based fluidic apparatus and then heated to temperature designated to destroy or deactivate the targeted disease material. Heating the apparatus can be performed under conditions of active flow or
15 without blood flow. In some embodiments, the spiral-based apparatus is then cooled to a medically accepted temperature. Multiple chambers, channel, or compartments can be designated and applied for heating and cooling.

In some embodiments, the inner spiral channel is functionalized with a disease material-
20 targeting ligand, wherein the ligand is selected from the group of ligands comprising proteins, antibodies, peptides, polymers, substances that induce apoptosis, substances that bind to death receptors, tumor necrosis factors, adhesion receptors, E-selectin, and cytokines, quorum sensing protein receptors. There are various ligands that could be used that are not mentioned above.

25

In some embodiments, this invention may also be used to remove viruses, microorganisms, bacteria, metastatic cells, materials, cancer stem cells, peptides, proteins, enzymes, toxins, diseased cells, cancer cells, and quorum sensing proteins. In some
embodiments, this invention
30 can help reduce infections including sepsis, endocarditis, and high lactate levels. The invention may utilize biological ligands such as antibodies or peptides to capture microorganisms, bacteria, viruses, endotoxin, infectious microorganisms, cancer cells, circulating tumor cells, peptides, and other disease materials that are desired to be removed from blood.

The present disclosure also relates to the detection and capture of disease material from blood. Specifically, the disclosure relates to using a disease material targeting ligand functionalized within the fluidic apparatus described herein to capture disease material that is desired to be removed from whole blood.

5

In some embodiments, following flow of the blood through the fluidic apparatus, optically-active microbeads are then added to the fluidic apparatus to label disease materials captured within the channel.

10 In some embodiments, the microbead labeled fluidic apparatus is then optically read using an optical reader. Results are used to determine if disease materials are present in the blood and to also identify the disease material, as well as quantify the disease material load.

In some embodiments, blood is flowed through a tube into the fluidic apparatus. In
15 some embodiments, the spiral-based fluidic apparatus includes disease material-targeting ligands. In some embodiments, the ligands are antibiotics or antibodies specific to the surface markers of the disease materials that are being targeted for removal, such as bacteria. As disease material, such as bacteria, flow through the spiral-based fluidic apparatus, they are focused by inertial forces along the walls of the channel. The walls of the channel are, in
20 this exemplary case, functionalized with a bacteria-targeting ligand (FIG. 2), thereby allowing for bacteria capture and removal (FIG. 4). In some embodiments, the bacteria-targeting ligand is polymeric-based and is composed of Silane(Si)-Polyethylene glycol(PEG)-Polymyxin E(Colistin), as demonstrated in FIG. 2. In one embodiment, the ligand, Colistin-PEG1000-Silane (Col-PEG-Si), was designed to capture bacteria. Colistin,
25 a naturally occurring cationic decapeptide, is a potent broad-spectrum antimicrobial that is used in the clinical setting. The cationic colistin molecule and the negatively charged lipid A component of all Gram-negative pathogens interact both electrostatically and hydrophobically, allowing for Col-PEG-Si capture of bacteria. The amount of colistin conjugated to the channel surface was carefully designed to improve bacteria binding
30 kinetics. Utilizing colistin as a targeting ligand presents many advantages over synthetic, genetically engineered, or biomacromolecular ligands that have been used in this context. One advantage is that colistin is a readily available, approved antibiotic that has been used in the clinical setting for decades. This design simplifies development and facilitates regulatory considerations relative to the use of genetically engineered or new

biomacromolecular ligands. Optically-active, disease material targeting microbeads are then added to the fluidic channel. The optically-active microbeads bind to the targeted disease material. The device is then read using an optical reader.

5 In some embodiments, the fluidic apparatus includes pillars functionalized with disease material-targeting ligand. In some embodiments, the pillars are positioned to increase the probability that the desired particles collide and bind to the pillars, while also preventing clogging by allowing enough room for healthy blood cells and materials to pass. There would be many useful patterns and arrangements that the pillars could be positioned in, and
10 embodiments of the present invention are contemplated for use with any such arrangement.

In some embodiments, following treatment, the fluidic apparatus can also be used to analyze the captured disease materials via ELISA, fluorophoric, or chromogenic reporters or substrates that generate visible color change to determine the existence of antigen, or
15 analyte can be used to analyze the sample.

As an illustrative example, bacteria are smaller than blood cells. In some embodiments, a bacteria targeting ligand, such as Silane-Polyethylene glycol-Polymyxin E, is functionalized on the walls of the fluidic apparatus channel or on the pillars, thereby
20 allowing the disease material (i.e. bacteria) to be captured. As an illustrative example, bacteria are smaller than other cells in the blood such as leukocytes and red blood cells. For instance, bacteria can have diameters of 0.5 - 2 microns, therefore a spiral can be designed to force smaller bacterial sized cells near the ligand functionalized channel walls, while allowing blood cells, which are 90% larger, to remain in the center of the channel. In some
25 embodiments, the spiral-based fluidic apparatus is made of microfabricate material, including, but not limited to polymethyl methacrylate (PMMA) or other material like polyimide.

Bacteria are captured using specific ligands that have a high affinity for bacteria through charge based interactions. In some embodiments of the present invention the
30 spheres, pillar, or walls (or any combination thereof) of the fluidic apparatus are functionalized with a polymer based ligand carrying antibiotic analogues, such as Silane-Polyethylene glycol-Polymyxin E, for capturing bacteria, such as *Acinetobacter baumannii*. After capture, images can be taken to further diagnose disease progression by staining with

specific fluorescent antibody conjugates. Antibody targets for bacteria capture include, but are not limited to, LPS, OmpA, Lipoteichoic acid, GrfA, and Clumping Factor A.

In some embodiments, the spiral-based fluidic apparatus is composed of a spiral
5 channel (FIG. 8) functionalized with disease material-targeting ligand, such as polymer-based ligands (FIG. 2). The spiral channel is comprised of materials consisting of, but not limited to, polymethyl methacrylate (PMMA), polydimethylsiloxane (PDMS) (FIG. 5), SU-8, polyimide, paralyne, metals, or other materials. In some embodiments, the inner surface of the spiral is modified to be receptive to the ligand, for example to a Silane-based
10 polymeric ligand. In some embodiments, the fluidic apparatus is functionalized with peptides. In some embodiments, the blood flows through the fluidic apparatus so that the relevant biological microorganism, cell, protein, antibody, or peptide is allowed to adhere to the ligand on the surface of the apparatus.

In some embodiments, a spiral-based fluidic apparatus with captured material (such
15 as bacteria) (FIG. 4) are fluorescently labeled with optically active microbeads. For example, colistin functionalized, fluorescent microbeads can be added to the channel to label the bacteria that have been captured in the fluidic apparatus. Next, the fluorescently labeled bacteria are quantified. In some embodiments, an automated system is used to quantitate
20 the bacteria. Software and/or a CCD camera can be incorporated into the quantitation system to count the bacteria. In some embodiments, the bacteria within the entire apparatus is quantified. In some embodiments, bacteria within a single cross-sectional area is quantified and the total number of bacteria cells captured is extrapolated from the single bacteria count. In some embodiments, the quantification is performed following capture once the fluids are
25 removed. There are a variety of methods used to label and quantify the cells that are captured, which are accounted for with the present invention. Also, a variety of materials can be captured and quantified, which are accounted for with the present invention.

Use as a treatment modality in sepsis demands both increased flow capacity to
30 accommodate the blood volume of larger living systems and a way to isolate Gram-positive bacteria. Disclosed herein is a method for scale-up using the same quantitative approach and design principles applied to the original device (Fig. 8; Fig. 26). *A. baumannii* capture occurs with equal effectiveness after increasing the cross-sectional area of the fluidic device while holding the volume to surface area ratio constant. Importantly, this is also done to include

devices possessing capture agents for Gram-positive bacteria. Combination devices offer the capability to remove bacteria regardless of presentation as Gram-positive, Gram-negative, or antibiotic resistant, thus enabling early treatment in the absence of positive bacterial culture or strain identification from a blood sample. Furthermore, the simultaneous removal of bacteria and endotoxin offers a powerful, previously untested approach for the treatment of sepsis. This work highlights the transformative impact that is achieved through expanded application of biomedical engineering principles to the treatment of biological fluids and blood infections, of which sepsis is only one example. Other similarly challenging disorders, such as endocarditis, can also benefit from a similar approach.

EXAMPLES

The following examples are set forth below to illustrate the devices, methods, and results according to the disclosed subject matter. These examples are not intended to be inclusive of all aspects of the subject matter disclosed herein, but rather to illustrate representative methods and results. These examples are not intended to exclude equivalents and variations of the present invention which are apparent to one skilled in the art.

Example 1. Antibiotic functionalized microfluidic device for bacterial capture and removal

In the present example, a device and a method for isolating bacteria from flowing fluid has been developed. A bacteria-contaminated sample was introduced into at least one inlet of a microfluidic device comprised of one or more channels (Figures 1A and 1B). The channel walls were continuously functionalized with the biocompatible ligand, Colistin-PEG 1000-Silane (Col-PEG-Si) (Figures 2A, 2B, and 2C) that specifically bound to and captured bacteria from flowing fluid with a high affinity. Each channel had an aspect ratio and curvature designed to leverage inertial forces, which forced bacterial cells and bacterial sized particles along the walls of the microchannel (Figure 3). This lead to capture of bacteria along the functionalized channel walls (Figures 4A, 4B, and 4C). All other cell types, including blood cells, were not captured by the bacterial-targeting ligand and freely flowed along a second portion of the channel. This resulted in non-contaminated fluid leaving through the channel outlet(s). Colistin surface presentation within the microchannel was characterized, and the results demonstrated the rapid binding of bacteria to the Col-PEG-Si.

In this example, the novel colistin-functionalized microfluidic device is comprised of materials with proven *in vivo* safety and efficacy. This allowed the blood-borne subset of pathogens to be removed and eradicated from the infected system, possibly reducing the spread of bacteria to distal sites. Selective removal of circulating bacteria from the bloodstream aids in rebalancing the innate immune system, thereby, leading to a decrease in inflammatory mediator levels, improvement of vascular function, and enhanced hemodynamics. The device also eliminated the need for integration of complex external force fields, such as magnets, making the device easy to operate. The device did not require nanoparticles and was composed entirely of materials that are FDA approved and biocompatible, avoiding negative side effects such as nanoparticle accumulation in organs. The system has a high processing throughput and is capable of high flow rates, making it suitable for processing an infected patient's blood in an impactful timeframe. Results show that the spiral microfluidic device of the present example overcomes the problems associated with clogging and induced cell deformation. Furthermore, the device can help to counter antibiotic ineffectiveness and overuse, subsequently reducing the threat of multi-drug resistant bacteria.

Example 2. Inertial-Based Fluidic Platform for Rapid Detection and Capture of Blood-borne Pathogens

Extracorporeal extraction of pathogens and endotoxins using inertial-based fluidics can be used as a next-generation technology to reduce sepsis-associated morbidity and mortality.

Synthesis of Colistin-PEG-Silane ligand

NHS-PEG-Silane (*N*-Hydroxysuccinimide-Polyethylene glycol₁₀₀₀-Silane, Nanocs, Inc., Lot #160429) (30 mg mL⁻¹) was dissolved in ethanol/water, pH 5 (50/50 v/v%, pH adjusted with acetic acid). 35 mg mL⁻¹ of colistin sulfate (Sigma-Aldrich, Lot #SLBN5158V) was added to the NHS-PEG-Silane solution. The solution was vortexed for 30 seconds and then allowed to react at 21°C for 2 h. NHS was used to couple a heterobifunctional NHS-PEG-Silane linker to one of the five similarly reactive L- α -diaminobutyric acid (Dab) residues of colistin, resulting in Colistin-PEG-Silane.

PEG-Silane ligand solution preparation

PEG-Silane (Polyethylene glycol₁₀₀₀-Silane, Nanocs, Inc., Lot #160706OH) (30 mg

mL⁻¹) was dissolved in ethanol/water, pH 5 (50/50 v/v%, pH adjusted with acetic acid). The solution was vortexed for 30 seconds and then allowed to incubate at 21°C for 2 hours.

Design and fabrication of device

5 The microfluidic device pattern was designed and drawn in AutoCAD software (AutoCAD 2014, AutoDesk, Inc.). The design consisted of a 6-loop double spiral microchannel with one inlet and one outlet. The microchannel rotates clockwise for 6 loops, changes direction through the S-junction, then rotates counterclockwise to form the double spiral. The double spiral microchannel has dimensions of 406 mm L , 300 μm W , and 15 μm H . The spacing
10 between two adjacent loops is 500 μm . The outermost radius of curvature is 9.8 mm. Standard photolithographic techniques were used to generate a mold from a silicon master that was spin coated with a SU8-2010 (MicroChem Corp.) layer (WS-400 Lite Series Spin Processor, Laurell Technologies Corp.) on a 4-inch silicon wafer (Nova Electronic Materials). After soft baking at 95 °C for 5 minutes, the SU-8 layer was patterned using a mask aligner (MJB 3 Mask
15 Aligner, Suss MicroTech) with a UV light (Novacure 2100, Exfo Inc.) and a negative photomask (Infinite Graphics, Inc.). After subsequent post-exposure bake steps at 95 °C for 5 min, the resulting wafer was developed using SU-8 developer (MicroChem Corp.). A final hard bake was performed for 5 min at 150 °C. The wafer was used as the master mold to cast the microfluidic channels. Degassed PDMS (polydimethylsiloxane, mixed in a 10:1 ratio of
20 PDMS base with curing agent, Sylgard 184, Dow Corning Inc.) was cast over the mold and baked at 65 °C for 4 h. The PDMS with embedded channels was subsequently cut by razor blade and removed from the master mold. One inlet and one outlet were punched through the PDMS using a 1.5 mm biopsy punch (Integra Miltex). The PDMS slab was then bonded to a glass substrate (43 mm X 50 mm, Ted Pella, Inc.) post oxygen plasma treatment (PDC-001
25 Plasma Cleaner, Harrick Plasma). Immediately following plasma treatment and bonding to the glass cover slip, 1/16" O.D. tygon microbore tubing (Cole Parmer Corp.) was inserted through both the inlet port and outlet port. Colistin was tethered to the double spiral microfluidic device channel walls using the Colistin-PEG-Silane linker and silane chemistry (Fig. 19). Colistin-PEG-Silane solution was flowed through the oxidized PDMS microchannel using a 1 mL luer-
30 lock disposable syringe (Becton Dickinson). The Colistin-PEG-Silane solution was allowed to contact the microchannel surface for 30 min at 65 °C, according to well established silanization principals. Use of the heterobifunctional Colistin-PEG-Silane linker was designed to enable colistin decoration of the microchannel walls with a PEG molecular spacer, which was intended

to reduce steric hindrance of colistin interactions with bacteria and endotoxin. In the range of physiological pH values, the primary amine groups of colistin are protonated, and, therefore, positively charged. The positive charge of colistin allows for binding to the negatively charged outer membrane of Gram-negative pathogens and endotoxin. PEG-Silane functionalized devices were also synthesized using a very similar approach, and used as a PEGylated control group that lacked colistin decoration. No ligand was added to result in non-functionalized double spiral microfluidic devices.

