

Quantitative PFAS Analysis in Medical Devices Using Triple Quadrupole LC/MS

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A reliable and sensitive analytical workflow for PFAS analysis using the Agilent 1290 Infinity III UHPLC system coupled with the Agilent 6475 LC/TQ



Abstract

This application note describes a comprehensive analytical workflow developed for the quantitative analysis of 73 native per- and polyfluoroalkyl substances (PFAS) in representative medical device materials, including intravenous tubing, blood collection tubes, and syringes. Samples were extracted using a streamlined methanol-based heat- and ultrasound-assisted (HUA) protocol. Analysis was performed using the Agilent 1290 Infinity III UHPLC for PFAS analysis coupled to the Agilent 6475 LC/TQ system. The UHPLC system—equipped with an Agilent 1290 Infinity III High-Speed Pump and Agilent 1290 Infinity III Hybrid Multisampler—offered ultralow system background and large-volume Feed Injection, enabling sensitive PFAS determination at low $\mu\text{g/kg}$ levels in matrix. Method performance was evaluated through calibration linearity, limit of quantification (LOQ), recovery, and reproducibility, demonstrating its potential utility for research and analytical evaluation of PFAS in medical device materials.

Introduction

Per- and polyfluoroalkyl substances (PFAS) are widely used in medical device materials due to their exceptional chemical stability, low friction, and biocompatibility. These intrinsic properties are essential for ensuring optimal performance requirements of medical device materials used in applications, including catheters, blood collection devices, contact lenses, and implantable cardiovascular systems.

Regulatory agencies worldwide are intensifying oversight of PFAS in medical devices, driven by increasing concerns over environmental persistence, potential human health impacts, and the need for improved transparency and control of PFAS use throughout the medical device life cycle. The U.S. Food and Drug Administration (FDA) states that PFAS in medical devices are subject to ongoing scientific review and regulatory evaluation, reflecting heightened oversight and scrutiny compared to previous decades.¹ North American Science Associates (NAMSA), a global Contract Research Organization focusing on medical devices, directly addresses the global regulatory pressure affecting medical device manufacturers, triggering increased monitoring, testing, and regulatory engagement.² Meanwhile, the Advanced Medical Technology Association (AdvaMed), the world's largest trade association for medical technology companies, highlights expanding regulatory requirements, reporting obligations and scrutiny related

to PFAS use in medical devices and packaging across global markets.³ Under the EU REACH PFAS restriction initiative (REACH 2.0), medical device applications are included within the scope of a class-based PFAS regulatory framework. While immediate bans are not foreseen for critical medical uses, regulatory oversight is intensifying, with time-limited derogations anticipated where suitable alternatives are unavailable, alongside additional controls required to minimize emissions and ensure compliance.^{4,5}

So, there is an urgent need for reliable, sensitive analytical methods capable of monitoring PFAS throughout the entire medical device life cycle, from raw material qualification through finished product evaluation.

This application note presents a comprehensive analytical workflow for the screening and quantification of 73 native PFAS in medical device materials using ultrahigh-performance liquid chromatography (UHPLC) coupled with triple quadrupole mass spectrometry (LC/MS/MS). The workflow leverages the Agilent 1290 Infinity III UHPLC system for PFAS analysis, equipped with the purpose-built Agilent 1290 Infinity III High-Speed Pump and Agilent 1290 Infinity III Hybrid Multisampler, and coupled to the Agilent 6475 LC/TQ. Together, this integrated solution delivers enhanced PFAS readiness and substantially reduced background contamination, and supports sensitive and reliable PFAS monitoring in medical device research and analytical method development.

Experimental

Chemicals and consumables

Native and isotopically labeled PFAS standards were sourced from Wellington Laboratories Inc. (Guelph, ON, Canada) and Toronto Research Chemicals (Toronto, ON, Canada). Standards were supplied as individual stock solutions, mixed solutions, or powder forms, depending on the compound. In this work, 73 PFAS analytes, 34 surrogate standards (extracted internal standards), and three internal standards (ISTDs, non-extracted internal standards) were included.

