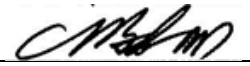
Original Effective Date:	6/1983
Last Approved Review Date:	2/2016
Last Approved Revision Date:	3/2016
Responsible Department:	Laboratory
Responsible Person:	Laboratory Medical Director

Signature: 

Policies for Pre-Surgical Blood Bank Testing and Antibody Identification

1. PRE-SURGICAL BLOOD BANK TESTING

1.1. Patients will pre-test up to 30 days before surgery.

1.2. On the day of surgery, all patients will receive a full type and screen.

1.3. Patients with a previous or new antibody history will have at least two (2) units antigen typed and ready for crossmatch on the day of surgery.

1.3.1. Antigen negative units do not need to be crossmatched ahead of an order for delivery, however they can be at the discretion of the technologist.

2. ANTIBODY IDENTIFICATION

2.1. Patient antibody folder will be created with initial identification.

2.1.1. If previous identification folder has been removed, a new folder will be created.

2.1.2. Patient full name and medical record number should be recorded on folder and all appropriate paperwork. A computer generated specimen label is acceptable.

2.1.3. Include all worksheets and/or antigrams with results not recorded in the hospital computer system.

2.1.4. Worksheets should be stored in chronological order.

2.2. Cold Reactive Antibodies

2.2.1. If an alloantibody reacts at immediate spin and interferes with the patient's reverse ABO typing, antigen negative reverse cells must be used for testing.

2.2.2. If an autoantibody reacts at immediate spin and interferes with the patient's forward ABO or Rh testing wash the patient's cells several times with 37C saline and repeat testing.

2.2.3. Ensure there is no underlying clinically significant alloantibody in the presence of an autoantibody.

2.2.3.1. Specimens should be sent to MVRBC reference lab for resolution.

2.2.3.2. Refer to SOP *BloodHub On-Line Ordering System* for specimen submission requirements.

2.2.4. All crossmatches should be antigen negative, if appropriate, and be performed using neat plasma.

2.2.4.1. Issue least incompatible units, if necessary, with a signed emergency consent form. (Refer to SOP *Emergency Issue of Blood and Blood Products*)

2.3. AHG Reactive Antibodies

2.3.1. Clinically significant alloantibodies must be identified and appropriate antigen negative units provided.

2.3.2. Previously confirmed antibodies do not need to be reidentified or reconfirmed, but must be honored if clinically significant.
2.3.3. Any information regarding antibody identification by another facility must be entered into the patient history.
2.3.4. If a clinically significant antibody has been identified by another facility, the antibody must be honored regardless of current testing results.
2.3.5. Ensure there is no underlying clinically significant alloantibody in the presence of an autoantibody.
2.3.5.1. Specimens should be sent to MVRBC reference lab for resolution.
2.3.5.2. Refer to SOP *BloodHub On-Line Ordering System* for specimen submission requirements.
2.3.6. All crossmatches should be antigen negative, if appropriate, and be performed using neat plasma.
2.3.6.1. Issue least incompatible units, if necessary, with a signed emergency consent form. (Refer to SOP *Emergency Issue of Blood and Blood Products*)
2.4. Ensure that all appropriate charges are entered for the testing performed.

3. ANTIGEN TYPING

3.1. Request antigen negative units from the blood supplier when:
3.1.1. Antigen negative frequency is 50% or less
3.1.2. Multiple antigen negative units with a combined frequency of 50% or less are required
3.2. Historically antigen negative units should be requested, whenever possible. (Refer to SOP *BloodHub On-Line Ordering System*)
3.2.1. In house product inventory may be faxed to the blood supplier.
3.2.2. Units must be antigen typed by Memorial blood bank staff when received and prior to crossmatch with patient plasma.
3.3. If historically antigen negative units are unavailable, blood supplier will send fully typed units.
3.3.1. These units do not need retyping by Memorial blood bank staff when received.
3.3.2. Typing must be entered into the unit history prior to crossmatch with patient plasma.
3.4. Ensure that all appropriate antigen typing charges have been entered
3.4.1. Historic typing charge per unit
3.4.2. Tier typing charges indicated by blood center
3.4.3. Memorial typing charge per antigen per unit
3.5. Complete an orange card to indicate any antigen typed unit "saved" for a specific patient.
3.5.1. Remove orange card when unit is no longer needed by patient.

