Presenting to Alfred 50-year-old female feeling lethargic and looking "blue" after a walk. No history of antibody investigations.

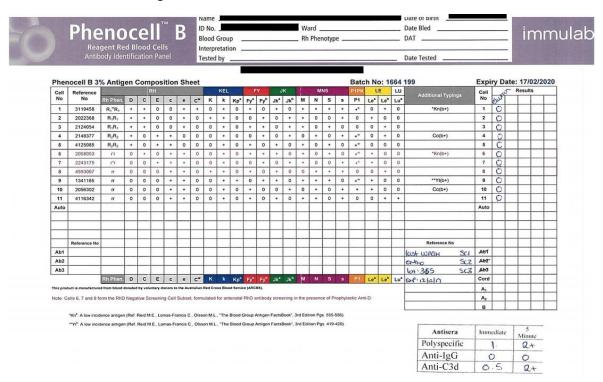
## ABO Group:

	Anti-A	Anti-B	Anti-A/B	Anti-D	A1 Cells	B Cells
Results	4+	0	4+	4+	3+	4+
Strict 37					0	4+

## **Antibody Screen:**

	Screening Cell 1	Screening Cell 2	Screening Cell 3	
Results	1+	1+	1+.	
Strict 37	0	0		

First time group and save showing discrepancy in reverse group and positive antibody screen. DAT requested and positive for complement. Patient group and save incubated in water bath for 30min and tested at strict 37 degrees Celsius.



As the patient is seen for the first time and the transfusion history cannot be confirmed an elution was completed on the sample as the DAT was positive due to complement. No antibodies were eluted off the patients red blood cells.

A cold panel can be run to determine the cause of the reactions seen with the A1 cells and the screening cells. The following cold panel helps to differentiate between the most common cold-reacting autoantibodies. ABO cells are used to express the H antigen. O cells will express most of the H antigen. A1 will express less. B cells were not testing as the patient's blood group is A and they have a naturally occurring Anti-B. The screening cells and A1 cells also represent I positive cells. While the cord cells represent the i antigen and can have a weakened expression of the I antigen also.

Appendix 2:		Cold Pa	nel Re	sult S	heet				
Patient Vr : Scientist Initial :									
Reagent Cell	Lot	Expiry	37°C Sal	RT Sal	4°C Sal	Comment			
Cord			0	0	0.5	I antigen			
Auto			1+	3+	4+				
A1			1+	3+	4+	Include if patient is blood group A or Al			
A2			1+	3+	4+	Stronger reaction i A1 cells than A2 Mi indicate an Anti-A  ( H and I antigen)			
В			/	/	_	Include if patient is blood group B or AB ( I and B antigen)			
Screening cell 1			1+	3+	4+				
Screening Cell			1+	3+	4+	Group O cells  ( H and I antigen)			
Screening Cell			1+	3+	4+.				

Based on the finds of the cold panel we can see an increase in reaction strength as the antibody is exposed to cooler temperatures. As there is only a weak reaction with the cord cells and no variations in strength between the A1, A2 and O cells (screening cells) it is possible that the cold reacting autoantibody is Anti-I.

Our overall finding is that the patient has a cold antibody, most likely an autoanti-I that is affecting the antibody screen and the reverse group. This antibody is a naturally occurring antibody that may be due to leukaemia's, lymphoma or Mycoplasma pneumonia. This antibody is usually not clinically significant and in this case as the patient's antibody screen is negative at strict 37 degrees Celsius IAT a computer crossmatch can be used if units a requested.