LC/MS-grade ammonium acetate was purchased from Sigma-Aldrich (St. Louis, MO, USA). Isopropanol (IPA), Optima, was purchased from Fisher Chemical. Ultrapure LC/MS-grade acetonitrile (ACN), methanol (MeOH), and water (H₂O) were obtained from Agilent Technologies. Calibration standards were prepared in MeOH at concentrations ranging from 0.01 to 50 µg/L (0.01, 0.05, 0.1, 0.5, 1, 5, 10, 50 µg/L), with surrogates and ISTD added to each level at a constant concentration of 1 µg/L. All consumables used in this study were evaluated and verified for PFAS suitability following published ordering guide.⁶

Instrumentation

Chromatographic separation was achieved on an Agilent ZORBAX RRHD Eclipse Plus C18 column (2.1 × 100 mm, 1.8 µm) installed on an Agilent 1290 Infinity III UHPLC system configured for PFAS analysis. This UHPLC system is purpose built to aggressively reduce fluorinated materials in the flow path, minimizing PFAS background contribution. The system was equipped with a 1290 Infinity III Hybrid Multisampler, enabling large-volume Feed Injection of high-organic samples. The LC pump condition and Hybrid Multisampler program are outlined in Table 1. This capability allowed direct injection of methanolic extracts while maintaining excellent peak shape and sensitivity. Analyses were performed using the Agilent 6475 LC/TQ operated in negative electrospray ionization (ESI) mode (Table 2).

Table 1. LC pump conditions and Hybrid Multisampler program.

Parameter	LC Setting			
Analytical Column	Agilent ZORBAX RRHD Eclipse Plus C18, 95 Å, 2.1 × 100 mm, 1.8 µm,1,200 bar pressure limit (part number 959758-902)			
UHPLC Guard Column	Agilent ZORBAX RRHD Eclipse Plus C18, 2.1 mm, 1.8 µm, 1,200 bar pressure limit, UHPLC guard (part number 821725-901)			
Mobile Phase A	5 mM ammonium acetate in water			
Mobile Phase B	100% MeOH			
Gradient	Time/min	%A	%B	Flow (mL/min)
	0	95	5	0.4
	1	85	15	0.4
	1.5	45	55	0.4
	5.5	30	70	0.4
	7	20	80	0.4
	12	0	100	0.4
	14.4	0	100	0.4
	14.5	85	15	0.4
Stop Time	14.5 minutes			
Post-Time	2.5 minutes			
Hybrid Multisampler Program				
Injection Mode	Feed			
Injection Volume	30 µL			
Feed Speed	Adaptive, 10% of pump flow			
Flush Out Mode	Automatic			
Injection Path Cleaning	Inner wash mode: Extended Outer wash mode: Extended			
	Step	Task	Solution	Duration/Volume
	Draw Sample			
	1	Outer wash	S1 = 50:50 ACN:IPA	15 s
	2	Outer wash	S3 = 100% MeOH	15 s
	Injection			
	1	Inner wash	S1 = 50:50 ACN:IPA	150 µL
	2	Inner wash	S3 = 100% MeOH	150 µL
	3	Seat wash	S1 = 50:50 ACN:IPA	150 µL
	4	Seat wash	S3 = 100% MeOH	150 µL
	5	Reconditioning	S2 = 95:5 MPA:MPB	

Table 2. Agilent 6475 LC/TQ parameters.

6475 LC/TQ Parameters	
Ion Source	Agilent Jet Stream (AJS) ESI
Polarity	Negative
Q1 and Q3 Resolution	Unit
Cycle Time	580 ms
Gas Temperature	230 °C
Gas Flow	6 L/min
Nebulizer	20 psi
Sheath Gas Temperature	375 °C
Sheath Gas Flow	12 L/min
Capillary (Negative/Positive)	2,500 V
Nozzle Voltage	0 V

Sample preparation

Medical device samples (intravenous tubing, blood collection tubes, and syringes) were sourced locally. Intravenous tubing was designated as the quality control (QC) sample to evaluate workflow performance. Blood collection tubes and syringes were analyzed as unknown samples to assess method applicability for PFAS screening in matrix. All samples were cut into small pieces ($< 1 \text{ cm}^2$ per piece) by industrial stainless-steel scissors. Figure 1 illustrates the solvent-based sample extraction procedure in detail.⁷

Over the entire sample preparation process, a 10-fold dilution was induced prior to analysis. Matrix-spiked QC samples were prepared at three concentration levels: $1 \text{ } \mu\text{g/kg}$ (LSQ: low-spiked QC, equivalent to $0.1 \text{ } \mu\text{g/kg}$ in extract), $10 \text{ } \mu\text{g/kg}$ (MSQ: medium-spiked QC, equivalent to $1 \text{ } \mu\text{g/kg}$ in extract), and $100 \text{ } \mu\text{g/kg}$ (HSQ: high-spiked QC, equivalent to $10 \text{ } \mu\text{g/kg}$ in extract). Each QC level was prepared in triplicate to evaluate method limits of quantification (LOQs), recovery, and reproducibility.