Confirmation of colistin conjugation to microchannel walls

Fluorescent labeling of colistin within the colistinated double spiral microfluidic device was performed using ATTO 488 NHS ester (Sigma-Aldrich, Lot #BCBQ4012V). ATTO 488 NHS ester (2 mg mL⁻¹) was dissolved in dimethylsulfoxide (DMSO, Sigma-Aldrich) immediately prior to use. Labeling was carried out by adding the fluor to the colistinated microchannel, followed by incubation for 30 minutes at room temperature. The stained microchannel was then washed with phosphate buffer saline (PBS, Gibco, Lot #1806048), pH 7.4. The same protocol was used on the PEGylated microchannel as a control. The fluorescently stained microchannels were then imaged using a fluorescent microscope (EVOS FL, Invitrogen). Image-J software was used to quantitate the fluorescent intensity across the channel width of captured images. Dilutions of ATTO 488 NHS ester within non-functionalized microfluidic devices were used as references to generate an ATTO 488 NHS ester standard fluorescence calibration curve. The fluorescence intensity of the colistinated microchannel and the PEGylated microchannel were compared to that of the ATTO 488 NHS ester standard curve, which allowed for quantification of the number of colistin molecules per double spiral microchannel.

Colistin retention

The possibility of Colistin-PEG-Silane ligand disassembly from the surface of the double spiral microfluidic device under flow conditions was evaluated using MaxSignal® Colistin enzyme-linked immunosorbent assay (ELISA) test kit (BIOO Scientific, Lot #109501081415\$626311708249). PBS, pH 7.4, was flowed through the colistinated double spiral microfluidic device at 0.2 mL min⁻¹ for 2 h. Sample was collected from the device outlet at various time points (1, 2, 4, 5, 10, 20, 30, 45, 60, 120 minutes) for analysis. Total colistin content in each sample was quantified by the colistin ELISA according to the manufacturer's

instructions. Absorbance was measured at 450 nm using a microtiter plate reader, and these values were used to calculate the colistin concentration in the samples according to the calibration curve (assay detection range, 0.5 to 50 ng/ml). Results from colistin ligand retention characterization prompted the washing of each double spiral microfluidic device continuously for 30 minutes with 70% ethanol prior to experimental use, resulting in negligible colistin release during the capture studies.

Microbial culture

Bacterial cultures (i.e., *Acinetobacter baumannii* ATCC17978, Colistin-resistant *Acinetobacter baumannii* 19606R⁴¹, Colistin-resistant *Acinetobacter baumannii* 'Patient 2', *Klebsiella pneumoniae* ATCC700603, *Bacillus subtilis* 1A578 (Bacillus Genetic Stock Center), *Staphylococcus aureus* ATCC29213) were plated on LB agar (Sigma-Aldrich, Lot #SLBRI403V) and grown overnight at 37 °C. Single colonies of each strain were then inoculated in LB broth (1X) (Gibco, Lot # 1803272) and grown at 37 °C for 18 hours shaking at 150 rpm. Cell concentrations were measured with OD595 spectrometry (Infinite F500, Tecan).

Inertial focusing visualization

Polystyrene microspheres (Spherotech Inc.) with mean diameters of $10.2 \mu\text{m} \pm 4 \mu\text{m}$ and $2 \mu\text{m} \pm 0.3 \mu\text{m}$ were used to analyze particle focusing within the microchannel. Suspensions were provided at 1% w/v with 1 vol% of Tween-20 surfactant (Sigma-Aldrich) to prevent particle aggregation. Equal volumes of two suspensions were diluted to 0.1% w/v using de-ionized (DI) water. The fluorescent particles were individually introduced into the non-functionalized double spiral microchannel at 0.2 mL min^{-1} using an infusion syringe pump (Nexus 3000, Chemyx Inc.) connected to the input port of the microchannel through a 1 mL luer-lock tip syringe and 1/16" O.D. tygon inlet tubing. Particle trajectories and focusing within the double spiral channel were visualized in real-time using fluorescence microscopy (EVOS FL, Invitrogen). This process was repeated using SYTO®9 green fluorescent nucleic acid labeled (5 mM solution in DMSO, Molecular Probes, Lot #1687876A) *A. baumannii* ATCC17978. After a 5-minute incubation with SYTO®9, the bacteria were washed three times with RNase-free, ultrapure water (USB Corp., Lot #4235512) and resuspended to a concentration of $\sim 10^7$ colony forming units (CFUs) mL^{-1} . The fluorescently labeled bacteria suspension was flowed through a PEGylated double spiral microfluidic device at 0.2 mL min^{-1}

¹ using an infusion syringe pump. Bacterial trajectories and focusing within the double spiral channel were visualized in real-time using fluorescence microscopy (EVOS FL, Invitrogen).

Susceptibility Testing

5 Colistin minimum inhibitory concentrations (MIC) of bacterial strains were confirmed by standard agar dilution methods. Results were interpreted according to the Clinical and Laboratory Standards Institute susceptibility breakpoints.

Bacterial capture visualization

10 *A. baumannii* ATCC17978 was labeled with SYTO®9 as previously described in the ‘inertial focusing visualization’ methods section. The fluorescently labeled bacteria suspension was flowed through the colistinated and PEGylated double spiral microfluidic devices at 0.2 mL min⁻¹ using an infusion syringe pump. The devices were then washed four times with PBS, pH 7.4, to remove any weakly bound bacteria. Fluorescent images of the microchannels were
15 obtained using fluorescence microscopy (EVOS FL, Invitrogen). This process was repeated using fluorescently labeled *A. baumannii* ATCC17978 and *S. aureus* ATCC29213 spiked into EDTA-anticoagulated, whole human blood. Human blood was obtained from healthy donors with informed consent in accordance with the Vanderbilt University Human Subjects Institutional Review Board (IRB) (protocol number 111251).

20

Bacterial capture quantification

Testing of the pathogen-capture capacity of the colistinated and PEGylated double spiral microfluidic devices were carried out by first adjusting an *A. baumannii* ATCC17978 bacterial suspension to $\sim 8 \times 10^7$ CFUs mL⁻¹ in PBS, pH 7.4. A concentration of $\sim 10^3$ CFUs
25 mL⁻¹ was obtained by serial dilution of the initial suspension, which served as the control. Bacterial samples were infused through the colistinated double spiral microfluidic device at 0.2 mL min⁻¹, and samples were collected from the device outlet at 5 different time points (1, 2, 3, 4 and 5 minutes). This process was also repeated for the PEGylated double spiral microfluidic device. The recovered solutions from the outlet of the double spiral microfluidic devices were
30 diluted in the same fashion as the control group. The collected samples and control were plated on LB-agar Petri dishes in triplicate (100 μ L) for quantitating pathogen-capture capacity. Plates were incubated at 37 °C for 24 h, and colonies formed on the Petri dishes were counted. The number of the initial and recovered bacteria were calculated by multiplying the average number of colonies counted from the replicates by their respective dilution factor. The number of

captured bacteria was determined by subtracting the number of recovered bacteria from the initial amount of bacteria (i.e. untreated control group). The capture capacity was calculated by dividing the number of captured cells by the number of initial cells. Capture capacity of the following bacterial strains in PBS, pH 7.4 was quantified: *A. baumannii* ATCC17978, colistin-resistant *A. baumannii* 19606R, colistin-resistant *A. baumannii* 'Patient 2', *K. pneumoniae* ATCC700603, and *B. subtilis* 1A578. This process was also repeated for *A. baumannii* ATCC17978 spiked into EDTA-anticoagulated, whole human blood.

Endotoxin binding assay

The Pierce LAL Chromogenic Endotoxin Quantification kit (Thermo Scientific, Lot # RG236327) was used according to the manufacturer's protocol to quantify the endotoxin capture capacity of the colistinated and PEGylated double spiral microfluidic devices, respectively. Briefly, *Escherichia coli* (*E. coli*) Endotoxin Standard (011:B4) was reconstituted in endotoxin-free water at a concentration of 1 EU mL⁻¹ (Endotoxin Unit) and the solution was flowed through the colistinated double spiral microfluidic device at 0.2 ml min⁻¹ using an infusion syringe pump. Samples were collected from the device outlet at 5 different time points (1, 2, 3, 4 and 5 minutes). This process was repeated for the PEGylated double spiral fluidic device. Collected samples were then analyzed for endotoxin concentration according to the manufacturer's protocol, and results were read at 450 nm.

Hematology studies

To determine whether treatment with the double spiral microfluidic device significantly changes blood hematologic parameters, 1 mL of EDTA-anticoagulated whole, human blood was collected from the colistinated device outlet after being flowed through the blood-cleansing device at 0.2 ml min⁻¹. This process was repeated for the PEGylated device. Red blood cell lysis was then analyzed to determine release of free hemoglobin in plasma. Plasma hemoglobin was measured by according to well-established protocols. Following passage through the device, the blood samples were centrifuged (500 x g) and the supernatant was spectrophotometrically analyzed for hemoglobin release using a plate-reader (Tecan, Infinite M1000 Pro) at 451 nm in order to determine percent hemolysis relative to the Triton-X positive control. Triton X-100 (Sigma-Aldrich) was diluted in diH₂O to result in a 20 v/v % Triton-X detergent concentration, which served as the positive control. The negative control used was EDTA-anticoagulated whole, human blood that was not flowed through a double spiral microfluidic device (i.e. untreated). Percent of hemoglobin release was calculated according to

the following equation: Hemoglobin release (%) = $[(\text{Sample}_{451\text{nm}} - \text{Negative control}_{451\text{nm}})/(\text{Positive control}_{451\text{nm}} - \text{Negative control}_{451\text{nm}})] \times 100\%$. Complete blood counts of each sample (i.e. untreated, colistinated device, PEGylated device) were performed by the Vanderbilt University Translational Pathology Shared Resource Core.

5 Device scale-up

A larger version of the initial double spiral microfluidic device was fabricated and functionalized using the previously described methods. The scaled-up version of the device consisted of a 4-loop double spiral microchannel with one inlet and one outlet. Dimensions of the scaled-up version were 323 mm *L*, 750 μm *W*, and 15 μm *H*. The spacing between two adjacent loops was 500 μm and the radius of the outermost curvature was 11.2 mm. The dimensions of the scaled-up device were adjusted such that the volume to surface area ratio was comparable to that of the initial device design. The bacterial capture capacity of the scaled-up device was characterized to compare the capture capacity to that of the smaller device. The ‘bacterial capture quantification’ assay using the scaled-up device was performed with *A. baumannii* ATCC17978.

Statistical analysis

All measured values are reported as an average mean of at least triplicate samples $\pm$ standard deviation (SD), as indicated by error bars. Significant differences were determined using a one-way ANOVA followed by *post hoc* Tukey’s multiple comparison test, as defined by *P* values < 0.01 .

Results

Colistin conjugation to microchannel walls

Fluorescent labeling and stoichiometric analysis were used to estimate that 1.76 μg of colistin was functionalized along the walls of the colistinated double spiral device (Fig. 20). The amount of colistin associated with the surface of this device is non-toxic to humans. An ELISA was performed to estimate the amount of colistin-containing molecules that were released from the double spiral microfluidic device. Continuous flow for 2 hours resulted in approximately 300 ng of colistin release from the channel (Fig. 21).

Inertial particle focusing in the double spiral microfluidic device

Fluorescent polystyrene microparticles under continuous flow conditions were imaged within the non-functionalized double spiral microfluidic channel. At a volumetric flow rate of 0.2 ml min⁻¹, with corresponding $Re = 14.9$, 2 μm sized particles were focused near the inner wall of the microchannel (Fig. 14a), while 10.2 μm size particles were focused near the center of the microchannel width (Fig. 14b). The composite fluorescence images showed the trajectories of the 10.2 μm (red stream) and 2 μm particles (green stream), with the larger particles approximating the trajectory of larger blood cells (i.e. red blood cells and white blood cells). Microparticles were inertially focused at equilibrium positions as a function of diameter. A clear separation of bacterial-sized particles from blood cell-sized particles was evident. *A. baumannii* ATCC17978 were inertially focused even closer to the channel wall than 2 μm diameter spherical particles. In addition, bacteria appeared near both lateral surfaces of the double spiral device. These behaviors were in agreement with the inertial design as derived from net inertial lift force (F_L) and Dean drag force (F_D).

Bacterial cell capture using surface-modified double spiral microfluidic device

A. baumannii ATCC17978 bacterial cells were chosen as the standard specimen for qualitatively and quantitatively evaluating the bacterial capture capacity of the colistinated and PEGylated double spiral microfluidic devices. Green, fluorescently labeled *A. baumannii* ATCC17978 were bound to the colistinated microchannel walls following passage through the microfluidic device at 0.2 mL min⁻¹ and subsequent washing (Fig. 4). Significant bacterial capture did not occur within the PEGylated double spiral microfluidic device, presumably due to the absence of colistin surface functionalization (Fig. 4).

Bacterial capture capacity was quantified by flowing 1 mL of *A. baumannii* ATCC17978 suspension in PBS, pH 7.4, through the microfluidic devices at a flow rate of 0.2 mL min⁻¹. A bacterial cell capture capacity of over 10⁷ CFUs was achieved with a single passage through the colistinated double spiral microfluidic device (Fig. 15a), as confirmed by the reduction of colonies that could be cultured from the fluid exiting the device. *K. pneumoniae* ATCC700603, another Gram-negative human pathogen, was also successfully removed from flowing fluid (Fig. 15b). The colistinated double spiral microfluidic device also captured and removed antibiotic-resistant organisms, including colistin-resistant *A. baumannii* 'Patient 2' and colistin-resistant *A. baumannii* 19606R, from flowing fluid (Fig. 15c and 15d). These colistin-resistant strains are well characterized in literature and colistin-resistance was reconfirmed through MIC assessment (Table 1).

Table 1. Colistin resistance.

Sample	Colistin MIC ($\mu\text{g/mL}$)
<i>Acinetobacter baumannii</i> 19606R ⁴⁰	>256
<i>Acinetobacter baumannii</i> 'Patient 2' ⁴¹	>256

Minimum inhibitory concentrations (MICs; $\mu\text{g/mL}$) of colistin-resistant *A. baumannii* isolates.

5 Results are listed as the mean $\pm$ SD, $n = 3$.

Binding of green fluorescent *A. baumannii* ATCC17978 to the colistinated double spiral microchannel device was strongly supported by PEG functionalization (Fig. 15a - 15d). Colistinated and PEGylated devices did not capture Gram-positive *B. subtilis* 1A578, confirming specificity for Gram-negative pathogens in colistin-functionalized devices (Fig. 22).

