**Purpose:** To provide a checklist before concluding that an antibody investigation is complete for the common clinically significant antibodies.

Refer to:

IHL-TMD-IV Antibody Investigation and Identification

IHL-TMD-IV Antibody Exclusions

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| **Antibody Identification Checklist** | Yes / No/ N/A\* |
| 1. Does the reaction pattern fit single or multiple antibody specificity? |  |
| 1. Is antibody specificity consistent with the results of the initial antibody screen? |  |
| 1. Are the reaction phases consistent with the antibody specificity? |  |
| 1. If multiple antibodies are present, can all reactions and/or variable reaction strengths be explained by the antibody combination? |  |
| 1. Have all other common clinically significant antibodies been excluded? |  |
| 1. Have unexplained reactions been either included or excluded by:    1. testing for low incidence antibodies    2. phenotyping the patient red cells (historical or current sample if able to test) |  |
| 1. If there is a historical low incidence antibody – has a selected red cell been tested to determine current reactivity (e.g. Anti-Wra, -V, -Cw) |  |
| 1. Was the DAT performed?    1. Is the differential DAT required?    2. Is an eluate required as part of the investigation?       1. If yes, does the eluate have antibody specificity? |  |
|  |
| 1. If the patient has not been transfused in the last 3 months:    1. Are the patient’s red cells negative for the antibody(ies) identified?    2. If an IAT method is used for phenotyping is the DAT or Auto IAT control negative?    3. If the patient will require long term transfusion support, has a complete red cell phenotype required or previously done on file? |  |
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| 1. Refer to IHL-TMD-IV Antigen Phenotyping:    1. for crossmatch [Immediate spin (IS) or IS *AND* ‘IAT’ (AHG)]    2. donor unit phenotyping |  |
| 1. Has the following information been documented    1. Antigrams:       1. Patient demographics       2. Date and technologist initials       3. Reactions and method used       4. DAT results evaluated       5. Conclusion noted    2. All computer file and/or file card and antibody cards updated |  |
| 1. New or updated information documented in the IHL Antibody file |  |