Results and discussion

Ultralow PFAS background

Achieving ultralow background levels is critical for PFAS analysis, as contamination introduced by the analytical system, solvents, or sample preparation steps can directly impact method sensitivity. Figure 2 presents a total ion chromatogram (TIC) overlay of the procedural blank and calibration standard 1 (Cal 1, $0.01 \text{ } \mu\text{g/L}$). The procedural blank exhibits negligible PFAS background signals. These results demonstrate that the 1290 Infinity III UHPLC system, purpose-built for PFAS analysis, effectively minimizes background contamination from fluorinated materials in the flow and is therefore well suited for ultratrace-level PFAS analysis.

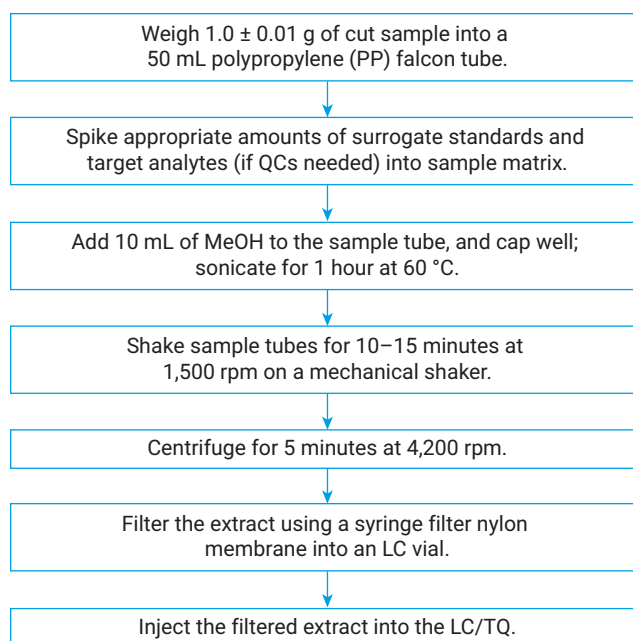


Figure 1. Sample preparation procedure for medical device materials.

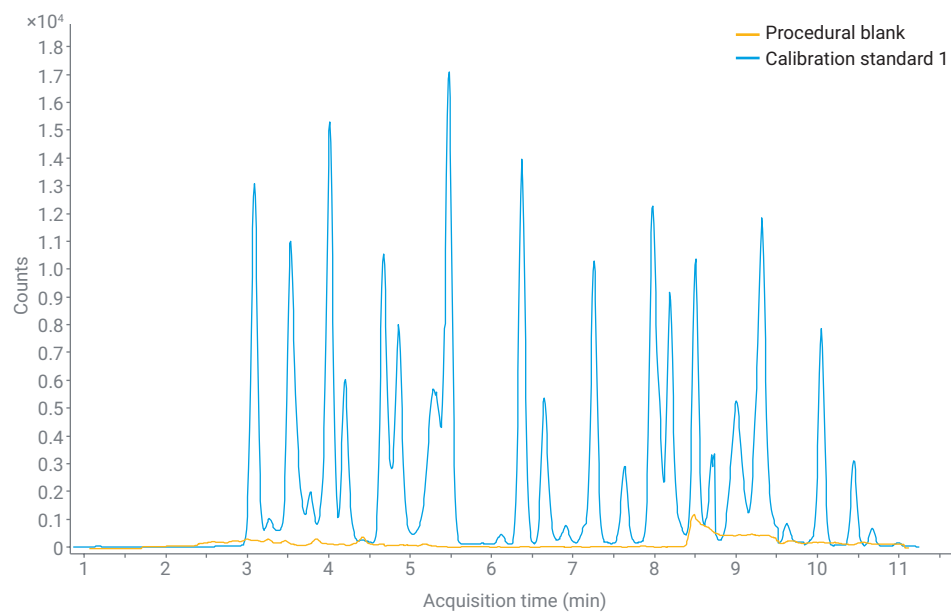


Figure 2. TIC overlay of procedural blank and calibration standard 1 with $30 \text{ } \mu\text{L}$ Feed Injection.

Feed Injection optimization

For PFAS analysis, the UHPLC was equipped with the 1290 Infinity III Hybrid Multisampler, enabling Feed Injection of a large-volume test solution in 100% organic solvent. In this study, calibration standards and sample extract were prepared in MeOH. Optimization of injection volume and feed speed revealed that a 30 μL injection volume with a feed speed of 10% of the pump flow rate (adaptive) delivered good peak shape and maximum abundance for all analytes. Figures 3 and 4 show chromatograms obtained with different injection volumes for early-eluting compounds (PFBA and PFHxS) and late-eluting compounds (PFHxDA and PFODA). This optimization ensured consistent chromatographic performance across the full range of 73 PFAS analytes separated within a 12-minute gradient window using a ZORBAX RRHD Eclipse Plus C18 column.

