LIMITATIONS OF PROCEDURE
False results may occur due to:
1. Incorrect technique.
2. Presence of gross rouleaux.
3. Use of aged blood samples, reagents or supplementary materials.
4. Contaminated blood samples, reagents or supplementary materials.
5 Red cells that have a positive direct antiglobulin test (DAT).
6. Other deviation from the recommended test methods.
7. Incorrect cell concentrations.
8. Enzyme treated red cells may give a falsely positive reaction with Anti-Jk^{b}.

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5. Red cells that have a positive Direct Antiglobulin Test (DAT).
6. Other deviation from the recommended test methods.
7. Incorrect concentrations of red cells or expired reagents.
8. Incorrect reading of results.
9. Incorrect red cell suspension medium.

Can you phenotype when your DAT is positive?

Consider the following two points:

1. If a cell you are planning to phenotype is IgG DAT positive, it can cause a <u>false positive</u> to occur upon addition of AHG during an IAT test. This is because:

- You don't know if your AHG is binding to the IgG phenotyping reagent bound to antigen sites, or IgG causing the positive DAT.

2. It is generally accepted you can use IgM based reagents if a DAT is positive due to IgG right? <u>Not exactly correct!</u>

- IgM based reagents can still (rarely) exhibit interference due to a positive IgG DAT.
- If the test cell is supersaturated with IgG taking up all antigen sites, your IgM typing reagent has nowhere to bind – you get a <u>false negative.</u>

It is always good practice to read package inserts of reagents and check the limitations of the reagent you are using even if you have used the reagent before.

Luckily we now have genotyping if the DAT is positive and samples can be sent to ARCBS for confirmation

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5. Red cells that have a positive DAT.
6. Other deviation from the recommended test methods.
7. Incorrect concentrations of red cells or expired reagents.
8. Incorrect reading of results.
9. Red cells strongly coated with IgG anti-D may give false negative results.

Weak D testing and positive DAT

The limitations of our Anti-D IgM/IgG, weak-D reagent is that it <u>cannot</u> be used when the DAT is positive.

It is important to remember that with baby samples if the DAT is positive and the baby is typing as Rh(D) neg that we inform the haematology registers to ensure that the mother receives Prophylactic Anti-D and a FMH is collected.

Also a heel-prick sample of the baby should be collected to be sent for genotyping to confirm the baby Rh(D) typing. Genotyping cannot be performed on a cord sample.

While awaiting genotyping confirmation the Rh(D) should be reported as positive to ensure the treating team understand the importance of giving the mother Prophylactic Anti-D.