**PRINCIPLE:**

Occasionally, antibodies cannot be identified on site. The serum/plasma must be sent to WRH for further investigation and identification. Fetal Screens are also sent to WRH Met.

Windsor Regional Hospital Metropolitan TM:

 Obstetrical patient

Fetal Screen

Windsor Regional Hospital Ouellette TM:

 Non-Obstetrical antibody problems

Leamington District Memorial Hospital will do the following before referring any antibody problem to WRHO or WRHM:

* Type and Screen
* Antibody panel (routine gel)
* Any cells needed for rule out (from older panels)
* If still no definitive result at this time, sent to designated hospital.

Leamington District Memorial Hospital does not do the following tests:

* + Elutions
	+ Titrations
	+ Adsorptions
	+ Absorptions
	+ Complex antibody investigations (including other methods ie: tube testing, pre-warm)
	+ ABO subgroups
	+ Ch and Rg inhibitions
	+ Le inhibitions using saliva
	+ Fetal Maternal Hemorrhage Screen

Crossmatch:

Once the antibod(ies) has been identified, phenotyped units can be crossmatched in Leamington with the previously tested specimen.

If antisera is not available, blood can be ordered from CBS or phenotyped at WRH and transferred.

In the event of WARM autoadsorption, blood will be crossmatched at WRH using the adsorbed serum and sent to LDM. The adsorbed serum will not be sent to LDM for subsequent testing.

Complicated Investigations:

If the antibody is more complicated than WRH has resources for, the specimen will be sent to London. A new specimen and required paperwork will be sent from LDM.

**SPECIMEN:**

2 EDTA (6ml) samples

**PROCEDURE FOR SENDING FROM LEAMINGTON:**

1. Inform the attending physician and/or registered nurse that the patient’s sample will be sent out for further testing.
2. Fill out the IHL Antibody Investigation Request Form with the proper information.
3. Document that the blood was sent for investigation in the patient’s antibody file.
4. Call a taxi if it is a stat request.
5. When the taxi arrives, notify the Transfusion Medicine at WRHM or WRHO and inform them of the urgency of the request. If the sample is going by courier, notify the Blood Bank so that they are aware of the antibody investigation en route.
6. When the Antibody Investigation Result arrives, put a copy of the Transfusion Medicine Consultation Report in the patient’s antibody file.
7. A copy of the report (TM requisition) is sent to the floor if the patient is an Inpatient and to Medical Records if the patient has been discharged. A copy is sent to the Patient’s doctor if applicable. A copy remains in the Laboratory.
8. The antibody identification result is then transcribed onto the patient’s file card.

**REFERENCES:**

1. IHL Transfusion Medicine Focus Group