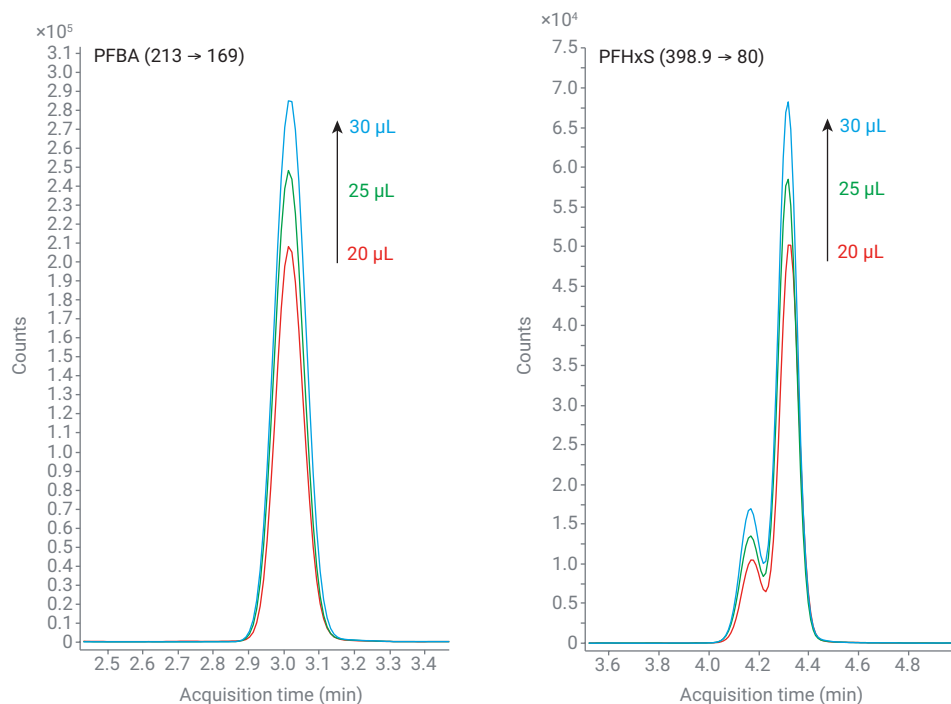


Figure 3. Feed Injection volume optimization for the early-eluting compounds PFBA and PFHxS.

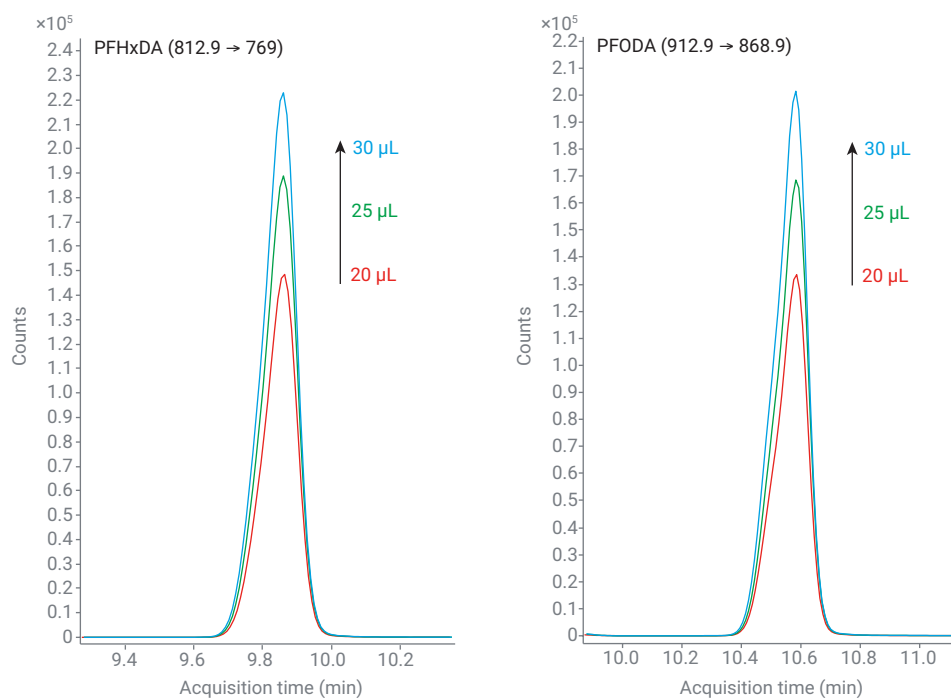


Figure 4. Feed Injection volume optimization for the late-eluting compounds PFHxDA and PFODA.