Extracorporeal blood cleansing

The blood-cleansing capability of the double spiral microfluidic device was assessed using fresh, whole human blood that was EDTA-anticoagulated and experimentally contaminated with *A. baumannii* ATCC17978. A single colistinated double spiral microfluidic device removed approximately 10^7 colony forming units of bacteria from whole blood with one pass through the device at a flow rate of 0.2 mL min^{-1} (Fig. 16a). Bacterial cell capture from flowing blood was also confirmed using fluorescence microscopy. Green, fluorescently labeled *A. baumannii* ATCC17978 is bound to the colistinated microchannel walls following passage of infected blood through the microfluidic device at 0.2 mL min^{-1} and subsequent washing (Fig. 16b and 16c). Gram-positive *S. aureus* ATCC29213 spiked in whole, human blood, however, did not bind to the colistinated microchannel walls, confirming specificity for Gram-negative pathogens in the colistin-functionalized devices (Fig. 16d). Flowing whole, human blood through the colistinated and PEGylated double spiral microfluidic devices had no detectable effect on blood composition (Table 2), nor did it induce red blood cell hemolysis (Table 3).

Table 2. Blood cell counts of whole, human blood before and after passage through functionalized microfluidic devices.

Sample	Red blood cells (trillion cells/L)	White blood cells (billion cells/L)	Platelet (billion cells/L)
Control	4.60 ± 0.70	6.80 ± 0.30	239 ± 26.6
Colistinated device	5.00 ± 0.10	7.30 ± 0.30	236 ± 0.90
PEGylated device	5.10 ± 0.10	6.50 ± 0.90	273 ± 84.3

5 Red blood cell counts, white blood cell counts, and platelet counts of blood flowed through colistinated and PEGylated double spiral fluidic devices at 0.2 mL min⁻¹ were not significantly different than the control group. Unaltered blood not passed through a microfluidic device was used as the control. Data were compared using one-way ANOVA followed by *post hoc* Tukey's multiple comparison test. Results are listed as the mean ± SD,
10 *n* = 3. **P* < 0.01, ***P* < 0.001, ****P* < 0.0001.

Table 3. Summary of hemolysis levels of whole, human blood flowed through functionalized microfluidic devices.

Sample	Hemolysis (%)	Statistical Significance
Positive control (20 v/v % Triton-X)	100% ± 3.08%	***
Negative control	0.01% ± 0.70%	control
Colistinated device	1.09% ± 1.09%	n.d.
PEGylated device	1.86% ± 0.66%	n.d.

15 Whole, human blood was flowed through the colistinated and PEGylated double spiral microfluidic devices. Blood passage through the devices did not cause hemolysis. Blood containing Triton-X (20 v/v %) was used as a positive control. The negative control was blood that was not passed through a double spiral fluidic device. Data were compared using one-way
20 ANOVA followed by *post hoc* Tukey's multiple comparison test. Results are listed as the mean ± SD, *n* = 5. **P* < 0.01, ***P* < 0.001, ****P* < 0.0001.

Total bacterial capture capacity

The colistinated double spiral microfluidic device removed $\sim 10^7$ CFUs of live *A. baumannii* ATCC17978 (Fig. 15a) and a similar quantity of *K. pneumoniae* ATCC700603 (Fig. 15b) from PBS within 5 minutes of device operation. In addition, colistin-resistant strains of *A. baumannii* (i.e. *A. baumannii* 19606R and *A. baumannii* ‘Patient 2’) were captured with equal efficacy as the wild-type, colistin sensitive *A. baumannii* strain (Fig. 17). Statistical analysis confirmed that the colistinated double spiral microfluidic device captured Gram-negative bacteria from whole, human blood at a capacity that is not significantly different than in PBS (Fig. 17).

Quantification of endotoxin capture

Endotoxin, one of the principal components of the outer membrane of Gram-negative bacteria, also contributes to the systemic inflammatory response that is characteristic of sepsis. Therefore, the removal of endotoxin from flowing fluid using the double spiral microfluidic device was assessed. Endotoxin was spiked into endotoxin-free water and continuously flowed through the device at 0.2 mL min^{-1} for 5 minutes, totaling 1 mL. Endotoxin was rapidly captured from the fluid passing through the colistinated double spiral microfluidic device, with endotoxin capture efficiency approaching 100% in single pass operation (Fig. 23). In contrast, endotoxin was not effectively captured using the PEGylated device, demonstrating the critical requirement for colistin in endotoxin retention in the double spiral.

Device scale-up for clinical translation

The capture capacity of the described colistinated double spiral microfluidic device is approximately 10^7 CFUs (Fig. 17), which exceeds the requirements to treat a septic patient by more than three orders of magnitude. However, for potential clinical translation, the flow rate associated with the current device design must be increased to enable treatment of larger animal models and humans. Therefore, a larger version of the double spiral fluidic design was developed to demonstrate the feasibility of scaling up the current design. The scaled-up version of the colistinated double spiral microfluidic device, operating at a flow rate three times greater than that used with the initial design, captured over 10^7 *A. baumannii* ATCC17978 CFUs in single pass operation (Fig. 8). Dimensions of the scaled-up device were selected to provide a volume to surface area ratio similar to that of the original device, while maintaining appropriate hydrodynamic particle focusing characteristics. The governing principles of fluid transport in

closed conduits can be used to design a larger double spiral device with performance characteristics appropriate for increased treatment volumes.

The requirement for colistin functionalization suggests that wild-type *A. baumannii* capture is mediated by colistin (Fig. 4, Fig. 15a and 15b). The colistin-dependent capture of two independently isolated *A. baumannii* strains that are strongly colistin resistant implies a previously unrecognized approach for the capture and removal of antibiotic-resistant bacteria (Fig. 15c and 5d). This result is consistent with colistin-resistance as independent of colistin binding to the bacterial outer membrane. These colistin-resistant strains have increased expression of many genes involved in cell envelope and membrane biogenesis. The inability of colistin functionalized double spiral devices to capture Gram-positive bacteria, such as *B. subtilis* 1A578, further supports the capture mechanism as colistin recognition since Gram-positive bacteria are insensitive to, and unable to bind, colistin. Endotoxin, a Gram-negative bacterial toxin that can elicit sepsis-related complications, was removed from fluid with nearly 100% capture efficiency upon flow through the colistin-functionalized device (Fig. 23).

Robust bacterial capture from blood is essentially identical to that for blood cell-free bacterial suspensions *in vitro* (Fig. 16 and 17). The design of the double spiral spatially isolates the formed elements of the blood from the regions where bacterial binding occurs and is hypothesized to be responsible for bacterial capture efficiency that is not reduced in the presence of blood cells. Septic humans are estimated to contain a maximum of 10^3 CFUs of bacteria in the blood at any particular time during the infection. The demonstrated capacity of this design exceeds the average number of bacteria in the blood of a septic human by more than three orders of magnitude. Therefore, considerable capture capacity exists in this device to accommodate additional bacteria that enter the blood compartment from the source of infection, such as the lungs. The simplicity and robustness of this design supports the translational potential of the approach.

Unless defined otherwise, all technical and scientific terms used herein have the same meanings as commonly understood by one of skill in the art to which the disclosed invention belongs. Publications cited herein and the materials for which they are cited are specifically incorporated by reference.

Those skilled in the art will appreciate that numerous changes and modifications can be made to the preferred embodiments of the invention and that such changes and modifications can be made without departing from the spirit of the invention. It is, therefore, intended that the appended claims cover all such equivalent variations as fall within the true spirit and scope
5 of the invention.

CLAIMS

We claim:

1. A fluidic device comprising:
 - at least one inlet;
 - at least one outlet;
 - a multidirectional channel between the at least one inlet and the at least one outlet,said channel comprising an inner wall; and
 - a ligand coating at least a portion of the inner wall of the multidirectional channel.
2. The device of claim 1, wherein the ligand is selected from the group consisting of antibodies, peptides, proteins, antibiotics, polymers, aptamers, ligands, tumor necrosis factors, adhesion receptors, E-selectin, cytokines, chemotherapy agents, quorum sensing proteins or receptors, and biological agents.
3. The device of claim 1, wherein the ligand is an antibiotic.
4. The device of claim 3, wherein the antibiotic is colistin.
5. The device of claim 3, wherein the antibiotic is vancomycin.
6. The device of claim 1, wherein the ligand is an antibody.
7. The device of any one of claims 1 to 6, wherein the outlet comprises at least three outlet channels.
8. The device of any one of claims 1 to 6, wherein the device is coupled to an optical reader.
9. A method for extracorporeal capture and removal of a blood-borne disease material from blood by which treated blood is returned to a patient, said method comprising the steps of:
 - pumping blood from a patient into a fluidic device, wherein the fluidic device comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet;
 - flowing said blood through said fluidic device to focus and expose said blood-borne disease material to a disease material-targeting ligand functionalized along an inner

wall of the channel within the fluidic device;

focusing and capturing the disease material, wherein a force imposed by the fluidic device focuses the disease material near a wall of the channel that is functionalized with the disease material-targeting ligand, which then binds to said disease material;

removing said disease material from said blood to produce treated blood; and

returning said treated blood to said patient.

10. The method of claim 9, wherein the disease material is a different size, stiffness, adhesiveness, molecular makeup, genetic makeup, or a combination thereof than a healthy material.

11. The method of claim 9 or 10, wherein the blood is whole blood.

12. The method of any one of claims 9 to 11, wherein the blood is introduced at a flow rate between about 0.1 mL/min and about 200 mL/min.

13. The method of any one of claims 9 to 12, wherein the disease material is separated with an efficiency in a range between about 40% and about 100%.

14. The method of any one of claims 9 to 13, wherein the channel has a length, cross-section, and hydraulic diameter defining an aspect ratio adapted to isolate disease material along at least one portion of the cross-section of the channel based on the size of disease material as compared to a healthy material.

15. The method of any one of claims 9 to 14, wherein said disease material is one or more disease materials comprising cancer cells, circulating tumor cells, peptides, beta amyloid, proteins, enzymes, toxins, diseased cells, infectious microorganisms, cells, parasites, fungi, viruses, microorganisms, bacteria, bacterial toxin, quorum sensing proteins or receptors, lipopolysaccharide, cytokines, IL-1 β , IL-4, IL-6, IL-8, IL-10, IL-11, IL-13, IL-15, IL-16, tumor necrosis factors, procalcitonin, pathogen-associated molecular patterns, C reactive protein, or a small or protein bound biological molecule relevant to liver failure.

16. The method of any one of claims 9 to 15, further comprising the step of exposing said fluidic device to radiation to kill said disease material.

17. The method of any one of claims 9 to 16, further comprising the step of applying heat to said fluidic device to kill said disease material.

18. The method of claim 17, further comprising the step of cooling said fluidic device to cause the cooling of said blood to a normal body temperature before returning said treated blood to said patient.

19. The method of any one of claims 9 to 18, further comprising the step of analyzing said disease material that has been captured by said disease material-targeting ligand and labeled.

20. The method of any one of claims 9 to 19, further comprising the step of quantifying the amount of said disease material captured in said fluidic device.

21. The method of any one of claims 9 to 20, further comprising the step of fluorescently labeling the disease material captured in said fluidic device for disease material analysis and identification.

22. The method of any one of claims 9 to 21, wherein said fluidic device is comprised of at least one inlet, at least one outlet, and a spiral channel for focusing and removing said disease material.

23. The method of any one of claims 9 to 22, wherein an inner surface of said fluidic device is functionalized with said disease material-targeting ligand to capture disease material.

24. The method of any one of claims 9 to 23, wherein said fluidic device is functionalized with at least two different disease material-targeting ligands, each of which are capable of attaching to a plasma activated material.

25. The method of any one of claims 9 to 24, wherein said fluidic device is comprised of a plurality of pillars, each of which is functionalized with said disease material-targeting ligand.

26. The method of any one of claims 9 to 25, wherein an inner surface of said fluidic device

is functionalized with disease material-targeting nanoparticles.

27. The method of any one of claims 9 to 26, wherein an inner surface of said fluidic device is functionalized with disease material-targeting microparticles.

28. The method of any one of claims 9 to 27, wherein an inner surface of said fluidic device is functionalized with disease material-targeting fibers.

29. A method for capture and detection of a blood-borne disease material from blood, said method comprising the steps of:

 flowing blood into a fluidic device to focus and expose said blood-borne disease material to a disease material-targeting ligand functionalized along an inner wall of a channel within the fluidic device; wherein the channel within the fluidic device comprises a spiral channel;

 capturing the disease material, wherein a force imposed by the fluidic device focuses the disease material near a wall of the spiral channel that is functionalized with the disease material-targeting ligand, which then binds to said disease material;

 flowing optically-active, disease material targeting microbeads through the fluidic device which bind to said disease material; and

 reading the fluidic device with an optical reader.

30. The method of claim 29, wherein the disease material is a different size, stiffness, adhesiveness, molecular makeup, genetic makeup, or a combination thereof than a healthy material.

31. The method of claim 29 or 30, wherein the blood is whole blood.

32. The method of any one of claims 29 to 31, wherein the blood is introduced at a flow rate between about 0.1 mL/min and about 200 mL/min.

33. The method of any one of claims 29 to 32, wherein the disease material is separated with an efficiency in a range between about 40% and about 100%.

34. The method of any one of claims 29 to 33, wherein the spiral channel has a length, cross-

section, and hydraulic diameter defining an aspect ratio adapted to isolate disease material along at least one portion of the cross-section of the channel based on the size of disease material as compared to a healthy material.

35. The method of any one of claims 29 to 34, wherein said disease material is one or more disease materials comprising cancer cells, circulating tumor cells, peptides, beta amyloid, proteins, enzymes, toxins, diseased cells, infectious microorganisms, cells, parasites, fungi, viruses, microorganisms, bacteria, bacterial toxin, quorum sensing proteins or receptors, lipopolysaccharide, cytokines, IL-1 β , IL-4, IL-6, IL-8, IL-10, IL-11, IL-13, IL-15, IL-16, tumor necrosis factors, procalcitonin, pathogen-associated molecular patterns, C reactive protein, or a small or protein bound biological molecule relevant to liver failure.

36. The method of any one of claims 29 to 35, further comprising the step of analyzing said disease material that has been captured by said disease material-targeting ligand and labeled with optically-active microbeads.

37. The method of any one of claims 29 to 36, further comprising the step of quantifying the amount of said disease material captured in said fluidic device.

38. The method of any one of claims 29 to 37, further comprising the step of fluorescently labeling the disease material captured in said fluidic device for disease material analysis and identification.

39. The method of any one of claims 29 to 38, wherein said fluidic device is comprised of at least one inlet, at least one outlet, and a channel configuration for focusing and removing said disease material from the fluid introduced therein.

40. The method of any one of claims 29 to 39, wherein an inner surface of said fluidic device is functionalized with said disease material-targeting ligand to capture disease material.

41. The method of any one of claims 29 to 40, wherein said fluidic device is functionalized with at least two disease material-targeting ligands, each of which are capable of attaching to a plasma activated material.

42. The method of any one of claims 29 to 41, wherein said fluidic device is comprised of a plurality of pillars, each of which is functionalized with said disease material-targeting ligand.

43. The method of any one of claims 29 to 42, wherein an inner surface of said fluidic device is functionalized with disease material-targeting nanoparticles.

44. The method of any one of claims 29 to 43, wherein an inner surface of said fluidic device is functionalized with disease material-targeting microparticles.

45. The method of any one of claims 29 to 44, wherein an inner surface of said fluidic device is functionalized with disease material-targeting fibers.

