**PRINCIPLE:**

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

**Windsor Regional Hospital Metropolitan TM**:

Obstetrical patient

Fetal Screen

**Windsor Regional Hospital Ouellette TM**:

Non-Obstetrical antibody problems

*Refer to IHL-TMD-IV Flowchart for Leamington Antibody Send-out*

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

* Type and Screen
* Antibody panel (routine gel)
* Exclusion cells (from older panels)
* Pre-warm (can be referred out to WRH at MLT discretion)
* 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
  + 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:**

**For Investigation:**

1. Inform the attending physician and/or registered nurse that the patient’s sample will be sent out for further testing and investigation.
2. Enter a new request for BBD (blood bank draw for venipuncture date/time and units) in Ultra. Enter a tracking note that sample is being sent as a Referral for Investigation.
3. Draw a new sample for this request. 2 EDTA (6ml) tubes
4. Fill out the IHL Antibody Investigation Request Form (*IHL-TMD-VII Request for Antibody Investigation)* with the proper information and include copies of completed antigrams*.* .
5. Notify the Transfusion Medicine at WRHM or WRHO to inform them of the investigation request en route.
6. Send by courier or by taxi if it is an urgent request.
7. Enter send out information on the Antibody Referral Log clipboard.

*IHL-TMD-VII Antibody Referral Log*

1. When the Antibody Investigation Report arrives back to LDM, complete any pending work

(eg. Phenotyping units or Xmatching) and enter results in TM. Document date report received on Referral Log. File report in the patients file folder.

**For Fetal Screen**: *Refer to IHL-TMD-III Fetal Maternal Hemorrhage Screening*

1. Order a new request for FSC in Ultra.
2. Collect one 7 mL EDTA pink top post-partum tube. If the baby is delivered between 23:00 and 07:00, the sample will be drawn by nursing staff.
3. Send to WRHM by courier. The sample should be tested within 24 hours of specimen collection.

**Reference Hospital:**

When specimen arrives: WRH logged in as WRH and/or HDH logged in as HDH will add the AID panel in ULTRA to the same request number created at the sending hospital (BBD). This will keep track of when the sample was received at WRHO or WRHM. Results will be entered into TM LIS and the manual report sent back to LDM.

Report in Ultra will indicate what testing was performed at reference hospital and workload units will be captured.

**REFERENCES:**

1. IHL Transfusion Medicine Focus Group