Calibration performance and method sensitivity

All 73 PFAS analytes demonstrate excellent linearity across a minimum of five calibration levels, with R² values exceeding 0.992. Representative calibration curves for four key regulatory compounds—PFOA, PFNA, PFOS, and PFHxS—confirm robust quantitative performance (Figure 5).

Method LOQs were established based on matrix-spiked QC levels (LSQ, MSQ, and HSQ) meeting 65–135% recovery and fulfilling compound identification criteria, including signal-to-noise ratio (S/N) and ion ratio. Method LOQs are summarized in Table 3. Of the 73 target analytes, 65 achieved LOQs at 1 µg/kg, including all 40 mandatory PFAS compounds listed in EPA Method 1633 for environmental matrices (highlighted in blue).⁸ These results demonstrate the high sensitivity of the PFAS-ready 6475 LC/TQ system, which enables precise quantification of PFAS at ultratrace levels in medical device materials. Lower limit of quantification (LLOQ) in neat solvent was defined for 6:8 PFPi and 8:8 PFPi due to consistent poor recoveries observed across all QCs in this study.

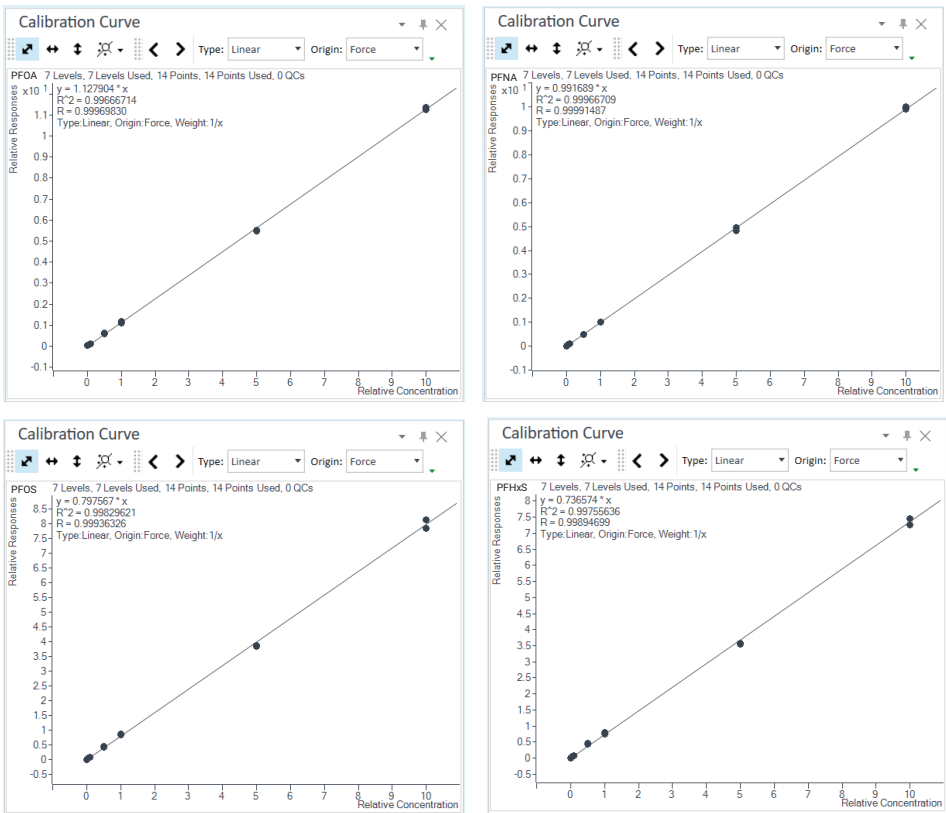


Figure 5. Representative calibration curves for four key regulatory compounds—PFOA, PFNA, PFOS, and PFHxS.

Table 3. Summary of target LOQs and QC recoveries.

No.	Compound Name	CAS No.	LOQ (µg/kg)	Recovery (%)		
				LSQ	MSQ	HSQ
1	PFBPA	52299-24-8	10	141	135	131
2	PFBA	375-22-4	1	127	111	102
3	PFMPA	377-73-1	1	103	106	102
4	PFPeA	2706-90-3	1	100	102	103
5	3:3 FTCA	356-02-5	1	110	104	102
6	PFBS	375-73-5	1	104	104	103
7	PFHxPA	40143-76-8	100	164	136	116
8	PFMBA	863090-89-5	1	98	103	101
9	Cl-PFHxPA	N/A	100	185	172	156
10	PFEESA	113507-82-7	1	108	111	111
11	NFDHA	151772-58-6	1	99	100	99
12	4:2 FTSA	757124-72-4	1	99	99	69
13	PFHxA	307-24-4	1	104	102	101
14	PFPeS	2706-91-4	1	96	101	97
15	HFPO-DA	13252-13-6	1	105	108	106
16	FBSA	30334-69-1	1	101	105	103
17	P5MeODIOXOAc	1190931-41-9	1	119	115	108
18	PFHpA	375-85-9	1	101	99	99
19	PFHxS	355-46-4	1	102	108	106

Table 3. Summary of target LOQs and QC recoveries (continued).