46. A method for treating or preventing sepsis in a patient, said method comprising the steps:
pumping blood from a patient into a fluidic device, wherein the fluidic device comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet;

flowing said blood through said fluidic device to focus and expose a blood-borne disease material to a disease material-targeting ligand functionalized along an inner wall of the multidirectional channel;

focusing and capturing the disease material, wherein a force imposed by the fluidic device focuses the disease material near a wall of the channel that is functionalized with a disease material-targeting ligand, which then binds to said disease material;

removing said disease material from said blood to produce treated blood; and

returning said treated blood to said patient.

47. The method of claim 46, wherein the disease material is a different size, stiffness, adhesiveness, molecular makeup, genetic makeup, or a combination thereof than a healthy material.

48. The method of claim 46 or 47, wherein the blood is whole blood.

49. The method of any one of claims 26 to 48, wherein the blood is introduced at a flow rate

between about 0.1 mL/min and about 200 mL/min.

50. The method of any one of claims 26 to 49, wherein the disease material is separated with an efficiency in a range between about 40% and about 100%.

51. The method of any one of claims 26 to 50, wherein the channel has a length, cross-section, and hydraulic diameter defining an aspect ratio adapted to isolate disease material along at least one portion of the cross-section of the channel based on the size of disease material as compared to a healthy material.

52. A method for the capture and removal of a disease material from a biological fluid, said method comprising the steps of:

introducing the biological fluid into a fluidic device, wherein the fluidic device comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet;

flowing said biological fluid through said fluidic device to focus and expose said disease material to a disease material-targeting ligand functionalized along an inner wall of the channel within the fluidic device;

capturing the disease material through the binding of the disease material with a disease material-targeting ligand bound to the inner wall of the channel; and

removing said disease material from said biological fluid.

53. The method of claim 52, wherein the fluidic device comprises a spiral channel.

54. The method of claim 52 or 53, wherein the biological fluid is blood.

55. A composition of matter comprising a biological fluid which has flowed through a fluidic device, wherein the fluidic device comprises at least one inlet, at least one outlet, and a multidirectional channel between the at least one inlet and the at least one outlet, said channel comprising an inner wall having a ligand coating at least a portion of said inner wall, wherein such ligand binds to and removes a disease material from said biological fluid.

56. The composition of matter of claim 55, wherein the biological fluid is blood.

57. The composition of matter of claim 55 or 56, wherein the fluidic device comprises a spiral channel.

58. A method for capture and detection of a disease material from a biologic fluid, said method comprising the steps of:

flowing blood into a fluidic device comprising a channel therein which has a disease material-targeting ligand functionalized along an inner wall of the channel within the fluidic device;

capturing the disease material through its binding to the disease material-targeting ligand;

isolating the disease material; and

culturing the disease material.

59. The method of claim 58, wherein the biologic fluid is blood.

60. The method of claim 58 or 59, wherein the channel is a spiral channel.

61. A method for capture and detection of disease material from a biologic fluid, said method comprising the steps of:

flowing blood into a fluidic device comprising a channel therein which has a disease material-targeting ligand functionalized along an inner wall of the channel within the fluidic device;

capturing the disease material through its binding to the disease material-targeting ligand;

isolating the disease material; and

identifying the disease material through a procedure selected from the group consisting of polymerase chain reaction (PCR), fluorescence in situ hybridization (FISH), and matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF).

62. The method of claim 61, wherein the biologic fluid is blood.

63. The method of claim 61 or 62, wherein the channel is a spiral channel.

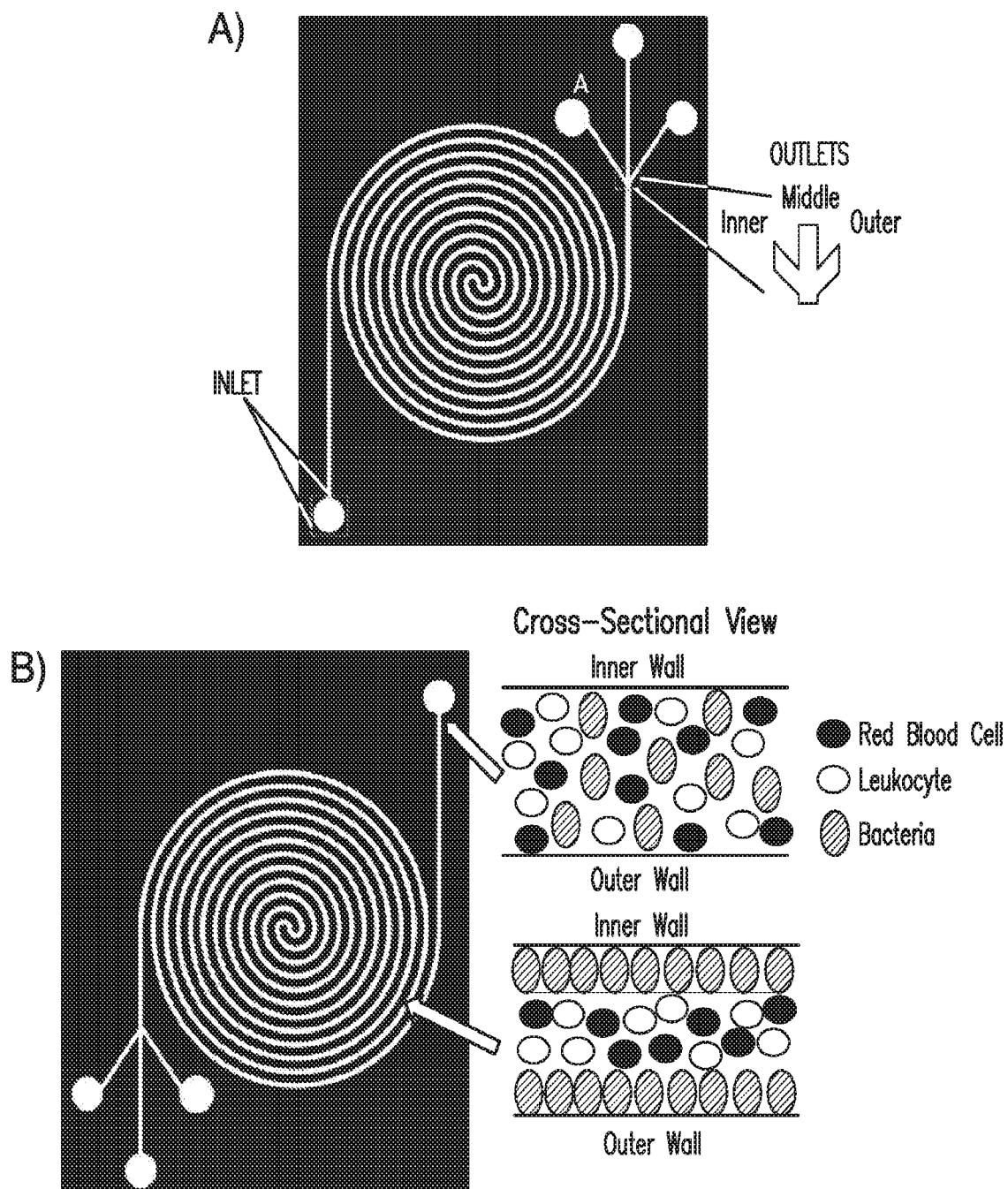
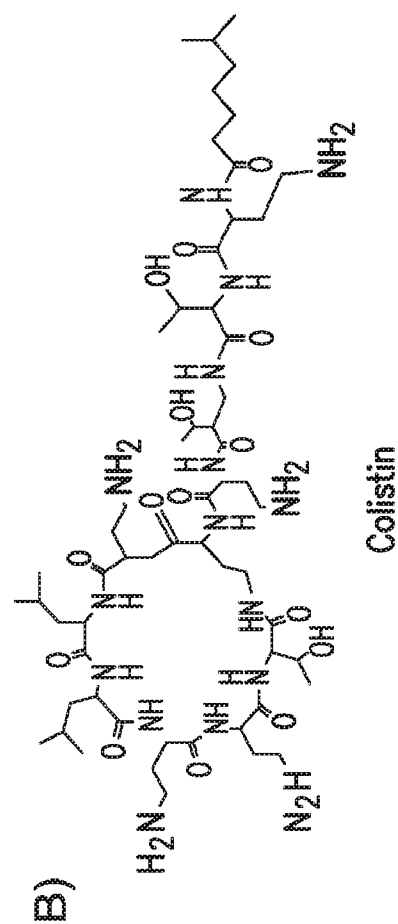
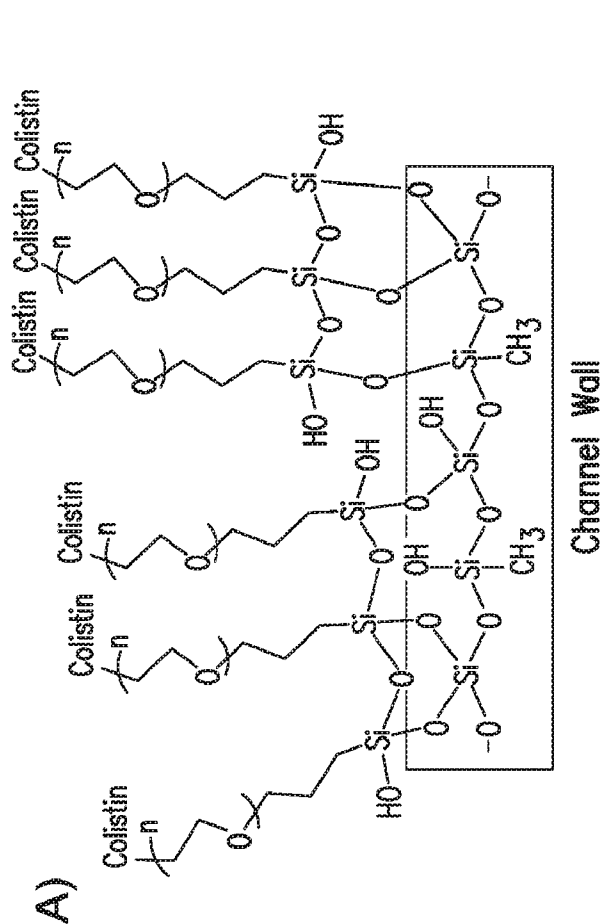
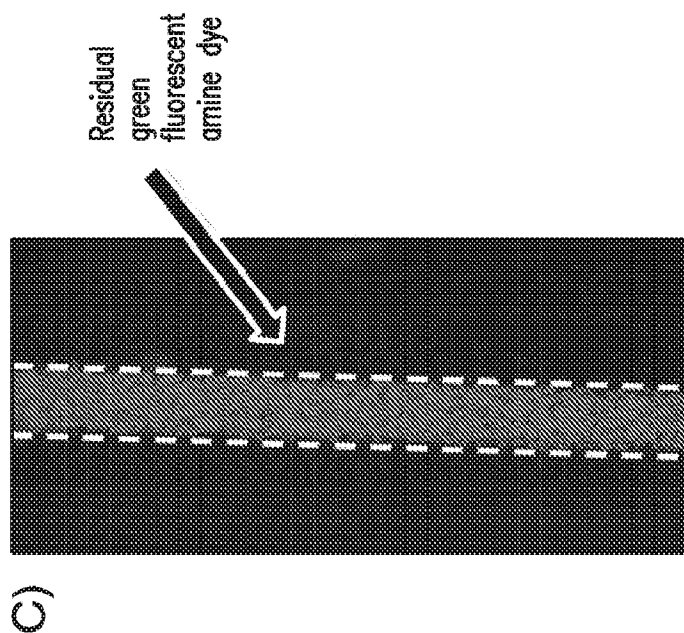