4. USE OF THE IMMUNOHEMATOLOGY REFERENCE LABORATORY (IRL)

4.1. Indications for patient specimens to be shipped to the IRL may include, but are not limited to:
4.1.1. Suspected antibody to a high frequency antigen.
4.1.2. Suspected or history of multiple antibodies.
4.1.3. Suspected autoantibody requiring adsorption.
4.1.4. Specimen requiring elution
4.1.4.1. Adult patients with a positive DAT due to IgG who have received packed red blood cells in the previous 2 months.

4.1.4.2. Physician request

4.2. Refer to SOP *BloodHub On-Line Ordering System* for specimen submission instructions

4.3. All reports and invoices received by the IRL should be forwarded to the blood bank supervisor or designee prior to a final report in the hospital computer system.

4.4. Copies of all reports will be maintained in the patient antibody folder.

PROCEDURE AND FORM CHANGE CONTROL

Title: Policies for Antibody Identification and Pre-Surgical Blood Bank Testing										
Written		Validated		Path Review		Review		Effective		
Date	By	Date	By	Date	By	Date	By	Date	By	Reason for Revision
6/14/83	MRJ			6/14/83	JGH	6/14/83	MRJ			
Revised: Date										
						4/12/83	MRJ			
				5/21/85	JGH	6/4/85	MRJ			
						9/8/86	MRJ			
						6/26/88	MRJ			
						9/3/90	JWS			
				1/9/93	LAT	1/8/93	MRJ			
5/28/93	MRJ			5/28/93	LAT	5/28/93	MRJ			
						1/6/96	MRJ			
12/23/96	MRJ									
5/20/04	JKR	12/15/04	GJM	12/16/04	ESB	12/15/04	MRJ	12/16/04	MRJ	Update to SCC version 23 and new techniques for COLDs and WARMs used in Blood Bank.
12/20/04	JKR	12/20/04	MRJ							Included in policies the following: mass screening; handling of specimens with strong cold antoantibodies; freezing serum, plasma, & eluate: warm autoantibodies crossmatch policies
3/3/05	MRJ	3/11/05	GJM	3/15/05	ESB	3/11/05	GJM	3/22/05	MRJ	New SCC action code: P:XM
9/11/06	JKR	10/4/06	MRJ	10/13/06	ESB	10/4/06	MRJ	10/15/06	MRJ	
						1/27/07	MRJ			

4/10/07	JKR	4/12/07	BPF	4/24/07	ESB	4/12/07	MRJ	4/24/07	MRJ	Antigen typing – Do not need to retype antigen if labeled or typed by Blood Center, For historic antigen typing – the unit must be labeled by Blood Center. If not Blood Bank needs to retype
7/15/08	MRJ	7/22/08	GJM	7/20/08	ESB	7/23/08	MRJ	7/29/08	MRJ	Incorporating the Patient ID stamp and Galileo stamp
11/22/08	MRJ									Removed instructions 3.1 a-d for prenatal titer
7/30/10	PAB	8/4/10	GJM	8/5/10	ESB			8/9/10	PAB	Updated for procedure changes and new LIS
2/4/11	PAB									Added Meditech instruction for inventory list; added new forms
8/1/12	PAB	8/2/12	KMS	8/8/12	ESB			8/20/12	PAB	Consolidated and updated ; included references to specific SOP
10/11/12	PAB			10/11/12	ESB			10/15/12	PAB	Included statement regarding antibody ID by other facilities
						5/7/13	PAB			
7/23/13	PAB			7/25/13	ESB			7/25/13	PAB	Included BloodHub ordering, charges and additional specimen referrals.
11/19/13	PAB			11/26/13	ESB			11/26/13	PAB	Clarified reasons for elution
						5/9/14	PAB			
12/7/15	JLH							12/7/15	JLH	Added new header and BB #
2/5/16	JLH							2/5/16	JLH	New header

3/15/16	JLH			3/16/16	ESB			3/28/16	JLH	Removal of the PNEG qualifications.

Out of use:

Date:_____ By:_____ Reason:_____