No.	Compound Name	CAS No.	LOQ (µg/kg)	Recovery (%)		
				LSQ	MSQ	HSQ
20	DONA	919005-14-4	1	91	92	94
21	PFOPA	40143-78-0	1	124	104	102
22	5:3 FTCA	914637-49-3	1	104	105	106
23	6:2 FTUCA	70887-88-6	1	102	113	113
24	6:2 FTCA	53826-12-3	1	98	99	99
25	4-PFechS	646-83-3	1	83	91	94
26	6:2 FTSA	27619-97-2	1	98	95	92
27	PFOA	335-67-1	1	134	101	99
28	PFHpS	375-92-8	1	95	96	96
29	MeFBSA	68298-12-4	1	94	98	100
30	FHxSA	41997-13-1	1	92	97	95
31	PFNA	375-95-1	1	99	101	103
32	PFOS	1763-23-1	1	97	100	99
33	8:2 FTUCA	70887-84-2	1	89	92	93
34	PFDPa	52299-26-0	10	180	135	127
35	7:3 FTCA	812-70-4	1	95	96	97
36	HFPO-TA	13252-14-7	1	97	94	95
37	8:2 FTCA	27854-31-5	100	503	137	101
38	9CI-PF3ONS	756426-58-1	1	94	95	97
39	FOSAA	2806-24-8	1	90	94	92
40	8:2 FTSA	39108-34-4	1	98	95	70
41	PFNS	68259-12-1	1	102	102	101
42	PFDA	335-76-2	1	97	101	103
43	8:3 FTCA	34598-33-9	1	94	104	108
44	N-MeFOSAA	2355-31-9	1	94	102	100
45	MeFHxSA	68259-15-4	1	93	95	95
46	PFDS	335-77-3	1	98	99	99
47	PFUnDA	2058-94-8	1	85	90	91
48	N-EtFOSAA	2991-50-6	1	90	100	105
49	PFOSA	754-91-6	1	96	102	102
50	10:2 FTUCA	70887-94-4	1	105	107	107
51	11CI-PF3OUdS	763051-92-9	1	90	94	96
52	PFUnDs	749786-16-1	1	84	85	88
53	PFDoDA	307-55-1	1	101	105	104
54	10:2 FTSA	120226-60-0	1	104	104	80
55	10:2 FTCA	53826-13-4	100	495	136	100
56	6:6 PFPI	40143-77-9	1	76	83	85
57	PFDoS	79780-39-5	1	96	99	97
58	PFTrDA	72629-94-8	1	91	96	97
59	N-MeFOSA	31506-32-8	1	97	96	97
60	FDSA	N/A	1	106	112	108
61	MeFOSE	24448-09-7	1	98	102	98
62	PFTrDS	791563-89-8	1	89	90	89
63	6:2 diPAP	57677-95-9	1	104	106	106
64	PFTDA	376-06-7	1	96	100	101

Table 3. Summary of target LOQs and QC recoveries (continued).

No.	Compound Name	CAS No.	LOQ (µg/kg)	Recovery (%)		
				LSQ	MSQ	HSQ
65	6:8 PFPI	610800-34-5	10 (ng/L)*	36	38	40
66	N-EtFOSA	4151-50-2	1	91	120	122
67	EtFOSE	1691-99-2	1	109	103	105
68	6:2/8:2 diPAP	943913-15-3	1	75	74	76
69	8:8 PFPI	40143-79-1	10 (ng/L)*	35	38	39
70	PFHxDA	67905-19-5	1	105	104	103
71	8:2 diPAP	678-41-1	1	96	101	99
72	PFODA	16517-11-6	1	96	100	101
73	diSAmPAP	2965-52-8	1	106	104	117

*LLOQ was defined.

QC recovery and reproducibility

Matrix-spiked QC recovery was used to assess the extraction efficiency of a sample preparation protocol based on methanol extraction followed by heat- and ultrasound-assisted treatment. Over 87% of analytes demonstrate recoveries within the acceptable 65–135% range at all QC levels (Table 3), indicating high extraction efficiency across diverse PFAS chemical classes.