Figure 1



File #



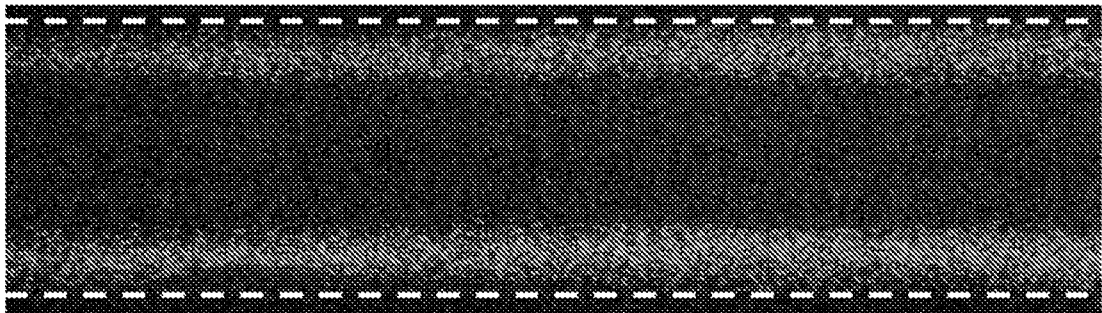


Figure 3

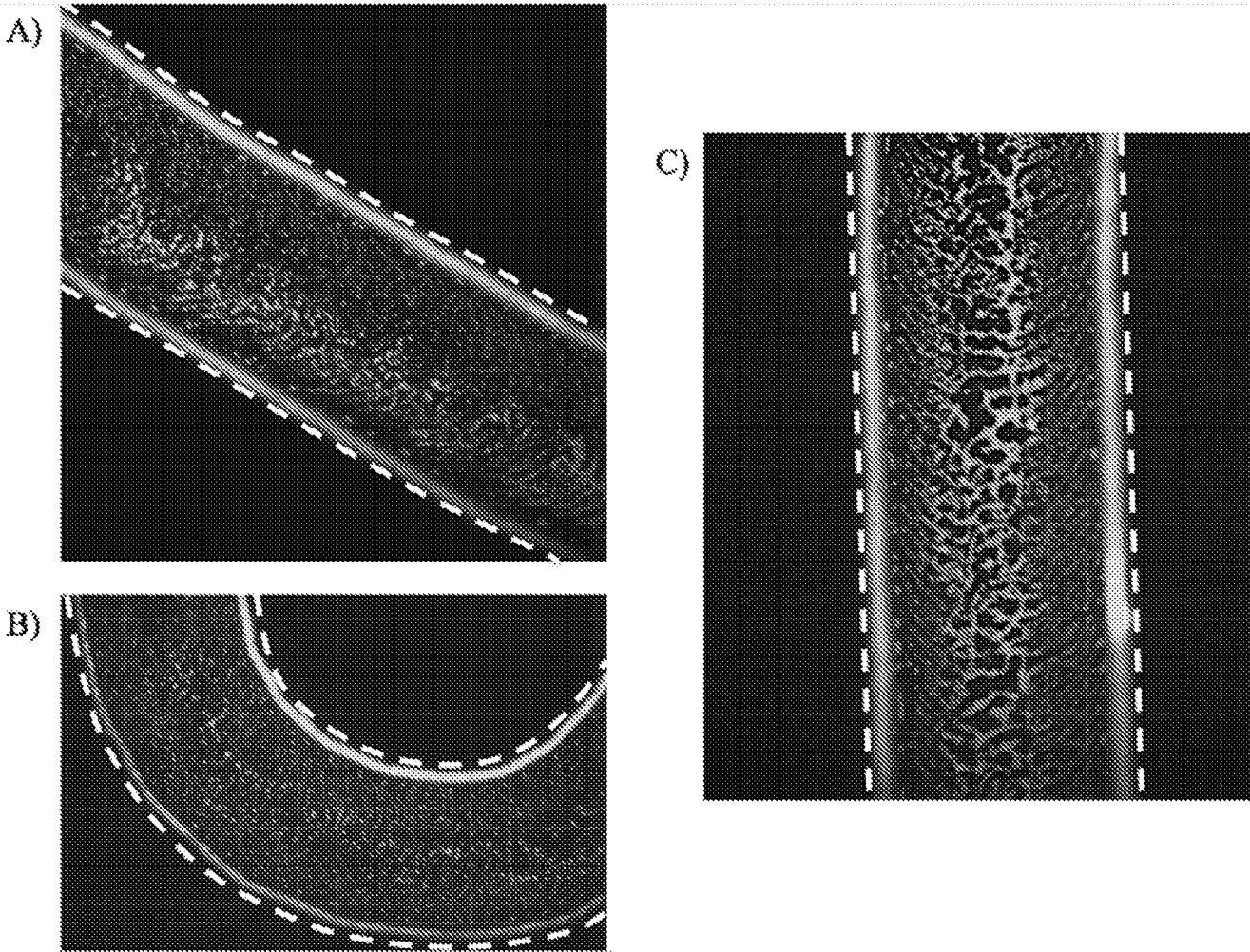


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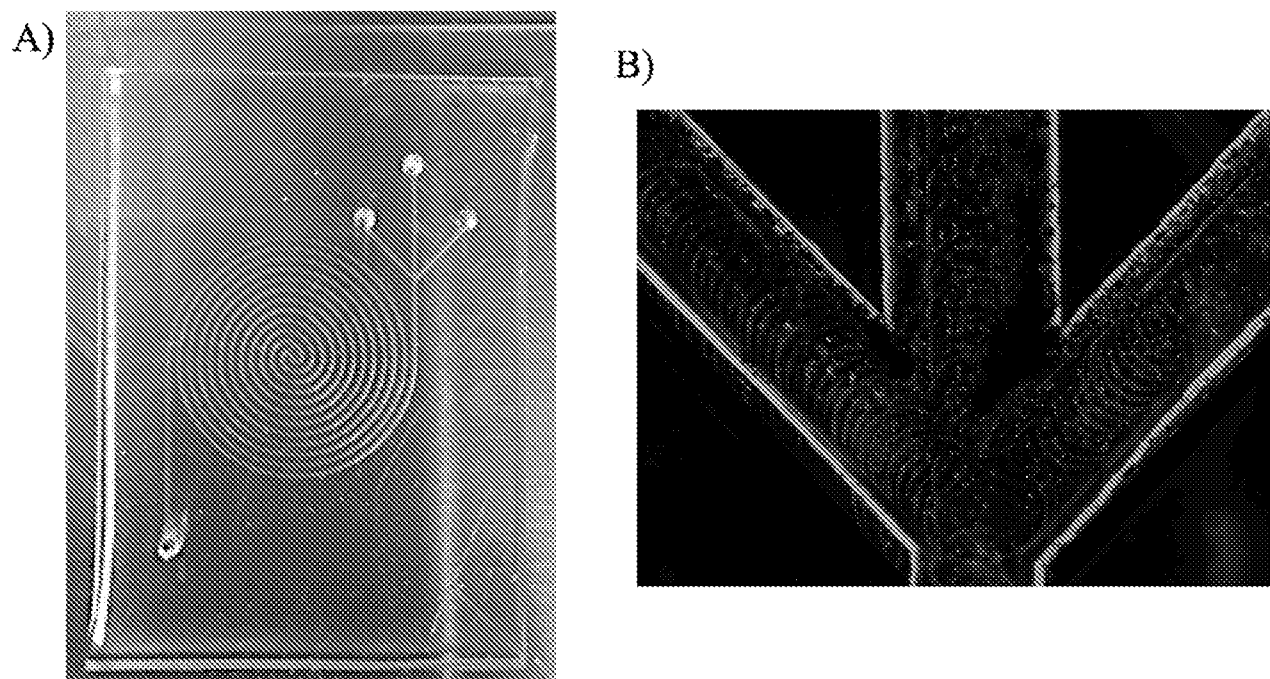


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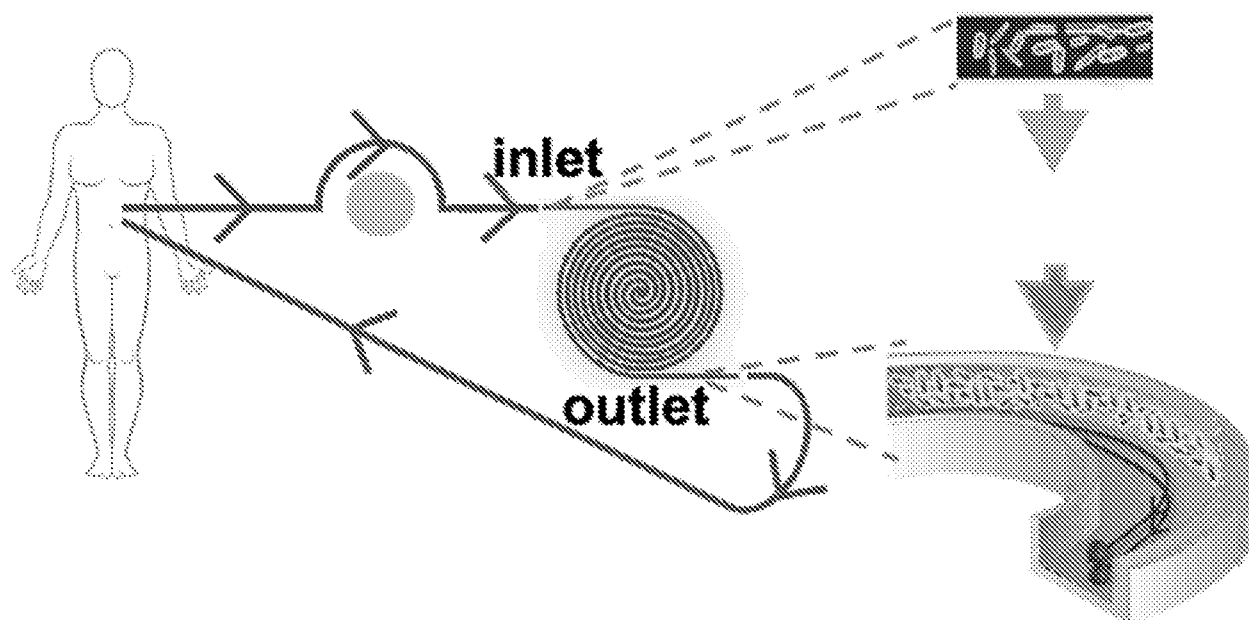


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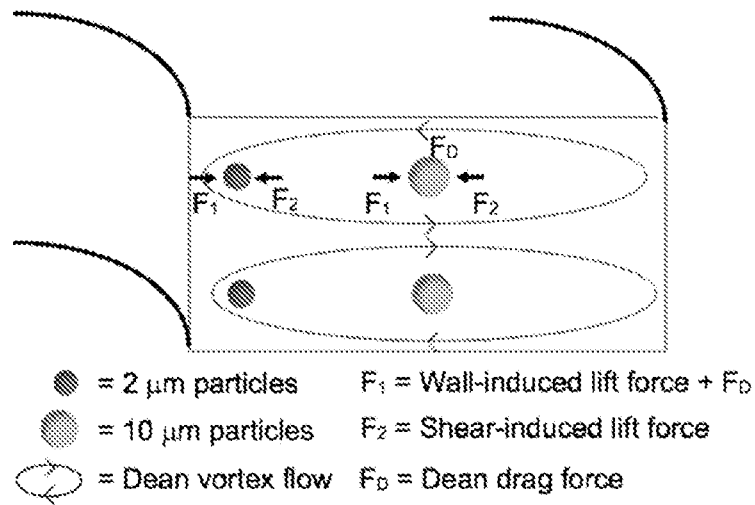


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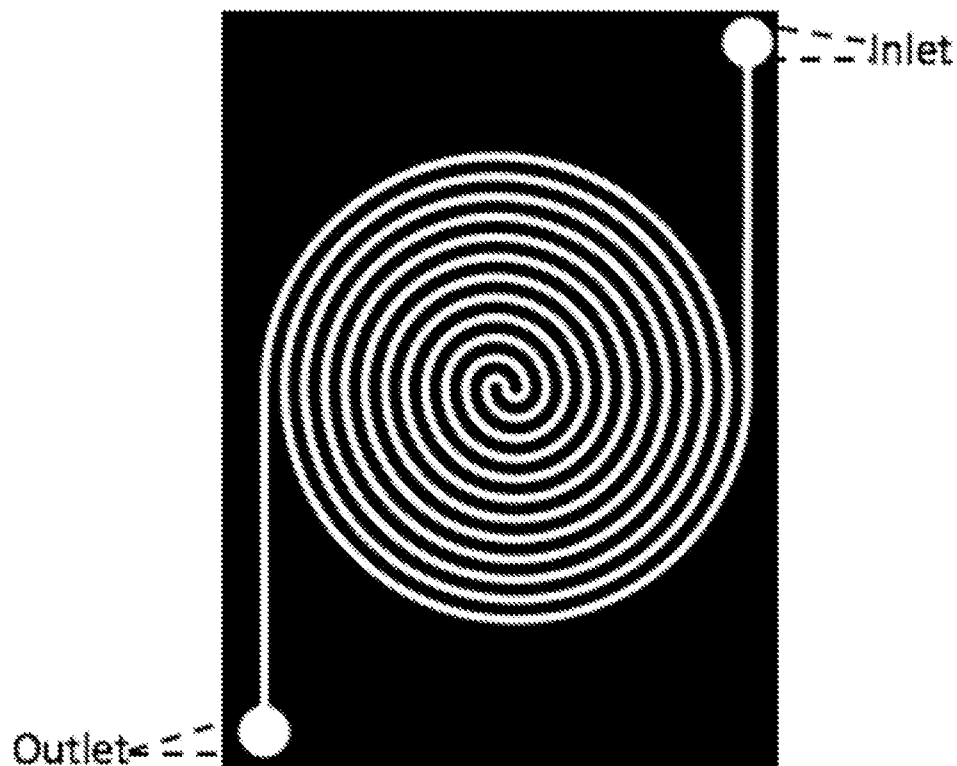


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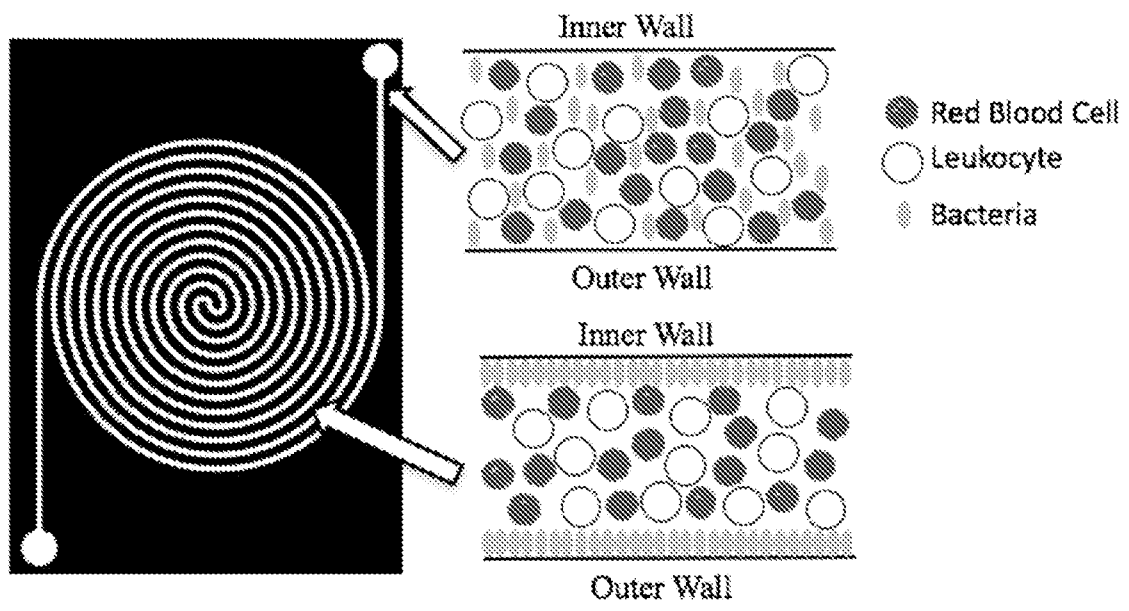


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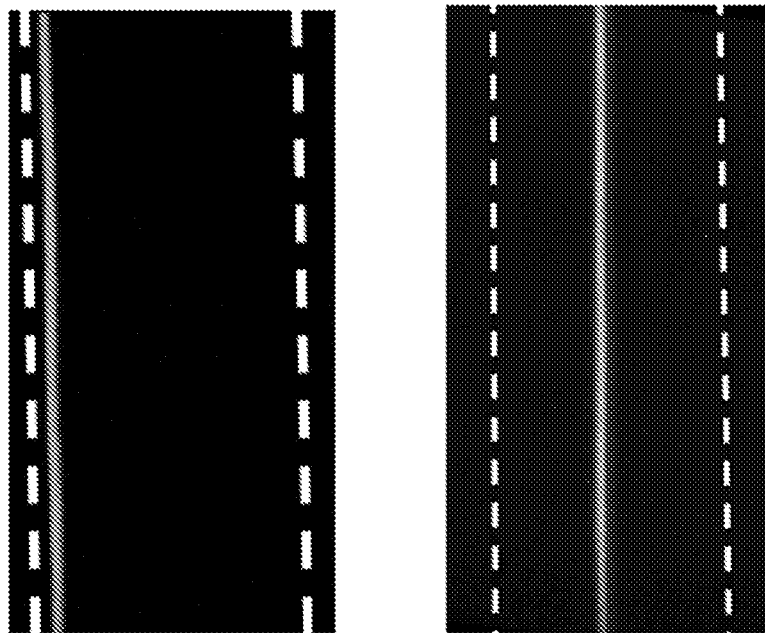


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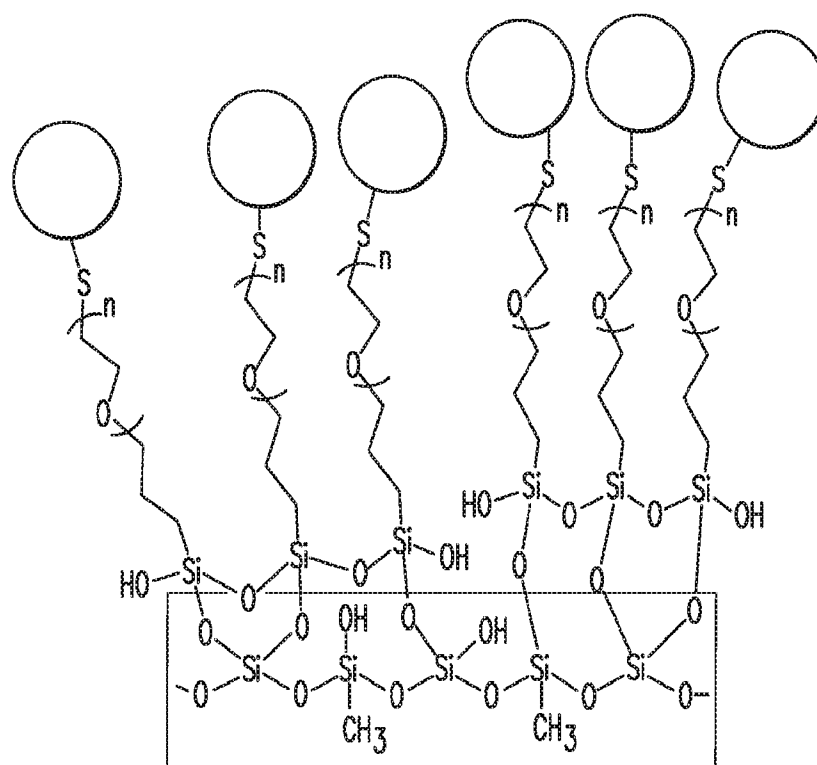