Method reproducibility was evaluated based on the relative standard deviation (%RSD) of QC recoveries at each QC level (n = 6, three technical preparations with two injections per preparation). All 73 analytes exhibit %RSD values below 20% across LSQ, MSQ, and HSQ levels, demonstrating excellent reproducibility of the end-to-end analytical workflow.

Figure 6 shows %RSD ≤ 13 for 20 representative PFAS compounds of key concern in other industries, such as textile manufacturing⁹, including PFOA, PFOS, PFNA, and PFHxS. This reproducibility is essential for routine PFAS monitoring in medical device materials and supports regulatory compliance applications.

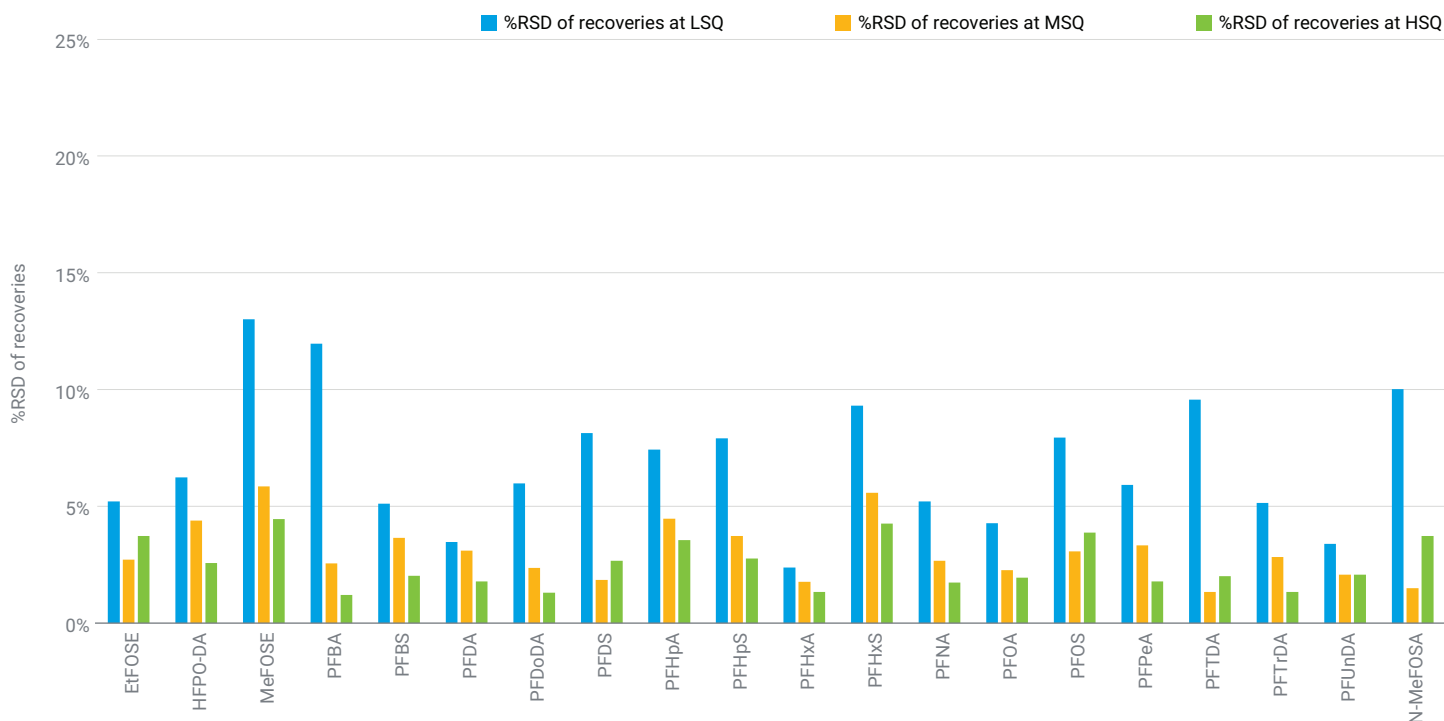


Figure 6. %RSDs of recoveries for the representative 20 PFAS compounds across all QC levels.

Sample analysis

To validate the applicability and reliability of the workflow for real-world medical device materials, blood collection tubes (S1) and syringes (S2) were taken as unknown samples in this study. Sample extracts of S1 and S2 in duplicate confirmed trace amounts of PFOA above the method detection limit (MDL; Figures 7A and 7B). This data provides useful insight for medical device manufacturers monitoring PFAS in raw materials or finished products, supporting quality assurance and regulatory compliance.

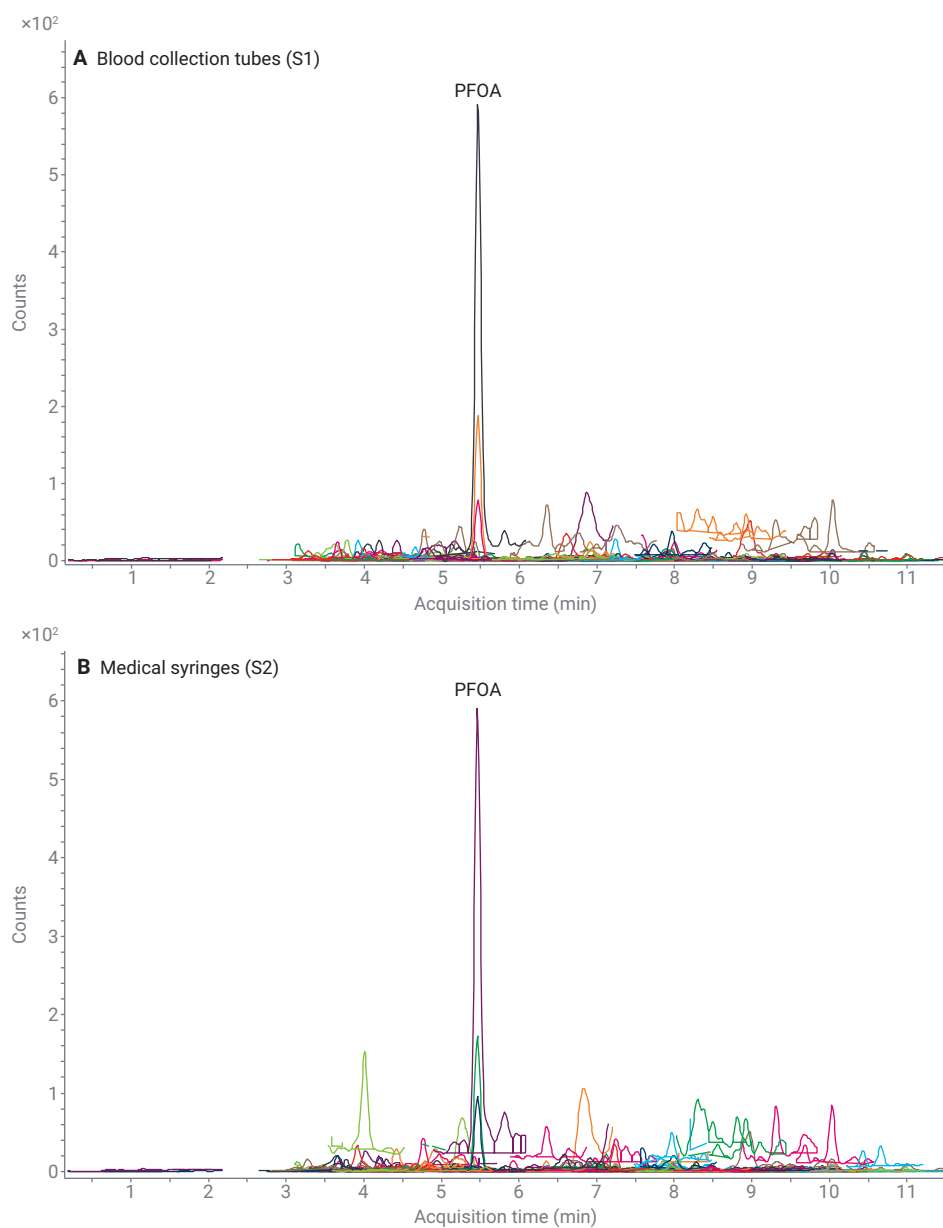


Figure 7. The multiple reaction monitoring (MRM) chromatograms of unspiked sample extracts (A) S1 and (B) S2.

Conclusion

This application note demonstrates a comprehensive analytical workflow for quantitative PFAS analysis in medical device materials using an Agilent 1290 Infinity III UHPLC system for PFAS analysis coupled with an Agilent 6475 LC/TQ. The purpose-built system, featuring an Agilent 1290 Infinity III High-Speed Pump and 1290 Infinity III Hybrid Multisampler, achieved ultralow background contamination and exceptional sensitivity for 73 native PFAS analytes. Method reproducibility was excellent, with all analytes showing %RSD values below 20% across all QC levels, providing reliable data for regulatory compliance in medical device manufacturing. This integrated approach combines advanced instrumentation with optimized method parameters to establish a robust platform for PFAS monitoring throughout the medical device life cycle, supporting manufacturers in meeting evolving regulatory requirements while ensuring product safety and environmental stewardship.

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