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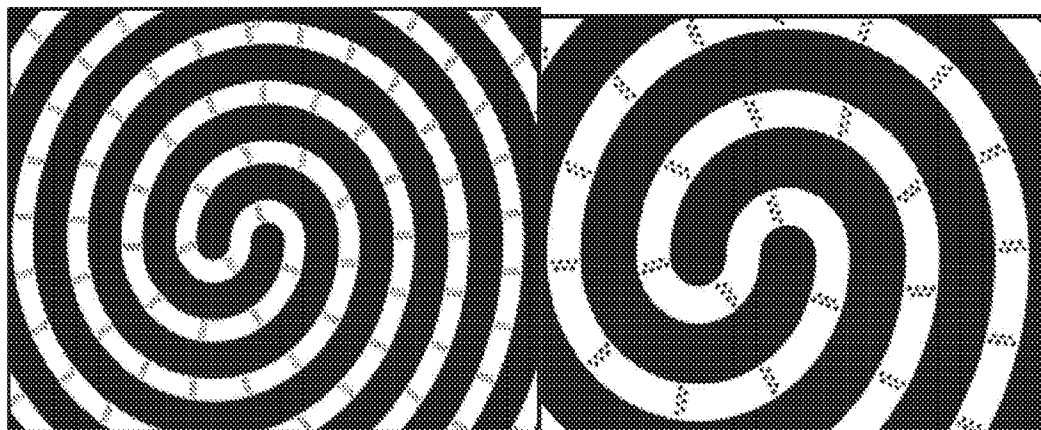


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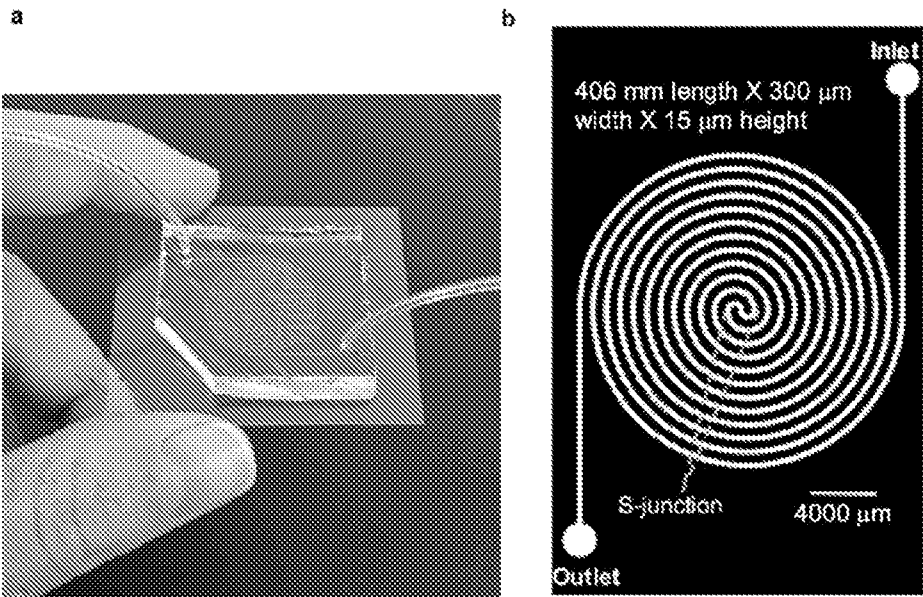


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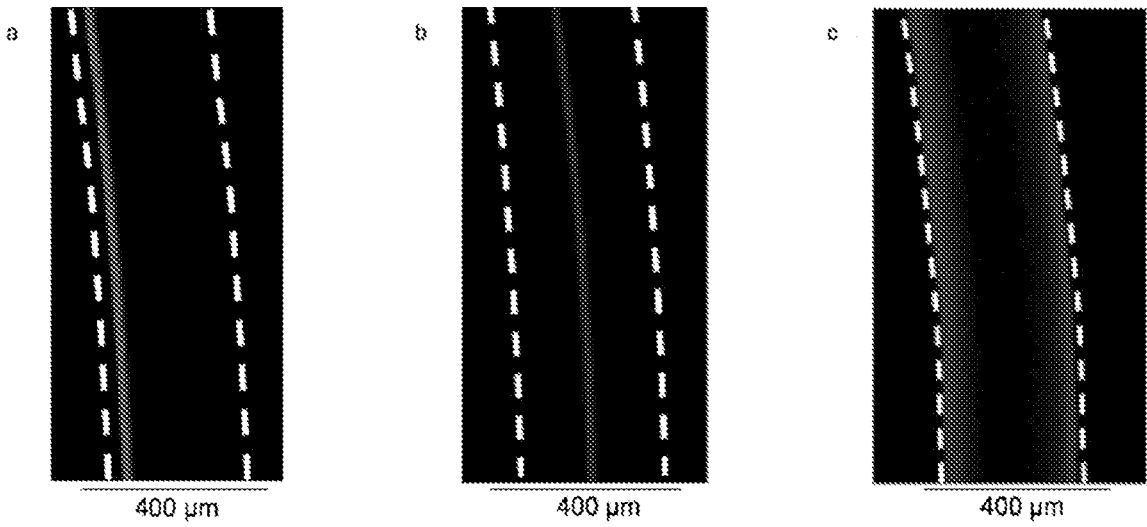


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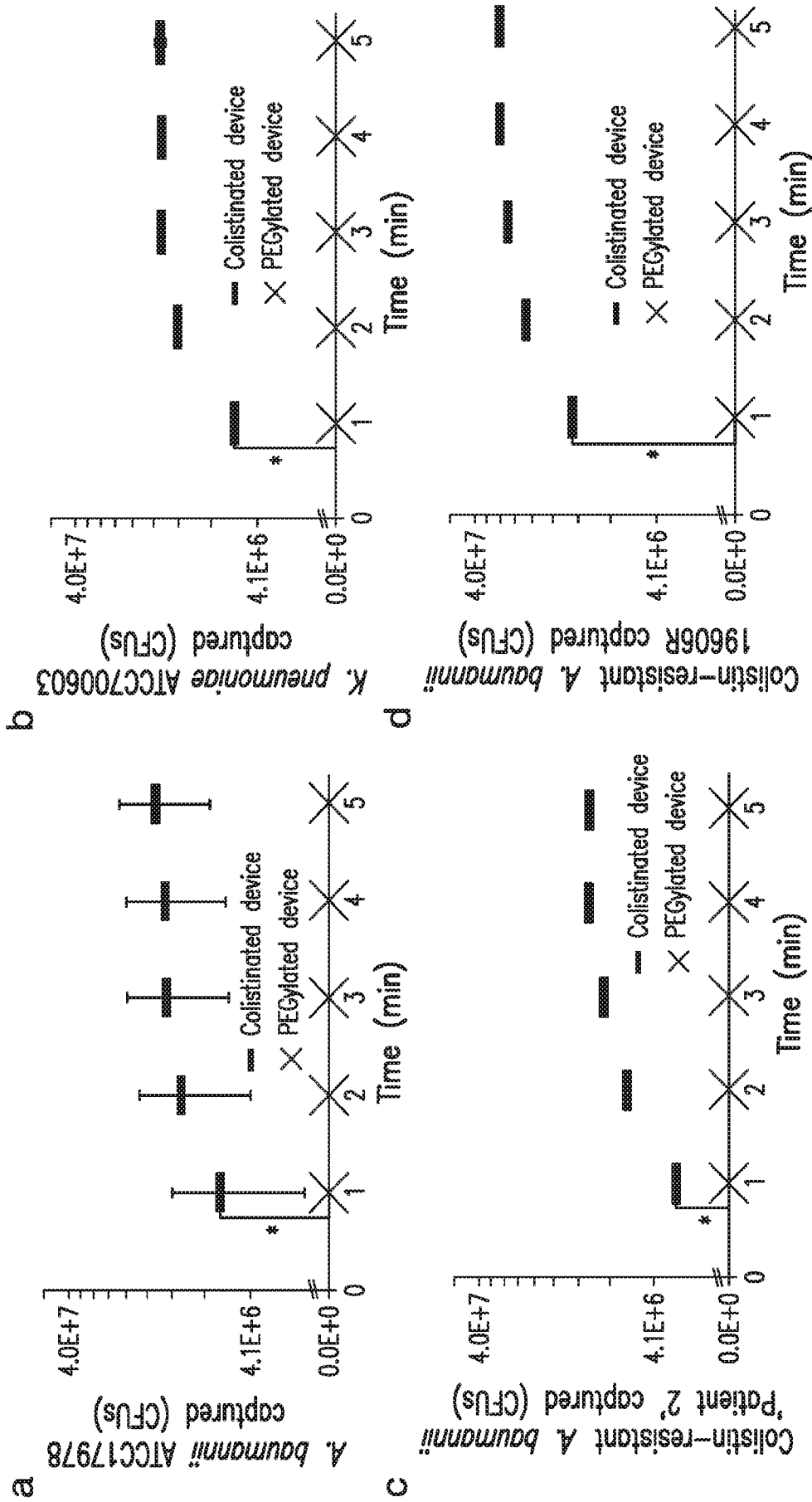


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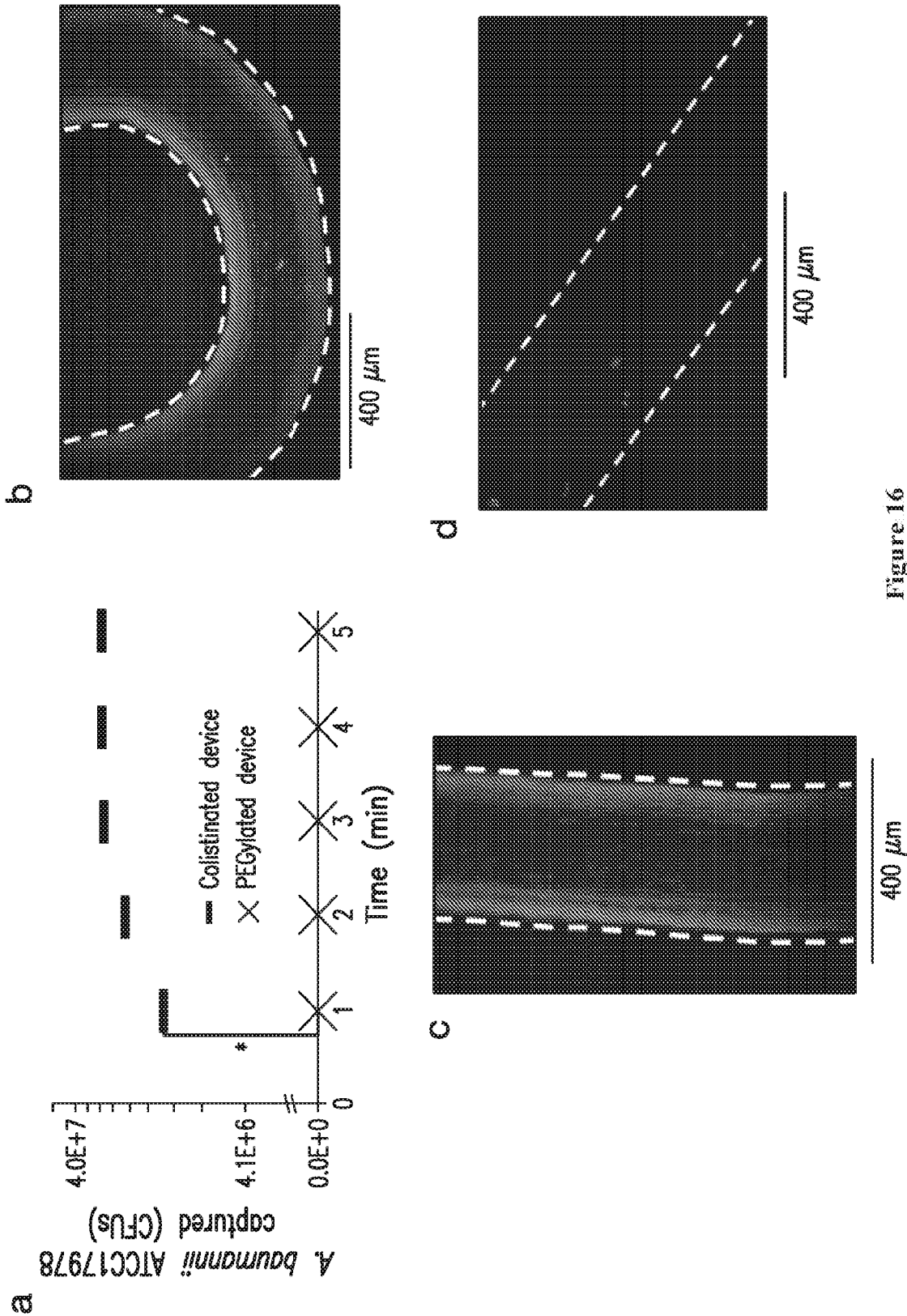


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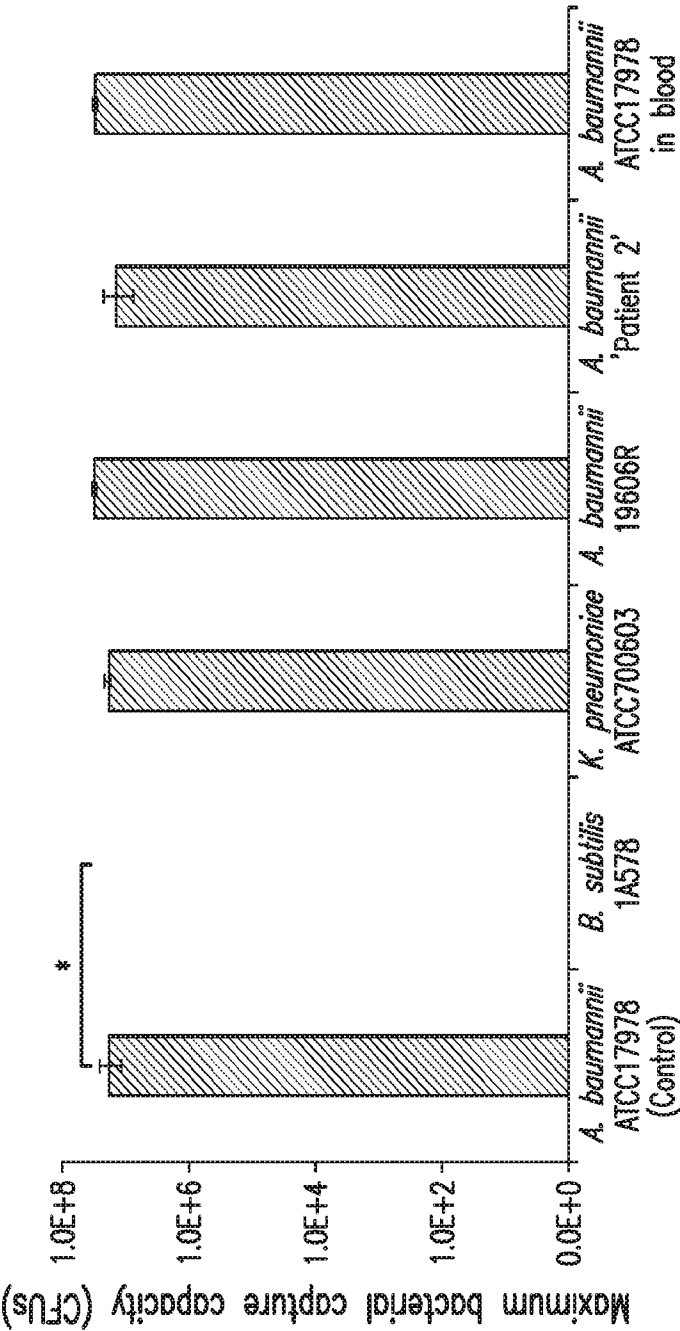


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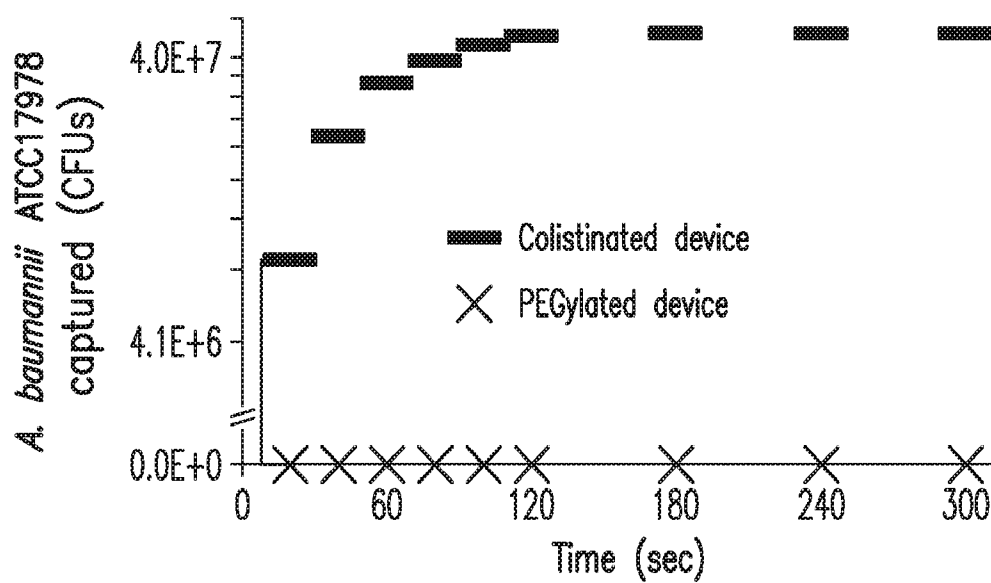


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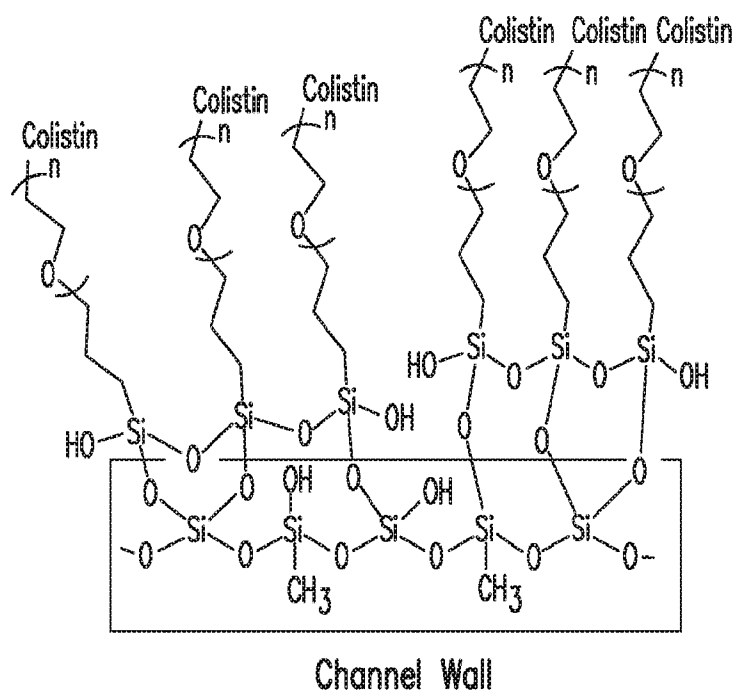


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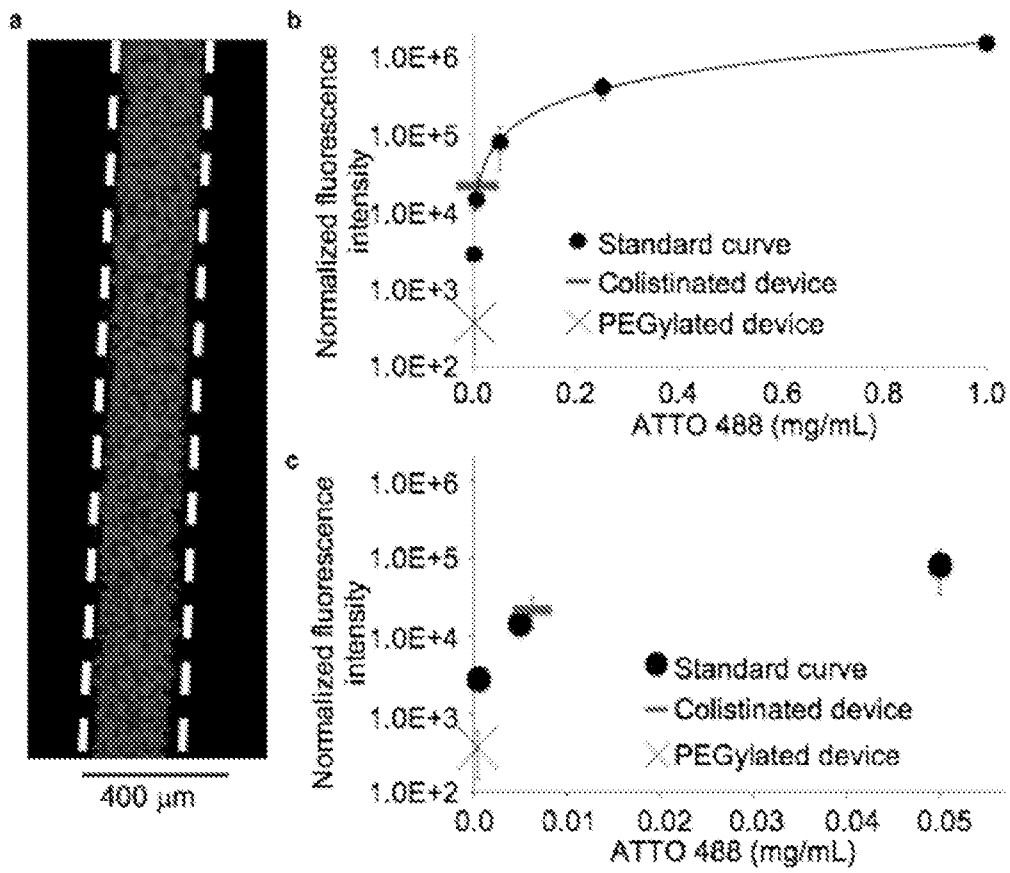


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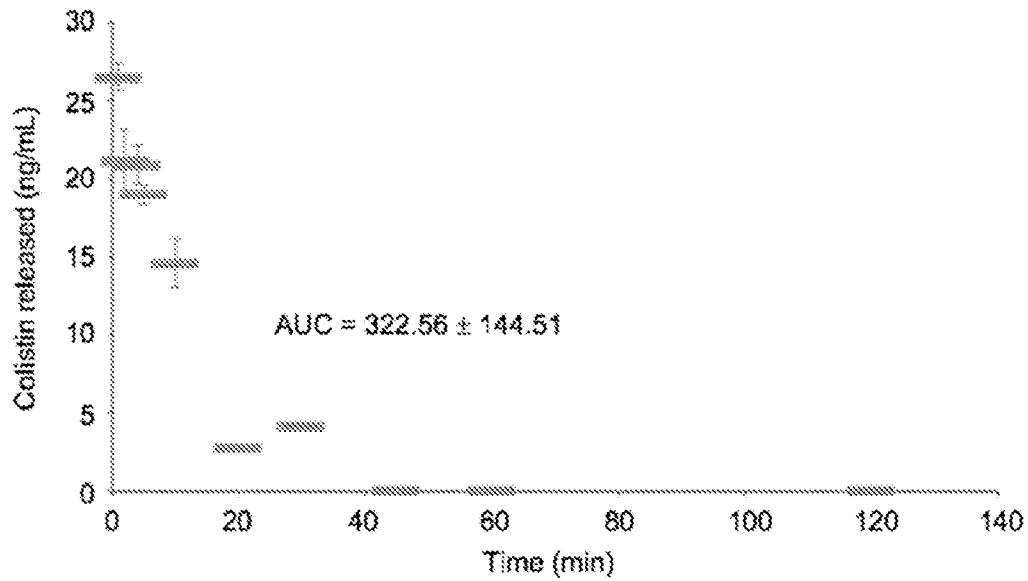


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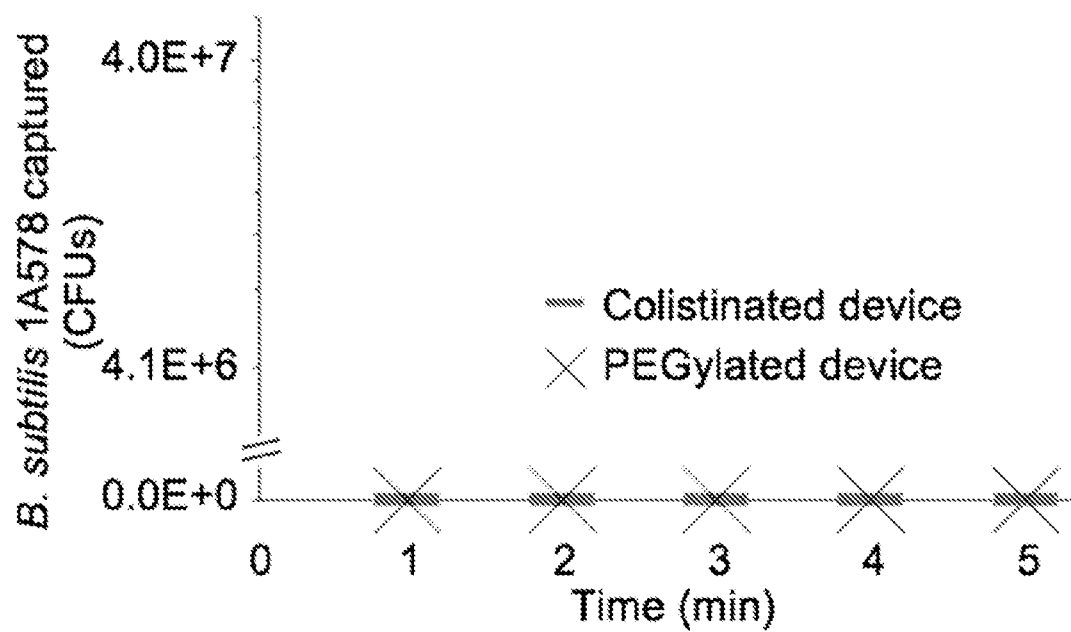


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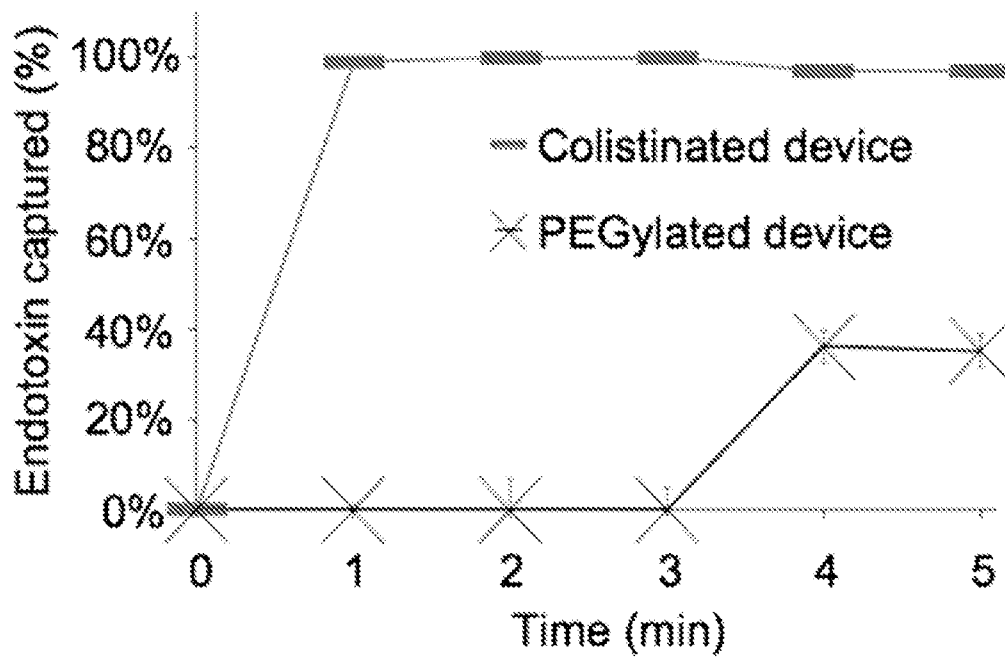


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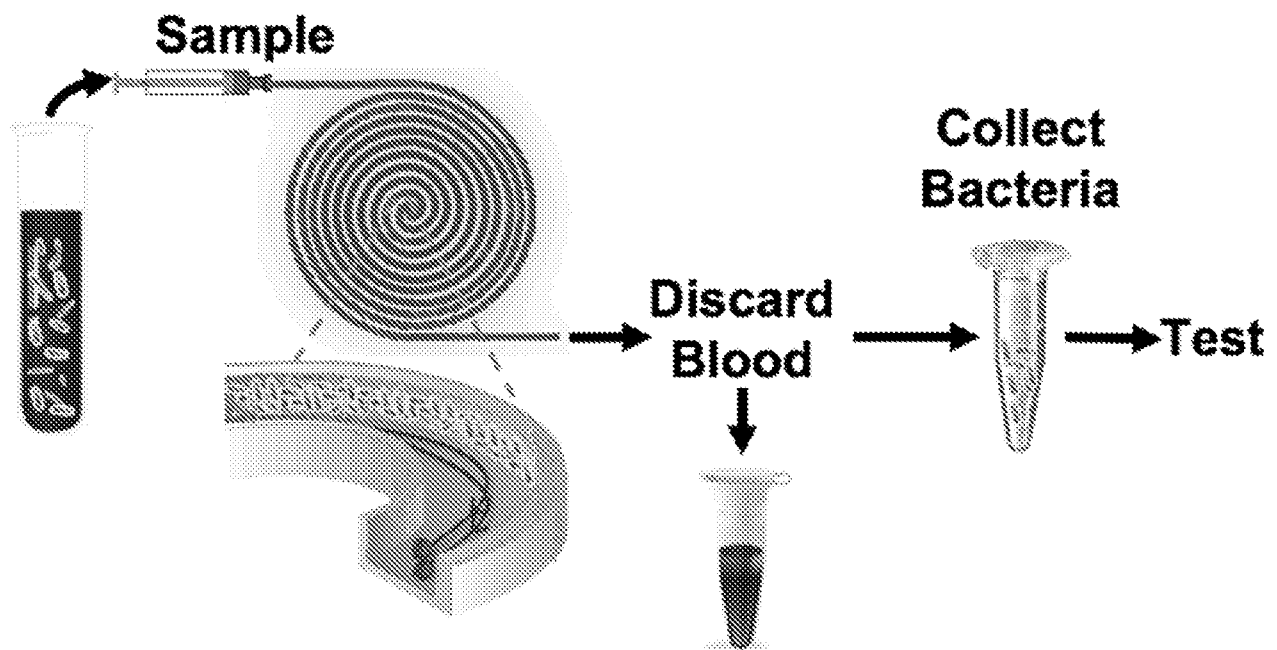
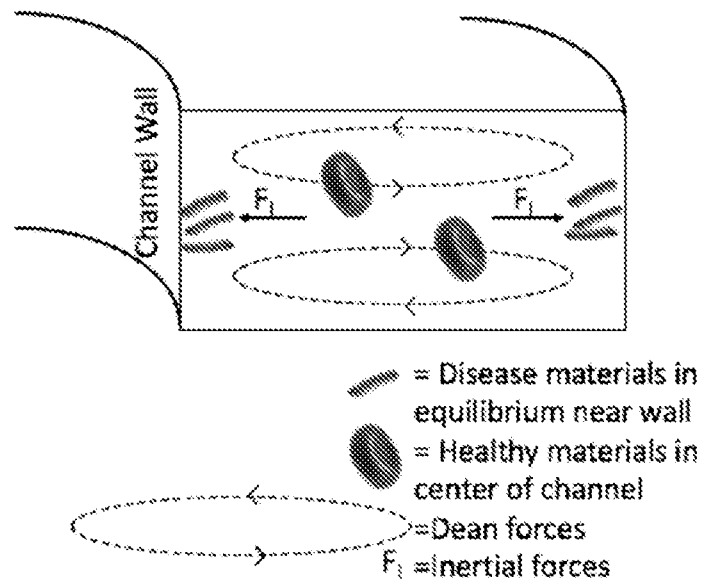
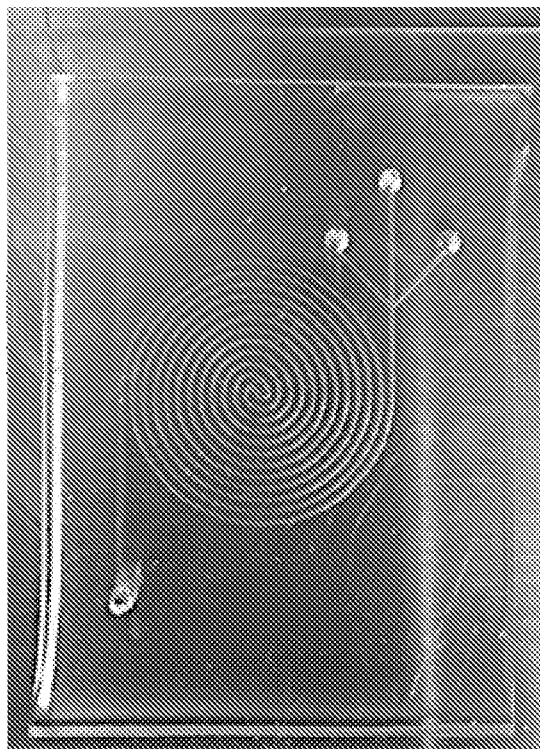
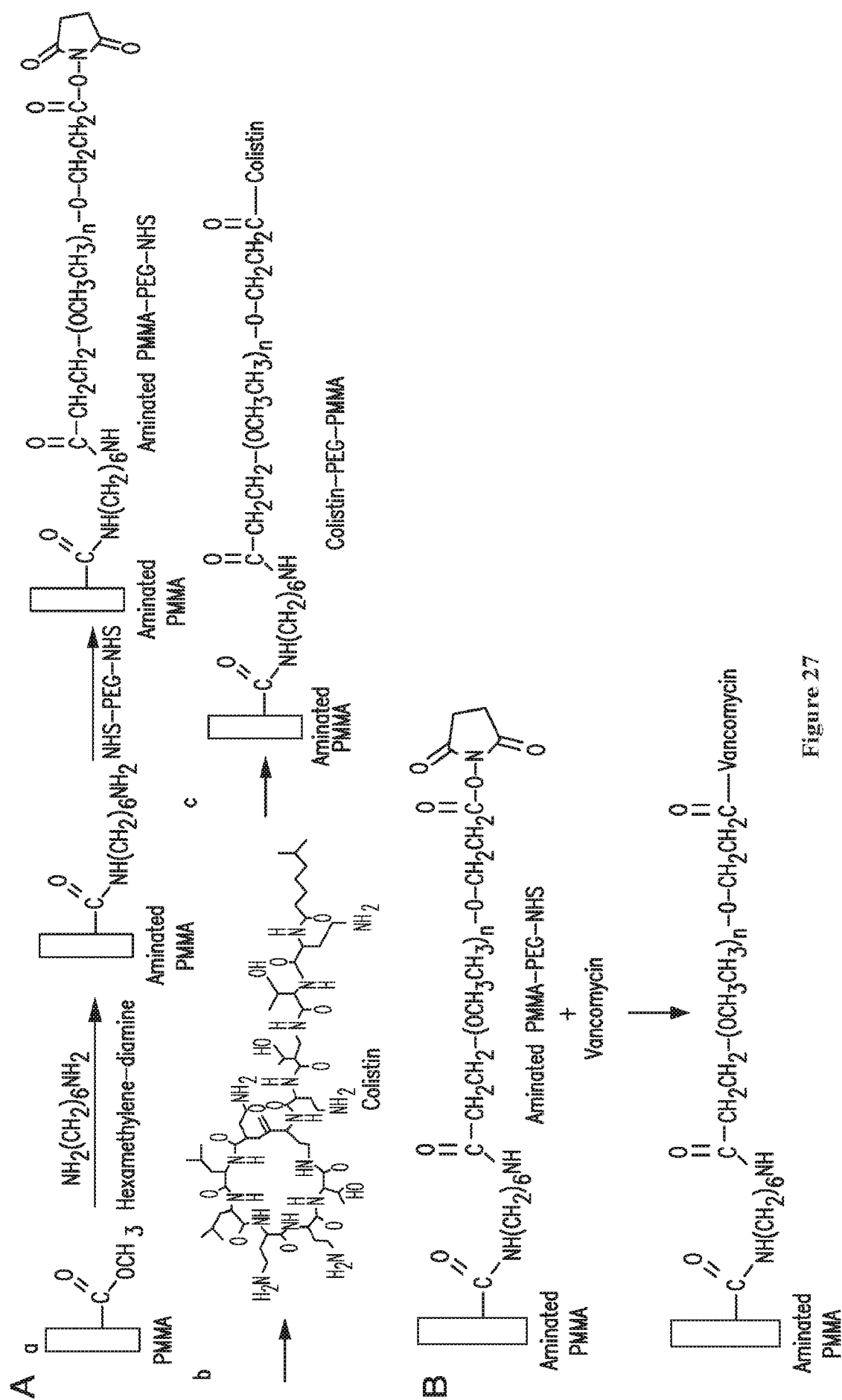


Figure 24

**Figure 25****Figure 26**



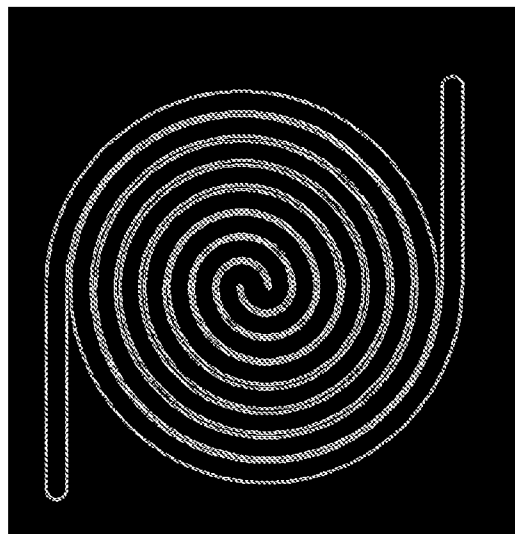
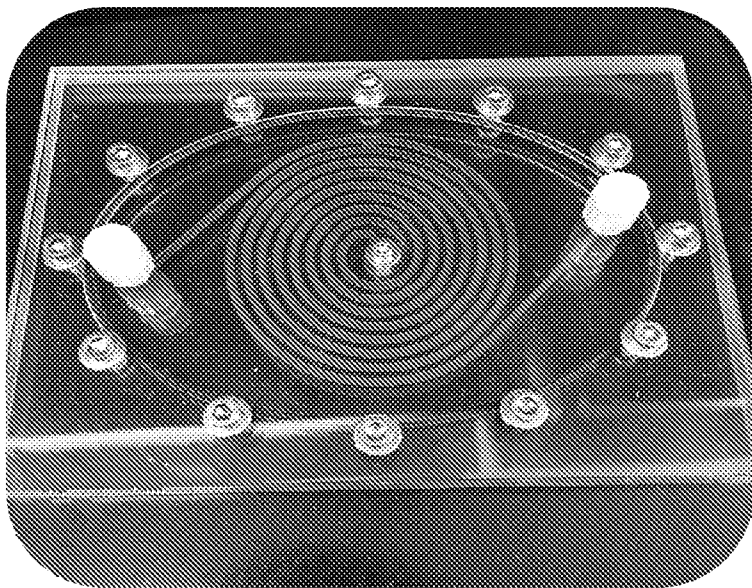


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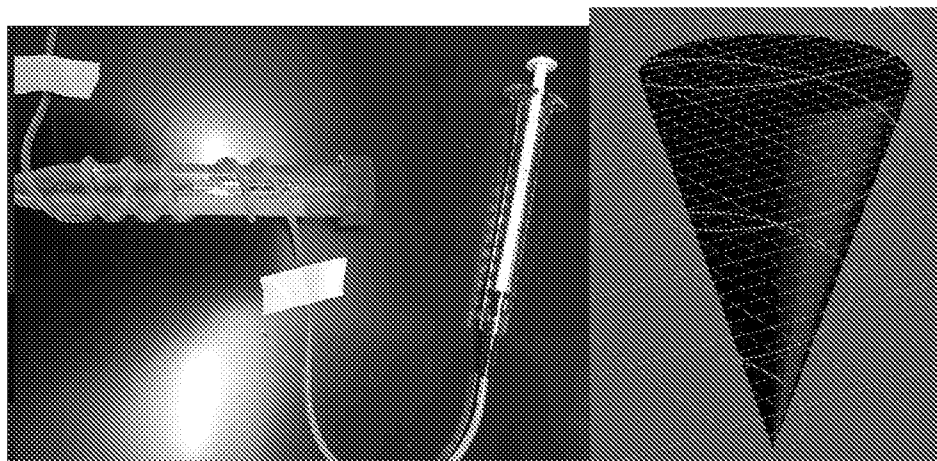


Figure 29

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2017/041038

Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:

2. ☐ Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:

3. ☒ Claims Nos.: 12-28, 32-45, 49-51
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying additional fees, this Authority did not invite payment of additional fees.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:

4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- ☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- ☐ No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2017/041038

A. CLASSIFICATION OF SUBJECT MATTER

IPC(8) - G01N 33/543; B01L 3/00; G01N 33/00; G01N 33/48; G01N 33/53 (2017.01)

CPC - G01N 33/54393; B01L 3/00; B01L 3/50; B01L 3/5027; B01L 3/50273; G01N 33/00; G01N 33/48; G01N 33/53; G01N 33/543; G01N 33/54353 (2017.08)

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

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

See Search History document

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

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

See Search History document

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2003/0152491 A1 (KELLOGG et al) 14 August 2003 (14.08.2003) entire document	1
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Y		2-6, 8
Y	US 2002/0164816 A1 (QUAKE) 07 November 2002 (07.11.2002) entire document	2-4, 6
Y	WO 2010/092333 A1 (UNIVERSITY OF NOTTINGHAM) 19 August 2010 (19.08.2010) entire document	3, 5
Y	US 2014/0154703 A1 (SKELLEY et al) 05 June 2014 (05.06.2014) entire document	8, 58, 59, 61, 62
Y	WO 2016/040850 A1 (OREGON STATE UNIVERSITY) 17 March 2016 (17.03.2016) entire document	58, 59, 61, 62

☐ Further documents are listed in the continuation of Box C.☐ See patent family annex.

* Special categories of cited documents:

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

25 August 2017

Date of mailing of the international search report

13 SEP 2017

Name and mailing address of the ISA/US

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Authorized officer

Blaine R. Copenheaver

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PCT OSP: 571-272-7774

专利名称(译)	用于检测，捕获或清除疾病材料的流体装置		
公开(公告)号	EP3482203A4	公开(公告)日	2020-01-01
申请号	EP2017824950	申请日	2017-07-07
[标]申请(专利权)人(译)	凡德比特大学		
申请(专利权)人(译)	范德比尔特大学		
当前申请(专利权)人(译)	范德比尔特大学		
[标]发明人	MILLER SINEAD E BELL CHARLESON S GIORGIO TODD D COOK ANDREW L		
发明人	MILLER, SINEAD E. BELL, CHARLESON S. GIORGIO, TODD D. COOK, ANDREW L.		
IPC分类号	G01N33/543 B01L3/00 G01N33/00 G01N33/48 G01N33/53		
CPC分类号	A61K38/12 A61K38/14 B01L3/502753 B01L3/502776 G01N33/48 G01N33/53 G01N33/543 A61M5/165 B01L3/502715 B01L2300/0861 B01L2300/16		
优先权	62/359322 2016-07-07 US 62/407767 2016-10-13 US 62/454235 2017-02-03 US 62/478904 2017-03-30 US		
其他公开文献	EP3482203A1		
外部链接	Espacenet		

摘要(译)

本公开涉及一种用于检测，捕获和/或去除生物流体中的疾病物质的流体装置。本发明还涉及通过使用所要求保护的装置来治疗/预防败血症的方法。